Effective July 3, 2020

Hackensack Meridian School of Medicine

(Please see a list of acronyms used in this Handbook in Appendix A)

All information is subject to change and is updated regularly.

Current policies and procedures may be found at HMSOM.org.
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Message from the Dean

It is my greatest pleasure to welcome students to the Hackensack Meridian School of Medicine. Students have joined an incredible profession, one that offers enormous opportunity to benefit your community, the nation, and indeed all of humankind, as well as provide incredible personal and professional satisfaction and accomplishment.

Our profession has been, and remains, uplifting and inspirational, defined by a powerful triad of aspirational outcomes: healing is an honor; curing is a relief; and preventing is a victory. For centuries, healing has defined the medical profession, but with advances in science and the advent of globalization, increasingly this focus has expanded to include curing and prevention.

Advances in technology allowing visualization, elimination, rearrangement and/or substitution at the molecular level have enabled therapies imagined merely a few decades earlier. Increasingly, these substantial technological advances are enabling us to deliver therapeutic regimens ideally tailored to an individual’s genetic and biologic profile.

As exciting as our extant capabilities are, students are entering the profession of medicine at a time when it can become so much more for all persons within a community, across a nation, and around the globe. Armed with our substantial biomedical and behavioral proficiency, physicians and medical professionals can meaningfully engage with any and all of these social units. The same global access that enables the spread of disease in a manner never before imagined makes it equally possible to deliver therapeutic approaches for virtually any disease to all places on the planet.

Despite the power of what is presently available to us, it is not sufficient; this potential is limited by its current reality and by its vision. Herein lies your greatest opportunity to better the lives of humankind. At local, national, and global levels, treatment and preventive resources are not uniformly accessible to all populations, and in general are less likely to be available to those individuals, communities, and countries with fewer resources — and greater needs. These limitations could be overcome, at least in part, by more effectively working with our professional partners in health assessment and care, and policy and economics.

Our ability to tailor a treatment to individuals based on personal genetic and biologic markers is extraordinary and powerful; however, by including relevant environmental realities within this personalization, we will greatly increase the impact and reality of personalized care. Each patient is a person, and within each community are many people. Each of these people has hopes and dreams. As physicians seeking to help our patients maximize their potential, we must understand their aspirations and anxieties, and the context of the environment in which they live.

Healing, curing, and preventing offer tremendous value to any society, but despite their power, these three actions fall far short of delivering to a society what it most needs: maximizing the potential of all people. This last responsibility — or honor — of physicians is the least discussed, as to date it has been the least developed. The time to focus on the intersection of the individual and his/her community and their health and wellbeing — thereby both encompassing and exceeding healing, curing, and prevention — has arrived. It is the intention of our medical school to train tomorrow’s physicians so that they can deliver on all aspects of
health and wellbeing, thereby fulfilling the goal of our profession: maximizing the God-given potential for every person, wherever they may reside.

Accordingly, at Hackensack Meridian School of Medicine your training will occur not only in the clinics and hospitals, but also in large part in the community. Students will spend more time in the community than students will in lecture halls. Your learning partners — indeed your teachers — will not only be other medical students, but also other allied health students and students from a wide range of disciplines, including engineering, epidemiology, law, theology, and the behavioral sciences.

Healing is an honor, curing is a relief, preventing illness is a victory, maximizing the potential of all persons is a triumph for humankind. As graduates of Hackensack Meridian School of Medicine, each of students will make a difference in individual lives, in society today, and in the world going forward.

I look forward to accompanying students as students embark on this journey that will lead students and the lives students touch to wonderful places and heights.

**Bonita Stanton, MD**  
Founding Dean  
Hackensack Meridian School of Medicine  
President, Academic Enterprise, Hackensack Meridian Health Professor of Pediatrics
The MD Program

Vision Statement
Each person in New Jersey, and in the United States, regardless of race or socioeconomic status, will enjoy the highest levels of wellness in an economically and behaviorally sustainable fashion.

Mission Statement
To develop our students, residents, faculty, and healthcare environment to deliver the highest quality care for all.

- Act on their understanding that context, community, and behavior drive wellbeing;
- Embrace and model our professional reverence for the human condition, empathy toward suffering, excellence in medical care, and humility in service;
- Continue to serve and learn from the engagement of underrepresented minority populations among students, faculty, staff, and community;
- Integrate lifelong learning and inquiry into their practice; and
- Work in communion with scholars and practitioners of other disciplines to integrate their perspectives, experiences, and tools.

Curricular Approach
Our curriculum is driven by our Educational Goals and Objectives based on the school’s Vision and Mission. Basic science content is presented in its clinical context with clear medical relevance. Students will learn within an integrated curriculum in a team-oriented, collaborative environment that mirrors the clinical world in which they will practice. We utilize the best components of evidence-based teaching methods and structure our foundational curriculum explicitly to give students what they need to thrive in the modern, technically demanding, clinical setting. Our graduates will be physicians who are humanistic, socially responsible, collaborative members of the health care system, and who provide the highest quality patient-centered care to all people. Our graduates will be highly skilled in biomedical, behavioral, social, and health system sciences. This integrated approach will emphasize the critical role that all these fields play in human health and disease.

Our competency-based curriculum ensures that our students are productive members of the clinical team on day one of their first clinical clerkships, and that our graduates thrive as interns on day one of residency. These learning outcomes are assessed frequently to ensure all students are acquiring the scientific knowledge, clinical skills, and humanistic attitudes they need. In addition to robust clinical skills training early, our clerkship curriculum emphasizes ambulatory-based care, where most medical care is provided nationally.

Educational Program Objectives (EPOs) are the outcome of the Hackensack Meridian School of Medicine (HMSOM) curriculum – they are the specific competencies that our students will demonstrate upon graduation. The EPOs drive all elements of curricular development, implementation, evaluation, and enhancement and all course and clerkship objectives will be mapped to specific EPOs, as well as all assessments. A varied range of outcome assessments (student performance on OSCEs, examinations, clinical evaluations, 360 evaluations, licensing examinations, etc.) will be used to assess if students are meeting the EPOs. (See for detailed information in Appendix A.)
The HMSOM has eighteen *Entrustable Professional Activities* (EPAs) that serve as the goalpost for our graduates. They are the professional activities students will be entrusted to do when they begin residency. They are comprised of the *AAMC Core EPA Pilot’s 13 EPAs for Undergraduate Medical Education* and five additional EPAs to fully represent our graduates’ competencies and abilities.

All **Clerkship Learning Objectives** and experiences link to these EPAs. Clerkship assessment and feedback will be given using the EPAs, which are:

- History, Physical Exam
- Create a prioritized Differential Diagnosis
- Diagnostic tests
- Orders and Prescriptions
- Documentation
- Presentation
- Clinical Questions
- Handoffs
- Interprofessional Collaboration
- Acute Care
- Informed Consent
- Procedures
- Systems failure/Patient safety
- Communication skills
- Counseling and education
- Developing care plans
- Professionalism and growth
- Systems and solutions

The HMSOM’s unique 3+1 curriculum places medicine and related scientific knowledge in the context of the patient and community. It standardizes learning outcomes through the core curriculum while providing each student with the opportunity to individualize their fourth year based on their own needs and interests. (See for detailed information in Appendix A.

All students will participate in a three-year core curriculum, meeting rigorous, standardized learning outcomes. This is complemented in the fourth year by an individualization of the medical school experience. Each student will work with an advisor to develop a uniquely customized curriculum based on their own professional and developmental goals and needs, designed to maximize professional development. Students will be able to choose from a variety of options, including dual degrees, research and scholarly projects, clinical immersion, global health electives, community-based projects, innovation programs, and entry into residency, among other possibilities. This fourth year provides a self-directed, personalized medical school experience.

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 *Human Dimension (HD)* that students will understand their roles in health and sickness, and disease prevention and treatment.

*HD* is a three-year longitudinal course at the heart of the HMSOM curriculum. Through service-learning experiences and an integrated curriculum, students will come to understand the many determinants of health including the social determinants of health, as well as the personal, economic, and environmental determinants. Determinants fall under several broad categories: policy, social factors, health services, behavior, access, biology and genetics.
Further, students will 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 will be linked with groups of families and communities from the very beginning of the HMSOM curriculum. They will meet with, learn, and begin to understand patients’ and families’ context and circumstances, including the location of support and risk elements in their families’ communities. Students will participate in the patients’ interactions with the medical world, and assist them in navigating their medical, legal, and social systems.

Students will be introduced to theories and practices in the large group setting and apply their knowledge in small group learning sessions. Case presentations, workshops, and processing students’ experiences will also take place in this setting. The five components of HD are:

1. Large group teaching sessions
2. Small group teaching sessions
3. HD Voices Program
4. Community Assessment Project
5. Community Health Project

Core focus areas include:

- Cultural Humility
- Determinants of Health
- Community Health
- Geriatrics
- Professionalism
- Health, Wellness, and Nutrition
- Community Based Education
- Health Literacy
- Addressing Unmet Social Needs
- Food Insecurity
- Environmental Health
- Trauma Care
- Interprofessional Teams
- Community Health Systems
- Translation Service

In the HD Voices Program, students will be paired and assigned two families to follow longitudinally over the entire core curriculum, paying specific attention to three domains of health: social, behavioral, and medical. The student will be expected to develop a close relationship with the families and will become involved in all aspects of family members’ health, including the individual’s life, family, and community. Activities include calls and meetings with individuals and families in their communities and in various health care and community-based settings, meetings with peers and a faculty mentor, and participating in small and large group teaching sessions.

Students will talk with their families and screen them for social needs that are impacting their lives. Students will be given resources to aid families in accessing services that may be available to them. This experiential and service-learning curriculum will be integrated with the content students learn in the other components of the core curriculum. The Phase 1 curriculum will be structured using patient presentations that will serve as the framework for the content taught in each week. This integrated approach will emphasize the critical role that all these fields play in human health and disease.
During the first half of Phase 1, students will complete a Community Assessment Project which includes completion of a series of activities in a specified community, all aimed to increase their appreciation for the unique aspects of that community, as well as to identify the community's major assets and barriers. Each team will present their findings to their peers. Activities include understanding the community’s geography, attending local, county, and state community meetings to listen to the town’s voices, interviewing key local leaders and stakeholders, and utilizing quantitative and qualitative data to formulate a community assessment. Building upon the knowledge they gained during the CAP, student teams will work together to develop a Community Health Project that will address a community's health needs.

**Phase 1: Fundamentals**

The HMSOM Phase 1 Curriculum Schematic:

![Phase 1 - Fundamentals Diagram]

**Foundational Courses**
The Sciences/Skills/Reasoning Courses progress from foundational material to systems-based courses. The curriculum includes a focus on health, as well as disease, with application for disease treatment, prevention, and maintenance of wellness.

**Molecular and Cellular Principles (MCP):** An eight-week course that introduces students to fundamental concepts in cell biology, biochemistry, molecular biology, genetics/epigenetics, immunology, pathology, and pharmacology.

**Structural Principles (SP):** 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.
System Courses

Immunity, Infection, and Cancer (I2C): An 11-week course that builds upon the fundamental principles of the immune system that are presented in Molecular & 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 also 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.

The Developing Human (TDH): An eight-week course that addresses growth and development from the cellular to organismal level, focusing on the reproductive, endocrine, and hematologic systems. The continuum of human development and its various stages are included in this course.

Homeostasis and Allostasis (H&A): An 11-week course that focuses on the structure and function of the cardiac, pulmonary, and renal systems in maintaining internal physiologic equilibrium in the body. The concept of allostasis, or the process of achieving homeostasis, is included in the course as recognition of the concept that internal physiological stability is only achieved through alterations of physiology in response to both predictable and unpredictable events (“stability through change”).

Nutrition, Metabolism, and Digestion (NM&D): 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.

Neurosciences and Behavior (N&B): 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.

Clinical Skills and Clinical Reasoning: This training is integrated throughout the Phase 1 curriculum. It includes clinical skills workshops (physical examination, physical diagnosis, communication skills, etc.), standardized patient sessions, simulation (task-based and high-fidelity), longitudinal clinical experiences, and other inpatient and outpatient clinical teaching. Additionally, training in clinical reasoning is a major component of the Patient Presentation PBL Curriculum (PPPC) that is embedded within all Sciences/Skills/Reasoning courses.

The content taught in Human Dimension and in the Sciences/Skills/Reasoning courses is integrated with training in clinical skills and clinical reasoning. For example, in Week 5 within the Homeostasis and Allostasis course, students learn pulmonary histology and the mechanics of lung function, pathophysiology, and clinical management of obstructive and restrictive pulmonary disease. Clinical skills training during this week focuses on motivational interviewing and counseling for smoking cessation, building on basic patient interviewing skills that were introduced in the foundational courses. HD experiential activities in the subsequent week may include analysis of environmental factors that relate to disease in the families that students are paired with.
All *Foundational* and *System Courses* include the following features:

- Formative assessments throughout the course with a summative assessment week at the end of each course.
- Integration of content in the biomedical, behavioral, social, and health system sciences.
- Inclusion of integrated and appropriately timed training in clinical skills and clinical reasoning.
- Student participation in longitudinal clinical placements (starting during systems courses) to reinforce classroom training in clinical skills and clinical reasoning.

This is an *active learning* curriculum. Students must come prepared to engage with all the content, material, and experiences that are part of the curriculum. In order to achieve our high educational goals, students will engage in an active learning approach and will have pre-work for most teaching sessions. Formal classes will end by midday most days per week. As an adult learner, it is up to the student to plan ahead, schedule time, and track the various pre-work and other responsibilities. If needed, there are resources through the Office of Student Affairs and Wellbeing to help develop these abilities.

- All content will be integrated (biomedical, behavioral, social, and health system sciences).
- *Clinical Skills* and *Clinical Reasoning* training are integrated throughout.
- Instruction will include clinical skills workshops (physical examination, physical diagnosis, communication skills, etc.), *Standardized Patient Sessions and Simulation* (task-based and high fidelity).
- Feedback is a critical element of the HMSOM curriculum. Students get a tremendous amount of feedback and data about performance in all areas of the curriculum. This will help students achieve educational goals and objectives. Specific curricular sessions will also provide training in the skills needed to provide and utilize feedback most effectively.
- During the *Phase 1* curriculum, students are actively learning large amounts of material, and will spend the majority of class time applying and using that information. This requires that students prepare for class, so that they are ready to participate in in-class activities. Preparatory work will be assigned by the faculty leading the TBL and large-group sessions and will be generally self-directed in the case of PPC sessions.

**Phase 2: Immersion**

![Phase 2 Diagram](image-url)
**Required Clinical Clerkships:**
- Transitional Clerkship (four weeks)
- Internal Medicine (eight weeks)
- Surgery (eight weeks)
- Family Medicine (eight weeks)
- Pediatrics (six weeks)
- Obstetrics/Gynecology (six weeks)
- Psychiatry (six weeks)
- Neurology (six weeks)
- Emergency Medicine (longitudinal and integrated into block clerkships)

**Other requirements:**
- 11 to 12 weeks for USMLE Step 1 and Step 2 preparation and vacation
- Required Sub-Internship (4 weeks)
- Required Critical Care Selective (2 weeks)
- Eight weeks of Electives
- Human Dimension - Phase 2

**Real-time Feedback in the Clinical Setting**
In addition to formal mid-clerkship review feedback, students will receive robust real-time feedback in clinical settings. This will be promoted and prioritized through focused faculty, resident, and student development centered on the use of the One Minute Learner – a tool that promotes and structures a proactive conversation between a learner and teacher in the clinical setting discussing roles, expectations, and feedback. After every clerkship the student will complete an end-of-clerkship evaluation to rate the quantity and quality of the feedback they received on the rotation.
**Phase 3: Individualization**

Phase 3 is a customized phase that usually starts after the three-year Core Curriculum. Phase 3 goals are general, as it is by design an individualized program, the goals unique to each student. Overall, the goals for each student in Phase 3 are to maximize the individual’s capacity to carry out the mission and goals of the HMSOM.

To achieve these goals, Phase 3 options include dual degrees/certificates, research/scholarship opportunities, clinical immersion, community-based projects, and entry into residency programs. Master’s and certificate programs are housed in schools and colleges at SHU, as well as the Stevens Institute of Technology. Each is responsible for defining degree requirements, course content, learning objectives, and assessment methods. All programs are designed to be completed in one year.

**Phase 3 Residency (P3-R)**

This program is for students who have a clear and thought-out career plan, and who have had strong academic performance in the medical school curriculum.

We anticipate that the continuum of medical education is changing and additional opportunities for early entry into GME programs nationwide will occur in the future. At this time, students in the P3-R program at the Hackensack Meridian School of Medicine must apply to a Hackensack Meridian Health or HMSOM sponsored program.

Program directors and chairs will determine how many positions in a program will be available to the P3-R students; a list of available programs with number of available positions will be available to the students shortly after the time of the June Town Hall class meeting.
Students will participate in the National Residency Matching Program (NRMP) and would be guaranteed a match in the HMH or HMH program if they ranked this program first.

Students considering P3-R will have the ability to submit a specialty preference in the clerkship lottery such that their P3-R specialty would occur in the 1st half of their clerkship schedule, if possible. Intent to participate in the program would be declared in March to allow frontloading of desired clerkship, as possible within the clerkship sites available. Students will submit a form indicating their desire to participate in the P3-R program, the desired specialty that they want to apply in, and a narrative explaining why they want to go into this specialty and participate in the P3-R program. If a student would like to consider 2 specialties in P3-R, they should explain why this is their desire. They should rank the two options. The first option will be prioritized in clerkship lottery.

Students would be allowed to voluntarily withdraw from the program or switch to another residency with open positions by December. If they switch, they would re-apply and interview with the new specialty/department/location. There is no guarantee that they would be accepted into an alternate residency position.

Students can apply to a maximum of 2 different residency specialties.

As described above, this program is for students who have had strong academic success in the SOM curriculum. If a student has received DNM in any course, unit, or clerkship they are not eligible for this program. If a student has received a pattern of MERs in courses or units they are strongly encouraged to evaluate the 3-year graduation choice with their advisors and faculty, as it may not be a wise choice for the student.

Exceptions to this policy will be rare and will be considered on a case by case basis for the inaugural class only.

To apply to P3-R, students must:

- Submit an application (April-May 2020, timeline will be provided) which mirrors the ERAS application, and specifies what specialty they are applying for, a current CV and a personal statement which details why they are choosing this specialty, why they think it is a good fit for them and any credentials they have that have led them to this specialty (e.g., research, clinical experiences). Students will be asked to list the specific site(s)/program(s) within that specialty they want to apply to.
- Interview with their student advisor (who will review with P3-R director), the program director, and clinical chair of the department that they are applying to.
- Obtain three letters of recommendation: from specialty mentor, advisor, and one faculty member.

Acceptance into the P3-R program/specific residency program is conditional and subject to monitoring as they progress through the remainder of their education.
To remain in the P3-R program, students must:

- Maintain the highest standards of professionalism.
- Demonstrate exemplary performance in all Phase 2 courses. Simply passing Phase 2 courses would not be considered “exemplary”. All shelf exams must be passed on their first attempt.
- USMLE Step 1 must be taken prior to January and passed on first attempt, prior to the program’s submission of the NRMP match list in mid- to late-February. Step 2 CK and CS must have been taken and passed by the end of the 3rd year or the student must stay matriculated for the 4th year.
- Apply to Residency through Electronic Residency Application Service (ERAS) in the spring following acceptance, indicating the residency program to which they were admitted as their first choice.

A P3-R Committee will make recommendations to the Dean about whether a P3-R candidate’s performance meets the criteria to enter and stay in the program. There will be a process for appealing these decisions.

There will be a section of the HMSOM website devoted to the P3-R program which will contain a section on available programs, number of positions, a description of the programs and content information for the program director. It will also contain information about P3-R eligibility, application process and requirements.

**Phase 3 Dual Degree/Certificate Options**

**Seton Hall University:**

**School of Health and Medical Sciences**
- Graduate Certificate in Healthcare Administration
- Graduate Certificate in Global Health Management
- Graduate Certificate in Population Health
- Graduate Certificate in Practice Management

**Immaculate Conception Seminary and School of Theology**
- Graduate Certificate in Christian Spirituality

**School of Diplomacy**
- Executive Master’s degree in International Affairs with focus on Global Health and Human Security
- Executive Master’s degree in Post-Conflict State Reconstruction and Sustainability

**Stillman School of Business**
- Master’s in Business Administration

**College of Arts and Sciences**
- Graduate Certificate in Jewish-Christian Studies
- Master’s degree in Microbiology; Neurosciences; or Biochemistry
- Master of Social Work

**College of Education and Human Services**
- Master of Arts in Special Education

**School of Law**
- Graduate Certificate in Health and Hospital Law
- Graduate Certificate in Pharmaceutical and Medical Device Law and Compliance
- Graduate Certificate in Intellectual Property Law
Stevens Institute of Technology:

- Master’s in Bioengineering

Residency
The National Resident Matching Program® (NRMP®) is a private, non-profit organization established in 1952 at the request of medical students to provide an orderly and fair mechanism for matching the preferences of applicants for U.S. residency positions with the preferences of residency program directors. In addition to the annual Main Residency Match® that encompasses more than 42,000 applicants and 30,000 positions, the NRMP conducts Fellowship Matches for more than 60 subspecialties through its Specialties Matching Service® (SMS®).

NRMP Matches use a computerized mathematical algorithm to align the preferences of applicants with the preferences of program directors to produce the best possible outcome for filling training positions available at U.S. teaching hospitals.

Residency Program Options
There are many HMH residency options available; this list is subject to change.

Hackensack University Medical Center
- Emergency Medicine
- Internal Medicine
- Urology
- Pediatrics
- Anesthesiology
- Obstetrics and Gynecology
- Surgery

Jersey Shore University Medical Center
- Internal Medicine
- Obstetrics and Gynecology
- Pediatrics
- Surgery
- Psychiatry

Mountainside Hospital
- Internal Medicine
- Family Medicine

Palisades Medical Center
- Internal Medicine
- Family Medicine
- Surgery
- Dermatology

Ocean Medical Center
- Family Medicine
- Psychiatry
- Internal Medicine

Raritan Bay Medical Center
- Internal Medicine

JFK Medical Center
- Family Medicine
- Physical Medicine and Rehabilitation
Residency Applications
Most specialties and the military use the Electronic Residency Application Service (ERAS) Ophthalmology and Plastic Surgery use the San Francisco Match’s Central Application Service (CAS), which distributes complete applications to programs electronically. The use of CAS is mandatory for both programs and applicants. In general, students will need to provide the following information and credentials as part of the residency application process:

Curriculum Vitae (CV)
Many students develop a Curriculum Vitae (CV) or resume whether or not it is requested by the residency program. It is a good exercise for organizing basic information, educational background, and major accomplishments.

Personal Statement
This document conveys the student’s passion and commitment for the discipline and may also identify what he/she seeks in a residency program. Make sure this is an original statement and not copied from a commercial preparation site.

Faculty and Department Recommendation Letters
Students request these letters from faculty with whom they have worked; one letter must be from an attending in the specialty in which the student is applying. Not all departments complete department or chair letters. Letters from residents typically may not be substituted for a required faculty letter.

Medical Student Performance Evaluation (MSPE)
The preparation of this document is overseen by the Office of Medical Education. It provides an overall assessment of medical school performance, including quotations from evaluations, required clerkships, and clinical electives for which evaluations have been received before the Office of Student Affairs and Wellbeing MSPE completion deadline. It also includes information on the status of completion of the OSCE and USMLE graduation requirements, and highlights of activities and contributions to the school or community.

Official HMSOM Transcript
The transcripts for residency application will include all grades received through the end of June.

USMLE Transcript
Residency programs require an official transcript of performance from the National Board of Medical Examiners (NBME) on USMLE Step 1, Step 2-CK, and Step 2-CS. The request to the NBME is managed by the student through ERAS.

Interview
All programs require an interview. This is the student’s opportunity to learn more about the residency program, the environment of the training site, and the city or town in which the program is located. It also provides an important opportunity for the residency program director, current residents, and staff to see if the student is a good fit for their program.
### Overview of Residency Training

The various types of residencies are diagrammed in the table below. These are unofficial assignments derived from published materials and are offered only for information. Students should consult the current AMA Directory for the official requirements.

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Length of Training - Minimum number of years of postgraduate training for eligibility for board certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medicine</td>
<td>3 to 4 years</td>
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<tr>
<td>Family Medicine</td>
<td>3 years</td>
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<tr>
<td>Internal Medicine</td>
<td>3 years</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>3 years</td>
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<td>Obstetrics-Gynecology</td>
<td>4 years</td>
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<td>Pathology</td>
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<td>Psychiatry</td>
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<tr>
<td>General Surgery</td>
<td>5 years</td>
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<tr>
<td>Neurosurgery</td>
<td>7 years</td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
<td>5 years (includes 1 year of general surgery)</td>
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<tr>
<td>Otolaryngology</td>
<td>5 years</td>
</tr>
<tr>
<td>Urology</td>
<td>5 years (includes 1 year of general surgery)</td>
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<tr>
<td>Plastic Surgery</td>
<td>6 years</td>
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<tr>
<td>Anesthesiology</td>
<td>3 years plus PGY-1 Transitional/Preliminary</td>
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<tr>
<td>Dermatology</td>
<td>3 years plus PGY-1 Transitional/Preliminary</td>
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<tr>
<td>Neurology</td>
<td>3 years plus PGY-1 Transitional/Preliminary</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>3 years plus PGY-1 Transitional/Preliminary</td>
</tr>
<tr>
<td>Physical Medicine</td>
<td>3 to 4 years</td>
</tr>
<tr>
<td>Diagnostic Radiology</td>
<td>4 years plus PGY-1 Transitional/Preliminary</td>
</tr>
<tr>
<td>Radiation Oncology</td>
<td>4 years plus PGY-1 Transitional/Preliminary</td>
</tr>
<tr>
<td>Transitional/Preliminary</td>
<td>1 year</td>
</tr>
</tbody>
</table>

In addition to the above, there are a number of combined specialty programs that begin in the first year. Examples of these are medicine/pediatrics, medicine/psychiatry, pediatrics/psychiatry/child psychiatry, psychiatry/family medicine. Others can be found in the AMA directory of approved residency programs.

Search for residencies and fellowships from more than 10,000 programs with FREIDA Online®, the AMA Residency and Fellowship Database™.

Any questions related to residency selection and the application process should be directed to the Office of Student Affairs and Wellbeing.

### Licensure and Specialty Board Certification

To practice medicine, physicians must be licensed by the state(s) in which they see patients. While most states require very similar information, some have more stringent requirements regarding curricular credits in certain areas, acceptable levels of scores on licensing examinations, and reports on personal and
professional conduct. All states require successful completion of all parts of the licensure examination and at least one year of postgraduate (residency) training.

The HMSOM’s academic program is structured to provide an education that meets faculty's expected standards for the attainment of the Doctor of Medicine degree from this institution. The HMSOM is a Liaison Committee on Medical Education-accredited institution. Its graduates in general do not have difficulty meeting state licensure curricular requirements. Questions about state licensing requirements or procedures should be directed to the licensing board of the state in which there is an interest in practicing.

Each of the major specialties has certification requirements for physicians who wish to achieve board certification in their specialty area. General information on board certification requirements is available in the AMA Graduate Medical Education Directory; more specific information can be obtained from the individual specialty boards.
Academic Information & Policies

Academic Standing
The Student Performance Review Committee (SPRC) is charged with reviewing and discussing the academic standing of all enrolled students, including addressing deficits in academic performance and allegations of student breaches in professional behavior. The SPRC also makes recommendations to the Dean regarding a course of action for students who do not meet expectations in any aspect of the HMSOM curriculum, including allegations of student breaches in professional behavior.

The SPRC meets at least four times per year (quarterly), including after the completion of each course/clerkship and high-stakes examination, and more frequently as needed to fulfill its responsibilities.

The SPRC has 15 members. The voting members include eight faculty members elected from the faculty-at-large according to the rules of the Nominations and Elections Committee, and five faculty members appointed by the Dean. The Associate Dean of Student Affairs and Wellbeing and the Associate Dean of Medical Education are ex-officio, non-voting members of the SPRC. All elected and appointed members serve three-year renewable terms. The SPRC is chaired by a committee member elected by the committee and serves a three-year term.

A student has the right to appeal any decision of the SPRC. All appeals must be submitted to the Dean by the student in writing and within 10 days of receiving the SPRC’s decision. Full details about the committee can be found in Roles and Procedures of the Student Performance Review Committee Policy at HMSOM.org/policies.

Academic Promotion and Graduation Policy
A comprehensive evaluation of each student’s performance will be conducted by the Student Performance Review Committee (SPRC) at the following academic checkpoints to determine the student’s preparedness for the next Phase/component of the curriculum:

- Advancement from the end of the first academic year to the second academic year (within Phase 1)
- Advancement from Phase 1 to Phase 2
- Before beginning Advanced Clinical Rotations
- Advancement from Phase 2 to Phase 3

The HMSOM has a single standard for graduation of all students. Students are required to develop an Individualized Learning Plan (ILP) in collaboration with their Advisor. The ILP describes the student’s planned schedule for completion of the USMLE Step 1 and USMLE Step 2, schedule for Advanced Clinical Rotations, and plan for Phase 3 of the HMSOM curriculum. All conditions and components of the ILP must be successfully met for the student to graduate.

Students are required to have demonstrated competence in all HMSOM competencies, including achievement of professionalism standards. For each competency, a set of milestones defines the expected progress throughout medical school toward achieving competence. Students must successfully pass all required courses, clerkships, and Advanced Clinical Rotations.

Students are expected to take and successfully pass USMLE Step 1 and Step 2 (CK and CS). Students are allowed up to three attempts to pass each exam. Any failure of a USMLE exam must be reported to the student’s Advisor and the Director of Academic Support before rescheduling the examination.
USMLE Step 1
Students must take and successfully pass USMLE Step 1. Students must pass USMLE Step 1 to progress into Advanced Clinical Rotations. If students receive notification that they did not pass USMLE Step 1 during a rotation they may complete that rotation, and then will leave the HMSOM curriculum until having successfully taken and passed USMLE Step 1.

USMLE Step 2
Students are expected to take and successfully pass USMLE Step 2 (CK and CS) before starting Phase 3 of the curriculum, including before graduating. Depending on the composition of the student’s Individualized Learning Program (ILP) this deadline may be extended until December 31 of the student’s fourth year of enrollment at the HMSOM with the approval of the Office of Medical Education.

All components of the medical education program listed as required for graduation from the HMSOM must be completed within a six-year period, unless granted an extension at the discretion of the Office of the Dean. Students exceeding 6 years will not be eligible for federal financial aid. Approved leaves of absence for pregnancy, illness or death of a family member may be excluded from this calculation. More information may be found in the Academic Promotion and Graduation Policy at HMSOM.org/policies.

Advancement Within and Between Academic Phases

Each student’s progress toward achievement of the HMSOM’s competencies, as well as academic performance, is evaluated through both formative and summative assessments as described in the Phase 1 and Phase 2 Assessment and Grading Policies. A comprehensive evaluation of each student’s performance will be conducted by the Student Performance Review Committee (SPRC) at the following academic checkpoints to determine the student’s preparedness for the next Phase/component of the curriculum:

- Advancement from end of the first academic year to the second academic year (both within Phase 1.)
- Advancement from Phase 1 to Phase 2.
- Before beginning Advanced Clinical Rotations.
- Advancement from Phase 2 to Phase 3.

(For more information, please see Collaborative Student Assessment and Support Policy and Procedures at HMSOM.org/policies.)

Phase 1 Assessments
In Phase 1, curricular objectives are assessed through multiple methods, both formative and summative. All assessments are linked to the EPOs, competencies, milestones, and EPAs, as well as to course-specific learning objectives. Whenever teacher-learner interaction permits, students will be provided with narrative assessment of performance.

Formative Assessments in Phase 1 courses may include the following (course dependent):

- Weekly Multiple-Choice Questions (MCQs)
- Short essays
- Laboratory Practical
- PPPC facilitator assessment (verbal and written)
- TBL peer assessment
- Large-group sessions – Audience Response System
- Clinical skills small-group facilitator assessment
- Clinical skills small-group peer assessment
Clinical skills – Objective Structured Clinical Examination (OSCE)
Simulation/Standardized Patient (SP) encounters
Clinical Placement preceptor assessment verbal and written
Human Dimension case study presentation/write-up
Human Dimension mentor assessment (verbal and written)
National Board of Medical Examiner (NBME) Comprehensive Basic Science Examination (CBSE)

**Summative Assessments in Phase 1** may include the following (course dependent):

- End of course National Board of Medical Examiner (NBME-style) multiple choice question exam
- End of course short-essay exam
- End of course laboratory practical exam
- PPC facilitator assessment
- TBL peer assessment
- TBL IRAT/GRAT scores
- Clinical skills - OSCE assessment
- Clinical Placement - preceptor assessment
- Human Dimension - Case study presentations/write-ups assessments
- Human Dimension - Phase 1 mentor assessment
- Block OSCEs

**Phase 1 Grading**
The final grade for each course in Phase 1 is either Pass (P) or Fail (F). In addition to a grade of Pass or Fail, students will receive a performance report for each component of the course. This robust feedback is designed to support each student's growth, development, and achievement of their educational goals and objectives.

Each of the summative components of the final course grade are evaluated using a specific rubric. Grades of Meets Expectations (ME), Meets Expectations with Recommendations (MER), or Does Not Meet Expectations (DNM) are assigned for each component of the final course grade. For additional information see Phase 1 Assessment and Grading Policy at HMSOM.org/policies.

**Phase 2 Assessments**
The overarching philosophy of the HMSOM is a program of competency-based assessment for learning. Students will receive frequent, high-quality feedback to help guide their learning, progressive development, and achievement of specific clerkship objectives, milestones, competencies, and Entrustable Professional Activities (EPAs). Students will also receive robust feedback data on their progression toward achievement on nationally required examinations. In Phase 2, the HMSOM's assessment goals are accomplished through multiple assessment methods, both formative and summative. There are clerkship-specific assessment methods as well as curriculum-wide Block OSCE assessments.

The student assessment program at the HMSOM is designed to meet the following goals:

- Provide ongoing feedback to students about their learning.
- Promote and foster the Mission of the HMSOM.
- Determine that students have attained by graduation the knowledge, skills, and attitudes at a level of mastery necessary to provide high-quality patient care
- Advance students toward achievement of the milestones, competencies, and EPAs of the HMSOM.
- Prepare students to excel on USMLE licensing exams.
During all clerkships and sub-internships in Phase 2, students will receive formal feedback at the midpoint of the rotation. All clinical preceptor feedback will be delivered utilizing competency-based assessment tools and narrative comments and will be compared to the student's self-assessment of performance. All required clerkships and sub-internships will utilize the same mid-clerkship review form and structure. This will include:

- Student self-assessment.
- Comprehensive Clerkship Evaluation Tool (CET), the same evaluation tool that will be used for end-of-clerkship clinical evaluation.
- Narrative comments on strengths and areas for improvement.
- Review of required clinical experiences and student level of involvement.
- Students will meet with their primary preceptor or site director to review mid-clerkship feedback, discuss the student's goals for the rotation set at the beginning of the rotation with any modifications, and develop an action plan for the rest of the rotation (e.g., how to address areas that need improvement, how to obtain deficient required clinical experiences.)
- The Clerkship/Sub-Internship Director will then review all students' mid-clerkship review forms.

In preparation for NBME subject examinations, students will be given clerkship-specific guidance and resources for preparation. This will include practice tests when available, study resources, and test-taking guidance. Clinical assessment will include:

- OSCE including Standardized Patients for all clerkships; high-fidelity and task simulators as appropriate.
- Comprehensive Clerkship Evaluation Tool (CET)
- Two block OSCEs will be completed during Phase 2 of the HMSOM curriculum. These will be medium-stakes examinations during which students will be required to demonstrate minimum competence to move forward in the curriculum.

**Phase 2 Grading**

All summative assessments are evaluated using specific rubrics. Final grades of Honors, High Pass, Pass, and Fail will be assigned based on the student's final numerical grade. Additional information will be provided for each clerkship. For additional information, see Phase 2 Assessment and Grading Policy at [HMSOM.org/policies](http://HMSOM.org/policies).

The HMSOM expects attendance, punctuality, and active participation in all scheduled curricular activities. Attendance, punctuality and active participation are considered professional responsibilities and will be assessed in small groups, clinical/communication skills sessions and clinical activities. Medical students are contributing members of the clinical team, and as such have responsibility and accountability to their patients and teams.

HMSOM prioritizes the wellbeing and support of our students, is committed to individualized learning and achievement of goals, and is cognizant that unanticipated occasions may arise that prevent a student from attending scheduled curricular activities. Additionally, the School of Medicine may grant approved time off for specific reasons. The guidelines and procedures regarding both unanticipated and anticipated absences are detailed below and in the Phase 1: Student Attendance and Punctuality Policy found at [HMSOM.org/policies](http://HMSOM.org/policies).

Compliance with this policy is monitored by the Associate Dean of Medical Education and the Medical Education Committee.
**Attendance**

**Phase 1 Attendance**
The HMSOM may grant approved time off during Phase 1 for specific reasons such as conferences, religious observance, jury duty, or medical appointments. Students are highly encouraged to plan time off around scheduled curricular activities whenever possible. Students, in consultation with Course Directors, are responsible for making up the content of any sessions that are missed.

Any absences must be reported using the HMSOM’s designated reporting process, which is communicated to students throughout the year. Requests are not automatically excused; students will receive confirmation via email with any further direction necessary.

**Anticipated Absences**
The HMSOM may excuse absences in advance for specific reasons. Students must email to a designated email set up for this purpose with a detailed request in the time frame indicated below. Requests are not automatically approved; students will receive confirmation via email. Students will be expected to make up the missed time and activities, per instruction of the faculty.

Anticipated absences and time frames include:

- If a student is presenting at a conference; is an officer in an organization; or other situations by special permission, a request must be made at least 8 weeks prior to the start of a clerkship.
- Religious observances must be requested prior to the start of the Transitional Clerkship.
- Jury Duty must be reported as soon as notified and at least 4 weeks prior to the date scheduled.

**Unanticipated Absences**
In the case of an emergent health need or unanticipated emergency involving immediate family members, absences will be excused. Students must report their absence to the attendance reporting email address set up for this purpose (TBD), the clerkship director, and the site director. Absences should be reported by the student as soon as possible, ideally in advance of the start of the scheduled activity. Students will be expected to make up the missed time and activities, per instruction of the director.

**Inclement Weather**
In cases of inclement weather, clinical duties do not follow HMSOM academic closings. The student is expected to report to clinical duties if the site is open and operational, however, safety is a priority. If a student feels unsafe to travel, he/she must report their absence to the attendance reporting email address for this purpose (TBD), the clerkship director, and the site director. Students will be expected to make up the missed time and activities, per instruction of the director.

**Phase 2 Attendance**
The student in Phase 2 is responsible for reporting all absences to a designated email address; as well as with the clerkship director; and site director to discuss return to duty and next steps. Time missed from clerkships for Human Dimension responsibilities (V.P. visits, small group, community activities, etc.) must follow guidelines and instructions provided. Students may be asked for documentation for certain absences.

Unexcused absences will be reported on the clerkship evaluation and will impact clerkship final grade. Failure to follow this policy or procedure may result in consequences decided upon by the relevant parties. Consequences may include but are not limited to, referral to the Student Performance Review Committee; failure of clerkship; and/or mention of multiple unexcused absences in student’s Medical Student Performance Evaluation. The entire Phase 2: Clerkship Attendance Policy may be found at [HMSOM.org/policies](http://HMSOM.org/policies).
**Personal Days**
A maximum of 3 days throughout Phase 2 are allowed for personal events (e.g. weddings, graduations, etc.), appointments, and “wellness days.” The student does not have to make up this missed time however, personal time may only be taken on certain days and those specifics dates will be provided by the clerkship director.

Personal days for events must be requested no less than 8 weeks prior to the start of the clerkship. Personal days used wellness day should be requested with as much notice as possible during the clerkship. No more than 2 days total of personal days and anticipated absences may be taken in any given clerkship.

Within a given clerkship, unexcused absences will be handled as follows:

<table>
<thead>
<tr>
<th>Number of Absences</th>
<th>Description</th>
<th>Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Student must meet with the clerkship director to discuss expectations and</td>
<td>to determine make-up plan.</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Student must meet with the clerkship director and meet with the Associate</td>
<td>Dean of Student Affairs or his/her designee.</td>
</tr>
<tr>
<td>3 or more</td>
<td>Student must meet with the clerkship director; meet with the Associate</td>
<td>Dean of Student Affairs or his/her designee; and the matter will be referred</td>
</tr>
<tr>
<td></td>
<td>Dean of Student Affairs or his/her designee; and the matter will be referred</td>
<td>to the Student Performance Review Committee for review.</td>
</tr>
</tbody>
</table>

**Holidays and Vacation**
Students will have the following time off during the clerkships. Students are expected to participate in clinical and clerkship activities on all other holidays, at the direction of the Clerkship Director and clinical site.

<table>
<thead>
<tr>
<th>Description</th>
<th>Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winter Break</td>
<td>Dates and start/end times will be provided on the annual HMSOM Academic</td>
</tr>
<tr>
<td></td>
<td>Calendar</td>
</tr>
<tr>
<td><em>includes Christmas</em></td>
<td></td>
</tr>
<tr>
<td><em>and New Year’s Day</em></td>
<td></td>
</tr>
<tr>
<td>Spring Break</td>
<td></td>
</tr>
<tr>
<td>Summer Break</td>
<td></td>
</tr>
<tr>
<td>Memorial Day</td>
<td>Students are excused from clinical duties from 5 pm on the day before the</td>
</tr>
<tr>
<td></td>
<td>holiday through Monday night. Students are expected to report for duties at</td>
</tr>
<tr>
<td></td>
<td>the assigned time on Tuesday morning.</td>
</tr>
<tr>
<td>Labor Day</td>
<td>Begin the Wednesday before Thanksgiving at noon. Students are expected to</td>
</tr>
<tr>
<td></td>
<td>report for duties at the assigned time on Monday morning.</td>
</tr>
<tr>
<td>Thanksgiving</td>
<td>Begin the Wednesday before Thanksgiving at noon. Students are expected to</td>
</tr>
<tr>
<td></td>
<td>report for duties at the assigned time on Monday morning.</td>
</tr>
</tbody>
</table>

**Advising, Career Development and the Individualized Learning Plan**
The HMSOM has an intensive Academic and Career Advising system designed to support students’ career development and wellbeing. Students meet an advisor during orientation and begin a series of required sessions to:
Customize curricular and career exploration experiences.
- Draft and refine the Individualized Learning Plan (ILP).
- Assist with goal setting and tracking around the core competencies.
- Connect students to physician mentors to explore specialties of interest and career options.
- Connect with resources for professional development and personal wellbeing.
- Assist with scheduling the residency application and Match process.

The Academic and Career Advising system consists of 12 – 15 required ILP meetings with an assigned advisor, and numerous optional activities, workshops, speakers, and additional advising meetings as desired. Advising meetings range in length from 30 minutes to an hour.

The required meetings take place 4 times a year for the first 3 years of the curriculum, with additional meetings during Phase 3. The advisor will reach out when it is time to schedule each meeting and it is the student’s responsibility to schedule, prepare for and engage in those meetings, and follow through with any recommendations. In Phase 2 and Phase 3, meetings may take place by videoconferencing or phone as necessary and convenient.

The ILP will be created by the student, with support and feedback from the advisor, before/during the 2nd advising meeting. The ILP is a required part of the curriculum and accreditation requirements. It will be revised and updated for each subsequent meeting, with information taken from evaluations, assessments, and feedback from all aspects of the curriculum. Each advising meeting will include an academic review, career exploration, overall wellbeing discussions, topics specific to the stage of the curriculum, and connection to resources for academic success, wellbeing, and other support services.

The ILP is a private document intended for use in advising sessions, for the student’s individual academic success and career development. Specific information in the ILP (except for the Phase 3 Plan) will not be shared beyond the advising team and the Associate Dean of Student Affairs and Wellbeing. The advising team may share with academic program staff general attendance information, and whether a certain activity (research, specialty idea, Phase 3 activity) is a part of the ILP, as necessary for graduation and accreditation requirements. For example:

- attendance at required advising sessions
- selection and completion of Phase 3 activities
- implementation of career development activities
- pursuit of a specific residency specialty

The advisor consults with the P3-R committee and collaborates on the MSPE letter for residency. These communications will not include specifics from the ILP form but may include details about the student’s professionalism and engagement with the ILP and career development process. Information from the ILP and advising meetings may also be used to recommend students for scholarships, leadership programs and other professional development activities.

Additionally, advisors are mandated reporters of sex/gender discrimination or harassment, sexual assault and misconduct and child abuse.
**Block OSCEs**

Block Objective Structured Clinical Exams (OSCEs) are standardized clinical examinations using trained Standardized Patients and simulation. Students will take two high stakes and two moderate stakes Block OSCE examinations according to the following schedule.

- **Phase 1:** End of the first academic year
- **Phase 1:** End of phase
- **Phase 2:** Midpoint of clerkship year
- **Phase 2:** End of clerkship year

Block OSCEs will include a combination of standardized patient encounters, task-based and high-fidelity simulations, electronic medical record use, and other clinical skills (e.g., communication skills, providing a patient hand-off).

Students will receive a score of “Meets Expectations,” “Meets Expectations with Recommendations,” or “Does Not Meet Expectations.” Students must receive a score of “Meets Expectations” or “Meets Expectations with Recommendations” in all clinical skill domains to successfully pass the Block OSCE and move to the next curricular Phase/component.

**Clinical Duty Hours Policy for All Phases**

The HMSOM adopts the duty hour regulations followed by the Graduate Medical Education programs sponsored by Hackensack Meridian Health. These regulations comply with the Accreditation Council of Graduate Medical Education (ACGME) 2011 Duty Hour Standards. Duty hour violations can be reported at any time to the Associate Dean of Medical Education.

- Duty hours are limited to a maximum of 80 hours per week, averaged over a four (4)-week period.
- Students must be scheduled a minimum of one (1) day free of duty every week (when averaged over two weeks).
- Students must not be assigned additional clinical responsibilities after 24 hours of continuous inhouse duty.
- Up to a three (3)-hour transition period is allowed following a 24-hour on-call assignment. The transition period is not intended for the assignment of new patient care activities, but it can be used to complete assignments, transition patient care, and for rounds/Grand Rounds.
- Students should have 10 hours, and must have 8 hours, free of duty between scheduled duty periods.
- Students must have at least one (1) 24-hour period of non-working time provided for each week.
- Students must not be scheduled for in-house call more frequently than every 4th night;
- Students are expected to record their hours.

In unusual circumstances, students, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Under those circumstances, the student must:

- Appropriately hand over the care of all other patients to the team responsible for the patient’s ‘continuing care;’ and
- Inform the Clerkship Director who should determine the appropriate time for the student to return to the hospital.
Duty hour violations can be reported at any time to the Associate Dean of Medical Education. In the event of a duty hour violation, the Associate Dean of Medical Education, or his/her designee, will investigate the circumstances of the violation to determine if the violation represents a systemic problem or a situation unique to the student. If the investigation reveals a problem in the system, the Associate Dean of Medical Education will make changes in the system to rectify the problem. If the investigation reveals a situation unique to the student, the Associate Dean of Medical Education will discuss the situation with the student and his/her supervisors, and counsel them, as necessary, to prevent further violations see Phases 2 and 3 Clinical Duties Hours Policy at HMSOM.org/policies.

**Code of Conduct**

As medical students, we are professionals and will strive to act as such. We recognize that the behavior and attitudes of individual medical students reflect on our classmates, our school, our profession, and ourselves. We will endeavor to nurture an environment of mutual respect and fulfill our academic and professional obligations to the standard that is expected by our peers, professors, and supervisors. Our students have confirmed the following code of conduct:

*We will endeavor to uphold the following tenets of professionalism, including:*

- Treat all patients, classmates, faculty, staff, medical specialists, and health care team members with respect and consideration, without regard to gender, age, race, religion, ethnicity, class, or sexual orientation.
- Adhere to the highest standard of integrity and honesty in all professional relationships, including those with pharmaceutical and industry representatives.
- Protect patient confidentiality.
- Dress appropriately, including wearing a clean white coat and/or appropriate identification during all anticipated patient contact.
- Have a strong work ethic and positive attitude toward our responsibilities.
- Fulfill responsibilities assigned to us with careful consideration of consequences to both patients and colleagues.
- Appropriately prepare for class, the clinic, or the hospital to optimize our learning and contributions to better patient care.
- Assist others.
- Respect that faculty have devoted their time to teaching medical students in lectures, small groups, clinics, and hospitals.
- Consult with those more knowledgeable when necessary.
- Follow all published and oral instructions regarding assignments, examinations, and special accommodations, and seek clarification from responsible parties when ambiguities are present.
- Show respect in all oral, written, and electronic communications, including patient presentations, written documents, course evaluations, and test question challenge forms.
- Remain calm, courteous, and mature in the face of adversity.
- Avoid inappropriate behavior.
- Be accountable for our actions.
- Seek feedback and advice from mentors.
- Maintain the highest standard of safety.
- Be punctual and reliable.
The Medical Student Code of Conduct (MSCC) is planned as a broad outline of standards within which each student is expected to exercise his/her own judgment (provided it is within the scope of a reasonable member of the medical community), and pledge that he/she will honor and adhere to the principles stipulated therein. Ultimately, professionalism is a lifelong endeavor and a constant process of improvement. At some point our actions may not coincide with all interpretations of professionalism. Therefore, if a potential violation occurs and it is within reason, we hope to provide constructive feedback instead of promoting a culture of punishment and blame. In this way, we hope to mimic the actual practice of medicine that promotes learning from our mistakes, once again within reason, so that we can ultimately better serve our patients in the future.

This code is a living, breathing document and thus is to be interpreted given the factual circumstances of each incident. Each medical student has the responsibility to present himself/herself in a professional manner, regardless of the context. This includes public and private settings. Social media (any form of electronic communication through which users share information, ideas, personal messages, and other content) is to be treated akin to all other communication and behavior standards expected of HMSOM medical students. For further guidance, please see Appendix K: Social Media Guidelines.

**Reporting Concerns**

The School of Medicine believes in and promotes a positive learning environment for all learners, faculty, staff, and community. We do not tolerate any form of student mistreatment. As outlined in the *Preventing Student Mistreatment and Promoting a Positive Learning Environment* policy, there are many ways and places that a student can report mistreatment. Individuals may use whichever method they are most comfortable with to report concerns.

- Direct reporting to the Associate Dean of Student Affairs and Wellbeing;
- Report to any course, clerkship, chair, or supervising faculty member;
- Report in the evaluations described above (course, clerkship, faculty);
- Report in related items on the annual program improvement survey; and
- All reporting, including ANONYMOUS reporting, may be completed ONLINE at [HMSOM Report a Concern](#).

Incidents of discrimination, harassment, or retaliation should be reported regardless of the actor's identity or position. Thus, an individual who believes that he/she experienced conduct that violates the HMH Statement of Integrity or who has concerns about such matters should immediately provide a complaint through [HMSOM Report a Concern](#).

Complaints of sexual assault should be reported to the Associate Dean of Student Affairs and Wellbeing.

- Any faculty or staff who receives or becomes aware of a complaint implicating this policy must immediately report the complaint to the appropriate dean or director.
- An individual does not have to be the recipient of discrimination or harassment to report a violation, but faculty and staff should know that prompt reporting facilitates a timely investigation. All employees, faculty, and students are expected to cooperate in harassment and discrimination investigations.
- All reporting, including ANONYMOUS reporting, may be completed ONLINE at [HMSOM Report a Concern](#).
When reporting, it is helpful to provide all details regarding the alleged violation, including witnesses and any other information that could be valuable in the evaluation and ultimate resolution of the situation. The Office of Student Affairs and Wellbeing will track and perform preliminary investigations of concerns and then forward to the appropriate dean or department for resolution. Outcome data will be included in the school’s program improvement strategies and report (see Appendix M: Preventing Student Mistreatment and Promoting a Positive Learning Environment Policy).

**Examination Querying and Review Policy**
Querying of exam questions provides students with an opportunity to ask questions about exam items and can serve to increase the effectiveness of summative assessments. Review of summative examinations provides students with an opportunity to receive feedback on their performance. As is possible, this opportunity will be provided for all summative examinations, and will be administered in a secure environment to maintain the integrity of examinations (see Appendix N: Examination Querying and Review Policy).

An important part of the exam development process is to review each question to ensure technical accuracy, clarity, relevance, and absence of ambiguity and bias. The Office of Medical Education has established a series of steps to ensure ample opportunities to identify and revise potentially flawed questions before course grades are released to students. These five steps described here occur prior to the standard setting meeting where the passing standard for the exam is determined.

- All exam questions are reviewed by the Office of Medical Education Assessment Team for potential grammatical, formatting, structural, and other issues.
- All exam questions undergo peer review by one or more individuals with expertise in the content before the questions appear on an exam.
- Item analysis statistics are reviewed shortly after the exam is administered and items are flagged in accordance with the Guidelines for Post-Exam Review of Questions to assess whether there are potential errors in exam items that were not previously identified.
- Directors/question writers review flagged items and determine whether any changes in scoring are required for those items (e.g., changes to answer key, removal of flawed questions)
- The Director(s) meet with the OME Assessment Team after the student exam review to discuss the queried questions and determine whether changes in scoring are required for those items.

**Grade Appeal Policy**
Grades are generated by the relevant Director(s) according to the grading policy and rubric. Should there be a disagreement about a grade, students have the right to appeal the grade. All appeals must be initiated by the completion of a Grade Appeal Form. Grades will be changed only if, according to the process described below, one of the following conditions apply related to the initial grade assignment:

- Clerical, mathematical or technical error
- Discrimination, personal bias or malice

The following conditions do not qualify as grounds for a grade appeal:

- Dispute over specific exam questions (these may be addressed through the Examination Querying and Review Policy)
- Dispute regarding standard setting procedures as overseen by the Office of Assessment and Institutional Effectiveness
Grade appeal will be conducted according to the following guidelines:

Within seven (7) business days of the posting of the grade, the student must complete a *Grade Appeal Form*, available on the *Learning Management System (LEO)*. Submission of this form will result in a time-stamped submission that is automatically sent to the Office of Assessment for distribution to the appropriate Director(s). Within five (5) business days of receiving this notification, the Director(s) must meet with the student to discuss the appeal. The Director(s) may request that any faculty members involved in evaluating the student be present at this meeting. It is generally expected that the appeal will be resolved through discussion between the student and the Director(s).

Following this meeting, the Director(s) have an additional five (5) business days to decide regarding the student appeal. At that time, the result of the Director(s) deliberations must be provided in an official communication (via email) to the student, the Associate Dean of Student Affairs and Wellbeing, and the Director of Assessment and Institutional Effectiveness.

If the discussion between the student and the Director(s) does not resolve the issue or if the Director(s) is unavailable, the student may appeal to the Chair of the sponsoring department, in writing (and cc’ing the Associate Dean of Student Affairs and Wellbeing and the Director of Assessment and institutional Effectiveness), within five (5) business days of the notification of the decision of the Director(s).

The Chair will have seven (7) business days to investigate the appeal. At that time, the result of the Chair(s) deliberations must be provided in an official communication (via email) to the student, the Director(s), the Associate Dean of Student Affairs and Wellbeing, and the Director of Assessment and Institutional Effectiveness.

The student has the right of further appeal to the Associate Dean of Medical Education. This must be provided by the student in writing (cc’ing the Director(s), the Associate Dean of Student Affairs and Wellbeing, and the Director of Assessment and institutional Effectiveness), within five (5) business days of the notification of the decision of the Department Chair.

The Associate Dean of Medical Education will have seven (7) business days to investigate the appeal At that time, the result of the Associate Dean of Medical Education’s deliberations must be provided in an official communication (via email) to the student, the Director(s), the Associate Dean of Student Affairs and Wellbeing, and the Director of Assessment and Institutional Effectiveness.

The student has the right of final appeal to the Dean of HMSOM. This must be provided by the student in writing (cc’ing the Director(s), the Associate Dean of Student Affairs and Wellbeing and the Director of Assessment and Institutional Effectiveness), within five (5) business days of the notification of the decision of the Associate Dean of Medical Education.

The Dean will have seven (7) business days to investigate the appeal. At that time, the result of the Dean’s deliberations must be provided in an official communication (via email) to the student, the Director(s), the Associate Dean of Student Affairs and Wellbeing, and the Director of Assessment and Institutional Effectiveness. The decision of the Dean is final and not subject to further appeal (see Appendix O: Grade Appeal Policy).
Preventing Student Mistreatment and Promoting a Positive Learning Environment

The HMSOM is committed to maintaining an environment in which there is mutual respect between student, teacher, and peers. Behavior that is abusive or mistreats students or others in the learning environment is prohibited. Examples of inappropriate behaviors are:

- Physical punishment or physical threats.
- Sexual harassment.
- Discrimination based on a person’s race, color, religion, sex (including pregnancy, childbirth, or related medical conditions, including childbearing capacity; gender identity; transgender status; and sex stereotyping), national origin, age, physical or mental disability, physical appearance, veteran status, sexual orientation, genetic information, or other status protected by applicable federal, state, or local laws.
- Deliberate intimidation or psychological abuse.
- Grading used to punish a student rather than evaluate objective performance.
- Assigning tasks for punishment.
- Requiring the performance of personal services.
- Taking credit for another’s work.
- Intentional neglect or intentional lack of communication.

Resources for Counseling, Advice, and Informal Resolution

Concerns, problems, questions, and complaints may be discussed without fear of retaliation with anyone in a supervisory position within the medical school community, including a faculty member, lab director, course director, residency-training director, division chief, department head, dean, or director. The assistance provided may include counseling, coaching, or direction to other resources at the medical school. Students are encouraged to report possible sexual, racial, or ethnic discrimination, including harassment, to the Office of Equal Opportunity and Affirmative Action.

Individuals may use whichever method they are most comfortable with to report concerns. Any supervisor or manager who receives or becomes aware of a complaint indicated in this policy must immediately report the complaint to the appropriate dean or director. Direct reporting to the Associate Dean of Student Affairs and Wellbeing.

- Direct reporting to the Associate Dean of Student Affairs and Wellbeing;
- Report to any course, clerkship, chair, or supervising faculty member;
- Report in the evaluations described above (course, clerkship, faculty);
- Report in related items on the annual program improvement survey; and
- All reporting, including ANONYMOUS reporting, may be completed ONLINE at HMSOM Report a Concern.

Incidents of discrimination, harassment, or retaliation should be reported regardless of the actor’s identity or position. Thus, an individual who believes that he/she experienced conduct that violates the HMH Statement of Integrity or who has concerns about such matters should immediately provide a complaint through HMSOM Report a Concern (See Appendix L: HMH Statement of Integrity).
Complaints of sexual assault should be reported to the Associate Dean of Student Affairs and Wellbeing.

- Any faculty or staff who receives or becomes aware of a complaint implicating this policy must immediately report the complaint to the appropriate dean or director.
- An individual does not have to be the recipient of discrimination or harassment to report a violation, but faculty and staff should know that prompt reporting facilitates a timely investigation. All employees, faculty, and students are expected to cooperate in harassment and discrimination investigations.
- All reporting, including ANONYMOUS reporting, may be completed ONLINE at [HMSOM Report a Concern](http://www.hmsom.org).

When reporting, it is helpful to provide all details regarding the alleged violation, including witnesses and any other information that could be valuable in the evaluation and ultimate resolution of the situation. The Office of Student Affairs and Wellbeing will track and perform preliminary investigations of concerns and then forward to the appropriate dean or department for resolution. Outcome data will be included in the school’s program improvement strategies and report ([Preventing Student Mistreatment and Promoting a Positive Learning Environment Policy at HMSOM.org/policies](http://www.hmsom.org/policies).

### Professional Behavior and Expectations for the Teacher-Learner Relationship

*Responsibilities of the Faculty*

*Ensuring excellence in the achievement of learning of knowledge, skills, attitudes, and critical thinking necessary for the practice of medicine to the next generation of physicians.*

- We strive for excellence and to provide the best possible educational experiences.
- We will prepare thoroughly for teaching by providing current information and concepts from our discipline and by identifying gaps in current knowledge.
- We will continuously ensure and improve the quality of our teaching through the ongoing development of our skills as educators and by responding to feedback from both peer and students’ evaluations.
- We know and comply with national and institutional policies and ensure that our expectations of students and ourselves are consistent with those policies.
- We will provide timely and constructive feedback to our learners and exhibit the highest standards of professional behavior.
- We will model honesty and integrity in all efforts, including teaching, research, and patient care. We respect and value the intellectual property of others and use resources fairly.
- We will clearly state the learning and behavioral expectations, assessments, and opportunities for each course or experience and understand how these lead to the competency requirements of the educational program.
- We will seek learning opportunities in any and every interaction with our students.

*Ensuring a respectful and exemplary learning environment for students, faculty, residents, colleagues, and patients.*
• We respect everyone as a unique individual. We embrace our differences in race, religion, age, gender, sexual orientation, disability, or national origin. As members of a collegial community, we are responsible for sharing knowledge and assisting peers in their quest to achieve professional and personal goals.

• We will make every effort to know our students as unique individuals, listen to their concerns, respond to them promptly, exercise concern for their wellbeing, and treat them with compassion.

• We will personally ensure a culture of patient and learner safety. We will take personal responsibility for our actions, including errors and near-errors, by full disclosure and analysis of need for change to prevent future similar events.

• We will foster our students’ practice and discernment of professional ethics by assigning tasks that are appropriate for their phase of learning, level of clinical responsibility, and status as students. If an assignment conflicts with the personal ethics of a student, we will attempt to resolve the conflict in a manner that respects the student while placing priority on the wellbeing of the patient.

• We will display the highest standards of professional conduct when interacting with patients, colleagues, faculty, and staff.

Responsibilities of the Students

Participating in ongoing, lifelong learning in the continuously evolving field of medicine.

• I am responsible for gaining the skills and knowledge needed to fulfill my current and future professional responsibilities as a physician.

• I will respect and appreciate the teaching role of the faculty and understand that the curriculum is designed to ensure my future competence as a physician. With continuous quality improvement in mind, I accept the responsibility to provide constructive evaluation of my courses and teachers.

• I will work effectively in teams, respecting the contributions of all members, assuming my fair share of responsibility, and performing leadership tasks with a sense of service to others.

• I will acknowledge and seek help when an assigned task is beyond my level of skill. If an assigned task conflicts with personal ethics, I will discuss this with the supervising physician/course director and seek a resolution that places priority on the interests of the patient.

• I will practice the habit of critical reflection, acknowledging gaps in my understanding, recognizing my limitations, and striving for continuous self-improvement.

• I will provide and create a culture of patient safety. I will take personal responsibility for my actions, including errors and near-errors, by full disclosure and analysis of need for change to prevent future similar events.

Attaining and displaying the highest levels of professional conduct and attitudes, as well as the skills and knowledge of the discipline of medicine.

• I will dedicate the time and energy needed to accomplish our professional responsibilities.

• I will display the highest standards of professional conduct when interacting with patients, colleagues, faculty, and staff.

• I will respect our peers, patients, and faculty as unique individuals, without regard to race, religion, age, gender, sexual orientation, disability, or national origin. We acknowledge that we have responsibilities as members of a collegial community, sharing knowledge and assisting peers in their quest to achieve professional and personal goals.
• I will attend all required learning sessions and demonstrate respect for faculty and peers by arriving on time and complying with all specific expectations defined by the faculty, including wearing attire that is appropriate for the setting.
• I will practice honesty and integrity in all academic endeavors, including assessments, research efforts, and patient care entries. I also respect the intellectual property of others and use resources in a way that demonstrates that respect.

Responsibilities of the Medical School
Supporting exemplary learning and performance in our students’ academic, clinical, and professional training.

• We strive for excellence in medical education in the areas of curriculum management, admissions, financial aid, student services, and educational resources [including facilities and technology support].
• We strive to promote the highest quality learning by providing the resources needed to enhance the educational experiences of faculty and learners.
• We strive to keep faculty and students current on national and institutional policies and procedures.
• We strive to involve students and faculty in the development of educational programs, policies, and procedures.
• We strive for continuous improvement in the educational program based on data received from students, faculty, and current research in medical education.
• We strive to facilitate the development of medical educators and learners by providing opportunities that advance competencies in teaching and learning.
• We strive to recognize the efforts and accomplishments of our faculty and students.
• Respecting all students, residents, colleagues, patients, and faculty as individuals and in the roles they serve.

Respecting all students, residents, colleagues, patients, and faculty as individuals and in the roles they serve.

• We will encourage an atmosphere that is respectful and supportive of every individual regardless of gender, race, religion, age, sexual orientation, disability, or national origin
• We strive to promote a learning environment that responds to the needs and recognizes the contributions of all individuals.

Student Participation in Research and Scholarship Activities
Participation in extracurricular research/scholarly activities is a beneficial and rewarding aspect of medical education. Understanding what constitutes research excellence and enabling physicians, whether they actively engage in research, to appreciate the importance of and recognize good research is critical to the future health of our nation. Throughout all physicians’ careers, they must recognize and employ evidence-based scientific advances to provide the very best available care for the populations they serve.

Participation in research/scholarly activities is essential for the professional development of students, representing an important mechanism for students to witness the challenging processes of scientific discovery and the manner in which subsequent advances in knowledge are translated into advanced medicine and patient care. Understanding and applying good science in one’s practice is critical to the health of our state, our nation,
and our world. Participation in research/scholarship activities allows students to develop analytic and critical reasoning skills, and the abilities to study medical literature and appraise the quality of published findings. By acquiring the capacity to keep up to date with scientific discovery, coupled with the clinical perspective, our students will be able to understand health and disease, and to practice true evidence-based patient care and effective management of patients.

At the Hackensack Meridian School of Medicine, student participation in research and scholarship activities must be consistent with, and documented in, their Individualized Learning Plans (ILP). ILPs fall under the purview of the Office of Student Affairs and Wellbeing. Further, before the student participates in such extracurricular activities, they must be deemed to be in “good academic standing” and not be classified as “at risk.” These important designations are also determined by the Office of Student Affairs and Wellbeing. Once such decisions are made, the information is conveyed to the Associate Dean of Research and Graduate Studies. As an “honest broker” in this circumstance, the Associate Dean forwards appropriate information regarding student status to the Director of Student Research and Scholarship Programs.

It is the policy of the Office of Research and Graduate Studies that all students of good academic standing - that is, who have earned “passing” grades - are encouraged to pursue a research/scholarship project under the mentorship of an experienced faculty member, scientist, clinician, or community researcher. Ideally, the mentor is a member of the Hackensack Meridian School of Medicine, but can also be an established researcher/leader/faculty member from another institute/research enterprise.

At the Hackensack Meridian School of Medicine, the undergraduate medical curriculum has three distinguishing phases: Phase 1 with a focus on integrated preclinical science and community-based immersive education; Phase 2 with a focus on clerkships and related training; and Phase 3, the highly individualized and self-directed 4th year, in which students may pursue several scholarly activities - including dual degrees/certificates, research/scholarship, community-based projects, clinical immersion, or entry into residency. In addition, students may elect to accelerate entry into Phase 3 after taking their USMLE Step 1 examination during the clerkship portion (but before the advanced clerkship segment) of Phase 2. It is important to note that although research/scholarship activities conducted during Phase 1 and 2 may serve as an entry point for the work performed in Phase 3 Research Electives, they may not be used to receive academic credit.

**How to find research/scholarship opportunities?**

The Office of Research and Graduate Studies maintains and makes available a list of researchers and research/scholarship opportunities for student participation. The list contains names and contact information of individuals, and a description of the potentially available research/scholarship projects. Students are encouraged to contact the individuals on the list and ask in detail about possible research/scholarship opportunities and mentorship.

It is essential that students understand the expectations of potential mentors and be clear about their time commitment and intentions. If time is an issue, it is recommended that students investigate clinical, retrospective, and epidemiological studies that have more flexible scheduling requirements. It is further suggested that individual students not become involved in more than one project at any given time to ensure that they do not overly commit their time and effort to the project and potentially interfere with formally scheduled course studies and related activities. Finally, students should discuss the projects with a member of
the Office of Student Affairs and Wellbeing and the Director of Student Research and Scholarship Programs to seek further advice and guidance and complete the Individual Student Research form.

The Office of Research and Graduate Studies is committed to helping guide students towards specific research and scholarship opportunities and committed to their success. The Director of Student Research and Scholarship Programs position has been created to facilitate the identification of research opportunities, clarify student and mentor expectations, and monitor overall progress of students and the program. Dr. Zhiyong Han, from the Hackensack Meridian School of Medicine Department of Medical Sciences currently serves in this role.

Through the Dean’s Award small grants program, the Hackensack Meridian School of Medicine has three types of research funding available for students, administered by the Office of the Dean and the Office of Research and Graduate Studies:

**Small grants (up to $5,000 each):**

Such funding is available on a competitive basis in the second half of Phase 1 to groups of students (with a priority on interdisciplinary groups), pending satisfactory academic performance in required courses. Competitions for the funds are held three times per year. Students must apply in groups, with a clear explanation as to the roles of all in the research group; interdisciplinary groups receive priority.

**Scholarship/research grants (up to $10,000 each):**

This funding will be available to students who elect to remain for the fourth year (Phase 3) to conduct research. It will not be restricted to groups of students, although students will be encouraged to collaborate across disciplines and a formal research grant application (modeled on NIH R03 awards) will be required. Grant applications may be submitted at any time.

**Travel funds (up to $2,000 each):**

Students may apply for partial funding for travel and meetings fees to present research findings from projects in which they served in a leadership role. In addition, students will be strongly encouraged and supported to apply for travel awards from the organizations that host their presentations, and to inquire of their mentors if travel funds are available either through their grants or through their respective departments.

**Technical Standards for Admission, Progression and Graduation**

The technical standards for the HMSOM are based on the essential cognitive, emotional, and physical demands required to succeed in the curriculum, and the ability to perform as a successful physician. The HMSOM recognizes that certain minimum technical standards must be met by candidates for admission and all current students at the HMSOM (hereinafter designated as candidates for the M.D. degree) to provide for safe and effective participation in the medical education program and to uphold the integrity of HMSOM’s curriculum. The curriculum of the HMSOM has been designed to provide a general professional education leading to the MD degree and to prepare undifferentiated students to enter graduate medical training in a wide variety of medical specialties and subspecialties. All candidates for the M.D. degree should possess sufficient intellectual capacity, physical ability, emotional and psychological stability, interpersonal sensitivity, and communication skills to acquire the scientific knowledge, interpersonal and technical competencies, professional attitudes, and clinical abilities required to pursue any pathway of graduate medical education, and to enter the independent practice of medicine. All candidates should be aware that the academic and clinical responsibilities of medical students may, at times, require their presence during day, evening, and nighttime hours, seven days per week. Candidates should be able to tolerate physically-taxing workloads and
to function effectively under stress. Therefore, achievement of specific technical standards in six core domains (general functions, communication, cognitive ability, observation, motor, behavioral/social attributes) is necessary for admission, progression, and graduation from any clinical program in HMSOM.

These standards are commensurate with AAMC publications, Section 504 of the Rehabilitation Act, and the American Disabilities Act. HMSOM will consider for admission any candidate who meets its academic and non-academic criteria and who demonstrates the ability to perform the skills listed in this document, with or without reasonable accommodations, consistent with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act. Candidates for the M.D. degree will be assessed at regular intervals on the basis of their academic and non-academic abilities, with or without reasonable accommodations. An accommodation is not reasonable if it poses a direct threat to the health or safety of patients or others, if making it requires a fundamental alteration in an essential element of the medical education program, or if it poses an undue burden.

HMSOM has established the following technical standards for admission to, retention in, and graduation from the M.D. program:

All candidates for admission must fulfill the minimum requirements for admission, and all candidates for the M.D. degree must complete all required courses and clerkships.

All candidates for admission and all candidates for the M.D. degree should possess sufficient physical, intellectual, interpersonal, social, emotional, psychological, and communication qualities as outlined below:

**General Functions**
Candidates should possess the personal qualities of integrity, empathy, concern for the welfare of others, interest, and motivation. They should possess the emotional and psychological health required for the full use of their intellectual abilities; the exercise of good judgment; the prompt completion of all responsibilities associated with the diagnosis and care of patients; and the development of mature, sensitive, and effective relationships with patients, patients’ families, and professional colleagues. They must be able to adapt to changing environments, to be flexible, and to function in the face of ambiguities inherent in the clinical situation. Candidates should be able to accurately and consistently perceive, integrate, and interpret visual, hearing, smell, and touch sensations to gather significant information needed to effectively evaluate patients. The candidate must have the capability to communicate and to receive information, and to accurately interpret such, verbally, nonverbally, and in writing. They must be able to respond promptly to urgent situations occurring during clinical education experiences to preserve the health and safety of patients, clients, visitors, staff, or others in health care settings. The candidate should not interfere with the capabilities of other members of the health care team to appropriately provide care to patients.

**Communication**
The candidate must have the ability to effectively communicate verbally, non-verbally, and in writing, with a wide variety of individuals and groups. This includes the ability to elicit, receive, and accurately interpret information from others; to collect, document, and convey relevant information to others; to understand and use health care terminology; and to comprehend and follow directions and instructions.

The candidate must be able to read, write, comprehend, and speak the English language, and to communicate accurately and effectively with patients, significant others, health care workers and other professionals in health care settings, as well as with instructors, supervisors, classmates, and various health or educational team members in both clinical and classroom settings. In addition, the candidate must be able to document
accurately in-patient records, present information in a professional and logical manner, and appropriately provide patient counseling and instruction to effectively care for patients or clients and their families.

**Cognitive Ability**
The candidate must have the capacity to develop and refine critical thinking and problem-solving skills that are crucial for safe and effective medical practice. These processes involve capabilities to measure, quantify, calculate, question, analyze, conceptualize, reason, integrate, and synthesize information in order to make timely decisions reflecting sound clinical judgment and to take appropriate clinical actions. Candidates must additionally be able to find and utilize research-based evidence; to learn from other individuals; to comprehend, integrate, and apply new information; to make sound clinical decisions; and to communicate outcomes verbally and in writing. Candidates should be able to make measurements, calculate, and to reason; to analyze, integrate, and synthesize data to problem-solve and ultimately make logical diagnostic and therapeutic judgments. Candidates should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures. Candidates should be able to integrate rapidly, consistently, and accurately all data received by whatever sense(s) employed.

**Observation**
The candidate must be able to collect, use, and interpret information from diagnostic and assessment procedures and tools (e.g., sphygmomanometer, pulse oximeter, weight scales, stethoscope/hearing impaired stethoscope, otoscope, ophthalmoscope, and reflex hammer), and from all other modes of patient assessment in the context of laboratory studies, medication administration, and all other patient care activities. In addition, the candidate must be able to document these observations and maintain accurate records. Candidates must be able to observe demonstrations, collect data, and participate in experiments and dissections in the basic sciences, including, but not limited to, cadaver dissection, demonstrations in animals, microbiologic cultures, and microscopic studies of microorganisms and tissues in normal and pathologic states.

**Motor**
The candidate must have gross and fine neuro-motor capability and dexterity, with sufficient coordination, to perform thorough physical examinations utilizing techniques including inspection, palpation, percussion, auscultation, and/or other diagnostic maneuvers; perform or assist with procedures and treatments; use syringes and needles; administer medications by oral, otic, ophthalmic, rectal and parenteral routes; implement other therapeutic interventions including but not limited to sterile procedures, isolation, airway maintenance, cardiopulmonary resuscitation, operation of diagnostic and therapeutic medical equipment, the application of pressure to stop bleeding, the suturing of simple wounds to assist in surgical procedures and in the performance of simple obstetrical maneuvers. Such actions require coordination of both fine and gross muscular movements and equilibrium. Candidates should have sufficient exteroceptive sense (touch, pain, and temperature), proprioceptive sense (position, pressure, movement, stereognosis, and vibratory), and motor function to carry out the requirements of the physical examination. The candidate must have both physical and mental endurance to adapt to extended periods of sitting, standing, moving, and physical exertion required for safe performance in clinical and classroom settings. The candidate must be capable of moving within and between clinical treatment environments without compromising the safety of others.

**Behavioral and Social Attributes**
The candidate must possess the capacity to communicate effectively, respectfully, and with cultural competency, with all individuals he/she encounters, and to demonstrate behaviors associated with compassion, respect and concern for others, integrity and ethical comportment, sound clinical judgment, and accountability for his/her responsibilities and actions. They must be able to accept the supervision of an
instructor and/or preceptor, to accept constructive criticism or feedback, and to modify behavior based on feedback. The candidate must demonstrate critical thinking in making sound clinical judgments, have the capacity for flexibility, and demonstrate the ability to adapt quickly to rapidly-changing situations and environments and/or to uncertain circumstances. They must have the capacity to correctly judge when assistance is required and seek appropriate assistance in a timely manner. The candidate must be able to function cooperatively and efficiently with others and must have the capacity to develop and utilize conflict resolution processes when necessary. Candidates should possess the personal qualities of integrity, empathy, concern for the welfare of others, interest, and motivation. They should possess the emotional and psychological health required for the full use of their intellectual abilities, the exercise of good judgment, and the prompt completion of all responsibilities associated with the diagnosis and care of patients. As medical education involves exposure to a wide variety of stressful situations, the candidate must be able to function effectively in stressful situations in both the classroom and clinical settings.

**Student Services and Programs**

**Academic Support**
The Academic Support program is focused on easing the transition from undergraduate to undergraduate medical education and to helping students develop strategies for efficient and effective study for courses, clerkships, and for lifelong learning. Academic Support provides individual counseling and teaches group seminars regarding study strategies, test-taking, and time management. Individual appointment to discuss strategies and to review an exam are encouraged.

There are weekly peer-taught small group reviews for the first two courses of the *Phase 1* curriculum: Molecular and Cellular Principles and Structural Principles as well as additional small groups as needed throughout Phase 1 Courses. Permission to attend is granted by Academic Support based on potential for academic difficulty and faculty recommendation.

**Appropriate Use of Curriculum Resources**
The HMSOM faculty and Office of Medical Education put a tremendous amount of effort into gathering and creating learning resources for students’ use during medical school. These resources include written syllabus content, lecture PowerPoint slides, websites, articles, videos, etc. These materials are shared with HMSOM students electronically for personal use as part of the HMSOM’s medical education program. They are not intended to be shared outside of the HMSOM community. Additionally, materials should not be shared between different HMSOM classes. Redistribution or reposting of material created by others without their permission is a serious violation of U.S. copyright law. Students found to be engaging in this type of redistribution or sharing activity will be referred to the Student Performance Review Committee (SPRC) for breach of professionalism standards.

**Basic Life Support (BLS) Or CPR Certification**
Students must be certified in CPR at the level of Basic Life Support (BLS) for Healthcare Providers (American Heart Association). Students are responsible for keeping the original certification card(s). Students are also responsible for maintaining certification in CPR at the level of BLS for HCP (AHA) throughout their time as a matriculated student in the HMSOM. Students must provide a copy of their current certification to the Office of Student Affairs and Wellbeing.
The *American Heart Association* has a course locator function that students can use to find a class in a convenient geographic area. Recertification courses will also be offered at the Nutley Campus, and scheduling information will be available and BLS cards expire every two years.

**Data Stewardship and Protected Health Information Training**
The HMSOM requires training for all medical students to learn how to properly safeguard confidential information and comply with standards for personal accountability for data stewardship. Students are required to watch a web-based training video and review, sign, and return (upload into their individual CertiPhi Account) a Privacy, Confidentiality, and Information Security (PSICA) form. Students will be provided additional information about this mandatory training.

As representatives of the HMSOM, medical students are personally, professionally, ethically, and legally responsible for their actions. It is essential to safeguard data (electronic or paper) that is used or accessed that is confidential (protection of data required by law) and that is restricted (considered protected by either contract or best practice, including research data). Students will be provided additional information about this mandatory training.

**Dress Code for Clinical Settings**
The presentation of medical professionals has important impact on the doctor-patient relationship, interactions with other professionals, and infection control. As medical professionals, medical students must present themselves in a manner that demonstrates respect and professionalism and is cognizant of their role. Students must also be in compliance with workplace-based procedures that are designed to promote patient safety.

**General Hospital/Office Setting**
Clinical and pre-clerkship students involved in clinical education experiences are always expected to present themselves in a respectful and professional way. For this reason, the Hackensack Meridian School of Medicine has guidelines in place for all medical students whenever they may engage with patients whether classroom or healthcare setting. Please note additional dress codes may be in effect at clinical sites. If students become aware of additional dress code requirements at clinical sites, they are expected to comply with them. The following attire guidelines are in place for all medical students of the Hackensack Meridian Health School of Medicine:

- White coats must be clean, pressed and worn at all times, per instruction of clinical site and clinical setting
- Student ID badges must be visible at all times.
- Conservative business casual attire is recommended and includes collared shirts, slacks, skirts, blouses, sweaters, and dresses. All clothing should be professional and be free of rips, tears or frayed edges. Jeans, cargo pants, yoga pants/leggings or shorts are not permitted. T-shirts, sweatshirts, sheer garments, halter tops and bare midriff tops are not permitted. Skirts must be an appropriate professional length for clinical care (not short).
- Hats are not permitted (with the exception of religious or cultural head coverings).
- Perfume and cologne are to be kept to a minimum
- Shoes must be closed toe to comply with OSHA requirements.
- Fingernails are to be kept short and clean.
• An optimal level of personal hygiene should always be maintained. This includes neat and trimmed hair and facial hair.
• Cuts and abrasions should be covered with a water impervious material.
• Universal precautions should be followed with protective glasses and masks in any situation where exposure to body fluids is possible, per relevant policies.

Operating Room (OR) Dress Policy
Students must follow all specific OR/Dress Code/Scrub Suit policies at each Medical Center. These policies are usually related to Department of Public Health (DPH) or other regulatory agencies and apply to all staff as well as to students.

The following OR guidelines are in place for all medical students of the Hackensack Meridian Health School of Medicine:

• All personnel entering restricted and semi-restricted areas of the OR or procedure rooms are to wear hospital-approved, hospital-issued, clean, hospital-laundered surgical scrub tops and pants.
• All jewelry must be removed before scrubbing. Earrings are not permitted in the OR.
• Soiled surgical scrubs should be changed as soon as feasible and in appropriate changing locations.
• Surgical scrubs should not be worn outside of the OR area without a clean lab coat or appropriate cover-up over them.
• Surgical scrubs should not be worn outside of the hospital building at any time.
• Surgical scrubs are permitted only in select patient care areas.

Specific instruction for clinical settings and clinical sites will be provided and must be follow for example, ICU will be provided and must be followed (Clinical Dress Code Policy at HMSOM.org/policies)

Drug and Alcohol Use and HMSOM Statement on Drug Screening
The HMSOM prohibits the unlawful possession, use, or distribution of illicit drugs and alcohol on its property or as part of any of its activities. Violating these policies or failing to successfully comply with the Drug Screening Compliance requirement may lead to sanctions, including dismissal from the HMSOM under the applicable general code of conduct, even if the use occurred outside of work hours and otherwise in accordance with state law.

Exposure to Bloodborne Pathogens and Environmental Hazards
Students are introduced to the concept of infection control and work-related exposure during their first year of medical school. Education and training regarding exposures is updated annually for all medical students. Students, including visiting students, must contact the Hackensack Meridian School of Medicine, immediately in the event of an exposure or possible exposure to blood and/or bodily fluid or environmental hazard. The Office of Student Affairs and Wellbeing should be contacted as soon as possible. Standardized protocols for exposures at Hackensack Meridian Health School of Medicine will adhere to those currently followed at each of the clinical sites. Students who are infected or at risk of having been infected with a potentially transmissible disease will not be excluded from participating in patient-care activities, or restricted in their access to patient-care services or facilities because of their health status, unless medically-based judgments in individual cases establish that exclusion or restriction is appropriate for the welfare of patients, the welfare of
other members of the patient-care community, or the welfare of the individual. Exposure procedures are included in a mandatory policy attestation process for students.

**Universal Precautions**

As students enter patient care settings, it is important for students to establish common sense habits to protect themselves and their patients from the spread of infectious agents. The commonly used term for the methods used is universal precautions – universal in that one uses these precautions with all patients, not just those with known or suspected infectious disease. The agents associated with many infectious diseases are transmitted by superficial physical contact; others require intimate contact with blood or other body substances (e.g. Hepatitis B and C, HIV).

All students enrolled in the HMSOM must complete the school’s program on universal precautions. The purpose of this program is to ensure that students have been informed of the appropriate handling of blood, tissues, and body fluids during medical school. Opportunities for training in universal precautions are included as part of a required pre-orientation online session, all clinical courses and experiences, and all required clerkships. As part of professional development, students are responsible for incorporating these into routine practice while in patient care situations, and for being certain they understand what is available at each hospital.

The following precautions are to safeguard both students and patients, and are appropriate for the level of patient contact starting in Phase 1 of the curriculum:

- **Immunizations**: Required for matriculation into medical school.  
- **Routine hand washing**: Hand washing is performed frequently to protect both patients and health care workers. Hands are washed before and after touching patients, performing invasive procedures, and eating; hands are also washed after glove use, working with bodily substances, using the toilet, and the computer. Skin is a natural barrier to infectious agents, and products that protect and promote skin integrity can be used. It is important to establish the practice of hand washing upon entering a patient’s room, before touching the patient, when leaving, and before eating.

Additional precautions that may be required in specific clinical settings include:

- **Barrier protection**  
- **Gloves**: Are worn for anticipated contact with all body substances and are changed between patients.  
- **Gowns and/or plastic aprons**: Are used to cover areas of the skin or clothing that are likely to become soiled with body substances.  
- **Facial barriers**, including masks, glasses/goggles and face shields are worn whenever splashing or splatter of body substances into the mouth, nose, or eyes is likely to occur. Specialized masks and individual respiratory devices are also used for certain airborne diseases such as meningococcal meningitis and tuberculosis.  
- **Other barriers such as hair covers, shoe covers, and boots**: May be used when extensive exposure to body fluids may occur. (e.g., cystoscopy, vaginal delivery, multiple trauma).
• Sharps management: Sharps management refers to safe use of sharp agents such as needles, scalpel blades, etc. Dispose of them in appropriate rigid, impervious containers, and learn to handle them safely.

**Needle Stick Protocol**

Each student will receive a card with instructions about what to do in case of a bodily substance (blood, tissue, or body fluids) exposure, e.g., a needle stick, or an environmental exposure (e.g., a spill, solvents, radiation), including how to receive appropriate counseling and prophylactic treatment, a copy of which is below:

**Exposure Instructions:**

- **DO NOT PANIC!** Needle stick and other types of exposures are common, and risks can be appropriately mitigated.
- Time matters (!) so proceed swiftly as follows.
- Remove all soiled clothing.
- Wash wounds and skin with soap and water (>5 minutes).
- Flush mucous membranes copiously with water (>2 minutes).
- Write down the following information on “source patient:” Name, hospital or clinic number, date of birth, and patient location.
- Notify supervising physician that you need to report to Occupational Health (or, after hours, report to either Hackensack University Medical Center or Jersey Shore University Medical Center’s Emergency Department).

Report to Occupational Health/Emergency Department for blood/body fluid exposure for:

a. Risk assessment of exposure 
b. Baseline laboratory work 
c. Occupational health evaluation of “source.” Institution of post-exposure prophylaxis (PEP) if appropriate (within one to two hours of exposure).

Students should follow up as directed by their treating healthcare provider. Ongoing follow up may take place at the initial treating facility or the student may be referred to a healthcare provider with expertise in infectious disease. Payment for assessment and treatment is the responsibility of the student and student’s medical insurance.

All students who experience an injury or exposure at a clinical site must complete appropriate documentation according to the Office of Student Affairs and Wellbeing as soon as possible. Students should not delay prompt evaluation and treatment to complete paperwork.

**Radiation Precautions**

Ionizing radiation is produced during the performance of many diagnostic imaging studies. Students should make an effort to minimize their exposure to ionizing radiation through time, distance and shielding.

- **Time:** Seek to minimize the amount of exposure to ionizing radiation. Pay special attention to exposure during procedures using fluoroscopy.
• Distance: When ionizing radiation is in use, stay as far away from the source as practical.
• Shielding: Always make use of any physical barriers (lead glass, lead aprons) that are available.

Ionizing radiation presents special hazards to developing fetuses. Pregnant students should consult with the Associate Dean of Medical Education for further guidance.

The healthcare environment may cause students to be exposed to airborne infectious conditions. Students receive training during orientation and annually thereafter regarding the use of particulate respirator masks to decrease the likelihood of exposure.

**Fitness for Clinical Contact**

The opportunity to participate in direct patient care carries with it the responsibility to ensure that patients are not placed at risk due to a student's mental illness, physical illness, or impairment from drugs or alcohol. It is the responsibility of faculty, residents, medical students, and HMSOM staff members who know of or observe student behavior that has the potential to place a patient, other medical students, staff or the student him/herself at risk to immediately report the concern to the course or clerkship director and the Associate Dean of Student Affairs and Wellbeing.

The HMSOM educates future physicians while adhering to procedures established by the Centers for Disease Control to maintain the health and safety of patients while protecting the personal rights of students with contagious infections and/or diseases. The School, in consultation with the clerkship directors, monitors, and, when appropriate, modifies clinical activities of infected students who may pose unwarranted risks to patients. Infections that must be reported to the clerkship director and the Associate Dean for Student Affairs and Wellbeing include, but are not limited to: viral hepatitis, HIV/AIDS, varicella, rubella, mumps, rubella, influenza, acute bacterial conjunctivitis, pertussis, tuberculosis, and scabies. In all instances, every effort is made to maintain the integrity and equivalency of the student's modified educational experience.

**Funding for Student Activities and Student Travel**

Medical students are encouraged to pursue various extracurricular opportunities and to present their research or represent the SOM at regional and national meetings. Any medical student in good standing may be eligible to apply for a limited amount of funding towards travel and conference registration expenses. Partnering with the Office of Student Affairs and Wellbeing, the Student Government Association (SGA) has created an application and evaluation process for disbursement of available financial assistance for conference-related travel expenses.

An announcement detailing the funding available and application process is made annually at the beginning of the academic year. Groups or individuals who know in advance that they will be attending a conference or sending a representative to a regional or national meeting should submit an application no later than the September 1 to be considered for funding prioritization. Applications are reviewed by the Office of Student Affairs and Wellbeing and SGA members according to the prioritization guidelines detailed below. Funding decisions are made by the end of September each year. If funding has not been exhausted after the September notifications, a second call for funding applications will be sent with a due date of early November. Applications for funding made after the travel has occurred will not be considered.

Funding priority will be given to students as follows:
Student attending a national conference as a representative of an organization active at the SOM. The advisor of the student organization must confirm the professional appropriateness of the conference.

Student attending a national conference of a national Student Interest Group (SIG), representing the SOM, who is in or is pursuing a national leadership position in the SIG.

Student attending a national conference of a national SIG, representing the SOM on behalf of the SIG’s local chapter, and delivering an oral presentation at the conference.

Student attending a national conference of a national SIG and representing the SOM on behalf of the SIG’s local chapter.

Individual students delivering an oral presentation at a professional organization’s conference.

Individual students delivering a poster presentation at a professional organization’s conference.

Student members of SIGs whose members have not received SOM travel funding in the academic year for a SIG-related conference will have priority over SIGs whose members have already received travel funding in the same academic year.

Students requesting funds under the priority status above are able to receive SOM travel funding only once during their tenure in the SOM medical student program. If the date of the conference conflicts with required coursework or examinations, students should not expect to be excused from coursework. However, faculty leadership is willing to consider requests for absences for acceptable, documented reasons and to allow modifications in the student’s schedule if possible. Such requests, however, must be made well in advance of the date of the absence.

Reimbursement is contingent upon submission of receipts and a written report that shares the participant’s experiences and conveys what was learned; the report will be posted to the MSA website. The written report is to serve as an in-depth overview and summary of what was achieved and/or learned at the conference and should be written in a manner reflective of this. Students will benefit most from a full account of meetings and/or sessions attended and any knowledge garnered therein. Students should write about what was learned and how this knowledge will be applied to the current student experience. For example, what salient “take-away” points should be shared? A bulleted recap of sessions attended is not sufficient to fulfill this goal.

Receipts and required report must be turned in no later than 10 business days after the conference has ended (for prospectively approved applications) or application approval (for retrospectively approved applications) to be reimbursed. The Student Conference Funding Application is available on the SOM Student Affairs Teams Site that all students are given access to upon matriculation. Students should email the Office of Student Affairs and Wellbeing with questions or if they have trouble accessing the form.

Receipts and required report must be turned in no later than 10 business days after the conference has ended (for prospectively approved applications) or application approval (for retrospectively approved applications) to be reimbursed. The Student Conference Funding Application is available on the SOM Student Affairs Teams Site that all students are given access to upon matriculation. Students should email the Office of Student Affairs and Wellbeing with questions or if they have trouble accessing the form.

**HIPAA Training and Privacy, Confidentiality, and Information Security Agreement**

Students are required to complete on-line HIPAA trainings, and sign a *Privacy, Confidentiality, and Information Security Agreement* form before matriculation. Additional HIPAA training may be required by other clinical training sites. If a student does not complete the required training, he/she will not be permitted in a patient care setting.
Examples of violations of the security/confidentiality agreement include, but are not limited to, blogging or posting on social media information about patient interactions, looking at a patient’s records for which the student is not responsible, leaving a workstation unlocked and unattended, forwarding email to a non-HMSOM email account, etc. All infractions are taken seriously and will be referred to the Student Performance Review Committee.

The HIPAA training and the Privacy, Confidentiality, and Information Security Agreement forms are available in the Certiphi online verification and screening system.

**Leave of Absence**

**Emergency Leaves of Absence (ELOA) and Approved Leaves of Absence (AA):** On occasion, students may need to interrupt their enrollment during a semester for unavoidable, non-academic reasons. With the approval of the Associate Dean of Student Affairs, or her/his designee, a student may be temporarily excused from classes during a semester due to documented emergency circumstances. These include severe illness or major injury to the student, a similar emergency or death in the student’s immediate family, a legal summons, or military obligation. If an emergency leave of absence is granted, the following conditions apply:

- **Documentation:** Documentation of the emergency is required for ELOA approval. If the student does not provide documentation, the ELOA may be nullified and the student’s absence will no longer be considered excused.
- **Timeframe:** If the student is able to return within two weeks (14 calendars days) of such an emergency and complete all coursework for that semester.
- **Consequences:** His or her absence will be treated as an ELOA and will have no effect on enrollment status, SAP or financial aid.
- **Frequency:** No more than one ELOA will be granted per semester.
- **Conversion to Approved Absence.** Students must return from an ELOA within 2 weeks or have applied for and been granted an Approved Leave of Absence within the two-week timeframe. The request for an AA must be submitted directly to the Office of Student Affairs and Wellbeing. Those who do not return within this two-week period will be administratively withdrawn.
- **Students that are granted an approved leave of absence must inform the Office of Student Affairs and Wellbeing when they are able to return.** An email requesting a return from leave must be submitted to Office of Student Affairs when they believe they are ready to return. You must put the request in writing at least 45 days prior to the anticipated return. If the approved leave was medical, a medical fitness letter from your physician will be required to return to studies.

**Involuntary Leaves of Absence:** Students may be placed on an involuntary medical or academic leave of absence if it is determined, in the sole discretion of HMSOM, in the event that the health and safety of a student or others within the community is at risk and/or they are unable to meet the Technical Standards.

In conjunction with any involuntary leave of absence, the HMSOM may impose conditions that must be complied with in order to be permitted to return from the leave of absence. These conditions include, but are not limited to, academic remediation, counseling, and/or treatment if involuntary leave of absence was based on physical or mental health grounds and rehabilitation. If conditions are not met for return within the specified time established by HMSOM the student may be subject to dismissal.
A student who is not actively enrolled for financial aid purposes will be withdrawn, effective the last academically related activity or the date HMSOM determines the change in status.

**Tuition Refund Policy for Withdrawals**
Withdrawal from the School of Medicine: If a student chooses to withdraw from the medical school, the tuition will be prorated in the semester in which the student withdraws, according to the schedule below. The first day of classes commences the beginning of the semester and tuition will be prorated accordingly. Please note: Student fees are not prorated and cannot be refunded after the first day of classes.

<table>
<thead>
<tr>
<th>Prior to the first day of classes</th>
<th>100% refund</th>
</tr>
</thead>
<tbody>
<tr>
<td>During the 1st week of classes</td>
<td>80% refund</td>
</tr>
<tr>
<td>During the 2nd week of classes</td>
<td>60% refund</td>
</tr>
<tr>
<td>During the 3rd week of classes</td>
<td>40% refund</td>
</tr>
<tr>
<td>During the 4th weeks of classes</td>
<td>20% refund</td>
</tr>
<tr>
<td>After the 4th week of classes</td>
<td>0% refund</td>
</tr>
</tbody>
</table>

**Medical or Emergency Withdrawal Refund Policy**
If a student withdraws because of prolonged illness or a catastrophic event, or a death or catastrophic event of an immediate family member (parents/siblings), the student’s tuition (not fees) will be prorated according to the following schedule.

<table>
<thead>
<tr>
<th>Prior to the first day of classes</th>
<th>100% refund</th>
</tr>
</thead>
<tbody>
<tr>
<td>During the 1st through 5th week of classes</td>
<td>80% refund</td>
</tr>
<tr>
<td>During the 6th through 10th week of classes</td>
<td>60% refund</td>
</tr>
<tr>
<td>During the 11th through 15th week of classes</td>
<td>40% refund</td>
</tr>
<tr>
<td>After the 15th week of classes</td>
<td>0% refund</td>
</tr>
</tbody>
</table>

A “prolonged illness” is one that must be attested to by a doctor’s certificate to the effect that the illness is or was of such a nature as to require the student’s absence for a period of three consecutive weeks. If a student has made only partial payment of tuition and fees and the prorated charges exceed the partial payment, the additional amount is due and payable at the time of withdrawal. Proof of any illness or catastrophic event will also require documentation for the review committee for approval of the tuition reduction. If documentation is not submitted or is not sufficient, regular refund rules for withdrawals will apply. Please note that sensitive medical information can be redacted prior to submission to the committee in accordance with HIPAA regulations.
Students will not receive clearance from the HMSOM until all financial obligations have been met.

**Liability and Malpractice Coverage for Medical Students**
HMSOM students are provided with liability coverage from the beginning of Orientation (HDI&O) until graduation. Once the student receives the MD degree, HMSOM liability coverage ends.

**Library**
The Health Sciences Library and Information Commons is located on the ground level of the IHS campus. It is accessible 24/7 to students, faculty, staff, and administrators. The library is staffed by professional librarians from Monday to Friday during the hours of 8:00am - 6:00pm. The IHS Library is not open to the Public. For more information, visit the library website.

**Mentoring Programs**
One of the strengths of our school is our tremendous clinical and academic network with over 6500 physicians in 160 locations throughout New Jersey. While unofficial mentoring may be received from various members of the SOM faculty or staff, all students will work with at least one official physician Specialty Mentor to help guide their professional development and professional identity formation. The physician mentor will also assist students in identifying, exploring and achieving their desired career goals/path. The Office of Advising and Career Development will have a directory of physicians wishing to be mentors and students will be matched with their official mentors by their advisors. An overview of the types and assignment of physician mentors is described below.

**Affinity Mentoring Program**
Students who are interested in guidance, professional identity formation and/or support based on skills, interests, or personal characteristics (such as first-generation medical students, ethnic, racial, socioeconomic, gender, sexuality, advocacy, future practice setting, hobbies, alumni) may request to be paired with an affinity mentor. The mentoring directory includes information on these characteristics. Affinity mentors may help a student arrange for additional services and experiences that are helpful for the student’s development (attend a clinic, observe a procedure, try an activity, attend an event).

**Research and Scholarly Activity Mentoring Program**
Research and scholarly activity mentors are physicians or other professionals with specific skill sets who will provide expert mentoring for students interested in pursuing research, scholarly activity, or careers in academic medicine. Once a mentee is assigned, a research scholarly activity plan will be developed and incorporated into the student’s individualized learning plan. This research/scholarly activity plan will detail the student’s project, frequency of meetings and other timeframes and goals for completion such as submitting an abstract by a certain date, presenting at a local, regional or national meeting, selecting and scheduling advanced clinical rotations or elective experiences, Phase 3 planning, etc. Plans that significantly alter a student’s overall ILP will require approval of the Associate Dean of Research and the Student Progress and Review Committee.

**Specialty Mentoring Program**
Specialty mentors are practicing physicians with first-hand, in-depth/current, knowledge of a specific field of medicine. Their primary responsibility is to help students make the most informed career decisions. Each student will be paired with one or more Specialty Mentor(s) to assist in making the best specialty choice for their career goals and interests. Students may opt to be paired with Specialty Mentor(s) at any point in Phase 1 and will be assigned one if they have not selected one by the first quarter of Phase 2. Students electing to enter residency for their Phase 3 option will be connected with a Specialty Mentor no later than the second
half of Phase 1. Students may select Specialty Mentors from their clinical experiences or be connected to physicians by their Advisors. The recommended frequency of meetings or other informal contact is on a monthly basis and mentors and students must complete the Mentor Update form/documentation at least every 6 months.

Specialty Mentors can assist with exploring careers or offer guidance in the following areas:

- lifestyle and practice settings
- competitiveness, compensation and “goodness” of fit
- choosing rotations and clinical experiences to best explore areas of interest
- how to best plan and prepare for the interview process and the National Residency Matching Program
- considerations for early entry into residency training, specialty and subspecialty training options, combined training programs, away rotations and other topics related to planning for a career in a specific field of medicine and may also assist with academic or life challenges as needed.
- Approval of the Phase 3 Plan

**Office of Equal Opportunity and Affirmative Action**

Concerns, problems, questions, and complaints may be discussed without fear of retaliation with anyone in a supervisory position within the medical school community, including a faculty member, lab director, course director, residency-training director, division chief, department head, dean, or director. The assistance provided may include counseling, coaching, or direction to other resources at the medical school. Students are encouraged to report possible sexual, racial, or ethnic discrimination, including harassment, to the Office of Student Affairs and Wellbeing or the Human Resources Department of HMH.

**Pre-matriculation Compliance Requirements**

The HMSOM follows accepted guidelines in determining immunization requirements for its medical students and monitors students’ compliance with those requirements. All students are required to have a pre-entrance physical examination performed by the student's health care provider within three months prior to enrollment. Any student failing to submit this documentation will not be able to attend classes or clinical rotations until this information is complete. Students will be required to obtain required vaccinations from their primary health care provider or other providers before matriculation and will not be allowed to start classes without the required immunizations. If a student arrives without required immunizations, he or she will be responsible for the cost of obtaining the vaccine(s) from the provider of their choosing.

Students will also need to submit and pass a drug screening. Students will be sent instructions from the Office of Student Affairs and Wellbeing on completing the 10 Panel Drug Screen.

**Recording of Educational Sessions by Students**

As a general rule, due to the active methodologies utilized at the HMSOM, educational sessions are not audio or videotaped. Large group sessions will be audio-recorded for students.

Students are permitted to audio and/or video record educational sessions at the HMSOM under the following conditions:

- Recordings are used strictly for personal use.
- Permission is obtained from the faculty member leading the educational session before the recording occurs
Recreational Facilities
The student lounge on the Lower Level (LL) includes lockers, games, study, and open lounge spaces for all students on the I.H.S.C.

Shadowing Program
Shadowing is considered a short-term, brief extracurricular activity which will allow students additional exposure to clinical medicine. Shadowing experiences consist of observation of doctor-patient interactions and medical procedures and are used to inform and support career planning activities. A student may shadow for a few hours to observe a procedure or return to shadow the same physician over a brief period of time. It is an excellent initial opportunity to learn more about the practice of medicine to help choose whether or not to pursue more in-depth experiences in a specialty. HMSOM students do not need to work with the Volunteer Services office at HUMC; all of our students are already processed as a volunteer.

Currently, students may shadow at HUMC JFK and Montclairside locations. Additional HMH locations are being arranged, students should speak with an advisor to shadow at another HMH location. Students may request to shadow any HMH physicians who teach or facilitate groups in the HMSOM. If a student does not have a physician in mind, the advisor can connect them with other HMH physicians on faculty. Before students begin shadowing activities for the first time, they must meet with their advisor to review academic standing and the shadowing policies and procedures and receive approval.

Shadowing experiences may turn into mentoring relationships, which are broader and consist of meetings and conversations outside of clinical practice. Students should notify their advisor if this becomes desirable so that they can initiate the mentoring procedure. Shadowing does not include any hands-on activities with patients. Activities that may be observed while shadowing include:

- Seeing patients in office - administrative activities and all aspects of office practice.
- Hospital rounds.
- Emergency Room (ER) activities/procedures.
- Operating Room (OR) procedures.

To observe in the OR students will first need to complete a certified OR training in sterile techniques/scrub procedures at Hackensack University Medical Center (HUMC). Please ask an advisor about scheduling this.

Shadowing can begin AFTER the following events have occurred:

- Results from MCP exam are posted and student has strong performance (no DNM)
- All compliance requirements (i.e. immunizations) are up to date.
- Meeting with advisor to review academic standing and shadowing procedures.
- Inpatient shadowing at hospital locations may have additional requirements such as location-specific IDs, that need to be completed before shadowing can take place onsite.
Once students have information for a physician to shadow, they should contact the physician to arrange a potential day/time to shadow at least a week in the future. After making this tentative arrangement, students must fill out the **Shadowing Experience Request Form** online at least one week prior to the date of the shadow if it is the first time the student has requested to shadow a particular physician (subsequent requests can be submitted with only 2 days’ notice). This form allows us to be aware of student shadowing activities; to check compliance status; and to communicate with Hackensack Meridian network hospitals to make sure they are aware/prepared and can fully support the student and their patients while on site. Please remember to display ID badges at all times and, with the exception of the OR, wear white coats. For OR shadowing, please ask the physician about attire. Students will receive final verification from the Office of Student Affairs and Wellbeing if/when the shadowing request is approved.

**Social Media Guidelines**
The scope and implications of an internet presence is broad and can affect students personally (residency interviews, employment, promotion, legal exposure) and professionally (social contract, institutional and professional integrity). The concept of intended audience no longer pertains: Once something is posted on the internet, the audience is anyone and everyone, its presence is permanent, that information (photograph, comment, posting, personal information) is no longer in the student’s control. Please make informed choices with regard to an online presence and encourage colleagues to do the same. All students, faculty and staff are responsible for knowing and abiding by the HMSOM Social Media Guidelines.

**Student Accessibility Services and Educational Accommodations**
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.

Additional information is available at [HMSOM.org/policies](http://HMSOM.org/policies) or may be obtained through [Accessibility@HackensackMeridian.org](mailto:Accessibility@HackensackMeridian.org).

**Student Assistance Program**

Hackensack Meridian School of Medicine provides students and their dependents with a range of services free of charge as part of a comprehensive Student Assistance Program. Services are offered by ComPsych Corporation and include 24/7 telephone crisis counseling, short-term telephone counseling, and referral for continuing counseling through the student’s medical insurance. All clinical services are provided by licensed, masters and/or doctoral level individuals. In addition, students may receive up to five sessions of telephone consultation on various services described below. If a traumatic event occurs, on-site grief counselors will be available within 24 hours.

The health professionals who provide health services, including psychiatric/psychological counseling, to a medical student have no 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.

The Student Assistance Program also provides an on-site, licensed clinician available to all medical students and their dependents. This clinician provides on-going, confidential and private, on site counseling for 10 hours weekly during academic hours and is located in a discrete and private office in the IHSC building.
Student Assistance Services offered include **Mental Health/Counseling** for students and family members experiencing anxiety, depression, stress, grief, loss, life adjustments and relationship issues; **Work-Life Solutions** include finding child and elder care; hiring movers or home repair contractors and planning events, and locating pet care; **Legal Guidance** including practical assistance for divorce, adoption, family law, wills, trusts, etc. along with a free 30 minute consultation and 25% reduction in fees; and **Financial Resources** including consultation with financial experts for retirement planning, taxes, relocation, mortgages, budgeting, debt, and insurance. An in-person or video orientation to program offerings along with written communication about all services offered is provided to students annually.

See additional information at [HMSOM.org](http://HMSOM.org).

**Student Financial Services**

General advice on financial aid, scholarships, questions about awards, and assistance with understanding financial planning, scholarships, the impact of loan debt and loan repayment programs are among some of the important issues covered by Student Financial Services, which is located in the Office of Students Affairs and Wellbeing.

The Student Financial Services team meets with students several times, beginning during the admissions process and throughout the year to review medical school financial management including expenses, financial aid, scholarships, grants, loans, repayment and refunds. Individual counseling sessions are encouraged throughout a student’s matriculation.

The Student Financial Services team provides outreach to students at various points during the student’s educational journey. On interview day, a student financial services representative meets with prospective students in small groups to introduce general information regarding medical school financial management, e.g. anticipated expenses, cost of attendance, financial aid, scholarships, grants, loans, repayment and refunds. Prospective students are also encouraged to reach out with specific questions that may arise.

During orientation, a student financial services representative presents to all new students. Students are guided on how to navigate the university’s student information system, cost of attendance, financial management, financial aid process, scholarship options, grants, loan types. An overview of repayment is provided as well. The students are given information about the refund process and fulfilling financial aid related requirements. This information is also delivered to students via email. Students are encouraged to meet individually with a financial aid representative if they have specific questions.

Early in the Fall semester during the first year of the curriculum, a student financial services representative has individual face-to-face counseling sessions for students who have borrowed federal student loans. This session provides detailed information about the student’s rights and responsibilities as borrowers. Loans and repayment options are discussed in detail. Students who choose to meet one-on-one after this group session for additional counseling are accommodated as needed throughout the academic year.

Prior to the start of **Phase 2** a student financial services representative will meet with students to assist with the next phase of their educational journey. Student Financial Services encourages students to schedule individual meetings and will always welcome “walk in” appointments as well.
During Phase 3, and prior to graduation a student financial services representative will conduct an in-person group exit counseling sessions with all students to discuss loans and repayment. Individual counseling sessions with graduating students will be encouraged.

Email messages are the primary method of communication to remind students of deadlines or to request information that needs immediate action. The HMSOM’s website lists resources on budgets, planning, important deadlines, loan and debt management, etc. Counseling is available Monday through Friday, 8:45-4:45 pm. Please call or email for an appointment or stop by during business hours. For additional information please contact the designated Student Financial Services email account (see Appendix R: Student Financial Services).

**Satisfactory Academic Progress (SAP)**

Federal regulations (34 C.F.R. § 668.34) mandate that institutions define Satisfactory Academic Progress (SAP) for enrolled students who are Title IV recipients. SAP requires the successful completion of degree requirements according to established increments that lead to awarding the degree within known completion limits. The SAP evaluation measures the student’s progress qualitatively and quantitatively. The student will have up to 140% of the published program to successfully complete the program. The following policy outlines the standards for SAP as defined by the HMSOM. The policy applies to all matriculated students, whether or not they are recipients of financial aid.

SAP is assessed on an annual basis at the end of the academic year which ends approximately June 30th each year. Students who fail to achieve SAP during any established increment may be placed on financial aid probation and/or an academic plan following a successful appeal, suspended and/or dismissed. Students who are placed on any of these statuses will be informed of their status in writing.

Each student at the HMSOM is required to successfully complete all the HMSOM’s required courses, clerkships, examinations and advanced clinical rotations in order to graduate with the MD degree.

Following the annual Satisfactory Academic Progress evaluations, the Associate Dean of Student Affairs will send a notification in writing to all students via email and mail, who have not met the standards of SAP with copies to the Office of Student Financial Services. The notification shall indicate the nature of the deficiency, any methods that may be available for correcting the deficiency and any consequences that have resulted or may result, such as financial aid probation and/or academic plan following a successful appeal, suspension or dismissal.

A student who fails to meet one or both of the standards for SAP (qualitative and/or quantitative) is ineligible for financial aid beginning with the term immediately following the term in which the SAP requirements were not met, pending results of the appeal process, outlined below.

**Qualitative Measures**

Phase 1

The HMSOM measures progress with Phase 1 courses with grades of Pass or Fail. Each of the summative components of the final grades are evaluated using a specific rubric. Performance reports of “Meets Expectation (ME),” “Meets Expectations with Recommendations (MER),” or “Does not meet Expectation (DNM),” are assigned for each component of the course. Any course from which the students has received a
withdrawn, incomplete or a failed grade at the time of annual review will be counted as an unsatisfactory grade when measuring SAP. At this time, HMSOM does not allow transfer of credits from another institution and therefore not counted in SAP.

In order to be successfully meeting SAP requirements, a student cannot have more than one unsatisfactorily completed course at the time SAP is measured. Students who are withdrawn from HMSOM are not making SAP.

**Phase 2 and 3**

The HMSOM measures progress with Phase 2 Clerkships and Sub-Internships with the following grade assignments. Each of the summative components of the final grades are evaluated using a specific rubric. Grades of “Honors (H)”, “High Pass (HP)”, “Pass (P), or “Fail (F)” are assigned for the final grade. Electives, Selectives, Human Dimension and Phase 3 ILP completion will be graded as Pass/Fail. Any clerkship, rotation or activity from which the students has received a withdrawn, incomplete or a failed grade at the time of annual review will be counted as an unsatisfactory grade.

In order to be successfully meeting SAP requirements, a student cannot have more than one unsatisfactorily completed, non-remediated clerkship/rotation at the time SAP is measured.

Students are expected to take and successfully pass USMLE Step 1 and Step 2 (CK and CS). Students must pass USMLE Step 1 in order to progress into Advanced Clinical Rotations. Students must pass USMLE Step 2 in order to move on to Phase 3 of the curriculum, including before graduating. If each of these Step exams is not passed, the student is considered to not be making SAP. A student who has not passed Step 2 (CK and CS) by the expected graduation date, but has completed all other graduation requirements will not be enrolled as full-time and will not be eligible for financial aid.

**Quantitative Measures**

Students who complete the required coursework within established cohort timeframes are considered to be meeting the quantitative measurement at the end of each academic year even though the phase is not complete at that time. In those cases where students are taking more than the initial allotted time, the following timeframes are considered as meeting the quantitative component. Each student's progress will be measured at the end of the academic year regardless of their position in the phase. Students are expected to be on track to meet the following expectations of progression during their enrollment. Those not on track to complete within the below timeframes are not meeting the quantitative component for SAP.

**Phase 1:** All Phase 1 courses and units are on track to be completed within 20 months.

**Phase 2:** All Phase 2 Courses and Clerkships are on track to be completed within 20 months. Required courses and rotations during Advanced Clinical Rotations are on track to be completed within 9 months.

**Phase 3:** Activities conclude no later than 6 months past the end of the 4th year.

Approved leaves of absence for pregnancy, illness, or death of a family member may be excluded from this calculation.
Financial Aid Probation and Academic Plans

Students have the right to appeal an unsatisfactory determination of their Satisfactory Academic Progress. If approved, a student may be placed on financial aid probation for the subsequent term if it is determined that he/she can regain SAP eligibility after one term. Financial aid probation means a status assigned by an institution to a student who fails to make satisfactory academic progress and who has appealed and has had eligibility for aid reinstated. During the financial aid probation period, the student must meet all SAP requirements. If the student fails to meet SAP during their one semester financial aid probation period, the student’s aid will be suspended without the ability to appeal. (This will usually only occur if a student needs to make up an exam, not repeat an entire course).

If it is mathematically impossible for a student to resolve all deficiencies during one semester of attendance on financial aid probation, and the student’s reason for appeal is appropriate according to federal regulations, the student may be placed on an academic plan with the end goal being to resolve all deficiencies. If the student fails to meet the requirements of financial aid probation and the academic plan, the student would have to submit another appeal to be placed on financial aid probation again and/or an academic plan or be suspended. It cannot automatically be extended.

The Student Performance Review Committee, in conjunction with the Associate Dean of Medical Education and the Associate Dean of Student Affairs, the student and the Registrar, will develop a comprehensive academic plan for the student that will ensure, if followed, that the student is able to meet the HMSOM’s SAP standards by a specific point of time and continue to receive financial aid during that period as long as the conditions are met without exception.

The student is eligible for financial aid for a financial aid probation period of one term and, if applicable, the time frame stated in the academic plan. The student will be monitored on a semester basis to ensure that the conditions of the academic plan continue to be met. A student who does not comply with each SAP standard by the end of the financial aid probation period and, if applicable, the time frame stated in the academic plan, will be suspended from financial aid eligibility.

A student who has lost eligibility for federal aid due to not meeting Satisfactory Academic Progress cannot automatically regain eligibility by taking a leave, sitting out for a term or paying their tuition out of pocket. Eligibility can only be reinstated by eliminating all SAP deficiencies and filing a successful appeal or filing a successful appeal demonstrating mitigating circumstances.

The SPRC, the Associate Dean of Medical Education, the Associate Dean of Student Affairs, the offices of Registrar and Student Financial Services collaboratively shall have the responsibility for monitoring and enforcing Satisfactory Academic Progress. The HMSOM Registrar will notify the SPRC annually of any students who are not making SAP. The SPRC will determine whether academic sanctions are warranted and will inform the student accordingly. The Office of Student Financial Services will inform any student whose financial aid has been impacted.

Appeal for Reinstatement of Financial Aid Eligibility

Eligibility for continued financial aid will only be re-established if the student subsequently meets Satisfactory Academic Progress requirements and submits a successful appeal, or if the student successfully appeals the decision in writing to the Office of Student Financial Services.
Exceptional circumstances warranting an appeal and possible exceptions include pregnancy, injury or illness of the student, death of a family member, other special circumstances.

- A signed appeal letter request that must include a detailed statement of the facts and circumstances supporting the appeal and why the student believes the determination should be changed.
- All information supporting the appeal.
- The student should also provide information on what had led to the unsatisfactory performance and what has changed situationally that will allow the student to progress academically at the next evaluation.

Withdrawal

Occasionally a student may decide to withdraw from the HMSOM without an approved leave of absence. All withdrawals will be made in accordance with HMSOM policies if the student is to receive a tuition refund and have the proper grades recorded on the transcript. The HMSOM uses the Tuition Refund Policy schedule for refunds for any student who withdraws (See Tuition Refund Policy for more detailed information).

Students who withdraw for any reason, including medical, personal emergencies or dismissal are still responsible for meeting their prorated tuition obligations as indicated. Financial aid will also be impacted by withdrawal or medical withdrawal. Often, full financial aid has been applied to the account at the beginning of the semester, so aid will also be prorated. This means the aid will be reduced from the full amount and this will often result in an additional balance. In the case of loan funds that have already been disbursed, this may require a repayment of funds to the lender and/or a balance owed on the account. Tuition and financial aid adjustments are determined by the last academically related event. It is important to note that the last academically related event is verified with faculty and is not taken directly from the withdrawal forms completed by the student. Any student that leaves or withdraws from school that has outstanding federal loans must complete federal exit counseling online at https://studentaid.gov.

Return to Title IV Refund Policy (R2T4)

Students receiving Title IV federal financial aid, who terminate enrollment or stop attending all classes during a semester, may have their financial aid recalculated depending on when they withdraw. Students that withdraw from HMSOM any time up through the 60% point of the semester may be subject to having a portion of their federal financial aid returned by the school or the student. Students withdrawing after 60% of the semester are considered to have earned 100% of their federal financial aid.

If the student received more aid than the amount earned, the excess funds must be returned by the institution or the student. The amount of Title IV aid that an institution must return, or a student must repay is determined via the Federal Formula for Return of Title IV funds as specified in Section 484B of the Higher Education Act, which is a pro rata calculation. For example, if a student completes 30% of the semester, the student generally earns 30% of the Title IV federal financial aid. If the student receives excess federal student aid funds, the institution must return a portion of the excess equal to the lesser of:

- The institutional charges multiplied by the unearned percentage of the student’s funds; or
- The entire amount of excess funds.
If the student receives less assistance than the amount that was earned, the student may be eligible to receive additional funds through a post-withdrawal disbursement. If the post-withdrawal disbursement includes loan funds, the institution must obtain the student’s permission before it disburses any loan funds. A student may choose to decline some or all of the loan funds.

If the student is eligible for a post-withdrawal disbursement, HMSOM will offer the loan funds in writing to the student within 14 days. The student must notify the school of their interest in the loan funds in response to the written notice from HMSOM. If a return of loan funds is required, the school must return the funds to the Department of Education within 45 days of the calculation.

HMSOM may automatically use a portion or all of your post-withdrawal disbursement, including loan funds, if the student accepts them for outstanding charges. If a student’s federal aid exceeds the tuition and fees, creating a credit balance, a refund will be issued to the student. After the R2T4 calculation is completed, HMSOM will return the unearned portion of Title IV Funds that are requested from the school. If there is a portion of unearned aid that the student is responsible for returning according to the federal calculation it is the student’s responsibility to return the Direct Loan funds in accordance with the terms and conditions of the Master Promissory Note (MPN). This will be communicated to the student via letter mailed to the student. In addition, a copy of the R2T4 calculation worksheet will be sent to the student along with a final statement of their student account so that they may understand all adjustments to his or her account.

The law and the implementing regulations, 34 C.F.R. § 668.22, also specify the order of return of the Title IV funds to the programs from which they were awarded (i.e., Unsubsidized Federal Direct Stafford Loans, Federal Direct PLUS Loans). HMSOM will return any unearned Direct Loans within 45 days of the date of...
determination. If a student is responsible for returning any of his/her Direct Loans, the funds must be returned according to the terms and conditions of the Master Promissory Note (MPN).

To request an official withdrawal from the University, students must contact the Office of the Registrar or submit an official withdrawal form to the Office of the Registrar. Once processed, students will receive a written notification once their Return to Title IV calculation is completed. If a student withdraws without providing official notice, the student will be withdrawn no later than 30 days from the last day of the semester and the date of withdrawal will be the midpoint of the semester.

HMSOM will monitor uncompleted classes and final grades at the end of the semester. Any students determined to have been an unofficial withdrawal, the R2T4 will be calculated using the midpoint of the semester after the unofficial withdrawal has been determined.

**Tuition and Fees**

Tuition and fees are listed on our website. Please visit [https://www.hsmsom.org/admissions/financial-aid-and-costs](https://www.hsmsom.org/admissions/financial-aid-and-costs) to view direct and indirect living expenses.

**Veteran’s Information**

For information on Veteran’s Benefits and policies please visit [https://www.hsmsom.org/admissions/veterans](https://www.hsmsom.org/admissions/veterans).

**Student Health Services**

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.

*Student Health Services* information is subject to change. Please see [HMSOM.org](https://www.hmsom.org) for the most current information.

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

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 have no 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.

**Student Insurance**

**Health Insurance**
The State of New Jersey requires that all full-time students be covered by health insurance. The LCME requires that such coverage is offered to dependents of students as well. Students that are enrolled in the health plan may first enroll themselves and then their dependents. The HMSOM provides access to student health insurance through *First Student*. Students who have their own policy may waive the student health insurance policy within the published waiver period. For more information on enrollment and waivers, please visit First Student online at [http://firststudent.com](http://firststudent.com). Students can search online for providers and coverage on the United Healthcare Student Resources website at [www.uhcsr.com](http://www.uhcsr.com).

Coverage from United Healthcare includes a standard student health insurance program, *TeleBehavioral*, *TeleMedicine*, and a *Student Assistance Program* including legal and counseling services. Students may access claims information and policy information at [http://www.uhcsr.com](http://www.uhcsr.com).

Should a student have a qualifying life event (marriage, divorce, birth of a child, loss of insurance, etc.) after the posted waiver or enrollment period, please contact HMSOM Office of Student Financial Services dedicated email account to add or remove benefits.

**Disability Insurance**
All students are automatically enrolled in the disability insurance policy for the duration of their studies. Details on the *AMA Plus* policy can be found online at [First Student](http://firststudent.com).

**Student Interest Groups and Organizations**
The HMSOM recognizes the contribution of student organizations and professional interest groups to the quality of student life. These organizations provide crucial career development, service, leadership, and wellness opportunities for the student body. Such activities offer students the opportunity to participate in academic, cultural, social and athletic activities that are consistent with the development of knowledge, skills, values and attitudes expected from healthcare professionals.

A student organizations fair is held at the beginning of every academic year where students can receive information about becoming a member.

**Policies Directing Student Organizations and Interest Groups**
All student organization must comply with the policies of the HMSOM. All activities sponsored by a student organization or interest group must be approved by the Office of Student Affairs and Wellbeing. An Event Request Form is required. For all activities off the property of the HMSOM, additional formal agreements may
be required with the location, group or event site of the activity. A limited amount of funding for student organizations and interest groups is available. Social media channels cannot be created for student organizations. If a student is interested in advertising a program or highlighting a student organization on social media, please consult the Office of Student Affairs and Wellbeing for additional information.

**New Student Organizations and Interest Groups**
Before a student group can be officially recognized and use campus facilities, members are required to 1) identify a Faculty Advisor; 2) complete a new organization application; 3) provide an outline of the structure of the organization with names of group leaders; 4) provide a description of the purpose of the group; and 5) when appropriate, identify any affiliation with a national organization. Applications for new student organizations are accepted in May and October. Students will hear from the Office of Student Affairs and Wellbeing if their organization is approved in June and November. Only students in Phase 1 can submit new organization applications. The application form is available from the Office of Student Affairs and Wellbeing.

Approval of new student organizations is conducted by the Student Government Representatives and the Associate Dean of Student Affairs. Any student seeking to lead a group must be in good academic standing and be approved by the Associate Dean of Student Affairs and Wellbeing. Questions regarding the process should be directed to the Office of Student Affairs and Wellbeing.

A partial list of Student Organizations and Interest Groups is available at HMSOM.org.

**Transitions Curriculum**
The Office of Student Affairs and Wellbeing offers a series of group and one-on-one sessions to help students prepare for transitions in their medical training. These sessions will focus on areas such as:

- Adjusting to Medical School and Managing Time Effectively
- Exploring Specialty Choices: Getting to Know Practicing Physicians
- The Clerkship Scheduling Process
- Identifying and Working with a Specialty Mentor
- Planning for Phase 3
- Preparing Students’ CV
- Interviewing Techniques
- Budgeting and Planning for the Interview Season
- Preparing for and Applying Through the Electronic Residency Application System
- The National Ranking and Match Program
- Wellness Information for Residents and Practicing Physicians
- Entry to Residency and Pre-Residency Boot Camps

Specific training and support will be provided to students whose Phase 3 selection is entry into residency after Phase 2.

**Wellness Programs**
Programs are offered to HMSOM students through the Standing Committee on Wellness under the direction of the Coordinator of Wellness, as part of the Office of Student Affairs and Wellbeing with the goal to help students identify and manage emotional and physical stress and adapt comfortably to demands of a rigorous medical school curriculum. Activities are advertised through email and have included mindfulness courses
and sessions; healthy snacks; yoga sessions; and chair massages during study breaks. The Wellness Coordinator is also available to meet individually with students to develop and support wellness goals and activities.

**White Coat Protocol**
Students will receive a white coat at the *White Coat Ceremony* and should treat it with care. Replacement coats will need to be ordered through the Office of Student Affairs and Wellbeing at full cost to the student.

**General Information and Policies**

**Access and Identification Card**
Student identification and access cards for the Interprofessional Health Sciences Campus at 123 Metro Boulevard, Nutley, NJ 07110 are issued at orientation. These cards are required to enter exterior doors and pass through the hallway security doors between the Health Sciences complex and allow access after-hours. “After-hours” is between 6 p.m. and 7 a.m., Monday through Friday, all day on Saturday and Sunday, and on HMSOM observed holidays. It is very important that students do not lose the identification/access cards. If it is lost or stolen, please contact the Office of Public Safety in IHSC for a replacement.

**Address or Name Changes**
Contact the HMSOM Registrar for assistance with name. Address changes can be made on the SOMA portal at [https://campus.hmhn.org](https://campus.hmhn.org).

**Bookstore**
The bookstore is located on the lower level (LL) of the IHSC. It is open from 8:00 am until 6:00 pm Monday-Thursday, and 8:00 am until 5:00 pm on Friday. For more information, visit the bookstore website.

**Compliance/Immunizations**
Students are expected to track their own compliance due dates and update items requiring renewal before the six-week block in which they expire in their individual account in the Certiphi online verification and background system. To ensure that all students are compliant and able to participate in clinical educational activities and related volunteer activities, the Office of Student Affairs and Wellbeing monitors compliance and notifies students when they need to update their status. Students who do not respond to notification of non-compliance are removed from enrolled clinical coursework until they have updated their status appropriately. Non-compliance may impact the release of financial aid and may result in an extended enrollment if clinical coursework needs to be dropped and rescheduled. Any student who will have patient encounters at a health care facility is required to be fully compliant with the immunization requirements not only of the HMSOM but also of the affiliate hospital or site where the patient interaction takes place. If the affiliate site requires additional immunizations for patient safety above and beyond the immunization requirements of the HMSOM, the policy of the affiliate shall override the HMSOM policy.

The HMSOM will use a third-party verification and compliance vendor, Certiphi. Information on student compliance with all requirements will be available to and monitored by the Office of Student Affairs and Wellbeing. Compliance reports for clinical teaching sites will be provided to the appropriate Clerkship or Rotation Director before the start of any rotation at that site. In the event a clinical site requires the actual protected health documentation, the individual student will be asked to sign a consent to release the information to that site. Compliance requirements are updated annually and can be found at [HMSOM.org](http://HMSOM.org).
All requirements are subject to change but include:

1. **Measles, Mumps, and Rubella (MMR)** — 2 doses of MMR vaccine or two (2) doses of  
   a. Measles, two (2) doses of Mumps and 1 dose of Rubella; or serologic proof of immunity for  
      Measles, Mumps and or/ Rubella.

2. **Hepatitis B Vaccination** — 3 doses of vaccine followed by quantitative or qualitative  
   Hepatitis B Surface Antibody (titer) preferably drawn 4-8 weeks after 3rd dose. If negative, complete  
   a second Hepatitis B series followed by a repeat titer. If Hepatitis B Surface Antibody is negative after  
   a secondary series, you are considered a "non-responder" and approved. Additional testing  
   including Hepatitis B Surface Antigen should be performed. Documentation of Chronic Active  
   Hepatitis B is for rotation assignments and counseling purpose only.

3. **Tetanus-diphtheria pertussis** — One (1) dose of adult Tdap. If last Tdap is more than 10 years old,  
   a. provide date of last Td and Tdap.

4. **Tuberculosis Screening** — An IGRA blood test is required. If you have a history of a positive  
   a. Tuberculin skin test >10mm or positive IGRA A please supply information regarding any  
      evaluation  
   b. and/or treatment. (Additional requirements may be needed for rotations in designated sites)

5. **Varicella (Chicken Pox)** — 2 doses of vaccine or positive serology

6. **Drug Screen**: Students are required to submit and pass a drug screening. You will be sent  
   instructions from the office of Student Affairs & Wellbeing for completing the “10 Panel Drug  
   Screen,” including  
   • Amphetamines  
   • Barbiturates  
   • Benzodiazepines  
   • Cannabinoids  
   • Cocaine  
   • Methadone  
   • Methaqualone  
   • Opiates  
   • Phencyclidine  
   • Propoxyphene

7. **Institutional Training Requirements**  
   All students are required to complete online Learning Management System Courses (LMS) courses  
   as part of Hackensack Meridian Health clinical preparation. The following courses are completed  
   annually, and transcripts of the completed courses are held in the Office of Student Affairs and  
   Wellbeing.  
   • ADA  
   • Cultural Competency and Diversity Awareness  
   • HIPPA and HITECH Compliance  
   • HMH Medical Aid-in-Dying Policy  
   • How Hackensack Meridian Health Fights the Flu  
   • Infection Prevention Review (Clinical)  
   • Wambi-1a and 1b
Please see additional Information on the Matriculated Students Compliance Policy at [HMSOM.org/policies](https://www.hmsom.org/policies).

**Consumer and Information Disclosures**
HMSOM is required to provide the following information to all students.

<table>
<thead>
<tr>
<th>Information</th>
<th>Where to Find this Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Aid Information</td>
<td><a href="https://www.hmsom.org/student-affairs/">https://www.hmsom.org/student-affairs/</a>, Click on Student Financial Services and the Student Handbook</td>
</tr>
<tr>
<td>Drug and Alcohol Prevention</td>
<td>Student Assistance Program Call: 833-515-0774/TTY: 800.697.0353 Online: guidanceresources.com; See also Office of Student Affairs and Wellbeing Policies</td>
</tr>
<tr>
<td>Employment Data for Graduates</td>
<td>Will be available after Initial Graduation Class of 2022</td>
</tr>
<tr>
<td>Federal Educational Rights and Privacy Act</td>
<td>See Office of Student Affairs and Wellbeing Policies</td>
</tr>
<tr>
<td>Title IX and Nondiscrimination Policies</td>
<td>See Office of Student Affairs and Wellbeing Policies</td>
</tr>
<tr>
<td>Voter Registration</td>
<td>Register to vote at <a href="https://www.rockthevote.org/">https://www.rockthevote.org/</a></td>
</tr>
</tbody>
</table>

**Criminal Background Clearance**
Students are required to complete a criminal background check as a part of the admissions process and periodically thereafter. There are two portions to the background check. The first portion is the national criminal background check that is completed online through the school’s third-party vendor, Certiphi screening and verification service. A fee is charged for this service. The second portion is the Request for Criminal History Information, Consent, and Release of Information form. Each portion of the background check is only valid for a limited time. All students, including students on a leave of absence, are responsible for periodically completing both portions of this requirement, as needed.

Students will be required to meet with the Assistant Dean for Admissions (pre- matriculation) or the Associate Dean for Student Affairs and Wellbeing (post- matriculation) to discuss any discrepancies found in the background check. Depending on the severity of the crime, the student may not be allowed to continue in medical school.

**A criminal Background Clearance is completed through your application to the Hackensack Meridian School of Medicine and includes the following clearances:**

- Sex Offender Registry
- County Criminal and Other Offenses
- Federal Criminal and Other Offenses
- State Criminal and Other Offenses
- National Criminal Database
- OIG & GSA Excluded Parties
Email, Computers, and Technology Resources
As part of the pre-orientation, onboarding process for the HMSOM, accepted applicants will be provided an HMH email account and asked to provide a preferred mailing address. This email must be used for all communication related to HMSOM programs and activities. The HMSOM will use the official HMH email and preferred mailing address as the primary point of contact by faculty and administration. Thus, it is imperative to check the HMSOM email daily and keep the mailing address current. Throughout medical school, students will receive most information through email or LEO, our Learning Management System. Therefore, this mode of communication should become part of their routine.

Do not Auto-Forward: Medical students will have HEALTH SYSTEM ACCESS and may not auto-forward HMH email or store confidential data on these servers. Doing so risks exposing HIPAA-protected data. This restriction includes both publicly available computing services and the HMSOM provided cloud-based services. HMSOM IT audits for this auto-forward feature, and violators are subject to corrective action.

Laptop Requirements
Computers are an essential part of the medical education program. The HMSOM requires all students to have laptops and mobile devices. The minimum requirement below will allow students to install any required software. The HMSOM will inform students during Human Dimension and Orientation Weeks regarding specific software that needs to be installed.

Students are strongly encouraged to have a sufficiently recent model laptop with the following specifications:

<table>
<thead>
<tr>
<th>PC Requirements</th>
<th>MAC Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating System: Windows 10 or later, 64 bit, (with all current updates)</td>
<td>Operating System: OS X 10.11 (El Capitan), Mac OS 10.12 (Sierra), Mac OS 10.13 (High Sierra), Mac OS 10.14 (Mojave). Only genuine versions of Mac Operating Systems.</td>
</tr>
<tr>
<td>CPU: Intel processor 1.86Ghz Core</td>
<td>CPU: Intel processor</td>
</tr>
</tbody>
</table>

Other Requirements and Recommendations
- Minimum 4GB of RAM (recommend 8GB)
- Minimum 150 GB of storage (recommend 250GB)
- Wi-fi (wireless) network capability
- Anti-virus software with all current virus definitions
- Working USB port (2 preferred)
- 13” screen or larger, minimum screen resolution of 1024x768, 32 bit color
- Administrator level account permissions to download and install software
- Battery life at least four hours between charges
- External hard drive for back-up storage
- Lightweight
- Extended warranty and/or technical support provided by the manufacture

Apple iPads and similar devices may be useful but should not be considered a laptop replacement.

Please note that, aside from these requirements and recommendations, the choice of laptop is an individual matter that should be made at one’s own discretion. Please be aware that regardless of choice of Macintosh or Windows PC, sometimes there will be minor compatibility issues if faculty or classmates are using a different platform. The HMSOM strives to be as platform-neutral as possible in its selection of technologies for medical student education.
Mobile Devices
The HMSOM requires students to have a mobile device to communicate while on community assignments, and to access medical information and personal productivity tools. Although most smartphones meet this requirement, it is not required that the device use a cellular network for data access. However, devices that use Wi-Fi only for internet access may not be able to connect to a network at some clinical sites due to security protocols.

Although students are encouraged to purchase a mobile device as early in the curriculum as possible, we anticipate that most students will find that its usefulness increases in Phases 2 and 3 of the Curriculum. The Health Campus Library has a useful Mobile Resources page for reference.

Transportation and Clinical Placements
A variety of clinical sites are utilized for student clinical placements. Every attempt is made to provide a variety of clinical placements to allow students to care for and interact with diverse patient populations. Students must be prepared to travel to sites that may not have access to public transportation. It is the student’s responsibility to arrange travel to and from clinical sites. Parking Passes can be purchased through HMH. Parking passes will be honored at both campuses as well as at most HMH clinical sites.

Wireless Access
Wireless access is available in all areas of the building. Computers located in the Health Campus Library or in the Medical Student Lounge can be used to access email messages.

Standing Committees

Admissions Committee
Student participation in the admissions process is essential to recruiting the best candidates. The Office of Student Affairs and Wellbeing provides a list of students in good academic standing to the Office of Admissions annually to invite participation as Admissions Ambassadors throughout the interview season. In addition, students who are interested in serving on the Admissions Committee are encouraged to contact the Office of Admissions to at the beginning of the academic year. The committee appointment extends throughout the student’s tenure in school as long as the student remains in good academic standing and can participate in at least 10 interviews per year.

Curriculum Committee

There are several ways to become involved in the decision-making process that will shape and improve the HMSOM serve on one of the curriculum committees, course and program evaluations, provide feedback in mid-course focus groups, or provide feedback as an individual. There are curriculum committees for each phase of the curriculum comprised of course directors, students, education deans, teaching faculty, and professional staff. If students are interested in participating in one of these committees, please contact the Office of Medical Education for additional information.

Each class elects a Medical Education Committee (MEC) representative who will serve as the representative for that class for three to four years. If an elected MEC representative graduates after the three-year Core Curriculum, a new election will take place to identify a representative for that class.
Students not serving on a committee are encouraged to share opinions, concerns, or praise with the relevant MEC student representatives. Specific suggestions on how to improve the course for subsequent years provide valuable input for curriculum committee deliberations. *Phase 1, Phase 2 and Phase 3 Curriculum Subcommittees also have student representation.*

**Diversity and Equity Committee**
The Diversity and Equity Committee is responsible for developing, promoting, and implementing policy, procedures, and programs that support the stated goals of the SOM related to diversity and equity in health care and health care education. For more information, contact the Office of Diversity and Equity.

**Student Professionalism Subcommittee of the Student Performance Review Committee**
Student Professionalism Subcommittee evaluates and addresses student breaches of professionalism and recommends actions related to the breach. Students are held to the standards of altruism, accountability and responsibility, excellence, duty, honesty and integrity, and respect for others at all times. Any breach in professional behavior as defined in the HMSOM’s Student Code of Conduct or Standards of Professionalism may result in disciplinary action against the student.

The *Student Professionalism Subcommittee* (SPS) is composed of 11 members—8 faculty (elected and appointed, including basic science faculty and clinicians) and 3 students (one from first-, second-, and third-year classes). The chair is elected by the members of the committee and serves a three-year term. The SPS is charged with evaluating and addressing student breaches of professionalism.

**Special and Ad Hoc Committees**
From time to time, the HMSOM will establish special or Ad Hoc committees to study a current, relatively-focused issue and to offer recommendations. Students will be informed by email when these special committees are being formed. Students interested in serving on this type of committee should complete the form attached to such announcements.

**Student Government Association (SGA)**
The SGA is a student organization of elected representatives from the entire student body responsible for overseeing student activities. The SGA is considered the “umbrella” organization for student activities and organizations. SGA representatives are selected during the first year for each entering class. Some responsibilities of the SGA include nomination and election of student members for HMSOM committees, developing educational and community initiatives, the funding of student organizations, the planning of various social events, and addressing student concerns. Serving as an SGA class representative provides unique opportunities to interact with students from other classes and with the Dean’s Cabinet and administrative directors.

**Wellness Committee**
The Wellness Committee is comprised of students and faculty interested in promoting healthy behaviors, managing stress, and preventing burnout. Workshops and wellness activities on a variety of topics are offered, including mindfulness, yoga, massage, team building, sleep hygiene, nutrition, and integrating feedback and evaluation. Information about events and wellness tips is provided via email and through activities. Further information is available at the Office of Student Affairs and Wellbeing.
## Appendix A: Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Meaning</th>
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<tbody>
<tr>
<td>AAMC</td>
<td>Association of American Medical Colleges</td>
</tr>
<tr>
<td>ACGME</td>
<td>Accreditation Council of Graduate Medical Education</td>
</tr>
<tr>
<td>ACR</td>
<td>Advanced Clinical Rotation</td>
</tr>
<tr>
<td>AMA</td>
<td>American Medical Association</td>
</tr>
<tr>
<td>AMCAS</td>
<td>American Medical College Application Service</td>
</tr>
<tr>
<td>AMWA</td>
<td>American Medical Women’s Association</td>
</tr>
<tr>
<td>AOA</td>
<td>American Osteopathic Association</td>
</tr>
<tr>
<td>CAP</td>
<td>Community Assessment Project</td>
</tr>
<tr>
<td>CBSE</td>
<td>Comprehensive Basic Science Examination</td>
</tr>
<tr>
<td>CHP</td>
<td>Community Health Project</td>
</tr>
<tr>
<td>CK</td>
<td>Clinical Knowledge</td>
</tr>
<tr>
<td>CLO</td>
<td>Course Learning Objective</td>
</tr>
<tr>
<td>CO</td>
<td>Course Objective</td>
</tr>
<tr>
<td>CON</td>
<td>College of Nursing</td>
</tr>
<tr>
<td>CQI</td>
<td>Continuous Quality Improvement</td>
</tr>
<tr>
<td>CS</td>
<td>Clinical Skills</td>
</tr>
<tr>
<td>CV</td>
<td>Curriculum Vitae</td>
</tr>
<tr>
<td>DNM</td>
<td>Does Not Meet Expectations (grade)</td>
</tr>
<tr>
<td>EPA</td>
<td>Entrustable Professional Activities</td>
</tr>
<tr>
<td>EPO</td>
<td>Educational Program Objectives</td>
</tr>
<tr>
<td>EPS</td>
<td>Entrustable Professional Activities</td>
</tr>
<tr>
<td>ERAS</td>
<td>Electronic Residency Application Service</td>
</tr>
<tr>
<td>F</td>
<td>Fail (grade)</td>
</tr>
<tr>
<td>GRAT</td>
<td>Group Readiness Assurance Test</td>
</tr>
<tr>
<td>H&amp;A</td>
<td>Homeostasis and Allostasis</td>
</tr>
<tr>
<td>H</td>
<td>?? (grade)</td>
</tr>
<tr>
<td>HD</td>
<td>Human Dimension</td>
</tr>
<tr>
<td>HDIO</td>
<td>Human Dimension Immersion &amp; Orientation</td>
</tr>
<tr>
<td>HP</td>
<td>High Pass (grade)</td>
</tr>
<tr>
<td>HSS</td>
<td>Health System Science</td>
</tr>
<tr>
<td>HUMC</td>
<td>Hackensack University Medical Center</td>
</tr>
<tr>
<td>I2C</td>
<td>Immunity, Infection, and Cancer</td>
</tr>
<tr>
<td>IHS</td>
<td>Interprofessional Health Sciences</td>
</tr>
<tr>
<td>ILP</td>
<td>Individualized Learning Plan</td>
</tr>
<tr>
<td>IMG</td>
<td>International Medical Graduate</td>
</tr>
<tr>
<td>IRAT</td>
<td>Individual Readiness Assurance Test</td>
</tr>
<tr>
<td>JSUMC</td>
<td>Jersey Shore University Medical Center</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Acronym</th>
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<tbody>
<tr>
<td>LCME</td>
<td>Liaison Committee on Medical Education</td>
</tr>
<tr>
<td>LGAL</td>
<td>Large Group Active Learning</td>
</tr>
<tr>
<td>LO</td>
<td>Learning Objective</td>
</tr>
<tr>
<td>MCP</td>
<td>Molecular and Cellular Principles</td>
</tr>
<tr>
<td>MCQ</td>
<td>Multiple Choice Questions</td>
</tr>
<tr>
<td>ME</td>
<td>Meets Expectations (grade)</td>
</tr>
<tr>
<td>MEC</td>
<td>Medical Education Committee</td>
</tr>
<tr>
<td>MER</td>
<td>Meets Expectations with Recommendations (grade)</td>
</tr>
<tr>
<td>MSCHE</td>
<td>Middle States Commission on Higher Education</td>
</tr>
<tr>
<td>MSNJ</td>
<td>Medical Society of New Jersey Evaluation</td>
</tr>
<tr>
<td>MSPE</td>
<td>Medical Student Performance</td>
</tr>
<tr>
<td>N&amp;B</td>
<td>Neurosciences and Behavior</td>
</tr>
<tr>
<td>NBME</td>
<td>National Board of Medical Examiner</td>
</tr>
<tr>
<td>NM&amp;D</td>
<td>Nutrition, Metabolism, and Digestion</td>
</tr>
<tr>
<td>NRMP</td>
<td>National Residency Matching Program</td>
</tr>
<tr>
<td>OME</td>
<td>Office of Medical Education</td>
</tr>
<tr>
<td>OSCE</td>
<td>Objective Structured Clinical Examination</td>
</tr>
<tr>
<td>P</td>
<td>Pass (grade)</td>
</tr>
<tr>
<td>P3-R</td>
<td>Phase 3 Residency program</td>
</tr>
<tr>
<td>PBL</td>
<td>Problem Based Learning</td>
</tr>
<tr>
<td>PPPC</td>
<td>Patient Presentation PBL Curriculum</td>
</tr>
<tr>
<td>SAW</td>
<td>Student Affairs and Wellbeing</td>
</tr>
<tr>
<td>SGA</td>
<td>Student Government Association</td>
</tr>
<tr>
<td>SHMS</td>
<td>School of Health &amp; Medical Sciences</td>
</tr>
<tr>
<td>SLO</td>
<td>Session Learning Objectives</td>
</tr>
<tr>
<td>SMS</td>
<td>Specialties Matching Service</td>
</tr>
<tr>
<td>SOM</td>
<td>School of Medicine</td>
</tr>
<tr>
<td>SP</td>
<td>Standardized Patient</td>
</tr>
<tr>
<td>SP</td>
<td>Structural Principles</td>
</tr>
<tr>
<td>SPRC</td>
<td>Student Performance Review Committee</td>
</tr>
<tr>
<td>SPS</td>
<td>Student Professionalism Subcommittee</td>
</tr>
<tr>
<td>SSR</td>
<td>Sciences/Skills/Reasoning courses</td>
</tr>
<tr>
<td>TBL</td>
<td>Team Based Learning</td>
</tr>
<tr>
<td>TDH</td>
<td>The Developing Human</td>
</tr>
<tr>
<td>TRAT</td>
<td>Team Readiness Assurance Test</td>
</tr>
<tr>
<td>USMLE</td>
<td>United States Medical Licensure Examination</td>
</tr>
</tbody>
</table>

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Appendix B: Educational Program Objectives (EPOs)

1. **Patient Care**: Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
   1.1. Perform all medical, diagnostic, and surgical procedures considered essential for the area of practice.
   1.2. Gather essential and accurate information about patients and their conditions through history-taking, physical examination, and the use of laboratory data, imaging, and other tests.
   1.3. Organize and prioritize responsibilities to provide care that is safe, effective, efficient, and considerate of health care resources.
   1.4. Interpret laboratory data, imaging studies, and other tests required for the area of practice.
   1.5. Make informed decisions about diagnostic and therapeutic interventions based on patient characteristics and preferences, up-to-date scientific evidence, and sound clinical judgment.
   1.6. Develop and carry out diagnostic and therapeutic patient management plans.
   1.7. Build alliances with, counsel, and educate patients and their families to empower them to participate in their care and enable shared decision making.
   1.8. Ensure continuity of care by providing appropriate referral of patients and follow up on patient progress and outcomes across the health care system.
   1.9. Provide health care to patients, families, and communities aimed at preventing health problems or maintaining health.

2. **Knowledge for Practice**: Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.
   2.1. Demonstrate curiosity and an investigatory and analytic approach to clinical situations.
   2.2. Apply established and emerging biophysical, clinical, and/or technologic scientific principles fundamental to health care for patients and populations.
   2.3. Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision-making, clinical problem-solving, and other aspects of evidence-based health care.
   2.4. Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations.
   2.5. Apply principles of social-behavioral sciences to provision of patient care, including assessment of the impact of psychosocial and cultural influences on health, disease, lifespan progression, medication adherence, lifestyle change, care-seeking, care compliance, and barriers to and attitudes toward care.
   2.6. Contribute to the creation, dissemination, application, and translation of new health care, scientific, and cultural knowledge and practices.
   2.7. Demonstrate an awareness of the limitations of human cognition in clinical reasoning and the inherent errors hard-wired into the system.
   2.8. Describe the impact of Social Determinants of Health (SDH) on health care outcomes, including disease prevention, diagnosis, treatment, and mortality.
   2.9. Apply appropriate SDH screening and interventions in patient and population-based care.

3. **Practice-Based Learning and Improvement**: Demonstrate the ability to investigate and evaluate one’s care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.
3.1. Actively identify strengths, deficiencies, and limits in one’s knowledge and expertise, and 
incorporate this information into daily practice.
3.2. Set learning and improvement goals.
3.3. Identify and perform learning activities that address one’s gaps in knowledge, skills, attitudes, 
and/or behaviors.
3.4. Systematically analyze practice using quality improvement methods and implement changes with 
the goal of practice improvement.
3.5. Actively seek out and incorporate feedback into daily practice.
3.6. Locate, appraise, and assimilate evidence-based knowledge to guide clinical decisions.
3.7. Use information technology to optimize learning.
3.8. Actively participate and engage in the education of patients, families, students, trainees, peers, and 
other health professionals.
3.9. Obtain and utilize information about individual patients, populations of patients, or communities 
from which patients are drawn to improve care.
3.10. Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, 
products, or services that have been demonstrated to improve outcomes.

4. **Interpersonal and Communication Skills**: Demonstrate interpersonal and communication skills that 
result in the effective exchange of information and collaboration with patients, their families, and health 
professionals.

4.1. Build relationships and alliances in order to communicate effectively with patients, families, and 
the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.
4.2. Build relationships and alliances in order to communicate effectively with colleagues within one’s 
profession or specialty, other health professionals, and health-related and community-based 
agencies *(see also 7.3)*.
4.3. Work effectively with others as a member or leader of a health care team or other professional 
group *(see also 7.4)*.
4.4. Act in a consultative role to other health professionals.
4.5. Maintain appropriate, up-to-date and timely medical records that clearly delineate key points in a 
patient’s care.
4.6. Demonstrate sensitivity, honesty, and compassion in difficult conversations, including those about 
death, end of life, adverse events, bad news, disclosure of errors, uncertainty, other sensitive topics.
4.7. Demonstrate insight and understanding about emotions and human responses to emotions that 
allow one to develop and manage interpersonal interactions and demonstrate self-awareness of 
responses.

5. **Professionalism**: Demonstrate a commitment to carrying out professional responsibilities and an 
adherence to ethical principles.

5.1. Demonstrate compassion, humility, integrity, and respect for others.
5.2. Demonstrate empathy and responsiveness to patient needs that supersede self-interest.
5.3. Demonstrate respect for patient privacy and autonomy.
5.4. Demonstrate accountability to patients, society, and the profession of medicine.
5.5. Demonstrate sensitivity and responsiveness to diverse patient populations, including but not 
limited to diversity in age, gender, sexual orientation, culture, race, ethnicity, religion, disability, 
and socioeconomic status.
5.6. Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, 
confidentiality, informed consent, and business practices, including compliance with relevant laws, 
policies, and regulations.
5.7. Demonstrate an awareness of the diversity of ethical frameworks, such as religious philosophies (e.g. the ERDs [Ethical & Religious Directives for Catholic Health Care], individual conscience).
5.8. Provide appropriate role modeling to peers, individual patients, and society at large, including the utilization of reflective practice.

6. **Systems-Based Practice**: Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal healthcare.
   6.1. Work effectively in various health care delivery and community-based settings and systems.
   6.2. Coordinate patient care within the health care system.
   6.3. Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based health care delivery.
   6.4. Advocate for equity in health care outcomes for all, including consideration of high-quality patient care, optimal health care systems, and social determinants of health.
   6.5. Utilize *Quality Improvement* methodologies to identify system errors and implement potential systems solutions to advance patient care.
   6.6. Perform administrative and practice management responsibilities commensurate with one’s role, abilities, and qualifications.
   6.7. Demonstrate attentiveness to team process and one’s role in a health care team.
   6.8. Apply knowledge of population health data and strategies to improve health outcomes of the community.

7. **Interprofessional Collaboration**: Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care.
   7.1. Work collaboratively with other health professionals to establish and maintain a climate of mutual respect, dignity, humility, diversity, ethical integrity, and trust.
   7.2. Use the knowledge of one’s own role and the roles of other health professionals to appropriately assess and address the health care needs of the patients and populations served.
   7.3. Communicate with other health professionals in a responsive and responsible manner that supports the promotion of health and the treatment of disease in individual patients and populations.
   7.4. Participate in different roles on a team to establish, develop, and continuously enhance interprofessional teams to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable.

8. **Personal and Professional Development**: Demonstrate the qualities required to sustain lifelong personal and professional growth.
   8.1. Develop the ability to use self-reflection and feedback to identify limitations in knowledge, skills, attitudes, and behaviors, and to engage in appropriate help-seeking behaviors.
   8.2. Demonstrate healthy coping mechanisms to respond to stress.
   8.3. Manage tension between personal and professional responsibilities.
   8.4. Practice flexibility and maturity in managing and adjusting to change and uncertainty with the capacity to alter one’s behavior.
   8.5. Demonstrate the skills and professionalism that engender the trust of the patients, families, and the entire health care team.
   8.6. Demonstrate leadership skills that enhance team functioning, the learning environment, and the health care delivery system.
   8.7. Recognize that ambiguity is part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty.
   8.8. Demonstrate behaviors that promote wellness, resiliency, and prevention of burnout.
Appendix C: List of Policies
(See HMSOM.org/policies)

**Academic Policies**
Academic Promotion and Graduation Policy
Clinical Dress Code Policy
Clinical Supervision Policy
Collaborative Student Assessment and Support Policy
Electives Policy
Examination Querying and Review
Grade Appeal Policy
Phase 1 Assessment and Grading Policy
Phase 1 Scheduled Time Policy
Phase 1 Student Attendance and Punctuality Policy
Phase 2 Assessment and Grading Policy
Phase 2 Clerkship Attendance Policy
Phases 2 & 3 Clinical Duty Hours Policy
Policy on Student Recording of Educational Sessions
Preventing Student Mistreatment and Promoting a Positive Learning Environment
Social Media Policy and Guidelines

**Student Affairs Policies**
Clinical Rotation Scheduling Policy
Drug and Alcohol Use and Policy on Drug Screening
Family Educational Rights and Privacy Act (FERPA)
Immunizations and Health Screenings
Leave of Absence and Withdrawal Policy and Procedure
Matriculated Student Compliance Policy
Missing Student Notification
Nondiscrimination/Title IX Statement
Policy Against Discrimination, Harassment, and Retaliation
Policy Against Intimate Relationships with Subordinates
Policy Against Sexual Misconduct, Sexual Harassment, and Retaliation
Student Disability Policy and Support Services
Student Disciplinary Action and Due Process Policy
Student Exposure to Bloodborne Pathogens and Environmental Hazards
Student Protest Policy
Student Review and Challenge of Records
Technical Standards
Tuition and Fee Refund Policy