



Hackensack Meridian School of Medicine Student Handbook and Academic Catalog

2021-2022 Academic Year

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The Hackensack Meridian School of Medicine *Student Handbook and Academic Catalog* is subject to change at any time.

An updated *Handbook* is published annually but there may be new policies and processes released during the academic year.

These new or updated processes and policies are usually effective immediately and apply to all enrolled students however there may be exceptions where a new policy may not apply to all currently enrolled students.

Students must regularly monitor their @hmhn.org email accounts and are expected to read/reply to messages in a timely manner. Unless specified in the message, questions regarding an official communication can be directed to an Advisor or the Registrar.

February 3, 2022

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 unimagined 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

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

The Hackensack Meridian School of Medicine (HMSOM) 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 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.

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.

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 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:

- Large group teaching sessions
- Small group teaching sessions
- HD Voices Program
- Community Assessment Project
- 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.

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 below).

4.3. Work effectively with others as a member or leader of a health care team or other professional group (see also 7.4 below).

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 supersedes 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.

Phase 1: Fundamentals

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 of 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 exam, 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 PPPC sessions.

Phase 2: Immersion

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)

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*

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.

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 Seton Hall University, 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 (P3R)

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

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 P3R program 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 P3R 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 P3R will have the ability to submit a specialty preference in the clerkship lottery such that their P3R 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 P3R 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 P3R program. If a student would like to consider 2 specialties in P3R, 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. If a student has received a 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.

To apply to P3R, students must:

1. Submit an application (April-May/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.
2. Interview with their student advisor (who will review with P3R director); the program director; and clinical chair of the department that they are applying to.
3. Obtain three letters of recommendation: one each from specialty mentor, advisor, and a faculty member.

Acceptance into the P3R program/specific residency program is conditional and subject to monitoring as they progress through the remainder of their education.

To remain in the P3R 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 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 the *Electronic Residency Application Service* (ERAS.) in the spring following acceptance, indicating the residency program to which they were admitted as their first choice.

A P3R Committee will make recommendations to the Dean about whether a P3R candidate’s performance meets the criteria to enter and stay in the program. There will be a process for appealing these decisions.

Phase 3 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

- 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

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.

There are many HMM residency options available, and 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

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](#).

Residency Applications

Most specialties and the military use *the Electronic Residency Application Service* (ERAS.) Ophthalmology and Plastic Surgery use the [San Francisco Match 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 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.

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. Students do not need to complete a request form; the Registrar's Office will automatically upload transcripts to the ERAS and other sanctioned application systems. Individual copies of transcripts are available at no charge and students may request them [online](#).

USMLE Transcript

Residency programs require an official transcript of performance from the *National Board of Medical Examiners* (NBME) on USMLE Step 1 and Step 2-CK. 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.

Specialty Length of Training

Minimum number of years of postgraduate training for eligibility for board certification:

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

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 among others.

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. Graduates 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.

Student Services and Policies

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 guidance and teaches group seminars regarding study strategies, test-taking, and time management. Individual appointment to discuss strategies and to review an exam are encouraged. All students are welcome to avail themselves of the services of this office.

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. More information can be obtained by emailing HMSOMacademicsupport@hmn.org.

Access and Identification Card

Student identification and access cards for the Interprofessional Health Sciences Campus 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. They also enable students to print from Seton Hall University printers throughout the building. 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. There is a fee for a replacement ID.

Acronyms

Acronym	Meaning
AAMC	Association of American Medical Colleges
ACGME	Accreditation Council of Graduate Medical Education
ACR	Advanced Clinical Rotation
AMA	American Medical Association
AMCAS	American Medical College Application Service

Acronym	Meaning
AMWA	American Medical Women's Association
AOA	American Osteopathic Association
CAP	Community Assessment Project
CBSE	Comprehensive Basic Science Examination
CHP	Community Health Project
CK	Clinical Knowledge
CLO	Course Learning Objective
CO	Course Objective
CQI	Continuous Quality Improvement
CS	Clinical Skills
CV	Curriculum Vitae
DNM	<i>Does Not Meet Expectations</i> (grade)
EPA	Entrustable Professional Activities
EPO	Educational Program Objectives
EPS	Entrustable Professional Activities
ERAS	Electronic Residency Application Service
F	<i>Fail</i> (grade)
GRAT	Group Readiness Assurance Test
H&A	Homeostasis and Allostasis
H	<i>Honors</i> (grade)
HD	<i>Human Dimension</i>
HDIO	<i>Human Dimension</i> Immersion & Orientation
HP	<i>High Pass</i> (grade)
HSS	Health System Science
HUMC	Hackensack University Medical Center
I2C	Immunity, Infection, and Cancer
IHS	Interprofessional Health Sciences
ILP	Individualized Learning Plan
IMG	International Medical Graduate
IRAT	Readiness Assurance Test Jersey Shore

Acronym	Meaning
JSUMC	Jersey Shore University Medical Center
LCME	Liaison Committee on Medical Education
LGAL	Large Group Active Learning
LO	Learning Objective
MCP	Molecular and Cellular Principles
MCQ	Multiple Choice Questions
ME	<i>Meets Expectations (grade)</i>
MEC	Medical Education Committee
MER	<i>Meets Expectations with Recommendations (grade)</i>
MSCHE	Middle States Commission on Higher Education
MSNJ	Medical Society of New Jersey
MSPE	Medical Student Performance Evaluation
N&B	Neurosciences and Behavior
NBME	National Board of Medical Examiner
NM&D	Nutrition, Metabolism, and Digestion
NRMP	National Residency Matching Program
OME	Office of Medical Education
OSCE	Objective Structured Clinical Examination
P	<i>Pass (grade)</i>
P3R	<i>Phase 3 Residency program</i>
PBL	Problem Based Learning
PPPC	Patient Presentation PBL Curriculum
SAW	Student Affairs and Wellbeing
SGA	Student Government Association
SHMS	School of Health & Medical Sciences
SLO	Session Learning Objectives
SMS	Specialties Matching Service
SOM	School of Medicine
SOMA	School of Medicine Access (student portal)
SP	Standardized Patient
SP	Structural Principles

Acronym	Meaning
SPRC	Student Performance Review Committee
SPS	Student Professionalism Subcommittee
SSR	Sciences/Skills/Reasoning courses
TBL	Team Based Learning
TDH	The Developing Human
TRAT	Team Readiness Assurance Test
USMLE	United States Medical Licensure Examination

Address or Name Changes

Address changes can be made on the [SOMA](#) portal. Students should contact the [Registrar](#) for information on official name changes.

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.

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 P3R 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.

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).

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.

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 Performance Review Committee (SPRC)*.

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 Mountainside 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 DNMs)
- 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.

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 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

For more information, contact [the Office of Student Affairs and Wellbeing](#).

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. Initial and recertification opportunities for students, as part of the curriculum, are offered at no cost. While the Office of Student Affairs and Wellbeing maintains records of those students participating in HMSOM offered training, it is imperative that students also maintain their certification cards for their records.

Bookstore

The bookstore is located on the Lower Level of the IHSC. Hours vary.

Student Code of Academic and Professional Integrity

Academic integrity and the dignity of the individual are essential in any educational and clinical activity. Honesty, compassion and respect in all interactions with colleagues, peers, faculty and staff, as well as with patients and their families, are essential professional attributes. A commitment to life-long learning, the continuous development of knowledge and clinical skills and the capacity to work effectively within a system are cornerstones of professionalism.

As an institution committed to educating aspiring physicians and scientists to serve society using a community-based, patient-centered, interprofessional and evidence-based model of education that is committed to inclusion, promotes discovery and utilizes innovative techniques, professionalism is one of the core competencies of the HMSOM.

Professionalism is a lifelong endeavor and involves 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 as determined by HMSOM, we will as a first step provide constructive feedback to the student to promote a culture of learning from our mistakes, so that we can ultimately better serve our patients in the future.

Successful progression through the curriculum and graduation with the MD degree are contingent upon the student's adherence with this Code of Academic and Professional Integrity (the "Code").

Specifically, the HMSOM requires students to adhere to the tenets, standards, and expectations of the Code as set

in the [Student Code of Academic and Professional Integrity](#).

Students are required to sign the Code annually as part of the receipt of the HMSOM Student Handbook. This Code will be reviewed annually with a committee of HMSOM students, faculty and administrators and is subject to change at any time at the discretion of the HMSOM Cabinet.

Compliance Requirements

The Office of Student Affairs and Wellbeing administers and tracks several areas of Compliance that are required for all HMSOM students to ensure they can move freely in both the IHSC and clinical environment. These include:

1. A Background Check and a Drug Screen upon admission to the HMSOM.
2. Ongoing compliance with medical immunizations throughout matriculation including a pre-entrance physical examination performed within three months of enrollment.
3. Annual, in-service training requirements, including
4. In-person, skill-based training for all clinical site access (BLS, FIT testing).

All questions regarding compliance may be directed to HMSOMCompliance@hmhn.org. The HMSOM uses a third-party verification and compliance vendor, *Certiphi*, to support the tracking come compliance requirements. The use of this vendor is at a minimal annual cost to the student.

Annual In-Service Training Requirements

All students will annually receive email notification from *MySuccess*, the HMH Network Learning Management System, to complete brief, interactive, online training modules on a variety of subjects. Deadlines for completion of all modules is provided and students are sent reminders to their HMHN.org email. All modules must be complete as directed for the student to participate in any clinical activities. Some, but not all, of the modules are:

- Cultural Competency and Diversity Awareness
- HIPAA and HITECH Compliance
- HMH Medical Aid-in-Dying Policy

- How Hackensack Meridian Health Fights the Flu
- Infection Prevention Review (Clinical)

HMSOM will also provide a variety of in-person trainings as required for full participation in clinical environments. These include BLS/CPR and FIT Testing among others.

Background Check and Drug Screen

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 Certiphi. 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 requested.

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 at the HMSOM.

The Criminal Background Clearance that is completed through the application to the Hackensack Meridian School of Medicine 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 and GSA Excluded Parties

Students are required to complete a *Drug Screen* upon admissions. Information will be forwarded to student once their Certiphi account is activated. The Drug Screen Panel includes:

- Amphetamines
- Barbiturates
- Benzodiazepines
- Cannabinoids
- Cocaine
- Methadone
- Methaqualone
- Opiates

- Phencyclidine
- Propoxyphene

Medical Immunizations

Students are expected to track their own medical compliance due dates and update items requiring renewal before the six-weeks in which they expire. Certiphi sends frequent email reminders to students to ensure timely compliance. 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 also 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 engages in 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.

Medical immunization compliance requirements are updated annually and are subject to change and can be found in [Student Immunization and Health Screening Requirements Policy](#). While the requirements are subject to change, they minimally include:

- *Health and History Physical Form* - dated, signed and stamped by the health care provider on our forms
- *Tuberculosis* - An IGRA blood test taken after 1/1/2021 is required. PPD skin tests are not accepted and will be rejected. Please provide the primary document. If you have a history of a positive Tuberculin skin test >10mm or positive IGRA, please supply information regarding any evaluation and/or treatment from your healthcare provider.
- *Tdap* - Adult Tdap (tetanus/diphtheria/acellular pertussis) (Adacel/Boostrix) within the past 10 years.
- *MMR* - 2 doses of Measles, Mumps, and Rubella vaccine OR MMR IgG titers showing immunity – attach lab report
- *Hepatitis B* - Please provide documentation of the 2

dose, HepLisav-B, or 3 dose Hepatitis B vaccines series and a positive Antibody titer showing immunity. If the titer provided is negative, students will be required to repeat the vaccination series.

- *Varicella* - 2 doses of Varicella vaccine, at least 1 month apart OR Varicella IgG titer showing immunity- attach lab report
- *Meningitis* - Meningococcal vaccine with at least one (1) dose since age 16 – Please determine with your healthcare provider which Meningococcal vaccine is best. This vaccination will not be accepted if you were younger than 16 years old when administered.
- *Influenza* – Influenza vaccine provided after September 1, 2021 (Deadline: October 31, 2021). Please provide the primary document stating the Lot #, injection site (left arm, right arm, etc.), location, the date, and a signature from your health care provider Flu vaccinations administered before September 1, 2021, will not be accepted. Measles, Mumps, and Rubella (MMR)
- *COVID-19 Vaccine* is required effective September 15, 2021.

Consumer and Information Disclosures

HMSOM is required to provide the following information to all students.

- [Annual Security Report](#) (2020)
- [Constitution Day](#)
- [Copyright Infringement Penalties](#)
- [Drug and Alcohol Prevention Student Assistance Program](#) Call: 833-515-0774/TTY: 800.697.0353
- Employment Data for Graduates (First graduating class 2021)
- [Family Educational Rights and Privacy Act \(FERPA\)](#)
- [Loan Repayment and Facts Card](#)
- [Impact of Drug Conviction on Federal Aid \(Title IV\) Eligibility](#)
- [State of the Art Facility](#)
- [Student Diversity](#)
- [Student Loan Code of Conduct](#)
- [Title IV Information on Tuition Refunds, Withdrawals and Satisfactory Academic Performance \(SAP\)](#)
- [Title IX and Nondiscrimination](#)
- [Voter Registration](#)

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, 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.

Drug and Alcohol Use

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. Please see the [Drug and Alcohol-Free Workplace](#) policy for additional information.

The unlawful or unauthorized manufacture, distribution, dispensation, solicitation, sale, purchase, transfer, diversion, possession or use of drugs or alcohol while on HMH or HMSOM property/premises, in vehicles, on paid time or while otherwise engaged in activities for or on behalf of HMH or HMSOM or reporting to work or classes under the influence of same, is strictly prohibited. This policy does not prohibit the moderate use of alcoholic beverages at authorized HMH or HMSOM-sponsored functions or events. Team Members who violate this policy will be subject to disciplinary action up to and including termination of employment, or dismissal from enrollment in the HMSOM.

Nothing in this policy is meant to prohibit the appropriate use of over-the-counter medication or other medication that can legally be prescribed under both federal and

state law, to the extent that it does not impair a team member's job performance or safety or the safety of others. Team members who take over-the-counter medication or other medication that can legally be prescribed under both federal and state law to treat a disability should inform the Human Resources Department if they believe the medication will impair their job performance, safety, or the safety of others or if they believe they need a reasonable accommodation before reporting to work while under the influence of that medication. Students enrolled in the HMSOM should inform the Office of Student Affairs and Wellbeing.

Student Assistance Program

HMSOM encourages any student with a drug or alcohol problem to contact the Student Assistance Program (SAP), the Office of Student Affairs and Wellbeing, or any recognized external evaluation, referral or treatment agency for assistance. HMH and the HMSOM subscribe to the premise that addictive diseases are entitled to the same consideration and offer of treatment which is extended to any other disease. All communications will be maintained on a confidential basis and maintained separately from the student's academic file. Students will not be subject to discipline for voluntarily acknowledging their drug/alcohol problems, nor will enrollment status be jeopardized as a consequence only of having an addictive disease, except to the extent that the manifestations of the disease interfere with the student's performance. For further information, please contact SAW@hmhn.org or *the Student Assistance Program* directly at [ComPsych Guidance Resources Worldwide](#); 833-515-0774.

Exposures/Precautions

Exposures and Precautions refers to the risk during clinical encounters of:

- exposure to bloodborne pathogens,
- exposure to environmental hazards,
- exposure to radiation.
- knowledge of universal precautions; and
- student fitness for clinical contact.

Students are introduced to the concept of infection control and work-related exposure during their first year of training and are updated annually. Students must immediately in the event of an exposure or possible exposure to blood and/or bodily fluid or environmental hazard notify the [Office of Student Affairs and Wellbeing](#). Standardized protocols for exposures 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. See the complete policy on [Medical Student Exposure to Bloodborne Pathogens and Environmental Hazards](#).

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 \(SFS\)](#).

The SFS 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 SFS 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 with 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 welcomes "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 more information, contact SFS@hmn.org.

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.

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>.

Tuition Refund Policy for Withdrawals

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.

Prior to the first day of classes	100% refund
During the 1st week of classes	80% refund
During the 2nd week of classes	60% refund
During the 3rd week of classes	40% refund
During the 4th weeks of classes	20% refund
After the 4th week of classes	0% refund

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.

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.

Prior to the first day of classes	100% refund
During the 1st through 5th week of classes	80% refund
During the 6th through 10th week of classes	60% refund
During the 11th through 15th week of classes	40% refund
After the 15th week of classes	0% refund

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.

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 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 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 HMSOM, 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.

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 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. 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.

Phases 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. 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 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 will 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* (SPRC), 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.

Tuition and Fees

On April 3, 2021, Dean Stanton informed all students of the [2021-2022 academic year tuition and fees](#).

Leave of Absence

The health, safety, and well-being of our students and community members are of paramount importance to the Hackensack Meridian School of Medicine. On occasion, a student may want or need to interrupt her/his enrollment for his/her own health, safety, and well-being or for other reasons. In that event, a Leave of Absence may be permitted. The Student Leave of Absence Policy and Procedures will be published shortly. Please contact the [Associate Dean of Student Affairs and Wellbeing](#) to discuss options.

Liability and Malpractice Coverage for Medical Students

HMSOM students are provided with liability coverage from the beginning of *Orientation* (HDIO) until graduation as long as the student is matriculated. Once the student receives the MD degree, HMSOM liability coverage ends.

Library

The [Interprofessional Health Sciences Library](#) is located on the first floor of the Interprofessional Health Sciences (IHS) campus. The IHS Library is open to students, faculty administrators and staff 24 hours a day, 7 days a week. The Library is home to a small print reference collection of health sciences resources and books, and includes tables and study carrels, a quiet study room, twenty individual and group study rooms, a conference room for library instruction, and computers for database searches.

The library is staffed by a team of Health Sciences Librarians who are available to assist students with research and class study. The IHS Library's collection

includes hundreds of databases, thousands of journals, and over 2 million electronic books. Access to our digital collection is available online twenty-four hours per day, seven days per week, and any materials not in our collection can be delivered through interlibrary loan. Access to the library's collection, information on how to book study rooms, contact information for the library staff, and much more can be found at the [library's website](#).

Non-Discrimination Policy

Hackensack Meridian Health does not discriminate against persons in its admission, services, or employment on the basis of age, race, color, ethnicity, national origin (including immigration status and English language proficiency), religion, culture, language, physical or mental disability, socioeconomic status, sex, pregnancy, childbirth and related medical conditions, sex stereotyping, sexual orientation, and gender identity or expression (including with respect to access to facilities).

Hackensack Meridian Health operates its program in compliance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 and the Age of Discrimination Act of 1975, and the Regulations of the Department of Health and Human Services implementing these laws.

If you have any questions about the accessibility of our programs or facility, you may contact the Office of Patient Experience at telephone number (848) 888-4407 and/or via the New Jersey State Relay Service at (800) 852-7899 (TDD) or (800) 852-7897 (voice).

For more information about this policy, or if you believe that you have been discriminated against on the basis of disability, please contact Thomas Flynn, Senior Vice President, Chief Compliance Officer, 504 Coordinator or contact:

Department of Health and Human Services
Office of Civil Rights – Region II
Jacob Javits Federal Building
26 Federal Plaza, Room 3312
New York, New York 10278

(212) 264-3313 (800) 368-1019 (Toll Free)
(212) 264-2355 (TDD/TTY)
(212) 264-3039 (Fax)

The law and regulation may be examined by contacting the Office of Patient Experience, Hackensack Meridian Health Network Office at 343 Thornall Street Edison, NJ

08837, (848) 888-4407, which has been designated to coordinate the efforts of Hackensack Meridian Health to comply with the regulations.

For more information, please refer to the [Non-Discrimination Policy of Hackensack Meridian Health](#).

Professional Dress Policies

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. More information may be found in the [Clinical Dress Code Policy](#).

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 at 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.

More information may be found in the [Clinical Dress Code Policy](#).

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 at the HMSOM:

- 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 followed. For example, ICU will be provided and must be followed. Please see the [Clinical Dress Code Policy](#).

Preventing Student Mistreatment and Promoting a Positive Learning Environment

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 may also be directed to HMH ComplyLine is 877-888-8030 or <https://hackensackmeridian.alertline.com/>

Anonymous reporting is available by phone or web.

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.

Recreational Facilities

The student lounge on the Lower Level (LL) includes lockers, games, study, and open lounge spaces for all students on the IHSC.

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](#).

Any questions regarding this policy may be referred to the [Associate Dean for Student Affairs and Wellbeing](#).

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, a Director of Student Accessibility Services and staff assist students in

making the transition to medical school and in identifying accommodations that will support their full participation in the program.

[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.

The *Student Accessibility Policy* will be released shortly. For information, please contact [Student Accessibility Services](#).

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](#) 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 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 please 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 Student Accessibility Services, who will grant reasonable accommodations. A request for accommodations due to temporary impairment must be supported by physician documentation.

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 event, 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.

All students are entitled to access the Student Assistance Program at any time. This benefit provides no-cost, telephone/online, CONFIDENTIAL:

Student Assistance Program offers someone to talk to and resources to consult whenever and wherever you need them. **Call: 833-515-0774** TTY: 800.697.0353

Your toll-free number gives you direct, 24/7 access to a GuidanceConsultantSM, who will answer your questions and, if needed, refer you to a counselor or other resources.

Online: guidanceresources.com

App: GuidanceNowSM

Web ID: SOMEAP

Student Health Services

The HMSOM provides accessible and confidential preventive, diagnostic, and therapeutic health services.

Students are required to have health insurance either through the HMSOM 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. 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

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.

All services are provided without co-pay to the student and under the allowances of their personal health insurance policies.

Student 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>. Students can search online for providers and coverage on the United Healthcare Student Resources website at 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.

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 Student Financial Services](#) to add or remove benefits.

Disability Insurance

LCME accreditation requires that students be covered by disability insurance. This is a mandatory student fee charged each fall. More details can be found [online](#).

Student Organizations and Interest Groups

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.

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. For more information, please contact HMSOMStudentorgs@hmhn.org.

A partial list:

- American Medical Student Association
- Asian Pacific American Medical Student Assoc
- American Medical Women's Association
- Arts In Medicine
- Black Medical Student Association
- Business In Medicine
- Chef MD
- Engineering in Medicine
- Evolutionary Medicine

Food RX
 Harm Reduction & Addiction
 HMSOMmeliers
 Jewish Medical Student Association
 Latino Medical Student Association
 Medical Student Pride Alliance
 Parks and Recreation
 SOMLifts
 South Asian Medical Outreach Student Association
 Student National Medical Association
 Wellness Committee
 ACOG
 Anesthesiology
 Cancer - Oncology
 Cardiology
 Emergency Medicine
 Family Medicine
 Internal Medicine
 Neurology
 Neurosurgery
 Organ Transplants
 Orthopedics and Sports Medicine
 Otolaryngology
 Pediatrics
 Physical Medicine and Rehabilitation
 Plastic and Reconstructive Surgery
 Psychiatry
 Radiology
 Surgery

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 SAW@hmhn.org.

Funding for Student Activities and Student Travel

Medical students are encouraged to pursue various extracurricular opportunities and to present their research or represent the HMSOM 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). For more information, please email SAW@hmhn.org.

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 at the 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.

The 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.

Technological 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 Orientation (HDIO) regarding specific software that needs to be installed.

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

PC Requirements	MAC Requirements
Operating System: Windows 10 or later, 64 bit, (with all current updates)	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.
CPU: Intel processor 1.86Ghz Core	CPU: Intel processor

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.

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 at the IHSC for use throughout the Network facilities, with the exception of some affiliate agreements that require parking fees (Mountainside Medical Center, for example).

Veteran's Information

Hackensack Meridian School of Medicine is approved for *Post 9/11 GI Bill Benefits* and the facility code is 32002530. Students interested in using their VA benefits should email a copy of their documents to the [Office of Student Financial Services](#).

Please note that HMSOM does not yet take part in the *Yellow Ribbon Program*.

Federal VA education benefit eligibility and payment rates vary depending on each individual's military history and their educational program. Only the Veteran's Administration can determine eligibility. For more information, students should contact their VA representative or call (888) GIBILL or visit <http://www.gibill.va.gov>. The student is responsible for paying the remaining tuition and fees after their VA benefits.

Veteran students needing to withdraw from the SOM should provide official notification of their intent to withdraw. Withdrawing may impact federal VA education benefits for the semester as well as the availability of federal VA education benefits in future semesters.

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. For more info, contact SAW@hmhn.org

White Coat Protocol

Students will receive one white coat at the White Coat Ceremony and should treat it with care. A second white coat with the student's name will be provided at the time of transition to the clinical year. Replacement coats will need to be ordered through the [Office of Student Affairs and Wellbeing](#) at full cost to the student.

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.

Academic Information and 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.

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. 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. For more information, please see [Academic Promotion and Graduation Policy](#).

Academic Standing

Full details about the committee can be found in [Roles and Procedures of the Student Performance Review Committee and Student Professionalism Subcommittee](#).

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 additional details, please see the [Roles and Procedures of the Student Performance Review Committee and Student Professionalism Subcommittee Policy](#).

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.

Recording of Educational Sessions by Students

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.
- Recordings are not distributed or posted on any media site unless written consent is obtained from the faculty members involved.

Assessments

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
- PPPC 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 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.

Attendance Policies

Phase 1 Student Attendance Policy

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.

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.

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 HMSOMabsence@hmn.org.

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 Course Director.

Please see the [Phase 1 Student Attendance Policy](#) for further details.

Phase 2 Student Attendance Policy

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.

The School of Medicine 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 student in Phase 2 is responsible for reporting all absences to HMSOMabsence@hmn.org as well as with the clerkship director, and site director. 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.

The guidelines and procedures regarding both unanticipated, anticipated absences and personal days may be found in the [Phase 2 Student Attendance](#) policy.

Personal Days

Personal Days are intended to support student well-being by enabling them to attend very important personal events and as needed for wellness days. Students are not required to use these days and are encouraged to be mindful of their role in the clinical setting and achieving their educational goals. Students are strongly encouraged to be proactive in their communication and discussion about Personal Days or other scheduling concerns with their Clerkship Director and Student Affairs.

- Personal days and all absences must be taken in accordance with the Phase 2 Attendance Policy.
- All communication must be in accordance with the policy and expectations of medical professionals.
- Violations are considered a breach of professionalism.
- If a student anticipates an ongoing or recurrent need for medical or other appointments, the student should contact the Office of Student Affairs and Wellbeing as soon as possible to develop a plan that ensures the student meets their personal care needs as well as their educational and professional goals and obligations.

Personal days may NOT be taken on the following days during any clerkship:

- First week of the clerkship block
- Core curriculum days, including those that take place at the SOM and at the clinical site

- Human Dimension (HD) small group and Emergency Medicine sessions.
 - If a student wants to and can otherwise take a personal day on a day of a HD small group, the student may take a personal day on that day as long as they do participate in the HD small group and Emergency Medicine Sessions
- Summative assessment days including simulation-center based assessments and NBME Subject Examination and other examinations
- During the last week of the clerkship block
- Days with Emergency Medicine shift

Students are required to complete all EM shifts. If a student would like to take a personal day on a day, they are assigned an EM shift, they should find a student to swap shifts with them (maintaining compliance with clerkship scheduling). If they are not able to find a student to swap with them, they should contact the block clerkship director to ascertain what scheduling possibilities are available.

- On call days
 - Students are required to complete all call responsibilities. If a student would like to take a personal day on a day, they are assigned on call duties, they should find a student to swap call with them (maintaining compliance with clerkship scheduling). If they are not able to find a student to swap with them, they should contact the block clerkship director to ascertain what scheduling possibilities are available.
- Other days as identified 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 as a mental health day should be requested with as much notice as possible during the clerkship.
- Days before or after holidays, breaks or holiday weekends.

Personal day requests for blackout days will be considered by the Clerkship Director under extenuating circumstances. These requests must take place at least 4 weeks in advance and may not be approved.

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.

Winter Break includes Christmas and New Year's Day Spring Break Summer break	Dates and start/end times will be provided on the annual HMSOM Academic Calendar
Memorial Day Labor Day	Students are excused from clinical duties from 5 pm on the day before the holiday through Monday night. Students are expected to report for duties at the assigned time on Tuesday morning.
Thanksgiving	Begins the Wednesday before Thanksgiving at noon. Students are expected to report for duties at the assigned time on Monday morning.

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 HMSOMAbsence@hmhn.org, the clerkship director, and the site director. Students will be expected to make up the missed time and activities, per instruction of the director.

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 the [Phases 2 and 3 Clinical Duties Hours 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 the [Examination Querying and Review Policy](#) for more information.

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.

Grading

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 the [Phase 1 Assessment and Grading Policy](#).

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 the [Phase 2 Assessment and Grading Policy](#).

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.

Compliance with these policies is monitored by the Associate Dean of Medical Education and the Medical Education Committee.

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

For further details, please see **Grade Appeal Policy**.

USMLE Exams

Step 1

Students must take and successfully pass the United States Medical Licensing Examination's Step 1 Examination. If students receive notification that they did not pass Step 1 during a rotation they may complete that rotation, and then will leave the HMSOM curriculum until having successfully taken and passed Step 1.

As of March 2021, the following will be the [United States Medical Licensing Examination \(USMLE\) Requirements Policy](#) for HMSOM students:

1. All students must take and pass Step 1 in order to officially matriculate into Advanced Clinical Rotations.
2. All students (including dual degree students) in Phase 2 are required to take Step 1 by January 31 of the third calendar year of the curriculum, unless granted specific permission in writing, from the Associate Dean of the Office of Student Affairs and Wellbeing, to defer the exam.
 - a. A student on academic probation, or one who has received more than one deficient grade, during Phase 2 Year will not be eligible to take and pass the USMLE, Step 1 until his/her record has been reviewed by the *Student Performance Review Committee* (SPRC).
 - b. Students who are granted an initial deferral or extension of the January 31 deadline must take a first attempt of Step 1 on the agreed upon extension date, but no later than last day in February of the same year, even with extenuating circumstances; if this is not done, it will be considered that they have forfeited one of their three attempts to pass Step 1.
 - c. Students will commence Phase 2 Advanced Clinical Rotations before the results of the exam are received. Continuation in Advanced Clinical Rotations and Phase 3 customized pathways is contingent upon passage of Step 1.
3. No student will be allowed to defer taking the exam unless specifically exempted in writing by the Associate Dean of the Office of Student Affairs and Wellbeing. A student who receives approval to defer cannot start Advanced Clinical Rotations or Phase 3 customized pathway until Step 1 has been taken.

- a. Students who have not been granted an initial deferral or extension of the January 31 deadline, but have not taken Step 1 will be placed on an administrative leave of absence until documentation has been received that they have taken Step 1.
4. Students who do not receive a passing score on the Step 1 exam on the first try will be required to:
 - a. retake the Step 1 exam within 3 months
 - b. discontinue their Phase 2 Advanced Clinical Rotations, until they have passed Step 1. Students will be permitted to complete the rotation in which they are currently enrolled.
 - c. a student may maintain matriculation by participating in a structured study program through the Office of Academic Support, if that option is deemed by Hackensack Meridian School of Medicine to be in the best interest of the student. This period taken for exam study would also be eligible for financial aid consideration. These options are to be determined by the school, working with the student.
 - d. receive a passing score on Step 1 prior to being permitted to restart Phase 2 Advanced Clinical Rotations.
 - e. All students must pass the Step 1 exam within one calendar year (12 months) after the date of the first attempt.
 5. The student may not enroll in any course leading to a dual-degree program until a passing Step 1 exam score is received, without written approval from the Associate Dean of the Office of Student Affairs and Wellbeing.
 6. Students who fail the second administration of Step 1 will be placed on an administrative leave of absence until documentation has been received that they have taken and passed Step 1.
 - a. A student must obtain approval from the Associate Dean of the Office of Student Affairs and Wellbeing before scheduling a third attempt at the Step 1 Examination. The Associate Dean will report on student status to the Student Performance Review Committee.
 7. Students are limited to three attempts to pass Step 1. If a student fails on the third attempt, they will be

dismissed from Hackensack Meridian School of Medicine.

- a. A student who has not received a passing score within 12 months after the first attempt may be considered for action by the Student Performance Review Committee, up to and including dismissal.
- b. A student may request an extension beyond the 12 months if they can document extraordinary circumstances. The request must be approved by the Student Performance Review Committee. The 6-year medical school completion requirement will apply to any extension requests.

A student may request an extension beyond the 12 months if they can document extraordinary circumstances. The request must be approved by the Student Performance Review Committee. The 6-year medical school completion requirement will apply to any extension requests.

Step 2

Students are expected to take and successfully pass USMLE Step 2 CK before starting Phase 3 of the curriculum, including before graduating. Depending on the composition of the student's 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](#).

All students are required to take and pass the Step 2, USMLE Clinical Knowledge Exam to graduate from the HMSOM. All students must register for the Step 2 by June 1 of the third calendar year of the curriculum. One attempt to pass the Step 2 must be taken by August 1, or they will be suspended from all coursework. Only written petitions to delay taking the exam due to illness (with documentation) or extraordinary circumstances will be considered. Petitions may be submitted to the Office of Student Affairs and must be approved by the Associate Dean of the Office of Student Affairs and Wellbeing.

As is the case for Step 1, students must pass Step 2 within three total attempts.

1. Students are limited to three attempts to pass Step 2. If a student fails on the third attempt, they will be dismissed from Hackensack Meridian School of Medicine.
 - a. A student who has not received a passing score within 12 months after the first attempt may be considered for action by the Student Performance Review Committee, up to and including dismissal.
 - b. A student may request an extension beyond the 12 months if they can document extraordinary circumstances. The request must be approved by the Student Performance Review Committee. The 6-year medical school completion requirement will apply to any extension requests.
2. No student will be allowed to defer taking the exam unless specifically exempted in writing by the Associate Dean of the Office of Student Affairs and Wellbeing.
 - a. Students who have not been granted an initial deferral or extension of the August 1 deadline but have not taken Step 2 will be placed on an administrative leave of absence until documentation has been received that they have taken Step 2.
3. Students who do not receive a passing score on the Step 2 exam on the first try will be required to:
 - a. retake the Step 2 exam within 3 months of first Step 2
 - b. discontinue their Elective Clinical Rotations until they have passed Step 2. Students will be permitted to complete the rotation in which they are currently enrolled.
 - c. a student may maintain matriculation by participating in a structured study program through the Office of Academic Support, if that option is deemed by Hackensack Meridian School of Medicine to be in the best interest of the student. This period taken for exam study would also be eligible for financial aid consideration. These options are to be determined by the school, working with the student.
 - d. receive a passing score on Step 2 prior to being

permitted to restart their Elective Clinical Rotations.

4. Students who fail the second administration of Step 2 will be placed on an administrative leave of absence until documentation has been received that they have taken and passed Step 2.
 - a. A student must obtain approval from the Associate Dean of the Office of Student Affairs and Wellbeing before scheduling a third attempt at the Step 2 Examination. The Associate Dean will report on student status to the Student Performance Review Committee.
5. Students are limited to three attempts to pass Step 2. If a student fails on the third attempt, they will be dismissed from Hackensack Meridian School of Medicine.
 - a. A student who has not received a passing score within 12 months after the first attempt may be considered for action by the Student Performance Review Committee, up to and including dismissal.

A student may request an extension beyond the 12 months if they can document extraordinary circumstances. The request must be approved by the Student Performance Review Committee. The 6-year medical school completion requirement will apply to any extension requests.

Research and Scholarship

Research/Scholarship Opportunities

The *Office of Research and Graduate Studies (ORGS)* 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.

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 Phases 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.

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.

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.

Student Performance Review Committee

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 Academic and Professional Integrity](#).

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 or through SAW@hmn.org.

Sample Elective Course Offerings

ANES - Anesthesiology

ANES 5121EL - Introduction to Anesthesiology

Students will be introduced to basic principles of the practice of anesthesiology. Focus is placed on the application of physiology and pharmacology to the phases of perioperative care (preoperative, intraoperative, and postoperative). Procedural techniques such as airway management, intravenous access, regional anesthesia and neuraxial anesthesia are taught throughout the rotation. Students will have ample opportunity to work directly with faculty anesthesiologists and senior anesthesiology residents. Rotations in advanced subspecialties in anesthesiology such as cardiothoracic, neurosurgical, obstetrics and ambulatory surgery are incorporated into the rotation. Didactic conferences are held with faculty anesthesiologists to complement the clinical experience. Guidance for students interested in research opportunities is available as is mentorship for prospective residents in anesthesiology.

CARD - Cardiology

CARD 5151EL - Cardiovascular

Designed for students to develop familiarity and proficiency in the diagnosis and treatment of patients with common cardiovascular conditions. They will be introduced to the basic elements of echocardiography, electrophysiology and EKG interpretation, stress tests, cardiac catheterization, structural heart disease therapies and cardiac surgery. Daily rounds with the Attending emphasize history taking, cardiac physical examination and interpretation of laboratory tests, and the observation of both invasive and non-invasive cardiac procedures at Englewood Hospital.

CARD 5171EL - Vascular Medicine and Ultrasound

Vascular medicine is a diverse field of study relating to the utilization of blood flow in homeostasis and alteration in blood flow in allostasis. Cardiology and vascular medicine are mistakenly assumed to be equivalent fields of study. The prospective elective participant will understand the relationship of cardiac disease and vascular medicine. Being exposed to patients in an office setting, participants will see vascular sequelae common to the heart and arterial systems (cerebral, visceral, and peripheral) as well as entities that involve the venous vasculature.

EMED - Emergency Medicine

EMED 5111EL - Emergency Medicine Rotation

The Emergency Medicine Rotation combines facets of all sub-specialties while focusing on acute care management and critical care. Students can look forward to improving skills such as interviewing, differential diagnosis, and coordinating inpatient and outpatient healthcare with Hospitalist and other services. Majority of student time is spent directly interacting with EM attending physicians.

EMED 5121EL - Emergency Medicine Ultrasound

Rotating student will take active participation in emergency department's application and use of bedside ultrasound to address clinical presentations with potentially life-threatening etiologies. At conclusion of this elective rotation the rotating student will be able to demonstrate understanding of applicability of most frequently used emergency medicine point of care ultrasound applications such as eFAST, renal, basic cardiac, and aorta. The student will be taught to perform basic hands-on bedside ultrasound and apply strict minimal image criteria delineated by the American College of Emergency Physicians. Rotating student will furthermore be taught application of basic ultrasound physics, concepts such as gain, depth, artifacts, and transducer orientation which are imperative for ultrasound scan optimization.

EMED 5131EL - Emergency Medicine Adv Clinical

Students will continue to advance their learning of Emergency Medicine. They will be required to evaluate patients of all ages presenting to both the Adult and Pediatric Emergency Department with both emergent and common complaints, including taking a history, performing a physical exam, constructing an assessment and plan, presenting the case to residents and attendings, and following the clinical course. The students will have the opportunity to apply clinical decision making to real world patients and expand their knowledge of the pathophysiology of their illnesses as they pertain to their emergent presentations.

EMED 5151EL - Emergency Medical Services

Intended for those interested in Emergency Medicine and/or Emergency Medical Services. Students will ride along as an observational crewmember with ground ALS,

BLS, and SCTU assets stationed throughout Bergen County, NJ. During this rotation they will observe and at times assist prehospital providers demonstrate and discuss the practice of prehospital medicine. Students will engage with the EMS Medical Director to discuss the role of EMS physicians as an integral part of a robust EMS system focused on the delivery of evidence-based care.

FMED - Family Medicine

FMED 5121EL - Sports Medicine

Work closely with a primary care sports medicine physician treating patients with various injuries from pediatric to geriatric. These injuries include but are not limited to fracture care, overuse and acute injuries, concussion management, and arthritis. There are procedure days where in-office ultrasound guided injections are performed. As sports doctors for several local high schools there is the opportunity for coverage of football, depending on the time of year. Locations include Brielle Orthopedics at Rothman; Centrastate Hospital; Star and the Barry Tobias Ambulatory Campus.

FMED 5125EL - Occupational Medicine

Introduces students to Occupational Medicine with a focus on diagnosing, treating, and addressing causality in Workers Compensation injuries, evaluating workers during pre-employment physical exams, and overseeing surveillance programs for workers who may have occupational exposures. Locations include Neptune Occupational Health office; Eatontown Occupational Health office; Iselin Occupational Health office; and Lakewood Occupational Health office.

FMED 5155EL - Palliative Care

This educational rotation will provide medical students with an overview of palliative care in the inpatient, ambulatory and home settings. Using a variety of clinical and didactic sessions, students will be exposed to pain management, non-pain symptom management, and communication techniques. They will learn to address goals of care and how to have difficult conversations with patients and families around advanced illness. They will be exposed to and learn the value of working in an interdisciplinary team. Additionally, there will be a focus on burnout and self-care.

IMED - Internal Medicine

IMED 5135EL - Sleep Med: Waking Up to the Importance of Sleep

Explore the vast world of sleep medicine and how a basic understanding of the physiology of sleep can profoundly impact on the care of patients in General Internal Medicine, Pulmonary/Critical Care, Neurology, Psychiatry, Geriatrics, Obstetrics, Pediatrics, Oncology, Bariatrics and Preventative Medicine. A sleep elective rotation will expose students to all these fields and help understand and coordinate care for these patient populations. The patients they will be learning from not only suffer from a multitude of diseases but their treatment ranging from depression to cancer. The medical students will need a multi-prong approach which requires knowledge and coordination for a multi-modality treatment approach. Students during this rotation will be expected to see new consults for evaluation of sleep-related issues. This will require a thorough history taking and physical examination, impact of medications on sleep, undiagnosed sleep disorders, and its impact on other comorbid conditions. Students will be exposed to different types of sleep disorders ranging from insomnia, narcolepsy, circadian rhythm disorders and sleep apnea. Students will have the opportunity to participate in review of different types of sleep studies with the faculty. Students will learn to devise a treatment plan which will include counseling about sleep hygiene, medications affecting sleep, positive airway pressure therapy and surgical therapies for sleep apnea.

IMED 5151EL - Allergy and Immunology

A clinical rotation about the most chronic diseases affecting both children and adults. Rotators will be introduced to allergy, asthma, and clinical immunology. They will become familiar with the skills of history taking, examination of patients, laboratory techniques, and interpretation of the results as they relate to the specialty. There will be involvement with outpatient management of conditions such as asthma, rhinitis, atopic dermatitis, anaphylaxis, drug reactions, food reactions and urticaria. Rotators will learn how to approach and resolve problems of immunodeficiency states. They should become familiar with allergy skin testing, pulmonary function testing, and the indications for allergen immunotherapy.

IMED 5153EL - Common Infectious Diseases

Students will learn basic diagnostic workup and management on common Infectious Disease inpatient diseases including but not limited to community acquired

pneumonia, urinary tract infection, c diff associated diarrhea, community acquired meningitis, septic arthritis, endocarditis, bloodstream infections, intraabdominal infections like diverticulitis and cholecystitis. Once a week, the student can attend a wed or Friday HIV clinic from 8 am to 12 pm which is run by the ID attending. Students will be interacting with medical residents, pharmacy students, ID attendings.

IMED 5161EL - Geriatric Rotation

The goal of this elective is for students to gain knowledge about the basic elements of geriatric medicine and become more adept at managing the geriatric patient. Topics include the evaluation/management of falls, appropriate administration of medications, effective communication, and the development of optimal patient care plans. There is a focus on clinical practice, clinical mentoring, academic teaching, and involvement in scholarly and professional activities. Locations include Hackensack University Medical Center; Center for Healthy Senior Living; Felician Sister Infirmary; and Care One at Wellington Hall.

IMED 5163EL - Nephrology

Students will participate in patient care and be immersed in the discipline of nephrology. This will include attending 3-4 lectures and conferences per week. There will be daily reading assignments, as well as case conferences, and research project involvement, with possible inclusion in publications. Students will observe renal procedures, such as kidney dialysis and biopsies. Locations include Jersey Shore University Medical Center; office of Dr. Mehandru; Wall Home Dialysis; and the Booker Dialysis Unit, Neptune, New Jersey.

IMED 5165EL - Rheumatology

Students who complete the infectious diseases elective will enhance their abilities to evaluate and provide care to patients with infections or suspected infections. In addition, the student will develop an appreciation for the appropriate use of antimicrobial agents. The student will also gain familiarity with diagnostic tests commonly used in the evaluation of patients with suspected infections. The majority of the elective will be spent on the inpatient consultation service, providing recommendations and education to those who request assistance with the management of their patients. Students will also round with the Antimicrobial Stewardship team and see patients with HIV in the outpatient setting. Exposure to the Microbiology and Virology labs will be provided at the beginning of the elective to enable the student to understand the diagnostic studies available in the work up

of their patients. If it can be arranged, students will have exposure to travel medicine, where pre-travel assessments, risk reduction, and vaccine recommendations are discussed with international travelers. Students who complete the elective should be better prepared to evaluate and manage infections in all disciplines.

MEDS - Medical Science

MEDS 5111EL - Clinical and Research Ethics

Practice and develop competencies in clinical ethics consultation and research ethics through hands-on work with the Center for Bioethics at Hackensack University Medical Center. Learners will participate with Bioethics Consultants engaging in clinical ethics consultation, including intake; attend meetings with care teams, patients, and families; and learn how to develop and implement ethics analysis and recommendations. Learners will also engage with the quality improvement process in clinical ethics consultation and how it relates to systems-level approaches to care. Learners will participate in the HUMC bioethics committee meeting during their elective and understand the regulations that guide that body. Students will also engage with the work of HMH's Institutional Review Board, which is the body that reviews and certifies all human subjects research within the health system, through understanding relevant regulations, reviewing research proposals and amendments, and participating in the deliberations of the board. The time in the elective will have some flexibility for learner preferences within clinical and research ethics. Interested learners may also have the opportunity to engage in the process of bioethics policy development and in ethics education.

NEUR - Neurology

NEUR 5121EL - Multiple Sclerosis and Headache

Students will work with neurologists and psychologists who are experts in both the fields of Multiple Sclerosis (MS) and Headache. The student will initially shadow neurologists in order to become familiar with the disease specific approaches to clinical evaluation. Neurology faculty will discuss specific patients with students and relate topics that came up during the visit to students' pre-read materials. Once the faculty member has ascertained that student has acquired the prerequisite skill set, students will evaluate both new and follow-up patients on their own and present patient to faculty. For selected patients, the student will observe individual sessions with counseling psychologist. Students will have 1

h/4wk session with counseling psychologist to review clinical methods used in primary care psychology. For select patients, students will also observe 1 neuropsychological testing session and 2 physical, cognitive, speech or occupational therapy sessions. Locations include Hackensack Meridian Health Medical Center, and JFK Health.

NSRG - Neurosurgery

NSRG 5101EL - Advanced Neurosurgery

The student will immerse themselves in a busy clinical neurosurgery service. Although the student will be primarily under the supervision of one faculty member during the rotation, they will be encouraged to spend time with the entire faculty at the site. There is opportunity to evaluate, follow and help manage neurosurgical patients in the emergency room, intensive care units, operating rooms, and outpatient clinics. Presentations on rounds and in informal conferences are part of the learning experience. Locations include Hackensack University Medical Center; JFK Medical Center; and Jersey Shore University Medical Center.

OBGY - Obstetrics Gynecology

OBGY 3151EL - Labor and Delivery

The student will participate in providing quality prenatal care of low and high-risk obstetric patients during their labor course as well as participate in post-partum care. This includes inpatient rounding on active labor and post-partum patients and triage of obstetric patients. They will also assist with vaginal and cesarean deliveries. Students are expected to give oral presentation of patients seen on the inpatient service and perform an HP and clinical write up on a selected topic.

OBGY 3155EL - Outpatient OB/GYN

The student will participate in providing quality care of patients with acute and chronic conditions common in women's general and reproductive health, including their diagnosis and treatment. They will also assist in providing prenatal, antepartum, and post-partum care of normal pregnancy and common pregnancy-related complications as well as the care of women with acute or chronic illness throughout pregnancy. Students are expected to give oral presentation of patients seen on the inpatient service and perform an HP and clinical write up on a selected topic.

OBGY 3161EL - Gynecology

Participate in providing quality care of patients with acute

and chronic conditions common in women's general and reproductive health, including their diagnosis and treatment and patients requiring gynecologic surgical intervention. This includes evaluation and medical management of patients in the outpatient setting, assisting with benign gynecologic surgery, rounding on post-operative patients and gynecology consultations. Students are expected to give oral presentation of patients seen on the inpatient service and perform a HP and clinical write up on a selected topic.

OBGY 3171EL - Maternal Fetal Medicine/High-Risk Patients

The student will participate in providing quality prenatal care of high-risk obstetric patients throughout their pregnancy, including acute and chronic medical conditions. This includes inpatient rounding on admitted antepartum patients, observation of obstetric ultrasounds, and consultation of high-risk patients with the attending physician. They will observe minor procedures inclusive of amniocentesis, external cephalic version, and cerclage placement/removal. Students are expected to give oral presentation of patients seen on the inpatient service and complete a HP with a clinical write up on a selected topic.

OBGY 5121EL - Adv OB/GYN and Women's Health

The student will be a member of the inpatient team participating in all aspects of inpatient service in both obstetrics and gynecology and is expected to perform at the level of a sub-intern. Attendance is expected at all teaching rounds, departmental lectures, and conferences. The student will present a case presentation at the conclusion of their rotation.

OPTH - Ophthalmology

OPTH 3121EL - Ophthalmology/Pediatric Ophthalmology

This four-week rotation in ophthalmology and pediatric ophthalmology with a focus depending on the student's interest is designed to provide a fourth-year medical student with a fundamental foundation and understanding of ophthalmic diseases and their treatment. Ophthalmology is an experiential field of medicine, where learning is dependent on exposure to clinical abnormalities, such as an intraocular hemorrhage from diabetes, field loss from glaucoma or lens clouding from cataract. Pediatric ophthalmology is similarly a field in which learning comes from observing and measuring strabismic deviation, amblyopia and correction of refractive error, and common infections and inflammations. The elective will consist of four separate

clinical rotations, each developed by the Elective Director, tailored to the interests of the student, and based on the availability of clinical faculty. Locations include Westwood Ophthalmology; Omni Eye Services; and offices of Dr. Lauer, Dr. Liva and Dr. Guterman.

OSRG - Orthopedic Surgery

OSRG 3125EL - Orthopedic Surgery

Exposure to virtually all aspects of orthopedic surgery. Students will rotate between two groups of orthopedic surgeons. This experience will include both ambulatory and in-patient surgery as well as office patient care.

OSRG 5125EL - Orthopedic Surgery Rotation

Provides exposure to virtually all aspects of orthopedic surgery. Students will rotate between two groups of orthopedic surgeons. This experience will include both ambulatory and in-patient surgery as well as office patient care. Locations include Hackensack University Medical Center; Vanguard Surgical; and Palisades Medical Center.

OTOL - Otolaryngology

OTOL 3151EL – Adv Otolaryngology/Head and Neck

Broad exposure to all aspects of the field of Otolaryngology/Head Neck Surgery including hospital and outpatient based surgical and office-based care of patients with disorders of the head and neck. Students will be exposed to a range of hospital and emergency room consultations, emergency and elective surgery of the head and neck, and office-based diagnostic and treatment procedures. In addition, formal didactic sessions led by general, and subspecialty trained otolaryngologists will occur on a regular basis. Opportunities for scholarly activities will be available to those who are interested. A formal 10- to 20-minute presentation on a topic chosen by the student will be evaluated during the last week of the course.

PATH - Pathology

PATH 5131EL - Anatomic and Clinical Pathology

Designed for the student interested in gaining an understanding of the practical and academic aspects of pathology. A combination of experiences within both major arms of pathology practice, Anatomic and Clinical Pathology, have been designed with the goal of providing exposure to the wide array of fields within the discipline. Students who are interested in pursuing pathology as a career will find this a necessary orientation to the field,

and students who will pursue other fields of clinical medicine will find this is a foundational experience for integrating laboratory data for clinical diagnosis and prognosis that will enable lifelong utilization of pathology services for the coordination of excellent patient care alongside pathology colleagues.

PATH 5111EL - Foundational Anatomic and Clinical Pathology

This elective is designed for the student interested in gaining an understanding of the practical and academic aspects of pathology. A combination of experiences within both major arms of pathology practice. Anatomic and Clinical Pathology has been designed with the goal of providing exposure to the wide array of fields within the discipline. Students who will pursue other fields of clinical medicine will find this is a foundational experience for integrating laboratory data for clinical diagnosis and prognosis that will enable lifelong utilization of pathology services for the coordination of excellent patient care alongside pathology colleagues. This rotation will also serve as an exploration of interest for students who are investigating a possible interest in pathology as a career.

PEDS - Pediatrics

PEDS 5131EL - Pediatric Procedural Sedation

Introduction to Pediatric Sedation. Run by a mix of Pediatric Critical Care Attendings and Anesthesiologists where we give conscious/deep sedation to children under 22 years of age for procedures such as Radiological (MRI/CT/Nuclear scans/X-rays/Ultrasounds), Interventional Radiological (PICC lines, abscess drainage, solid organ biopsies, thyroid/neck mass biopsies), Oncological (Bone marrow aspiration/biopsy, intrathecal chemotherapy) or any painful or non-painful procedure where a child/adolescent will not hold still. Will be following a Board Certified Pediatric Critical Care Attending on Mondays, Tuesdays and Fridays and a Board-Certified Anesthesiologist on Wednesdays and Thursdays.

PEDS 5133EL - Gastroenterology

The student will participate in the daily care of gastrointestinal patients in both the inpatient and outpatient settings with a focus on different topics each week. They will be expected to perform a history, physical exam and diagnose basic GI conditions including IBD, reflux, constipation, abdominal pain, diarrhea, and diseases such as celiac and eosinophilic esophagitis. Students may also attend procedures which generally take place in the Center for Ambulatory Surgery (CAS) building.

PEDS 5141EL - Pediatric Pulmonology

This elective offers students the opportunity to participate in the care of patients with a wide variety of pediatric pulmonary disorders including asthma, recurrent pneumonia, chronic lung disease of infancy, chronic respiratory failure, and pediatric sleep disorders. The student will participate in both in-patient and out-patient experiences along with exposure to flexible bronchoscopy. Students will gain a pathophysiological understanding of various pulmonary disease processes and will observe and learn basic interpretation of pulmonary function testing.

PEDS 5145EL - Child Abuse

Participate in activities with the Child Abuse Pediatrician and Psychologists at the Audrey Hepburn Children's House (AHCH) the Northern Regional Diagnostic and Treatment Center for Child Abuse and Neglect, in NJ. The student will participate in medical, psychological and psychosocial evaluations for children, adolescents and their families who have been referred by the Division of Child Protection and Permanency (DCPP) for concerns of possible sexual abuse, physical abuse and neglect. The student will have the opportunity to participate in evaluations at the AHCH and at off-campus activities. This includes multidisciplinary team meetings (MDTs), observation of court testimony, shadowing evaluators during Child Abuse and Neglect (CAN) consultations in the Hackensack University Medical Center PICU, ED and Pediatric Unit, and medical evaluations conducted at the Deirdre O'Brien Child Advocacy Center (CAC) in Morristown, NJ. The medical student will also participate in Comprehensive Health Evaluations for Children (CHEC) medical evaluations conducted at the AHCH. CHEC evaluations are NJ State mandated comprehensive general medical examinations for children/adolescents recently placed into DCPP custody.

PEDS 5147EL - Child Abuse and Neglect

The student will work with the child abuse team and with community agencies involved with child abuse. The student will have a core reading set focused in etiology, epidemiology, primary prevention, screening and early detection, types of abuse, outcomes, adverse childhood experiences, and controversies about abuse and neglect.

PEDS 5151EL - Pediatric Infectious Disease

Offers the student hands-on experience in the evaluation and management of both common and uncommon pediatric infectious diseases. The student will generally have initial contact with the patients on the inpatient consultative service and will be actively involved in the

care of patients followed by the Pediatric Infectious Diseases service. In addition, the student will have an opportunity to take part in the office setting and observe office based infectious diseases practice as well as the pediatric travel medicine program.

PEDS 5155EL - Hematology/Oncology: From Child to Young Adult

Students will primarily see pediatric hematology/oncology and stem cell transplant patients in our outpatient clinic which meets both mornings and afternoons, Monday through Friday. There will be opportunities to experience the inpatient unit as well. Students will attend conferences within our division. They will see patients with a wide variety of problems including benign hematologic disorders (anemia, thrombocytopenia, coagulation disorders) as well as new and established oncology patients. Patients span the age spectrum from infants to adolescent and young adult (AYA) patients

PEDS 5161EL - Pediatric Emergency Medicine

Students will learn to evaluate patients aged 0-21 presenting to the Pediatric Emergency Room with both emergent and common complaints, including taking a history, performing a physical exam, constructing an assessment and plan, presenting the case to residents and attendings, and following the clinical course.

PEDS 5165EL - Breastfeeding Medicine

Familiarizes the student with breastfeeding physiology, pathology, and lactation management in the inpatient and outpatient setting. Students will learn to the management of the breastfeeding mother-baby dyad and supporting family and understand and many factors which affect it. They will also learn how to support family's choices for breastfeeding in a manner which is compassionate, and evidence based, and minimizes harm.

PEDS 5171EL - Pediatric Endocrine

Students will gain an understanding of pediatric endocrinology, building on knowledge gained from physiology and pathology in the pre-clinical sciences. The elective will be mainly outpatient based, where skills in history taking and physical examination will be developed in conjunction with the attending physician. Students will be exposed to a wide variety of pediatric endocrine conditions and will be encouraged to read and study on their own. There will be one on one didactic teaching-between one to two hours every week. The student will be expected to follow the attending physician if there are inpatients that need to be seen - either patients admitted to the pediatric endocrine service or consults.

PEDS 5175EL - Diagnosis/Mgmt of Hematology/Oncology Diseases

Students will learn about the diagnosis and management of common hematology and oncology diseases in an outpatient practice. This will include assisting with educating patients, discussing chemotherapy and transfusion medicine treatments, and observing procedures such as lumbar punctures and bone aspirations and biopsies.

PEDS 5181EL - Pediatric Rheumatology

Students will spend the majority of their time in the outpatient rheumatology clinic where they will initially see patients alongside the attending. Once they have basic understanding of the elements of history specific to the specialty and the joint exam, they will be encouraged to see patients independently and then present to the attending. Students will be expected to see and write notes on inpatients who they will then see with the attending on service. Throughout the elective, they will be taught about important lab findings relevant to the field, as well as key clinical exam findings specific to our diseases. They will be expected to read and be able to discuss pathogenic mechanisms.

PMRE - Physical Medicine and Rehab**PMRE 5111EL - General Overview**

Introduces the student to the specialty of Physical Medicine and Rehabilitation. The student will become familiar with needs of individuals with disabilities and will be able to diagnose and treat diseases unique to these individuals. Quality of life is emphasized with specific emphasis on attaining maximum functional independence of all individuals referred to our specialty. The student will conduct rounds on inpatients with disabilities and outpatients with musculoskeletal disorders working closely with Attendings and Residents. Different options available within the elective will be explored and include opportunities for the student to participate in a functional approach to patients including prosthetic and orthotic clinic, spasticity clinic which includes Botox injections and nerve blocks, acupuncture and inpatient acute care consultations.

PMRE 5121EL - Advanced Traumatic/Acquired Brain Injuries

Introduces students to the specialty of physical medicine and rehabilitation, and specifically to become familiar

with the needs of individuals who have sustained acquired brain injury. The student will evaluate and formulate treatment plans unique to these individuals and will work closely on an interdisciplinary inpatient acquired brain injury service. This elective will include both didactic teaching and clinic instruction in the field of inpatient acquired brain injury. The student will conduct rounds on an inpatient acquired brain injury service with the attending, fellow and resident. Students will interact with the Interdisciplinary Team which includes occupational, physical and speech therapy as well as psychology, neuropsychology, and nursing. The student will interact with the various medical disciplines in an effort to optimize patient care and recovery and will be involved in family meetings and psychosocial assessment and care.

PMRE 5125EL - Prosthetics and Orthotics Rotation

Introduce the student to the specialty of Physical Medicine and Rehabilitation and specifically to the area of Prosthetics and Orthotics as well as Wound Care Management. The student will become familiar with the needs of individuals with disability and complications necessitating prosthetic and orthotic use and will learn to maximize the independence of individuals with the use of a prosthetic or orthotic device. The student will conduct rounds with the Attending and Resident which includes consultations and Wound Care rounds. The student will also participate in an active Prosthetic and Orthotic clinic setting and interact with the Prosthetist, Orthotist and Ped Orthotist.

PMRE 5131EL - Advanced Physical Medicine and Rehab

Introduces students to the specialty of Physical Medicine and Rehabilitation. To become familiar with the needs of individuals with disabilities and to be able to diagnose and treat diseases unique to these individuals. To work closely on an interdisciplinary inpatient rehabilitation service which will include both didactic teaching and clinical instruction in the field of inpatient Physical Medicine and Rehabilitation. The student will do rounds on an inpatient service with Attending and Residents. The student will interact with the full interdisciplinary team to include Occupational, Physical and Speech Therapy as well as Psychology and Nursing. The student will participate in appropriate medical evaluation, consultations, and follow-up recommendations.

PMRE 5135EL - Rehabilitation Consult Services

Introduce the student to the specialty of Physical Medicine and Rehabilitation/Consult Service. Students will become familiar with the needs of individuals with disabilities in an acute hospital setting. Assessment of

performance and function in an effort to transition the patient to the appropriate next level of care will be emphasized. Additionally, prevention of complications and appropriate use of various Physical Medicine therapeutic modalities in the acute hospital setting will be discussed. The student will conduct inpatient consult rounds with the Attending and Resident. Cases will be discussed, and various areas of intervention will include further work up of diagnosis, therapeutic options to prevent unnecessary complications in the Acute hospital setting as well as discussions regarding identifying proper level of alternative care after the acute hospital stay.

PRSG - Plastic Reconstructive Surgery

PRSG 5111EL - Exposure to Plastic and Reconstructive Surgery

The field of Plastic and Reconstructive Surgery is built upon basic science principles including wound healing, anatomy, physiology and pathology across several subspecialties including but not limited to craniofacial surgery, hand surgery, extremity surgery/salvage, microsurgery, post bariatric body contouring surgery; breast reconstruction; aesthetic surgery; and gender re-assignment surgery. While it is impossible to expose medical students to all of plastic surgery on a short rotation, the goal of the elective is to familiarize them with some of the day-to-day activities within the department. To this end, students may round with the residents on patients admitted to HUMC; see in-house and ED consults from ancillary services; attend conferences and teaching rounds; attend office hours with selected attending plastic surgeons; and participate in scheduled/emergency surgeries.

PRSG 5121EL - Plastic and Reconstructive Surgery

The primary goal of the elective is to provide basic clinical education in aesthetic and reconstructive surgery. Students will be exposed to pre- and post-op patient care in the office setting. Applicants should have completed a rotation in general surgery as they will also be able to observe and scrub in surgical cases at the Northern Monmouth Regional Surgical Center, a Meridian affiliate. Students will also be exposed to issues related to informed consent issues, communication of risk and the patient decision aids available in aesthetic and reconstructive surgery.

PSYC – Psychiatry/Behavioral Hlth

PSYC 5131EL - Child and Adolescent Psychiatry

The student will work with faculty in the mornings seeing children in outpatient child psychiatry settings. This experience will include a children's partial program, a therapeutic nursery program and outpatient evaluations. In the afternoons the student will work with faculty and residents on the child psychiatry consultation liaison service at JSUMC seeing patients in the emergency room and those admitted for medical reasons to K. Hovnanian's Children's Hospital who are in need of psychiatric consultation. The students will have an opportunity to evaluate and formulate treatment recommendations for children and adolescents of various developmental levels with the full range of psychiatric disorders. Locations include Jersey Shore University Medical Center; K. Hovnanian Children's Hospital; Jersey Shore Behavioral Health; The Children's Program; Pediatric Psychiatry Collaborative; and Ocean Medical Center

PSYC 5135EL - Psychotherapy

Students will work with faculty who are conducting therapy in the outpatient setting. Students will be exposed to various types of psychotherapy including but not limited to cognitive behavioral therapy, dialectical behavior therapy, interpersonal therapy, and psychodynamic psychotherapy. Students will have an opportunity to observe a variety of groups. Locations include HUMC Fitness and Wellness, and Audrey Hepburn Children's House.

PSYC 5141EL - Addiction Psychiatry

The student will work with faculty and team members in the outpatient Addiction Recovery Services at Jersey Shore Behavioral Health throughout their rotation gaining exposure to the various resources there including Intensive Outpatient Program (Addiction Recovery Services), group therapy, outpatient evaluations for dual-diagnosis patients, and Medication Assisted Treatment. They will attend AA/NA meetings. The student will learn diagnostic skills and treatment modalities for substance use disorders including alcohol, opioids, benzodiazepines, nicotine, and more. Locations include Jersey Shore Behavioral Health; Jersey Shore University Medical Center; and Ocean Medical Center.

PSYC 5161EL - Consultation Liaison Psychiatry

The student will work with faculty and PGY 2 resident on CL Psychiatry Service. They will be assigned approximately 2 patients per day in addition to rounding with the team

on other patients. Students will perform complete psychiatric assessments with particular attention to underlying comorbid medical conditions. They are expected to generate a differential diagnosis, propose, and institute a thorough patient evaluation, and develop a plan of treatment all under close supervision. They will write up patient histories daily which will be reviewed and have opportunities to see patients in Emergency Psychiatric Services as well. Locations include Jersey Shore Behavioral Health; Jersey Shore University Medical Center; and Ocean Medical Center.

PSYC 5191EL - Advanced Psychiatry

The student is expected to perform at a sub-internship level and will work with faculty and residents on Rosa 2 inpatient psychiatric unit at JSUMC. They will be assigned 3-4 patients who they will follow for the duration of the patient's hospitalization. Under close supervision, students will perform complete psychiatric assessments with particular attention to underlying comorbid medical conditions. They are expected to generate a differential diagnosis, propose and institute a thorough patient evaluation, and develop a plan of treatment. Additionally, they will have exposure to on call experiences in Emergency Psychiatric Services, 2 weekday short calls until 10PM, and 1 weekend call, 8AM-10PM.

PSYC 5193EL - Outpatient Psychiatry

The student will work with faculty at an outpatient practice. Under close supervision, students will perform complete psychiatric assessments, with particular attention to underlying comorbid medical conditions. Students will be responsible for reviewing the medical record and obtaining collateral information with consent, as needed.

PSYC 5195EL - Emergency Psychiatric Services

The student will work with faculty on a crisis unit. Under close supervision, students will perform complete psychiatric assessments with particular attention to any factors affecting safety of the patient or those around them. Students will be responsible for reviewing the medical record and obtaining collateral information with consent. The student will then present the patient to the faculty. Students are expected to generate a differential diagnosis and develop a plan of treatment.

RADI - Radiology

RADI 5163EL - Diagnostic Radiology

Cardiothoracic imaging, abdominal imaging,

musculoskeletal radiology, interventional radiology, emergency radiology, women's imaging, neuroimaging, nuclear medicine, and pediatrics. Students will have an opportunity to observe the performance of various imaging procedures and will be exposed to the interpretation of a wide range of imaging modalities including MRI, CT, plain radiography, PET-CT, nuclear medicine, and ultrasound. The students will have an opportunity to view the workings of the Radiology department from the point of view of the nursing and technical staffs. The format of the elective will be primarily self-directed learning through reading material, watching instructional videos, and review of teaching file cases. Participation in image interpretation with attending radiologists and observation of imaging studies will complement the self-guided learning. Students will be required to complete a Radiology-Pathology project at the completion of their rotation. Locations include Hackensack University Medical Center; JFK Medical Center; Palisades Medical Center; Riverview Medical Center; Southern Ocean County Medical Center; Englewood Medical Center.

SURG - Surgery

SURG 3151EL - Pediatric Surgery

The student will have exposure to the operative treatment of babies and children with congenital defects and childhood cancer. They will be exposed to the pre-and post-operative care of children and learn to distinguish the normal recovery of children after a surgical procedure. They will participate in the Department of Surgery Weekly Morbidity Mortality conference.

SURG 3161EL - Thoracic Surgery

Students will get exposure to the preoperative, operative, and post-operative management of patient with lung cancer, lung masses, esophageal and stomach cancer, motility disorders of the esophagus, gastroesophageal reflux disease, and treatment of pneumothorax and infections of the pleural cavity. The student will have exposure to the use of the DaVinci Robot in thoracic surgery. They will participate in the Department of Surgery Weekly Morbidity Mortality conference as well as Thoracic Tumor Board.

SURG 3171EL - Vascular Surgery

Provides student with a four-week experience with a focus on invasive and non-invasive treatment of vascular diseases. The student will have exposure to the use of fluoroscopy and other advanced imaging technology to diagnosis and treat peripheral vascular diseases or the

Aorta and extremities, as well as venous diseases. They will be exposed to the non-invasive techniques that are available to diagnosis these diseases in the outpatient setting. They will participate in the Department of Surgery Weekly Morbidity Mortality conference as well as Vascular conference

SURG 3181EL - Cardiothoracic Surgery

Provides the student with a two or four-week experience with a focus on invasive and non-invasive treatment of cardiovascular diseases. The student will have exposure to the operative treatment of both structural disease of the heart and coronary artery disease. As well as the treatment of diseases of the ascending Aorta and Aortic. They will be exposed to the post-operative care of patients after cardiac surgery and learn the use of invasive cardiac monitoring. They will participate in the Department of Surgery Weekly Morbidity Mortality conference.

UROL - Urology

UROL 5121EL - Urology

Designed for medical students who are interested in learning more about Urology. The goal is to educate the

student in various aspects of urology (ambulatory, inpatient, surgery) and provide broad exposure to urology and its sub-specialties with the Department of Urology at Hackensack University Medical Center. This includes robotics, laparoscopy and minimally invasive surgery, oncology, endourology and stone disease, pediatric urology, male infertility and sexual dysfunction, and female pelvic medicine and reconstructive surgery.

UROL 5135EL - Advanced Urology

Designed for medical students who are planning to become career urologists. The goal is to educate the student in various aspects of urology (ambulatory, inpatient, surgery) and provide broad exposure to urology and its subspecialties with the Department of Urology at Hackensack University Medical Center. Students will act as a sub-intern and participate fully in the inpatient, outpatient and operative care of our patients as well as attend all scheduled didactic teaching conferences and Grand Rounds. Exposure to the full scope of Urology is emphasized, including robotics, laparoscopy and minimally invasive surgery, oncology, endourology and stone disease, pediatric urology, male infertility and sexual dysfunction, and female pelvic medicine and reconstructive surgery.

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