

**Weill Cornell Medical College**  
**Student Handbook**

*Updated February 2022*

**WEILL CORNELL MEDICAL COLLEGE**

*Updated January 2022*

# **Weill Cornell Medical College Student Handbook**

**\*\* All policies in the Student Handbook are up to date as of February 1,  
2022.**

**For the most up-to-date details regarding  
WCMC policies, please visit:**

**<https://nexus.weill.cornell.edu/display/MECPOLICY/Medical+Education+Policies>**

# WEILL CORNELL MEDICAL COLLEGE

*Updated January 2022*

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# About the Institution

## Weill Cornell Medical College

### History

An abiding focus on the science which shapes medical knowledge and patient care has been central at Weill Cornell since the school's establishment in 1898. Cornell University President Jacob Gould Schurman, in his address at the Medical College's opening ceremonies, set the tone for the decades to come. "What is needed for the training of physicians and surgeons today?" asked Schurman. "I answer, first, science; secondly, science; thirdly, science." Delivered with a missionary's fervor 105 years ago, these words remain notable not simply for the way they continue to affirm the emphasis placed by Medical College faculty on the scientific basis of medical training, but as an indication of how far the field has traveled in the last century, and how great a part Cornell University Medical College has played in that development.

In 1898, the field of medicine was only beginning to stress a scientific foundation, and most medical schools in the United States were just starting to resemble medical schools as we know them today. Through most of the 19th century, many medical schools had lower entrance requirements than those of a good high school. Once admitted, a medical school student was taught exclusively by lecture, and had only to sit through two four-month terms before being given, automatically, an M.D. degree. Few medical students ever touched a patient or had any clinical experience prior to graduation.

The founding of Cornell University Medical College coincided with a period of momentous change and strengthening of medical education in this country. Established and generously endowed through the gifts of Colonel Oliver H. Payne, Cornell University Medical College quickly became a national leader in medical instruction. One of Colonel Payne's requirements was that the Medical College be a university medical school. Admitting men and women from the outset, Cornell was also one of the country's first coeducational medical schools.

Cornell's original faculty, highly regarded as both scientists and teachers, recognized a broad liberal education as a prerequisite for a successful medical education.

Although Cornell University was founded and continues to flourish in Ithaca, New York, the University's Medical College was established in New York City to provide its students with opportunities for clinical learning and laboratory-oriented instruction that were rare at the time. This clinical focus remains central to the Weill Cornell experience.

As the scientific pursuit of medicine gained prominence, a new kind of institution arose — the partnership of university and hospital in an academic medical center. The Medical College and The New York Hospital first signed a limited affiliation agreement in 1913; formal affiliation in 1927 joined the facilities of the two institutions. Hospital and college were brought to one location in 1932 with the opening of The New York Hospital-Cornell Medical Center, physically confirming the fundamental integration underpinning the academic medical center and its triple mission of education, research, and patient care.

Now at the heart of a world-renowned center of medical education, biomedical research, and health care, Weill Cornell Medical College remains committed to the advancement of medical knowledge through work done by faculty and students alike. As a pioneer in the early 1950's in developing the concept of comprehensive care for patients as well, Weill Cornell investigated and refined the effective matching of patient needs with medical and community resources, through its Comprehensive Care and Teaching Program. While the formal program ended in the 1960's, the precepts of comprehensive patient care learned from the undertaking continue to be applied.

The New York Hospital merged with the Presbyterian Hospital in 1997, and the new entity is known as NewYork-Presbyterian Hospital. However, the medical schools of Weill Cornell and Columbia remain independent entities.

The Medical College itself changed its name on April 23, 1998. The new designation, "The Joan and Sanford I. Weill Medical College of Cornell University," was approved by the Board of Trustees of Cornell University in recognition of the Weill's many years of dedicated service to Cornell and, particularly, to the Medical College. As a result of the merger and name change described above, the academic medical center (formerly New York Hospital-Cornell Medical Center) is now known as NewYork-Presbyterian Hospital/ Weill Cornell Medical Center.

In 2001, the Medical College and Cornell University in partnership with Qatar Foundation for Education, Science and Community Development signed an agreement to establish Weill Cornell Medical College-Qatar, the first medical school in Qatar.

In 2015, the Medical College was re-named Weill Cornell Medicine to reflect its broader mission in research and patient care, in addition to educating future physicians.

In 2019, with gifts from the Starr Foundation and Board of Overseer Chairman Emeritus Sanford I Weill, the Medical College announced that it would make the cost of attendance free for all students who qualify for financial aid.

From 2020 to 2022, the Medical College continued its operations despite the tremendous challenges presented by the worldwide COVID-19 pandemic. Many students stepped up admirably to volunteer in a variety of community service and research activities related to the pandemic including serving as volunteer vaccinators.

## **Mission Statement**

The following mission statement for Weill Cornell Medical College and Graduate School of Medical Sciences was adopted by the Faculty Councils in 1996, and revised in 1999, 2003, and 2009.

The Weill Cornell Medical College and Graduate School of Medical Sciences are committed to excellence in research, teaching, patient care, and the advancement of the art and science of medicine. To this end, their mission is to provide the finest education possible for medical students and students pursuing advanced degrees in the biomedical sciences, to contribute to the lifelong education of physicians throughout their careers, to conduct research at the cutting edge of knowledge, to improve the health care of the nation and the world both now and for future generations, and to provide the highest quality of clinical care for the communities they



serve. Success in any of these contributes to success in the others.

In pursuit of this mission, the Medical College and Graduate School fully embrace the commitment of Cornell University, to support equality of education and employment opportunity by affirming the value of diversity and by promoting an environment free from discrimination. Association with the Medical College and Graduate School, either as a student, faculty, or staff member involves participation in a free community where all people are recognized and rewarded on the basis of individual performance rather than personal convictions, appearance, preferences (including sexual or affectional orientation), or happenstance of birth. The Medical College and Graduate Schools' history of diversity and inclusion encourages all students, faculty, and staff to support a diverse and inclusive university in which to work, study, teach, research, and serve.

The Medical College and Graduate School recruit faculty and staff who excel in their fields and provide a creative, stable, intellectually stimulating and supportive working environment conducive to success in each aspect of their professional endeavors. In the selection of faculty, significant consideration is given to their potential as role models for the future leaders of academic medicine whom they will train. The Medical College and Graduate School are committed to the maintenance and continued development of a community of scientific and clinical scholarship. Where appropriate to further this mission, they will seek and cultivate affiliations with other institutions of excellence in clinical and biomedical sciences.

The faculty must be dedicated to the achievement of excellence in educating the physicians and biomedical scientists of the future, as well as those currently in practice, for leadership in research, patient care, education and community service. The Medical College and Graduate School must support this ideal through the development of innovative and stimulating curricula, and through the provision of appropriate resources to achieve this goal. They must respond rapidly to changing societal needs and new technologies.

The Weill Cornell Medical College and Graduate School of Medical Sciences are committed to the delivery of the highest quality health care that serves the needs of the local, regional, national and world communities. The institution is dedicated to the provision of health education, prevention, detection and treatment of disease, and the development of a research agenda and public health policy responsive and sensitive to the needs of these communities.

The leadership of the institution must direct its efforts to ensure the success of the creation, transmission and application of knowledge.

## **Health Care Institutional Affiliations of Weill Cornell Medical College**

In order to provide its students with a broad experience in patient care, Weill Cornell Medical College is affiliated with a number of teaching hospitals that provide primary, secondary, and tertiary care to the Greater New York Community and residents of New York State. Many of the affiliated institutions are world-renowned leaders in their fields and provide specialized care to patients from other states and countries. Others are prominent local institutions that provide vital care to their communities. Weill Cornell is also affiliated with Cayuga Medical Center in Ithaca, New York and The Methodist Hospital in Houston, Texas.

## **New York-Presbyterian Hospital**

On December 31, 1997, The New York Hospital and The Presbyterian Hospital merged to form New York-Presbyterian Hospital (NYPH). The merger combined these two institutions with long and distinguished histories. The New York Hospital, the second oldest hospital in the United States, was founded in 1771 by a Royal Charter granted by King George III of England. In 1927, The New York Hospital affiliated with Cornell University. The merged NYPH has two principal academic affiliates: Weill Cornell Medical College and the College of Physicians and Surgeons of the Columbia University. Although the hospitals have merged, the medical colleges have not. NYPH is the largest hospital in New York City and one of the largest and most comprehensive health-care institutions in the world, with leading specialists in every field of medicine. NYPH's Centers of Excellence are unsurpassed in quality and are increasingly attracting patients from the extended New York Metropolitan region, as well as from around the world

Weill Cornell Medical Center has state-of-the-art inpatient and ambulatory-care facilities. It offers a full-range of primary, specialty, and subspecialty care for children and adults. WCMC has graduate medical education programs in almost every residency specialty. It has level 1 adult and pediatric trauma center and the nation's busiest Burn Center. New York-Presbyterian Hospital is dedicated to serving New York's diverse populations.

On July 1, 2013, New York Downtown Hospital became a campus of NYPH and was renamed Lower Manhattan Hospital (LMH). LMH is located near Wall Street, Tribeca, Chinatown, Little Italy, South Street Seaport, City Hall, and the Foley Square federal courthouse. LMH together with the Weill Cornell Physician Organization provides a full range of inpatient services.

## **The Methodist Hospital, Houston, Texas**

The Methodist Hospital, located in Houston, Texas, became a Weill Cornell Medical College affiliate in 2004. It is also one of the nation's largest private, non-profit hospitals. Methodist is the site of numerous medical break-throughs, such as the world's first multiple-organ transplant in the 1960's, gene therapy for prostatic cancer, and the first islet cell transplantation for diabetes in Texas. Through the affiliation and the establishment of The Methodist Hospital Research Institute, multiple research collaborations have developed between investigators at Weill Cornell in New York City and The Methodist Hospital in Houston, Texas. Methodist has also built a healthcare system in the greater Houston community consisting of its flagship hospital and several community hospitals.

## **Hospital for Special Surgery**

The Hospital for Special Surgery (HSS), founded in 1863 by the New York Society for the Relief of the Ruptured and Crippled, was the first institution in the United States dedicated to the treatment of orthopedic conditions. Today it is a leader in the fields of orthopedics, rheumatology and sports medicine. Affiliation with Weill Cornell Medical Center began in 1949. Residents train in its highly regarded program in orthopedic surgery; additionally, clinical fellows receive training in advanced programs in rheumatic diseases and orthopedic subspecialties. In addition to patient care and medical education, the hospital maintains the Philip D. Wilson Research Center. The hospital's research division investigates the causes,

prevention, and new treatments for orthopedic, rheumatic and autoimmune diseases. HSS is the center of numerous clinical trials and the holder of various patents in its field. HSS is consistently ranked as one of the leading institutions in its specialty in the United States.

### **Memorial Sloan-Kettering Cancer Center**

Memorial Sloan-Kettering Cancer Center (MSKCC) is the world's oldest and largest privately operated center devoted to prevention, patient care, research, and education in cancer. The prototype for the National Cancer Institute-designated comprehensive cancer centers, Memorial Sloan-Kettering has two operating organizations: Memorial Hospital, which provides inpatient and outpatient care, specialized and support services, and a broad program of clinical research; and the Sloan-Kettering Institute, with many laboratories dedicated to biomedical investigation. Programs of basic and clinical research at Memorial Sloan-Kettering aim to advance the understanding of cancer, and to improve the means for its prevention, diagnosis, and treatment. The close collaboration between the Center's scientists and clinicians facilitates the rapid translation of results from the laboratory to the patient's bedside.

### **New York-Presbyterian Regional Hospital Network**

The New York-Presbyterian Healthcare System (NYP System) was developed in response to changes in the healthcare marketplace in order to meet the healthcare needs of employers and patients throughout the metropolitan New York area. It has also become a major clinical educational resource for Weill Cornell. In 2015-16, the NYP System changed its name to the New York-Presbyterian Regional Hospital Network. Today the NYP Network consists of the full spectrum of healthcare services, including the academic medical centers, specialty institutes, community hospitals, long-term care facilities, home-health agencies, ambulatory care sites, and physician groups, providing care to diverse communities in the New York metropolitan region.

### **New York-Presbyterian/Queens Hospital**

New York-Presbyterian/Queens (NYP/Q) is an acute care teaching hospital providing primary, secondary and tertiary care to an urban population, which reflects the remarkable ethnic and cultural heterogeneity of New York. The borough of Queens is one of the most multiethnic counties in the United States. NYP/Q is a major trauma center.

### **New York-Presbyterian Brooklyn Methodist (NYP/Brooklyn Methodist)**

NYP Brooklyn Methodist Hospital is a acute care teaching hospital, which has provided over 110 years of dedicated service to the Brooklyn community. NYP Brooklyn Methodist joined the New York-Presbyterian Healthcare System and became a Weill Cornell affiliate in 1993.

### **Cayuga Medical Center at Ithaca**

Situated in the Finger Lakes region of Central New York, Cayuga Medical Center (CMC) at Ithaca is an acute-care facility that provides high-quality health care (emergency, inpatient and outpatient) to a rural community. It has been affiliated with Weill Cornell Medical Center since 1993.

## **The Winifred Masterson Burke Medical Research Institute**

The Research Institute supports research conducted at Burke in White Plains, NY, including the Dementia Research Laboratories and the Laboratory of Molecular Neurobiology. The Institute conducts research into chronic neurological disability. The basic science of head injury, stroke and other neurological disorders is central to the specific problems of chronic illness and disability which confront the majority of Burke patients, and with which rehabilitation is concerned. The Research Institute is staffed by world-renowned scientists and has received numerous honors and awards of international acclaim.

# Emergencies, Safety, and Security

## Student Safety Orientation

Student safety orientation is provided to all incoming first-year student programs by Weill Cornell Medicine Environmental Health and Safety (WCM EHS). These sessions cover prevention topics including residential fire safety, emergency and disaster preparedness plans, WCM emergency website, and communication tools including the WCM Alert system and emergency information hotline.

Additionally, EHS uses this orientation to conduct OSHA safety training programs with spill and exposure guidance, along with instructions on seeking medical assistance. Additional safety training is provided as required, as students advance through the curriculum.

Additional information is available on the EHS website:

- EHS Website: <http://ehs.weill.cornell.edu/>
- EHS Safety Resources for Students: <http://ehs.weill.cornell.edu/forms-resources/we-offer-services/students>
- EHS Safety Trainings: <http://ehs.weill.cornell.edu/training>
- WCM Emergency Resources for Students: <https://emergency.weill.cornell.edu/student>

## Reporting Crimes, Emergencies, and Suspicious Behavior

Incidents of crime and other serious emergencies which require immediate assistance and which occur on the Medical College campus should be reported to the New York City Police Department (“NYPD”) by dialing 911 and the New York-Presbyterian Hospital Security (“NYPH Security”) at 1-212-746-0911. Reports may be made on a confidential basis.

An operator will ask you routine questions such as your name, address, call-back number, and the nature of the incident you are reporting. Do not hang up until the operator tells you he or she has all the essential information. Information you can provide may be crucial to the safety of everyone involved in the call. If you believe you are in a hazardous situation and cannot remain on the call long, tell the operator this at the beginning of your call. The operator can then request the minimum information needed to get you help, and you can get to a safe place. The operator will need to know where you are and what happened so the appropriate help can be sent quickly.

As difficult as it can be in an emergency, try to remain calm. It can be difficult to understand what a caller is saying for a variety of reasons, including language barriers and bad telephone connections. Strong emotions make effective communication even harder.

In addition to reporting off-campus crimes to 911, students should report any crimes or other security concerns involving the Medical College and its students that occur off campus to

NYPH Security (212-746-0911). Such information assists the Medical College with reporting and notification requirements that help ensure the safety of the Medical College community.

**All students should be familiar with the web site: <https://emergency.weill.cornell.edu/>. A link to this site is included as an app on all WCMC tagged phones and computers. It contains quick, easy-to-find, easy-to-read links to medical college policies and resources for mental health, medical health, sexual assault, weather emergencies, etc.**

If for any reason you feel unsafe on the grounds of the hospital or medical college, you may contact NYPH security and they will provide you with a security escort.

### **Additional Emergency Contacts**

#### **Medical College**

Engineering & Maintenance (facilities emergencies)	1-212-746-2288	
Emergency repairs in campus housing	1-212-746-1001	Monday-Friday, 9AM-5PM
	1-212-746-1009	other times
Environmental Health & Safety (fire, chemical, biological, and radiological releases)	1-646-WMC-SAFE 1-646-962-7233	any time

#### **New York Presbyterian Hospital-New York Weill Cornell Campus**

Security	1-212-746-0911	any time
Fire	1-212-746-FIRE 1- 1-212-746-3473	any time
Facilities Operations (facilities emergencies)	1-212-746-1920	
Environmental Health & Safety	1-212-746-1926	
Rape crisis program (emergency department)	1-212-746-5050	
Counseling (social work)	1-212-746-4320	
Switchboard	1-212-746-5454	any time
Administrator On Call	1-212-746-5020	any time

## Medical College Administrators

Students may also contact these administrators to report a crime or to share a personal concern:

Associate Dean (Student Affairs)	In an emergency, Dean Gordon-Elliott may also be reached at: 212-746-1058 or 917-526-9433 Dr. Gordon-Elliott's cell
Senior Associate Dean (Education)	In an emergency, Dean Kang may also be reached at: 646-369-3591 or 646-962-3487/5556

## Emergency Alerting

Emergency alerts are posted to the emergency information web site at <https://emergency.weill.cornell.edu/>, and may also be heard by calling 1-212-746-9262.

Response guides for specific types of emergencies are available at the Emergency Information web site.

In an emergency, the Medical College will notify students using the Weill Cornell Alert (WCA) emergency notification system. Weill Cornell Alert can send simultaneous notifications to all students or select groups via email, cell phone, and text messaging. All students are responsible for ensuring their contact information is accurate in the ENS. Further information and instructions to update contact information are at <https://emergency.weill.cornell.edu/WCA>.

Persons may also receive emergency alerts from New York City by registering for Notify NYC at <http://nyc.gov/notifynyc>.

## Suspicious Behavior

Students should report suspicious behavior to the NYPD and NYPH Security. It is important to remember that behavior, not a person, is suspicious. Signs of behavior that might be suspicious are:

- A person running and looking about furtively, as if he or she were being watched or chased.
- A stranger carrying property at an unusual hour or location, especially if the items are stereo equipment, office machinery, or a locked bicycle.
- A person going door-to-door in an office or residential building.
- Any person forcibly entering a locked vehicle or building.

- Transactions being conducted from vehicles, especially near schools or parks.
- A person or persons sitting in a parked car and closely scanning the area.
- A person exhibiting unusual mental or physical symptoms.
- Unusual noises, including gunshots, screaming, sounds of fighting, barking dogs, or anything suggesting danger or illegal activity.

Students should report suspicious persons without proper identification in Medical School facilities to NYPH Security.

## **Crime Prevention Tips**

- Keep yourself, your residence, your office, and your car safe by incorporating safe behavior into your daily routine.
- When you leave your room or office, even for a moment, always keep your doors and windows locked.
- Never leave your purse, wallet, book bag, electronic devices, or other property unattended, even for a moment.
- Be careful when people stop you for directions or money. Always reply from a distance; never get too close to the car or the person. If you feel uncomfortable about someone near you, go somewhere with people around and call the police or NYPH Security.
- If you are out after dark, use only well-lit routes and travel in groups when possible. Avoid construction areas, particularly sidewalks shadowed by scaffolding.
- Walk with the appearance of confidence. Make eye contact with passersby, and keep a firm grip on your property.
- Have keys ready so you can quickly get into your car or home.
- Although it seems courteous to open doors for others, especially persons carrying groceries or packages, do not open doors for strangers.

## **Campus Security Report**

In addition to the information contained above, The Medical College and Graduate School of Medical Sciences annually distribute a campus security report to all students and employees containing descriptions of policies and procedures for reporting crimes and emergencies and campus crime data. The report lists telephone numbers and contact information for security in campus facilities and residences. Policies and procedures for handling sex offenses and programs for victims are also described.



On request, prospective and current students and employees can receive the report from the Admissions Office or the Office of Human Resources. The report is also available at: <https://medicaleducation.weill.cornell.edu/student-resources/sexual-misconduct-campus-security>.

Campus crime statistics can be accessed at <https://ope.ed.gov/campussafety>. The Advisory Committee on Campus Security will also provide upon request all campus crime statistics as reported to the United States Department of Education.

## Comments

The Advisory Committee on Campus Security Committee may be reached by e-mail at [CampusSecurity@med.cornell.edu](mailto:CampusSecurity@med.cornell.edu).

## Annual Campus Security and Fire Safety Report

The Annual Campus Security and Fire Safety Report includes information on procedures for reporting data collected from local law enforcement authorities, NYPH Security and the WCM Housing Department. The report is distributed through an annual broadcast email from the Chair of the WCM Advisory Committee on Campus Security to WCM students, faculty and staff; as well as posted on the following WCM web sites:

- WCM Education: [http://weill.cornell.edu/education/student/stu\\_campus\\_sec.html](http://weill.cornell.edu/education/student/stu_campus_sec.html)
- WCM EHS: <http://ehs.weill.cornell.edu/safety/fire-safety>
- WCM Emergency: <https://emergency.weill.cornell.edu/student>

A current copy of the Campus Fire Log is maintained in the EHS offices, located at 402 East 67th Street, Room LA-0020, and is available upon request.

## Emergency Preparedness

### WCM Emergency Website – Student Resources

Emergency Planning and preparedness resources are available to all students through the WCM Emergency website. The Student Resources button is located on the main page, and provides access to the student resources and emergency contact information necessary for reporting emergencies. The Student Resources and contacts pages can be accessed at: <https://emergency.weill.cornell.edu/student>.

## Campus Operating Status

Campus operating status is available through the <https://emergency.weill.cornell.edu> website and the Emergency Hotline 646-962-9262. Emergency information is updated as campus status changes.

## Emergency App, Desktop Shortcut

All WCM-supported student, faculty, and staff smartphones, tablets, laptops, and desktop computers have the WCM Emergency App installed (icon shown to the right). This app provides direct access to the WCM campus emergency status, contacts, procedures, and other information readily available on the <http://emergency.weill.cornell.edu> website.



## Weill Cornell Alert

WCM maintains the Weill Cornell Alert system to provide emergency information and instructions. Weill Cornell Alert can send simultaneous notifications to all students, faculty, and staff or select groups via:

- Mobile Phone (voice and text messaging)
- Home Phone
- Work Phone(s)
- Alternate Phone
- Home and Work Email
- Pager
- Fax

Students, faculty, and staff are automatically added and removed from Weill Cornell Alert, though pre-loaded emergency contact information is limited to the assigned WCM email. Students are required to update their contact information using the WCM Online Directory. Instructions for updating emergency contact information are available at: <https://emergency.weill.cornell.edu/UpdateWCA>

## Fire Safety

The Fire Safety program includes fire alarm activation response, fire emergency response, emergency evacuation, and fire prevention. WCM develops and reviews guidelines and procedures addressing these topics, provides training programs and exercises to increase awareness amongst faculty, students, and staff; and collects data on the effectiveness of the various fire safety program components.

Most areas in WCM buildings are monitored by an early-warning fire detection system and protected by fire sprinklers. Upon the activation of any fire sprinkler, fire or smoke detector, or alarm-initiating device; there is an audible and visual indication throughout the building

that the fire alarm has activated, while simultaneously notifying the NYC Fire Department of the potential fire emergency.

Students must respond to all fire alarm activations and assume that each activation is a real fire emergency. Ignoring a fire alarm activation is against WCM and NYC guidelines governing fire alarm activation response.

Battery operated carbon monoxide detectors are in each Lasdon House Apartment to meet NYC Local Law 191 for buildings that contain fossil fuel burning equipment. These devices are not integrated into the fire alarm system and act independently. When in alarm, residents must evacuate and notify the housing desk attendant.

Every student is responsible for following WCM guidelines governing Fire Prevention; including:

- controlling the accumulation of trash and other combustibles,
- complying with the No Smoking policy,
- avoiding the use of unapproved open flames such as candles, canned cooking fuels, and propane gas; and
- using caution when heating and cooking food, such as using microwaves and toasters.

## **Fire Safety Rules**

Students must follow all WCM requirements and guidelines related to fire safety and fire prevention. Students may access this information on the Environmental Health and Safety website: <http://ehs.weill.cornell.edu>.

The Fire Safety Manual includes comprehensive information on fire safety topics and building-specific evacuation procedures: <http://intranet.med.cornell.edu/ehs/FIRE.pdf>.

All students must follow instructions of WCM faculty and staff during fire alarm activations, fire drills, and other emergency situations.

## **Residential Fire Safety Plans**

Residential Fire Safety Plans are distributed to all incoming students living in WCM residential buildings, and all students should be familiar with the plan specific to their building.

Residential Fire Safety Plans are updated annually and re-distributed to residents during National Fire Prevention Week in October. These plans are also available on the EHS web site: <https://ehs.weill.cornell.edu/safety/fire-safety/residential-fire-plans-notices>.

## **Tampering with Fire Alarms and Malicious Alarm Activations**

Tampering with fire safety equipment, such as fire extinguishers; or fire protection system devices, including smoke detectors and sprinkler heads, is unlawful and subject to disciplinary action by WCM.

Transmission of a false fire alarm is punishable as a Class A Misdemeanor under New York State Penal Law § 240.50. Violators of this law will also be subject to disciplinary action by WCM.

## **Fire Safety Procedure**

If you discover fire or visible smoke, immediately follow the RACE procedure:

**R.A.C.E. is an acronym for the general procedures all occupants should follow in the event of a fire, visible smoke, or fire alarm activation.**

- R – RESCUE: Remove occupants from the affected area. Assist others as appropriate. For patient care areas, rescue those in immediate danger from fire or smoke.**
- A – ALARM: If there is visible fire or smoke, report the fire to the other occupants in the immediate area by shouting “**FIRE**”. Activate the nearest fire alarm pull station to alert building occupants of the fire. Occupants in NYP buildings must call the NYP fire hotline at 212-746-FIRE (3473).**
- C – CONFINE: Close all doors, including interior doors, to the area to confine a fire and minimize the risk of the fire spreading in the building. Place damp towels at the base of the door to minimize smoke entering an area where occupants or patients are unable to evacuate.**
- E – EVACUATE /EXTINGUISH: In the event of a fire or fire alarm activation, building occupants must evacuate as specified in the Building-Specific Fire Safety Procedures, or EHS-approved local fire safety plan. Fire extinguishers should only be used by trained personnel to extinguish small fires, and only after the other R.A.C.E. procedures have been fully implemented.**

## **Questions**

Please contact Environmental Health and Safety with any questions concerning fire and other safety issues.

# Tuition and Fees

All fees for instruction and other charges are paid through the Student Accounting Office of the Medical College in 1300 York Ave. C-114 or via the online Learn Portal.

For full details on how to make payments, please see the [‘Managing Student Account’](#) section of our website.

Students will be billed for tuition and fees before the start of the semester and are required to pay tuition and fees prior to the first day of the semester. The bill and payment dates for the semester can be found within the [Tuition and Fees by Program](#) section of our website.

Tuition charges are waived once a student has paid for eight full semesters (four academic years). However, students who exceed eight semesters of enrollment will still be required to pay relevant student fees for each additional semester in which they remain enrolled.

Required student fees include, but are not limited to, the University, Student Health Service, Class, Transportation and Disability Insurance fees. Health insurance may be waived for domestic students with proof of comparable coverage. All international students are required to use Weill Cornell Medicine coverage. Additional information can be found within the Student Health section of the handbook.

For full details regarding cost of attendance by class year, please see the [Tuition and Fees by Program](#) section of our website.

Incoming First-Year Students: After being notified of their acceptance, admitted students are given a limited timeframe to decide if they will enroll in the entering class. The deadline for this decision varies according to the month of acceptance but is clearly stated in the letter of acceptance in accordance with AMCAS policies. A student’s place in the class is maintained after April 30 only if a \$100 acceptance deposit is paid; this figure is credited towards the tuition charge. A deposit may be returned if the student withdraws from the class before May 1. After May 1, all deposits are non-refundable.

Students who are neither US citizens nor permanent residents are required to pay tuition in-full (equal to four academic years) prior to the [payment due date](#) of their entering term. This policy does not apply to a student admitted with DACA status.

Any individual who owes a balance to the Medical College will not be able to enroll, to make academic progress toward his/her degree, obtain/release of their diploma, to receive a transcript of his/her record, to have his/her academic credits certified, to apply for or to retain student housing, or to have a degree certified.

## [Refund Policy](#)

Students who withdraw from the Medical College will be charged tuition from the first day of the current term to the effective date of the withdrawal as recorded by the Office of Medical

Education. The effective date of the withdrawal will be used to determine whether a tuition refund is applicable and if applicable what the amount of the refund will be.

In accordance with federal financial aid guidelines and the tuition refund policy at Cornell University, students who withdraw from the Medical College will be charged tuition from the first day of classes to the effective date of the withdrawal as follows:

<b>Withdrawal Date</b>	<b>Eligible Refund %</b>
1 <sup>st</sup> to 7 <sup>th</sup> day of the term	100% Refund
8 <sup>th</sup> to 14 <sup>th</sup> day of the term	90% Refund
15 <sup>th</sup> to 28 <sup>th</sup> day of the term	80% Refund
29 <sup>th</sup> to 35 <sup>th</sup> day of the term	70% Refund
36 <sup>th</sup> to 42 <sup>nd</sup> day of the term	60% Refund
43 <sup>rd</sup> to 49 <sup>th</sup> day of the term	50% Refund
50 <sup>th</sup> to 56 <sup>th</sup> day of the term	40% Refund
57 <sup>th</sup> to 63 <sup>rd</sup> day of the term	30% Refund
64 <sup>th</sup> day of the term to the last day of the term	0% Refund

The count of days includes all weekdays, weekend days, and holidays that fall within the term. All student fees are non-refundable. Health insurance and disability insurance fees are charged at the beginning of each semester and are not refunded once the applicable period to waive has ended. Additional details can be found on the Student Accounting [website](#).

Withdrawn students who received financial aid will also have their aid reevaluated and may be required to pay a portion of the financial aid back or otherwise may owe a balance to the institution after a Return to Title IV Funds calculation is completed with the Department of Education for all federal funding. The balance due, if any, will be determined by a combination of the Medical College Tuition Refund Policy and the Return to Title IV Federal calculation. This calculation is determined based on the number of days within the term that the student attended.

**Students on Medical/Personal Leave:** Students who are on a medical/personal leave prior to the start of the academic semester, will not be charged applicable tuition for that semester. However, students will be charged all applicable Medical College fees for the semester. Students will not be eligible for financial aid while on a medical/personal leave. Students who are approved for a medical/personal leave after the semester start date will remain responsible for 100% of the applicable tuition and fees for that semester. The tuition charge will apply toward one (1) of the required eight (8) semesters of the program tuition. Students who are approved for a medical/personal leave after the semester start date are not eligible for the Medical College Refund Policy.

**Students enrolled for Extended Curriculum:** Students who are enrolled for Extended Curriculum (formerly referred to as a research LOA) will remain responsible for 100% of the applicable tuition and fees for that semester(s) defined by the leave dates. The tuition charge(s) will apply toward the required eight (8) semesters of tuition charges. Students who are enrolled for Extended Curriculum are not eligible for the Medical College Refund Policy. Students will remain eligible for financial aid and should apply through the annual process.

## **Summer Opportunities and Employment**

### **Summer Opportunities**

Weill Cornell Medical College students are free during the summer after their first year. There are many opportunities for medically related experience at the Medical College and its affiliated institutions. Research fellowships, major health organizations, and an alumni fund offer opportunities to work with faculty and other investigators in a variety of projects. Cornell participates in the Federal Work Study Program, so that students with financial need are able to work in non-profit institutions with a portion of their stipend covered by the Medical College.

### **Part-Time Employment**

It is assumed that students will not have the time to work regularly during the academic year, and such earnings are not part of the financial aid budget. However, the Office of Student Affairs occasionally posts part-time employment opportunities to earn extra money. Generally, there are postings for work in the hospital and laboratories as well as bartending, typing, babysitting and tutoring. Job listings are posted on the bulletin boards in Olin Hall.

# Student Health

The Medical College is dedicated to providing the finest medical care to its students. The following summary highlights Weill Cornell Medicine Student Health Services and the Student Health Insurance Plan.

**All students must have comprehensive health care coverage.** The Medical College has designed a package which should meet the needs of most students and their dependents. The program consists of 2 integrated components: Student Health Services (SHS) and a Student Health Insurance Plan (SHP) underwritten by Cornell University and administered through Aetna Student Health. Enrollment and waiver services are managed through Gallagher Student Health & Special Risk. In brief, students who use the coordinated program will have their choice of participating physicians (many faculty members) with modest co-payments. In this program, students also have the option to go outside the Aetna network, but will be required to meet a deductible and higher out-of-pocket costs.

## Student Health Services

**With limited exceptions, all students must participate. For details of the annual fee, please see the Tuition and Fees by Program details [here](#).** Adult dependents and children under the age of 18 are not seen in the student health center. With the Medical College's plan for families, dependents under the age of 18 are covered for care if they are seen by participating pediatricians.

The SHS Medical Director is the primary care provider for all students and is not involved in the academic evaluation of students. In conjunction with the registered nurse, all non-emergency medical problems, occupational health and preventive care are managed at SHS. After hours and weekends there is limited telephone coverage available for emergencies. The SHS Medical Director determines the need and appropriateness of referrals to specialists/subspecialists and should be consulted for referrals.

### Services Available at SHS

Most services rendered within the confines of Weill Cornell Medicine Student Health Services are done so at no additional charge beyond the annual SHS Fee. Services performed outside of SHS, including consultations, labs and imaging will be billed to insurance.

The Medical Director is a Family Medicine trained physician with broad expertise, and together with his nurse provides care in many areas including:

- evaluation and management of common conditions in primary care, “sick visits”
- chronic disease management
- contraceptive counseling and management



- cervical cancer screening
- routine physicals and other preventive services
- primary care mental health screening and treatment
- sports medicine care
- occupational health services (management of body fluid exposures, needle stick injuries)
- pre-travel consultations
- immunizations
- allergy shots (in consultation with an allergist)
- ancillary services, including phlebotomy; and a limited number of point-of-care testing, such as urine dipsticks and rapid strep throat tests; completion of elective rotation requests and other forms
- referrals to other specialists, including mental health services, laboratories and imaging centers as needed

## **Student Health Services and Attendance**

Student Health Services cannot excuse students for missed educational and rotation activities. It will, however, evaluate and treat students and provide documentation that a student was seen at SHS. Faculty will determine the need for making up missed work if appropriate. If a student has a condition that poses a risk to patients in the clinical setting, Student Health Services will assist in determining appropriate restriction of duties.

## **Medical Emergencies**

Students experiencing life-threatening emergencies should proceed to the nearest emergency department for evaluation and treatment. Students with other urgent medical needs are advised to first call the Student Health Services after-hours number.

1. Call the physician on-call service: (646) 962-6942
2. Leave your name, contact information, and the nature of your problem.
3. If there is available coverage, the physician on-call will return your call. For a true medical emergency, proceed directly to the nearest Emergency Department.
4. If it is not necessary for you to have immediate medical care, the physician will recommend appropriate measures.

If the physician determines that you need immediate attention, the physician may advise you proceed to the nearest emergency department.

5. If you visit the emergency department at New York Presbyterian Hospital, bring your insurance cards and I.D. Identify yourself as a Weill Medical College student at registration.
6. Students seen in the Emergency Department should contact Student Health Services the next business day.

Students are financially responsible for care provided outside of Student Health Services subject to insurance copays, coinsurance, and deductibles.

## **Immunizations and Other Health Requirements**

**Measles, mumps, and rubella:** New York State Public Health Law requires you to be immune to measles, mumps and rubella. Our institution prefers demonstration of proof of immunity by serologic titer but will accept valid immunization records. Any student who is not immune by titer (e.g. negative, inconclusive or equivocal) may require boosters. There is no fee for *required* vaccines given at SHS. Titers may be drawn at Student Health Services for students who have not provided lab reports prior to matriculation, and billed to your insurance. If you are allergic to any of the vaccines or vaccine components, you will need to provide documentation from a physician not related to you. There is no “moral objection” permissible for vaccination for health care workers. If you have had titers drawn previously, provide copies of the lab reports to Student Health Services in addition to your immunization record. Clinical history of disease is not sufficient proof of immunity. Noncompliance with MMR requirements within 30 days of the start of classes may result in the student's inability to attend classes per NYS Public Health Law Section 2165.

**Hepatitis B:** The hepatitis B vaccine will be offered to all students free of charge at Student Health Services. We recommend that 1st year medical and graduate students begin the three injection series upon arrival at the Medical College if they have not received the vaccine previously. We require proof of immunity by *serologic titer* if there is no prior lab report of immunity. Students who are not found to be immune may need to undergo additional testing to exclude chronic infection with Hepatitis B, and/or repeat of the three-dose series.

**Meningitis:** New York State Public Health Law requires all college and university students to complete a meningitis information response form. It acknowledges that you have received information about meningococcal meningitis and the availability of a vaccination. You are not required to have the vaccination. Students may receive the vaccine from their own healthcare providers or health department. If you did not receive information on meningococcal meningitis or the response form in your SHS pre-matriculation information packet, please contact SHS. Noncompliance with the meningococcal response form within 30 days of the start of classes may result in the student's inability to attend classes per NYS Public Health Law Section 2167.

As per the Centers for Disease Control and Prevention's guideline for infection control in healthcare personnel, and working agreements with New York Presbyterian Hospital, the following additional vaccines and screening are required:

**Varicella:** A positive *titer* indicating immunity or two doses of vaccine at least 30 days apart. Clinical history of disease is not sufficient proof of immunity for our campus. Titers may be checked at SHS if there is no documentation provided with registration materials.

**Tetanus–diphtheria (Td) or tetanus–diphtheria–acellular pertussis (Tdap):** Completion of the childhood series, and at least one dose of Tdap vaccine since 2005, with Td or Tdap every 10 years after.

**Tuberculosis Screening:** All students with patient contact matriculating on/after 7/1/2020 are required to have an interferon gamma release assay (Quantiferon or T-spot) as a baseline screen for tuberculosis as part of their student health onboarding requirements. Students with a negative baseline will have annual screening and symptom in accordance with New York State tuberculosis screening guidelines.

Students who matriculated prior to 7/1/2020 have had 2-step and annual tuberculosis skin testing performed but will be transitioned to interferon gamma release assays for yearly screens on subsequent annual health reviews.

Students with a positive interferon gamma release assay and no prior history of prior tuberculosis treatment (latent or active) will need a chest x-ray, symptom evaluation and should be offered treatment. Students with a prior history of tuberculosis treatment will need an updated x-ray, symptom review, and should be prepared to provide proof of prior treatment.

**Periodic health assessments:** A completed history and physical examination is required at matriculation for each student. Students with incomplete records may be asked to be evaluated at SHS, or restricted from classroom activities, or both. Students with patient contact will undergo a pre-rotation health assessment at the end of their pre-clinical curriculum in preparation for rotations at New York Presbyterian Hospital and its affiliates. This must be completed prior to starting the major clinical phase of the curriculum or you may be restricted from clerkship activities.

**Influenza:** All students with patient contact are required to receive a flu vaccination when it is available and if there is no medical contraindication. All other students are strongly advised to be immunized against influenza. It is provided free of charge during the fall and early winter (assuming supplies are adequate).

SHS follows all applicable Medical College and New York Presbyterian Hospital immunization and infection control Policies and Procedures. We will notify you of any additional screenings, vaccinations, or policies that may be recommended after the printing of this edition. Other academic and clinical locations/affiliates may have additional requirements beyond our own that we will help students meet on a case-by-case basis.

**COVID Vaccination (SARS-CoV2):** Innoculation against COVID-19 is required for all Weill Cornell students. Students must provide documentation of receipt of all doses of a

multi-dose product or single dose of a single-dose product. Exemptions may be obtained for medical or religious reasons and students unable to be vaccinated may be subject to periodic testing/screening.

## **Medical Records**

All medical information is documented in the campus enterprise electronic medical record and subject to all applicable local, state and federal laws with regards to medical records privacy and security. Records generated at SHS are not released to any other party without a signed, written release of confidential medical information. Immunization records are provided free to the student while they are still attending WCMC. A charge may be assessed on medical records and immunization records after a student has graduated.

Students with chronic medical conditions or complex medical backgrounds wishing to coordinate care at SHS should have medical records sent to the following mailing address:

Weill Cornell Medicine Student Health Services  
1300 York Ave Box 258  
New York, NY 10065

SHS does not pay for records requests.

## **E-Mail Communications**

Student Health Services sends out monthly e-mails to all student listservs with important announcements, deadlines and updates. Students utilizing non-WCMC email clients are advised to set up filters to ensure delivery of these important messages. Blast emails will only be sent to official Weill Cornell Medicine e-mail addresses.

### **Limitations of E-mail**

SHS is committed to the privacy of the people who rely on us for care and the confidentiality of their health information. State and federal laws also protect the confidentiality of this sensitive information.

Students need to be aware that:

- E-mail cannot be considered a confidential mode of communication.
- E-mail should not be considered a replacement for direct, face-to-face contact with a provider.

## **Guidelines for the Use of E-mail**

To help insure privacy, patients and clients are cautioned against sending sensitive, detailed personal information to SHS via e-mail.

SHS staff members limit the use of e-mail communication to:

- General questions
- Appointment reminders
- Routine follow-up

A health care provider may recommend that a student make an appointment for more complex concerns. Please be aware that copies of e-mail communication may be placed in your confidential medical record.

E-mail should *never* be used to convey information of an urgent nature to SHS. SHS cannot guarantee prompt responses to e-mail messages. Students who have an urgent physical or mental health concern (about yourself or someone else) can call SHS for a telephone consultation with a health care provider.

## **Student Mental Health Service**

Confidential, prompt, and responsive care is the hallmark of the Student Mental Health Program (SMHP). The service provides confidential and comprehensive evaluation and diagnosis of mental health/behavioral disorders and substance abuse problems. You may contact the SMHP directly and you do not need a referral to do so. To request an appointment, please send an email including your name and contact information to [studentmentalhealth@med.cornell.edu](mailto:studentmentalhealth@med.cornell.edu). Access to the SMHP is included in the annual student health fee. Students receive high quality and confidential treatment, including various types of psychotherapy (individual and group therapies), pharmacotherapy, and neuropsychological assessment.

Students are strongly advised to utilize this resource before pursuing behavioral/mental health care elsewhere, as (1) this team comprises Weill Cornell psychiatry faculty who have significant experience and expertise in providing psychiatric care to professional students, (2) these services will be provided at no cost, and (3) compliance with privacy and confidentiality regulations can be assured.

For more information see: <https://medicaleducation.weill.cornell.edu/student-resources/student-health-services/mental-health-services>

## **Privacy and Confidentiality**

Weill Cornell Medicine Student Health Services staff follow the requirements of the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA) to ensure the privacy and confidentiality of all student medical

records. Personal information collected at SHS will be used solely for treatment, payment and operations and will not be disclosed to any outside parties unless legally obligated to do so.

Students are expected to activate their online patient portal to access all lab test results for tests performed at Student Health Services. Students who request laboratory results by telephone must speak to the Nurse Administrator giving their name, date of birth and identifying the specific laboratory test. Results will not be sent by e-mail.

Laboratory tests are usually performed by New York Presbyterian Hospital laboratories and are entered into the computer system by name and medical record number. This system is able to track who has accessed results. Patients concerned about a breach in privacy may contact the Privacy Officer at New York Presbyterian Hospital.

Requests for student medical information by any individual or organization outside of Weill Cornell Medicine will be directed to the Director of Student Health for review. Unless so required by law, no medical information will be released without the approval of the Director of Student Health, the student, and in rare cases the Office of Legal Affairs.

If a needle stick injury occurs, students are encouraged to follow the specific guidelines outlined by the policy in this Handbook. If the student wishes to preserve confidentiality, open discussions with other students, house staff and staff physicians are discouraged.

## **Initial Management of Needle Stick and Bodily Fluid Exposure**

All puncture wounds and other exposures to blood and body fluids should be reported immediately to Weill Cornell Medicine Student Health Services or to the NYPH-Weill Cornell Center (NYPH WCC) Emergency Department.

This policy applies to all students at the Medical College and the Graduate School of Medical Sciences

An exposure is defined as contact by: (1) needle stick or sharp puncture wound; (2) open cut, burn or abrasion contaminated by body fluids or tissues (blood, blood products, bloody fluids, semen, CSF, amniotic fluid, menstrual discharge, pleural, peritoneal, pericardial fluid, inflammatory exudates, any other body fluid or tissue contaminated with blood); or (3) splash to mucous membranes (e.g., eye or mouth) with such materials.

According to the CDC, you should be evaluated and treated within two hours for maximum benefit of therapy; therefore, this policy has been established.

### **Instructions for Students Exposed to Blood or Bodily Fluids**

1. Wound care should be done immediately at site of accident, if possible.
  - Clean wound with soap and water.

- Flush mucous membranes with water/saline.
  - Give other wound care as dictated by injury or accident.
2. If available, obtain:
- patient's name and ID #;
  - HIV risks and hepatitis status, if known; and
  - names and pager numbers of the attending and/or supervising resident physicians.
3. Inform a colleague that you are returning to the Medical College or NYPH-WCC. Proceed directly to:

***Full time WCM students:***

*Business days between 8:00a.m. and 4:00 p.m.:*

Weill Cornell Student Health Services: 230 East 69<sup>th</sup> Street; 646-962-6942

*Nights, weekends and holidays:*

NYPH Emergency Department: 68<sup>th</sup> Street between York Ave and the East River

Taxi fares from a local affiliate for this purpose will be reimbursed by Student Health Services with submission of an original receipt and hospital documentation.

***Visiting Students:***

*Business days between 8:00a.m. and 4:00 p.m.:*

WHS (Workforce Health & Safety): 1315-1319 York Avenue, Basement; 212-7464370

*Nights, weekends and holidays:*

NYPH Emergency Department: 68<sup>th</sup> Street between York Ave and the East River

4. Students seen at SHS or NYPH will undergo a post-exposure evaluation. The post-exposure confidential medical evaluation and subsequent follow-up will document the route(s) of exposure, and the circumstances under which the exposure incident occurred; identification and documentation of the source individual, post-exposure prophylaxis (when medically indicated), counseling; and evaluation of reported illnesses.
5. Students seen at NYPH must follow up with Student Health Services the next business day for reporting.

If a needle stick or exposure occurs while a student is on an away elective or rotation, (non-local hospital, or hospital setting not affiliated with the Medical College) immediate evaluation and treatment will be available within the guidelines and policies of that institution or facility, according to the patient's wishes and within the confines of his/her insurance guidelines. Students may be referred to a local emergency department. Students must contact SHS for reporting and follow-up as soon as they are able to do so.

Needlestick and body fluid incident reports are sent to Environmental Health and Safety as part of the overall campus safety plan.



# Substance Use Screening & Counseling

Some clinical clerkship or elective sites may require students to complete and successfully pass drug screening for “drugs of abuse” as a requirement prior to working in their institution. A site may make arrangements for on-site testing, or require the student to obtain screening on their own and have that verified by their home institution.

## **Procedure**

Sites offering their own testing program will notify students of their procedures and arrange for consent, specimen collection and reporting. Records of these tests will be maintained by the testing institution. Students with positive test results will be restricted from rotating at that site, and if reported to the Medical College, will be handled like a positive result as outlined below.

In the event a clerkship or elective site requires drug screening, but does not provide on-site testing, the Medical College has established a contract with an outside vendor who will provide testing to meet these requirements. Students must contact Student Health Services for proper referral and release for the vendor and report to the vendor’s specimen collection center to submit a urine sample. *Students must make those arrangements, and provide the specimen with sufficient time for the vendor to provide clearance documentation to the Medical College.* The cost of this testing is included in your Student Health fee. Students requiring testing more frequently than once a year may be responsible for additional. The cost of testing is currently under \$40.

The drug screening provided by the vendor shall include testing for *at least* the following substances:

- Amphetamines
- Barbiturates
- Benzodiazepines
- Cocaine Metabolite
- Marijuana (THC) Metabolite
- Methadone
- Methaqualone
- Opiates
- Phencyclidine (PCP)
- Propoxyphone (Darvon)

Students with a positive drug screen will have an opportunity to consult with a Medical Review Officer (MRO) provided by the vendor, to verify whether there is a valid medical explanation for the screening results. If after review by the MRO there is a valid medical explanation for the screening result, the vendor will notify the Medical College of a clear (negative) test. If, after review by the MRO there is not a valid medical explanation for the positive screen, then the test results will stand and will be treated as a positive result as outlined below.

### **Handling of Results**

**All results from the outside vendor will be forwarded to the Director of Student Health.**

Negative results will be forwarded to Academic Affairs, as needed to complete clerkship applications.

**Positive results will be forwarded to the Assistant Dean for Student Affairs and the student will be required to have an administrative consultation with one of our mental health physicians.**

### **Health Risks**

The university recognizes that alcohol abuse and the use of illegal drugs and substances pose a significant threat to health and condemns alcohol abuse and the use of such drugs and substances as harmful to the physical and psychological well-being of the user and the well-being of the Cornell community.

### **Drug Counseling and Treatment**

Cornell provides various awareness and education programs for faculty, staff and students about the dangers of illegal drugs and the abuse of alcohol. Confidential support services are available for those with abuse problems who individually pursue treatment and counseling.

Students are reminded to review the Substance Abuse Policy (which covers illicit drug and alcohol abuse) set forth in the Student Handbook and that any drug or alcohol abuse violation may impact a student's fitness or suitability for advancement. Professional staff and advisors are available to assist and direct students to internal and outside programs. Students may also obtain assistance by contacting the Weill Cornell Medicine Student Health Services at (646) 962-6942 or the Student Mental Health Service at [studentmentalhealth@med.cornell.edu](mailto:studentmentalhealth@med.cornell.edu) or (914) 997 8691.

### **Institutional Review**

Weill Medical College will conduct a biennial review of its drug and alcohol abuse policies and programs to determine the effectiveness of such policies and programs, implement any necessary changes, and ensure consistent enforcement of required sanctions.

## No Smoking

Smoking is prohibited on the WCMC campus, including buildings, courtyards, entrances, garages, plazas, sidewalks, and all facilities controlled by WCMC.

Students who observe anyone smoking on campus should courteously notify the person smoking that smoking is prohibited or alert security officers or Environmental Health & Safety to the infraction.

Students seeking to quit smoking may contact Student Health Services to receive information about and referrals to smoking cessation programs.

## Student Health Insurance Plan

The Student Health Plan (SHP) is specifically tailored to meet the needs of our students. The health insurance premium cost details for MD students can be found on our [website](#). To identify the cost for dependents, please use the table available on the website within the 'Dependent Health Insurance Rates' section of our [website](#). Additional details can be found at <https://studentservices.weill.cornell.edu/student-accounting/insurance-information>

For coverage and plan benefits please visit [Aetna Student Health](#). Once on the site, select 'view your insurance plan details'.

While all students must contribute to the Student Health Services fee, participation in SHP is optional when a student already maintains comparable coverage. Students must provide evidence of being enrolled in a comparable insurance plan in order to waive coverage. Students with other health insurance policies are responsible for determining the specific benefits, limitations and differences of their policies from SHP as well as filling out required forms and settling financial issues with their insurance company. These students may also be limited in their choice of specialist referral depending on which of the Weill Cornell Medicine faculty participate in their specific insurance plan. Health insurance is a complex matter with stark and subtle differences among policies. Before waiving participation in SHP, students should carefully review the eligibility, coverage, payment, and restriction features of individual, parents, or spouse's insurance plan.

### Criteria for Waiving Participation in the Student Health Insurance Plan

In order to waive enrollment in SHP students must obtain coverage that is comparable to our plan. Comparable coverage requires that the alternate plan meet the specifications listed on our [website](#).

An enrollment waiver must be submitted each year by the posted deadline. Any student who does not submit a waiver by this deadline will be held responsible for the annual health insurance charge. Students who cancel SHP after the deadline, will be charged a \$150 cancellation fee. See our [website](#) for more information.

## **Referrals to Specialists/Sub Specialists**

*Students in Cornell's Student Health Insurance Plan (SHP):* you do not need written referrals however, we recommend that you obtain a recommendation from the Student Health Service office as we have long standing relationships with many participating physicians in many specialties at the Medical Center and outside the medical center. **Please understand that if you choose a specialist who is Out-of-Network, you may have a higher out-of-pocket cost.**

*Students with other health insurance:* you do not need the SHS Director's approval or referral, but you are encouraged to obtain a recommendation from the SHS Director, as he may know "student friendly" physicians that may participate in your plan. Students are responsible for familiarizing themselves with their plan benefits, restrictions, and provider network and payment procedures. *You are responsible for arranging the appointment and for handling billing and charges.*

# Student Disability Services

*Disability is defined by the Americans with Disabilities Act of 1990 as "a physical or mental impairment that substantially limits one or more major life activities." An individual may also qualify as disabled if he/she has had an impairment in the past or is seen as disabled based on a personal or group standard or norm. Such impairments may include physical, sensory, and cognitive or intellectual impairments. Mental disorders (also known as psychiatric or psychosocial disability) and various types of chronic disease may also be considered qualifying disabilities. A disability may occur during a person's lifetime or may be present from birth. Disability can be permanent or short-term.*

The Student Disability Services of Weill Cornell Medicine (serving both the Medical College and the Graduate School of Medical Sciences) is dedicated to providing educational opportunities that are accessible, equitable, and inclusive for all individuals with disabilities. Federal law states that no qualified student will be excluded, denied participation or subjected to discrimination from any program or activity.

## Accommodation Requests and Review Process Guidelines

- The student must initiate a formal request for disability accommodations or services. The school's obligation to provide accommodations is not triggered until the disabled individual makes their needs known.
  - Students in the Medical School should contact Janna Gordon-Elliott, MD, Assistant Dean of Student Affairs: [jsg2005@med.cornell.edu](mailto:jsg2005@med.cornell.edu), 212-746-1058
  - Students in the Graduate School should contact Judith Cukor, PhD, Assistant Dean of Student Affairs: [juc2010@med.cornell.edu](mailto:juc2010@med.cornell.edu), 212-746-4492
- The student will then be referred to the Student Accommodations Coordinator to review the student's need for accommodations and services. The student may be asked to provide to the Student Accommodations Coordinator documentation supporting their need for accommodations or services from one or more of the following sources. Documentation is not accepted from family members.
  - A certified medical practitioner
  - A previously attended post-secondary institution
  - Testing agencies
- The Student Disability Services has responsibility for determining the acceptability of documentation and reserves the right to require additional information. The school maintains the right to deny documentation that does not verify a student's disability or justify the need for reasonable accommodations. In certain cases, temporary accommodations or services may be granted while awaiting sufficient documentation. The

school also maintains the option of seeking a second, professional opinion regarding documentation presented to verify disabilities.

- Students may appeal accommodations decisions.
- Once the request has been reviewed and approved through the designated office, the Assistant Dean (Student Affairs) coordinates relevant aspects of the student's curricular, academic and student affairs needs by working with the faculty and administrators necessary to enact or maintain such accommodations or services.
- Approved need for accommodations or services is valid as long as a student is continuously enrolled at the school. However, if there is a break in the student's enrollment, the student may need to renew documentation or provide additional information.

### **Confidentiality and maintenance of records**

- Documentation is treated as confidential and kept separate from the academic record.
- Generally, no documentation is released by Student Disability Services without the student's informed and written consent. In certain situations, disclosure of selected information about the student's condition(s) to faculty or administration may be necessary to fulfill the required accommodations or services. Such disclosure would be agreed upon first between the Assistant Dean (Student Affairs) and the student.
- Documentation is protected under the Family Education Rights and Privacy Act (FERPA; <https://studentprivacy.ed.gov/>), and will only be released from the student's file in one of the following circumstances:
  - with written permission from the student
  - in the case of a court order
  - for purposes of legitimate educational interest. In certain situations, disclosure of selected information about the student's condition(s) to faculty or administration may be necessary to fulfill the required accommodations or services. Such disclosure would be agreed upon first between the Assistant Dean (Student Affairs) and the student.
- Documentation is destroyed six years after the date of the last attendance.

### **STUDENT RESPONSIBILITIES**

- The student is responsible for initiating the request for disability accommodations or services and completing the designated process.
- The student is responsible for providing the required supporting documentation meeting designated standards.
- The student is responsible for any costs or fees associated with obtaining the necessary documentation to support their claim.
- Once the accommodations or services are authorized and a plan for implementation has been determined, an accommodations and services letter will be granted to the student to

use in communication with instructors or supervisors about the authorized accommodations or services, where relevant. If implementation requires the assistance of, or knowledge of, the student's instructor or supervisor, the student must communicate with the instructor or supervisor two (2) weeks, or more, in advance of the implementation of the needed accommodations or services.

- The student is responsible for notifying the Assistant Dean (Student Affairs) immediately if any barriers to receiving accommodations or services are being experienced, or if the student has concerns about discrimination or unfair treatment as a result of the requested accommodations or services.

# Parenting & Family Resources

## **Full-Service Child Care at Weill Cornell Children's Centers**

Weill Cornell Children's Centers exclusively serve our faculty, staff, and students. Our two centers, administered by Bright Horizons, offer childcare services five days a week for infants through preschoolers, and are located at East 60th Street (between York and 1<sup>st</sup> Ave) and East 62nd Street (between 1<sup>st</sup> and 2<sup>nd</sup> Ave).

To request enrollment information or schedule a tour, please contact Bright Horizons directly at [weillcornell62@brighthorizons.com](mailto:weillcornell62@brighthorizons.com) or 212-750-4534.

Complete a pre-registration form [here](#) (you must be logged on to the WCM Intranet to access this form).

Learn more about the centers on the [Bright Horizons' website](#)

## **Back-up Care**

Weill Cornell Medical College provides back-up child, adult and elder care services through Bright Horizons Family Solutions. You can use the service whenever you need to be at work and your regular arrangements for child or elder care are temporarily unavailable. Back-up care is available for up to 10 days per employee per calendar year.

Program services include center-based childcare, in-home back-up care for well children, in-home back-up care for mildly ill children, and in-home back-up adult/elder care.

You must register in advance with Bright Horizons to use this service. You can register by phone or online, 24 hours a day, 7 days a week. Call 1-877-242-2737, or visit the [Bright Horizons](#) website:

[www.brighthorizons.com/family-solutions/back-up-care](http://www.brighthorizons.com/family-solutions/back-up-care)

<https://www.brighthorizons.com/family-solutions/elder-care>

## **Additional resources**

[Lactation lounges](#)

[The Play Area Association](#)

[Office of Diversity and Inclusion](#)



# Academics

Students at the Medical College are required to complete a rigorous academic program that will enable them to demonstrate a mastery of the substantive fields of study, the technical skills of a medical practitioner and the personal demeanor and character suitable to the practice of medicine. The Medical College has developed a set of regulations to govern academic achievement and fitness to be a doctor. It is the responsibility of each medical student to be fully familiar with the Medical College's academic requirements and standards, the regulations in this document and the procedures that guide the application of these policies to students.

The faculty of the Medical College is vested with the primary responsibility for developing, interpreting, and applying these policies and procedures to medical students. In conjunction with the Medical College's administrators, the faculty considers how to assist a student who is not meeting the academic standards and the manner in which the policies of the Medical College will be enforced.

The policies and procedures apply to students while matriculated as a student in the Medical College, when at the campus and when engaged in programs or activities related to Medical College studies and professional experiences even if away from campus. Certain conduct by members of the Medical College community may be closely connected to academic integrity and/or fitness for professional duties and may involve more than one of the established policies; these crossovers can be complex and multifaceted so that from one vantage point the conduct affects the academic standards, while from a different perspective it is viewed as pertaining to standards of professional conduct. The Senior Associate Dean (Education), in such instances, will make the final decision as to which of the relevant procedures is applicable for adjudicating the matter.

In many cases, and to the extent feasible, the initial approach with a student may be a direct conversation between the student and an appropriate administrator or faculty member, with the goal of achieving agreement on a course of action to resolve the situation. When an informal approach satisfactorily resolves a problem, it may be possible to conclude the matter at that stage. The Medical College will invoke formal procedures to address unresolved matters and, in those circumstances, where an informal process is not realistic, or in which a student incurs breaches of the Standards of Conduct, or incurs serious or repeated lapses in professionalism.

These are the general standards applicable to study at the Medical College and for professional preparation; they do not and cannot anticipate every issue that may arise, either substantively or procedurally. The Medical College reserves the right to interpret how these policies and procedures shall apply in specific situations, has the authority to adjust time frames as needed, shall determine the staffing of committees, shall designate which bodies will consider a matter, and will provide guidance on how the review is to be conducted, in accordance with these rules, the complexity of a case and the resources available.

# **WCMC Program Core Competencies and Constituent Learning Objectives**

Approved by the Executive Faculty Council and the General Faculty Council in 2016.

- K-1. Describe the basic scientific principles underlying normal development, structure and function of genes, cells, organs and the body as a whole throughout the life cycle.
- K-2. Describe the etiology and pathophysiology of major diseases and disorders, and their clinical, laboratory, radiographic and pathologic manifestations.
- K-3. Describe the epidemiology of disorders in populations and approaches designed to screen, detect, prevent, and treat disease in populations.
- K-4. Describe the spectrum of therapies of common physical and mental disorders and recognize the relative efficacies and common adverse effects of those therapies, and their variations among different patients and populations.

## **Patient Care (PC)**

- PC-1. Perform both a focused and comprehensive history and physical examination, develop diagnostic hypotheses, order and evaluate diagnostic tests, and formulate an appropriate plan of care.
- PC-2. Perform core technical procedures, as would be expected of a beginning intern, and describe their indications, contraindications, and potential complications.
- PC-3. Recognize acute, life-threatening conditions and perform measures to stabilize the patient.

## **Interpersonal and Communication Skills (ICS)**

- ICS-1. Communicate with patients and their families, counsel them in an effective, caring, and culturally competent manner.
- ICS-2. Communicate, consult, collaborate, and work effectively as a member or leader of healthcare teams.

## **Professionalism (P)**

- P-1. Maintain a professional comportment, while demonstrating responsibility, integrity, empathy, reliability, and attention to personal wellness.
- P-2. Demonstrate the ethical principles that govern the doctor-patient relationship, medical

decision-making, and healthcare delivery.

P-3. Provide compassionate, unbiased care to patients from diverse backgrounds.

### **Practice-Based Learning and Improvement (PBLI)**

PBLI-1. Utilize information technology for scientific and clinical problem-solving and decision-making.

PBLI-2. Analyze and critically appraise the medical literature.

PBLI-3. Apply principles of evidence-based medicine, medical ethics, and cost-effectiveness to diagnosis, prognosis, and therapeutics.

PBLI-4. Demonstrate the ability for lifelong self-directed learning.

### **Healthcare Systems (HCS)**

HCS-1. Discuss the organization, financing, and delivery of healthcare services with particular awareness of healthcare disparities, the needs of the underserved, and the medical consequences of common societal problems.

HCS-2. Define the core principles of healthcare quality, patient safety, and interprofessionalism.

### **Scholarship (S)**

S-1. Define the scientific and ethical principles of biomedical research, including basic, translational, clinical, and population studies.

S-2. Identify a scholarly area of interest, formulate an investigative question, develop and implement methods to assess it, and communicate the results.

# Required Courses in Curriculum

## Full-Time Status in Phases of the Curriculum

The Weill Cornell Medical College MD program is intended to be undertaken on a full-time basis.

The Phase 1 Curriculum (Essential Principles of Medicine Parts A & B, and Health, Illness and Disease, Parts 1A & 1B and Health, Illness and Disease, Parts 2A & 2B) is by design an integrated full-time curriculum, and cannot be taken on a part-time basis.

During the Phase 2 and Phase 3 Curricula (Clerkships, Areas of Concentration, Translational Science, Advanced Clinical Ethics, Sub-Internships, Electives, Healthcare Policy and Transition to Residency), students are expected to maintain full-time enrollment while fulfilling degree requirements. Minimally, full-time enrollment during Phase 2 and Phase 3 is eight weeks of study per academic term; half-time enrollment would be at least four weeks, but less than eight weeks, of study per academic term.

The Phase 1 Curriculum consists of four consecutive academic terms –Fall (EPOM A & B),-January Intersession (Initial part of HID 1A), Spring (Remainder of HID 1B) and a second Fall (HID 2A & 2B). The Phase 2 and 3 Curricula consist of two academic terms per academic year – Fall and Spring. Generally, the Fall term runs July to December, and the Spring term runs from January to June (May in the graduating year). However, due to the complexities of the WCM curricula, there is a distinct calendar for Phase 1, Phase 2 and Phase 3 of the curriculum; in addition, the begin/end dates for each academic year/phase may vary (See the Table of Weeks for more information).

Any requests to deviate from full-time status can only be considered on a case-by-case basis and requires approval by relevant education deans. NOTE: minimal enrollment per term does not guarantee academic progress that allows for completion of all degree requirements in a four-year period.

### First year

- Essential Principles of Medicine (EPOM Parts A & B)
- Health, Illness, and Disease 1 (HID-1) Parts A & B
- AOC milestones (longitudinal course; *(Tri-Institutional MD-PhD students exempt)*)

### Second year

- Health, Illness, and Disease 2 (HID-2) Parts A& B
- Clerkships\*
- AOC milestones (longitudinal course; *(Tri-Institutional MD-PhD students exempt)*)

### Third year

- Clerkships\*
- Area of Concentration (AOC) Scholarly Project Block 1 *(Tri-Institutional MD-PhD students AOC-exempt)*

- Translational Science (*Tri-Institutional MD-PhD students exempt*)
- Advanced Clinical Ethics

**\*required clerkships**

Anesthesia/Critical Care, Medicine, Neurology, Pediatrics, Primary Care, Psychiatry, Obstetrics & Gynecology, Surgery, and beginning with Class 2023, Emergency Medicine

**Fourth year**

- Sub-internship (Emergency Medicine, Medicine, Neurology, Pediatrics, or Surgery)
- Electives -16 weeks required, 4 of which must be out-of-intended career specialty (*\*Tri-Institutional MD-PhD students exempt from electives*)
- Healthcare Policy
  - AOC Scholarly Project Block 2 (*Tri-Institutional MD-PhD students AOC-exempt*)
  - Transition to Residency

**Areas of Concentration**

A centerpiece of the new curriculum, the Areas of Concentration (AOC) Program provides students with dedicated time designed to enrich and personalize their medical school experience. Each student selects an area of interest in which to obtain in-depth knowledge by participating in the activities of a community of like-minded medical scholars, including faculty and other trainees. A student is able to choose from a menu of thematic areas or customize a unique AOC tailored to his or her personal interest. As soon as a student decides on an AOC, he/she will be invited by faculty leaders to engage in an informal program of activities and research experiences as time permits. These may include journal clubs, lecture series, site visits, field trips, online courses, meeting with visiting professors, grand rounds or lab meetings etc., and will closely bring together small communities of faculty and students with shared or complementary interests.

The AOC program unfolds in phases over the four years of medical school. In the first (exploratory) phase during the Foundational Years, the student with the guidance of a personally assigned Exploratory Adviser and AOC leadership identifies an AOC of choice as well as a faculty mentor to work with during the Scholarly Project period that begins later in the 3<sup>rd</sup> year. In the second phase, which occurs during the clinical clerkship year, the student works with that mentor to formulate a suitable research project proposal. In the third phase, which consists of a dedicated block time in the latter half of the third year and a flexible block time in the fourth year, the student completes an original scholarly project. The Scholarly Project is considered the capstone requirement of the AOC program and results in a written work product that is suitable for publication (although actual publication is not a requirement).

Please see the [ECR policy](#) for more details.

## **Extended Curriculum for Research**

The Director of Medical Student Research approves participation in Extended Curriculum for Research (ECR) so that students may have a defined period during which to pursue an approved research project. Students are considered enrolled in the medical college during this time as long as they are formally enrolled in the ECR and making degree progress. A student with a “Marginal,” “Fail,” or “Incomplete” course grade is not considered to be in academic good standing and is ineligible to participate in an ECR until a passing grade is obtained in the pertinent course(s). While the terms of the ECR are generally for 10-12 months, approval may be given for a shorter duration (6 months), or for a longer period that may not exceed two academic years. The procedure for securing ECR is by formal application, which may be obtained from the Registrar’s Office and online. The application requires the student to submit an outline of the proposed research project that will be completed during the ECR and includes a statement of support from the faculty member who will be the student’s primary mentor. Applications for participation in ECR must be submitted at least two months in advance of the anticipated ECR start date (e.g., by May 1<sup>st</sup> for ECR commencing July 1<sup>st</sup>). ECRs are typically 10, 11, or 12 months in duration and begin on July 1<sup>st</sup> (10, 11 or 12 months) August 1<sup>st</sup> (10, or 11 months), or September 1<sup>st</sup> (10 months). Rare exceptions may be granted with the approval of the Director of Medical Student Research in consultation with the Associate Dean for Education (Academic Affairs).

## **Global Health Electives**

Weill Cornell Medicine seeks to offer its students a broad range of clinical and research opportunities at medical centers around the world. Through its Office of Global Health Education (OGHE), interested students may apply for electives at high caliber medical centers under the mentorship of the host faculty. OGHE coordinates opportunities and funding for global health clinical and research electives. Applications are reviewed by OGHE and the International Committee for approval in order for the student to receive funding. Information about the global health education program at Weill Cornell can be found at [www.med.cornell.edu/international](http://www.med.cornell.edu/international).

Global health electives are considered a privilege. A student with a “Marginal,” “Fail,” or “Incomplete” course grade is not considered to be a student in academic good standing and is ineligible to go on a global health elective, until a passing grade is obtained in the pertinent course(s).

Students who take required clerkships late in the fourth year and receive the grade “Fail” or “Marginal” will not have time to remediate or repeat the course before their international travel. Therefore, they will not be able to travel abroad, and this may result in a large financial consequence to the student. OGHE will not reimburse a student for travel expenses if the travel is not used for a global health elective.

No *substitution* will be accepted in place of the courses from which students are excused.

## **[Electives Outside Career Policy](#)**

To help ensure that students engage in a broad and diverse range of experiences, at least 4 of the required 16 weeks of electives should be outside their chosen career area of interest. Ordinarily, the career area of interest is reflected by the sponsoring faculty member's department. Monitoring is done by the Associate Dean (Academic Affairs) in conjunction with the Registrar. Students with exceptional circumstances may discuss this on an individual basis with the Associate Dean (Academic Affairs) who will confer with the Associate Dean (Curriculum). If there is further concern by the student, the student may discuss this with the Senior Associate Dean (Education) who will adjudicate the final decision.

### [Clerkship Elective Time Policy](#)

Elective time during the clerkship year is intended to bolster career interest, explore broad areas of interest and/or complement clerkship-level knowledge and skills. It is not geared towards advanced clinical skills or "audition" courses. Provided any pre-requisites are met, students may enroll in any regularly offered elective or design an independent elective with a WCMC faculty member as the course director.

Beginning with the Class of 2023, there is a required four-week intramural elective block during the clerkship year. Unless a student is required to remediate a course during this time, a student must use this academic time to enroll in a Weill Cornell elective course.

### [Elective Evaluation Policy](#)

Each student who takes an elective for course credit is required to complete an evaluation of that elective. These evaluations help ensure the quality of elective offerings and provide valuable guidance to future students in elective selection. Each elective evaluation should be completed no later than two weeks after the course ends.

Completion of all elective course evaluations for which students are issued course credit is a required academic milestone, and therefore required in order to academically advance from Phase 3-Post-Clerkship to Graduation. All elective course evaluations must be completed before the first day of the last required course of the curriculum, *Transition to Residency*.

### [Clinical Course Add/Drop Policy](#)

In the clinical curriculum, students are an integral part of the patient care team, and this makes the scheduling process complex. To ensure both optimal learning and patient care environments, clinical courses have minimum and maximum enrollment numbers, and course directors require advanced planning to appropriately assign students to specific clinical teams.

#### Clerkships

During the clerkship year, clerkship students should remain enrolled in the following core clerkships: Medicine, Surgery, Psychiatry, Pediatrics, Primary Care, Obstetrics & Gynecology, Neurology, and Anesthesia/Critical Care, and beginning with Class 2023, Emergency Medicine.

Clerkship deferrals may only be made for:

1. compelling personal/medical reasons upon recommendation/approval from the Assistant Dean of Student Affairs
2. compelling academic reasons upon recommendation/approval from the Associate Dean for Education (Academic Affairs). These typically involve remediation of academic encumbrances.

Of note, the Medicine and Surgery clerkships, which are pre-requisites to many advanced courses, need to be completed during the 12-month clerkship period and not deferred beyond this period.

Students may switch (DROP/ADD) the order of their clerkships and/or clerkship site provided that:

1. changes do not affect clerkship or clerkship site minimum/maximum enrollment numbers
2. changes occur more than 30 days from the start of the course

Any adjustment to clerkship enrollment that occurs within 30 days of the start of the course requires permission and approval from the Associate Dean for Education (Academic Affairs) for academic considerations and from the Assistant Dean of Student Affairs for personal or medical circumstances.

#### Required Sub-Internship

Students enrolled in a required sub-internship may DROP or ADD the sub-internship provided that:

1. changes do not affect the sub-internship minimum/maximum enrollment numbers
2. changes occur more than 60 days from the start of the course

Any adjustment to sub-internship enrollment that occurs within 60 days of the start of the course requires permission and approval from the Associate Dean of Academic Affairs for compelling academic considerations and from the Assistant Dean of Student Affairs for personal or medical circumstances.

#### Electives and Phase 3 Courses

To receive academic credit for an elective, students must be officially enrolled prior to the course start date. Retroactive academic credit will not be granted for any elective work that the student has not enrolled in prior to the course start date. This applies to all electives.

Students enrolled in an elective course or Phase 3 Course may DROP or ADD that course up to 30 days prior to the course start date. Any adjustment to course enrollment that occurs within 30 days of the start of the course requires permission and approval from the Associate Dean for Education (Academic Affairs) for academic considerations and from the Assistant Dean of Student Affairs for personal or medical circumstances.



## Course Materials and Copyright Issues

Course materials are available online on the secure CANVAS course website. They can be downloaded onto iPads for viewing and annotation. Course materials are copyrighted and are for the exclusive use of WCMC students enrolled in that course. They are not to be circulated to WCM students who are not in the course or to others. In addition, they are not to be posted on social media or websites, reproduced, or distributed for use by others. Such actions violate the Honor Code and could result in legal actions with serious consequences.

## Communications to Students

To keep apprised of schedule changes, room assignments, exam information, and other course announcements, it is very important that students check the CANVAS course website and their WCM e-mail daily. Note that faculty, administrators and staff use official WCM e-mail to contact students, not student's personal e-mail accounts. Students may also be contacted by phone as necessary, particularly for last-minute changes to courses.

## Transportation Guidelines and Policies

This document outlines Weill Cornell Medical College transportation guidelines and policies. Weill Cornell will provide limited transportation services for medical students commuting to affiliated hospitals. Any deviation from this policy requires special approval from the Assistant Dean, Clinical Curriculum. **Please note: effective August 2021, RideHealth is the allowable ride share option for students with approved car travel; UBER/Lyft/taxi will no longer be reimbursed for rides in the NYC metropolitan area without prior permission.**

*Please note, this policy only addresses transportation from WCM to/from required clinical sites; it does not provide for reimbursement or transportation to/from off-campus housing. Commuting to/from off-campus housing and other transportation needs should be addressed through financial aid.*

**Students should exercise every precaution while commuting to ensure health and safety: including wearing a mask, hand hygiene, and social distancing where possible.**

### **Clerkships/Clinical Experiences at Affiliates in the Greater NYC Area**

It is expected that students will be present for all scheduled educational experiences during the clerkships. Unless specifically outlined below, students should utilize the vast network of public transportation options available through NYC MTA.

*NewYork-Presbyterian/Queens*

**Shuttle-Travel by Superior:** A single, WCMC provided shuttle is provided leaving WCMC at 5:30 am. This shuttle is meant to service the students in the **Surgery** and **OB-Gyn** clerkships.

If space is available, other students may ride the shuttle; otherwise, students are expected to take public transportation.

Shuttle-NYPQ GME Office: The GME office at NYPQ provides a shuttle traveling between NYPH and NYPQ. While this shuttle is provided for specific residency programs, WCMC medical students may utilize the shuttle, but only if space permits (refer to the NYPQ GME Shuttle Schedule located on Canvas in the Travel & Affiliate Site Information section of your clerkship's Policies, Processes, & Affiliate Sites page).

NYPQ PM: All students are expected to utilize the NYPQ GME shuttle or public transportation for return travel back to WCM. Students will be reimbursed for the cost of a MetroCard. Receipts are required for reimbursements (refer to the Student Reimbursement for Local Transportation Form located on Canvas in the Travel & Affiliate Site Information section of your clerkship's Policies, Processes, & Affiliate Sites page).

#### *NewYork-Presbyterian/Brooklyn Methodist Hospital*

Students will be reimbursed for the cost of a MetroCard. Receipts are required for reimbursements (refer to the Student Reimbursement for Local Transportation Form located on Canvas in the Travel & Affiliate Site Information section of your clerkship's Policies, Processes, & Affiliate Sites page). For students rotating on the **OB-Gyn** and **Surgery** Clerkships, and on the **Medicine** and **Pediatrics** Clerkships, students may use RideHealth for their morning travel – students must carpool with other students, where possible. For end of day travel back to WCM, students are expected to utilize public transportation.

#### *NewYork-Presbyterian/Lower Manhattan Hospital*

Students will be reimbursed for the cost of a MetroCard. Receipts are required for reimbursements (refer to the Student Reimbursement for Local Transportation Form located on Canvas in the Travel & Affiliate Site Information section of your clerkship's Policies, Processes, & Affiliate Sites page). For students rotating on the **Emergency Medicine** Clerkship, students may utilize RideHealth *only* for a shift beginning at 7am or ending at 11pm and are expected to carpool with other students, where possible. Students should use public transportation for all other shift times.

#### *New York Presbyterian – Westchester Division*

Shuttle-Travel by Superior: A WCMC provided shuttle is provided leaving WCMC at 7:30 am. A return shuttle will depart Westchester at 5:00 pm (refer to the Site Addresses & Shuttle Schedule located on Canvas in the Travel & Affiliate Site Information section of your clerkship's Policies, Processes, & Affiliate Sites page).

#### **Extended/Weekend Clerkship Hours at Affiliates in the Greater NYC Area**

We recognize that in many instances students are afforded important educational opportunities outside of normal clerkship hours (i.e., Call, special educational discussions, clinical opportunities) and/or outside the hours when shuttle service is available. In order to accommodate these educational needs, students may use RideHealth back from the affiliate. Students will need documentation from their supervising resident or attending that they did participate in the activity; where possible, students should always try to carpool with their colleagues.

### **Cayuga Medical Center - Ithaca Clerkships**

Students assigned to clerkships at Cayuga Medical Center in Ithaca, NY will be reimbursed for the Cornell campus-to-campus bus service to and from Ithaca as well as ground transportation to/from the medical center. Receipts are required for reimbursements (refer to the Student Reimbursement for Local Transportation Form located on Canvas in the Travel & Affiliate Site Information section of your clerkship's Policies, Processes, & Affiliate Sites page).

*Note: Housing in Ithaca is provided at no cost to the student.*

### **Houston Methodist Hospital Clerkships**

Students assigned to clerkships at Houston Methodist Hospital in Houston, TX will be reimbursed for travel costs to/from Houston. There is a shuttle service provided between the student provided housing and Houston Methodist Hospital. For Medicine and Neurology, students should utilize the shuttle to and from the hospital. For Ob/Gyn and Surgery, because the hours of the shuttle service do not accommodate morning rounds, students will be reimbursed for taxi/Uber transportation to the hospital and efforts should be made to commute together whenever possible. Students on all services will be reimbursed for taxi/Uber transportation from the hospital whenever clinical duties extend beyond the hours of the shuttle service. An email will be sent prior to your travel to Houston with detailed instructions regarding required documentation for reimbursement.

*Note: Housing in Houston is provided at no cost to the student.*

### **Office Preceptorships during Phase I**

As much as possible, sessions during EPOM and HID will be located at sites within walking distance of the main campus. The Medical College continually assesses and explores options that ensure students have safe, adequate access to public transportation. There is an expectation that students utilize the abundant public transportation options in NYC. For students assigned to a site within NYC that requires travel, reimbursement will be made for the cost of MetroCard charges – receipts are required and should be submitted with the Student Reimbursement for Local Transportation Form.

# Course Directors

<b>Course name</b>	<b>Course Director</b>	<b>Contact</b>
<b>First year</b>		
<i>Essential Principles of Medicine</i>		
EPOM Course Directors:	Dr. Michele Fuortes Dr. Lonny Levin	mfuortes@med.cornell.edu llevin@med.cornell.edu
<i>Health Illness &amp; Disease 1</i>		
HID 1 Course Director:	Dr. Lawrence Palmer Dr. Aaron Schulman	<a href="mailto:lgpalm@med.cornell.edu">lgpalm@med.cornell.edu</a> aas9008@med.cornell.edu
<i>Longitudinal Educational Experience Advancing Patient Partnerships (LEAP)</i>	Dr. Cynthia Lien	cyl9013@med.cornell.edu
<i>Areas of Concentration Director (AOC)</i>	Dr. Philip Katz	phk9009@med.cornell.edu
<i>MD/PhD Frontiers Course I</i>	Dr. Jochen Buck	<a href="mailto:jobuck@med.cornell.edu">jobuck@med.cornell.edu</a>

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## **Second year**

<i>Health Illness &amp; Disease 2</i>		
HID 2 Course Directors:	Dr. Teresa Milner Dr. Kristen Marks	tmilner@med.cornell.edu markskr@med.cornell.edu
<i>Longitudinal Educational Experience Advancing Patient Partnerships (LEAP)</i>	Dr. Cynthia Lien	cyl9013@med.cornell.edu
<i>Areas of Concentration Director (AOC)</i>	Dr. Philip Katz	phk9009@med.cornell.edu
<i>MD/PhD Frontiers Course II</i>	Dr. Jochen Buck	<a href="mailto:jobuck@med.cornell.edu">jobuck@med.cornell.edu</a>

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## Third and Fourth year

### *Anesthesiology and Critical Care*

Dr. Liang Shen                      lis9128@med.cornell.edu  
Dr. Danielle McCullough        dam2034@med.cornell.edu  
Dr. Kapil Rajwani                [kar9043@med.cornell.edu](mailto:kar9043@med.cornell.edu)  
Dr. David Berlin                 berlind@med.cornell.edu

### *Emergency Medicine*

Dr. Mark Curato                 mac9673@med.cornell.edu  
Dr. Tina Mathew                 tim9072@med.cornell.edu

### *Medicine*

Dr. Bryan Leppert                brl9047@med.cornell.edu  
Dr. Aram (Annie) Kim         ark9039@med.cornell.edu  
Dr. Stephen (Andy) McCullough    stm9150@med.cornell.edu

### *Neurology*

Dr. Joshua Weaver               jow9039@med.cornell.edu  
Dr. Alina Masters-Israilov    alm9268@med.cornell.edu

### *Obstetrics/Gynecology*

Dr. Lona Prasad                 lop9006@med.cornell.edu  
Dr. Steven Hockstein            sth2005@med.cornell.edu

### *Pediatrics*

Dr. Thanakorn  
Jirasevijinda                      thj2002@med.cornell.edu  
Dr. Adin Nelson                 [adn9018@med.cornell.edu](mailto:adn9018@med.cornell.edu)  
Dr. MacKenzi Preston         mnh9003@med.cornell.edu

### *Primary Care*

Dr. Brian Eiss                    bme9001@med.cornell.edu  
Dr. Deborah Fung                dem9145@med.cornell.edu

### *Psychiatry*

Dr. Susan Samuels               sus9079@med.cornell.edu  
Dr. Dimitry Francois            [dif9013@med.cornell.edu](mailto:dif9013@med.cornell.edu)  
Dr. David Hankins               dgh7001@med.cornell.edu

### *Surgery*

Dr. Demetri Merianos            [dem9110@med.cornell.edu](mailto:dem9110@med.cornell.edu)  
Dr. Jennifer Marti                jem9080@med.cornell.edu

### *Areas of Concentration (AOC)* Dr. Philip Katz

phk9009@med.cornell.edu

### *Translational Science*

Dr. Henry Murray

[hwmurray@med.cornell.edu](mailto:hwmurray@med.cornell.edu)

### *Advanced Clinical Ethics*

Dr. Barrie Huberman

[bjh4001@med.cornell.edu](mailto:bjh4001@med.cornell.edu)

### *Health Policy*

Dr. Nathaniel Hupert  
Dr. Amanda Ramsdell

nah2005@med.cornell.edu  
akr7003@med.cornell.edu

### *Transition to Residency*

Dr. Kevin Ching

kec9012@med.cornell.edu

# Clinical Activities

## Dress Code for Medical Students in the Clinical Setting

### Formal Dress Code

- Students are expected to be clean, well groomed, and dressed in a manner appropriate to their academic and clinical responsibilities.
- Recommended acceptable attire includes: collared shirts, ties, slacks, skirts, blouses, sweaters, and dresses.
- Students must wear a short white coat (unless otherwise specified) with their name badge and university identification visible at all times.
- In environments that include contact with patients, the following are NOT appropriate for the workplace: jeans, overalls, sweatshirts, sweatpants, shorts, leggings, halter or tank tops, non-collared T-shirts, workout clothes, sandals or open-toe shoes, caps, bandanas, baseball hats.
- When in the OR, students must follow proper OR attire, including no long-sleeved undershirts or nail polish, and must use all protective gear to follow universal precautions.

### Scrubs

- Only **burgundy** scrubs MUST be worn to enter restricted areas (OR, Labor & Delivery) as per Weill Cornell Medicine's Medical Student Scrubs Guidelines & Policies, which can be read [here](#).
- Per NYPH [policy](#), burgundy scrubs may be worn outside of the designated restricted areas (OR, L&D), but within the hospital, ONLY if a white coat is worn over them, but they may NEVER be worn (or laundered) outside of the hospital.

## Student Course and Duty Hours Policy

The Liaison Committee on Medical Education (LCME) established the following standard for all medical schools: "The committee responsible for the curriculum, along with medical school administration and educational program leadership, must develop and implement policies regarding the amount of time students spend in required activities, including the total required hours spent in clinical and educational activities during clinical clerkships."

The Executive Curriculum Committee (ECC) and its subcommittees undertook a review of the time spent by students in both required, scheduled activities in the classroom and clinic as well as other class preparation activities (e.g., vodcasts, online modules) during both the foundational and post-clerkship phases of the curriculum. Based on this review, the ECC voted and approved adding additional language to the Student Duty Hours Policy, now renamed Student Course and Duty Hours Policy.

The amended language was voted on and approved by the MEC in November 2016.

## **Policy for Hours in Required Activities in the Foundational and Scholarship Phases**

- "Required Activities" in foundational and scholarship phases refers to time spent in classroom, clinical, laboratory, or required preparatory activities. It does not include time devoted to the MD/PHD program or electives nor time needed to complete homework assignments, papers, case write-ups, optional reading or self-assessment activities.
- In the foundational phase, course directors are expected to schedule most required in-class activities to occur before 1:00pm, Monday through Friday.
- Some clinical activities and laboratory exercises will be scheduled after 1:00pm, Monday through Friday.
- The curriculum also requires students to complete certain assignments in preparation for subsequent in-class activities (e.g., vodcasts and online modules).
- The maximum number of hours that a student is required to spend in classroom, clinical, laboratory, or required vodcast/online modules should ideally be less than 30 hours and not exceed 35 hours per week, on average, over the duration of a course.
- Although scheduled time in required activities is limited by this policy, students are expected to spend considerable additional time studying, reviewing material, preparing for class and engaging in a scholarly pursuit of extracurricular activities that contribute to the formation of their professional identity as physicians.

## **Policy for Student Duty Hours During the Clerkships, Sub-Internships, and Clinical Electives**

- "Duty Hours" refers to time when a student is scheduled to participate in patient care or educational events, such as seminars, lectures, and rounds. It does not refer to academic reading, study time, off-site skills practice, off-site preparation time, or travel time.
- The maximum number of hours that a student may be on duty in one week is 80 hours, averaged over 4 weeks.
- In the ED, the maximum number of shift hours per week is 60 hours, with an additional 12 hours permitted for education.
- The maximum continuous on-site shift length is 16 hours.
- Work in any ED is limited to 12 continuous hours followed by a minimum of 12 continuous hours off duty.
- Students may not be scheduled for more than 6 consecutive night shifts.
- The minimum time off between scheduled shifts is 10 hours after a day shift and 12 hours after a night shift,
- As a minimum, a student must have off duty 1 day (24 consecutive hours) per week.

## **Student Role in Monitoring Duty Hours**

Students are instructed to report violations of the Student Duty Hours policy, and such reporting may be done in several ways. In the case of clerkships, where residents, attending physicians, or other hospital team members create the violation of the Student Duty Hours policy, students may make a direct report to the course/clerkship director. Students may also make a direct report to an Associate/Assistant Dean (Academic Affairs, Curricular Affairs,

Student Affairs). In addition, all students will be asked about course or clerkship compliance with the Student Course and Duty Hours Policy via a question on the course/clerkship evaluation form. Although student reporting on the course evaluation is anonymous, the evaluation survey is reviewed by course leaders and will allow them to identify whether a potential violation may be occurring during the course.

If a student reports the violation directly to the course or clerkship director, the course or clerkship director is required to investigate the situation and attempt to remedy it. If the situation is not remedied, the student must report the situation to an Associate Dean. Evidence of violation of the Student Duty Hours policy by direct student report to an Associate Dean will be brought to the attention of the course or clerkship director. The course or clerkship director will be required to investigate the situation and provide a report to the Associate Dean who filed the report of the violation with a copy to the Senior Associate Dean (Education) indicating how the situation has been remedied.

### **Monitoring and Enforcement of the Duty and Course Hours Policy**

The course and clerkship directors are responsible for disseminating the policy to course faculty, residents, and students, and regularly monitoring time spent in required activities as outlined above. The monitoring will be done by the review of schedules and required preparatory activities, direct input from student course surveys and student course representatives and in the case of duty hours, reports of violations by students themselves. Course and Clerkship directors are expected to regularly review the number of required assignments in their courses including write-ups, required readings, essays, preparing for formal in-class presentations etc. The subcommittees of the ECC will report their findings to the ECC annually. Based on the findings, the ECC will make a determination as to the ongoing effectiveness of the policy and its enforcement, and take appropriate action.

The policy and its reporting requirements will be published annually in the Weill Cornell Medical College Student Handbook.

### **Clinical Supervision Policy**

In accordance with clinical supervision policies outlined by NYPH and its affiliates, during required clinical experiences students require supervision for all activities as defined below. In order to align expectations of the students and clinical teams, this policy is reviewed as part of annual and course level orientations (i.e., live sessions and required online educational modules) for teaching faculty, residents and students, and is posted on the Canvas learning management system for each clinical course.

Dissemination and orientation to expected clinical experiences and associated levels of responsibility for any given clerkship are included as part of orientation to the “Clinical Supervision” policy.

### **Definition of Supervisor**

Credentialed Attending at site where clinical activity or rotation is occurring  
Credentialed Resident or Fellow at site where rotation is occurring



### **Indirect Supervision with Direct Immediate Available**

Definition: Supervisor is physically within the location of the patient and student (i.e., the hospital or off-site location) and is immediately available to provide direct supervision.

Activities:

- History and Physical exams.
- Discussion with Patients regarding conditions and plans

### **Direct Supervision**

Definition: Direct supervision means that the supervisor is physically present with the student and patient, and can visualize and direct the care.

Activities:

- Advanced patient care discussions
- Sensitive parts of the physical exam, e.g. pelvic exam
- Consents for procedures
- Invasive procedures
- All orders are cosigned by a supervisor prior to them being active and available to be acted upon

### **Supervisors**

- The chain of command for patient care decisions should be clear to the student, including the attending physician for each patient.
- Students must be aware of who direct supervisors are for every clinical experience and understand how to contact them
- Supervisors must ensure that students are aware how to contact them. If the supervisor is not available, alternative supervisors should be designated and made known to the students.

### **Reporting and Monitoring related to Clinical Supervision**

- Students are expected to seek immediate consultation or supervision from their clinical team or clerkship leadership in any situation where they feel they have a lack of knowledge or experience
- Students may discuss issues related to and/or give feedback on supervision to course leadership or relevant education deans through direct, i.e., face to face, and indirect mechanisms, i.e., anonymous course evaluations.
- Students must be provided with contact information for the site director of the clinical experience, as well as the course director. In addition students may reach out to the Associate Deans of Student Affairs or Academic Affairs, and/or the student ombudsperson or the Teacher Learner Committee to confidentially discuss issues of supervision.

- All concerns about clinical supervision are reviewed by course leaders, relevant education deans and clinical departmental leadership. Individual feedback and/or needed, occurs at the level of the clinical department.

## **Faculty Evaluator and Students as Patients Policy**

Weill Cornell Medicine is committed to promoting a positive learning environment and to avoiding actual or potential conflicts which may arise if a faculty member were to provide health services to a medical student or physician assistant student and were involved in that student's assessment or academic promotion.

Medical school faculty must disclose and recuse themselves from participating in activities which involve any assessment of a student's academic performance if they have previously treated or are currently treating that student as a patient. If faculty are assigned to serve as a small group, clinical preceptor or oral examiner for a student whom they are treating or have previously treated, they must notify the course or clerkship director for reassignment.

All course and clerkship directors participating in standing or ad hoc committees related to academic standing or advancement and career advisors involved in the residency advising system must recuse themselves from discussions and assessments of a student's academic performance if they are currently treating or have previously served as that student's physician. Faculty members serving on ad hoc committees must recuse themselves if they are treating or have previously treated the student being evaluated by the committee.

Students who perceive a conflict with a faculty member serving in an instructional capacity with whom there is a current or prior treatment may report this conflict to the course or clerkship director or Associate Dean of Student Affairs. If a student perceives a conflict with a faculty member serving on an ad hoc committee with whom there is a current or prior treatment relationship, the student may report that conflict to the Associate Dean of Student Affairs.

All faculty are required to attest knowledge of this policy when undergoing their periodic teaching credentialing.

The Director of Student Health, the Director of the Student Mental Health Program and clinicians who see patients at Student Health Services and/or in the Student Mental Health Program must not participate in any activities related to grading, academic advancement or promotion of medical students. They are not eligible to serve on any standing or ad hoc committee related to academic standing, promotion or advancement. They do not have any direct role in academic decisions or those related to technical standards. These individuals are notified of this policy at the time of hire and attest to understanding/complying with this policy during the annual faculty review.

# Professionalism

## Professionalism and Protocols for Handling Lapses

Professionalism in medicine is essential for medical students, physicians and all members of the health care team. *Professionalism* is broader than just “ethical behavior” or “personal comportment.” It includes a larger overarching “construct” that includes other elements. However, central to any construct of professionalism are responsibility, integrity and respect for others. WCM expects that its students, faculty, staff and administrators will foster an environment characterized by professionalism at all times in all settings.

The Weill Cornell Medical College Program in Medical Education has two core competencies with constituent learning objectives that comprise the construct of professionalism:

### Professionalism (P)

- P-1. Maintain a professional comportment, while demonstrating responsibility, integrity, empathy, reliability, and attention to personal wellness.
- P-2. Demonstrate the ethical principles that govern the doctor-patient relationship, medical decision-making, and healthcare delivery.
- P-3. Provide compassionate, unbiased care to patients from diverse backgrounds.

### Interpersonal and Communication Skills (ICS)

- ICS-1. Communicate with patients and their families, counsel them in an effective, caring, and culturally competent manner.
- ICS-2. Communicate, consult, collaborate, and work effectively as a member or leader of healthcare teams.

For purposes of assessment, WCMC defines professionalism as demonstrated competency in the following four domains that derive from the learning objectives:

- Responsibility, Integrity and Ethics
- Self-improvement
- Relationships with patients
- Relationships with the healthcare team and systems

These domains can be further parsed into the attributes that students are expected to demonstrate as part of each domain in all settings\*.

*Responsibility* includes such attributes as attendance at required classes and clinical encounters; reliable and timely performance of educational and clinical responsibilities, including completion of required course evaluations and health screening surveys and

requirements; accurate, honest reporting of information; adhering to all medical college policies and personal comportment that includes proper dress, grooming, hygiene and ethical, emotionally-modulated conduct.

*Self-Improvement* includes the ability to accept constructive criticism and modifying behavior appropriately.

*Relationships with patients* includes a sensitivity to patient needs and perspectives that is a cornerstone for building rapport, patient advocacy (including putting the patient's needs above one's own) and maintenance of confidentiality and decorum.

*Relationships with colleagues, the health care team and systems* include respect for and cooperation with colleagues from different health care professions and the appropriate use of medical records and the internet.

## **Professional Codes Students Are Expected to Follow**

Students are also expected to follow a number of policies that set the standards for professionalism in various settings that students pass through during the medical education program. Students should familiarize themselves with these policies as described below.

### Classroom and Learning Environments

- Academic Policies (see relevant section of Student Handbook)
- The Standards of Conduct (see relevant section of Student Handbook)
- [The Teaching-Learning Environment and Student Mistreatment](#) Policy (see relevant section of Student Handbook)
- [Technical Standards](#) (see relevant section of Student Handbook)

### Patient Settings

- HIPAA regulations governing confidentiality of patient information (see relevant section of Student Handbook)
- [The New York-Presbyterian Credo](#)

### Research Settings

- The Standards of Conduct (see relevant section of Student Handbook)
- Research Integrity information (see relevant section of Student Handbook)

### Internet and Patient/Research Data

- [Policies governing the use of information technologies](#)

Students are expected to adhere to any new policies of the medical college that are designed to address new situations or circumstances, e.g., public health emergencies such as COVID or safety concerns such as political unrest or criminal activity.

## Assessing Professionalism

WCMC expects that all medical students will demonstrate professional behavior in all four domains at all times. The faculty will evaluate student professionalism in each of the four domains at every course assessment, as pertinent to the course goals and objectives. The faculty who are typically in the best position to evaluate professionalism are those who work closely with students in small group or preceptor sessions in the foundational years, in health care teams during the clerkships and as mentors on research projects during the AOC. There are specific sections on many rating forms in each required course where faculty are asked to assess a student's professionalism either by rating, narrative comments or both. In addition, faculty and residents are also asked four 'screening' questions about a student's professionalism based on the four domains described above. These questions are designed to identify any lapses in professionalism as defined below.

*Did the student demonstrate professional and ethical behavior, as defined below, at all times?*

**Y = Yes**      **N = No**      **U = Unable to Assess**

- |   |              |
|---|--------------|
| • <i>Responsibility: attendance, reliability, reporting, personal comportment</i>     | <b>Y/N/U</b> |
| • <i>Self-improvement: accepting constructive criticism</i>                           | <b>Y/N/U</b> |
| • <i>Relationships with patients: rapport, sensitivity, advocacy, confidentiality</i> | <b>Y/N/U</b> |
| • <i>Relationships with colleagues, the healthcare team and systems</i>               | <b>Y/N/U</b> |

## Identifying Lapses in Professionalism

A lapse in professionalism is defined as:

- A breach of professional conduct; OR
- Insufficient demonstration of professional attributes

*Breaches* typically refer to a student's failure to adhere to policies that govern professional standards as describes above (e.g., academic policies in the Student Handbook or the "Honor Code", HIPAA etc.)

*Insufficient demonstration of professional attributes* is typically noted on faculty or resident rating forms and indicates that a student has not met a competency standard for medical education program learning objectives ("Professionalism" and "Interpersonal and Communication Skills")

A lapse in professionalism might be observed or suspected by anyone in the WCMC community. This could include a faculty member, resident, staff, administrator, other health professional, patient, or fellow student. Likewise, a lapse may occur in classroom, clinical, research or social settings, including the use of the internet.

While any single incident may have greater or lesser importance, WCMC also identifies four levels of lapses in professionalism, with increasing degrees of significance:

- Isolated incident

- Pattern of incidents
- Continued pattern of incidents despite specific intervention
- Continued pattern of incidents; unable to correct behavior reliably

## **Protocols for Student with an Observed or Suspected Lapse in Professionalism**

### **A. If a lapse is observed or suspected within a course:**

1. The course director assesses the incident
2. If initial assessment suggests that a lapse may have occurred, the course director meets with the student
3. If after meeting with a student the course director confirms a lapse in professionalism has occurred, the course director completes a “Professionalism Evaluation Report (PR)” (see below)
4. The course director plans remedial action. This could include:
  - a. Monitoring the student’s future behavior more closely
  - b. Input into the student’s course assessment and grade

*\*Note that a single egregious instance of unprofessionalism or an unremediated pattern of unprofessionalism are grounds for a non-passing (“Marginal or “Fail”) grade, and, if severe may be grounds for dismissal from the Medical College. When remediating a grade of “Marginal” or “Fail” due to professionalism issues, additional professionalism issues are grounds for a non-passing (“Marginal” or “Fail”) grade.*

  - c. Direct observation of the student
  - d. Standardized patient assessment
  - e. Requiring a written reflection essay or literature review
  - f. Assignment to a faculty coach
  - g. Referring the student to the pertinent Student Evaluation Committee
    - i. Essential Principles of Medicine SEC
    - ii. Health, Illness and Disease 1 SEC
    - iii. Health, Illness and Disease 2 SEC
    - iv. Clerkship and Post-Clerkship SEC
  - h. Referring the student to the Associate Dean, Education or the Senior Associate Dean (Education)
    - i. Referring the student to medical or mental health services
5. The completed form is submitted to the Office of Academic Affairs.

See other sections for more description of the protocol for lapses in attendance, and for unexcused late submission of assignments.

### **B. If a lapse is observed or suspected outside a course:**

1. The relevant Education Dean\* assesses the incident
2. If initial assessment suggests that a lapse may have occurred, the Education Dean may meet with the student.
3. Not all lapses will result in student-Dean meetings. For example, failure to complete routine compliance requirements in a timely manner (e.g., course

evaluations, Student Health Screens) may result in automatic Professionalism Reports.

4. If a lapse has occurred, the Education Dean completes a “Professionalism Evaluation Report” (see below)
5. The Education Dean plans remedial action. This could include:
  - a. Monitoring the student’s future behavior more closely
  - b. Direct observation of the student
  - c. Standardized patient assessment
  - d. Requiring a written reflection essay or literature review
  - e. Assignment to a faculty coach
  - f. Referring the student to the pertinent Student Evaluation Committee
    - i. Semester 1: Essential Principles of Medicine SEC
    - ii. Semester 2: Health, Illness and Disease 1 SEC
    - iii. Semester 3: Health, Illness and Disease 2 SEC
    - iv. All other: Clerkship and Post-Clerkship SEC
  - g. Referring the student to the Associate Dean, Education or the Senior Associate Dean (Education)
  - h. Referring the student to medical or mental health services
6. The completed form is submitted to the registrar.

\*Education Deans include Deans for Academic and Student Affairs and Student Life/Diversity, Curriculum, and Admissions.

Professionalism reports are based on observations made by faculty or staff and confirmed by the relevant course director or education dean. As such, they are not subject to an appeal process. Once a course director or education dean decides to file a PR during his or her meeting with the student, the student is permitted to write comments about the incident or describe what he or she believe to be mitigating circumstances. PRs become part of a student’s official academic record and are reviewed by the Student Evaluation Committee (SEC) and Promotions and Graduation (P&G) Committees. An accumulation of PRs for recurring lapses in professionalism or an egregious incident of unprofessional behavior may result in a notation in the student’s Medical School Performance Evaluation (MSPE, aka “Dean’s Letter”).

## **Professionalism Evaluation Report (PR) (Course)**

**Student name**

**Course**

**Course Director**

**Date**

We have found that the student has not demonstrated competency in the element(s) of professionalism indicated below.

1. Responsibility, Integrity and Ethics

- Attendance at required classes and clinical encounters
- Reliable, timely performance of educational and clinical responsibilities
- Accurate, honest reporting of information
- Personal comportment: dress, grooming, hygiene, conduct

2. Self-improvement

- Accepting constructive criticism
- Modifying behaviors appropriately

3. Relationships with patients

- Establishing rapport
- Sensitivity to patient needs and perspectives
- Advocacy
- Confidentiality and decorum

4. Relationships with colleagues, the healthcare team and systems

- Respect for, and cooperation with, all colleagues
- Appropriate use of medical records

**Comments (required)**

**Remedial Action**

**Student Comments (optional)**



**I have read this evaluation and discussed it with the course director**

**Student signature**

**Date**

**Course Director signature**

**Date**

## **Professionalism Evaluation Report (Outside a Course)**

**Student name**

**Date**

We have found that the student has not demonstrated competency in the element(s) of professionalism indicated below.

1. Responsibility, Integrity and Ethics

- Attendance at required session(s)
- Reliable, timely performance of educational and clinical responsibilities
- Accurate, honest reporting of information
- Personal comportment: dress, grooming, hygiene, conduct

2. Self-improvement

- Accepting constructive criticism
- Modifying behaviors appropriately

3. Relationships with patients

- Establishing rapport
- Sensitivity to patient needs and perspectives
- Advocacy
- Confidentiality and decorum

5. Relationships with colleagues, the healthcare team and systems

- Respect for, and cooperation with, all colleagues
- Appropriate use of medical records

**Comments (required)**

**Remedial Action**

**Student Comments (optional)**

**I have read this evaluation and discussed it with the Associate Dean for Student Affairs**

**Student signature**

**Date**

**Education Dean signature**

**Date**

# Promotion and Graduation Standard and Procedures

The Medical College curriculum represents the academic standards students are required to achieve. There is a single set of policies for promotion and graduation-The Promotion and Graduation Standard-and this Standard applies across all instructional sites.

The curriculum is divided into successive academic courses across three phases over four years, each course building on the subject material and experiences of preceding years. The courses are: Essential Principles of Medicine Parts A & B (EPOM A&B), Health Illness and Disease Part 1A & 1B (HID 1A & 1B), Health, Illness, and Disease Part 2A & 2B (HID 2A & 2B) (collectively Phase 1-Foundations); the Clerkships (collectively Phase 2-Clerkships); and the final courses of the program including the Area of Concentration, Translational Science course, Advanced Clinical Ethics course, sub-internships, Healthcare Policy course, electives and Transition to Residency Course (collectively Phase 3-Post-Clerkship.)

A student is expected to exhibit mastery of learning unit or course objectives and to complete required clerkships and rotations as determined by faculty. A student's progress is assessed and monitored on an on-going basis. If a student does not demonstrate an acceptable level of proficiency or has not made timely progress toward the satisfactory completion of the curricular requirements, the faculty body of the Promotion and Graduation Committee, using information supplied by the Student Evaluation Committees, will determine a student's continued status in the Medical College.

Students are assessed on academic performance and must also demonstrate professionalism as set forth in the curriculum, satisfactorily meet the Technical Standards and conform to the Standards of Conduct, adhere to the Attendance Standards, and follow all other policies set forth in the Student Handbook to successfully complete the educational program for the MD degree. Compliance with all policies of the Medical College, and where relevant, with affiliated hospitals of the Medical College, is expected across all instructional sites and throughout the duration of the educational program, and is a requirement for advancement and graduation. Failure to meet academic standards, including professional standards of conduct, and compliance with Medical College policies may be grounds for disciplinary action, including dismissal, from the Medical College.

Student Evaluation Committees review students' academic progress and performance within Learning Units and Courses with the purpose of making recommendations for improving student performance during each course, and determining if remediation of a course or portion of a course is necessary. There are four Student Evaluation Committees: Essential Principles of Medicine (EPOM); Health Illness and Disease (HID) Part 1; Health Illness and Disease (HID) Part 2; and the Clerkship and Post-Clerkship Curriculum, and each committee covers the courses in the curriculum for which they are named. Progress in meeting milestones for the longitudinal Area of Concentration (AOC) course is monitored across all four years by each Student Evaluation Committee.

The Promotion and Graduation (P&G) Committee reviews students' final course performance and academic progress longitudinally across all courses of the curriculum to determine if students may advance to the next course of the curriculum. The P&G Committee will identify patterns of poor performance across courses of the curriculum, as well as serious breaches of professionalism and make decisions regarding global remediation or counseling interventions. If the issues regarding a student's performance or behavior are sufficiently serious as to potentially result in suspension or dismissal, the P&G committee may recommend to the Senior Associate Dean (Education) the appointment of an ad hoc committee to review the student's suitability for the practice of medicine. Individuals who have been found to commit Title IX violations will promptly be reviewed by an ad hoc committee. Procedures will be followed as indicated in the Student Handbook and Title IX procedures. The P&G Committee will hear and take action on the report of the ad hoc committee. In addition, the P&G Committee will review each student's cumulative performance to nominate them as candidates for graduation to the Executive Medical Education Committee, Faculty Councils and the Dean.

### **Faculty Principles**

The following general principles guide the faculty during consideration of a student's status:

A student must successfully complete all of the foundational course work (curricular Phase I) before he or she can advance to the next phase of the curriculum, i.e., the clerkships, except as otherwise specified in these standards.

Remedial work and re-examination may be offered to a student who fails a course, as provided for in these standards.

A student will have access to a review process, and an appeal, in cases where a denial of academic advancement or dismissal from the Medical College is at issue.

Any student who, in the judgment of the faculty, lacks suitability to enter the medical profession, can, pursuant to an applicable policy or procedure, be dismissed from the Medical College.

### **Academic Advancement (Progression through the Curriculum) and Graduation**

Students must achieve a passing grade, (defined as either "Pass", "High Pass", or "Honors") in all required courses prior to graduation. Any student who is unsure how this policy applies in a given situation should contact the Office of Academic Affairs for clarity. Any adjustments made in the academic advancement of students must be approved by the appropriate Associate Dean(s) and the Senior Associate Dean (Education).

### **Foundational Courses**

Students must satisfactorily complete, i.e., receive a grade of "Pass", in each of the foundational year courses, EPOM Parts A & B, HID 1 Parts A & B and HID 2 Parts A & B prior to beginning the clerkship year. Students are expected to complete the foundational courses sequentially.

Students must pass each learning unit within each of the foundational courses (described above), in order to achieve a “Pass” grade for the course.

If a student receives a non-passing grade of either “Marginal” (M), or “Incomplete” (I) in any foundational course, the Associate Dean (Curriculum) in consultation with the Associate Dean for Education (Academic Affairs) may permit a student to progress to the next foundational course and remediate at a time agreed upon by the Associate Dean (Curriculum) and the course director. This is to ensure that a student’s education is not unduly interrupted or extended since each foundational course is held only once a year and there is the potential opportunity for remediation between the first and second year of medical school.

Students must place their highest priority on remediating any failed learning units ahead of summer research fellowships/programs, electives or travel plans. Accordingly, students are ineligible to participate in summer research electives, fellowships or programs between Year 1 and 2 if they have not yet passed EPOM Parts A & B, and HID-1 Parts A & B prior to the start date of these fellowships, programs or electives. This is to ensure ample remediation time prior to the HID 2 start date so that a student’s education is not unduly interrupted or extended.

In the event that a student has a grade of “Fail” in a foundational course, the student may advance to the next foundational course, but will have to retake that course when it is offered again. This may prolong a student’s time to graduation.

#### Area of Concentration (AOC) Milestones

The AOC is a single longitudinal course with interim required milestones throughout the curriculum. A final grade is given after the end of the six-month Scholarly Project (typically completed during Year 4).

Students ordinarily are not permitted to advance to the curricular Phase 2 (Clerkships), until the AOC milestones within the first 1.5 years, curricular Phase 1 (Pre-Clerkships), have been completed. Students ordinarily are not permitted to advance to the curricular Phase 3 (Post-Clerkships), which includes the four-month AOC Scholarly Project (SP) Block 1, until the AOC milestones within the curricular Phase 2 (Clerkships), have been completed.

#### MD-PhD Students

Tri-Institutional MD-PhD students are permitted to begin a portion of Phase 2 (Clerkships) prior to entering the PhD portion of training. They must be in good academic standing in the medical school (i.e., no outstanding “Marginal”, “Fail” or “Incomplete” grades) upon entering the PhD portion of training.

MD-PhD students re-enter the medical school portion of training after they have successfully defended their thesis and submitted the final, approved copy of their thesis to the relevant graduate school office, and they are held to the same standards for assessment, advancement, and promotion as the medical students.

#### Clerkships

Students ordinarily will complete all required clerkships prior to beginning the initial Area of Concentration (AOC) Scholarly Project (SP) Block 1. The Medicine and Surgery clerkships,

which are pre-requisites to many advanced courses, must be taken during the clerkship year and cannot be deferred to curricular Phase 3-Post-Clerkship.

There may be individual circumstances in which a student does not complete all clerkships (i.e., achieve a passing grade) prior to the initial AOC SP Block 1, but is allowed, with Associate Dean level permission, to progress to the AOC SP Block. For compelling academic reasons, typically involving remediation of academic encumbrances, these circumstances need to be discussed and approved by the Associate Dean for Education (Academic Affairs). For compelling personal/medical reasons, the circumstances need to be discussed and approved by the Assistant Dean (Student Affairs) in consultation with the Associate Dean for Education.

A student who has not yet taken, or who has taken but has not achieved a passing grade in a clerkship or clerkships (including “Marginal”, “Fail” and “Incomplete” grades), may be permitted to progress to curricular Phase 3, beginning with the AOC SP Block 1/ Translational Science (TS) and Advanced Clinical Ethics (ACE) Courses, as permitted by the Associate Dean for Education (Academic Affairs) with the expectation that the student will achieve a passing grade at a future opportunity to do so.

#### Area of Concentration, Translational Science (TS), and Advanced Clinical Ethics (ACE) Courses

Students may fulfill the AOC SP during a regularly scheduled block in a subsequent year of training based on the approval of the AOC course leadership. These students are permitted to complete Phase 2 courses or take other Phase 3 courses during their original AOC SP Block in consultation with the Associate Dean for Education (Academic Affairs) for academic reasons or the Assistant Dean (Student Affairs) for personal/medical reasons. Students who have non-passing (“Marginal”, “Fail” or “Incomplete”) grades in the AOC, TS, and ACE courses may be permitted to progress in the curriculum, based on the approval of the Associate Dean for Education (Academic Affairs) or in cases of personal/medical reasons, in consultation with the Assistant Dean (Student Affairs). However, students need to achieve a passing grade in these course(s) prior to graduation.

#### Electives

Students who have a non-passing (“Marginal”, “Fail” or “Incomplete”) grade in an elective course may be permitted to progress in the curriculum, based on the approval of the Associate Dean for Education (Academic Affairs), or in cases of personal/medical reasons, in consultation with the Assistant Dean (Student Affairs).

Students who have non-passing grades in any required course may be permitted to enroll in WCMC-sponsored electives, in order to enhance specific knowledge and skills to address academic deficiencies. The elective enrollment requires the approval of the Associate Dean for Education (Academic Affairs). Students must meet any elective pre-requisites in order to enroll in the course. Students who have non-passing grades in any required course are not permitted to enroll in international electives or non-WCMC sponsored electives until a passing grade in that course is obtained.

### Required Sub-Internship and Transition to Residency Course

Students who have non-passing “Marginal” or “Fail” grades in any prior required course will not be allowed to progress to the required sub-internship. Students who have an “Incomplete” grade in any prior course may be allowed to progress to the required sub-internship, based on the approval and recommendation of the Associate Dean for Education (Academic Affairs). The Transition to Residency course must be taken during the same calendar year as the student’s graduation. Exceptions may be made by the Associate Dean for Education for instances in which, for example, the MD degree is anticipated to be conferred off-cycle.

### Registering a Score for USMLE Step 1 and Step 2CK

Students who will graduate after May 2022 are required to register a score for the United States Medical Licensing Exams (USMLE) Step 1 and Step 2CK prior to April 1 of the year in which they are graduating. Note: passing these exams is not a graduation requirement.

### Conferral of M.D. Degree

Satisfactory completion of all required courses and required academic milestones must be achieved prior to the conferral of the M.D. degree.

## **Student Assessment and Grades**

Each course director determines the final grade of a student after evaluation of the student's performance in all aspects of the course work. This should include results of examinations if applicable as well as narrative descriptions of student performance and non-cognitive achievement in all required learning units, courses and clerkships where teacher – student interaction permits this form of assessment.

Faculty members are also expected to evaluate each student early enough during a course to allow time improvement. Students will be required to be present at the time of a regularly scheduled examination or other course activities in order to complete the learning unit or course unless they have made previous arrangements with the learning unit or course director, as detailed in the section herein entitled “Attendance Standards.”

### Grade Reporting Time Frame

Faculty members are expected to submit grades promptly after a course or curricular unit is completed. In order to meet the LCME benchmark that final grades are available within six weeks of course completion, WCMC encourages grade submission, which includes narrative comments, for all courses and clerkships as soon as possible, ordinarily before four weeks from course end date. It requires that grades must be submitted and available to students no later than six weeks from the end of a course or clerkship. The Registrar regularly monitors the timeliness of grade submissions and reminds all course directors if they have not submitted grades after four weeks, informing the Associate Dean (Curriculum) for all phases of the curriculum. Any foundational course or clerkship not submitting grades after four weeks after a course ends has an individual meeting with the pertinent Associate/Assistant Dean and the Registrar. For any outstanding grades at post-course Week 5 and Week 5.5, to ensure compliance, the Registrar also notifies the Senior Associate Dean (Education).



### **Formative Feedback Policy**

It is the expectation of the medical college that faculty will provide students with formative feedback on their overall performance during required courses and clerkships. The purpose of the feedback is to provide the student with a sense of relative strengths and areas needing improvement in meeting the learning objectives of the course. Formative feedback should be delivered at a timepoint that allows the student to make substantive changes in the trajectory of their performance, ideally around the course midpoint.

The content of the feedback should align with areas that are included in summative assessments. At a minimum, feedback should include an assessment and/or discussion of medical knowledge and where relevant clinical, research or participation skills, and if necessary, concerns about professionalism or teamwork.

Formative feedback may include quizzes, case analysis exams, self-assessment questions, narrative written feedback from small group sessions, “practice” non-graded write-ups, formative patient simulation sessions, and/or one-on-one meetings with course faculty, as needed. Overall student performance is also monitored on an ongoing basis by the course directors. For students whose performance during the course is not satisfactory, individualized feedback is provided from the course director by email, telephone, or an in-person meeting and may also include referral for additional academic support.

During the clerkships, mid-clerkship feedback is provided at a scheduled meeting between the student and the clerkship director, associate director or relevant clerkship faculty. The feedback session is listed on the Canvas course calendar, and both the student and relevant faculty member document its successful completion.

Similarly during the AOC’s, the AOC faculty, research mentor and/or designee, provide feedback at a scheduled meeting. In the AOC/SP required block time, both the student and relevant faculty member will document that feedback has been provided in the mid-block progress check.

#### **Monitoring:**

The provision of feedback to students is monitored during each course or rotation by course leadership and curriculum coordinators and annually by the relevant curriculum subcommittees, and by the education deans.

### **Clinical Grade Reporting Guidelines**

Narrative comments, in the form of official summative assessment, should be included as part of the final grade for each clinical course. Additional narrative comments as formative, constructive feedback should be provided to students for core clinical clerkships of more than two weeks in length.

All clinical courses should adopt a consistent narrative format. This is to ensure consistency in grading information and feedback to students across all clinical courses. In addition, official, summative comments from core clerkships are used for the Medical School Performance Evaluation (MSPE), also known as “the Dean’s Letter.” Consistency in the narrative summative comments portion of the final grade gives the MSPE a more

professional and uniform look, making it a more effective document in the residency application process.

Guidelines for Writing the Summative Narrative Assessment (to be used in the MSPE):

1. For the official, summative comments section, write 1-2 paragraphs that are edited to eliminate redundancy and proofed for typos.
2. The comments should represent a synthesis of the principal points raised in the individual evaluations and NOT a “cut-and-paste” aggregation of individual comments.
3. Use whole sentences in proper English in the same tense (past) with correct spelling.
4. Write in the third, not first, person.
5. Do not number sections.
6. Use the student’s formal first name; do not use nicknames.
7. Do not enter grading rubrics in the summative assessment section. These should be delineated on the course site.
8. For courses with exams, do not routinely report the exam score.

For the constructive/formative comments section, follow all guidelines as described under summative narrative assessments and enter helpful and constructive suggestions for areas of improvement.

In the first year and a half of the curriculum, students may receive the following grades: “Pass”, “Marginal” (a non-passing, interim grade based on less than satisfactory performance in one or more components and/or activities comprising the final grade), or “Fail” (below satisfactory performance in all or a preponderance of the components and/or activities comprising the final grade). In the evaluation of clinical clerkships, an additional grade of “Honors” (outstanding performance) and “High Pass” (excellent performance) can be assigned. For students who fail the NBME clinical subject exam, the clerkship director should report to the Associate Dean for Education (Academic Affairs) and to the student: the failed grade, the minimum passing grade, and the remediation recommendation. Electives and all Phase 3 courses are graded only on a “Pass/Fail” basis.

The temporary grade “Incomplete” may be assigned to a student in any course in which the student has been unable, due to an emergent event or a planned and excused activity, to attend and/or complete a required component or activity that the course director has agreed may be completed at a subsequent agreed-upon date. The grade “Incomplete” is not available in the event that the failure to attend and/or complete a required component or activity results from unexcused absences or activities. In rare circumstances in which a student begins a course and prior to the halfway timepoint does not complete it, a grade of “Withdrawal” is assigned.

If a student receives a non-passing interim grade of “Marginal” or “Incomplete,” the learning unit or course director will discuss the performance with the student and will notify the Office of Academic Affairs (see Section below entitled “Faculty Determinations Regarding Unsatisfactory Academic Performance”). The opportunity to do remedial work, or complete necessary work, generally will be presented to the student, in accordance with the procedures described in these regulations. The work that is necessary to address an “Incomplete”, “Marginal” or “Fail” grade should take place at the first available opportunity (as determined by the course director in consultation with the student and the Associate Dean for Education (Academic Affairs), but may not conflict with any other scheduled academic activity. In the case of a “Marginal” grade, if a student completes the remedial or missing work satisfactorily, a “Marginal” interim grade will revert to a grade of “Pass”; if not, the grade will convert to “Fail.” In the case of an “Incomplete” grade, if a student completes the missing work satisfactorily within the time extension period specified a priori, the “Incomplete” interim grade can convert to either a “Pass,” “High Pass” (if available) or “Honors” (if available) grade; if not, the grade may convert to either a “Marginal” or a “Fail” grade. If a student receives a grade of “Fail,” the learning unit or course director will notify the Office of Academic Affairs and will discuss with the student the need to repeat the course or other remediation if appropriate. In the event a student’s performance is deemed unsatisfactory, the Medical College may follow other procedures, also described in these regulations, to assess continued participation in the M.D. program.

### **“Incomplete” Grade Reporting Guidelines**

1. The course director should submit in the narrative comments a description of what portion of the course:
  - a. has already been completed
  - b. is left to complete upon return, including the number of weeks needed
2. In order for coursework credit to be given up to the time prior to the student’s leaving the course and to assess the final course grade when completed, there needs to be documentation of the quality of the work the student has already completed.
  - a. Foundational courses: course directors should keep on file any completed Unit grades and quiz scores.
  - b. Clerkship and other courses: clerkship/course directors should obtain and keep on file Student Performance Evaluations (SPEs) and any other grading forms for that portion of the clerkship/course the student has completed.
3. The plan for completion, including timing and scheduling should be discussed with:
  - a. the Assistant Dean of Student Affairs, for “Incomplete” grades due to personal/medical issues
  - b. the Associate Dean for Education (Academic Affairs), for “Incomplete” grades due to academic issues
4. Once a student has completed the course, in addition to submitting the final grade, the clerkship/course director should update all narrative comments, eliminating any mention of the initial “Incomplete” grade in the summative comments section.

## Student Request for a Course Evaluation/Grade Review

If a student believes that there is a credible basis to assert that a course evaluation, including examination and narrative assessment, or grade awarded does not reflect the student's objective course performance, the student must first seek the guidance of the Course Director before filing an appeal in writing for a formal Grade Review. This must be done within 30 days of the posting of the grade. If a discussion with the Course Director (or designee if unavailable) does not resolve the issue, the student must present the concerns in writing to the Associate Dean, Curricular Affairs for a request for a formal Grade Review or evaluation no later than 45 calendar days following the posting of the grade. Grades may not be appealed after this 45-day deadline has passed. The student should set forth the reasons for his or her request for review of the grade. In consultation with the faculty involved, the Associate Dean, Curricular Affairs, or his/her representative, has discretion to request documents and relevant information that would be needed to conduct a full and fair assessment of the evaluation or grade under review. The Associate Dean, Curricular Affairs shall determine a final resolution, and communicate this to the student and to the appropriate Course Director within 30 days of the request for course evaluation/grade review. The decision of the Associate Dean, Curricular Affairs shall be considered final and is not subject to further appeal.

### Grade Review Timeline Process and Checklist

1. Student grade posted
2. Student emails Course Director within 30 days of grade posting
3. Course Director (or designee if unavailable) meets with the student as soon as possible to address concerns and review applicable data. The meeting must happen within 45 days of the grade posting to allow student time to file an appeal to the Associate Dean, Curricular Affairs for a formal grade review.
4. Course Director (or designee, if unavailable) promptly communicates decision in writing to student- **grade upheld** or **grade changed**.
  - If grade is changed, the Course Director also submits a grade change form to the Registrar's Office
5. If grade upheld (i.e., not changed), student has 45 days from grade posting to email Associate Dean, Curricular Affairs of the outcome of the meeting with the Course Director to file a request a formal Grade Review. (The request for a formal Grade Review can be filed only after the course director's decision following his or her review of the student's concerns.)
6. Associate Dean, Curricular Affairs has 30 days from student request for a formal Grade Review to adjudicate and communicate in writing to student and Course Director the final decision.

## Unsatisfactory Academic Performance in a Course

### Actions During a Course

Any student who is having academic difficulty with a learning unit or course (or his or her overall academic performance) should consult with faculty or administrators at the Medical College. Depending upon the problem, a student may wish to seek advice or assistance from a learning unit or course director, the Assistant Dean for Academic Achievement and/or another medical education dean. Early intervention with academic difficulties may provide a wider range of solutions and is in the student’s best interest. It is the responsibility of a student to seek advice or assistance when such student is having difficulty with a learning unit or course

If a student exhibits unsatisfactory performance during a learning unit or course, and generally before a non-passing grade is assigned, the learning unit or course directors shall make an effort to notify the student, the Assistant Dean for Academic Achievement and the relevant Curriculum Dean. Faculty in the learning unit or course may meet with the student and outline a program to address deficiencies in the student’s performance. The Assistant Dean for Academic Achievement and/or relevant Curriculum Dean also may make an effort to address this with the student.

### Submission of Assignments After the Designated Deadline (“Late Submissions”)

All written assignments are due on the date and time as specified by the faculty. Written assignments typically include essays, papers, case write-ups, problem sets, required self-assessment quizzes or web-based modules, mentor declarations and research proposals or reports. Students who incur personal emergencies or illnesses that would preclude their timely submission of a written assignment should notify the course director immediately to describe the nature of the situation and request a reasonable time extension. Students who submit a report past the deadline who have not received an extension will fall under the following operational protocol with the relevant sanctions. In addition, in some courses students may have their scoring of their assignment adjusted for late submission, which may be reflected in the final grade assigned to the student for that course.

<b>Missed Major Deadlines for Submission of Reports (all curricular phases)</b> (essays, case write-ups, required self-assessment quizzes or modules, or other written assignments OR 3 major AoC milestones*: 1) mentor/AoC declaration; 2) submission of proposal; 3) submission of final report)	
FIRST missed deadline*	<ul style="list-style-type: none"> <li>Warning e-mail from course director and notification of deadline extension</li> </ul>
SECOND missed deadline <ul style="list-style-type: none"> <li>Either a missed deadline extension, OR a second incident of a missed initial deadline in the same course</li> </ul>	<ul style="list-style-type: none"> <li>Meeting with course director to discuss new deadline</li> <li>Professionalism report issued (signed by student and director)</li> </ul>

<p>THIRD missed deadline</p> <ul style="list-style-type: none"> <li>• Either a missed new arranged deadline, OR a missed deadline extension and a second incident of a missed initial deadline in the same course, OR a third incident of a missed initial deadline in the same course.</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting with course director to discuss new deadline and remedial assignment (e.g., reflective essay, etc.)</li> <li>• Professionalism report issued (signed by student and director)</li> <li>• Marginal grade assigned (removed upon successful remediation and successful completion of original assignment)</li> <li>• Letter issued by Associate Dean, Academic Affairs to discuss consequences</li> </ul>
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\*AoC Director handles AoC related deadlines

+Course directors can also “dock” points for late assignments in addition to, but not in lieu of, above sanctions

<b>Missed Minor AoC Deadlines (8 progress checks)</b>	
Missed initial deadline	Exploratory advisor contacts student to inquire
Nonresponsive to exploratory advisor	AoC Director contacts to inquire/remind
Nonresponsive to AoC Director	<p>Meeting with AoC director to include warning about subsequent missed deadlines for progress checks.</p> <p>Professionalism report issued (signed by student and director)</p>

### **Actions Upon Completion of a Course**

The Committee on Promotion and Graduation (the “Committee”) is responsible for assessing the overall performance of students in the Medical College on an ongoing basis. In the event of unsatisfactory work (Marginal, Incomplete or Failure), the grade will be reported in writing to the Office of Academic Affairs upon the completion of a course. At his or her discretion, the Senior Associate Dean (Education), or his or her designee, will meet with a student who has earned non-passing grades to discuss the reasons for the student’s unsatisfactory work. The Senior Associate Dean (Education), or his or her designee, shall assemble and present information to the Committee about the students with non-passing grades to assist the Committee in its deliberations. Generally, a student will not have an opportunity to appear before the Committee during this stage of the process, unless requested by the Committee.

## **Faculty Determinations Regarding Unsatisfactory Academic Performance**

Remedial work, re-examination or repetition of a course are not to be regarded as a right for a student who has an unsatisfactory record in a course, but are options which may be offered to individual students, in the judgment of the faculty, based on the student's academic record and consideration of circumstances related to completion of the course. The Student Evaluation Committees will review each student's performance, and will make decisions, in consultation with the learning unit or course director, about an opportunity for remedial work within a course. When there is a pattern of poor performance longitudinally across courses or failure of remediation at the Student Evaluation Committee level, the Committee on Promotion and Graduation will make decisions about whether to permit a student to have an opportunity for remedial work, re-examination, repetition of a course, or other appropriate alternatives.

### **Academic Good Standing**

A student with a "Marginal," "Fail," or "Incomplete" course grade is not considered to be a student in good academic standing, and is ineligible to go on an academic leave of absence, participate in the Extended Curriculum for Research, or go on an international elective, until a passing grade is obtained in the pertinent course(s).

### **Remedial Course Work**

Remedial work, including re-examination, will ordinarily be offered at times which do not conflict with regularly scheduled academic activities. Generally, remedial work, including re-examination, will be available only if the student has successfully completed the majority of course work required for a passing grade in the course. Remedial work and any re-examination needed in first year courses generally will be scheduled during winter or spring break or during the following summer. Remediation of a failed unit in EPOM Parts A or B or HID 1 Parts A or B that was not remediated during a recess break must start immediately after HID 1 Part B has ended. Remediation of more than one failed unit must be done sequentially, not concurrently, and may extend throughout the summer. All non-passing course grades must be remedied before entering Phase 2 of the curriculum (clerkship year). Students must recognize that remediation of failed units takes priority over their summer plans (i.e., research, travel, jobs, work-study, fellowships, electives abroad, vacation, etc.), as failed remediation can result in more serious academic consequences and/or delays to graduation.

A non-passing grade in a required foundational science course in the second year will have to be remedied prior to the beginning of the clerkships. A clerkship that is failed usually will, be repeated as soon as possible. In the case of a "Marginal" grade, the remedial work may be targeted in scope, as determined at the discretion of the learning unit or course director in consultation with the learning unit or course faculty. A student who successfully completes remediation for a "Marginal" grade is eligible only for a grade of "Pass." However, if the first attempt by a student at remediation of a "Marginal" grade is not satisfactory, the course grade converts to a "Fail" and remediation for a grade of "Fail" must ensue. In the case of an "Incomplete" grade, completion within the period specified by the faculty can result in a grade of "Honors" (if available), "High Pass" (if available), "Pass," "Marginal" or "Failure."

An “Incomplete” grade not successfully addressed within the specified period shall revert to either a “Marginal” or “Fail” grade, and appropriate remediation must be undertaken. In the case of a “Fail” grade in any course, the course must be retaken in its entirety when it is offered again or as scheduled by the Associate Dean for Education (Academic Affairs) and must result in the satisfactory demonstration of competence in all aspects of the course. The nature of the remediation lies solely in the province of the course director in consultation with the learning unit leader. The grades of “Honors” or “High Pass” are not awarded when a student has repeated a course.

### **Criteria for Continuation in the Academic Program and Dismissal\***

In the Foundational Years (first 1.5 years of the curriculum) faculty use a wide array of formats to assess a student’s performance including quizzes, essay exams, laboratory practicals, clinical write-ups, and case analyses. Students must complete satisfactorily all required learning units of the major foundational year courses, before advancing to the Clinical Clerkships. Students who fail fewer than half the units comprising a course will receive a “Marginal” grade for the relevant course and must then undergo a structured remediation program, as prescribed by the course leadership. Failure of the structured remediation program of one or more units results in the student receiving a “Fail” grade for the course. The failed course ordinarily must be retaken in class in its entirety when that course is offered again or at a time specified by the Associate Dean for Education (Academic Affairs). Failure to pass any one unit in a course that is retaken results in a second “Fail” grade in that course, and results in automatic dismissal from the Medical College, subject to confirmation by the Promotion and Graduation Committee.

Students who fail half or more of the units constituting a foundational course will receive a “Fail” grade in that course. The student must retake the failed foundational course in its entirety when it is offered again. Failure to pass any unit in a course that is retaken results in a second “Fail” grade in that course, and results in automatic dismissal from the Medical College, subject to confirmation by the Promotion and Graduation Committee.

*\*The previous two paragraphs do not apply to students who matriculated into the Class of 2024 or earlier. Students who fail a unit(s) in the Class of 2024 or earlier should consult with the Associate Dean for Education (Academic Affairs) about how the previous academic policy for unit failures applies to them.*

Students must satisfactorily complete all required clerkships, which use several methods to assess performance. A student who receives a “Marginal” grade in a required clerkship will ordinarily be given an opportunity for remediation, as arranged by the clerkship leadership and the Associate Dean for Education (Academic Affairs). If the remediation is successful, the “Marginal” grade will convert to a “Pass” grade. If the remediation is unsuccessful, the “Marginal” grade will convert to a “Fail” grade and will require that the student re-take the entire clerkship. A student who receives a “Fail” grade in a required clerkship will not be offered remediation and must re-take the failed clerkship. Any student who must repeat a clerkship and does not initially achieve a passing grade, will receive a second “Fail” grade in that clerkship, without opportunity for remediation, and will automatically be dismissed from the Medical College subject to confirmation by the Promotion and Graduation Committee.



A student who accumulates a “Fail” grade in three of the required clerkships will not be given an opportunity for additional remediation for the third failed clerkship, and will be automatically dismissed from the Medical College subject to confirmation by the Promotion and Graduation Committee.

Students are strongly advised to consult the specifics of assessment/remediation processes and policies for their individual foundational year’s courses, clerkships, and other core curriculum activities on the course websites.

Students are also required to complete the Area of Concentration course, a series of elective courses, a sub-internship, Translational Science course, Advanced Clinical Ethics course, Healthcare Policy course and Transition to Residency course. Students who fail an elective course may repeat that course or, with the approval of the Associate Dean for Education (Academic Affairs), enroll in another elective course, as needed, to complete the number of elective weeks required for graduation. A student may not take elective courses concurrently with any other courses to satisfy the required elective weeks.

Students in the M.D.-Ph.D. program are exempt from the elective week requirement, the Translational Science course, and the Area of Concentration course.

Students who will graduate after May 2022 are required to register a score for the United States Medical Licensing Exams (USMLE) Step 1 and Step 2CK prior to April 1 of the year in which they are graduating. Ordinarily this will require that students sit for these exams no later than February 15 of the year in which they plan to graduate. Passing these exams is not a graduation requirement.

Students who accumulate three or more grades of “Marginal” or “Fail” in different courses may be at risk for further “Marginal” or “Fail” grades which could result in unsatisfactory overall academic performance as defined in the section below. The performance of students who receive three or more grades of “Fail” or “Marginal” in different courses over the course of their study, even if those grades have been successfully remediated, shall be reviewed at the next scheduled meeting of the Committee on Promotion and Graduation to determine if a formal review of the student’s suitability for the practice of medicine for continued study in the Medical College is warranted. The Committee on Promotion and Graduation may specify the nature of the intervention(s) recommended based on its evaluation of the student’s performance.

#### Completion of the Medical College Curriculum within Six Years (“4-in-6 rule”)

Students may repeat no more than the equivalent of two academic years and, except for students in the M.D.-Ph.D. program, students must complete the academic work of the first three years in five academic years. Students must complete the entire Medical College curriculum in six academic years (“4-in-6 rule”). Students in the M.D.–Ph.D. Program must complete the M.D. portion of the program within the six-year time period as well (excluding the time in the Ph.D. portion of the program). Students who are in good academic standing and who are seeking to engage in a unique or exceptionally enriching experience that may prolong the length of time it will take to complete the M.D. degree may petition the Senior Associate Dean (Education) for an exemption from the “4-in-6 rule.” In these rare cases, the

petition must be submitted in writing no later than three months prior to the planned experience. The Senior Associate Dean (Education) will review the petition. If the petition is granted, the rules of notification pertaining to leaves of absence will remain in effect.

### **Unsatisfactory Academic Progress Performance and Dismissal**

In addition to the academic performance standards that lead to dismissal from the Medical College described in the previous section, unsatisfactory overall academic performance will also be grounds for dismissal. Unsatisfactory overall performance is defined as a combination of multiple “Fail” or “Marginal”, grades in a significant number of different courses, clerkships, electives or the sub-internship (even if the non-passing grades are remedied). Generally, a cumulative total of six non-passing grades in different courses rendered on the first taking of that course will result in dismissal subject to confirmation by the Promotion and Graduation Committee. Similarly, failure to complete the curriculum within six years will be deemed unsatisfactory performance, resulting in dismissal, subject to confirmation by the Promotion and Graduation Committee.

The faculty of the Medical College takes the position that an overall failing performance as described above constitutes a quality of work unsatisfactory for admission to the medical profession.

### **Administrative Hold**

When a student is being considered for dismissal from the Medical College, the Senior Associate Dean (Education) will place that student on an Administrative Hold from some or all activities at his or her discretion (e.g., educational, clinical, or extracurricular) while the dismissal decision is being adjudicated by the Promotions and Graduation Committee.

### **Satisfactory Academic Progress and Financial Aid**

Satisfactory academic progress (SAP) is a financial aid term. In order to be eligible for financial assistance at the Medical College, a student must be making satisfactory progress according to the Promotion and Graduation Standard and Procedures, posted annually in the Student Handbook. Students who fail to achieve passing grades in courses (i.e., who receive Incomplete, Withdrawal, Marginal, or Fail grades) are urged to consult the Office of Financial Aid and Student Accounting as soon as possible to understand the ramifications of their failure to make satisfactory academic progress.

### **Unsatisfactory Academic Progress and Financial Aid**

Satisfactory academic progress is reviewed for each student receiving financial aid from the institution at the end of every payment term. If a student exhibits unsatisfactory academic performance as determined by the Committee on Promotion and Graduation, they receive notification in writing from the Associate Dean for Education (Academic Affairs), which includes a Financial Aid warning for the subsequent payment term. If a student fails to make satisfactory progress after a warning period, they are placed on probation and are ineligible for subsequent financial aid payments. Under the circumstance, a student may be offered an individual academic plan in accordance with the committee’s criteria to reestablish

satisfactory progress and is permitted to receive financial aid for an additional payment term. Failure after one warning and probation period may be grounds for academic dismissal.

## **Leave From Academic Program**

Consequences of unsatisfactory academic performance can include, but need not necessarily be limited to, dismissal from the M.D. program, involuntary leave of absence, and/or other remedial work, in the discretion of the Senior Associate Dean (Education) and/or Committee on Promotion and Graduation.

### **Involuntary Student Leave**

When there is an actual, or the threat of, community disruption of the Medical College or learning environment, including, for example, risk of harm to patients or others, the Medical College may place a student on an involuntary leave of absence. The Medical College is committed to protecting the learning environment. Separation of a student from the Medical College and its facilities may be necessary if there is sufficient evidence that the student is engaging in, or is likely to engage in, conduct and behavior that disrupts the learning environment of others.

### **Placing a Student on Involuntary Leave of Absence**

The Senior Associate Dean (Education) may be alerted to a student's disruptive or unsafe behavior from a variety of sources on campus. The Senior Associate Dean (Education) can identify a designee to act on his/her behalf under this policy. If the Senior Associate Dean for Education deems it appropriate, these procedures will be initiated:

1. The Senior Associate Dean (Education) will notify the student that an involuntary leave is under consideration and the reason(s) why. The student will have the opportunity to respond.
2. The Senior Associate Dean (Education) will discuss with the student the implications of and procedures relating to an involuntary leave of absence.
3. The Senior Associate Dean (Education) will gather information necessary to make an individualized assessment of the student's ability to safely participate in the Medical College program and to meet the Medical College's requirements for professionalism and adherence to technical standards. The Senior Associate Dean (Education) may confer as feasible and when appropriate in a particular matter with other administrative units regarding the need for a leave of absence.
4. During these consultations, these individuals will pay particular attention to the criteria for invoking an involuntary leave, specifically whether the student's behavior is disruptive of the Medical College's learning environment and whether the behavior poses a direct threat to the safety of others. Consideration will also be given to accommodations that may reasonably be provided that will mitigate the need for the involuntary leave.
5. The Senior Associate Dean (Education) may require a mental or physical evaluation if he or she believes it will facilitate a more informed decision.

6. Following these consultations, the Senior Associate Dean for Education will make a decision regarding the involuntary leave of absence, and must provide written notice of this decision to the student.
7. Within five days of receiving the decision of the Senior Associate Dean for Education, the student may submit an appeal of the decision in writing to the Dean of the Medical College-Provost for Medical Affairs or designees. After reviewing the matter fully, the Dean-Provost for Medical Affairs or designees will issue a written decision, which shall be final.
8. When safety is an immediate concern, the Senior Associate Dean (Education) or designee may remove a student from the Medical College pending final decision on involuntary leave. If this action is deemed necessary, the student will be given notice of removal. An opportunity to be heard by the Senior Associate Dean (Education) and appeal the decision will be provided at a later time.

If Involuntary Leave Is Imposed

The Senior Associate Dean (Education) will inform the student, along with the notice of the decision, as to the steps that must be taken when the student wishes to re-enroll (see “Request for Re-enrollment”).

If Involuntary Leave Is Not Imposed

The Senior Associate Dean (Education) may impose other conditions and/or requirements under which the student is allowed to remain at the Medical College.

**Implications of an Involuntary Student Leave of Absence for Reasons of Personal or Community Safety**

Leave is in effect	Until the student complies with the pre-requisites to enrollment mandated by the Senior Associate Dean for Education. An individualized assessment will be made for the student to determine if the pre-requisites have been satisfied.
Duration of leave	To be determined by the Senior Associate Dean for Education based on the facts and circumstances leading to the imposition of the involuntary leave.
Student must leave campus	Within the time frame set forth by the Senior Associate Dean (Education).
Student may visit campus	Only as authorized in writing by the Senior Associate Dean (Education), for the duration of the leave.
Notification	The Senior Associate Dean for Education reserves the right to notify a parent, guardian, or other person, if notification is deemed appropriate. In addition, the parent, guardian, or other person may be asked to make arrangements for the safe removal of the student from the university environment.

Transcript Notation	Would read “Leave of Absence.”
Financial Obligation	A student taking a leave of absence will continue to have certain financial obligations.

### **Request for Re-enrollment**

A formal request for re-enrollment must be submitted to the Dean of the Medical College, with a copy sent to the Senior Associate Dean (Education). The student’s re-enrollment request will be reviewed by the Senior Associate Dean (Education), who, in consultation with the Dean of the Medical College, must approve the re-enrollment.

The Senior Associate Dean (Education) may consult with other units or individuals as appropriate regarding the re-enrollment decision and may impose such conditions as they may recommend to help ensure the student’s successful return to medical college.

### **Appeals Process and Related Procedures**

When a student’s academic performance and progress is under review, the Medical College is committed to providing a fair process of review and, when requested, appeal. Determinations are based on the record as a whole before the decision-making entity and the standard of proof that underlies a decision is a preponderance of the credible information or evidence. A student may appeal a decision by the P&G Committee and decisions by the Senior Associate Dean (Education) that have serious adverse action such as an involuntary leave of absence, repetition of a year, or dismissal. A decision regarding a student’s dismissal, an involuntary leave of absence or repetition of a year is final unless overturned after an appeal.

The student must make the appeal of a decision in writing within fourteen (14) calendar days from written notification to the student of the decision that the student is appealing and deliver it by hand or email to the office of the Senior Associate Dean (Education). If the appeal is by overnight delivery company (such as Federal Express), it must be postmarked by the date it is due to be submitted by hand to the Senior Associate Dean’s office. The appeal is heard by the Appeals Committee within thirty (30) calendar days of receipt of the appeal statement. The Appeals Committee will provide the student with at least seven (7) calendar days’ advance written notice of the date, time, and place of the meeting of the Appeals Committee which will consider the appeal. Prior to the meeting, the student may submit a written response and provide additional evidence to the Appeals Committee that was not available to the student at the time of the Promotion and Graduation Committee’s review and decision. The student may attend the Committee meeting and may be accompanied by an advisor or counsel. Any such advisor or counsel shall be an observer of the proceeding but must not expect to be able to participate in or speak at the Committee meeting. The student or the Committee may invite other persons to appear and provide information. The student will have access, upon request, to the written minutes of the meeting with the Appeals Committee

that pertain to the student appeal. The Appeals Committee will decide if the prior decision is to be upheld or overturned and will report their decision within fourteen (14) days of the last Committee meeting to the Dean of the Medical College who will make a final determination in the matter. Prompt written notice of the final decision will be sent to the student.

### **Reserved Rights/Changes to Policy**

The Medical College reserves the right to determine whether existing policies and procedures address a particular situation, or whether circumstances are of such magnitude to require additional actions. It is recognized that the Faculty at large reserves the authority to intervene in the application of these standards and procedures, although it is not anticipated that the Faculty will exercise this inherent authority unless the Faculty determines that existing policies and procedures do not address the situation; or circumstances are of such magnitude as to require the action of the Faculty by a ruling by both Faculty Councils.

## **Technical Standards: Admission and Retention**

### **Introduction**

The WCMC faculty believes that our educational mission is to graduate physicians who are broadly capable and skilled in general medicine, and ready to start residency training. This principle applies irrespective of any future plans for specialization or non-clinical careers. To this end, graduates of WCMC must demonstrate certain essential abilities, attributes and characteristics in order to fulfill our overall program learning objectives. As medical education differs from many other forms of higher education, in that graduates must be able to practice medicine and to care for patients, candidates for admission, retention, promotion and graduation must possess not only intellectual but also physical, emotional and interpersonal abilities.

For the purpose of this document, the term “candidate” applies both to applicants to medical school and to matriculated students who are under consideration for retention, promotion or graduation. The faculty has identified five essential domains in which candidates must demonstrate ability. A student may receive reasonable accommodation to demonstrate these abilities. However, the use of an intermediary, a person performing a task on the candidate’s behalf in a manner that compromises the candidate’s independent judgement, is not permitted.

### **Technical Standards**

- I. **Observation.** The candidate must be able to observe required demonstrations in the basic and clinical sciences. The candidate must also be able to observe patients accurately and to perform a complete medical interview and physical examination. These skills require the use or functional equivalent of vision, hearing, and touch.
- II. **Communication.** The candidate must be able to communicate effectively with all persons, including faculty, staff, colleagues, patients, and families. The candidate must be able to speak, listen, read and write effectively in English, and to interpret non-verbal communication.

- III. **Motor Function.** The candidate must be able, after appropriate training, to perform anatomic dissection, a complete physical examination, and basic clinical procedures. The candidate must be able to respond promptly to clinical situations. These skills require a degree of physical mobility and neuromuscular coordination.
- IV. **Cognitive, Intellectual and Quantitative Abilities.** The candidate must be able to assimilate the vast knowledge required of physicians, to solve complex problems, and to analyze and integrate information.
- V. **Behavioral and Social Attributes.** The candidate must demonstrate the maturity and emotional stability required for scientific learning, capable and compassionate patient care, and interaction with the healthcare team. The candidate must be able to contribute to collaborative learning environments, to accept constructive feedback, and to take responsibility for learning and improvement. The candidate must also be able to tolerate demanding workloads, to function effectively under stress, to display flexibility, and to adapt to changing environments.

The candidate must also possess the general physical and mental health necessary for performing the duties of a physician-in-training capably and safely.

All candidates must meet the goals and objectives of WCMC, with or without accommodations.

### **Ability to Meet Technical Standards**

All candidates are informed of WCMC's technical standards and policies. Before matriculation, every candidate must sign a document indicating that he or she has read the technical standards policy and meets WCMC's technical standards. WCMC students must continue to meet the Medical College's technical standards throughout their enrollment. All matriculated students must affirm annually that they continue to meet WCMC's technical standards, with or without accommodations.

### **Equal Access to the Educational Program**

WCMC has a history of providing equal educational opportunities to qualified applicants and enrolled medical students with disabilities. WCMC is committed to complying with the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and federal and state regulations, which require institutions such as WCMC to provide reasonable accommodations for students with diagnosed and documented disabilities. These acts cover applicants, students with disabilities, and students who develop disabilities throughout their education at WCMC.

Candidates with disabilities are reviewed individually, on a case-by-case basis in order to determine whether they satisfy the technical standards with or without reasonable accommodation.

### **Accommodation Process** (*see Disability Services section in the Student Handbook*)

Admission and promotion at WCMC is conditional on the candidate's willingness and ability to satisfy the technical standards, either with or without reasonable accommodation. Candidates are required to accept ongoing responsibilities for planning, managing, and expressing accommodation needs. They must immediately contact the Assistant Dean (Student Affairs) if they wish to request accommodations.

It is the responsibility of the candidate to provide current documentation of the general nature and extent of the disability, and the specific functional limitations that are proposed to be accommodated. WCMC reserves the right to request new or additional information.

Once the Assistant Dean (Student Affairs) gathers the appropriate documentation, he or she will work in consultation with Disability Services and the Promotions and Graduation Committee to determine whether the candidate meets WCMC's technical standards, with or without accommodations.

### **Effects of Infectious and Environmental Disease or Disability on Medical Student Learning Activities**

Students exposed to infectious or environmental disease or who develop a disability after matriculation must continue to meet the Medical College's attendance and technical standards and not pose a hazard to the public and to the Medical College.

If after infectious or environmental exposure the student develops a disability or disease posing a potential hazard the student will be referred to the Assistant Dean (Student Affairs) in accordance with WCMC Policies in the Student Handbook on "*Disability Services*" and "*Members of the Medical College Community Who Potentially Represent a Hazard to the Public and to the Medical College*" and the Policy on "Academics" section on Technical Standards Admission and Retention.

## **Attendance Standards**

*Medical Education Council approved edits to policy on June 16, 2016 (to better align foundational and clerkship years, and include AOC program)*

*Medical Education Council approved edits to policy on May 19, 2016 (to including new unexcused absence reporting method in Clerkship Years)*

### **Introduction and Background**

Students at the Medical College are physicians-in-training who are expected to carry out all academic responsibilities in a professional manner. Professional comportment is an essential and required component of becoming an effective physician. Students must handle absences from required Medical College activities in a manner that reflects a standard of professional responsibility for practicing physicians. At the same time the faculty of the Medical College recognize that students learn in different ways that include in-class and clinical experiences, independent study, digital media, scientific investigation and presentations, to name a few - many of which may compete for a student's time. A central concept to the attendance policy is that students provide the faculty with a timely and valid request and/or notification for absences from any required curricular activities. The faculty considers a student's honesty in presenting a reason for an absence to be the core principle that underlies all professional communication regarding the absence policy. Likewise, the student can expect that the faculty will apply the attendance policy in a way that is both fair and consistent, but which also considers a student's individual situation. When a student does not attend a required



session, and has not provided in advance an appropriate request for permission or explanation of the absence, as described below, the student is in violation of the standards of conduct required for students at the Medical College. This policy on student absences sets out the criteria and process for handling absences from academic duties; it also applies to students taking courses at the Medical College who are from other medical schools.

## **Rationale**

The integrated curriculum of the Medical College in the foundational years (first year and half) is designed to promote an engaging, collegial interchange of ideas among students and faculty in all sessions including large group formats such as lectures. Students are expected to attend all sessions and to participate. In some formats that involve collaborative work, attendance and participation will be assessed and both comprise an important element in the satisfactory demonstration of competence. The faculty have identified small groups that meet one or more of the following rationales as those learning formats in which attendance and participation will be assessed: 1) sessions that involve collaborative teamwork (e.g., anatomy dissection, case-based formats such as PBL or its equivalent, etc.) 2) sessions that involve interactive discussion (e.g., seminars that depend on student analysis, presentations, or discussion such as PBL, journal club, problem-solving, clinical case or ethics case analysis, etc.) or 3) demonstration of a skill (e.g., microbiology or physiology lab activities, interviewing, patient examination, OSCEs, simulations, first responder training etc.). Because respect for patients' time and participation in the learning process is tantamount, attendance will be assessed at all sessions, in large groups or small group formats that involve patients. In addition, students shall attend, on time, all sessions that specifically involve written or oral examinations. A student who arrives late will not ordinarily be allowed additional time on an examination. The faculty leadership of each foundational course (i.e., Essential Principles of Medicine Parts A & B; Health, Illness, and Disease Parts 1A and B; and Health, Illness, and Disease Parts 2A & 2B) will inform students in advance of which sessions meet the above rationale and involve the assessment of student attendance and participation.

The clinical phase of the curriculum mandates the full-time commitment of the student in all patient-care and didactic activities. The student's presence on the clinical floors of the hospital, clinics and physician offices is critical to the learning experience because it provides opportunities to observe and to participate in medical management decisions. Students are required to attend lectures, rounds, case presentations, conferences, clinics, on-call periods, and other experiences as designated by the course director.

The AOC Scholarly Project block time (i.e., Block 1 - of the third year and another two-month block period in the fourth year) requires that students engage full-time in work related to their scholarly project at an officially approved primary site. During this time, the student's schedule will be largely shaped by the needs of their research project, including the requirement that they attend all activities (e.g., lab or research meetings) directed by their research mentor. In addition, students are required to attend all required AOC-related sessions as specified by the AOC Program leadership.

Similarly, during the Translational Science, Advanced Clinical Ethics, and Transition to Residency Courses, attendance will be assessed in small groups that involve collaborative

teamwork, interactive discussion or demonstration of a skill, and in large group or small group formats that involve patients, and in any session as specified by the course director

## **Operational Issues**

Students have the right to speak with the Associate Dean for Education (Academic Affairs) at any time about questions they may have about the attendance policy itself or the concerns about the fairness in the application of the attendance policy.

## **Responsibilities of Students Regarding the Attendance Policy**

Students are expected to have read the attendance policy, to abide by it, inquire in advance of the course leaders if they are uncertain how it might apply in their situation, handle all inquiries and evaluations by the faculty in a timely and honest manner, and follow through with counseling and/or satisfactory completion of missed course work. Attendance is expected unless excused.

## **Responsibilities of the Faculty Regarding the Attendance Policy**

Faculty course and clerkship leaders are expected to implement the attendance policy as described above in way that is fair, transparent, consistent and measured in consequences for any violations. Faculty are expected, a priori, to indicate to students enrolled in their units how the policy will be implemented in their units. This should be done by a clear statement in the course, clerkship or AOC website and supplemented, if necessary, through class orientations, email clarifications, or other means.

Faculty leaders responsible for implementing the policy are expected to respond to student inquiries about the policy in a timely manner, consult with education deans as needed for advice, and evaluate student absences fairly and without preconceived assumptions or judgments.

## **Types of Absences**

### **Excused Absences: Planned (Brief)**

These are absences that can be anticipated and planned for in advance. These may include (but are not limited to):

1. Major family events or celebrations such as weddings involving immediate family, graduations, other family events of significance
2. Professional events and academic activities- presenting at a professional meeting, remediation of an academic encumbrance, NBME exam, residency interviews
3. Scheduled medical appointments
4. Religious holidays

There should be a request for permission a minimum of 30 days in advance of the anticipated absence, or as soon as the event is known. The student should request permission from the course director 30 days in advance of the beginning of the course, clerkship or sub-internship or as soon as the event is known. Students are also asked to request to be excused for scheduled medical appointments and to observe religious holidays. Since religious holiday dates are known well in advance, the 30-days or more advanced request process, as above, applies. In the case of scheduled medical appointments, students should request an excused absence as soon as the date of the event is known.

This same process of advanced notification applies for the AOC Scholarly Project block time, during which students are expected to work full-time during weekdays on their scholarly projects at the primary site. Students must notify and/or request permission of the AOC program director for all absences from work on their scholarly projects in addition to their faculty mentor; notification/request of the faculty mentor alone is NOT sufficient. In the rare case that a student needs to work on his or her project away from the primary site, he or she must obtain permission from the AOC Program Director in advance.

### **Excused absences: Emergent (Brief)**

Generally, the Medical College recognizes that emergent absences due to illness, personal emergency, or family emergency are not under the control of students and that it may be impossible for students to consult with course leaders prior to being absent for these reasons (“unplanned absences”). Nevertheless, it is incumbent upon the student to notify the designated faculty or course leader or the Assistant Dean (Student Affairs) as soon as these events occur or are known and no later than 24 hours after the missed session so that the Medical College may be assured of the student’s well-being and may make plans with the student regarding the resumption of regular activities.

Students with emergent absences must notify course directors as soon as the event is known. The “no later than 24 hours” clause does not mean that a student routinely has up to 24 hours after an emergent missed activity to notify the course director; rather it allows a feasible time frame for those students who are in a serious emergency that precludes immediate notification.

In addition, students with a recurrent pattern of excused absences, whether for illness or personal emergencies, will be referred to the Assistant Dean (Student Affairs) by the course director for evaluation and/or counseling.

### **Excused Absences: Emergent (Extended)**

Emergent extended excused absences (EAb) are granted at the discretion of the Assistant Dean (Student Affairs) in cases in which the student has had to be out on an Emergent (Brief) absence, and – given the circumstances – is expected to remain absent for more than 5 consecutive work/class days. An EAb will also be designated after a student has missed 6 or more work/class days within a 2-week period. It is important that a student be in contact with the Assistant Dean (Student Affairs) after 2 days of continuous absence if additional time will be needed. An EAb may not exceed 20 continuous work/class days (“4 weeks”), which

includes the first five days of the EAb, for courses in Phases 1, 2 or scheduled periods of Phase 3. Students who need to be excused for more time should consult the Assistant Dean (Student Affairs) about a formal medical or personal leave of absence.

The student on EAb should consult with the Assistant Dean (Student Affairs) on a regular, usually weekly, basis to review the status of the student's situation. If the EAb was granted for a medical reason, for a student to return to the curriculum, the Assistant Dean (Student Affairs) must be given documentation from the student's provider confirming that the student is able to resume the curriculum requirements. If the EAb was granted for a personal reason, the student should confer with the Assistant Dean (Student Affairs) before the EAb is to expire about his or her readiness to resume curricular requirements.

The student on an extended absence is not considered to be on formal leave of absence (see Leave of Absence section, below). In Phase 1 the student remains enrolled in course in the curriculum. In many cases the nature of the emergent reason for the EAb may permit the student to complete some required course work. The nature of the academic work that can be undertaken during the EAb should be negotiated with the student and the Assistant Dean (Student Affairs) in consultation with the course director. If after the EAb ends, the student was not able to make up missed sessions/ work requirements during the time period of the remaining course, the student will receive the grade of "Incomplete" when the course is finished and must make up missed workdays excused to the satisfaction of the course director within a specified time frame for the incomplete grade to convert to a passing grade (see section in handbook on grades). In phase 2 or 3 courses, the student may be withdrawn before the mid-point of the course or receive an incomplete grade if the student had already completed more than half of the course time. Ordinarily, students who are withdrawn from a course must retake the entire course at a later time to be scheduled by the Registrar; students who receive an "Incomplete" make up the time missed at a future time period to be scheduled by the Registrar. The student is encouraged to consult with the Assistant Dean (Student Affairs) and/or Associate Dean for Education (Academic Affairs) to so as to plan the optimal timing of the rescheduled course. Whenever possible, student on EAb should consult with the Offices of Financial Aid and Student Accounting to be apprised of any financial ramifications for the EAb and in the event that the EAb will need to convert to a Leave of Absence.

### **Unexcused Absences**

Absences without proper notification, including planned absences without prior request for permission or unplanned (emergent) absences without proper notification within 24 hours of the missed required session are considered "unexcused absences." In the clinical curriculum, requests for permission for planned absences must be made a minimum of 30 days in advance of the beginning clerkship or sub-internship or as soon as the event is known. Unexcused absences will result in sanctions that may include, but are not limited to, receiving a zero grade for the activity missed, receiving an official citation for unprofessionalism, receiving a "Marginal" grade in the learning unit or course or in serious cases, such as those affecting or interfering with patient care, receiving a "Fail" grade. Some voluntary absences are not considered reasonable by the Medical College. Actions such as purchasing tickets for travel to leave early or return later, or solely to obtain discounted fares or engaging in other elective activities on course instruction days are not acceptable practice.

Students who engage in such conduct must assume full responsibility for whatever ramifications in their performance assessment result from their actions, as described above, since these actions result in unexcused absences. Course leaders are not required to administer make-up examinations, equivalent or extra sessions to accommodate these voluntary unexcused absences.

## **Duration**

Generally, the time frame for an Emergent (Brief) excused absences is expected to be no more than five work/class days (including a Friday-Monday sequence). Emergent (Brief) absences expected to last more than two days and no more than five days require that the student notify the Assistant Dean (Student Affairs).

Emergent (Extended) absences of more than 5 days fall under the Extended Absence policy as described above.

Planned absences of more than two days require that the student first obtain the permission of the Associate Dean for Education (Academic Affairs), or if unavailable, the Associate Dean (Curricular Affairs), before requesting permission of the designated faculty or course leader. When a student is uncertain about whether an absence will be considered potentially excusable, he or she should consult one of the education deans (student affairs, academic affairs, curricular affairs) for advice.

## **Request and Notification**

Permission to be excused from a scheduled activity is to be sought by the student in writing (e-mail is acceptable). Students must ask for permission individually for themselves; they may not request permission for absences on behalf of other students. **Emergent absences** require written notification and **planned absences** require both permission and written notification in order to be considered excused. To ensure that the attendance policy is implemented fairly and consistently, students must notify and request permission of the course director or his/her designee (small group leader, preceptor, curriculum office staff, etc. are not sufficient). In the clinical curriculum, this means that students must notify and request permission of the Clerkship Director (e.g., Site Director, Clerkship Coordinator are not sufficient) or Sub-internship Director. Students may not negotiate an absence with the teaching faculty (e.g., a small group facilitator, office preceptor, ward attending, etc.), nor are the teaching faculty permitted by the policy to negotiate or arrange such absences (see “Faculty Observation and Reporting of Absences” below).

During the AOC Scholarly Project block time, students are expected to work full-time during weekdays on their scholarly projects at the primary site. Students must notify and/or request permission of the AOC program director for all emergent (“unplanned”) and planned absences from work on their scholarly projects; that is, notification/request of the faculty mentor alone is NOT sufficient. In the rare case that a student needs to work on his or her project away from the primary site, he or she must obtain permission from the AOC Program Director in advance.

Students who will be absent emergently (or are absent for reasons beyond the student's control), i.e., falling under the rubric of an Emergent (Brief) absence are expected to notify the course director or his/her designee before missing the required activity and no later than 24 hours of the missed session. In the case of anticipated absences, i.e., Planned (Brief), students are expected to request permission of the designated faculty or course director at least 30 days in advance of start of course or as soon as the date of the event is known in order to have the absence up for consideration as an excused absence. In the notification or permission discussion with the student, the course director will determine how the appropriate faculty or administrators are to be notified and the role of the student in this process.

In any discussion of a requested absence, the student must include an explicit discussion of:

- the reason for the absence;
- the student's plan to acquire the information missed;
- the arrangement by the student for coverage of all clinical or course responsibilities;
- the student's arrangements to identify and notify all teaching and clinical faculty, house staff, and students affected by the absence (typically those involved in a team effort or presentation); and
- the duration of the absence.

If the course director or their designees to be notified are not available in a timely fashion, are on vacation, or are away from the Medical College for other professional duties, the student should notify the Office of Academic Affairs in writing (e-mail).

Once a student has received an excused absence from the designated course directors, he or she should inform all teaching and clinical faculty, housestaff, and students affected by the absence (typically students involved in a joint presentation). In the case of unplanned, emergent absences, notification of all affected faculty and students may not be possible in advance.

### **Request and Notification by Categories of Absences**

#### **Illness/Medical issues: Emergent (Brief) and Planned (Brief)**

In the case of an individual's emergent illness, the student must notify the designated faculty or course director as soon as the student feels the illness will interfere with attendance ideally before the required activity and no later than 24 hours after the missed session. The student must discuss the points included under Request and Notification. If the student is unable to reach the course director or designated faculty member, the student must notify the Associate Dean (Student Affairs). If the student is too ill to attend scheduled educational activities, the faculty member may recommend that the student consult with the Assistant Dean (Student Affairs), or be seen in student health. Students should see Student Health (or their designated medical provider) for evaluation after 2 consecutive days of illness if they need to remain out for subsequent days. This is to ensure proper diagnosis and treatment and to avoid cases of

under-treatment for serious illness. Making up the missed work to the satisfaction of the learning unit or course leadership is mandatory.

Students should make every effort to schedule non-emergent medical appointments for times that do not conflict with class sessions or required clinical activities. The medical college recognizes that this may not always be possible. For scheduled non-emergent medical appointments, students must notify the course director or his/her designee as soon as the student is aware of the appointment date in order for this to qualify as an excused absence. Course directors and faculty are not permitted to penalize students who miss class or required clinical activities as a result of attending to medical appointments. If the student knows of more than one medical appointment that will take place over a period of 4 weeks, the student may choose to first confer with the Assistant Dean (Student Affairs) about their scheduled appointments to discuss best practices for requesting these absences.

### ***Personal/family emergency***

In the case of personal or family emergency, i.e., Emergent (Brief), the student must notify the designated faculty or course director(s) as soon as the student is aware of the emergency and no later than 24 hours after the missed session. The student must discuss the anticipated length of the absence as fully as possible with the designated faculty or course director, and must arrange for a way to be in communication with the Medical College to monitor the course of events. As noted above, if the absence exceeds or is expected to exceed two days the student must notify the Assistant Dean (Student Affairs). In cases where the time frame is not clear, the student must discuss a plan to provide periodic updates on the situation. Making up the missed work to the satisfaction of the designated faculty or course leadership is mandatory.

### ***Planned Major family events***

Absences from class to attend major family events (which are scheduled by others without consideration of the student's schedule), i.e., Planned (Brief) require permission of the designated faculty or course leader(s), at a minimum of 30 days in advance of the absence or start of the clerkship, or as soon as the event is known; see Types of Absences – Excused absences: Planned (Brief). If the activity extends for more than two days, the student must consult with the Assistant Dean (Student Affairs). Making up the missed work to the satisfaction of the course leadership is mandatory and the course director's decision is final.

### ***Professional off-campus events***

Academic activities (professional meetings, paper/research presentations) that interfere with course instruction days must be discussed with the designated faculty or course leader(s). In the clinical curriculum, there should be a request for permission a minimum of 30 days in advance of the beginning of the clerkship or as soon as the event is known. The discussion, which is a request for permission to attend the academic activity, must include a statement of the student's exact role in the academic activity, the mechanism for making up missed course content, the student's plan for covering all responsibilities, and notifications as discussed above. With timely notification and permission a student will ordinarily be excused if he or she is presenting a poster or oral session or attending as a designated representative of an

approved URiM Student Educational/Professional Development conference (for clarification, course leadership may reach out to the Office of Student Diversity/Student Affairs). In the case of professional conferences, the student should describe how the conference would provide added value above that of the required curriculum to the student's learning and/or career plans. In the foundational science curriculum, in addition to discussion with the designated faculty or course leader(s), the student must also obtain permission from any learning unit leaders or small group leaders that will be impacted by the absence. The course leadership may take into account the student's academic standing in the course in the decision to grant permission for these types of absences. Excused absences will be limited to no more than a total of 2 research and/or professional development conferences. If the activity extends for more than two days, the student must consult with the Associate Dean (Academic Affairs). Making up the missed work to the satisfaction of the course leadership is mandatory and the course leadership decision is final.

### **Other off-campus events**

The College recognizes that students may wish to participate in many off-campus events such as charity fundraisers, political campaigns, athletic competitions, etc. The faculty understands that these activities may be rewarding and valuable, but considers that a student's first priority is his or her immediate scholarly preparation to become a competent physician. Accordingly, attendance at events such as these on instructional days in which attendance and participation is assessed (e.g., specified small groups, clinical work, exams etc.) will not be considered excused absences.

### **Residency interviews**

It is not recommended that students schedule required course work during the time that they will be interviewing for residency programs. There should be a request for permission as soon as the interview event is known, and any absences attributed to interviews for residency programs must be discussed with and approved by the course/clerkship director prior to their occurrence.

### **Sub-internships**

Because of the high level of responsibility on sub-internships, sub-interns are expected to work every assigned day for the entire rotation. Medical College holidays are not automatically excused and the student may be assigned to work on these days. If the student must miss clinical responsibilities for any reason, the request for permission or notification should be made as soon as the event is known and, following approval, the student must be willing to help in making coverage arrangements. The sub-internship director has full discretion to determine if the work performed by the student satisfies the course requirements.

### **Religious Holidays**

The Medical College recognizes that the members of its community, including students, observe a variety of religious faiths and practices. Few of the various religious days of observance are part of the Medical College's holiday calendar. However, the Medical College recognizes and respects the religious beliefs and practices of its students and will



accommodate them reasonably within the requirements of the academic schedule. As a result, the Medical College will not penalize a student who must be absent from a class, examination, study, or work requirement for religious observance. Students who anticipate being absent because of religious observance must, as early as possible and in advance of an anticipated absence of a day, days or portion of a day, request permission for the absence from the designated faculty or course leader(s).

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

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

No adverse or prejudicial effect shall result to any student who takes advantage of the provisions of this policy. If a student believes that they are not being granted the full benefits of the policy, and has not been successful resolving the matter with the course director, the student may confer with the Associate Dean for Education (Academic Affairs). In the event a student continues to believe that they are not receiving the benefits of this policy, the student may file an appeal under the appeal provision of the policy on Promotion and Graduation.

### **Jury Duty**

New York State has rigorous regulations regarding service on juries and does not allow students to be excused from jury duty.

A student who receives a jury duty notice from New York County should contact the Assistant Dean (Student Affairs) as soon as they receive the jury notice. If the student cannot make the dates assigned because they are scheduled for a class, clerkship, or elective, they should call the number provided on the jury notice, explain that they are a medical student, and offer another two-week period to serve. The student may be asked to go to the court clerk to discuss the situation in person. There is no guarantee that students will be allowed to postpone jury service, but one's willingness to make oneself available during the next break or vacation may aid the request. Students who repeatedly postpone jury service eventually will be required to serve, regardless of their academic schedule. Students should complete their jury service if they are not scheduled for class during the dates on their original jury summons.

Students who receive a notice for Grand Jury service or from a jurisdiction other than New York County should contact the Assistant Dean (Student Affairs) as soon as they receive the jury notice.

## **Time Conflicts between Classroom and Clinical Activities**

In the Phase 1 curriculum (first 1.5 years of the curriculum) classroom sessions and clinical activities are usually not scheduled simultaneously. In the longitudinal patient program known as LEAP, in which students in teams follow a panel of patients over time, but do not have primary patient care responsibilities, some patient activities may conflict with classroom activities, including examinations. The leadership of the LEAP program sets forth a hierarchy of specific clinical scenarios in which students may be asked to weigh these competing demands. In all cases in which attendance at a patient activity conflicts with attendance at an in-class session in which attendance is part of the academic assessment, students are expected to provide timely request and notification to the designated course leaders. Students who have questions about the attendance policy as it pertains to LEAP should contact the LEAP faculty leadership.

In Phase 2 and 3 of the curriculum (clerkships, sub-internships, and clinical electives) when students are part of a patient care team, as a general rule, the care of one's patient takes precedence over attendance at in-class didactic sessions or conferences. However, because these conflicts can never be totally free of ambiguity, students are advised to follow the directives of their course directors and their faculty supervisors.

## **Faculty Observation and Reporting of Student Absences**

To ensure that the attendance policy is fairly and consistently implemented, the teaching faculty in learning units and clerkships are not allowed to excuse students from class or clinical sessions. All requests for an absence should be referred to the course directors or their designee for evaluation. Faculty members who note that a student is absent from a session in which attendance is being assessed and is not known to have the permission of the course director should notify either the course director directly or the curriculum office in Phase 1; the clerkship course director in the Phase 2 and 3; and the AOC program director, or the course director of the required courses in the AOC Scholarly Project block 1 time (i.e., Advanced Clinical Ethics and Translational Science). Faculty mentors of students in the AOC Scholarly Project should notify the AOC program director of any mentees who are absent from required activities specified by the research mentor (e.g., lab meetings, team research presentations, etc.). These course directors, in turn, should notify the Office of Academic Affairs of any unexcused absences of more than one day's duration. In order to track absences longitudinally and for potential P&G purposes, both excused and unexcused absences should be reported by the course directors to the Basic Science Coordinator in the foundational science curriculum and to the Clinical Curriculum Manager for the clerkships and sub-internships.

## **Making Up Absences and Reporting**

The work or activities that are missed from academic programs, *regardless of the reason for the absence*, must be made up. In the Phase 1 curriculum, the student is required to make up all course assignments, and may be required to make up additional activities at the discretion of the unit and/or course director. If there is an issue with resolving an absence or with the process for making up missed course work that is not resolved with the learning unit or

course leadership, the student may confer with the Associate Dean for Education (Academic Affairs).

In the Phase 2 and 3 curriculum, for Emergent (Brief) absences, i.e., related to health or urgent personal matters, and Planned (Brief) absences related to professional events or academic activities, students will be responsible only for making up required coursework up to 10% of the total time of the clerkship/clinical course. For any Planned (Brief) absence related to major family events that has been approved as excused, any unexcused absence, and when total time for excused absences exceeds 10% of the total time of the clerkship/clinical course, both required coursework and clinical time must be made up. The clerkship/course director has the discretion to ask a student to make up clinical time even if the 10% mark is not reached, based on the manner in which the student's absences affect the student's ability to fully meet the learning objectives of the course. The clinical activities that constitute the make-up time are at the discretion of the clerkship/clinical course directors and should be scheduled during the timeframe of the clerkship/clinical course.

## **Consequences of Unexcused Absences**

In the foundational years, students who incur their first unexcused absence in a course (i.e., Essential Principles of Medicine, all parts or Health, Illness and Disease, all parts) will receive an email message from the course director advising them of their violation of the attendance standards. In addition, the absence will be noted in the student performance profile on record in the Office of Curriculum and Educational Development. A second unexcused absence in that course will result in mandatory meeting between the student and the course director and the filing of an official report of unprofessional behavior known as a professionalism report (PR), and a notation in the student's official academic record in Academic Affairs. A third unexcused absence in the same course will result in the student's receiving a grade of "Marginal" for that course which will remain in the student's official academic record, but which will not be recorded on the student's transcript. In addition, the student will receive another professionalism report and may be required to complete an appropriate remedial assignment such as a reflective essay on professionalism. The student will be required to meet with the Associate Dean for Education (Academic Affairs) or other designated education dean for further evaluation of the reasons for persistent absences. Upon a satisfactory completion of mandatory meeting, and/or any other additional recommended meetings or counseling sessions or remedial assignments, the grade of "Marginal" will be converted to a grade of "Pass" for the purposes of the transcript but a notation will remain in the student's record of the absences. Students who incur an additional unexcused absence may be required to participate in additional evaluation and investigation as deemed appropriate by the Senior Associate Dean (Education). Students who accrue three grades of "Marginal" on the official academic record may be subject to review by the Promotion and Graduation Committee. (See "Promotion and Graduation Standards and Procedures")

In the clinical years, where patient care responsibilities are the primary focus of the student, any unexcused absence will result in immediate evaluation and investigation by the clerkship director, followed by a warning e-mail from the Assistant Dean (Clinical Curriculum). Each unexcused absence will be reported to the Assistant Dean (Clinical Curriculum) and the

Clinical Curriculum Manager who will track these across clerkships and sub-internships. In keeping with the policy for the foundational science curriculum, 2 unexcused absences across clerkships (i.e. during the clerkship years) will result in the filing of a professionalism report by the clerkship director in which the second unexcused absence was incurred. Three unexcused absences across clerkships will result in a “Marginal” in the clerkship during which the third unexcused absence occurs, the filing of a professionalism report and remedial assignment such as a reflective essay or additional clinical activities as appropriate. During the Sub-internships, one unexcused absence will result in a “Marginal” grade, the filing of a professionalism report and remedial assignment. Depending on the scope and circumstances of unexcused absences and clinical activities missed, a student may also receive a “Marginal” or “Fail” in either a clerkship or sub-internship. This is at the discretion of the course director in consultation with the Associate Dean for Education (Academic Affairs) and other relevant education deans.

Remediation may include reflective essays and/or appropriate educational activities, meetings and/or counseling by the Senior Associate Dean (Education) or the Associate Deans (Academic or Student Affairs). All missed assignments and clinical activities must be made up, and may include the possibility of repeating a clerkship or sub-internship in part or in its entirety and this plan will be at the discretion of the Associate Dean for Education (Academic Affairs) in consultation with other relevant education deans and the course director.

In the period devoted to Areas of Concentration, the student’s research mentor will notify the course leadership of the AOC program, typically a pathway director or the AOC program director, of any persistent unexcused student absences. The course leadership of the AOC will evaluate the reasons for the absences and, if warranted, depending on the pattern and types of missed activities, record such absences in the student’s official academic record and/or require that missed sessions be made up. The consequences of unexcused absences from required sessions of courses that occur during AOC Scholarly Project block time (i.e., AOC SP-related required sessions, Translational Science, and Advanced Clinical Ethics are identical to those as specified for unexcused absences incurred during the foundational years (see above). For continued persistent absences, the AOC director will consult with the Associate Dean for Education (Academic Affairs) about additional evaluations, stipulations or sanctions.

The course directors of electives that students take as part of the required course for the completion of the MD degree program, after appropriate determination that an absence is unexcused, should report such absences to the Associate Dean for Education (Academic Affairs) for further evaluation and/or measures.

Students who take electives or pursue degree programs at institutions other than WCMC are expected to comply fully with the absence policy as set forth by that institution and to incur consequences of its violation as determined by that institution. Evaluations/grades received from the institution will become part of the student’s official academic record at WCMC.

A summary of the procedures for lapses in attendance is shown in the table below:

	Phase 1 or 3 Course or Phase 2 as a Whole <sup>2,3</sup>	Sub-Internship
First Unexcused Absence <sup>1</sup>	<ul style="list-style-type: none"> <li>Warning e-mail from course director (Phase 1) or ADCC (Phase 2)</li> </ul>	<ul style="list-style-type: none"> <li>Professionalism report issued (signed by student and director)</li> <li>Meeting with course director to discuss remedial assignment and consequences for subsequent unexcused absences</li> <li>Marginal grade assigned (removed upon successful remediation)</li> <li>Associate Dean, Academic Affairs issues letter</li> </ul>
Second Unexcused Absence	<ul style="list-style-type: none"> <li>Meeting with course director to include warning about consequences for next unexcused absence</li> <li>Professionalism report issued (signed by student and director)</li> </ul>	
Third Unexcused Absence	<ul style="list-style-type: none"> <li>Meeting with course director to discuss remedial assignment (e.g., reflective essay, etc.), and consequences for subsequent unexcused absences</li> <li>Professionalism report issued (signed by student and director)</li> <li>Marginal grade assigned (removed upon successful remediation)</li> <li>Associate Dean, Academic Affairs issues letter</li> </ul>	

Content missed must be made up to satisfaction of course director. Assignments to remediate professionalism might include a reflective essay on responsibility to patients, professional colleagues, etc.

Footnotes

<sup>1</sup> Unexcused absences from multiple required activities on the same day count as one absence.

<sup>2</sup> Phase 1 courses include EPOM and HID 1 and 2

Phase 3 courses include AOC (Work in Progress groups or other required didactics), TS, ACE, HCP, TTR, electives

<sup>3</sup> Absences accrue across Phase 2, i.e., are not “reset to zero” for each clerkship. The sanction relevant to the accrued number of absences are issued by clerkship director in which that absence occurs (e.g., a student incurs a first unexcused absence in pediatrics, a second in neurology, and a third in surgery → the “sanctions” for a third unexcused absence would be administered by the surgery director)

## Leaves of Absence

A leave of absence is defined as “a temporary period of non-enrollment,” and may be granted for several reasons, including due to academic, personal or medical needs. The standards for, and the process of, each type of leave is described below (Types of Leaves). All leaves of absence will be entered on the Transcript as “Leave of Absence” with no distinction among the different types of leave.

### Obligations and Implications

The leave of absence does not relieve the student of obligation to comply with the policies and procedures of the Medical College, including, but not limited to, those standards governing course remediation and repetition, completion of academic work and time frames for completion of the Medical College curriculum. Taking a leave of absence may have implications for student loan deferment/repayment status, housing, healthcare coverage, or financial aid eligibility. Students should investigate these implications, where relevant to the students’ personal situations, prior to applying for a leave of absence. The Senior Associate Dean (Education) has discretion regarding a leave status and the continuation of Medical College benefits or services, such as housing, healthcare coverage, and utilization of Medical College facilities. All students who are approved for any type of leave of absence will be charged a fee in order to continue their student status with the Medical College. Students on leave may also be charged other fees to continue to receive Medical College benefits or services.

During a Leave of Absence a student is not enrolled in a WCMC Medical College course and is not permitted to undertake College course assignments, or participate in its classes or exams. The student is also not required to complete required academic milestones that are not part of the course but which may fall during the time period of the leave. Per the policy of the National Board of Medical Examiners, the registrar may certify that student on leave can take a USMLE step examination.

### Timeframe

Leaves generally are granted for a defined period. The endpoint of the leave is ordinarily at the end of the Spring semester (June 30) or the Fall semester (Dec 31). Students may not return from a leave of absence during the same semester during which they went out on leave; in effect, the student returns at the start of a semester, i.e., July 1 (Fall) or Jan 1 (Spring). Students may request an extension of their leave of absence. An extension can only be granted after consultation with the designated medical education dean, i.e., Assistant Dean (Student Affairs) or Associate Dean for Education (Academic Affairs) for personal/medical and academic leaves of absence, respectively. The designated dean will then, if approving the student’s request, make the formal recommendation to the Senior Associate Dean (Education), who may grant the extension. Any request for an extension should be made at least 30 days before the date of expected return. Students who do not return to full-time status at the end of an approved leave, and who have not applied for and been approved for continuation of their leave of absence status, will be considered to have withdrawn from the Medical College. Under certain circumstances, a student who wishes to return from a leave may have to satisfy previously set conditions for return.

## **Types of Leaves**

### **Academic**

Students who have been granted admission to pursue a different course of study or degree at another institution may request an academic leave of absence for the period they are matriculated at the institution for the course of study (for example, one academic year). To apply for an academic leave, a student must submit a copy of the letter of admission to the degree program, along with a written request for a leave, to the Associate Dean for Education (Academic Affairs) who may recommend it to the Senior Associate Dean (Education). The request must include the beginning and ending dates of the program to which the student has been admitted. Students are expected to return to the medical school curriculum as full-time students after the end date of the academic leave. Academic leaves will not exceed two academic years.

### **Medical**

A medical leave of absence is granted by the Senior Associate Dean (Education) upon the recommendation of the Assistant Dean (Student Affairs), the student's treating physician and/or an administrative physician consultant appointed by the Medical College. Documentation from a medical provider is not required for initiating a medical leave. The purpose of the medical leave is to enable students to seek treatment for a health-related condition that interferes with the student's ability to undertake the curriculum or that poses a threat to the health and safety of the student or others. The term of the leave is for a period up to one year, based upon the recommendation of the treating physician and/or administrative physician consultant. Ordinarily, the leave of absence will terminate at the end of either the Fall or Spring semesters and exceptions may be made only in extreme cases by the Assistant Dean (Student Affairs). The leave may be extended for up to a second and final year based upon the recommendation of the treating physician and/or an administrative physician consultant. To return from a medical leave, the Assistant Dean (Student Affairs) must be given documentation from the student's provider confirming that the student is able to resume the curriculum requirements. Student medical issues are confidential and not maintained as a part of the academic record.

### **Personal**

The Senior Associate Dean (Education), upon the recommendation of the Assistant Dean (Student Affairs), grants a personal leave of absence. A personal leave enables a student to take time off, in extenuating circumstances, to address issues of a personal nature, including those related to the health and well-being of a family member or partner. Personal leaves may not exceed one year; however, requests by students to extend their personal leave into a second year will be considered under exceptional circumstances. Ordinarily, the leave of absence will terminate at the end of either the Fall or Spring semesters and exceptions may be made only in extreme cases by the Assistant Dean (Student Affairs). To apply for a personal leave of absence, students are required to discuss their needs with the Assistant Dean (Student Affairs).

### **Leaves Initiated by the Medical College (Administrative Leave)**

Under certain circumstances, a student experiencing difficulty in the medical school program may be permitted, or required, to take a leave of absence. The process for the leave is explained in the Promotion and Graduation Standard and Procedures.

## **Return to Medical Studies from Leaves of Absence**

Prior to returning, the student should be in communication with the Medical College to notify the relevant offices of their anticipated return. The student should confirm with the Assistant Dean (Student Affairs) that they are returning from leave on the pre-scheduled date of return no less than 30 days before that pre-scheduled date. As part of the confirmation, the student should submit all required documentation that was stipulated in the LoA agreement (e.g., medical clearance from provider, registrar forms, the WCMC Intent to Return form). The student should also review their status with respect to student loan deferment/repayment status, housing, healthcare coverage, or financial aid eligibility.

At the time a leave of absence is granted, the Medical College determines the length of the leave and the conditions, if any, for a return from the leave of absence. Extensions of a leave of absence are not automatic, even if within the time frame permitted for the category of leave. A student who determines that he or she is not returning at the time scheduled for a leave to end should notify their intent to extend by emailing the Assistant Dean (Student Affairs) as early as possible before the scheduled return date and no later than 30 days prior to the scheduled return date. This will allow time for the student to confer with the Assistant Dean (Student Affairs) if needed about the extension request. The Assistant Dean will request that the Senior Associate Dean (Education) review the extension request no less than 2 weeks before the date of scheduled return. These time periods will enable a student to learn whether or not an extension of the leave of absence can be granted, or if the student needs to make other arrangements.

If a student does not return from a leave at the conclusion of the set time period, and has not received an extension in writing, the individual will be deemed to have withdrawn from the Medical College. Similarly, if a student has not satisfied the criteria to return, if any, and has not received an extension in writing, he or she will be deemed to have withdrawn. No further action will be necessary to finalize the withdrawal.



# Standards of Conduct

## Standards of Conduct

The Medical College requires that faculty, students, and staff abide by fundamental standards of conduct expected of the members of the medical college community in their interactions with each other. Membership in the Medical College community for students is more than an academic commitment; it connotes a willingness by the student to act as a responsible medical professional. Participation in the medical college community by faculty is more than instructing the next generation of medical professionals; it is a commitment to serve as mentor and role model of the standards of the medical profession. Inherent in the concept of a medical professional is an underlying integrity and ethical foundation that defines the tone and culture of the teacher-learner environment at the Medical College.

It shall be the responsibility of the students and faculty of the Medical College to uphold the integrity and ethical standards of the community to the fullest extent possible. The standards of conduct listed below set forth general responsibilities of students and faculty in a teacher learner environment. The full range of responsible conduct cannot be set forth in any policy document. Accordingly, students and faculty should view these enumerated responsibilities as an illustration and should strive to comply with both the letter and the spirit of these standards of conduct.

This section also describes the guidelines and policies that will apply when there has been a failure to comply with the standards.

In order for students to be permitted to continue their studies at the Medical College, students must demonstrate a range of skills and abilities, such as good judgment, the ability to synthesize and apply knowledge, and evidence that they are capable of becoming safe and effective physicians.

Students must also demonstrate professionalism. Weill Cornell defines Professionalism as demonstrated competency in the following four domains: responsibility, self-improvement, relationships with patients, and relationships with the healthcare team and systems. Specific areas/examples of competency in each of these four domains are listed below.

1. Responsibility, Integrity and Ethics
  - Attendance at required classes and clinical encounters
  - Reliable, timely performance of educational and clinical responsibilities
  - Accurate, honest reporting of information
  - Personal comportment: dress, grooming, hygiene, conduct
2. Self-improvement
  - Accepting constructive criticism
  - Modifying behaviors appropriately
3. Relationships with patients
  - Establishing rapport

Sensitivity to patient needs and perspectives  
Advocacy  
Confidentiality and decorum

4. Relationships with colleagues, the healthcare team and systems  
Respect for, and cooperation with, all colleagues  
Appropriate use of medical records

The following are examples of conduct that are not suitable for students at the Medical College:

- knowingly or carelessly representing the work of others as one's own;
- using or giving unauthorized assistance in any academic work;
- restricting the use of material used to study in a manner prejudicial to the interest of other students;
- purposely misleading or giving false information; falsifying or fabricating information/data;
- cheating; committing a breach of academic and/or professional integrity;
- repetitively or egregiously failing to fulfill professional requirements and responsibilities during your medical school tenure;
- committing an act of physical abuse or violence of any kind;
- sexual or other prohibited forms of harassment;
- sharing confidential or inappropriate information (including but not limited to, photos, images, text or video) on the internet or any form of electronic media;
- accessing confidential or protected information without proper authorization;
- being repeatedly absent, unexcused, from a required course;
- failing to respond in a timely way to communications (phone calls, emails or other correspondence) from the administration, faculty, course leadership or their representatives.

A student, or group of students, knowing of any situation in which a violation of any of the standards of conduct set forth above may have occurred is responsible for providing any such information in writing to the Senior Associate Dean (Education). Faculty are similarly required to report a violation to the Senior Associate Dean (Education). Each student shall be bound by standards of conduct described above and shall be presumed to be familiar with the above provisions.

When a student's conduct while matriculated at the Medical College raises a question about his or her suitability for the practice of medicine, upon the recommendation of the Promotions & Graduation (P&G) Committee, the Senior Associate Dean (Education), shall appoint an *ad hoc* committee of faculty to review the matter. The *ad hoc* committee (Committee) is composed of not less than two senior faculty members, and is appointed by the Dean at the request of the Senior Associate Dean. The *ad hoc* committee is charged and briefed on the circumstances of the case by the Senior Associate Dean (Education). The *ad hoc* committee determines the scope, manner and extent of its review, consistent with the information provided by the Senior Associate Dean (Education) and the P&G Committee. The Committee conducts a thorough investigation of the facts of the case with the assistance of the relevant WCMC administrative offices and prepares a report with its findings and recommendations.

The student involved receives, in writing, a notice of the request for the appointment of the *ad hoc* committee, the membership of the *ad hoc* committee, and the details of the concerns under consideration by the *ad hoc* committee regarding the student's suitability for the practice of medicine.

The student has the right to appear before the *ad hoc* committee in order to present his or her position on the claims raised and his or her continued suitability. The student may be accompanied by an advisor (such as a family member, faculty member and/or counsel) who may assist the student but will not be a participant in the proceeding before the *ad hoc* committee; the student will remain responsible for acting on his or her behalf in the process.

The *ad hoc* committee provides the Senior Associate Dean with a report of its findings and recommendations.

These recommendations are reviewed and acted on by the P&G Committee which may adopt, reject or modify the *ad hoc* committee's recommendations, or request that the *ad hoc* committee conduct further review. The Senior Associate Dean (Education) informs the student of the decision of the P&G Committee. The student has the right to appeal the decision to the Appeals Committee.

### **Interim [Substance Abuse Policy](#)**

It is the policy of Medical College to comply with federal, state and local laws to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by all students and employees on school premises or as part of any of its activities. The Medical College recognizes that substance abuse is detrimental to an individual's health and may jeopardize an individual's health and safety.

#### **Programs and Services Available**

The Medical College offers aid and provides on-campus support services to students who seek help for a drug or alcohol problem. Support services are available for students at Student Health Services, (646) 962-6942. Drug-free awareness and alcohol treatment programs available in New York City are:

- 1-888-NYC-WELL (1-888-692-9355), text "WELL" to 65173, or visit [nyc.gov/nycwell](http://nyc.gov/nycwell), New York City's 24/7 mental health crisis and access line;
- National Drug and Alcohol Treatment Referral Routing Service, (212) 662-4357;
- New York & Presbyterian Hospital OTP Opioid Outpatient Treatment, (212) 746-1252;
- Alcoholics Anonymous NYC, (212) 870-3400;
- Marijuana Anonymous, (917) 525-3653.

Additionally, Weill Cornell expects that those who plan to use alcohol as part of their activities will do so responsibly and lawfully.

### **Standard of Conduct and Sanctions**

The Medical College recognizes the importance of maintaining the safety and well-being of all individuals in the community and to that end, we require adherence to the following guidelines and rules concerning unlawful possession, use and distribution of drugs and controlled substances:

- Illegal possession of, distribution of, or trafficking in any drugs, or the abuse of drugs or illicit use of mind-altering drugs, or the abuse of drugs or alcohol are violations of Medical College policy.
- Such violations are not in accord with the Medical College's requirements of fitness or suitability for medicine as stated in the section on Qualifications for Admission and Advancement in the Weill Cornell Medical College Announcements and the section on Student Suitability for Medicine in the Student Handbook.
- Alleged violators of these policies will be reviewed according to the procedures employed to determine a student's fitness or suitability for medicine.
- Upon finding evidence of the unlawful possession, use, or distribution of drugs on its campus, non-campus controlled property or in its activities, a student may be subject to appropriate disciplinary action, including, but not limited to, probation, suspension, or dismissal.
- Observation of this policy is a condition of enrollment. Students may also be required to complete an appropriate rehabilitation or re-entry program as a condition of re-enrollment or continued enrollment in the Medical College.

### **Legal Sanctions**

Federal and New York State laws provide many legal sanctions for the unlawful possession or distribution of controlled substances. These sometimes include severe criminal penalties such as fines and/or imprisonment. The severity of the penalty depends upon the nature of the criminal act and the identity and amount of the illicit drug involved. Some examples are: (1) Possession of LSD with intent to sell can result in up to seven years in prison; (2) sale of marijuana to a person under the age of 18 years can result in up to seven years in prison; (3) the possession of four or more ounces of cocaine, or the sale of two or more ounces, can result in a minimum of 15-25 years, and a maximum of life in prison.

**Alcohol:** It is illegal in New York:

- For anyone under the age of 21 to possess with the intent to consume alcohol. A violation can mean up to a \$50 fine.

- For anyone of any age to give or sell alcohol to anyone under the age of 21, to anyone who is already drunk, or to anyone who is habitually drunk. A violation can mean three months in jail and up to a \$500 fine.
- To practice medicine when impaired by alcohol (or any mind-altering drug), or for a licensed physician to be a habitual alcohol or drug abuser. A violation can mean loss of professional license and up to a \$10,000 fine.

### **Associated Health Risks**

The Medical College recognizes the convincing medical evidence that the use of illegal drugs and substances poses a significant threat to health and condemns the use of such drugs and substances as harmful to the physical and psychological well-being of the user and the well-being of the Weill Cornell community. Associated health risks with drugs and alcohol abuse include, but are not limited to: malnutrition, brain damage, heart disease, pancreatitis, cirrhosis of the liver, mental illness, death, low birth weight babies, and babies with drug addictions.

The Medical College will not condone criminal activity on its property, or on property under its control, and will take appropriate action whenever such conduct is discovered to enforce the law and its own internal regulations.

### **Statement on Drug and Alcohol Abuse**

Federal and New York laws and University regulations prohibit the illegal possession, use and distribution of illicit drugs and alcohol.

The unlawful manufacture, distribution, dispensation, possession, use of an illicit drug, alcohol or controlled substance by any member of the Weill Cornell Medical College community, including employees, faculty members, students and visitors, is prohibited at all Cornell facilities (including residences) and activities. Appropriate action including termination and/or dismissal will be taken for violations of the foregoing prohibition.

The University will not condone criminal conduct on its property, or at Cornell or student sponsored activities, and will take appropriate action whenever such conduct is discovered to enforce the law and its own internal regulations. Violators of Federal and state laws may also be referred to appropriate civil and criminal authorities for prosecution.

### **Drug-Free Workplace Policy and Statement**

The Drug-Free Workplace Act of 1988 requires Weill Cornell Medical College, as a Federal grant recipient and contractor, to certify that it will provide a drug-free workplace by, among other actions, requiring that each person engaged in a Federal grant or contract (including personnel and consultants) be given a copy of this Statement and notifying such person that as a condition of participation in such grant or contract, the person will:

- abide by the terms of this Statement; and

- notify the person's supervisor, department chairperson, or dean of any criminal drug statute conviction (including acceptance of a guilty plea by a judicial authority) for a violation occurring in the workplace no later than five (5) days after such conviction.

Weill Cornell Medical College shall, within thirty (30) days after receipt of notice, take appropriate action against such person up to and including termination or dismissal, and/or require such person to satisfactorily participate in a drug assistance or rehabilitation program.

## **Research**

For the official policy and procedures governing research integrity at Weill Cornell Medical College and Weill Cornell Graduate School of Medical Sciences, please visit:

<https://research.weill.cornell.edu/research-integrity-officer-rio>

# Learning Environment

## Anti-Discrimination Policy Statement

Cornell University has an enduring commitment to support educational equity and equal employment opportunities by affirming the value of diversity and by promoting an environment free from discrimination. Cornell University Policy 6.4 applies to Weill Cornell Medicine, [https://www.dfa.cornell.edu/sites/default/files/vol6\\_4.pdf](https://www.dfa.cornell.edu/sites/default/files/vol6_4.pdf)

Association with Cornell, either as a student, faculty, or staff member, involves participation in an inclusive community where all people are valued, and each person is recognized and rewarded on the basis of individual performance and contributions to the Cornell community.

Cornell University's history of diversity and inclusion encourages all students, faculty and staff to support a diverse and inclusive community in which to work, study, teach, research and serve.

No person shall be denied admission to any educational program or activity or be denied employment on the basis of any legally protected category including, but not limited to, race, color, creed, religion, national or ethnic origin, marital status, citizenship, gender, sex, sexual orientation, gender identity or expression, age, disability, or protected veteran status. The requirement not to discriminate on the basis of sex in the education program or activity that Cornell University and Weill Cornell Medicine (Weill Cornell) operates under is Title IX and 34 CFR Part 106, as well as relevant city and state laws. Weill Cornell Medicine is an affirmative action/equal opportunity employer.

<https://hr.cornell.edu/our-culture-diversity/diversity-inclusion/equal-opportunity-and-affirmative-action/equal-education>

See also, Weill Cornell Medicine's Policy 206, Prohibited Discrimination, Harassment, Retaliation and Sexual Misconduct, <https://hr.weill.cornell.edu/policies/206-prohibited-discrimination-and-harassment>

<https://medicaleducation.weill.cornell.edu/student-resources/teaching-learning-environment-and-student-mistreatment>

## Sexual Harassment

Sexual harassment is sex discrimination and is therefore illegal. The Weill Cornell Human Resources Department, Office of Institutional Equity and the Title IX Coordinators are available to assist all members of the Weill Cornell community with sexual harassment complaints or questions. Weill Cornell also provides training on the prevention of sexual harassment.

### Title IX and Sexual Misconduct

The U.S. Department of Education's [Office for Civil Rights](#) (OCR) enforces Title IX of the Education Amendments of 1972 prohibiting discrimination on the basis of sex in education programs and activities. Title IX protects people from discrimination based on sex in education programs or activities that receive Federal financial assistance. Title IX states that:

No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance.

Weill Cornell Medicine is subject to and in compliance with the Title IX statute and regulations. The regulations nevertheless require that you be informed of their provisions and these are summarized below:

*For students*, the regulations prohibit any act or policy which discriminates on the basis of sex or which has the effect of causing such discrimination. Specifically, the regulations prohibit discrimination in admissions, quality of housing, overall administration of financial aid, and access to curricular and extra-curricular activities. A student or applicant may not be discriminated against because of pregnancy and parental status, childbirth, or other conditions relating to pregnancy. Childbirth and other conditions relating to pregnancy must be treated as any other temporary medical condition (or other disability) for purposes of leaves of absence.

### Policy and Procedures Against Prohibited Discrimination and Harassment

Cornell University and Weill Cornell Medicine are committed to providing a safe, inclusive, and respectful learning, living, and working environment for the University community. Cornell University's [Policy 6.4](#) and the [Weill Cornell Policy 206](#) address issues of bias, discrimination, harassment, and sexual and related misconduct, including gender-based harassment, sexual harassment, sexual assault, domestic and dating violence, stalking, and sexual exploitation. Weill Cornell will respond promptly and appropriately to all reports of sexual misconduct.

To ensure that all students understand the policy and its applicable procedures, new graduate and professional students must complete training when they arrive on campus. Leaders of student organizations must also complete training annually. The training is designed to increase your awareness of sexual harassment, assault and related misconduct, help prevent this misconduct, and provide you with information about resources available to you.

Information on Weill Cornell Medicine's Title IX resources and student procedures may be viewed here: <https://diversity.weill.cornell.edu/policies/title-ix>



## **New York State Student Bill of Rights**

**Note:** The Student Bill of Rights is set forth in New York State Educational Law Article 129-B.

All students have the right to:

- Make a report to local law enforcement and/or state police;
- Have disclosures of domestic violence, dating violence, stalking, and sexual assault treated seriously;
- Make a decision about whether or not to disclose a crime or violation and participate in the judicial or conduct process and/or criminal justice process free from pressure by Weill Cornell;
- Participate in a process that is fair, impartial, and provides adequate notice and a meaningful opportunity to be heard;
- Be treated with dignity and to receive from Weill Cornell courteous, fair, and respectful health care and counseling services, where available;
- Be free from any suggestion that a complainant is at fault when these crimes and violations are committed, or should have acted in a different manner to avoid such crimes or violations;
- Describe the incident to as few Weill Cornell representatives as practicable and not be required to unnecessarily repeat a description of the incident;
- Be protected from retaliation by Weill Cornell, any student, the accused and/or the respondent, and/or their friends, family and acquaintances within the jurisdiction of Weill Cornell;
- Access to at least one level of appeal of a determination;
- Be accompanied by an adviser of choice who may assist and advise a complainant, accused, or respondent throughout the judicial or conduct process including during all meetings and hearings related to such process; and
- Exercise civil rights and practice of religion without interference by the investigative, criminal justice, or judicial or conduct process of Weill Cornell.

## **Complaint Procedures**

The Title IX Coordinator and Investigators in the Weill Cornell Medicine Office of Institutional Equity have been designated to investigate and seek resolution of complaints of all Weill Cornell medical and graduate students, regarding prohibited acts and can be contacted at:

- [Equity@med.cornell.edu](mailto:Equity@med.cornell.edu)
- [Brittney Blakeney, Assistant Director of Institutional Equity & Title IX Coordinator: bsb4002@med.cornell.edu](mailto:bsb4002@med.cornell.edu)
- [Alexander Rodriguez, Equity and Title IX Investigator: alr4022@med.cornell.edu](mailto:alr4022@med.cornell.edu)

Any Weill Cornell Medicine student who suspects they have experienced sexual harassment or other forms of sexual misconduct should report the incident to the Title IX Coordinator or Office of Institutional Equity. If the reporting person wants to discuss the incident, receive support services, or seek a formal remedy for an instance of sexual harassment or sexual misconduct, the Title IX coordinator will provide assistance. If a supervisor, administrator, or faculty member

receives a complaint or inquiry about sexual harassment or sexual misconduct, it is imperative that the Title IX coordinator be contacted to provide advice on procedures for addressing sexual harassment or sexual misconduct cases. These discussions will help ensure the effective handling of the complaint and reestablish a working or learning environment free of harassment by taking immediate and appropriate action.

For a complete description of Title IX grievance procedures, please see <https://diversity.weill.cornell.edu/policies/title-ix>

## **Bias and Hate Related Crimes**

### **Hate/Bias-Related Crime Prevention Statement for Weill Cornell Medical College**

Weill Cornell Medical College will take active steps to create an educational environment that supports diversity, equity, inclusion and belonging, and will provide support to individuals who report bias acts or hate crimes.

New York State law requires Weill Cornell Medical College to inform students about hate crimes and how hate crimes (also known as bias-related crimes) can be prevented on campus. A hate crime is defined by New York State Penal Law Section 485 as any criminal activity/offense or attempted criminal offense in which the perpetrator intentionally selects the person against who the offense is committed or intended to be committed in whole or in substantial part because of a belief or perception regarding personal characteristics, such as their age, color, race, creed, religion, religious practice, ancestry or ethnicity, gender, gender identity or expression, sexual orientation, disability, immigration or citizenship status, socioeconomic status, height, weight, marital status, national origin or other protected category, regardless of whether the belief or perception is correct.

A bias incident is defined as an action taken against a person or group of individuals that one could reasonably and prudently conclude is motivated, in whole or in part, by the alleged offender's bias against an individual's actual or perceived aspect of diversity, including age, ancestry or citizenship status, marital status, national origin, color, creed, disability, gender, gender identity or expression, sexual orientation, socioeconomic status, veteran status, weight, or any combination of these characteristics

Bias-related behavior includes any action that discriminates against, ridicules, humiliates, or otherwise creates a hostile environment for an individual (female or male) or group protected under law or this policy.

### **Penalties for Hate/Bias-Related Crime**

Penalties for bias-related crimes are very serious and range from fines to imprisonment for lengthy periods, depending on the nature of the underlying criminal offense, the use of violence or previous convictions of the offender. Hate/bias crime incidents that rise to a felony level are

reported to the district attorney. Non-felony hate/bias crime incidents will be adjudicated through the *Standards of Conduct* stated in the Student Handbook. Sanctions imposed by the College for individuals found responsible for hate/bias-related incidents may include suspension, expulsion or other measures depending on the severity of the crime.

### **Reporting a Hate/Bias-Related Crime Incident**

An individual who believes that she or he has been a target of a bias/hate-related crime is encouraged to immediately report the incident to the NYPD, NYPH Security, the Assistant Dean for Students Affairs, the Senior Associate Dean for Education, or the Senior Director, Office of Institutional Equity. To facilitate the assessment of hate/bias-related incidents and follow-up, the Office of Institutional Equity will provide appropriate assistance. The incident will be reviewed and investigated, and a determination will be made as to how the allegation will be handled.

### **Availability of Counseling and Other Support Services**

Counseling and personal support is available to victims of hate/bias-related crime through:

- The Student Affairs Office at 110 Olin Hall.
- Weill Cornell Student Mental Health Program, 230 East 69th St., Suite 2BB (Between 2nd and 3rd Ave.), 646-962-6942, [studentmentalhealth@med.cornell.edu](mailto:studentmentalhealth@med.cornell.edu)
- The Witness Aid Services Unit, Victims Assistance Center located at 100 Centre Street, Room 231. The Center is open Monday through Friday, 8:30 a.m. to 6:30 p.m. The staff can be reached at 212-335-9040.
- NYP/WCM Victim Intervention Program: 525 East 68<sup>th</sup> Street, 212-746-9414 <https://www.nyp.org/social-work/victim-intervention-program>

# Academics & Advising

## Longitudinal Career Advising Policy

Longitudinal Career Advising encompasses an Early Career Advisor Program and a Specialty Advisor Program.

Students are assigned an Early Career Advisor at the start of medical school. Under the direction of the Co-Directors of the Longitudinal Advising Program, Early Career Advisors are charged with supporting students' transition both personally and professionally to their new identities as medical students and future physicians. The advisors are given an orientation to the program with roadmaps of milestones and common stress points in order to provide specific guidance and resources based on individual student need.

Early Career Advisors serve as a support for professional development and might assist the student in a variety of areas, from career guidance, to finding and utilizing mentor relationships, to challenges they may be experiencing, personally or academically. Early Career Advisors have no responsibility for final assessment or course grades, and they are not members of the Promotions and Graduation Committee. If the advisor learns of personal health or other confidential issues that are negatively impacting the student, the advisor may recommend that the student speak with the Assistant Dean of Student Affairs. Centrally organized appointments between the student and the advisor are ensured at least once a semester.

Towards the end of the Phase 2 curriculum (mid-third year) students are assigned, based on preferences, a dedicated Specialty Advisor, who will provide individualized specialty-specific guidance on career planning from career choice through matching to a residency program. Specialty advisors counsel their students about training and careers in the specialty, provide their students with an assessment of the student's relative competitiveness for residency matching into the specialty, advise about a student's plan of study for the Phase 3 curriculum, and provide advice, support and advocacy throughout the residency application and rank list process.

Should an issue arise, the Assistant Dean of Academic Advising and the co-director of the Longitudinal Advising Program are available. They also hold regular, monthly office hours. Students should bring any request for an alternate advisor to the co-directors of the Longitudinal Advising Program.

To ensure that students are well-informed, there are a series of Class Meetings held throughout all four years of the curriculum. The schedule is posted on the online student management system. Required meetings, where attendance is monitored, are indicated on the schedule and consist of essential academic and career advising information. During Phase 1 (the first 18 months) of the curriculum, the class meetings are integrated into the courses and are part of the curriculum. Subsequently, Class Meetings are scheduled to minimize course conflicts.

## **Fourth Year Plan of Study and Career Advising Policy**

During the second semester of the third year, each third-year student meets with the Associate Dean for Education (Academic Affairs) for a career advising meeting that includes a discussion of the specialties being considered by the student, the student's academic record, the student's relative competitiveness for these specialties, and Phase 3 scheduling considerations. Third-year students are assigned, based on preference, an official career advisor and will be required to complete a Fourth Year Plan of Study.

This Plan of Study summarizes the student's academic performance to date and outlines the student's proposed coursework for the fourth year, including career-appropriate intramural and "audition" away-elective courses, elective courses outside the primary specialty, the required sub-internship, and remaining graduation course requirements.

Each student is required to have a 1:1 meeting with his/her career advisor who reviews and approves the Fourth Year Plan of Study. The Plan of Study is then reviewed and approved by the Assistant Dean for Academic Advising and the Associate Dean for Education (Academic Affairs) for career specialty appropriateness, electives within and outside a student's specialty, and for overall graduation requirements.

Please see the [Career Planning Specialty Guide](#) for additional specialty-specific advice and graduates' residency program placement by specialty over the previous few years.

## **Medical School Performance Evaluation Policy**

The Medical School Performance Evaluation (MSPE), also known as the "Dean's Letter" is a narrative compilation of the medical student's academic performance. It is provided as one component of the student's application to residency programs and/or other post-graduate programs. The earliest date that the MSPE may be released is October 1 of the student's final year in medical school.

Sections include:

- Identifying Information
- Noteworthy Characteristics  
(Service and Leadership, Research and Scholarship, Covid-Related Activities)
- Academic History
- Academic Progress, Professional Performance
- Academic Progress, Foundational Sciences
- Academic Progress, Clinical
- Academic Progress, Area of Concentration (for MD students)
- Academic Progress, MD-PhD Research (for Tri-Institutional MD-PhD students)
- Summary Paragraph

The MSPE is written in a collaborative manner between the student and the Associate Dean for Education (Academic Affairs) and/or his/her designees. The Assistant Dean (Student Affairs) is

not involved in the writing or compilation of the MSPE since this individual's office is responsible for assisting students with confidential medical and personal issues. If a student has concerns about issues such as confidential or sensitive information being reflected in the MSPE, the student may make a request to the Assistant Dean (Student Affairs) for an alternate MSPE writer. The MSPE writing process begins in the Spring semester prior to the student's final year of medical school and ordinarily the request should take place during this timeframe. The Assistant Dean (Student Affairs) then informs the Associate Dean for Education (Academic Affairs) that an alternate writer is needed. The alternate writer is then assigned by the Associate Dean (Education) and will have access to the student's full academic record.

The Identifying Information section includes the student's legal name, graduating Class year, birthplace, academic honors in college and prior to medical school, and information about gap years.

The Noteworthy Characteristics section includes a bulleted list of noteworthy characteristics and achievements under the following headings: Service and Leadership, Research and Scholarship, and Covid-Related Activities. Challenges during medical school may be listed.

The Academic History section includes date of matriculation to medical school, date of expected graduation from medical school, and dates of research and academic Leaves of Absences. In order to protect student confidentiality, medical and personal Leaves of Absence are not listed. Courses which required repetition listed. Failed courses are represented on the student transcript and in the pertinent Academic Progress section of the MSPE.

The Academic Progress, Professionalism Performance section includes WCMC's definition of professionalism and what is assessed in students. Egregious breaches of standards of conduct and/or recurring lapses in professionalism may be listed based on assessment by the MSPE Committee.

The Academic Progress, Foundational Sciences section includes narrative information related to overall, rather than course-specific performance. If a foundational science course required repetition, that information is included.

The Academic Progress, Clinical section includes the final course grade as well as a narrative of overall performance for each of the core clinical clerkships taken through June of Year 3. Clerkships are listed in chronological order taken, including any repeated courses.

The Academic Progress, Area of Concentration (AOC) section includes a description of the Area of Concentration, the title of the Scholarly Project, the name of the mentor(s), and performance to date, if available. Tri-Institutional MD-PhD students are exempt from the AOC requirement.

The Academic Progress, MD-PhD Research section pertains to Tri-Institutional MD-PhD students. This section includes the name of the institution from which the PhD degree has been conferred, the laboratory in which the student worked, and a description of the student's research accomplishments, including publications, presentations and awards. Narrative information regarding overall performance from the student's thesis mentor and/or other mentors is included.

The Summary Paragraph is an overall summative assessment of the student's performance while in medical school. In addition, if relevant notation is made of the student's selection to the Alpha Omega Alpha Honor Society or the Gold Humanism Honor Society. In the last sentence, one of four descriptors is used to indicate the overall strength of the student's academic record compared to peers: "outstanding," "excellent," "very good," and "good." This descriptor is based on a composite assessment by the MSPE Committee of the student's academic performance including professionalism.

#### MSPE Committee Members

Voting members include Associate Dean for Education (Academic Affairs)-Chair, the Associate Dean (Curriculum), Associate Dean (Admissions), Assistant Dean (Clinical Curriculum), Assistant Dean (Foundational Curriculum), Assistant Dean (Diversity and Student Life) and the Director of the Tri-Institutional MD-PhD Program.

The Associate Dean for Education (Academic Affairs) and Assistant Dean (Student Affairs) are *ex-officio*, non-voting members.

Students will have the opportunity to review the final draft of the MSPE for accuracy prior to its release for residency applications. The Office of Academic Affairs notifies students to review the draft. Requests for content change in the course narrative must be directed to the respective course director. Other requests for change should be directed to the Associate Dean for Education (Academic Affairs). If there is further concern by the student, the student may discuss this with the Senior Associate Dean (Education), or his/her designee, who will adjudicate the final decision about content. Changes, if approved, will be reflected in the MSPE.

## **Honors Designation**

### **Honors in Research**

The goal of the designation, M.D. with Honors in Research is to recognize excellence in biomedical research by medical students at the Medical College. In order to obtain the honors designation, the student must successfully complete a clinical or laboratory research project undertaken at Weill Cornell or one of its affiliated medical centers and supervised by a member of the Medical College faculty. The project, which must have approval by the chairperson of the participating department and the faculty supervisor, as described below, may be undertaken at any time during the student's tenure in the Medical College. The student's time commitment to the research may vary from elective periods undertaken during the academic years, to research performed during summer vacations, to satisfy the requirement for the Area of Concentration scholarly project or to full-time involvement in research undertaken during a one- or two-year Extended Curriculum for Research (ECR). The honors designation will be based on a single project. It is not an aggregate award.

Awarding of the degree of M.D. with Honors in Research will be based upon the quality of the research project completed by the student. The project should result in a body of work that results in a scientific paper of quality suitable for publication in a major scientific journal. Papers are ordinarily submitted to the Office of Academic Affairs early in the Spring semester of the year of the expected degree by the due date set by the Office of Academic Affairs. The chair and the

faculty supervisor of the sponsoring department must endorse the report and submit a supporting letter. The Office of Academic Affairs will then forward the report and supporting documents to the chairperson of the Honors in Research Committee. The paper will be reviewed by the Honors in Research committee, which is appointed by the Dean. This committee will award the honors designation. This committee will have final authority in recommending students to the Dean for the degree of M.D. with Honors in Research. The determination of the Student Research Committee in recommending students to the Dean for this award is final. If awarded, the student's diploma and transcript will indicate that the student achieved an "M.D. with Honors in Research."

All M.D. students are eligible to apply. M.D.-Ph.D. students are also eligible so long as long as the submitted research was performed during medical school (not while in graduate school for their Ph.D.) and is an independent project that is not included in the Ph.D. dissertation.

## **Honors in Service**

The designation of M.D. with Honors in Service encourages students with an interest in and commitment to community service to develop their interest and abilities in service to the community and to recognize excellence in their achievement. The Honors designation (*M.D. with Honors in Service*) will appear on the student's diploma and transcript.

Students eligible for the Honors in Service designation are exceptional in their dedication to community service and the responsibility they accept to further this activity. Their projects require special individual efforts and their accomplishments stand out among their peers. Their work represents exceptional efforts to address real needs in partnership with persons and groups in the community. In addition, their process involves strategic implementation of effort or resources, followed by reflection on outcomes and subsequent adjustments. They take a scholarly approach to their work and demonstrate innovation and initiative. These outstanding projects may serve as the foundation of a scholarly and productive career in health research, administration, and public policy. Such students are invited to submit an application for the Honors in Service designation.

The requirement for the designation of *M.D. with Honors in Service* has two components:

- a time and commitment component; and
- an original scholarly research paper component.

The time and commitment component is based on the student's activity as a student leader and/or volunteer in the Community Service Program, and requires support from the student's faculty leader. In a brief statement, the student must address:

- that they served leadership-level responsibility for a program for at least one full year
- the nature and duration of their role(s)
- how their leadership in the program contributed to measurably improved outcomes.



The original scholarly paper addresses the following:

- a detailed description of the community service project /program, including its organizational structure
- a description of the problem or need that is addressed by the project /program
- a description of the recipients of the services
- a critical appraisal/reappraisal of recipient needs, led by the specific student, that generates either:
  - substantive enhancement of program/project or
  - termination of the program (if needs were durably and definitively met)
- a discussion of meaningful challenges/barriers that arose during the project, from the perspective of resources, systems factors, ethics, or otherwise, and how those challenges were addressed
- a description of one or more potentially implementable actions / interventions that would enhance the program's sustainability, decrease the future need for the program, or otherwise improve the program.

The Honors in Service Committee, appointed by the Dean, includes the Assistant Dean (Diversity & Student Life) as Chair, the Assistant Dean (Student Affairs & Student Life), the Community Service Program Coordinator, and the Chair of the Faculty Advisory Committee of Community Service Programs, among other members. The Committee will evaluate applications to determine whether they meet the designation's criteria.

Students in the graduating class will receive notification of the call for applications. The student seeking the Honors in Service designation first submits a brief statement demonstrating the time and commitment component; this is accompanied by the letter of support from the supervising faculty member. Student submitters meeting standards for this initial application are invited by the Committee to submit their original scholarly paper, which is then reviewed by the Committee as the scholarly research component for eligibility for the M.D. with Honors in Service. The Committee will make recommendations to the Dean regarding those students who have met the requirements for receiving the designation *M.D. with Honors in Service* at Commencement. The decision of the Committee is final.

## [Academic Counseling and Student Academic Advising Policy](#)

### **Introduction and Rationale**

Some students may have difficulty adjusting to the academic demands of medical school. Students may struggle for a number of reasons: limited or no prior knowledge of the course material; a non-science undergraduate major with minimal preparation in the basic sciences; difficulty understanding how knowledge is structured in a particular subject area; difficulty identifying relationships between major concepts; sense of being lost in the details; having problems imposing meaningful organization of the material; test anxiety; poor test-taking strategies; time demands, especially during clinical service; or ineffective study skills.

When students view themselves to be in academic difficulty, it is suggested that they first contact course faculty and/or the Associate Dean for Education (Academic Affairs) or Assistant Dean of Student Affairs for specific advice. In addition, various types of academic assistance are available (including peer tutoring) through the Office of Academic Achievement (OAA).

This policy outlines the criteria and processes for academic support and peer tutoring services available to students who are struggling academically at any stage of their training at WCMC.

### **Identifying and Referring Students in Academic Difficulty**

Students may recognize themselves as being in “academic difficulty” and make a self-referral to the OAA. Course directors, members of the Student Evaluation Committees, and any of the Medical Education Deans may also identify struggling learners and refer these students. Criteria for referral may include the following: course average greater than 1.5 standard deviation below the class mean in a foundational course; remediation of a unit in a foundational course; inadequate clinical performance during foundational courses; failure or near-failure of a USMLE exam; or a Marginal grade in a clerkship due to failure of an NBME subject exam or poor clinical skills.

The Assistant Dean for Academic Achievement may also directly reach out to those students whose clinical performance and/or medical knowledge (as revealed by low exam scores), suggest academic challenges.

### **Intake/Evaluation**

Once a referral is made, the Assistant Dean for Academic Achievement will schedule an initial appointment with the student to assess academic needs and may provide some basic study, test-taking, and time-management strategies, as appropriate. The student may subsequently request additional appointments to further enhance those skills.

In addition, the Assistant Dean may determine that a student academic advisor (i.e., a peer tutor) might be of further help and offer to match the student with an appropriate advisor.

Students identified as having difficulty with clinical skills (e.g., history-taking, physical examination, patient communication, oral and written communication) may also be assigned a student academic advisor and may be referred to the Clinical Skills Center for additional help.

Students offered the opportunity to work with a student academic advisor are under no obligation to accept assistance.

Students may also be referred to the Assistant Dean of Student Affairs and Student Life and/or the Assistant Dean of Diversity and Student Life if the student may benefit from non-academic support or may need evaluation for academic accommodations.

## **Responsibilities of a Student Who Has Accepted a Student Academic Advisor**

The academic advisee (i.e., tutored student) is responsible for contacting the assigned student academic advisor via email to set up the initial tutoring session. The academic advisee should identify the specific content areas and/or skills to focus on during the initial session with the tutor.

The academic advisee is expected to show a commitment to the learning process by coming prepared to each session (e.g., bringing any assignments, questions, or materials agreed upon by the student academic advisor and advisee).

Academic advisees anticipating arriving late for a session or needing to cancel/reschedule must contact the student academic advisor as soon as possible.

Students are under no obligation to continue these sessions or to continue meeting with the same student academic advisor. Students who wish to discontinue the advising sessions or be matched with another student academic advisor should contact the Assistant Dean for Academic Achievement.

Within 24 hours following an advising session, the student is required to complete a brief summary (electronically) about the session experience.

## **Responsibilities of the Student Academic Advisor**

Student academic advisors (i.e., peer tutors) are typically fourth-year students or MD/PhD students currently conducting research. These students are chosen for their outstanding academic performance in the subject and for their strong interest in teaching. They have a good understanding of effective study habits, test-taking strategies, and time-management skills.

If student academic advisors anticipate arriving late for a session or need to cancel/reschedule, they are expected to contact their advisee as soon as possible.

Student academic advisors are expected to contact the Assistant Dean for Academic Achievement with any concerns regarding the advisee's progress or any unprofessional behavior.

Within 24 hours following a session, the academic advisor is required to complete a brief summary (electronically) about the session experience.

## **Outcome Measurements and Need for Additional Tutoring**

After a predetermined number of tutoring sessions, the Assistant Dean for Academic Achievement will review the student's progress to determine if further sessions are recommended and, if so, whether the same student academic advisor should (or can) continue with the student. The progress review will focus on (1) the student's self-assessment of session results (e.g., strengthening time-management skills; confidence in material), as well as quality of the advising); (2) the student academic advisor's assessment; and (3) input from the course/clerkship leadership or test scores, if available.

## **Confidentiality and Academic Standing**

The Family Educational Rights and Privacy Act (**FERPA**) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. Students may self-refer to the Office of Academic Achievement at any point during medical school and confidentiality will be maintained during all interactions.

Student academic advisors are expected to maintain all of their interactions with advisees confidential and may share information about tutoring sessions only with the Assistant Dean for Academic Achievement. They may reach out to course leadership for advice on specific content areas on which to focus but without reference to any specific student.

Student Academic Advising sessions or any other contact with the OAA are not recorded on the student's transcript.

The Assistant Dean for Academic Achievement and the Dean of Student Affairs have no influence on or role in the formal assessment of student performance or promotion decisions.

## **Liability and Property Insurance**

Weill Cornell Medical College provides general liability insurance for students while they are acting within the scope of their duties in an academic program of approved medical instruction. (A student may elect to purchase separate insurance coverage at personal expense, but this is not required.)

Coverage afforded by the University's professional liability policy covers students for on-site and approved off-site locations. Approved off-site locations would include rotations at affiliated hospitals and clinics. Student rotations at a non-affiliated off-site location must be approved by the Office of Academic Affairs, prior to the commencement of the rotation.

Note that the insurance afforded to a student does not apply to damage to property owned by the student. It is advised that students obtain personal property coverage (which may be available as part of a homeowner's or renter's policy) for equipment, instruments and other property owned by a student and utilized during didactic and clinical instruction.

### **Personal Computer and Property Insurance Available through WCMC**

The policy is provided to all residents at no cost, off campus students may enroll on their own.

The Housing Office provides personal property insurance for residents of Olin Hall, Lasdon House, Stahl, Southtown, Riverwalk, 77th Street, The House at Cornell Tech, and Memorial Sloan Kettering residences. It provides up to \$3,000 of coverage for your personal property—such as your cell phone, laptop, TV, books, clothes and other valuables—in the event of fire, water, theft and any accidental damages.\* **How to Enroll:** You don't need to take any action to enroll in

the basic plan with \$3,000 of coverage. However, if you would like to purchase additional coverage, you can [enroll online through our insurance agency](#).

**How to File a Claim:** Complete a Proof of Loss Form and submit it to the insurance agency. The form and claim submission instructions are available on [their website](#).

\*For full plan details, as well as exclusions and limitations, please refer to plan details on the [insurance agency website](#).

Inquiries about insurance coverage and may be referred to the Office of Risk Management & Insurance at (646) 962-7682 or via email to Joyce Bowes, Director, Risk Management & Insurance, [jcb2011@med.cornell.edu](mailto:jcb2011@med.cornell.edu) and Jennifer Chavis, Associate Director, Risk Management & Insurance, [jec4012@med.cornell.edu](mailto:jec4012@med.cornell.edu)

Any incident, either actual or alleged, which you have knowledge of must be reported immediately to the Office of Student Affairs at (212) 746-1058.

# Student Records

It is the policy of the Medical College to protect information contained in student records from unauthorized disclosure and to comply with the provisions of the Family Education Rights and Privacy Act of 1974 (FERPA) and regulations thereunder. The policy extends to students the right to inspect and review their education records and provides students the right to request that their record be amended if the student believes that the record contains inaccurate or misleading information or if it violates the student's privacy rights.

The policy is contained in Cornell Policy 4.5, Access to Student Information.

[https://www.dfa.cornell.edu/sites/default/files/policy/vol4\\_5.pdf](https://www.dfa.cornell.edu/sites/default/files/policy/vol4_5.pdf)

The Student Record Privacy Statement: Annual Notification Under FERPA can be found at

<http://courses.cornell.edu/content.php?catoid=41&navoid=11633>

## Release of Records

Anyone who releases education records must maintain the name of the party making the request, any additional party to whom it may be re-released, and the legitimate interest the party had in requesting or obtaining the information. A student may inspect this record of requests. Records do not need to be kept of disclosures:

- of directory information;
- to the student;
- to other individuals within Cornell having a legitimate educational interest in the information; or
- in response to a subpoena.

## Student Inspection and Review Education Records

A student may inspect and review his or her education records after making a written request. The Medical College does not permit a student to inspect the following education records:

- Records of instructional, supervisory, and administrative personnel which are the in the sole possession of the maker and are not accessible or revealed to any other person except a temporary substitute.
- Financial records of a student's parents.
- Letters of recommendation placed in the student's education record prior to January 1, 1975 or with respect to which a student has waived right of access.

- Education records connected with an application to attend the Medical School if that application was denied or the applicant never attended the Medical School.
- Portions of education records that contain information about other students.

The Medical College reserves the right to refuse to permit a student to inspect records excluded from the FERPA definition of education records, including medical and police records. However, with respect to medical records, a student may have a physician or other appropriate professional review the record.

### **Process for Inspecting Records and Amendment of Records**

In general, a request by a student to review and inspect the records and information relating directly to him or her shall be in writing, addressed to the Registrar, the custodian of records, signed by the student and thereafter retained in the record folder. Students are able to review their records in the Registrar's office during business hours. When a student requests access to his/her education record in the Registrar's office, the Registrar makes the student record on file in the Registrar's office available within 5 business days from the request. Additional information, if requested, will be provided as soon as is feasible and within 45 days as permitted by law. A student may inspect records only in the presence of a designated administrator.

Students are able to review grades and grade narratives as soon as they are posted on the online student information system (LEARN) or the online course scheduling and administration system (OASIS). Faculty members are expected to submit grades promptly after a course or curricular unit is completed. WCMC encourages grade submission for all courses and clerkships as soon as possible, and requires that grades must be submitted and available to students no later than six weeks from the end of a course or clerkship. Course leadership notifies students when grades have been posted. Students are able to review more granular course components directly with course directors.

A student may request that his or her academic record be amended on the grounds that the information contained therein is inaccurate or misleading. The Registrar, in consultation with appropriate faculty or staff, will decide whether to amend the record as required within a reasonable amount of time. If the Registrar or maker of the record refuses to make the requested change, then, The Registrar shall inform the student of the decision and of the student's right to a hearing. Upon request of the student, the Senior Associate Dean (Education) will promptly appoint a member of the faculty or administrative staff not having a direct interest in the matter to investigate the matter and hold a hearing. Any such hearing will be held upon five (5) days written notice to the student and those persons called to testify; and, will afford the student a full opportunity to present evidence relevant to the issues. A student, at his or her own expense, may be accompanied or represented by an attorney or an advisor.

Additional information regarding the hearing procedures is provided to the student when notified of the right to a hearing.

After conclusion of the investigation and hearing, the faculty or staff member who conducted the investigation shall submit a written report and recommendation to the Senior Associate Dean

(Education) The Senior Associate Dean (Education) will notify the student in writing as to whether or not the record will be amended.

- If, as a result of the hearing, the school still decides not to amend the record, the eligible student has the right to insert a statement in the record setting forth his or her views. That statement must remain with the contested part of the eligible student's record for as long as the record is maintained. If the record is to be amended, the Senior Associate Dean (Education) shall instruct that the record be amended accordingly and inform the student of the amendment in writing.

Of note: FERPA permits a student to request that inaccurate or misleading information in educational records be amended. However, these procedures may not be used to challenge a grade, opinion or a substantive comment made by the Medical College about the student and does not override accepted standards and procedures for making academic assessments. The Medical College has separate procedures, permitting students to review grades, evaluations and the Medical Student Performance Evaluation (MSPE).



# Information Technology

## Guidelines for Use of Computers, Network Systems and Electronic Communications

The Medical College's computers, network systems equipment, data, and software are a critical portion of the Medical College's infrastructure and are to be treated accordingly.

Students and faculty are responsible for their actions when using the Medical College's computers, electronic communications and network systems, whether or not their transgressions are intentional, accidental and/or can be corrected.

Users of Medical College computers and network systems shall respect:

- the privacy of other users' information, whether or not the information is securely protected;
- the ownership and intellectual property rights of proprietary and commercial software, including not using unauthorized copies of software even where the software may not be copy protected;
- the finite capacity of a computer system and limitations of use so as not to interfere unreasonably with the activity of other users;
- procedures (posted in computer facilities and/or online) established to manage use of the computer system;
- the rights of others not to be harassed, intimidated, or otherwise receive intrusive or inflammatory information through the computer system; and
- the Medical College's policies regarding the use of computers as specified by the Information Technologies and Services (ITS).

## Maintaining Security of High Risk Data in Email

ITS would like to remind you about the importance of safeguarding high risk data (formerly known as confidential data), as defined within ITS policy 11.03 – Data Classification, within our organization. It is extremely important to make sure you do not send any of the following to email addresses except those ending with **MED.CORNELL.EDU** or **NYP.ORG**:

1. Patient billing or medical records
2. Student records
3. Financial data, including Payment or Credit Card information

4. Employment records
5. Research data involving human subjects
6. Social Security Numbers

**Please be sure to check the email addresses you are sending high risk data to. If you send high risk data to an external address without encryption, the email may be blocked and you will receive a notification from ITS Security reminding you to use encryption to securely send high risk data.**

### **Safer Alternatives to Email:**

- **For Provider-Patient Communication:** Use the Weill Cornell Connect messaging feature, which provides encrypted communication between providers who are using Epic and their patients. (<https://mychart.med.cornell.edu/mychart/faq.asp>)
- **Use #encrypt to send high risk data:** If you have a valid business reason to send high risk data outside of WCM and NYP, add **#encrypt** to the message subject to encrypt the contents of the message, including attachments.
- **Use the File Transfer Service to send large attachments containing high risk data:** If you have a valid business reason to send large attachments (greater than 25 MB) which contain high risk data to recipients outside of WCM and NYP, please use the File Transfer Service. This service will encrypt the attachments. It can be accessed at <https://transfer.weill.cornell.edu>.

Questions? Concerns? Please visit <https://its.weill.cornell.edu/policies> for more information on our policies. We will be actively updating you on changes to our policies so that you are informed about how to protect the high-risk data you are responsible for.

If you have any questions, comments, or concerns about this information, please contact the ITS Service Desk at (212) 746-4878, or [support@med.cornell.edu](mailto:support@med.cornell.edu).

## **IT Policies**

WCMC adheres to many IT policies disseminated by Cornell University.

<https://www.dfa.cornell.edu/policy-library>

WCMC IT policies are medical center-specific supplements to University policy, and in some cases may be more stringent than those used at the University. WCMC faculty, staff, students, and affiliates are expected to be aware of and adhere to these policies.

Please check this page frequently for changes, updates, and new policy postings.

<https://its.weill.cornell.edu/policies>

## WCMC IT Security Policies

- [11.01 - Responsible Use of Information Technology Resources](#)
- [11.02 - Privacy of the Network](#)
- [11.03 - Data Classification](#)
- [11.04 - Guest Wireless Network](#)
- [11.05 - Security and Privacy Incident Response Plan](#)
- [11.06 - Device Encryption](#)
- [11.07 - Copyright Infringement Policy](#)
- [11.08 - Use of Email](#)
- [11.09 - Data Loss Prevention](#)
- [11.10 - Web Proxy](#)
- [11.11 - Requirements for Securing Information Systems](#)
- [11.12 - Restricting Network Access for Insecure Systems](#)
- [11.13 - Directory](#)
- [11.14 - Email Security](#)
- [11.15 - Password Policy and Guidelines](#)
- [11.16 - Domain Name Policy](#)
- [11.17 - Identity and Access Management](#)
- [11.18 - Secure Data Export Policy](#)

## WCMC Confidential Data Policies

- [12.1 - Integrity Policy](#)
- [12.2 - Physical Security](#)
- [12.3 - Authentication and Authorization](#)
- [12.4 - Administrative Security](#)
- [12.5 - PCI Policy](#)

## WCMC IT Operations Policies

- [15.5 - Information Technology Disaster Recovery Policy](#)

## ITS Service Policies

- [Backup Policy](#)
- [Billing Policy](#)
- [Broadcast Email Policy](#)
- [Cloud Document Storage: Box](#)
- [Cloud Document Storage: OneDrive](#)

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- [Devices: Computers Policy](#)
- [Devices: Mobile Policy](#)
- [Devices: Network-Attached Storage Policy](#)
- [IP Address Policy](#)
- [Microsoft Campus Agreement & Licensing](#)
- [Network Policy](#)
- [Research Data Storage Core \(RDSC\) Policy](#)

Any IT policy questions should be sent to Brian Tschinkel, Chief Information Security Officer. Brian can be reached at [brt2008@med.cornell.edu](mailto:brt2008@med.cornell.edu) or 646-962-2768.

## Copyright Infringement

Copyright infringement is the act of exercising, without permission or legal authority, one or more of the exclusive rights granted to the copyright owner under section 106 of the Copyright Act (Title 17 of the United States Code).

These rights include the right to reproduce, distribute, display, or perform a copyrighted work and to make derivative copies. In the file-sharing context, downloading or uploading substantial parts of a copyrighted work without authority, including unauthorized peer-to-peer file sharing, constitutes an infringement, and may subject students to civil and criminal penalties. Additionally, copyright infringement, including copying and distributing digital forms of original works such as music, television, movies, instructors' manuals, textbooks, software, and video games, for which you do not own the copyright or have permission of the copyright holder also violates federal law.

In general, anyone found liable for civil copyright infringement may be ordered to pay either actual damages or "statutory" damages affixed at not less than \$750 and not more than \$30,000 per work infringed. For "willful" infringement, a court may award up to \$150,000 per work infringed. A court can, in its discretion, also assess court costs and attorneys' fees. For details, see Title 17, United States Code, Sections 504 and 505.

Willful copyright infringement can also result in criminal penalties, including imprisonment of up to five years and fines.

At the Medical College, the unauthorized distribution of copyright materials is also a violation of the standards of conduct and may result in disciplinary action up to and including expulsion.

For additional information on the Medical College Copyright Infringement Policy, please visit <https://its.weill.cornell.edu/policies/1107-copyright-infringement-policy>. A paper copy of this policy is available upon request.

# Academic Calendars

**2021-2022 Academic Calendar\* – CLASS of 2025**  
**YEAR ONE CURRICULUM (\* ALL DATES SUBJECT TO CHANGE)**

**Fall 2021**

Monday, August 16 – Friday, August 20	Orientation Week
Friday, August 20	<i>White Coat Ceremony</i>
Monday, August 23	Instruction begins: <i>Essential Principles of Medicine - A</i>
Monday, September 6	Labor Day Holiday
Friday, October 15	Last Day of <i>Essential Principles of Medicine – A</i>
Monday, October 18	Instruction begins: <i>Essential Principles of Medicine – B</i>
Thursday, November 25 – Friday, November 26	Thanksgiving Holiday
Friday, December 17	Last Day of <i>Essential Principles of Medicine - B</i>
Saturday, December 18 – Sunday, January 2	Winter Recess (2 weeks)

**January Intersession 2022**

Monday, January 3	Instruction begins: <i>Health, Illness &amp; Disease 1-A</i>
Monday, January 17	Martin Luther King, Jr. Holiday

**Spring 2022**

Monday, January 31	Instruction continues: <i>Health, Illness &amp; Disease 1-A</i>
Monday, February 21	Presidents’ Day Holiday
Friday, April 8	Last Day of <i>Health, Illness &amp; Disease 1-A</i>
Saturday, April 9 – Sunday, April 17	Spring Recess (1 week)
Monday, April 18	Instruction begins: <i>Health, Illness &amp; Disease 1-B</i>
Monday, May 30	Memorial Day Holiday
Friday, June 10	Last Day of <i>Health, Illness &amp; Disease 1-B</i>
Saturday, June 11	Summer Recess begins

**2021-2022 Academic Calendar\* – CLASS of 2024  
YEAR TWO CURRICULUM**

<b>Fall 2021</b>
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Monday, August 23	Instruction begins: <i>Health, Illness &amp; Disease 2</i>
Monday, September 6	Labor Day Holiday
Thursday, November 25 – Friday, November 26	Thanksgiving Holiday
Friday, December 17	Last Day of <i>Health, Illness &amp; Disease 2</i>
Saturday, December 18 – Sunday, January 2	Winter Recess (2 weeks)

<b>Spring 2022</b>
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Monday, January 3	Clerkships begin
Monday, January 17	Martin Luther King, Jr. Holiday
Monday, February 21	Presidents' Day Holiday
Monday, March 28 – Sunday, April 3	Spring Recess (1 week)
Monday, April 4	Instruction Resumes
Monday, May 30	Memorial Day Holiday
Sunday, June 26	Instruction Ends
Monday, June 27 – Monday, July 4	Summer Recess (1 week)
Tuesday, July 5	YEAR THREE Curriculum Begins

**CLERKSHIP/COURSE BLOCKS: See 2024 Table of Weeks**

**\* ALL DATES SUBJECT TO CHANGE**

**2021-2022 Academic Calendar\* – CLASS of 2023  
YEAR THREE CURRICULUM**

**Fall 2021**

Monday, June 28 – Monday, July 5	Summer Recess (1 week)
Tuesday, July 6	Clerkships Resume
Monday, September 6	Labor Day Holiday
Thursday, November 25 – Friday, November 26	Thanksgiving Holiday
Monday, December 20 – Sunday, January 2	Winter Recess (2 weeks)

**Spring 2022**

Monday, January 3 – Sunday, January 30	<i>USMLE Step Study Period</i>
Monday, January 17	Martin Luther King, Jr. Holiday
Monday, January 31	AOC SP Block One Begins
Monday, February 21	Presidents' Day Holiday
Monday, March 28 – Sunday, April 3	Spring Recess (1 week)
Monday, April 4	AOC SP Block One Continues
Sunday, May 1	AOC SP Block One Ends
Monday, May 2 – Sunday, June 5	<i>USMLE Step Study Period</i>
Monday, May 30	Memorial Day Holiday
Monday June 6	Instruction Resumes
Sunday, June 26	Instruction Ends
Monday, June 27 – Monday, July 4	Summer Recess (1 week)
Tuesday, July 5	YEAR FOUR Curriculum Begins

CLERKSHIP/COURSE BLOCKS: See 2023 Table of Weeks

**\* ALL DATES SUBJECT TO CHANGE**



**2021-2022 Academic Calendar\* – CLASS of 2022  
YEAR FOUR CURRICULUM**

<b>Fall 2021</b>
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Monday, June 28 – Monday, July 5	Summer Recess (1 week)
Tuesday, July 6	YEAR FOUR Begins
Monday, September 6	Labor Day Holiday
Thursday, November 25 – Friday, November 26	Thanksgiving Holiday
Monday, December 20 – Sunday, January 2	Winter Recess (2 weeks)

<b>Spring 2022</b>
--------------------

Monday, January 3	Instruction Resumes
Monday, January 17	Martin Luther King, Jr. Holiday
Monday, February 21	Presidents’ Day Holiday
Monday, March 28 – Sunday, April 3	Spring Recess (1 week)
Monday, April 4– Friday, April 15	<i>TTR - Required</i>
Monday, May 2 – Friday, May 13	Exit Checklist (WCM, Residency) Procedure Period
Sunday, May 15	Instruction ends
Wednesday, May 18*	<i>Convocation</i>
Thursday, May 19*	<i>Commencement at Carnegie Hall</i>

CLERKSHIP/COURSE BLOCKS: See 2022 Table of Weeks

**\* ALL DATES SUBJECT TO CHANGE**

# Libraries

## **SAMUEL J. WOOD MEDICAL LIBRARY**

<http://library.weill.cornell.edu>

### **Inside the Library**

Hours: Please visit <http://library.weill.cornell.edu> for current information

Phone: (646) 962-2570

Email: [infodesk@med.cornell.edu](mailto:infodesk@med.cornell.edu)

### **SMARTDesk**

The SMARTDesk offers a convenient walk-in IT and library reference service for employees and students at Weill Cornell. While you can come to the SMARTDesk for virtually any IT or library-related issue, the most common reasons to visit are:

- Tagging and setting up your mobile device to access Weill Cornell services
- Resolving issues with your laptop or mobile device
- WCMC account help, such as password or login issues
- Learning how to use ITS-provided software
- Check out a laptop
- Create a printing (PaperCut) account
- Request a literature search by an information specialist, receive answers to reference questions, or request a one-on-one consultation.

For IT SMARTDesk services, available Monday-Friday from 9am-5pm, appointments are required.

[Schedule an appointment using this link.](#)

### **Computers and Wireless**

- Desktops - Both Mac and PC computers are available to users. All computers are fully networked and have Microsoft Office suite, Adobe, and EndNote. All computers print to the library's laser printers.
- Computer labs - Desktop computers have additional scientific software installed for student access, including Cytoscape, Lumira, PyMol, Schrodinger Suite, RStudio, SAS, and STATA.
- Bioinformatics workstation - A high-performance computer available to students by appointment. The workstation includes access to Anaconda, Bioconductor, Cytoscape, FlowJo, GeneSpring, GraphPad Prism, Ingenuity Pathway Analysis, Jupyter Notebooks, Python, PyMol, Schrodinger Suite, RStudio, SAS, SeqGeq, and STATA.
- Wireless networks - ITS tagged laptops use WCMC. For non-tagged devices, students should use the [Apollo network](#). For limited guest access (no access to library resources), use WCMCGuest.
- Laptop checkout - Check out a laptop from the SMARTDesk for 3-hour use inside or outside the Library.

### **Printing, Photocopying & Scanning**

- The printers/copiers are operated by using a PaperCut account. You can create an account at the SMARTDesk.

- Black and White - 10 cents per page. Color - 50 cents per page. Scanning to email is free. Students have a weekly allotment of \$20 credited to their print account by the College. Students have a weekly allotment of \$20 credited to their print account by the College.

## Affiliated Locations

WCM faculty and students also have onsite access to the Hospital for Special Surgery Kim Barrett Library, the Memorial Sloan Kettering Cancer Center Library, and the Rockefeller University Library.

- **Hospital for Special Surgery Library**  
535 East 70th St. 8th Floor, Main Building  
Phone: 212.606.1210  
<https://www.hss.edu/academic-kimbarrett-library.asp>
- **Memorial Sloan Kettering Cancer Center Library**  
1275 York Avenue  
Phone: 212-639-7439  
<http://library.mskcc.org/>
- **Rockefeller University Library**  
Welch Hall 1230 York Ave.  
Phone: 212 327-8904  
<https://www.rockefeller.edu/markus-library/>

## Services

- **[InterLibrary Loan \(ILL\)](#)** - If we do not own a book or journal article, ILL will obtain it free of charge from another library. Requests usually arrive within 3 business days.
- **[Request a consultation](#)** - We provide one-on-one consultations in areas such as PubMed Searching, Electronic Resources, Evidence Based Practice, Preparing to Publish, and EndNote Basics, and clinical & community outreach services.
- **[eCommons: Weill Cornell's Institutional Repository](#)** - A free, open access platform, available to the WCM/NYP community. Increasing visibility via eCommons will facilitate discovery via Google Scholar, leading to higher citation counts. Persistent links ensure a stable online location (URL) for your work, allowing you link to your work & ensuring reliable access to your work.
- **[Library Bioinformatics service](#)** - Gain insight into the purposes and applications of bioinformatics techniques, software, and databases.
- **[Scientific Software Hub](#)** - Several scientific software licenses are partially or fully subsidized by the library.
- **[Myra Mahon Patient Resource Center](#)** - A professional medical librarian, trained library assistants and volunteers are on staff at to help connect patients, family members, caregivers, and prospective patients to quality health information resources.
- **[Notary Public Service](#)** - The Library offers Notary Public service for WCM/NYP community. The free service is available by appointment, please call (646) 962-2570.
- **[WCM Samuel J. Wood Library's Subject Guides](#)** – Curated by our information professionals, our Subject Guides have helpful tools and resources on a wide variety of clinical specialties as well as topics such as EndNote, Preparing to Publish, Evidence Based Medicine, and Antiracism, Diversity and Inclusion in Medicine.

## Electronic Resources

The Library offers access to a wide variety of databases for your research and clinical information needs, including access to over 100,000 eBooks and 20,000 eJournals. Access all of our resources by visiting the

Library's website: <http://library.weill.cornell.edu>. For step-by-step instructions, watch our [Video tutorial: How to Access Full Text from Off-Campus](#).

## OneSearch

- Access full text articles, chapters, e-books, and our physical collection.
- Access all WCM content, as well as RU and MSKCC physical offerings.

## Popular eResources

- **PubMed** - Access to millions of citations and abstracts covering the field of biomedicine.
- **UpToDate** - An online resource designed to answer clinical questions that arise in daily practice. Covers symptoms, diagnosis, treatment and more options for thousands of conditions.
- **AccessMedicine** - Suite of resources for clinical practice and education; sub-sites include Pharmacy, Surgery, Anesthesiology, Emergency Medicine, Pediatrics, and Physiotherapy.
- **Aquifer** - Virtual patient case sessions; includes WISE-MD, CLIPP, and fmCases.
- **USMLE Easy** - Prepare yourself for the USMLE.
- **Scopus** - Abstract and citation database of peer reviewed literature, including scientific journals, books and conference proceedings, covering research topics across all scientific and technical disciplines, ranging from medicine and social sciences to arts and humanities.
- **Micromedex** - One of the largest online reference databases about drug information, toxicology, diseases, acute care and alternative medicine. Drug dosing and medication management for all FDA-approved medications.
- **PsycINFO** - Covers literature in psychology and related behavioral and social sciences, including psychiatry and sociology. This database includes journals, books, reviews, and dissertations.
- **Ovid** - A suite of biomedical databases including EMBASE, MEDLINE, and HAPI
- **ClinicalKey** - Supports healthcare professionals and students with the latest evidence across specialties in a variety of formats, including full-text, reference books and journals, point-of-care monographs, drug information, videos, practice guidelines, customized patient education handouts and more.
- **Cochrane Library** - A collection of databases that contain different types of high-quality, independent evidence to inform healthcare decision-making. At its core is the collection of Cochrane Reviews, a database of systematic reviews and meta-analyses which summarize and interpret the results of medical research.

## Remote Access

Connect off-campus to library e-resources via EZproxy by going directly to the library's website. When you click on a library resource while off-campus, EZproxy recognizes that you are outside of the WCM network and prompts you to log in. Select Weill Cornell Medicine then enter your CWID and password. Your EZproxy session will remain active for two hours within the same browser and you will be able to switch from one electronic resource to another without having to login again. You can log out of EZproxy by quitting your browser. For additional information, visit the [EZProxy FAQ page](#).

## Bibliographic Management Tools

These tools allow you to keep track of references, incorporate citations into papers, create bibliographies, and annotate PDFs.

- **EndNote Desktop Client** – Available to install on WCM ITS-tagged devices. On both Macs and PCs, download through the WCM App Store.

- **EndNote Web** – Freely available to all members of the WCM community. Users must be on the WCMC network to create their account at <http://myendnoteweb.com>
- **Sciwheel** - A browser- based platform where Weill Cornell affiliates can collect, manage, cite, write, and discuss scientific literature privately and via shared projects with peers. [Register through the link on the library's eResources tab](#). (Must be done for the first time inside the WCMC network.)

## **MEDICAL CENTER ARCHIVES OF NEWYORK-PRESBYTERIAN/WEILL CORNELL MEDICINE**

<http://weill.cornell.edu/archives>

### **About Us**

Phone: (212) 746-6072

Email: [email-archives@med.cornell.edu](mailto:email-archives@med.cornell.edu)

Mailing Address: 1300 York Avenue, Box # 34, New York NY 10065-4805

The Medical Center Archives faculty collect, organize, and preserve the historical records and papers of NewYork-Presbyterian Hospital, Weill Cornell Medicine, affiliated and predecessor institutions, and noted associates affiliated with the medical center dating back to 1771, and make these materials available for use by students, faculty, staff, and the public.

### **Services**

The Medical Center Archives is open for onsite research on the 25<sup>th</sup> floor of the Baker Building in NewYork-Presbyterian Hospital by appointment, 9:30-12:30 and 1:30-4:30, Monday through Friday. Remote reference services are also available via email, telephone, or postal mail.

### **Resources**

Information about the institutional records preserved in the Medical Center Archives is available at <https://library.weill.cornell.edu/archives/institutional-archives>.

Information about the personal papers and manuscripts preserved in the Medical Center Archives is available at <https://library.weill.cornell.edu/archives/personal-papers-and-manuscripts>.

### **Electronic Resources**

Discover historical information and thousands of digitized historic images and publications from the Medical Center Archives through several links:

- **Image Database:** <http://library.weill.cornell.edu/archives/image-collections>
- **Digital Historical Publications Database:** <http://library.weill.cornell.edu/digital-historical-publications>
- **History of the Institutions:** <https://library.weill.cornell.edu/archives/history-institutions>
- **Archives Blog:** <https://library.weill.cornell.edu/archives/archives-blog>

### **History of Medicine**

The Medical Center Archives coordinates the Heberden Society history of medicine lecture series each year, along with a committee of faculty from the tri-institutional community. The series program is posted at the beginning of each academic year via the Weill Cornell Medicine Community and News listservs, and on the Medical Center Archives website: <https://library.weill.cornell.edu/archives>. Lectures are free

and open to the public. Please contact [email-archives@med.cornell.edu](mailto:email-archives@med.cornell.edu) if you would like to be added to [the Heberden Society listserv!](#)

# Class Officers and Representatives & Student Organizations

Students contribute to their Weill Cornell community, communities beyond WCM through their engagement in student representation and student organizations. As a general principle, participation in these activities – whether at a leadership level or as a volunteer contributor – should serve to enhance the student’s educational experience, not detract from it. If at any point other personal or academic responsibilities need to take priority, the student should consider adjusting their participation in the activity; in such cases, it may be advisable to seek support from a fellow student and guidance from faculty member.

The following areas of student activity will be reviewed:

- Class Council
- Medical Student Executive Committee (MSEC)
- Curricular Representatives
- Student Organizations

## Class Council

At the beginning of the school year, each medical school class holds elections to select the class council.

The Class Council consists of the following roles:

### **President**

This officer strives to be aware of the major issues important to the entire class, as well as those involving only a few students. This person acts as the primary liaison between the class and the faculty. The Class President is also a voting member on MSEC (see below).

### **Vice President**

The Vice President assists the president in all matters pertaining to the class. Additionally, this person works with the Office of Admissions to plan *Revisit* for accepted students of the incoming class and serves as a primary point of contact for the incoming class.

### **Secretary**

The Secretary takes minutes at all Class Council meetings and other class-wide administrative meetings, books rooms for student events, and sends out information to the class on behalf of Class Council. The Secretary is also one of the point people for the management of the Olin and Lasdon gym schedules and assists in the planning of class events.

### **Treasurer**

This officer oversees the class budget, conducts financial planning for class activities, and helps with organizing class functions. Filing reimbursements for class related expenses also fall under the responsibilities of treasurer.

**Social Chair**

The Social Chair's main responsibility is to facilitate community and engagement within the class and among other classes. This entails organizing events in line with the class' interests with attention to the class budget.

**Community Service Rep**

This position organizes and manages community service and outreach activities for the school. This student works closely with the Community Service Coordinator, school administration and community organizations. This officer should be familiar with the concept of service learning and how service informs the practice of medicine.

**Alumni & Financial Aid Rep**

The Alumni & Financial Aid Representative is the liaison between the class and the WCM Alumni Association. The main responsibilities include attending the quarterly Alumni Association board meetings, attending other meetings relevant to Financial Aid, and providing updates to MSEC and the Alumni Association.

**Technology Rep**

The Tech Rep is the liaison between the class and the school's technology services (ITS). The main responsibilities include regular meetings with ITS, reporting and following up with any class-wide technology related concerns, and updating the students on relevant changes from ITS.

## **Medical Student Executive Committee (MSEC)**

MSEC is an elected group of five students per class that meets once a month during the school year. MSEC represents all medical students in all years and works to fund and organize school-wide student events and activities, as well as lobby and advocate for student needs. With annual budget provisions, the MSEC is a major source of funding for student organizations. This funding provides for special events like concerts, lectures, invited speakers, student-centered activities such as the Winter Formal, and joint events with the graduate school.

MSEC Officers are selected from the MSEC Committee. These roles include:

**President**

The President serves as the highest-ranking member of MSEC and is internally elected by current and former MSEC representatives. The President acts as the primary link between the administration and the entire medical student body by regularly advising the Deans, sitting on most committees related to medical education and students, and nominating other students to committees. Finally, the President oversees all MSEC operations, which include running MSEC elections and conducting monthly public meetings.

**Vice President**

The Vice President is internally elected by current and former MSEC representatives. The Vice President works closely with the MSEC President in acting as a liaison between the student body and faculty. The Winter Formal and Conversations on Tap are the programs in which the Vice President serves as the primary student representative.

**Student Services**



The Student Services Representative interfaces directly with the staff of four distinct offices that work to improve the overall student experience at WCM. These include the offices of Financial Aid and Student Accounting, the Registrar, and Housing and Security. The Student Services Rep works with these offices to communicate on behalf of students, as well as to disseminate important information and updates from these offices to the student body.

### **Treasurer**

The treasurer oversees two funds. The first fund, which comes from the Dean's Discretionary Fund, supports student organizations and MSEC-related activities. The second fund sponsors students to attend conferences meeting certain criteria (see Attendance Standards). The treasurer is responsible for allocating the funds to students and groups each semester, handling reimbursements, and maintaining a balanced budget. The treasurer also sits on several committees, including the Student Life Committee (SLC) and Continuous Quality Improvement (CQI) committee.

### **Diversity**

The Diversity Representative works with the Assistant Dean of Diversity and Student Life to discuss needs/concerns/ideas that the entire student body has about diversity, inclusiveness and belonging on campus related to race/ethnicity, sexual orientation, gender identity and women in medicine. The Diversity Rep can direct their scope and focus to particular issues warranting more attention. The Diversity Rep is also an integral liaison for the Anti-Racism Task Force (formed in 2020) and works with curricular Deans directly to discuss student concerns. The Rep can also choose to collaborate with the Admissions Deans to participate in recruitment and admissions initiatives and ensure that the selection process is equitable.

### **Secretary**

The role of secretary is twofold. The first is to take minutes at monthly MSEC meetings. The second is to help oversee student organizations. This involves maintaining the Student Groups calendar on Outlook, updating the Canvas Student Hotspot, and collecting data on student engagement with organizations and their events. The secretary also sits on select committees, including Continuous Quality Improvement (CQI) committee, Information Technology Systems (ITS), and Student Life Committee (SLC).

### **Wellness**

The Wellness Representative, in collaboration with the volunteer-based Wellness Collective (a student council made up of students from all classes), as well as the Assistant Dean of Student Affairs & Student Life and the Student Life Manager, works to identify health and well-being needs of the student body, and develop interventions and programming. This may include, but is not limited to, events that aim to build community, activities focused on cultivation of personal thriving skills, and educational programming relevant to health and well-being. The Wellness Representative sits on the Continuous Quality Improvement (CQI) committee.

## **Curricular Representatives**

The Class Council President holds an election for four students to serve as Curricular Representatives for the class (elections are typically held each semester with some representatives choosing to remain in their position throughout the pre-clinical curriculum and others joining for

a semester). The four curricular representatives act as liaisons between students and curriculum leaders, soliciting and sharing class feedback and concerns on curricular/course-related matters at monthly meetings with faculty.

## **Student Organizations**

Student organizations include Diversity Organizations, Academic Interest Groups, Special Interest and Recreational Groups, Policy and Advocacy Groups, Community Service Organizations and Pipeline Programs. All are student-run and many receive some level of funding through MSEC and the medical college. The groups reflect our student body's diversity, interests, and commitment to the community around us.

Visit the [Student Groups & Community Service](#) page for more information. All student organizations are listed and described in detail on the student "Hotspot". This can be found at <https://login.weill.cornell.edu/ds/canvas/>.

## **Governance of Medical Student Organizations and Groups**

This section will review the following subtopics:

1. General Overview
2. Types of Student Groups
3. Establishing New Organizations and Groups
4. Funding
5. General Student Leadership and Oversight
6. Student Leadership and Oversight within a Student Group
7. Faculty Oversight
8. Central Medical Education Oversight
9. Activity Status and Termination
10. Process for Approval of Expanded Privileges
11. Expedited Review Process

### **General Overview**

Weill Cornell Medicine encourages students to participate in a wide range of activities and initiatives. Student groups address a range of interests and functions, including community service, diversity and identity, policy and advocacy, academic and other special interests, and wellness and recreation. Students are invited to formulate proposals to establish new groups that fill needs not currently met by active groups. As a general principle, student groups are meant to be largely student-run with some groups requiring more significant faculty oversight. Groups are meant to be open to all students without restriction.

## **Types of Student Groups**

Overview: Student groups have different levels of complexity and liability risk and thus require different levels of safeguards and oversight. As a general rule, groups that involve interaction with persons who are not WCM students (e.g., patients, clients, the general public, students from other institutions, or minors) or wish to engage in external fund-raising or maintain a public web/media presence involve a higher level of oversight. Such “externally-facing” groups typically require a *Faculty Leader* who provides direct or facilitated oversight with student leaders. Service groups and pipeline programs will all require a *Faculty Leader*; other types of groups, including some Academic Interest Groups, Special Interest and Recreation Groups, and Policy and Advocacy groups, may also warrant a *Faculty Leader* if they engage in higher-risk activities, as described above. Groups not requiring a *Faculty Leader* are recommended to have a *Faculty Advisor*, who can provide advice and general guidance to student leaders. Most Academic Interest Groups, Policy and Advocacy groups, Diversity Organizations and Special Interest and Recreational Groups will be in this category. The type of oversight is determined during the group’s approval process in conjunction with the Office of Student Life and other relevant offices. For a full description of general categorization of groups and the Faculty Leader and Advisor roles, visit the [Student Groups & Community Service webpage](#).

## **Establishing New Organizations and Groups**

Chartering of New Groups: Students wishing to organize and establish a new group must first complete the [charter application](#) that addresses areas such as the proposed name of the group, the names, contact information and role descriptions of the student leaders, needs assessment/overlap with existing groups, the goals and expected activities, required resources (e.g., space, equipment, etc.), sources of funding, and proposed Faculty Leaders or Advisors. In addition, the organizers must attest that they have read the governance policy and will adhere to it along with the other relevant policies of WCM. A Student Life staff representative will review the application. In this stage of the process, the proposed group’s purpose, goals, and level of risk are assessed. Approval from various WCM entities that may be relevant to the group’s proposed activities – entities including, but are not limited to, the offices of *Risk Management*, *External Affairs*, *Patient Billing and Compliance*, *Legal Counsel* and/or clinical departments – are sought at this stage, prior to group approval. The application then is reviewed by the vetting dean, who is either the Assistant Dean, Student Affairs and Student Life, or the Assistant Dean, Diversity and Student Life.

For groups that either require a *Faculty Leader*, i.e., “externally-facing” groups that involve interaction of students with persons or entities who are NOT students (e.g., patients, the public, minors, external funding agencies, web/media presence, etc.), or groups that would be aided by having a *Faculty Advisor*, the vetting dean will need to communicate with the proposed faculty member(s) prior to approving the charter. The roles and responsibilities of the *Faculty Leader* or *Faculty Advisor* position is presented to the faculty member; a meeting with the vetting dean may occur at this stage if warranted (necessary for most groups requiring a *Faculty Leader*); and the faculty member then signs a memorandum of understanding (MOU) form. Once the faculty member is approved for a leader or advisor role, unless revisions or clarifications are needed, the charter application will be approved and the group permitted to operate. Newly formed groups should not participate as a group or proceed with any group functions until they have been officially approved and received a *New Group Approval* letter from the Office of Student Life.

MSEC leadership will be informed of all groups whose charters have been approved and such groups will be eligible to seek MSEC funding at the start of the next semester. New student groups should not seek funding from MSEC until they are approved. MSEC will not provide funding to new groups if they have not received documentation that the new group has been approved.

Proposals submitted during a semester will not generally be approved until the end of that semester; the student can then apply for MSEC funding at the start of the subsequent semester. Students wishing to have a new group approved by the start of the following semester (in order to be eligible for MSEC funding) must submit their proposals by November 1 (for January approval/funding-eligibility) and by July 1 (for September approval/funding-eligibility).

## **Funding**

The principal funding sources for student groups are “internal,” i.e., primarily allocated by MSEC and/or special funds earmarked for a specific project by the Dean’s Office, and “external,” i.e., primarily allocated by external granting agencies, both private (including WCM alumni) and government sources. Students who want to request funding from an external source must consult with and obtain approval for funds solicitation through the Office of External Affairs, both at the time of initial establishment/chartering of the group (once approved) and then subsequently during the lifetime of the group’s activities. The Faculty Leader or Faculty Advisor and the Office of Student Life must be consulted before students seek such funding.

Funds for student groups are managed through the Office of Student Life and the finance offices of the Office of Medical Education.

## **General Student Leadership and Oversight**

Medical Student Executive Council (MSEC): MSEC does not provide direct oversight of student groups nor issue charters to groups. However, it does play a central role in the allocation of funds to newly-formed and previously established groups. The Office of Student Life will provide the MSEC leadership with access to the Charters of new groups as well as data collected from the annual activity status update survey to assist MSEC in making its funding allocation decisions.

## **Student Leadership and Oversight Within a Student Group**

Overview: Students are expected to play a critical role in the leadership of each student group including establishing the group’s goals, policies/by-laws and operations, strategic planning, securing funding and resources needed for operating, welcoming new members and overseeing the activities of student members. Student leaders are expected to liaise with Faculty Leaders, Faculty Advisors, overseeing deans, and offices of central medical education as described below. Student leaders are responsible for ensuring that the group follows the provisos of its charter, any policies and regulations of WCM and local, state, and federal laws and regulatory bodies.

Types of Leadership Roles: Each group may define the roles and the role’s title using their own processes based on the group’s unwritten traditions and/or established by-laws. The authority, duties and responsibilities of the role should be clearly delineated in the charter and any modifications to the roles should be noted in the annual activity status update survey.

Selection and Term of Student Leaders: Student groups may choose their leaders using their own processes based on the group's unwritten traditions and/or established by-laws for eligibility and selection, provided that the selection process is fair and equitable and leadership roles are open to all eligible student members. Each group may establish the term lengths of its leadership roles.

Removal of Student Leaders: Ordinarily student co-leaders will discuss issues related to a problematic student leader and come to a resolution for removal. If no resolution is possible, student leaders should confer with the group's Faculty Leader or Advisor, or (if none exist) with overseeing dean. The student leadership and the Faculty Leader/Advisor and/or the overseeing dean then meet with the student leaders to achieve an amicable resolution that may include removal of the problematic student from a leadership role. Medical education deans may suspend any student from a leadership role on an emergent basis should the need arise until further investigation/resolution of issue.

## **Faculty Oversight**

Overview: Because of differences in the complexity of student organizations and their liability risk, groups require different levels of oversight, as described above under 'Types of Groups'. *Faculty Leaders* and *Faculty Advisors* are not expected to serve in the role as "chief executives" of a group, but rather to provide oversight of student leaders who serve as the principal leaders of each group.

Faculty Leader Role: This role is specific to student-run programs/organizations that interface with persons outside the WCM campus, i.e., "externally-facing groups" that may have higher liability because of their interactions. The Faculty Leader may share responsibility for overseeing the program/organization with Faculty co-Leader(s). The Faculty Leader will meet with the overseeing Med Ed Dean several times per year; the frequency determined by need. Responsibilities of the Faculty Leader may evolve depending on the duration of the group's existence, with the Faculty Leader initially overseeing activities more closely in newly-formed groups (i.e., "direct and frequent" oversight) and, later on, supporting the leadership (i.e., "facilitated oversight") of student leaders in more established, longer-standing, or more smoothly functioning groups.

Faculty Advisor Role: This role is specific to student-run programs/organizations that do not interface significantly with persons outside the WCM campus community. This role may apply to the following categories if they are not externally facing: Academic Interest Groups, Policy and Advocacy Groups, Diversity Organizations, Special Interest and Recreational Groups. Any student group in one of these categories in which WCM student members would interact with persons in a patient or client relationship, minors (person < 18 years of age), external funding agencies, or the public through a web/media presence require a *Faculty Leader*, as described above, who can provide more oversight due to liability concerns. The Faculty Advisor may share responsibility for the program/organization with Faculty co-Advisor(s). The Faculty Advisor will have communication with the overseeing Medical Education dean on an as needed basis. Responsibilities of the Faculty Advisor are meant to be advisory and facilitatory to the student leaders and the group's operation, but by definition do NOT involve *direct* oversight.

Visit the [Student Groups & Community Service webpage for more information about faculty oversight, and the responsibilities of the Faculty Leaders and Faculty Advisors.](#)

### Selection of and/or Removal of Faculty Leaders and Advisors:

- Nomination: *Faculty leaders* and *faculty advisors* will be nominated/recommended for the role by student organizers of a new group or current student leaders of an established group.
- Qualifications: Faculty leaders and advisors ordinarily will have WCM faculty appointments and have the interests and skill set needed to perform the role of the Faculty Leader or Advisor. (Ordinarily, the Faculty Leaders and Advisors will be full-time faculty members, but in some cases an exception made be to this guideline.)
- Selection and Vetting Process for Faculty Leader or Advisor
  - Student leaders meet with proposed Faculty Leader or advisor who is given a description of the organization and the expected role by student leaders, including time commitment and expected term of service.
  - The determination of a proposed term length is not required, but the student leaders and/or the faculty nominee may request that this is decided between the students and the faculty member in advance of finalizing the arrangement.
  - The overseeing deans at their discretion may discuss the nominee's suitability with other members of medical education administration.
  - The nominee receives communication from a member of the Office of Student Life to clarify the nominee's understanding of role and expectation
  - For Faculty Leaders, and for some Faculty Advisors, a meeting will be held with the faculty member and the overseeing dean
  - At the discretion of the overseeing dean, the nominee and the student leaders may be directed to reconvene to clarify and finalize the understanding of all parties about the leadership roles.
  - Assuming the nominee is suitable for the position, the overseeing dean will ask the nominee to sign a memorandum of understanding (MOU) form, which signifies that the nominee has been approved for the Faculty Leader/Advisor role with the group
- Removal of Faculty Leader or Advisor
  - Faculty Leaders or Advisors serve at the pleasure of student leaders.
  - Student leaders who have reason for wanting to remove the Leader/Advisor will consult with the overseeing dean (and/or Faculty co-Leaders/Advisors) to see if resolution is possible without removal or, if removal is deemed necessary, to ensure that due process is followed.
  - The overseeing deans, at their discretion, may discuss the situation with other members of medical education administration.
  - Student leaders and overseeing dean meet with Faculty Leader/Advisor to inform them of removal, with follow-up in writing.
  - Student leaders confer with overseeing dean and/or remaining Faculty co-Leaders/Advisors on ways to inform the relevant parties of the removal of the individual, and on the removal of the Faculty Leader/Advisor's name from websites/official publications etc.
  - The Senior Associate Dean, Education, or their designee may suspend any faculty member from leadership/advisory role on an emergent basis should the need arise until further investigation/resolution of issues.

## **Central Medical Education Oversight**

Overview: The Central Medical Education Offices govern student groups in two principal ways: 1) managing student groups' funds and expenditures (Associate Director, Medical Education Administration and Finance Coordinator, Medical Education) and 2) assistance with establishment of new groups and troubleshooting/advising existing groups (Coordinator of Student Community Service and other Student Life Office representatives). Central Medical Education, through its liaison with the general faculty, may also help to advise student leaders of community needs that could translate into community service-learning opportunities for academic credit and/or non-credit bearing enrichment ("Volunteer"). In addition, deans for student life and student diversity provide oversight of student groups and organizations.

Decanal Purview and Oversight: The decanal purview of student groups is as follows: Assistant Dean, Diversity and Student Life (Community Service Groups, Pipeline Programs, and Diversity Organizations) and Assistant Dean, Student Affairs and Student Life (Academic Interest Groups, Policy and Advocacy Groups, Special Interest and Recreational Groups).

The role of the deans within their purview include the following:

1. Vetting Faculty leaders/Advisors that student groups recommend
2. Consulting with the group's leadership (students and faculty) about problematic Faculty Leaders/Advisors or colleagues or student members.
3. Offering advice, when requested of student group leaders
4. Hearing concerns about student groups from any source (students, faculty, administrators, staff, etc.).
5. Facilitating, when needed, the interactions of the student groups with other WCM offices—risk management, external affairs, etc.
6. Advising and consulting reciprocally with other medical education deans and administrators as needed.
7. Reviewing the suitability of new groups, and approving those meeting standards (see Establishing New Organizations and Groups)
8. Reviewing activity status update surveys for existing groups.

Office of Student Life: The Coordinator of Student Community Service and other Office of Student Life representatives support student-run groups that are being established or that are on-going with advising and troubleshooting and with interfacing with other offices at the Medical College.

## **Activity Status and Termination**

Change of privileges: Student groups seeking to increase their privileges (e.g., to participate in external-facing activities if their initial charter did not include this), must apply for this change through the Office of Student Life *before* planning or participating in any of these additional activities. This requires an updated charter application. This will also involve discussion with the current faculty advisor(s)/leader(s) and may require the institution of a Faculty Leader if there had previously been a Faculty Advisor.

Continuation of Activities: Student groups are permitted to function as long as they follow all provisos of their initial charter (or an updated charter if they have successfully applied to the Student Life Office for increased privileges), all policies and regulations of the Medical College and are in compliance with local, state, or federal laws or regulatory bodies.

Activity Status Determination: Each year the Office of Student Life, MSEC leadership, and student group leaders will confirm the activity status of all groups, update student leader and faculty advisor/leader rosters, and address any need for updated charters if student groups are anticipating a need to increase their privileges. Student leaders may be asked to provide an annual summary of group activities and student involvement. Groups that are inactive for more than one year will need to re-apply for chartering.

Suspension or Termination: Student groups are chartered and operate under the aegis of Weill Cornell Medicine and are expected to uphold the standing and reputation of the institution. A group may be suspended or terminated permanently for violation of any provisos of its charter, the policies or regulations of the Medical College or local, state, federal laws or regulatory bodies or for activities that may compromise the standing of the institution in the community at large. The Assistant Deans in consultation with the Associate Dean, Education, or Senior Associate Dean, Education, have the right to immediately suspend or terminate a group permanently for just cause as described above, at their sole discretion.

### **Process for Approval of Expanded Privileges**

In some situations, a group wishes to expand its privileges beyond those that were designated at the time of initial group chartering and approval (e.g., higher risk functions such as interfacing with external persons or organizations, working with people as patients or clients, having a social media/web/other media presence, etc.). In such cases, student group leaders must first confer with their Faculty Leader or Advisor (if one exists) and contact the Office of Student Life to discuss their plans for group expansion and then proceed with re-chartering of their organization.

### **Expedited Review Process**

To meet the fluid needs of students and their organizations, and to facilitate rapid approval of *very low-risk* groups, while most groups will require a full review of their charter in order to be approved, some group proposals may meet criteria for *expedited review*.

#### Criteria for expedited review

To be considered for an *expedited review*, a group proposal will meet the following inclusion criteria.

The proposed group plans to:

- host activities involving only people from WCM (students, faculty, staff), which includes the invited speakers/presenters
- host only those activities that are generally considered low risk to participants (e.g., arts and crafts, watching movies, casual athletics, etc.)



- have no engagement with the public, including having no social media, web, or written media presence
- seek funding only from MSEC (not from other sources)

#### Group activities or functions requiring full review

Any group planning, or considering, one of the following, will need to apply through a *full review*:

- having a social media, web, or other media presence
- inviting with external (non-WCM) speakers or collaborating non-WCM organizations
- hosting in-person or virtual activities at other institutions outside of WCM
- hosting in-person or virtual activities that are open to/involve the non-WCM community or general public
- hosting activities in which it is of reasonable likelihood that a participant could sustain physical injury
- interacting with minors
- interacting with persons in a patient or client relationship
- seeking any sources of funding from inside or outside of WCM other than MSEC

The typical proposal eligible for *expedited review* would be a *Special Interest & Recreational Group*:

- posing minimal risk to participants
- involving students, faculty, staff and resources **ONLY** from WCM
- and planning no involvement with the public (including a media presence, external fundraising, etc.).

Academic Interest Groups may be eligible, but if your group would benefit from being able to invite and host outside (non-WCM) speakers, or collaborating with outside organizations in some way, we strongly recommend that you apply through the regular (non-expedited) process.

#### Faculty Oversight

Very low-risk groups that are eligible for the expedited review may choose to have a Faculty Advisor, but they are not required to do so. If the student group leaders proposing the group wish to officially name a Faculty Advisor, they can indicate that on the charter application document.

#### Requirements for approval of expanded group privileges

In some situations, a very low-risk group that was approved under *expedited review* may wish to expand its privileges beyond those bestowed at the time of the initial expedited chartering (i.e., any of those types of activities listed above as needing a full review, such as, but not limited to, inviting external speakers or presenters, establishing a social media/web/other media presence, interfacing with the non-WCM community/general public). At such point, the approved group must contact the Office of Student Life to discuss their plans for group expansion and then proceed with re-chartering through a *full review* process.

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