RESTART PLAN #1

Submitted to NJ Office of the Secretary of Higher Education (OSHE) on July 22, 2020

for the period 8/5/2020 through 8/31/2020
Submission of Institutional Plan for Restart Cover Sheet

Institution Name: Hackensack Meridian School of Medicine
Date Submitted: July 22, 2020

Key Contact(s):

Name: Bonita F. Stanton, M.D.
Title: Robert C. and Laura C. Garrett Endowed Chair for the School of Medicine Dean
Email: Bonita.Stanton@hackensackmeridian.org
Phone: 973-275-4852
Url: https://www.hmsom.org/

Website for Restart Plan Posting: https://www.hmsom.org/

Components of Institutional Plan for Restart Checklist

1. General Safeguarding
2. Screening, Testing, and Contact Tracing Protocols
3. Instruction
4. Computer Labs/Libraries
5. Research
6. Student Services
7. Other Information/Appendices (as needed)

By signing below, the institution certifies that all statements provided are true and correct and that the institution will comply with all applicable requirements set forth in the Governor's Executive Orders.

Bonita F. Stanton, M.D.
Signature of President or Appropriate Designee

July 22, 2020
Date
Introduction

On June 18, 2020, the state of New Jersey issued “Restart Standards for all New Jersey Institutions of Higher Education,” which provides colleges and universities in the state with guidelines for developing re-opening plans. The standards encompass ten key on-campus functional areas, including: instruction, residential housing, computer laboratories, libraries, research, student services, transportation, dining, international travel, and athletics. The document provides direction and clarification on requirements (“must” statements), examples of safeguarding practices, and items for consideration (“should” statements) in each of the key areas.

Re-opening Hackensack Meridian School of Medicine (HMSOM) to students, faculty, and staff is contingent upon the state of New Jersey’s ability safely to enter Stage 3, as explicated in “The Road Back: Restoring Economic Health Through Public Health,” in which “higher education may operate in person with reduced capacity.”¹ In accordance with state requirements, HMSOM has developed a robust and thoughtful plan that accounts for public health concerns, adheres to state and CDC guidelines, outlines modifications to the academic program and student life, and describes how faculty and staff will safely work at the School. HMSOM will continue to monitor federal, state, and local guidance regularly, and understands that the state will announce changes in the stages of “The Road Back” in response to the trajectory of the pandemic (incidence and prevalence of infection) until there is a proven and widely available vaccine or treatment.

HMSOM will also continue to review current and evolving guidance, recommendations and considerations from the Centers for Disease Control and Prevention (CDC)² regarding re-opening. The School’s leadership has also referred to Johns Hopkins University’s COVID-19 Planning Guide and Self-Assessment for Higher Education for examples and best practices for re-opening.³

Planning Process

In response to the rising rates of COVID-19 infections in the region in mid-March, HMSOM quickly transitioned to remote learning and immediately began planning for fall 2020. On March 11, 2020 Phase 2 students participating in clerkship rotations were withdrawn from the clinical setting. The Dean held regular discussions about the current and future state of curriculum delivery with faculty, staff, and administrators to create contingency plans. The School considered how best to conclude the 2019-20 academic year and how to launch the 2020-21 academic year with its third and largest cohort of 125 students matriculating on Mon., July 13, 2020.

In all cases, HMSOM commenced its deliberations in alignment with its mission, values, and strategic plan, bearing in mind the financial costs, modifications to the academic program and transformation of student life in ways that prioritize healthfulness and well-being while supporting a campus experience that students will value.

In June, HMSOM reevaluated the return of its Phase 2 students conducting their clerkship rotations and they returned to the clinical wards following utilizing the training materials and plan described in Appendix B, submitted by Seton Hall University on HMSOM’s behalf.

¹ [Link to the referenced document]
² [Link to the CDC guidelines]
³ [Link to the Johns Hopkins University’s COVID-19 Planning Guide]
In planning for the potential return to campus, Dean Stanton established the following guiding principles:

- We are committed to protecting the health of our students and employees.
- We are committed to developing plans with the goal of maintaining the financial well-being of students and employees, especially those who experience the greatest impact.
- We are committed to protecting HMSOM’s mission of education and research, including focusing resources on HMSOM’s highest priorities.
- We are committed to protecting the long-term financial health of the Hackensack Meridian School of Medicine.
- We are committed to transparency.

Later in June 2020, incorporating the feedback of the students, faculty, and staff referred to above, the School considered how best to continue the on-site training of these students in clinical training in our state-of-the-art Simulation Center. The Associate Deans of Office of Medical Education and Student Affairs and Wellbeing presented their plan to the Dean who brought it forward to the Dean’s Cabinet. The Cabinet approved the plan incorporated herein.

Prior Submission

On July 2, 2020, Seton Hall University included HMSOM’s request for a waiver to send its second-year medical students to their clinical rotations throughout Hackensack Meridian Health System.

A copy of the request and the related health- and-safety training procedures are included in Appendix A. A copy of the Re-opening Plan is also included in Appendix B.

Health and Safety Considerations: General Safeguards

HMSOM plans to implement policies and protocols regarding the following safeguards and requirements for faculty, staff, and students when they return to campus, and remains committed to working with local and state officials to review the components of the plan and revise it as necessary.

The plan includes:

- Written training materials (see p. 12 in Appendix A) for students on COVID-19 sanitation (including handwashing and disinfection of spaces and surfaces), education regarding self-monitoring for symptoms, and social distancing practices and protocols as an expectation for returning to campus
- Written training materials (see p. 12 in Appendix A) for faculty and staff on sanitation (including handwashing and disinfection of spaces and surfaces), education regarding self-monitoring for symptoms, social distancing practices and protocols, and institutional policies and procedures developed to mitigate the spread of SARS-CoV-2 (the virus that causes COVID19)
- Required use of face coverings (i.e., face masks) for faculty, staff, students, and visitors.
- Frequent cleaning and sanitation of all facilities (i.e., classrooms, residences, restrooms) including high-touch hardware and equipment, as well as shared surfaces
• The availability of continued remote instruction for faculty and/or students who are unable to participate in in-person instruction

• Social distancing in all indoor and outdoor areas of campus

• A limited number of students in common areas and limited gatherings in accordance with state guidelines, as defined and applicable at any time

• Health screenings of faculty, staff, students, and visitors prior to entering campus

• Modified food service and dining operations to comply with health and safety standards

• Established COVID-19 testing and contact tracing protocols, developed in consultation with local health officials and aligned with state and federal health privacy statutes and regulations

Public Health and Prevention

HMSOM has developed a facility plan that accounts for necessary social distancing, in accordance with requirements from the state and recommendations from the CDC and has adopted policies regarding the wearing of face masks and social distancing. Successful prevention of the spread of people infected with SARS-CoV-2 (the virus that causes COVID-19) will require the active commitment of the entire School community.

Reports of any violations of the mandatory mask policy should be made to Public Safety in the Winter Garden (lobby) of the building. Public Safety will offer the violator a mask, or, if the person declines, evict the person from the building.

The following conditions and protocols will be in place for the opening of the I.H.S. campus:

• HMSOM will enforce state requirements regarding safe social distancing and will adjust expectations for conduct by students, faculty, and staff as stated in handbooks to reflect appropriate changes in policy; the School will expect students, faculty, and staff to abide by six-foot social distancing guidelines and/or necessary capacity restrictions in all campus facilities, including classrooms, laboratories, conference or other meeting rooms, common areas, dining spaces, libraries, and offices.

• The School will require that all visitors comply with its mask-wearing and social distancing policies.

• The Interprofessional Health Sciences (I.H.S.C.) Public Safety department will maintain a log of all visitors to the campus to facilitate contact tracing, should that become necessary.

• The I.H.S.C. facilities team:
  o Has installed floor markings and signage to guide pedestrian traffic patterns and to facilitate and encourage social distancing;
  o Has optimized an increase in outside airflow, intake, and circulation in buildings by refitting ventilation systems to higher grade filters;
  o Will adjust points of egress in campus buildings to control the flow of pedestrian traffic and facilitate appropriate social distancing;
  o Will increase the frequency of cleaning and disinfecting of high-touch surfaces, in high traffic areas, such as light switches, buttons, handles, handrails, doorknobs, countertops, etc.;
  o Has installed hand sanitizing stations throughout the campus;
  o Public Restrooms will be monitored throughout the day, with increased cleaning of high-touch surfaces; restrooms will be monitored and sanitized every night, seven days per week;

---

4 According to the state’s re-opening guidelines, “Throughout all stages, students and employees who are immunocompromised, or otherwise in an at-risk category, should be allowed to do work or meet remotely rather than in-person.”

https://www.state.nj.us/highereducation/documents/pdf/index/OSHErestart.pdf
Common areas will be sanitized nightly, seven days per week; and
Classrooms will be sanitized every night, Monday through Friday, and on weekends as needed.

Screening, Testing, and Contact Tracing Protocols

All students who are currently engaged in clinical work who have potentially been exposed to COVID-19 or are otherwise concerned about infection will be referred to the HMH Office of Occupational Health, who will determine what is required before clearing them to go back to work. If deemed necessary, Occupational Health will refer students to a testing site and then instruct the students to follow up with their physician. HMSOM has identified practices and Urgent Care Centers that are available to treat HMSOM students; Occupational Health is also familiar with HMSOM’s Student Health Services documentation (see Appendix C).

Screening

HMSOM will encourage self-screening for faculty, staff, and students utilizing training materials circulated prior to returning to campus. Self-screening will help students, faculty, and staff monitor their own symptoms and protect the safety of others. HMSOM will require members of the community who are experiencing any of symptoms of COVID-19\(^5\) to stay home and follow up with their medical provider as needed.

The School will direct students who develop symptoms while on campus to Occupational Health (see introductory paragraph above), its health services providers (see Appendix C), or local urgent care facilities.

Staff and faculty who develop symptoms while on campus will be required to leave campus and encouraged to contact Occupational Health or see their personal primary care providers.

Testing

Testing for COVID-19 is an important means of identifying and treating people who have been infected, while also mitigating the spread of the virus. Students, faculty, and staff may avail themselves of testing from available local providers or as recommended by HMH’s Office of Occupational Health (if applicable).

HMSOM will encourage students who show symptoms of COVID-19 or have had known contact with someone who tested positive for the virus to get tested by available local providers or as recommended by HMH’s Office of Occupational Health (if applicable) (see HMSOM Student Health Services- attached as Appendix C).

HMSOM will encourage faculty and staff to seek testing from their personal providers if they are symptomatic or have been in contact with an individual (student, faculty, staff, or others) who tested positive, as determined by contact tracing protocols (below).

Contact Tracing

The Interprofessional Health Sciences (I.H.S.C.) Public Safety department will maintain a log of all visitors to the campus to facilitate contact tracing, should that become necessary. They will

---

\(^5\) According to CDC, symptoms include the following: (see https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html)
Fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea.
coordinate with the local health departments of South Orange, Newark, and Nutley, as appropriate, to conduct contact tracing when a medical student or faculty or staff member is infected or is named as a close contact of another person who is infected.

Contacts are required to stay home, quarantine, and maintain social distance from others until 14 days after their last exposure, while monitoring symptoms. Contacts who develop symptoms should seek medical attention and get tested for COVID-19.

**Instruction**

*During the period covered by this report, minimal small group instruction will take place.* Most learning activities for the Phase 1 students takes place online utilizing screen-sharing technology for “in-classroom” activities and the deep electronic resources of the HMSOM Information Commons (e.g., library).

Faculty office hours and advising will continue to be offered online. Specialty mentoring by clinical physicians of interested students will also be delivered online, and no extracurricular, in-person activities are presently permitted.

Library staff will continue to provide remote/online assistance to all students, faculty, and staff. This is done using screen-sharing and chat software, e-mail, and FAQ service(s), videoconferencing, and SharePoint® and Teams® sites.

All students who attend on-campus learning activities are required to wear a face covering and adhere to the social distancing guidelines. Students who do not adhere to these requirements will be required to leave the I.H.S.C.

**Proposed return to Clinical Simulation Labs in August 2020**

The students engaged in the Clerkship Rotations (see Appendix A below) will need both on-site clinical training as well as assessment in the month of August 2020.

Currently the students are rotating in the following clinical departments in the HMH Network: Family Medicine, OBGYN, Pediatrics, Internal Medicine, Psychology and Neurology, Emergency Medicine, and Surgery.

Over the course of the month of August, we anticipate bringing in, on average, 15 students, 11 Standardized Patients, 4 faculty and 7 staff on 11 discrete weekdays. They will hold learning sessions in the Clinical Skills Center and Medical Simulation Center totaling 19,000 sq. ft.
The Clinical Skills Center (CSC) occupies approximately one-quarter of Floor 2 of Building 123, for a total of approximately 9,500 square feet of space. It includes 16 examination rooms, each designed to look and function as outpatient medical office space. An external corridor for student use surrounds the examination rooms and a central corridor for faculty and standardized patient (SP) use that is connected to the CSC Control Room, SP lounge, and storage areas. Each of the examination rooms has identical equipment, including an exam table, examination equipment, sink, and computer station, and can be used for teaching and learning, as well as formative and summative assessment.

The CSC includes full digital video/audio recording for all exam rooms. B-Line simulation management software is used to manage data from the CSC, and recordings can be fully annotated. Faculty observers are stationed in a central control room and can also be stationed outside of the individual examination rooms with the ability to observe and listen to activity in the rooms.

The CSC also has four dedicated debriefing rooms and a reception area.

The Medical Simulation Center (MSC) occupies approximately one-quarter of Floor 2 of Building 123, for a total of approximately 9,500 square feet of space. It features seven simulation rooms designed as: medical/surgical inpatient units (two), intensive care units (two), post-anesthesia care unit, operating room, and labor and delivery (with capability for newborn care simulation).

The MSC includes full digital video/audio recording for all exam rooms. B-Line simulation management software is used to manage data from the MSC, and recordings can be fully annotated. Each of the simulation rooms has dedicated control room space for mannequin control and student observation, and all rooms are designed to be flexible for modification of use to other types of inpatient simulation as needed.

The MSC also has four dedicated debriefing rooms, a reception area, and a mannequin repair workroom in Building 123A.

The daily plan in the 19,000 sq. ft. of space is as follows:

<table>
<thead>
<tr>
<th>Clerkship</th>
<th>Proposed Start Date</th>
<th>Students</th>
<th>SP</th>
<th>Faculty</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery</td>
<td>Wed, 8/5</td>
<td>10</td>
<td>10</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Psych &amp; Neuro</td>
<td>Thu, 8/6</td>
<td>16</td>
<td>14</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>OBGYN &amp; Peds</td>
<td>Fri, 8/7</td>
<td>16</td>
<td>11</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Family Med</td>
<td>Mon, 8/10</td>
<td>10</td>
<td>10</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Peds &amp; IM</td>
<td>Tue, 8/11</td>
<td>18</td>
<td>14</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Psych &amp; Neuro</td>
<td>Thu, 8/13</td>
<td>16</td>
<td>14</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>OBGYN &amp; Surgery</td>
<td>Fri, 8/14</td>
<td>18</td>
<td>14</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>OBGYN, Peds, Surgery</td>
<td>Mon, 8/17</td>
<td>28</td>
<td>8</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Surgery</td>
<td>Tue, 8/25</td>
<td>10</td>
<td>10</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>OBGYN</td>
<td>Fri, 8/28</td>
<td>8</td>
<td>8</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Surgery</td>
<td>Mon, 8/31</td>
<td>10</td>
<td>10</td>
<td>8</td>
<td>6</td>
</tr>
</tbody>
</table>

Interprofessional Health Sciences (IHS) Library

Along with the general distancing and sanitation requirements described above, these specific steps will be taken at the IHS Library:

- Remove every other seat where applicable to maintain distancing.
- Remove couches.
- Hand sanitizing stations will be available
- I.H.S.C. library staff will routinely clean tables and other surfaces in accordance with prescribed health and safety guidelines.
- Individual study room doors will remain open to maintain air flow and also ensure that...
distancing is in effect.

- Large quiet study room will have seats removed to allow for social distancing.
- The IHS library common area will have a reduced density of PC workstations to ensure students and faculty are working at a safe distance, in accordance with social distancing rules.
- Signage will direct individual users to disinfect the terminals before and after usage; equipment will be provided to use for cleaning. Between uses, keyboards and mice will be cleaned and sanitized.
- Signage will be used to enforce social distancing at the printing station and other areas where patrons queue (including IT/AV service desk).
- The room-booking kiosk touchscreen will be turned off.
- Privacy shields will be installed at countertop seating areas where applicable.
- Specific entryways and exits into the library will be designated.

The IHS Library will have modified hours and will provide service hours that accommodate the needs of immunocompromised or otherwise at higher-risk faculty, students, and staff.

The IHS Library will implement and enforce social distancing, mask-wearing, and maximum occupancy policies for patrons, in accordance with state restrictions for all shared indoor spaces.

Student Services

During the period covered by this report, there will be no in-person Student Services provided on-campus.

HMSOM has developed a robust plan to provide student support services that address the needs and well-being of its students. The School will continue to provide student services remotely. (See Appendix D —HMSOM Student Assistance Program & HMSOM Student Accessibility Services.)

Spaces frequented by students, such as study spaces, lounges, etc., will be modified as indicated by the I.H.S.C. Facilities activities described on p. 5.

Social gatherings and in-person event capacity will remain discontinued. There will be no conferences or gatherings permitted on-campus. School-supported student organizations will continue to communicate and meet virtually.

Admissions

During the period covered by this report, there will be no in-person visits or tours of the campus. The Admissions process will continue to be administered by The American Medical College Application Service® (AMCAS®), and applicant questions will continue to be addressed virtually through the HMSOM Admissions website, email, and telephone.

Student Financial Aid

During the period covered by this report, the Office of Financial Services will continue to offer all services remotely. This will be accomplished through the use of the newly implemented PeopleSoft® Campus Solutions, the office’s website, email, and telephone.
On-campus Dining

During the period covered by this report, there will be no dining services provided on-campus.

In the future, we anticipate that the dining area will have:

- Seating blocked off to allow for distancing while eating.
- Markings on the floor for queue lines at 6-foot intervals to guide customers about where to stand while waiting.
- Entrances and exits marked on doors to create enter only and exit only pathways.
- Mobile ordering available for express pick up. Once alerted the entrée is ready, the customer will proceed to the proper line and pick up their meal.

Communication Plan

HMSOM will continue to work and coordinate with the Public Relations team of Hackensack Meridian Health.

Human Resources

HMSOM will continue to work and coordinate with the Human Relations team of Hackensack Meridian Health.
Appendix A: The Hackensack Meridian School of Medicine at Seton Hall University Return to Clinicals Training Protocols

This section is included in lieu of a waiver application requesting authorization for Hackensack Meridian School of Medicine to return its 57 second year medical students to their clinical rotations throughout Hackensack Meridian Health System. All students were summarily removed from clerkship responsibilities on March 15, 2020. They rotate in hospitals throughout the Hackensack Meridian Health System in the following departments: Emergency Medicine, Family Medicine, Neurology, Psychiatry, Internal Medicine, Pediatrics and Surgery.

The School of Medicine’s return to the clinical setting training includes training in the correct use and management of Personal Protective Equipment (PPE), how to minimize the risk of COVID-19 exposure and transmission, what to do in case of exposure or illness, universal precautions, and how to enter and work in the clinical setting. The components of the training include: (1) completion of a training packet which includes readings and videos, (2) participation in two live training meetings, and (3) completion of a quiz on which students must achieve a minimum score of 85%. A copy of the training packet is attached: “School of Medicine (SOM) Return to the Clinical Setting Training Document—June, 2020.”

The Office of Student Affairs and Wellbeing and the Office of Medical Education monitor the New Jersey Department of Health website, along with many other state and local resources, to ensure compliance with best practices for supporting and protecting our medical students in all clinical settings. Students attend a weekly, virtual Town Hall with the deans of the school where updated clinical guidelines for COVID-19 treatment are reviewed by leaders in the COVID-19 Command Center of Hackensack Meridian Health (see attachment COVID 19- Command Center). Opportunities exist during this meeting for students to ask questions and raise concerns.

At this time, we believe it is appropriate to return our medical students to their clerkships with the expressed directive that they are not to treat any patient with, or suspected of having, COVID-19. Our efforts consider the health and safety of our students and patients first. We respectfully request a waiver from the prohibition in Executive Order No. 104 that bars in-person instruction at our institution of higher education. Thank you.

Sincerely yours,

Bonita Stanton, MD
Founding Dean and Professor of Pediatrics
Robert C. and Laura C. Garrett Endowed Chair for the School of Medicine Dean Hackensack Meridian School of Medicine at Seton Hall University
President, Academic Enterprise, Hackensack Meridian Health 340 Kingsland Street, Suite 3110 Nutley, New Jersey 07110
Please read the content in this packet in detail. Go to the indicated websites and watch the videos as described. You will have the chance to ask questions at our training session on June 15th. After that you will take a quiz covering the content in this packet on which you will need to score 85%.

We are providing you with a lot of information here. We know that it may feel overwhelming. We don’t want you to feel overwhelmed, but are intentionally giving you more information so that you are knowledgeable and prepared.
As always, reach out to your clerkship directors, OME, or SAW with any questions.

Table of Contents

1. Introduction and overall guidelines
2. Process for entering the clinical setting
3. Universal precautions
4. PPE requirements and training
5. What to do in case of COVID exposure
6. What to do if you are sick
7. Guidance on how to prevent the spread of COVID-19 and minimize risk to household contacts
8. NJ The Road Back: Restoring Economic Health through Public Health

Additional resources

- HMH COVID homepage
- CDC
Introduction and Overall Guidelines
Welcome back to the clinical setting! You are important and contributing members of the clinical team, and the faculty, residents, and staff at our clinical sites have missed having you there.

Experiencing the COVID-19 global pandemic during your training will have been a defining feature of who you are as a physician. COVID is and will be part of the clinical (and overall) world going forward. Our goal is to enable you to learn and practice medicine in this new clinical world. This is the same as what has happened in the past when dramatic and new diseases, treatments, and entities have entered medicine. Many of us lived through and remember when HIV/AIDS appeared, overwhelmed many healthcare settings in heartbreaking ways, and eventually and thankfully became a treatable illness. We all care for patients with TB, HIV, and many other infectious diseases. COVID is now part of that list.

As with many aspects of life, we cannot remove all risk. Our goal is to minimize risk as much as possible and give you the skills and knowledge you need to be able to do this.

As always, there are many people and resources here at the SOM to help and support you. Please reach out to your Clerkship Directors, site directors, preceptors and faculty, and the Offices of Medical Education and Student Affairs and Wellbeing at any point with questions or concerns.

General Guidelines and Tips

- Given the uncertainty and rapidly growing knowledge base about COVID-19, at this point, students should NOT participate in DIRECT patient care of patients with known or suspected COVID-19.
- It is possible that students may unknowingly be involved with a COVID-19 patient and should always follow the CDC and hospital guidelines.
- Students should follow PPE and safety protocols at each clinical site. PPE will be provided by each clinical site. Please remember that PPE is a valuable resource.
- If you are feeling sick, you should not enter a clinical setting. Please follow the instructions below.
- Core curriculum sessions will be held virtually whenever possible, to allow for social distancing. Many departmental meetings and lectures are conducted over video conferencing as well, to allow for social distancing. In some instances, in-person discussions are held based on the number of attendees, keeping social distancing in mind.
- Please be as attentive as possible to social distancing when in the clinical setting.
- Make a checklist for yourself, get observed doing your PPE and precautions routine (ask a fellow student, resident, attending, nurse to observe you), pair up with a buddy if you can. It will take a little time to get used to the routine. Remember that the residents and attendings you will be working with are used to it now. You will get there with a little time and practice.

Process for entering the clinical setting

At all clinical sites, students should follow the standard procedures for the staff at the site.
**Entering an HMH facility**

Effective Monday, May 11, 2020, all people entering an HMH facility will have their temperature taken. Anyone with a temperature of 100°F or greater will not be allowed to enter except in the case of patients who are seeking medically necessary, time sensitive care.

This new protocol applies to anyone entering care locations including team members, physicians, patients and their permitted caregivers, vendors, clergy, volunteers, students, etc.

Please remember to continue self-monitoring your temperature and yourself for COVID-19 symptoms at home before reporting to work. If you have a fever of 100°F or greater or are experiencing COVID-19 symptoms, you should stay home, call your clerkship site director and call the **Occupational Health COVID-19 hotline at 732-897-3800**.

Students will be given a 3-ply surgical mask upon entry to all HMH facilities. Masks should be discarded at the end of the day. Cloth masks are not permitted.

**Universal precautions**

Please watch the CDC training on hand hygiene. Knowledge on these topics will be assessed on the quiz you will take.

**Hand hygiene**
https://www.cdc.gov/handhygiene/training/interactiveEducation/

Using the link below please review module 6, section on being mindfully hygienic
https://curriculum.covidstudentresponse.org/

Please read the summary, key concepts and review sections 1, 2 and 3. Knowledge will be assessed on the quiz.


- Follow your site’s instructions about wearing (or not wearing) your white coat. Keep in mind frequent cleanliness and laundering to prevent spread of infection.

- Wear your ID badge at all times regardless of if you are wearing your white coat or not.
PPE requirements and training
As described above, the goal of using personal protective equipment is to minimize the risk of transmission of infectious agents in the healthcare setting.

PPE Protocol

- **General**
  - Isolation signs will be posted outside the patient’s room which will outline proper PPE to wear
  - Do not touch the outside of a respirator when wearing one.
  - Always perform hand hygiene after touching the outside of the respirator

- **What to do if there is not enough PPE**
  - Don’t do something you are not comfortable doing, or that is not appropriate
  - Talk to someone: your resident, attending, Primary Preceptor/Site Director, Clerkship Director, OME/SAW. There are multiple people that you can reach out to, so please do.

- **Masks**
  - Students will be given a 3-ply surgical mask upon entry to all HMH facilities.
  - Masks should be worn at all times.
  - Mask should be discarded at the end of the day.
  - Cloth masks are not permitted

- **Full PPE**
  - Full PPE (N95 respirator, face shield, gloves, gowns, etc.) will be used in the following settings:
    - Emergency Trauma Departments
    - Procedural or Operating rooms
    - Obstetrical suites
  - Full PPE will be provided to the students in these settings
  - Directions on proper use will be provided by the specialty specific clinical team

- **Codes**
  - Given the high risk for exposure at codes, and the modified staffing and structure of code teams, for now we are instructing students to not participate in codes.

- If you are instructed to save and reuse and/or disinfect a PPE item, store it in a paper bag as instructed.

- You may see team members not following PPE protocols (wearing too much or too little PPE). Please follow clinical site protocols. Reach out to your primary preceptor, site director, or clerkship director with any questions.

- **Special considerations for Obstetrics**
  - Active Labor and Delivery of COVID+ or COVID PUI patients
Only members of the clinical team should be present during delivery. The medical student with primary responsibility for the laboring patient is part of the clinical team.

- Patient should wear procedural face mask (if able to tolerate)
- All team members present during active delivery must wear N95 respirators (if available), gown, face shield, and gloves.
- Place facemask over N95
- Continue to wear N95 respirators within delivery room for 1 hour after birth
- Infants born to mothers who are COVID + or COVID PUI should be considered PUIs and managed by pediatric team.

**HMH COVID-19 Contingency Guidelines for Procedural Face Mask and Respirator Use**

The following guideline allows HMH to provide a safe environment for our Team Members while providing effective clinical care to patients with COVID-19 infections

- Universal masking of all team members was implemented on 03/20/20
  - Procedural face masks are to be worn continuously by all team members in HMH inpatient, outpatient, radiology and long-term care facilities
  - *Exception*: Respirators should be used continuously in the Emergency Department, and on Covid-19 Units. Students will be instructed to use N-95 respirators and other appropriate PPE if there is a possibility of aerosolization during surgery or a procedure. This will be modified as needed.
- Use an N95 or (half or full facepiece) respirator
  - Always perform a proper fit and seal check when donning a respirator
  - All team members, regardless of location, will wear an N95 when entering the room of confirmed COVID-19 patients or COVID-19 Patients Under Investigation (PUI)
  - From 2nd stage of labor to delivery for all obstetric patients
  - Other personal protective equipment (PPE) must be donned as well
    - Face shields and/or goggles to protect eye exposures.
    - Isolation gown and exam gloves for contact precautions.
  - Do not touch outside of respirator when wearing. Mask should be discarded at end of the day
    - Always perform hand hygiene after touching the outside of the respirator

Optional Resource:

Useful information can be found on this blogpost: [http://www.emdocs.net/personal-protective-equipment-ppe-pearls-covid-19/](http://www.emdocs.net/personal-protective-equipment-ppe-pearls-covid-19/)
SEQUENCE FOR PUTTING ON
PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN
   • Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
   • Fasten in back of neck and waist

2. MASK OR RESPIRATOR
   • Secure ties or elastic bands at middle of head and neck
   • Fit flexible band to nose bridge
   • Fit snug to face and below chin
   • Fit-check respirator

3. GOGGLES OR FACE SHIELD
   • Place over face and eyes and adjust to fit

4. GLOVES
   • Extend to cover wrist of isolation gown

USE SAFE WORK PRACTICES TO PROTECT YOURSELF
AND LIMIT THE SPREAD OF CONTAMINATION

• Keep hands away from face
• Limit surfaces touched
• Change gloves when torn or heavily contaminated
• Perform hand hygiene
**HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)**

**EXAMPLE 1**

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:**

1. **GLOVES**
   - Outside of gloves are contaminated!
   - If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
   - Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
   - Hold removed glove in gloved hand
   - Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
   - Discard gloves in a waste container

2. **GOGGLES OR FACE SHIELD**
   - Outside of goggles or face shield are contaminated!
   - If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
   - Remove goggles or face shield from the back by lifting head band or ear pieces
   - If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

3. **GOWN**
   - Gown front and sleeves are contaminated!
   - If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
   - Unfasten gown ties, taking care that sleeves don’t contact your body when reaching for ties
   - Pull gown away from neck and shoulders, touching inside of gown only
   - Turn gown inside out
   - Fold or roll into a bundle and discard in a waste container

4. **MASK OR RESPIRATOR**
   - Front of mask/respirator is contaminated — DO NOT TOUCH!
   - If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
   - Grasp bottom ties or elastic of the mask/respirator, then the ones at the top, and remove without touching the front
   - Discard in a waste container

5. **WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE**

**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE**
HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)
EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

1. **GOWN AND GLOVES**
   - Gown front and sleeves and the outside of gloves are contaminated!
   - If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
   - Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
   - While removing the gown, fold or roll the gown inside-out into a bundle
   - As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container

2. **GOGGLES OR FACE SHIELD**
   - Outside of goggles or face shield are contaminated!
   - If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
   - Remove goggle or face shield from the back by lifting head band and without touching the front of the goggles or face shield
   - If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

3. **MASK OR RESPIRATOR**
   - Front of mask/respirator is contaminated — **DO NOT TOUCH!**
   - If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
   - Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
   - Discard in a waste container

4. **WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE**

PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE
Watch this video on how to don and doff your PPE. It is essential that you follow the proper procedures for this.

https://www.youtube.com/watch?time_continue=645&v=bG6zISnenPg&feature=emb_title

What to do in case of COVID exposure

Immediately inform your clinical supervisor and call the COVID-19 hotline at 732-897-3800.

What to do if you are sick

You should not report to work and contact the Occupational Health COVID-19 hotline at 732-897-3800 if you are experiencing a fever (≥100) OR if you are experiencing two (2) or more of the following symptoms following an exposure to someone with a positive COVID-19 test: shortness of breath, loss of taste and smell, cough, sore throat, muscle aches, malaise, vomiting or diarrhea.

If a fever (≥100) or COVID related symptoms develops while at work, tell your leader and you will be sent home. Once home, you should contact the Occupational Health COVID-19 Hotline.

If Occupational Health determines you should be seen by a physician, they will refer you to one of the HMH designated Urgent Care Centers. These designated Urgent Care Centers are working directly with our Occupational Health teams and are prepared to expedite team members, ensuring you receive timely care.

Additionally, please follow the Phase 2 Attendance Policy and inform your Clerkship Director, Site Director and SOMabsence@shu.edu of your absence and any anticipated absences per the instructions of Occupational Health.

If you are instructed to quarantine, please contact the Office of Student Affairs and Wellbeing to discuss any changes in schedule that may be required.
Guidance on how to prevent the spread of COVID-19 and minimize risk to household contacts

To Prevent Spread of COVID-19:

1. Take into consideration the possibility of exposure to COVID-19 when you are getting dressed. We recommend choosing clothing that can be easily laundered.
2. Limit personal items that you bring into the clinical setting. Bring only what you need to the workplace (such as ID, money, and food) to decrease the risk of transmitting the virus when you return home.
   a. Consider keeping your cell phone in a ziplock bag.
3. When returning home after patient interactions, consider your exposure to COVID-19 and launder clothes.
4. Consider showering/bathing when you return home. Keep in mind you may have been exposed to an asymptomatic person. (Note: these guidelines are for students not working in COVID-19 units and high-risk areas.)
5. Disinfect phones, pens, credit cards, and other things that you brought with you to the clinical setting
   a. Guidelines for disinfection, from the CDC:
      i. "For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective. Diluted household bleach solutions can be used if appropriate for the surface. Follow the manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted."
6. In the clinical setting and in the community:
   a. Wear masks and follow safety precautions at all times
   b. Adhere to social distancing guidelines.
7. Clean your hands often
   i. Wash your hands with soap and water for at least 20 seconds.
   ii. Alternatively, use an alcohol-based hand sanitizer that contains 60 to 95% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
   b. Soap and water should be used instead of sanitizer if your hands are visibly dirty.
   c. It is preferable to use disposable paper towels to dry hands. If these are not available, use clean, dry cloth towels and replace them when they become damp from repeated use.
8. Cover your coughs and sneezes
   a. cover your mouth and nose with a tissue or the inside of your elbow when you cough or sneeze.
   b. Throw used tissues in a lined trash can.
   c. Immediately wash your hands.

9. Avoid sharing personal household items
   a. Do not share dishes, drinking glasses, cups, eating utensils, or towels with other people or pets in your home.
   b. After using these items, wash them thoroughly with soap and water.

10. Disinfect Surfaces daily
    a. Clean all “high-touch” surfaces everyday: light switches, counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables.
    b. Use household cleaners to clean and disinfect surfaces that you have come in contact with.

11. Protect your pets
    a. You should restrict contact with pets and other animals while you are sick.
    b. If you do have contact with pets, wash your hands before and after the interaction and wear a facemask.

12. The items below are intended for health care professionals working in high-risk settings (for example in a COVID unit). We are providing you with this information for you to be aware.
    a. Bring a Change of Clothes and Shoes to work, Change Before Leaving Work or Before Entering Your Home
    b. Leave Work Shoes in a Designated Place (Ideally the Car or Garage)
    c. Change your shoes before you get into the car and put them in a bag in the trunk or garage. Clean them weekly with a strong disinfectant.
    d. Don’t have physical contact with your household members until you have taken the steps above.

Optional resource:

- Guidance on the Contact of a Close or Casual Contact of a Confirmed or Suspected Case of COVID-19 (NJ Department of Health)
The Road Back: Restoring Economic Health through Public Health

<table>
<thead>
<tr>
<th>Maximum restrictions</th>
<th>STAGE 1</th>
<th>STAGE 2</th>
<th>STAGE 3</th>
<th>New normal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is happening?</strong></td>
<td>Strict social distancing</td>
<td>Restrictions relaxed on low-risk activities that may be easier to safeguard</td>
<td>Moderate-risk activities restarted with safeguarding</td>
<td>Higher-contact activities restarting with significant safeguarding</td>
</tr>
<tr>
<td><strong>Which precautions apply across stages?</strong></td>
<td>Work that can be done from home should be done from home</td>
<td>Clinically high-risk individuals who can stay at home should do so</td>
<td>Residents and businesses should follow state and federal safeguarding guidelines:</td>
<td></td>
</tr>
<tr>
<td><strong>Which businesses are open?</strong></td>
<td>Crucial industries with safeguarding and modifications, e.g., emergency healthcare, essential construction with social distancing</td>
<td>Easiest to safeguard work activities with safeguarding and modifications, e.g., non-essential construction with protections, curbside retail</td>
<td>More work activities allowed with safeguarding and modifications, e.g., outdoor dining, limited personal care</td>
<td></td>
</tr>
<tr>
<td><strong>Which social activities are allowed?</strong></td>
<td>Socialization only with household members, family, caretakers, romantic partner</td>
<td>Outdoor recreation (e.g., hiking) and beach visits allowed with social distancing</td>
<td>More activities with proper safeguards, capacity limitations, and sanitation protocols may reopen, e.g., libraries and museums</td>
<td></td>
</tr>
<tr>
<td><strong>Are childcare and education operating?</strong></td>
<td>Child care open for children of essential workers</td>
<td>Child care may expand with capacity restrictions</td>
<td>Child care likely open for most</td>
<td></td>
</tr>
<tr>
<td><strong>Is public transit available?</strong></td>
<td>Public transit with enhanced safeguards (e.g., regular vehicle disinfection) encouraged only for essential workers</td>
<td>Public transit with enhanced safeguards (e.g., regular vehicle disinfection) encouraged only for those who cannot work from home</td>
<td>K-12 and higher education engaged in distance learning</td>
<td></td>
</tr>
<tr>
<td><strong>How do I take care of my loved ones and myself?</strong></td>
<td>I stay at home as much as possible and check in virtually with my loved ones</td>
<td>Service may be modified with off peak travel encouraged</td>
<td>Child care can expand with capacity restrictions</td>
<td></td>
</tr>
</tbody>
</table>

Widespread use of vaccine or life-saving treatment
In-person work can resume for all
Measures from previous stages may be swiftly reinstated if health conditions deteriorate

**WHAT DRIVES STAGES?**

**Health indicators:**
- New cases
- Hospitalizations
- Use of ICU bed capacity

**Availability of testing and contact tracing capacity per 100,000 residents**

**Healthcare system resilience (beds, healthcare workers, PPE)**

**Ability to effectively safeguard workplaces**

**Safeguarded child care, education, transit availability**

**Compliance of individuals and employers**

---

Page 23 of 40
Appendix B: The Hackensack Meridian School of Medicine at Seton Hall University Academic Plan

Table of Contents

Introduction
The School of Medicine Student Body Actions to Date
School of Medicine Overview of the Curriculum

Phase 1

COURSE: Human Dimension and Immersion Orientation (HDIO) (July 13- July 24, 2020) COHORT 2020
Contingency
Contingency
COURSE: Nutrition, Metabolism and Digestion (July 20 – September 11, 2020) COHORT 2019
Contingency
COURSE: Molecular and Cellular Principles (July 27 – September 18, 2020) COHORT 2020
Contingency
COURSE: Neurosciences & Behavior (September 14 – November 14, 2020) COHORT 2019
Contingency
COURSE: Structured Principles (September 21-November 13, 2020) COHORT 2020 Contingency
Contingency

Phase 2

Clerkships

Assessments, Exams, and Grading
Rooms and Spacing

Classroom Requests Laboratory and Simulation

Student and Faculty Feedback

Facilities and IHSC

Areas for further Analysis

INTRODUCTION
The School of Medicine has been preparing a response to the pandemic of COVID-19 since early March 2020. With second-year medical students assigned since November to many of the Hackensack Meridian Heath (HMH) hospitals, we learned of the increasing threat to all healthcare practitioners first-hand. We immediately began contingency planning for both our clinical education and small and large group sessions for our 2018 and 2019 COHORTs, and the 2020 COHORT,
entering July 2020.

Given the nature of our competency-based education, the accelerated pace of much of the delivery, the accreditation requirements and an increasing student body in a shared building with limited space, we moved all of our teaching remote, synchronous and recorded. This proposed School of Medicine - Academic Year 2020-21 Plan presents the strategies we believe will allow for the most successful and safe continuation of classes throughout the summer, fall and into the spring. Academic activity at the School of Medicine continues uninterrupted yet transformed in its delivery and plans to continue this implementation with further adjustments are underway.

The School of Medicine Student Body
The school currently has the following students matriculated:
2018 Cohort (entered in July of 2018) = 57 students in Phase 2 of the curriculum. 2019 Cohort (entered in July of 2019) = 91 students in Phase 1 of the curriculum.

On July 13, 2020, the new 2020 COHORT (=128 students) will enter the School of Medicine in Phase 1 of the curriculum.

Actions to date
Effective March 11, 2020, all Phase 1 courses for all students in the 2019 COHORT class were offered entirely remotely. Small and large group activities, proctored quizzes and summative exams have all been maintained. All accommodations for students with documented disabilities have been provided in both class activities and the testing environment. All on-site clinical education for students in Phase 1 was suspended or reformatted to include remote only activities. All activities in the clinical setting for students in Phase 1 were suspended. Activities in community-based settings were shifted to remote/virtual.
Effective March 15, 2020, all Phase 2 students assigned to clerkship rotations throughout the HMH Network were withdrawn from the clinical sites. Students were instructed not to return to their clinical assignments. Subsequently, 14 weeks of remote instruction, including electives, a required telehealth course and virtual clerkships, were offered to all 57 Phase 2 students. In preparation for returning to their clinical rotations, all 57 students were provided with a two-session orientation (see attached “Return to Clerkship Training Guide”) reviewing aspects of safety, PPE use, access to occupational health and additional self-care instructions. Training was also provided for all clerkship directors on the return of students to their clinical sites.

Leaders of all U.S. medical schools meet weekly (and continue to do so) to review strategies for adjusting delivery of required curricula and to assess current conditions for return to the clinical setting, among other topics. The AAMC, LCME, MSCHE, HMH COVID Command Center, the New Jersey Department of Health and the New Jersey Office of the Secretary of Higher Education are among many resources regularly reviewed for guidance on such matters.

School of Medicine Overview
The educational program at the Hackensack Meridian School of Medicine at Seton Hall (HMSOM) uses competency-based, standardized learning outcomes, with an opportunity for students to individualize their fourth year (Phase 3) experience based on their own professional and developmental needs and goals.

The HMSOM has a 3+1 curriculum, with a three-year core curriculum and an Individualization Phase (Phase 3) during the fourth year. Phase 1 (Fundamentals) spans the first 16 months of the curriculum and includes classroom, clinical, and community-based experiences. Phase 2 (Immersion) spans the following 20 months, and includes clerkships, sub-internship, electives, selectives, and the United States Licensing Medical Examination (USMLE) Step 1 and Step 2.

Phase 3 (Individualization) is a customized phase that starts after the three-year core curriculum. During this phase, students select a personalized pathway that can include a dual degree, clinical immersion, research-intensive, community-based project, or entry into a residency program, immediately after completing satisfactorily Phase 2.

THE CURRICULUM
The general structure and curricula for each Phase has been reviewed in detail to offer contingency instruction methods given reduced learning space and restrictions on clinical opportunities due to the COVID-19 pandemic while abiding by all learning objectives and outcomes. The following is the plan for providing a HyFlex experience for our students in the fall and possibly spring semesters of 2020-21.
Phase 1

Schematic of Phase 1 of the HMSOM Curriculum

Sciences/Skills/Reasoning Courses: Seven courses are included in the Phase 1, accounting for the first 16 months of the curriculum.

COURSE: Human Dimension and Immersion Orientation (HDIO) July 13- July 24, 2020 COHORT 2020

HDIO is a two-week introductory curriculum that prepares incoming students with an overview of the curriculum and the School of Medicine and familiarizes them with how to attain success in their studies.

CONTINGENCY: Usually run in-person, HDIO has been reconfigured to be delivered remotely. A schedule (See Attachment #1: HDIO Schedule) of required components is attached and regular communication with all students is ongoing. All entering students have been informed in writing that there is no requirement for in-person academic activity before September.

In-person engagement is being planned for their arrival on campus in September to allow the new students to be oriented to the campus and communities in which they will work with assigned patients and to become acquainted with their classmates and the other students and staff located on the campus. This orientation will be designed in accordance with distancing regulations at that time.


The Human Dimension is a three-year course composed of two sequential elements (Human Dimension-Phase 1 and Human Dimension-Phase 2). In this immersive community-based experience, pairs of students are linked to families in the community, with a focus on four domains of health: social, environmental, psychological, and medical.

Core to the mission and vision of the HMSOM is the concept that all physicians need to understand the significant impact of community and context on health outcomes, including societal problems and social determinants of health. While these concepts are emphasized...
throughout the curriculum, it is through HD that the students understand their roles in health and sickness, and disease prevention and treatment. Further, students understand through this experience that their role exceeds treating and preventing illness, encompassing the responsibility of helping every individual under their care to achieve their full potential.

Students are linked with groups of families and communities from the very beginning of the HMSOM curriculum. They meet with, learn, and begin to understand their patients’ and families’ context and circumstances, including the location of support and risk elements in their families’ communities. They participate in the patients’ interactions with the medical world, and assist them in navigating their medical, legal, and social systems.

The experiential and service-learning curriculum of the Human Dimension is integrated with the other content students learn in Phases 1 and 2. Activities in this course include meeting and interacting with families in various settings, assessing a range of relevant social factors (including household and community safety, resources, availability of nutritious and affordable food, transportation, medical access), meeting, sharing, and discussing their experiences with a faculty mentor and peers, and participating in small- and large-group teaching sessions. Students also screen for, and talk with, families about social needs that are impacting their lives. Students are trained to perform these screenings and are provided resources and access to information about resources so that they can help families access available services.

In addition to being matched to individuals and families, groups of six to eight students partner with, study, and help selected communities address issues identified by the communities as potential or actual threats to the health of the community. Each group of students is matched with a local community and completes a community assessment project that culminates in a community health project. Through a series of activities such as community mapping, attendance at community meetings, interviewing community leaders, and service-learning experiences, along with longitudinal in-home visits to families in these communities, students gain a robust understanding of their communities’ assets and strengths. Subsequently, they synthesize their learning and propose, plan and implement a community health project in their community to address an identified gap.

A capstone project at the end of Phase 2 is developed by the students based on their experiences in this course.

CONTINGENCY:

The essence of the Human Dimension (HD) course is contact in and with the community. Given the restrictions provided by COVID-19, alternative activities, with social distancing requirements in place, are currently being planned to meet the educational objectives of the curriculum. These include:

Work with community partners continues, using tele-communication including phone and video calls. Stakeholder interviews will be via video calls. Service learning will be planned for virtual experiences with possibility of converting to in-person if safe/appropriate.
Families will be recruited from various clinical and other settings that allow establishment of the relationship in-person (e.g. in clinical office visit), with follow-up visits performed using phone/video calls, and in-person visits when safe.
Resequencing of some curricular content to be delivered earlier in the curriculum, providing additional time later in the curriculum for community-based activities when feasible given the COVID-19 pandemic.
Delivery of large and small group teaching sessions using synchronous remote instruction. Course components have been reformatted to be offered remotely while maintaining educational objectives. Restructured community-based activities will occur when safe and feasible given current COVID-19 restrictions.

COURSE: Nutrition, Metabolism and Digestion (July 20 – September 11, 2020)
2019 COHORT
An eight-week course that focuses on the structures and processes required for metabolism as presented in the context of the digestive system. Biochemistry and normal and defective metabolic pathways (and the resulting disease states) are a major component of this course, building upon content from Molecular and Cellular Principles. Nutrition is a longitudinal curricular thread but has a concentration within this course.

CONTINGENCY
All basic and health systems science course components have been reformatted to be offered remotely while maintaining educational objectives. The requirements include all weekly proctored quizzes, small group activities, large group learning activities and remote, proctored summative exams.
Most clinical skills instruction has been reformatted to be offered remotely while maintaining educational objectives. Some clinical skills content has been re-sequenced, to be provided later in the curriculum.
Work in the clinical setting (e.g. Longitudinal Clinical Preceptorship) will resume when safety and educational factors allow; some restructuring of these experiences may be required. For example, students may be divided into groups to participate in the experience for a few months at a time, based on the number of sites able to accommodate students. Factors such as COVID-19 prevalence, sufficiency of Personal Protective Equipment (PPE), and educational experience will be monitored closely to determine when students can participate and if any modifications are needed during the experience.

COURSE: Molecular and Cellular Principles (July 27 – September 18, 2020)
2020 COHORT
An eight-week course that introduces students to fundamental concepts in cell biology, biochemistry, molecular biology, genetics/epigenetics, immunology, pathology, and pharmacology.
CONTINGENCY
All basic and health systems science course components have been reformatted to be offered remotely while maintaining educational objectives. This includes delivery of all of the teaching materials previously covered in each course, all weekly proctored quizzes, all small group activity, all large group learning and, remotely, a proctored summative exam covering the same material in the same format that was established prior to the arrival of COVID-19. Most clinical skills instruction has been reformatted to be offered remotely while maintaining educational objectives. Some clinical skills content has been re-sequenced, to be provided later in the curriculum.

COURSE: Neurosciences & Behavior (September 14 – November 14, 2020) 2019  COHORT
An eight-week course that addresses the structure and function of the central and peripheral nervous system, from the cellular to the societal level. In light of the emerging understanding of the biologic basis of psychiatric disease, including its interactions with external societal and environmental influences, neuroscience and psychiatry are presented in an integrated fashion.

CONTINGENCY
Most basic and health systems science course components have been reformatted to be offered remotely while maintaining educational objectives. This includes delivery of all of the teaching materials previously covered in each course, all weekly proctored quizzes, all small group activity, all large group learning and, remotely, a proctored summative exam covering the same material in the same format that was established prior to the arrival of COVID-19. Labs will be conducted remotely with the exception of one in-person lab day scheduled for late October; small group activity may resume as restrictions allow.
Most clinical skills instruction has been reformatted to be offered remotely while maintaining educational objectives. Some clinical skills content has been re-sequenced, to be provided later in the curriculum.
Selected small group activity may be delivered in-person as COVID-19 restrictions allow. Work in the clinical setting (e.g. Longitudinal Clinical Preceptorship) will resume when safety and educational factors allow; some restructuring of these experiences may be required.

COURSE: Structured Principles (September 21-November 13, 2020) 2020  COHORT
An eight-week course that introduces students to fundamental concepts in anatomy, histology, and medical imaging. Content from this course is elaborated upon in subsequent systems courses as appropriate.

CONTINGENCY
All basic and health systems science course components have been reformatted to be offered remotely while maintaining educational objectives. This includes delivery of all of the teaching materials previously covered in each course, all weekly proctored quizzes, all small
group activity, all large group learning and, remotely, a proctored summative exam covering the same material in the same format that was established prior to the arrival of COVID-19.

The division of Anatomy Lab instruction space with the School of Nursing and SHMS is in progress. Labs will be conducted remotely with the exception of selected in-person labs; small group activity may resume as restrictions allow. Most clinical skills instruction has been reformatted to be offered remotely while maintaining educational objectives. Some clinical skills content has been re-sequenced, to be provided later in the curriculum. Selected small group activity may be delivered in-person as COVID-19 restrictions allow.

---

**COURSE: Immunity, Infection and Cancer (November 16, 2020 – February 14, 2021)**
**COHORT 2020**

An 11-week course that builds upon the fundamental principles of the immune system that are presented in Molecular and Cellular Principles. The essential role of the immune system is addressed as it relates to maintaining health, as well as disease states resulting from its dysfunction. The focus on immunity provides a natural home for concepts in rheumatology and dermatology. Fundamental concepts in infectious disease and microbiology are included in this course; whereas specific pathogens are addressed in other courses. The end of this course transitions into major concepts in neoplasia, spanning the implications of this suite of pathologies from the molecular to the social/systems levels. As is the case for pathogens, additional specific types of neoplasia are addressed in subsequent courses.

**CONTINGENCY**

All basic and health systems science course components have been reformatted to be offered remotely while maintaining educational objectives. Labs will be conducted remotely with the exception of selected in-person labs; small group activity may resume as restrictions allow. Most clinical skills instruction has been reformatted to be offered remotely while maintaining educational objectives. Some clinical skills content has been re-sequenced, to be provided later in the curriculum. Selected clinical skills and small group activity may be delivered in-person as COVID-19 restrictions allow.

Work in the clinical setting (e.g. Longitudinal Clinical Preceptorship) will resume when safety and educational factors allow; some restructuring of these experiences may be required.
Phase 2

Phase 2 of the HMSOM Curriculum

Clerkships

Orientation to the required clinical experiences, including the level of student responsibility, tracking student progress, and alternative experiences, occurs during the Transitional Clerkship, as well as during each clerkship’s specific orientation.

The Transitional Clerkship includes an overall orientation to the list of required clinical experiences, with a focus on goals of the clerkship year as a whole. Students review the required clinical encounters, the goals they are required to achieve, and the different clinical settings and levels of student responsibility for each encounter.

Each clerkship has a list of required clinical experiences and procedures, as well as the corresponding clinical setting and level of student responsibility for each item. This material is included in each clerkship’s orientation and materials, syllabus, and LMS page. The list is reviewed during each clerkship’s orientation, as well as during the clerkship; that is, both before and at the mid-way point of the clerkship.

Faculty

The required clinical experiences and procedures and the corresponding clinical setting and level of student responsibility are included in all faculty guides and manuals for each clerkship and are discussed with new faculty when they join the teaching faculty for a clerkship. Faculty who teach students in the clinical setting receive an initial and annual communication package in writing from the clerkship director. This includes the list of required clinical experiences with all the relevant details, instructions for faculty supervision, and guidance for how to address situations in which students are not meeting requirements.

Clerkship directors have been asked to provide didactic presentations virtually as much as is possible, and to limit the request for classrooms through the fall and spring.

Assessments, Exams, and Grading

Remote delivery of all quizzes and exams, with additional technology purchased for proctoring, will continue through the fall and spring. There is no change to the grading policy at this time. Accommodations for a later exam date in the event of student illness are available through contact and planning with the Office of Student Affairs and Wellbeing.
Greater flexibility in the remediation process has been implemented by the associate dean of student affairs and wellbeing. The many stresses placed upon students and their families from the pandemic has required creative problem solving and planning to allow for adjustments to both clinical assessments and written exams.

Course directors and faculty have provided extended office hours to support student adjustment to remote learning. In addition, Academic Support provided peer teachers for the current Phase 1 course who provided weekly review sessions for struggling students.

Rooms and Spacing

Building 123 has extensive space for the teaching and assessment of clinical and procedural skills. In total, approximately 30,000 square feet of space, primarily on Floor 2 of Building 123, is dedicated to the teaching and assessment of students’ clinical and procedural skills.

These are dedicated education spaces that are not used for patient care or research activities. Consistent with the HMSOM’s interprofessional education curriculum, the facilities, including the clinical skills area, are shared with the College of Nursing (CON) and the School of Health and Medical Sciences (SHMS). The School of Medicine has created plans that accommodate the shared space requirements and physical restrictions due to COVID-19.

To accommodate face-to-face learning that aligns with distancing requirements and the need to provide remote instruction for some or all students, all learning sessions are synchronous and recorded for future review. Attendance is mandatory for all School of Medicine courses and clinical assignments. Large group active learning sessions can be held partially or completely remotely as needed so that clinical skills, laboratory, and small group sessions have priority for in-person instructional space.

Scheduling meetings and discussions have already begun with CON, SHMS and the Seton Hall University registrar to allocate sufficient space with considerations of social distancing.

Skills Laboratories (Floor 2):
The three skills laboratories are located on Floor 2 of Building 123, for a total of approximately 3,600 square feet of learning space. Each skills lab includes eight patient bays in which a variety of learning and assessment experiences are conducted. All beds are equipped for audio/video/data capture and have Associated touchscreen vitals monitors.

Task Training Laboratories (Floor 2):
The two task training laboratories are located on Floor 2 of Building 123 for a total of approximately 2,400 square feet of learning space. These are flexible use spaces that have dedicated areas for audio/video/data capture.

Exam Table Laboratories (Floor 2):
The three exam table laboratories are located on Floor 2 of Building 123, for a total of approximately 3,500 square feet of learning space. Each exam table laboratory includes 10 beds. These rooms are functionally similar to the skills laboratories but have only one bed/room outfitted for audio/video/data capture, making them most suitable for learning activities, as compared to assessment.

Clinical Skills Center (Floor 2):
The Clinical Skills Center (CSC) occupies approximately one-quarter of Floor 2 of Building 123, for a total of approximately 9,500 square feet of space. It includes 16 examination rooms, each designed to look and function as outpatient medical office space. An external corridor for
student use surrounds the examination rooms and a central corridor for faculty and standardized patient (SP) use that is connected to the CSC Control Room, SP lounge, and storage areas. Each of the examination rooms has identical equipment, including an exam table, examination equipment, sink, and computer station, and can be used for teaching and learning, as well as formative and summative assessment.

The CSC includes full digital video/audio recording for all exam rooms. B-Line simulation management software is used to manage data from the CSC, and recordings can be fully annotated. Faculty observers are stationed in a central control room and can also be stationed outside of the individual examination rooms with the ability to observe and listen to activity in the rooms.

The CSC also has four dedicated debriefing rooms and a reception area.

Medical Simulation Center (Floor 2):
The Medical Simulation Center (MSC) occupies approximately one-quarter of Floor 2 of Building 123, for a total of approximately 9,500 square feet of space. It features seven simulation rooms designed as: medical/surgical inpatient units (two), intensive care units (two), post-anesthesia care unit, operating room, and labor and delivery (with capability for newborn care simulation).

The MSC includes full digital video/audio recording for all exam rooms. B-Line simulation management software is used to manage data from the MSC, and recordings can be fully annotated. Each of the simulation rooms has dedicated control room space for mannequin control and student observation, and all rooms are designed to be flexible for modification of use to other types of inpatient simulation as needed.

The MSC also has four dedicated debriefing rooms, a reception area, and a mannequin repair workroom in Building 123A.

Pediatrics Lab (Floor 3):
The Pediatrics Lab is a flexible learning space on Floor 3 of Building 123, totaling approximately 1,200 square feet of learning space. It is a flexible clinical skills learning and assessment area that is primarily focused on training for pediatrics.

Classroom Requests
Rooms for fall 2020 were reviewed for all three COHORTS and the request below for rooms was submitted to the Seton Hall University registrar. This is a request given a 100% in-person return. Given that this is unlikely, we intend to remain remote for all but scheduled small group activity with social distancing in the CSC and MSC centers once the IHS campus is opened. To accommodate restrictions related to COVID-19, our room requests are modified for the fall semester to include:

- Flex classrooms and learning studios are available for small group instruction (Wednesday and Friday mornings). Simulation center and anatomy labs time will need to be scheduled in a fashion spread over multiple days to allow for smaller numbers of students in the simulation center and lab at a time.

Laboratory and Simulation

Simulation is a proven, effective way to teach clinical skills and risk of COVID-19 exposure can be mitigated in a variety of ways. However, multiple alternate teaching modalities can be utilized for clinical experiences during distance learning including various electronic simulation and cases-based learning platforms (e.g. Oxford Simulation and Aquifer) as well as remote
delivery of standardized patient and simulation case experiences. These were utilized over spring and will be utilized during summer 2020 for clinical learning in multiple courses and clerkships. It provided an excellent learning environment within the distance learning boundaries. While this is an effective way to teach clinical reasoning, history and communication skills, and limited components of the physical exam (e.g. heart sounds) in a remote environment, students cannot have 100% of their clinical time in a remote environment. Studies have shown it is feasible to replace up to 50% of face-to-face clinical hours with the same competency level achieved.

The School of Medicine is planning multiple contingencies which may or may not alter the method of disseminating the material to the students in the simulation laboratory. All contingencies will take into consideration occupancy restrictions, social distancing, and laboratory cleaning in between student encounters. All core curriculum sessions that can be provided remotely (remote synchronous) are being provided remotely.

**Contingency 1:** Provided students are able to be placed clinically, we should schedule their on-campus simulation experiences later in the semester to maximize the ability to complete hospital or community-based clinical experiences early. If students are removed from clinical sites due to COVID-19 restrictions, but still allowed on campus, small group simulation experiences will be scheduled in late October/early November.

**Contingency 2:** If some students are placed in clinical settings, and some are not, the School of Medicine will schedule several in-person simulation experiences for students who need clinical site placements and cancel in-person simulation for students who were able to be placed in clinical settings.

**Contingency 3:** Utilizing one of the above contingencies, there remains a possibility that students are removed from clinical sites as well as on-campus activities. If this were to happen several remote and online options are available to help students meet the course objectives.

The list of required clinical encounters and procedures has been finalized and approved by the Phase 2 curriculum subcommittee. There has been no change to these learning outcomes due to COVID-19.

During the COVID-19 crisis, the Phase 2 Working Group and Phase 2 Curriculum Subcommittee met regularly to develop evolving plans to address challenges at each point in the crisis (e.g. before students were completely pulled from the clinical setting, once they were pulled, and as virtual experiences were developed and implemented, etc.). The Phase 2 Working Group is comprised of clerkship directors, longitudinal content leads, clinical skills and other longitudinal content leads, student affairs representatives, and administrators. Additionally, there are representatives of clinical departments, academic affairs representatives from major clinical sites, and others. These groups developed, reviewed, and approved the changes to the curriculum (e.g. change in length of clerkships, implementation of virtual clerkships, etc.). There were no changes to the required clinical experiences or learning objectives for any clerkship. Mechanisms to address deficiencies in required clinical experiences remain the same; for example, alternative experiences utilizing Aquifer and other virtual cases. The Phase 2 curriculum subcommittee reviewed, discussed, and approved all changes to the curriculum.

These groups were guided by the School of Medicine COVID Clinical Setting Task Force. This group monitored numerous factors weekly (e.g. current status of COVID-19 prevalence, sufficiency of PPE, learning environment and educational factors, etc.) and provided guidance on what it would be safe and appropriate for students to return to the clinical setting. Once
students return to the clinical setting, this group will continue to meet to monitor safety and educational factors, COVID-19 prevalence, and to identify when possible future modifications are needed.

If there are delays/postponement of clinical rotations due to a second wave of the pandemic, students will be scheduled at a later time and commence remote instructional activity.

Return to the Clinical Setting Training and Guidance

Caring for patients with any illnesses, including infectious disease, is part of the training and practice of medicine. Universal precautions and specific safety procedures are a component of clinical training. Before students return to or enter the clinical setting, they will be provided with specific training and guidance on how to minimize risk to themselves, patients, and their family/household members. They will also be instructed in what to do if they become ill or are exposed to COVID-19.

Clinical setting and site-specific instruction will also be provided. Faculty and staff at the clinical sites will be provided with this information and guidance as well.

Students (and all other persons) entering the IHS campus will be required to self-screen prior to attending any lab, simulation, or other experiences. If a student has any of the symptoms including a cough, severe headache, weakness or fatigue, history of a temperature >100 degrees Fahrenheit in the last 24 hours, they are expected to remain home and if they come to the campus, would not be allowed in the IHS campus. Temperatures will be taken from all persons entering the building; those exceeding 100 degrees will not be permitted to enter. We recommend they follow up with their primary care provider (see attached COVID-19 Policy). If students miss clinical, lab, simulation, or other experiences, they must notify the course faculty, their small group facilitator and the Office of Student Affairs and Wellbeing (See Phase 2 Attendance Policy).

Course and clerkship directors as well as deans and staff in the Office of Student Affairs and Wellbeing and the Office of Medical Education are always available to answer students’ questions and to address concerns.

Please see the attached “Return to the Clinical Setting Training Document.” This was used in combination with two live training sessions and a required quiz to train clerkship students prior to the return to in-person clinical work.

As described above, the School of Medicine COVID Clinical Setting Task Force continue to meet, monitoring safety and educational factors, and determining when and how students can work in the clinical setting. This task force integrates closely with the HMH COVID Command Center and includes School of Medicine administrators and deans, representatives from HMH, School of Medicine chairs, and faculty.

Facilities and the IHS Campus

The School of Medicine is committed to working closely with the Facilities Department at the IHS campus to ensure the greatest safety for all students, staff and faculty. Measures for social distancing, creating healthy environment and minimizing exposure to COVID-19 are priorities. As implementation guidelines are finalized by the Building owner, they will be communicated to School of Medicine students, faculty, staff.
The School of Medicine and the IHS campus have consulted on a return to the building plan that is currently being developed. The directives of the Governor’s Executive Order 155 require the following considerations:

- Provide physical barriers (such as moveable barriers, plexiglass, etc.) where unable to maintain social distance.
- Adjust entryways and exits in buildings to control flow of pedestrian traffic.
- Mark 6-foot intervals in high traffic areas to help students, faculty, staff, and any other individuals who may be on campus visualize appropriate social distancing.
- For any campus elevators, take steps to minimize traffic, such as limiting the number of individuals permitted on the elevator at one time or designating pathways in one direction.
- Elevator buttons should be frequently cleaned, and users should be encouraged to wash/disinfect hands upon leaving an elevator, which could be done by placing hand sanitizing stations outside of elevators.
- The use of water fountains should be discontinued and water fountains should be converted to water bottle fill stations where possible.
- Institutions should encourage, through orientations, signage, and other communications, frequent handwashing by all employees and students.
- Rearrange spaces frequented by students, such as study spaces, lounges, etc., to reflect social distancing protocol and to help students/employees visualize 6 feet.
- Redirect student traffic to limit contact and interactions.
- Social distancing is required and should be encouraged through signage, spacing of tables, chairs, or desks. Institutions should be mindful of entryways and exits that could be sources of crowding. Institutions must take steps to ensure students and instructional staff are able to maintain at least 6 feet distance while engaged in classroom instruction. Institutions may need to change classroom arrangements, capacities, and class enrollment sizes to adhere to social distancing protocols.

Student, Faculty and Staff Feedback

Student, faculty and staff feedback has been solicited in virtual Town Halls held weekly for both COHORTS since March 20, 2020. All regular Standing Committee activity has continued remotely including the various mechanisms for receiving feedback from students, faculty and staff including:

- Dean Stanton’s virtual lunches (two per month, one to replace her monthly lunch meetings alone with members of the students entering in 2018 and the other for students in the class entering in 2019) during which time there are encouraged to bring up issues, concerns and ideas in a safe environment;
- Student Advisory Group (SAG) meetings concerning feedback from students on curriculum delivery;
- Weekly student government representative (SGO) meetings; and
- ASK the DEANS, an anonymous write-in question line that drives the agenda for virtual Town Hall discussions.

In addition, the Office of Student Affairs and Wellbeing has directed additional resources on the support of students in the areas of wellness, self-care, academic support, and advising and career planning. Two weekly newsletters, numerous virtual small group activities and multiple one-on-one check-ins have met with positive feedback from the students and will continue through the fall and spring. As each student has an academic advisor, routine contact with each student continues.
Areas of further analysis

The greatest concern for the School of Medicine relates to clinical educational assignments and adherence with all accreditation requirements, specifically clerkships. We need to return our students to clerkships to ensure sufficient time is spent in the clinical practice. Our second priority is to ensure sufficient clinical skills assessment and lab assignments are completed in person in small groups and in the IHS campus facilities with a limited, shared space.
[This page intentionally left blank.]
Student Health Services

Effective July 3, 2020

The HMSOM provides accessible and confidential preventive, diagnostic, and therapeutic health services. Students are required to have health insurance either through HM School of Medicine or equivalent coverage.

Student Health Services contracts with outpatient medical practices in the vicinity of the Interprofessional Health Sciences Campus (IHSC) as well as proximate to the northern and southern clinical sites that will provide access to an array of primary care services for students. These facilities routinely operate with evening and Saturday hours. The students are provided with a central phone number to call which will then direct them to the nearest location.

The following offices all have 24/7 on call coverage availability for the students.

Dr. Suelyn Boucree
20 Prospect Avenue
Hackensack, NJ 07601
201-342-1877 This site is on the campus of Hackensack University Medical Center.

Dr. Gerard Faugno
160 Ridge Road
Lyndhurst, NJ 07071
201-933-1480 This site is 3 miles from the Health Sciences campus.

Dr. John Gumina
27 Cooks Bridge Road
Jackson, NJ 08857
732-987-5545 This site is near Jersey Shore University Medical Center.

Dr. John Gumina
700 NJ Route 71
Seagirt, NJ 08750
732-974-0340 This site is 6 miles from Jersey Shore University Medical Center and 7 miles from Ocean Medical Center

In addition to these offices, the students will have full access to the Urgent Care Centers that are part of Hackensack Meridian Health. All can be accessed by the students and provide availability beyond usual office hours. The central phone number provided to the students will direct them to an available provider at all hours.

These Urgent Care Centers are:

Hackensack Meridian Urgent Care - Brick
2125 Route 88 East, Brick, NJ 08724

June 15, 2020
Hackensack Meridian Urgent Care - Forked River
701 Route 9, Forked River, NJ 08731

Hackensack Meridian Urgent Care – Freehold
315 W. Main Street, Freehold, NJ 07728

Hackensack Meridian Urgent Care- Jackson
27 South Cooksbridge Road, Suite 1-5, Jackson, NJ 08527

Hackensack Meridian Urgent Care – LBI
901 Long Beach Blvd, Ship Bottom, NJ 08008

Hackensack Meridian Urgent Care - Monroe
215 Applegarth Road, Monroe, NJ 08831

Hackensack Meridian Urgent Care - Neptune City
2040 Route 33, Neptune City, NJ 07753

Hackensack Meridian Urgent Care - Piscataway
1080 Stelton Road, Piscataway, NJ 08854

Hackensack Meridian Urgent Care - Toms River
9 Mule Road, Toms River, NJ, 09755

In the summer of 2020 two additional urgent care centers will open in Nutley, NJ near the Interprofessional Health Sciences campus. In the fourth quarter of 2021 Hackensack Meridian Health will open a multi-specialty facility in Clifton, minutes away from the Health Sciences campus. This site will have primary care, a walk-In clinic (7 days per week) and multiple specialty offices with laboratory and X-Ray capabilities.

A Hackensack Meridian Health ambulatory medical facility/student health service is being planned for location on the Interprofessional Health Sciences Campus that will provide medical care to students and will be less than a five-minute walk from classrooms and labs. Construction of this facility is expected to begin shortly.

The health professionals who provide health services, including psychiatric/psychological counseling, to a medical student do not have any involvement in the academic assessment or promotion of the medical student receiving those services, excluding exceptional circumstances. HMSOM ensures that medical student health records are maintained in accordance with legal requirements for security, privacy, confidentiality, and accessibility.

Any questions may be directed to SAW@HackensackMeridian.org
Student Accessibility Services and Educational Accommodations

Effective July 3, 2020

The HMSOM is committed to ensuring that students have equal access to educational programs and facilities through reasonable accommodations for their documented disability. To achieve this goal, the Office of Student Affairs and Wellbeing has hired a Director of Student Accessibility Services and staff to assist students in making the transition to medical school and in identifying accommodations that will support their full participation in the program.

The Student Accessibility Services is the entry point for both students with previously documented disabilities to request accommodations and for students to request assistance related to difficulty in current coursework. The office is also available to assist students with temporary disabilities, such as those stemming from accident or illness. While Student Accessibility Services does not provide evaluation for students, staff can provide resources for students who are considering being evaluated.

Process for Requesting and Receiving Accommodations

HMSOM coordinates reasonable accommodations and services for our students with documented disabilities in compliance with Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, the Americans with Disabilities Act Amendments of 2008, and the New Jersey Law Against Discrimination (NJLAD).

HMSOM students who wish to request accommodations should contact Student Accessibility Services at HMSOM as early as possible to start the process for documenting the disability and determining eligibility for services. It is the student’s right, as well as responsibility, to disclose a disability and to request accommodations in a timely manner. The HMSOM encourages students with disabilities to work with Student Accessibility Services as soon as possible after the decision to attend HMSOM is made to allow ample time to put accommodations into place. Students needing accommodations should submit a request to Student Accessibility Services as a student with a disability, with reports from physicians, psychologists and other professionals to establish eligibility for accommodations. Students are encouraged to complete this process as soon as possible to ensure time for review of documentation before an exam period. Accommodations cannot be put into place until students have participated in the interactive process for review with the Student Accessibility Services to evaluate the requests.

All accommodation requests are considered on an individual basis. Students may apply for accommodations at any time during the curriculum, but accommodations must be discussed and renewed for each Phase. Students who may sustain temporary or sudden injuries or new diagnoses are encouraged to contact Student Accessibility Services as soon as the condition is known to discuss their needs.

Accommodations for the United States Medical Licensing Examinations (USMLE)

Students seeking accommodations for examinations prepared by the National Board of Medical Examiners (NBME) must request accommodations directly from the NBME. Subject examinations are used as final exams in Phase 2 and students will also be taking Step 1 and Step 2CK and Step 2CS of the United States Medical Licensing Examinations, required for graduation. Students should work closely with Student Accessibility Services. The process includes an application from the student, submission of complete documentation, and certification of the disability that includes
documentation of any accommodations given in medical school. Please be certain to leave enough time to compile this information. This is a separate process and a student accommodated at HMSOM will not necessarily receive accommodations from the NBME. For more information, contact Student Accessibility Services.

Students who experience acute conditions or injuries that require accommodation should contact the Associate Dean of Student Affairs and Wellbeing. Decisions on accommodations will be made, in consultation with the Office of Disability Support Services, who will grant reasonable accommodations. A request for accommodations due to temporary impairment must be supported by physician documentation.

The professionals who provide health services, including accessibility evaluation, do not have any involvement in the academic assessment or promotion of the medical student. HMSOM ensures that medical student health records are maintained in accordance with legal requirements for security, privacy, confidentiality, and accessibility.

Any questions may be directed to Dr. Grace Bandoh at SAW@hackensackmeridian.org