

# Introduction to Clinical Years: Student Guide 2024-25



**RUTGERS**  
New Jersey Medical School



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## Rutgers New Jersey Medical School Goals and Objectives Updated 2-21-24

### **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:

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

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

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

Objective 2: To demonstrate comprehension of core clinical knowledge

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

- 1.2 a) Describe the normal structure and function of the body and its organ systems.
- 1.2 b) Demonstrate knowledge of normal and abnormal human behavior and common psychiatric diseases.
- 1.2 c) List the various causes (genetic, developmental, metabolic, toxic, environmental, microbiologic, autoimmune, neoplastic, degenerative, traumatic, and functional) of diseases and the ways that they affect the body (pathogenesis).
- 1.2 d) 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:

- 1.2 e) Apply an understanding of the underlying pathophysiologic basis for disease to clinical medicine.
- 1.2 f) 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:

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

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

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

- 1.3 a) Demonstrate an understanding of the basic science principles of the organ systems to normal physical findings.
- 1.3 b) 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:

- 1.3 c) Describe the pathophysiological basis for patient specific findings.
- 1.3 d) 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:

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

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

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

- 1.4 a) Demonstrate an understanding of various types of health care systems, their role and their impact on health care delivery and patient outcomes.
- 1.4 b) Perform effectively as a member of the healthcare team and call on interprofessional resources (case workers, nurses, physical therapists, etc.) to provide optimal and comprehensive patient care.
- 1.4 c) 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:

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

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### **GOAL 2: Excellence in Clinical Skills**

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

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

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

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

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

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

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

Objective 2: To formulate differential diagnoses and therapeutic plans

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

- 2.2 a) Identify the patient's main presenting problem.
- 2.2 b) Develop a problem list based on the history and physical.
- 2.2 c) Demonstrate a systematic approach to the differential diagnosis.
- 2.2 d) 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.
- 2.2 e) Develop a basic therapeutic plan for a single presenting diagnosis.

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

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

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

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

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

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

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

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

- 2.3 b) 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:

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

Objective 4: To demonstrate ability to counsel patients

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

- 2.4 a) Educate patients in basic health promotion and disease prevention.
- 2.4 b) Demonstrate how to work with different cultural groups to increase adherence to health-care regimens.
- 2.4 c) 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:

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

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

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

Objective 5: To demonstrate competency in basic clinical procedures

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

- 2.5 a) Blood Pressure and vital sign measurements

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

- 2.5 b) Intradermal injections
- 2.5 c) Subcutaneous injections
- 2.5 d) Intramuscular injections
- 2.5 e) Basic life support
- 2.5 f) Venipuncture
- 2.5 g) Intravenous insertion

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

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

### **GOAL 3: Excellence in Professionalism and Humanism**

Objective 1: Demonstrate kindness, compassion, and respect for the patient, the patient's family and loved ones, and all members of the health care team.

During all phases, students should be able to:

- 3.1a) Relate respectfully with patients, families, peers, colleagues, and members of the interprofessional healthcare team with diverse backgrounds and roles.
- 3.1c) Illustrate interpersonal and communication skills that incorporate kindness and compassion.
- 3.1b) Demonstrate empathy and establish rapport with patients and their families and loved ones.

Objective 2: Model ethical and professional conduct in all aspects of student life and clinical care

During all Phases, students should be able to:

- 3.2a) Adhere to the NJMS Code of Professional Conduct.
- 3.2b) Demonstrate active participation in the learning experience.
- 3.2c) Reflect critically on their own performance and develop a plan for self-improvement.
- 3.2d) Demonstrate and value confidentiality for patients, families, peers, faculty, staff, and healthcare professionals.

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

- 3.2e) Document and present information with integrity, truthfulness and accuracy.
- 3.2f) Demonstrate a commitment to ethical principles in the delivery of health care.

Objective 3: Recognize and learn from mistakes.

During all phases, students should be able to:

- 3.3a) Demonstrate responsibility for errors and generate a plan with an openness to change.
- 3.3b) Describe methods by which medical errors can be minimized and strategies for disclosure of medical errors.
- 3.3c) Interrogate the systems that lead to medical errors to improve healthcare quality and patient safety
- 3.3d) Identify and address lapses in professionalism in themselves and others.

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Objective 4: Integrate humanism as essential to the practice of medicine

During all phases, students should be able to:

3.4a) Explore humanism through critical self-reflection.

3.4b) Demonstrate respect for a patient's humanity through clinical excellence, kindness, and compassion.

3.4c) Identify communication skills critical to building trust in patient relationships.

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

Objective 1: Incorporate the patient's values, perspective, and social context into clinical care.

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

4.1a) Effectively elicit a medical history that explores the patient's perspective, social context, and understanding of illness acknowledging patients' diverse identities and experiences

4.1b) Demonstrate value and respect for the patient's beliefs while performing the physical exam.

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

4.1c) Partner with the patient to develop an assessment and treatment plan that incorporates the patient's priorities and values

Objective 2: Demonstrate cultural humility through the recognition and mitigation of bias.

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

4.2a) Recognize, through the development of self-awareness, how to appropriately mitigate gender, sexual orientation, race/ethnicity, religious, socioeconomic status, disability, and cultural biases in themselves.

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

4.2b) Recognize and appropriately address biases in patients, peers, other healthcare professionals, and in healthcare delivery.

4.2c) Interpret the impact of provider bias on the physician-patient relationship and on health outcomes.

4.2d) Identify ways to mitigate provider bias in the physician-patient interaction and the healthcare system.

Objective 3: Demonstrate social responsibility and a commitment to service learning.

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

4.3a) Explain the impact of social drivers of health and health inequities on healthcare access and health outcomes.

4.3b) Demonstrate commitment to service for addressing social drivers of health and improving the health of patients and communities.

4.3c) Engage in asset-based community service learning through active participation and critical reflection



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

4.3d) Formulate strategies to overcome healthcare access and quality issues at the individual and community levels.

Objective 4: Identify and address the health effects of structural racism.

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

4.4a) Recognize the relationship between structural racism, implicit bias, microaggressions, and health outcomes

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

4.4b) Incorporate the effects of structural racism on the health status and health care of patients in their assessment and plan.

4.4c) Identify the role of physician advocacy in addressing structural racism.

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

4.4d) Formulate potential solutions to reshape health systems to address structural racism

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**GOAL 5: Dedication to Lifelong Learning and Personal Wellness**

Objective 1: To practice evidence-based medicine

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

- 5.1a) Demonstrate facility in using electronic databases and literature retrieval services.
- 5.1b) Apply knowledge of study designs and statistical methods to appraise information about diagnostic tests and therapeutic interventions.
- 5.1c) Identify information pertinent to the care of patients.

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

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

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

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

Objective 2: To recognize when to seek consultation

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

- 5.2a) 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: To demonstrate ability to learn from patients and all members of the health care team

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

- 5.3a) Perform effectively in small group settings and laboratories.
- 5.3b) Define the roles of social workers, physician assistants, nurses, physical therapists, etc. in the care of patients.

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

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

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

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

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

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

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

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

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

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

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

- 5.5 a) Develop self-care practices to maintain personal wellness in their physical, emotional, spiritual, intellectual and social spheres.
- 5.5 b) Develop stress management and personal resilience strategies.
- 5.5 c) Identify personal maladaptive behaviors including substance abuse and psychological issues; identify appropriate resources and networks for support and seek care as needed.
- 5.5 d) Recognize the importance of advocating for themselves and others.
- 5.5 e) Identify resources to establish and maintain financial wellbeing.

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

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

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

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

During Phase 1, students should be able to:

- 6.1 a) Demonstrate greeting the patient appropriately.
- 6.1 b) Demonstrate a respectful attitude.
- 6.1 c) Demonstrate caring and respectful behaviors when interacting with patients and their families.
- 6.1 d) Elicit the patient's view of health problem(s).
- 6.1 e) Respond on appropriate level to patient concerns and expectations.
- 6.1 f) Discuss how the health problem(s) affect the patient's life.

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

- 6.1 g) Communicate medical information to a patient appropriate to the patient's ability to understand.
- 6.1 h) Recognize the importance of the patient-physician relationship as the cornerstone of medical care.
- 6.1 i) Elicit patient requests, concerns, and expectation from a range of patients diverse in age, gender, and socio-cultural background.
- 6.1 j) Demonstrate validation of the patient's feelings.

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

- 6.1 k) Counsel patients regarding disease processes, management plans and preventive care.
- 6.1 l) Formulate a common understanding with the patient on an elementary description of diagnosis, prognosis, and treatment plan.
- 6.1 m) Support the patient's self-efficacy, such as acknowledging and reinforcing positive patient behavior.

Objective 2: To effectively teach junior students and peers

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

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

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

- 6.2 f) 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:

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

Objective 3: To deliver organized and concise oral presentations

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

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

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

- 6.3 d) Present a patient at rounds.

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

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

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Objective 4: To demonstrate effective listening skills

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

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

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

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

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

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

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

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

- 6.5 a) Participate actively in small group sessions, engaging in appropriate discourse on controversial issues with others with differing opinions.
- 6.5 b) Demonstrate sensitivity to gender, racial and cultural diversity.
- 6.5 c) Describe strategies for establishing positive patient-doctor relationships.
- 6.5 d) Conduct a sexual history in a non-judgmental manner, with empathy, and without shame or embarrassment.
- 6.5 e) 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:

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

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

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

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

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

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

- 6.6 c) Communicate medical information in written format to other members of the health care team (e.g. nurses, social workers, case managers, home health facilitators).
- 6.6 d) 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:

- 6.6 e) Demonstrate the ability to write medical orders, when permitted.

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

**Section:** Office of Student Affairs

**Policy Name:** NJMS Student Dress Code Policy

**Prepared and Approved by:** Committee on Student Affairs

**Date:** 08/03/2020

**Approved by:** Faculty Council

**Date:** 08/21/2020

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**GUIDELINES:**

**Identification Badge:**

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

**Attire:**

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

Examples of appropriate dress:

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

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

University Hospital Dress Code

Saint Barnabas Medical Center

Newark Beth Israel Medical Center

Veterans Administration

<b>Policy Name:</b>	Attendance Policy for Clinical Clerkships		
<b>Section Title:</b>			
<b>Approval Authority:</b>	Clerkship Director	<b>Reviewed:</b>	
<b>Responsible Executive:</b>		<b>Revised:</b>	7/2006, 6/2013, 2/2014, 6/2015 11/2017, 1/2020, 6/2020, 8/2020, 4/2024
<b>Responsible Office:</b>	Office of Student Affairs	<b>Contact:</b>	

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

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

- personal illness;
- birth of a child;
- an appointment with a healthcare provider or to receive healthcare services;
- mandatory jury duty;
- serious illness or death of an immediate family member<sup>1</sup>;
- serious illness or death of a non-family member by the approval of the Associate Dean for Student Affairs;
- residency interviewing (under the guidance of the clerkship/elective director and the Offices of Student Affairs and Registrar)
- or by approval of the Associate Dean for Student Affairs.

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

Students must notify the respective clerkship/elective director or designee of his/her expected absence on or before the scheduled start time of the clerkship/elective. The student may not leave a message or write



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

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

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

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

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

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

Clerkship and elective directors are obligated to enforce this policy.

By Direction of the Dean:

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Associate Dean for Student Affairs

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

**Section:** Office of Student Affairs

**Policy Name:** NJMS Code of Professional Conduct

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

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

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## I. PURPOSE

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

## II. ACCOUNTABILITY

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

## III. APPLICABILITY

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

## IV. BACKGROUND

RBHS Policy: Student Rights, Responsibilities and Disciplinary Procedures (refer to <https://policies.rutgers.edu/>)

## V. POLICY

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

The Rutgers New Jersey Medical School Code of Professional Conduct (hereinafter referred to as "the Code") sets forth general principles of integrity as well as expectations for behavior

consistent with the ethical study and practice of medicine as described in the American Medical Association (AMA) code of ethics and the American Board of Internal Medicine's Project Professionalism. The latter defines professionalism as aspiring to "altruism, accountability, excellence, duty, service, honor, integrity and respect for others," and identifies several issues that can have a negative impact on these elements ("Professionalism in Medicine: Issues and Opportunities in the Educational Environment," Project Professionalism, p. 4-10, American Board of Internal Medicine, 1995, Philadelphia, Pa).

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

## Introduction

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

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

This standard of integrity must apply to everyone alike, regardless of rank or seniority. Upon entry into medical school, students accept responsibility for honesty and integrity as part of a sacred tradition dating back to the Hippocratic Oath. The Code is a modern day affirmation of the Oath's values. The Code states that the individual is responsible for acting with honesty and integrity during all academic activities. The individual is also responsible for reporting incidents of academic dishonesty committed by or observed in other members of the community.

Allegiance cannot be to individual advancement or personal considerations, but must be to the integrity of the medical profession and the good of the community. Violations of the Code will be handled as matters of the gravest concern, punishable where appropriate by suspension or expulsion from our academic community.

## Section I - Definitions

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

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

- to be aware of and to abide by all applicable federal, state and local civil and criminal laws and regulations;
- to be aware of and to abide by all applicable University, RBHS, and School policies, rules, procedures and standards, both general and academic; to be responsible for

personal and professional integrity and honesty in all academic activities; to treat all members of the community (faculty, staff, students, patients) with respect and understanding and to resolve conflicts with other members of the NJMS community in a respectful and constructive manner.

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

## SECTION II – Violations

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

- A. Cheating: the use of inappropriate or unacknowledged materials, information, or study aids for any written or clinical exam. Students must obey rules governing NJMS departmental examinations and NBME examinations and their administration. The use of books, notes, tape recorders, electronic devices, calculators, or conversation with others is prohibited, unless specifically noted otherwise. Students may not request others (including commercial term paper companies) to conduct research or prepare any work for them without crediting the source for the work that was used. Students may not submit identical work or portions thereof for credit without approval of the instructor.
- B. Stealing: to take something without right or permission, usually in a surreptitious way, e.g., to take another student's personal belongings, or to take equipment from the hospital for personal use.
- C. Forging: falsely making or altering a document, e.g., to sign an attending physician's name on a prescription or a written report.
- D. Fabrication: the invention of any information or citation in an academic exercise. "Invented" or changed information may not be used in any laboratory experiment or other academic exercise without authorization from the instructor, e.g., it is improper to analyze one sample in an experiment and then "invent" data for other required analyses based on that one sample. Similarly, it is improper to report laboratory values or chest radiographs as normal if the appropriate tests were never ordered or performed.
- E. Plagiarism: the representation of the works or ideas of another as one's own. To avoid

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

- F. Denying Others Access to Information or Material: to deliberately impede the progress of another student or scholar or deny them access to scholarly resources intended for general consumption, e.g., intentionally giving other students false or misleading information; making library material unavailable to others by stealing, defacing, or hiding books or journals, or by deliberately misplacing or destroying reserve materials; or by intentionally altering computer files that belong to another.
- G. Unprofessional Conduct: Students must conduct themselves appropriately as befits a member of the medical community. Unprofessional conduct includes, but is not limited to, a pattern of: unmet professional responsibilities; a lack of effort towards self-improvement and adaptability; diminished relationships with faculty, staff, and peers; and diminished relationships with patients and families.
- H. Vandalism: The defacing of campus property or destruction of property of members of the community is considered unprofessional behavior and in violation of the Code.
- I. Unauthorized Use of Drugs and/or Alcohol are in violation of the Code. It is unprofessional to participate in patient care while impaired.
- J. Improper use of Information Technology resources/networking- Improper use includes using email to harass members of the Rutgers community, disrupting operation of networks through illegal acts, using unauthorized accounts, and inappropriately taking equipment/materials from computer laboratories.

### Section III - Committee on Academic Integrity

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

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

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

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

#### Section IV – Committee Procedures

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

- A. A request for disciplinary action against a student may be made in writing to the Dean by any student, faculty member, or administrative officer within thirty (30) working days of an alleged infraction or the discovery of an infraction.
- B. The Dean or his/her representative may attempt to resolve the matter informally through mediation by an administrative officer of the School or by some other means. If the Dean or his/her representative concludes that the matter cannot or should not be resolved in this manner, he/she shall refer it to the Hearing Body of the School (i.e., the Committee on Academic Integrity) within ten (10) working days of the Dean's decision.
- C. Following receipt of the request, the Committee will meet to review the case and schedule a hearing. If the Committee has questions concerning the Dean's request or the basis for the charges, it may seek clarification from the Dean prior to scheduling a hearing.
- D. The Committee shall forward to the Accused and to the Complainant written notice of the complaint and of the time, date and place of the hearing, which shall be held within fifteen (15) working days of receipt of a request from the Dean. This time may be extended at the request of the Accused if the Accused is unable to appear, but the accused must provide the Committee with a suitable date within a reasonable time frame.
- E. The Committee shall convene to hear the complaint and make recommendations for action to the Dean. A complete description of hearings procedures can be found in the University Policy section V.F.4, and are summarized below.

1. **Quorum:** At least 7 members (2 of whom must be faculty members) must be in attendance. In order to vote, a member must be present for the entire proceeding. Those members not present for the entire proceeding may offer their opinions during deliberations, but may not vote. Non-voting members do not count toward the above quorum requirements. The student co-chair will not vote, except in case of a tie.
2. **Hearing Procedures:** The hearing will be conducted according the guidelines set out in the Policy, as follows:
  - a. Witnesses may be called by any participant. Relevant materials may be presented if advance copies are provided to each participant. The Committee may at any time request submission of documents or an appearance by anyone involved in the matter, and may conduct as many hearing sessions as necessary to complete its consideration of the Complaint, within the time period designated in this procedure.
  - b. Students may consult private legal counsel at any time for advice. Students or legal counsel may submit to the Committee any documents or other evidence relevant to the matter at any time prior to the conclusion of the hearing. However, legal counsel shall not be permitted to appear at the proceedings of the Committee.
  - c. The burden of proof shall rest with the Complainant.
  - d. The Chair of the Committee shall rule on all procedural matters in accordance with this policy, with the procedural rules of the School, and with generally accepted terms of fundamental fairness. Whenever necessary, the Chair may seek the advice of the Office of General Counsel in procedural matters. Committee procedures shall, at a minimum, insure:
    - i. that witnesses be heard in the presence of the Accused, but outside the presence of other witnesses; the Hearing Body may request the presence of the Complainant during the testimony of other witnesses, in whole or in part.
    - ii. that tape recordings of the hearing, excluding all deliberations by the Committee, shall be made by the School; any participant may, at his/her own expense, obtain a copy of the recording or a transcript, or employ a court stenographer during the hearing.
3. **Completion of the Hearing:** The Committee will complete its hearing procedures within forty (40) working days of the commencement of the hearing, and submit to the Dean, with copies to the complainant and to the accused, within seven (7) working days thereafter, a written recommendation, including any findings of fact



made by the Committee, and a reporting of the total vote tally of the Committee's decision, without reference to individual votes.

4. Recommendations: The recommendations of the Committee may consist of any or no disciplinary action as outlined in Section V of the Code and should be based on the factual findings, the severity of the violation, and any procedures, policies or codes of the School or of the University.
5. All notices and correspondence to the Accused shall be sent by certified mail, return receipt requested or hand-delivered with a receipt to be signed; receipts shall be retained by the School.
6. Exceptions: After the Committee makes its recommendation, but before a final decision by the Dean, all parties may submit requests for exception in writing. As per the policy these must be submitted within five (5) working days of the Committee's recommendations.
7. Decision: The Dean or his/her designee shall render, within a reasonable period of time, a final decision on disciplinary action to be taken and shall provide written copies of the decision to the Accused, the Complainant and the Committee.
8. Appeals: Within five (5) working days of receipt of the Dean's decision, the student may submit a written appeal to the RBHS Chancellor. The RBHS Chancellor may, at his or her discretion, seek information and consult with any other party, including the Accused, Complainant, Committee and the Dean, and shall render, within a reasonable period of time, a written decision and shall provide written copies of the decision to the Accused, the Complainant, the Committee and the Dean. The decision by the RBHS Chancellor is not subject to appeal.
9. Confidentiality: All proceedings of the Committee are considered confidential, and all parties involved, including the Complainant and Accused are expected to maintain confidentiality. Failure to do so will be considered a breach of professional behavior and is itself a violation of the Code.

## SECTION V - Recommended Sanctions

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



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

#### No Action

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

#### Level One

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

#### Level Two

The student shall receive both a written and an oral reprimand from the Dean or his/her representative concerning the offense. A record of the incident will be kept in both the committee's files and the student's official file until the student graduates. As above, a recommendation may be made that either no credit be given for an assignment/requirement or a make-up assignment be given if appropriate. A failing grade may also be recommended for the assignment or relevant portion of the involved course.

#### Level Three

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

#### Level Four

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

level at which academic level the student will re-enter.

#### Level Five

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

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

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

By Direction of the Dean:

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Associate Dean for Student Affairs

**Section:** Office of Student Affairs

**Policy Name:** NJMS Guide to Professional Conduct Policy

**Prepared and Approved by:** Committee on Student Affairs

**Date:** 08/03/2020

**Approved by:** Faculty Council

**Date:** 08/21/2020

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

### **1. Characteristics and Responsibilities**

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

## **2. Self-Improvement and Adaptability**

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

## **3. Relationships with Patients**

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

## **4. Relationships with Healthcare Team Members**

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

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



**Section:** Office of Student Affairs

**Policy Name:** NJMS Standards of Professionalism Policy

**Prepared and Approved by:** Committee on Student Affairs

**Date:** 10/05/2020

**Approved by:** Faculty Council

**Date:** 10/06/2020

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

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

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

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

1. The Course Director/Clerkship Director/Faculty/Administrator must discuss the situation with the student and inform them that they are going to present the incident(s) to the Pre-Clerkship or Clerkship Professionalism Subcommittee.
2. The incident should be presented to a subcommittee of the Pre-Clerkship Curriculum Committee or Clerkship Curriculum Committee depending on the student’s phase in the curriculum. The subcommittee will be made up of all faculty members of these

committees.

- a. The student will meet with the Chair of the relevant subcommittee to be informed of the subcommittee process and their rights.
  - b. The subcommittee will meet within 10 days of the experience that led to the concern.
    - i. The Course Director/Clerkship Director/Faculty/Administrator bringing the incident(s) to the relevant committee will describe the situation.
    - ii. The student will be asked to address the committee to explain their perspective on what happened and any factors that the committee needs to consider.
  - c. The relevant committee will decide if it is appropriate to complete a Professionalism Form. If appropriate, the form is completed by the Course Director/Clerkship Director/Faculty/Administrator **fifteen (15) business days** from the clerkship or course end date or the date of incident, whichever is later.
3. The student must sign to acknowledge receipt and review of the form.
  4. The form is submitted to the Office of Student Affairs and is placed in the student's file.

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

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

#### **For students in the clerkship years:**

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

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



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

**For students not receiving a form:**

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

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

_____	_____
Student Name	Course/Clerkship Title
_____	_____
Course Director/Clerkship Director/Faculty	Date of incident(s) & location
_____	_____
Course Dir./Clerkship Dir./Faculty Signature	Date
_____	_____
Date this form was discussed with the student	_____
Other staff present _____	_____

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

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

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



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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.
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- 

3. Diminished relationships with patient and families:

- a. The student inadequately establishes rapport with patients or families.
  - b. The student is often insensitive to the patients' or families' feelings, needs, or wishes.
  - c. The student lacks empathy towards his/her patient or family members.
  - d. The student has inadequate personal commitment to honoring the wishes of the patients.
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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.
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**Course Director/Clerkship Director/Faculty:** Please make suggestions below regarding essential components of the professional development plan.

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**To be completed by the student**

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

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

\_\_\_\_\_  
Date

My comments (optional):

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

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

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

Professional Development plan:

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**New Jersey Medical School  
Institutional Professionalism Evaluation Form**

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

\_\_\_\_\_  
Administrator

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

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

\_\_\_\_\_  
Date

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

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

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

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

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

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

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

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**To be completed by the student**

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

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

\_\_\_\_\_  
Date

My comments (optional):

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

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

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

Professional Development plan:

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**Section:** Office of Education

**Policy Name:** Education Integrity and Conflict of Interest Policy

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

**Date:** 3/20/2019

**Approved by:** Faculty Council

**Date:** 4/2/2019

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

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

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

### **STUDENT CONFLICT OF INTERESTS ATTESTATION**

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

Responsible for compliance issues: Associate Dean of Student Affairs

**Section:** Office of Student Affairs

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

**Prepared and Approved by:** Committee on Student Affairs

**Date:** 12/5/2022

**Approved by:** Faculty Council

**Date:** 12/6/2022

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## **I. PURPOSE**

Rutgers New Jersey Medical School has a responsibility to foster professional development with the goal of providing humanistic and compassionate health care by all members of the New Jersey Medical School community, including medical students, graduate students, resident physicians, faculty, volunteers and other staff who participate in the educational process. We believe that teaching and learning should take place in a climate of mutual respect where students are evaluated based upon accomplishment, professionalism and academic performance. We are committed to maintaining a positive learning environment and the highest standards of behavior in the teacher-student relationship. The diversity of members of the academic community, combined with the intensity of interactions that occur in the health care setting, may lead to incidents perceived as or actually of mistreatment or unprofessional behavior. New Jersey Medical School maintains its commitment to preventing student abuse and the highest standards of professionalism through education, by providing support for those who are subjected to mistreatment, and by responding with corrective action to incidences of abuse and unprofessionalism. This policy addresses the behaviors required from all those who are in training sites, including faculty members, residents, nurses, staff, or students in a teaching role.

It is intended to ensure an educational environment in which students, staff, volunteers, and faculty may raise and resolve issues without fear of intimidation or retaliation. The Dean of New Jersey Medical School oversees the implementation of this policy.

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

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

4. A description of options that are available to all members of the New Jersey Medical School for reporting incidences of unprofessional behavior exhibited by anyone in the learning environment.

## **II. STANDARDS**

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

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

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

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

The NJMS Teacher-Learner Relationship and The Learning Environment in Medical Education Policy addresses the behaviors required from all those who are in training sites, including faculty members, residents, nurses, staff, or students in a teaching role. It is intended to ensure a psychologically safe educational environment in which students, staff, volunteers, and faculty may raise and resolve issues without fear of intimidation or retaliation

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

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

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

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

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

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

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

- A. To promote an environment respectful of all individuals, the New Jersey Medical School will provide ongoing education to students, residents, fellows, faculty, and other staff that emphasizes the importance of professional and collegial attitudes and behavior. The materials and methods for providing this education will be the responsibility of the Executive Vice Dean, the Associate Dean for Student Affairs and the New Jersey Medical School Office of Education.
- B. Education of the New Jersey Medical School community concerning mistreatment and professional behavior serves to promote a positive learning environment. This is characterized by attitudes of mutual respect and collegiality. Education will alert all members of the New Jersey Medical School community to expected standards of behavior. Education will also inform persons who believe they have been mistreated of the avenues for redress and will inform all concerned parties of the policies and processes for responding to allegations of mistreatment and unprofessional behavior.



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

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

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

D. The Learning Environment and Professionalism Subcommittee of the Curriculum, Academic Programs and Policies Committee (CAP2) will monitor influences (positive and negative) throughout the learning environment. The Subcommittee will develop and conduct appropriate strategies to enhance positive and mitigate negative influences, as well as identify and promptly correct violations of professional standards. The Subcommittee will meet quarterly and report to (CAP2). They will review the results of student evaluations of courses and clerkships as it relates to the learning environment and may choose to survey students and other groups to ascertain further information regarding positive and negative influences in this arena. They also will review the AAMC GQ results relating to the learning environment. At these quarterly meetings the Associate Dean for Student Affairs and the Executive Vice Dean will report on incidents that have been brought to them regarding concerns about the learning environment and

unprofessional behavior with personal identifiers redacted. Based on these sources of information the Learning Environment and Professionalism Subcommittee will make recommendations regarding the need for interventions (e.g., faculty and staff education and development) to address issues that are leading to a sub-optimal learning environment and these will be presented to CAP2 for consideration. The decision and final recommendations of this committee will be presented to the Faculty Council and Dean for consideration. Feedback on the success of implemented changes and programs is monitored by CAP2, the Faculty Council and Dean.

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

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

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

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

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

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

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

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

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

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

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

B. Formal Resolutions via University Policy

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

Initial Inquiry

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

completed within 60 calendar days of the receipt of a properly documented complaint by the Executive Vice Dean unless circumstances clearly reveal that in the interests of the parties involved the process be expedited or warrant a delay. In such cases the record of inquiry shall detail reasons for the delay.

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

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

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

#### Affiliate Sites

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

## Procedures

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

### False Complaints and Refusal to Cooperate:

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

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

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

As indicated above, the Learning Environment and Professionalism Subcommittee will monitor positive and negative influences on the learning environment and make recommendations regarding corrective interventions. These recommendations are considered by CAP2 and voted on and then are presented to the Faculty Council and Dean for consideration. A separate quarterly report will also be provided by the Executive Vice Dean to the Faculty Council and Dean regarding incidents of mistreatment or problems in the learning environment that are reported via the formal channels delineated above.



Section: Office of Education Policy

Name: Academic Equity in the Medical School Learning Environment

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

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

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

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

**Related LCME Standard**

9.5 Narrative Assessment

9.8 Fair and Timely Assessment

**Related Policies**

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

NJMS Advancement and Promotion Policy

NJMS Advancement and Promotion Policy for 3-Year MD Students

NJMS Grading Policy

NJMS Student Grade Appeal Procedure Policy

Pre-clerkship Attendance Policy

Attendance Policy for Clinical Clerkships



**Section:** Office of Student Affairs

**Policy Name:** NJMS Access to Accommodations Policy

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

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

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

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



**Section:** Office of Student Affairs

**Policy Name:** NJMS Changes in Training Site Assignment

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

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

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

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



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

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

Sincerely,

***SIGNATURE ON FILE***

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

Revised 9/10/2020

**Section:** Office of Student Affairs

**Policy Name:** NJMS Statement on the Use of Electronic Devices in the Learning Environment Policy

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

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

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

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

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

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

Pictures of, or with, patients are NOT permitted. If a picture is taken for its medical relevance, permission from the course/clerkship director and a patient consent form MUST be obtained PRIOR to taking the picture.

**Policy on Pharmaceutical Support of Educational Activities  
(prepared in accordance with AMA and ACP position papers)**

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

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

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

**Morning Report:**

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

**Noontime Conference:**

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

**Resident Lounge:**

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



**Section:** Office of Education

**Policy Name:** NJMS Student Grade Appeal Procedure Policy

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

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

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

The Department Chair will have ten (10) business days to accept or reject the student's appeal. The Department Chair will notify the student, the Associate Dean for Student Affairs and the Registrar's Office of his/her decision in writing. If a change in grade is warranted, the chair will submit a memo detailing the grade change to the Registrar under separate cover.

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



**Section:** Office of Education

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

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

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

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

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

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

**Section:** Office of Student Affairs

**Policy Name:** Universal Precautions Acknowledgment Policy

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

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

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**Instructions:**

**Universal Precautions:**

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

**Body fluids and universal precautions**

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

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

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

## Precautions

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

## How do we define an exposure?

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

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

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

## Use of Protective Barriers

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

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

### **A Few Words About Gloves**

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

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

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

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

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

### **Evaluation of Exposure and Risk of Exposure**

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



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

### **Guidelines for Post Exposure Prophylaxis- PEP (2013)**

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

### **Things to keep in mind about PEP**

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

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

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

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

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

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

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

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

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

**Infections and other environmental hazards you may be exposed to**

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

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

**How to prevent/limit exposures to these hazards**

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

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

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

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

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

**Section:** Office of Education

**Policy Name:** Medical Student Supervision Policy

**Prepared and Approved by:** Committee on Curriculum, Academic Program and Policies      **Date:** 12/14/2020

**Approved by:** Faculty Council      **Date:** 12/19/2020

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

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

**Definitions:**

**A. Level of Participation for History Taking and Physical Exams**

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

**B. Level of Participation for Procedures:**

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

**C. Level of Supervision:**

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

direct supervision.

- **Oversight** – the supervising professional is available to provide review of procedures/encounters with feedback provided after care is delivered.

### **Responsibilities and Requirements:**

- A. Faculty, residents and staff will be made aware annually of the training that students have received based on the level of students they are expected to supervise (e.g. community preceptors will receive information about the first year student competencies.)
- B. Departments are responsible for informing their faculty of clinical encounters and procedures that students may perform.
- C. Supervising health professional:
  - Faculty must be authorized in the procedure the student is performing in order to function as the supervising physician. The level of participation by the student must be consistent with their training and previous experience and should address the goals and objectives of the relevant rotation. If a faculty member is uncertain as to the appropriate level of involvement for the student, they should contact the clerkship or site director. When the faculty is supervising the student, they must be physically present with the student and the patient. Faculty may be immediately available for specified procedures.<sup>4</sup>
  - Residents may provide supervision to a medical student performing a procedure based on the resident's privileges. If a resident is privileged to perform a procedure with indirect supervision available or with oversight available, then they may supervise the student either directly or be immediately available for specified procedures. The level of participation by the student must be consistent with their training and previous experience and should address the goals and objectives of the relevant rotation. If a resident is unsure as to the appropriate level of involvement for the student, they should contact the clerkship or site.
  - Staff may supervise a student performing a procedure if the procedure is within the scope of practice for that professional. Examples include vaccination, intravenous catheter placement and insertion of a Foley catheter. The staff member must directly supervise the student. If the staff member is unsure as to the appropriate level of involvement for the student, they should contact the attending supervising the student.
  - Students are required to inform patients of their role and responsibilities in the patient's care. Supervising residents, staff and faculty must ensure that the patient is properly informed of the student's involvement.
  - Students may participate (and are encouraged to do so) in obtaining informed consent for procedures but they cannot do so without direct supervision by an appropriately privileged physician or healthcare professional director.
  - Medical student activities cannot be billed for under any circumstances except as permitted by CMS regulations, immediately available for specified procedures.
  - The level of participation by the student must be consistent with their training and previous experience and should address the goals and objectives of the relevant rotation. If a resident is unsure as to the appropriate level of involvement for the student, they should contact the clerkship or site director.
  - If at any time a student notes inadequate supervision, they can report to the clerkship director, Associate Dean for Education, Associate Dean for Student Affairs, or Executive Vice Dean. In addition, students can report anonymously any concerns through the end of clerkship evaluation.

**Responsible for Compliance**

Clerkship Director

Department Chair

Curriculum Committee (CAP2)

Note: LCME Standard 6, Element 6.2 Required Clinical Experiences

**Section:** Office of Education

**Policy Name:** NJMS Medical Student Duty Hours Policy

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

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

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

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

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

- Student duty hours should conform to the current ACGME standards applied to resident education. Specifically, students should not exceed an AVERAGE 80-hour weekly schedule across any four-week period. All required clinical and scheduled educational and assessment activities are to be included in the duty hour estimates. Students should not be required to exceed 24 continuous duty hours plus 4 additional hours for patient turnover.\*
- Students must be allowed 1 full day off in 7 averaged over 4 weeks. Teaching days, examination days, and other scheduled educational activities do not count as days off. However, time spent on reading and independent self-study does count as time off from scheduled duty hours.
- Students must not be required to complete overnight call on the evening prior to an examination or performance based assessment.
- Duty- free intervals between assigned clinical/educational activities should be at least 8 hours long.

- Mandatory NJMS holidays (these apply to third year students ONLY) may be counted as days off in compliance with the “1 in 7” policy.
- Call rooms will be available for all students who feel too fatigued to safely get home.

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

Examples of justifiable exceptions might include, but are not limited to, the following:

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

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





**Section:** Office of Education

**Policy Name:** NJMS Grading Policy

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

**Date:** 8/31/2022

**Approved by:** Faculty Council

**Date:** 9/6/2022

Phase I Grading System (Years 1 and 2) – Beginning with Class of 2026

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

H - Honors  
HP - High Pass  
P - Pass  
CP - Conditional Pass  
F - Fail

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

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

#### Phase I Grading System (Years 1 and 2) – Class of 2025

1. All courses during the first two years of medical school will be graded using a categorical system with three levels, except for the Foundations of Body Systems course which will be graded Pass/Fail. These grades are reported to the Registrar’s Office and recorded on the student’s transcript.
  - Pass “P”– This grade will be awarded to any student who has successfully demonstrated mastery of the course requirements, including learning objectives and professionalism standards.
  - Conditional Pass “CP”– This grade will be awarded to any student who has not successfully demonstrated mastery of the course requirements, including learning objectives and professionalism standards. The remediation would allow a student to further develop his/her understanding of that field of study, which would then be reassessed. If the student successfully demonstrates mastery of the course requirements following remediation, the student will be eligible for promotion to the following year. The grade of “CP” will remain on the student’s transcript. If the student fails to successfully demonstrate mastery of the course requirements after remediation and reassessment, then the “CP” will be converted to an “F” on the students’ transcript. If a grade of “F” is earned, then the student will be required to repeat the course.
  - Fail “F”- This grade will be awarded to any student who fails to successfully demonstrate mastery of the course requirements. If a grade of “F” is earned, then the student will be required to repeat the course.
  
2. In addition to the letter grades above, each student will receive a numerical grade that will be reported to the Registrar’s Office and will become a part of the students’ academic record. The numerical grade will not be displayed on the students’ transcript. All earned numerical grades will be used in calculating summary rankings for various honors (e.g., AOA membership), and for internal purposes of comparing student performances within and across courses. If a student earns a grade of “CP”, the numerical grade associated with the “CP” will be utilized in summary rankings. If a grade of “F” is earned and the student is required to repeat the course, both the numerical grade associated with the original “F” grade and the numerical grade earned in the repeat year will be utilized in summary rankings.

## Phase 2 Grading System (Years 3 and 4)

The grading scale for Clinical clerkships and fourth year electives\*\* is as follows:

H – Honors

HP – High Pass

P – Pass

F - Failure

I/R – Incomplete: Missing Requirements (see below)

I/S – Incomplete: Repeat Shelf Exam (see below) WD - Withdrawal

\*\*Third year electives are graded Pass/Fail.

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

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

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

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

#### I/R – Incomplete, missing requirements

I/R: this notation will indicate a student's failure to satisfactorily complete a graded course requirement on or before the first attempt (the attempt must occur on or before the final day of the course in order for this designation to be used). This includes any item that is due at the end of the course or clerkship, such as, but not limited to:

Deferral of shelf exam Patient and/or  
procedure logs Make-up days/shifts

Write-ups, case presentations or other assigned projects

Return of any departmentally supplied equipment, including scrubs and/or scrub Cards, meal cards, etc.

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

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

#### I/S – Incomplete, repeat shelf exam

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

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

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

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

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

- Course and clerkship site directors are responsible for submitting final course/clerkship grades within 3 weeks of the final day of the course or clerkship.
- The Associate Dean for Education will be notified of non-compliant courses or clerkship rotations that have not submitted all grades at the end of this 3-week period (internal submission deadline). Non-compliant individuals will receive personalized follow-up (e-mail or discussion) from the Associate Dean of Education.
- At week 4 post-course/clerkship, the Executive Vice Dean will be notified of non-compliant courses or clerkships that have not submitted the final grades. Non-compliant individuals will receive personalized follow-up (e-mail or discussion) from the Executive Vice Dean and the appropriate department chair will be notified.

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

### 3<sup>rd</sup> Year Clerkship Grading for Academic Year

<b>Assignment of Final Clerkship Grade</b>	<p><i>Honors:</i> 90 and above with requirements noted below.  <i>High Pass with Distinction:</i> 90 and above with requirements noted below.  <i>High Pass:</i> 85-89.99  <i>Pass:</i> 70-84.99  <i>Fail:</i> &lt;70</p> <p>There will be NO ROUNDING of final grades.</p>
<b>Requirements for Honors</b>	<ol style="list-style-type: none"> <li>Overall grade of 90 AND</li> <li><b>Raw score</b> (before the curve) at least national 75<sup>th</sup> percentile rank on NBME Shelf for respective quarter (use lowest score over last 3 years) AND</li> <li>At least 85 or higher on remaining clerkship components</li> </ol> <p>*See below for further explanation of NBME Shelf percentile rank</p>
<b>Requirements for High Pass with Distinction</b>	<ol style="list-style-type: none"> <li>Overall grade of 90 AND</li> <li><b>Raw score</b> (before the curve) at least national 60<sup>th</sup> percentile rank on NBME Shelf for respective quarter (use lowest score over last 3 years) AND</li> <li>At least 85 or higher on remaining clerkship components</li> </ol> <p>*See below for further explanation of NBME Shelf percentile rank</p>
<b>Passing NBME Shelf Score</b>	<p>Pass = <b>Raw score</b> (before the curve) at least national 5<sup>th</sup> percentile rank for respective quarter on NBME Shelf (use lowest score over last 3 years)</p> <p>*See below for further explanation of NBME Shelf percentile rank</p>
<b>NBME Shelf Curve</b>	<p>Add 10 points to the raw score on the NBME Shelf in calculation of the final numerical grade. (*Please note – the raw score NOT the curved score is used as the basis for comparing to the National Percentile Ranks, i.e. 75<sup>th</sup> and 5<sup>th</sup> Percentile Ranks as listed above).</p>
<b>Professionalism</b>	<p>If a student receives a professionalism form, the highest grade a student can achieve is a <b>Pass</b>.</p> <p><i>Please refer to the NJMS Standards of Professionalism Policy on page 32 to review the multi-tiered process for addressing a professionalism concern.</i></p>

#### **NBME Shelf Percentile Rank:**

The NBME provides percentile data for 4 quarters. As explained by the NBME, “quarterly norms have been provided because it is common knowledge that scores in some clerkship exams are progressively higher for students of equivalent ability who take the relevant rotation later in the academic year.”

National NBME data from the 3 previous academic years are reviewed for each clerkship. The lowest score at the respective percentile rank (5<sup>th</sup>, 60<sup>th</sup>, or 75<sup>th</sup>) is used as the requirement noted above. Using the lowest scores for the percentile ranks favors the student.

*This revised 3<sup>rd</sup> year grading requirements were approved by the Committee on Curriculum and Academic Programs and Policies on 3/15/23 and by Faculty Council on 4/4/23.*

## Clerkship Student Assessment Form

**Student:** Click here to enter text. **Preceptor/Site:** Click here to enter text. **Date:** Click here to enter text.

**Evaluator(s):** Click here to enter text. Resident Fellow Faculty

**Method of Evaluation:** Individual Combined

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

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

For all NJMS goals and objectives, please refer to

[https://njms.rutgers.edu/education/office\\_education/documents/NJMSSGoalsandObjectives.pdf](https://njms.rutgers.edu/education/office_education/documents/NJMSSGoalsandObjectives.pdf)

	Consistently below appropriate level		Occasionally below appropriate level		Appropriate to level of training		Often above appropriate level		Consistently above appropriate level
<b>Medical Knowledge</b>									
Fund of Knowledge for Patient Care	60 <input type="checkbox"/>	65 <input type="checkbox"/>	70 <input type="checkbox"/>	75 <input type="checkbox"/>	80 <input type="checkbox"/>	85 <input type="checkbox"/>	90 <input type="checkbox"/>	95 <input type="checkbox"/>	100 <input type="checkbox"/>
Ability to Integrate Information and Problem Solve in Patient Care	60 <input type="checkbox"/>	65 <input type="checkbox"/>	70 <input type="checkbox"/>	75 <input type="checkbox"/>	80 <input type="checkbox"/>	85 <input type="checkbox"/>	90 <input type="checkbox"/>	95 <input type="checkbox"/>	100 <input type="checkbox"/>
Identifies Social, Economic, Psychological, and Cultural Factors that Contribute to Health and Disease	60 <input type="checkbox"/>	65 <input type="checkbox"/>	70 <input type="checkbox"/>	75 <input type="checkbox"/>	80 <input type="checkbox"/>	85 <input type="checkbox"/>	90 <input type="checkbox"/>	95 <input type="checkbox"/>	100 <input type="checkbox"/>
<b>Patient Care</b>									
History Taking and Interviewing skills	60 <input type="checkbox"/>	65 <input type="checkbox"/>	70 <input type="checkbox"/>	75 <input type="checkbox"/>	80 <input type="checkbox"/>	85 <input type="checkbox"/>	90 <input type="checkbox"/>	95 <input type="checkbox"/>	100 <input type="checkbox"/>
Physical Examination and Assessment	60 <input type="checkbox"/>	65 <input type="checkbox"/>	70 <input type="checkbox"/>	75 <input type="checkbox"/>	80 <input type="checkbox"/>	85 <input type="checkbox"/>	90 <input type="checkbox"/>	95 <input type="checkbox"/>	100 <input type="checkbox"/>
Formulation of Diagnosis and Treatment Plan	60 <input type="checkbox"/>	65 <input type="checkbox"/>	70 <input type="checkbox"/>	75 <input type="checkbox"/>	80 <input type="checkbox"/>	85 <input type="checkbox"/>	90 <input type="checkbox"/>	95 <input type="checkbox"/>	100 <input type="checkbox"/>
<b>Interpersonal and Communication Skills</b>									
Clinical Documentation	60 <input type="checkbox"/>	65 <input type="checkbox"/>	70 <input type="checkbox"/>	75 <input type="checkbox"/>	80 <input type="checkbox"/>	85 <input type="checkbox"/>	90 <input type="checkbox"/>	95 <input type="checkbox"/>	100 <input type="checkbox"/>
Verbal Communications	60 <input type="checkbox"/>	65 <input type="checkbox"/>	70 <input type="checkbox"/>	75 <input type="checkbox"/>	80 <input type="checkbox"/>	85 <input type="checkbox"/>	90 <input type="checkbox"/>	95 <input type="checkbox"/>	100 <input type="checkbox"/>
Communicates Effectively with Patients and Families Across Diverse Cultural Backgrounds, including patient education	60 <input type="checkbox"/>	65 <input type="checkbox"/>	70 <input type="checkbox"/>	75 <input type="checkbox"/>	80 <input type="checkbox"/>	85 <input type="checkbox"/>	90 <input type="checkbox"/>	95 <input type="checkbox"/>	100 <input type="checkbox"/>
Team-Based Interpersonal and Communication Skills	60 <input type="checkbox"/>	65 <input type="checkbox"/>	70 <input type="checkbox"/>	75 <input type="checkbox"/>	80 <input type="checkbox"/>	85 <input type="checkbox"/>	90 <input type="checkbox"/>	95 <input type="checkbox"/>	100 <input type="checkbox"/>
<b>Practice-based Learning and Improvement</b>									
					Developing	Appropriate	Exemplary		
Identifies strengths, deficiencies, and limitations in one's knowledge and expertise					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Response to Feedback					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Self-Directed Learning					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Systems-Based Practice</b>									
					Developing	Appropriate	Exemplary		
Does the student recognize and appropriately coordinate patient care including inpatient, outpatient, and community resources across the continuum of care?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the student recognize and appropriately consider the impact of health inequality on their patients across the continuum of care?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

## Professionalism

## Clerkship Student Assessment Form

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

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

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

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

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

Click here to enter text.

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

Click here to enter text.

EVALUATOR SIGNATURE: Click here to enter text.

DATE: Click here to enter text.

I have seen this evaluation.

STUDENT SIGNATURE: Click here to enter text.

DATE: Click here to enter text.

STUDENT COMMENTS (OPTIONAL)

## Clerkship Student Assessment Form

	Consistently below appropriate level	Occasionally below appropriate level	Appropriate to level of training	Often above appropriate level	Consistently above appropriate level
<b>Medical Knowledge</b>					
Fund of Knowledge for Patient Care 1.1 h; 1.2 e, f; 1.3 c, d	<i>Inadequate</i> fund of knowledge	<i>Weak</i> knowledge base but shows <i>potential</i> for improvement	<i>Basic</i> overall knowledge base and showing <i>significant potential</i> for growth	<i>Solid</i> fund of knowledge	<i>Outstanding</i> fund of knowledge
Ability to Integrate Information and Problem Solve in Patient Care 2.2 a, b, c, f, h 4 <sup>th</sup> year: 2.2h	<i>Unable</i> to integrate the elements of a clinical database; has <i>no or only rudimentary</i> problem-solving ability	<i>Still learning</i> how to integrate the elements of a clinical database but shows <i>potential</i> for improvement	Able to synthesize <i>some</i> aspects of the clinical database into a differential diagnosis and/or overall plan	Able to synthesize <i>most</i> aspects of the clinical database into a solid differential diagnosis and/or overall plan	<i>Consistently</i> integrates <i>all</i> aspects of the clinical database completely and succinctly into cohesive differentials
Identifies Social, Economic, Psychological, and Cultural Factors that Contribute to Health and Diseases 4.1 a; 6.5 d	<i>Consistently overlooks</i> one or more of these factors	<i>Frequently overlooks</i> one or more of these factors	Incorporates <i>basic aspects</i> of these factors	Incorporates <i>basic aspects</i> of these factors and <i>applies</i> them to the plan of care	Incorporates <i>detailed aspects</i> of these factors and <i>applies</i> them to the plan of care
<b>Patient Care</b>					
History Taking and Interviewing Skills 2.1 e, f, g; 3.1 a, c; 4.1 a 4 <sup>th</sup> Year: 2.1 h, i; 6.5 f	<i>Consistently incomplete and</i> disorganized	<i>Frequently</i> incomplete and/or disorganized for uncomplicated patients	Complete and organized for <i>uncomplicated</i> patients.	Frequently complete and organized by system for <i>complicated and uncomplicated</i> patients	<i>Consistently</i> complete and organized for both <i>complicated and uncomplicated</i> patients
Physical Examination and Assessment 2.1 f, g; 4.1 b; 4.4 b 4 <sup>th</sup> year: 2.1 i	<i>Consistently</i> incomplete and/or inaccurate	<i>Frequently</i> incomplete and/or inaccurate	Performs <i>basic</i> physical exam correctly, and identifies <i>basic</i> abnormal findings; some gaps in comprehensive exam.	Performs a <i>comprehensive and appropriately focused</i> exam and <i>frequently</i> identifies and interprets abnormal findings	<i>Consistently</i> identifies and interprets normal and abnormal findings
Formulation of Diagnosis and Treatment Plan 2.2 f, g; 4.1 c; 4.4 c 4 <sup>th</sup> year: 1.3 e, f; 2.2 j; 5.2 d	<i>Cannot</i> develop a <i>basic</i> management plan, <i>even with guidance</i> ; often misses common or critical diagnoses	<i>Requires more than expected guidance</i> to develop a <i>basic</i> management plan; inconsistent – at times misses basic or critical diagnoses	Formulates a <i>basic</i> management plan for common conditions/illnesses; attempts a differential diagnosis	Formulates a <i>comprehensive differential diagnosis &amp; management plan</i> for common and <i>sometimes complex</i> conditions	<i>Consistently</i> formulates a <i>comprehensive &amp; appropriate differential diagnosis &amp; management plan for both common and complex</i> conditions
<b>Interpersonal and Communication Skills</b>					
Written Communications 2.2 d; 3.2 d, e; 6.6 d 4 <sup>th</sup> Year: 6.6 e, f, g	Recorded findings are <i>inadequate</i> ; <i>major deficiencies</i> in analysis of problems	Recorded findings are <i>inconsistent</i> in quality and organization; <i>frequent omissions/inaccuracies</i> .	Recorded findings are <i>generally appropriate</i> with <i>some omissions/inaccuracies</i> in analysis of problems	Recorded findings are <i>appropriate and accurate</i> ; analyzes <i>primary</i> problems in a complete manner	<i>Recorded findings are well-organized, thorough and accurate</i> ; complete analysis of all issues
Verbal Communications 2.3 d; 3.2 d, f; 3.4 c; 4.1 c; 6.3 e, f, g 4 <sup>th</sup> Year: 2.3 e	Presentations are <i>incomplete and/or unorganized</i> ; <i>major deficiencies</i> in characterization of clinical issues	Presentations are <i>variable, at times incomplete</i> ; <i>frequent omissions/inaccuracies</i> in characterization of clinical issues	Presentations are <i>generally complete</i> with <i>some omissions/inaccuracies</i> in characterization of clinical issues	Presentations are <i>complete with reasonable</i> characterization of clinical issues	Presentations are <i>complete with excellent</i> characterization of all clinical issues
<b>Communicates Effectively with Patients and Families Across</b>	<b><i>Does not</i> establish</b>	<b><i>Has difficulty</i> establishing</b>	<b><i>Frequently</i> establishes</b>	<b><i>Consistently</i> establishes</b>	<b><i>Consistently</i> establishes rapport,</b>



## Clerkship Student Assessment Form

Diverse Cultural Backgrounds, including patient education. 2.2 d; 2.4 d, e, f; 3.1 a, c; 4.1 a, b, c; 5.3 d, 6.1 h, i, j; 6.4 d; 6.5 d; 4 <sup>th</sup> Year: 2.4 g; 3.4 b; 6.1 k, l, m, n; 6.4 e	rapport, use appropriate language, avoid jargon, and/or convey empathy	rapport, using appropriate language, avoiding jargon, and conveying empathy	rapport, uses appropriate language, avoids jargon, and conveys empathy	rapport, uses appropriate language, avoids jargon, and conveys empathy	uses appropriate language, avoids jargon, and conveys empathy, <i>even with challenging patients</i>
Team-Based Interpersonal and Communication Skills 3.1 a; 3.2 b, f; 6.3g; 6.6 c 4 <sup>th</sup> Year: 3.3 d	Interpersonal skills are <i>deficient</i> ; <i>insensitive</i> to needs, feelings and wishes of interdisciplinary health care team members; <i>fails to integrate in the team</i>	<i>Inconsistent</i> in his/her rapport with the interdisciplinary health care team	Relates well to <i>most</i> of the interdisciplinary health care team members <i>most of the time</i> ; adapts to the team structure	Relates well to <i>most</i> of the interdisciplinary health care team members on a <i>consistent basis</i> ; <i>frequently takes initiative</i> to educate/learn from peers/team members	<i>Outstanding</i> in respecting the feelings, needs and wishes of <i>all</i> interdisciplinary health care team members; <i>consistently takes initiative</i> to educate/learn from peers/team members

### Practice-based Learning and Improvement

	Developing	Appropriate	Exemplary
Identifies strengths, deficiencies, and limitations in one's knowledge and expertise 3.2 b, c; 3.3 a, b, c, d	<i>Occasionally identifies gaps</i> in knowledge and skills; <i>strives for improvement</i>	<i>Identifies gaps</i> in knowledge and skills and <i>works effectively</i> to make improvements; <i>self-reflective</i>	<i>Consistently identifies gaps</i> in knowledge and skills and <i>works effectively</i> to make improvements; <i>insightful reflection</i>
Response to Feedback 3.3 a	<i>Resistant</i> to feedback, <i>defensive</i>	<i>Mature</i> response to feedback; generally <i>improves</i> with feedback.	Regularly <i>seeks</i> feedback and ways to improve; <i>continued self-assessment</i> leads to further growth.
Self-Directed Learning 3.2 b, 4.2 b, d; 4.3 d; 5.1 d, e, f, g, h 4 <sup>th</sup> Year: 3.3 b, c; 5.1 i, j, k	<i>Needs prompting</i> ; <i>rarely</i> accesses appropriate resources to enhance knowledge base	Accepts ownership for <i>selfeducation</i> ; shows evidence of <i>independent</i> or supplemental reading to enhance knowledge base	<i>Outstanding initiative</i> ; consistently incorporates evidence-based practice into the care of patients

### Systems-Based Practice

Does the student recognize and appropriately coordinate patient care including inpatient, outpatient, and community resources across the continuum of care? 4.4 c; 5.2 c; 6.6 c	<i>Developing an understanding</i> of the discharge process and community and ancillary services available to improve patient care	<i>Understands</i> discharge planning, patient education, and/or the use of community and ancillary health services	<i>Coordinates</i> discharge planning, including providing patient education and arranging community/ancillary health services
Does the student recognize and appropriately consider the impact of health inequality on their patients across the continuum of care? 3.3 c; 4.1 c; 4.2 b, c, d; 4.3 a, b, d 4 <sup>th</sup> Year: 4.4 d	<i>Developing an understanding</i> of the needs of patients and society, including the impact of health inequality on their patients	<i>Understands</i> the needs of patients and society, including the impact of health inequality on their patients	<i>Recognizes</i> the impact of health inequality on their patients and <i>incorporates</i> this into patient care

**Section:** Office of Education

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

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

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

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**RELEVANT LCME STANDARDS:**

9.5 Narrative Assessment

**PURPOSE AND SCOPE:**

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

This policy applies to:

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

**POLICY:**

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

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

**PROCEDURE:**

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

The clerkship directors will be responsible for including narrative assessment for all clinical CAP2 is responsible for reviewing and approving the decisions of the course and clerkship directors.  
clerkships and electives.



**Section:** Office of Education

**Policy Name:** Mid-Course and Clerkship Feedback Policy

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

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

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**RELEVANT LCME STANDARDS:**

9.7 Formative Assessment and Feedback

8.6 Monitoring of Completion of Required Clinical Experiences

**PURPOSE AND SCOPE:**

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

**POLICY:**

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

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

**PROCEDURE:**

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



**Section:** Office of Student Affairs

**Policy Name:** Residents as Teachers Policy

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

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

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### **PURPOSE AND SCOPE:**

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

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

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

### **POLICY:**

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

### **PROCEDURE:**

1. The GME resident orientation covers the following topics:
  - i. Rutgers NJMS Goals and Objectives
  - ii. Rutgers NJMS Student Mistreatment & Duty Hour Policies
  - iii. Overview on providing effective feedback, both verbal and written
  
2. Each department/clerkship is responsible for distribution and education on clerkship specific goals and objectives, required clinical encounters.
3. Attendance for resident as teachers sessions is collected and monitored centrally by the Office of GME.

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



**Section:** Office of Student Affairs

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

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

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

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

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

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

By Direction of the Dean:

\_\_\_\_\_  
Associate Dean for Student Affairs



**Section:** Office of Student Affairs

**Policy Name:** NJMS Guidelines for Students Attendance at Conferences Policy

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

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

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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.