



Hackensack Meridian School of Medicine Student Handbook & Academic Catalog

2023-2024 Academic Year

The *Hackensack Meridian School of Medicine Student Handbook & Academic Catalog* is published annually.

We reserve the right to amend it at our discretion.

All HMSOM students are subject to current policies unless otherwise noted. Please consult the Office of Student Affairs and Wellbeing with questions at SAW@hmn.org.

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Overview

Message from the Dean

Welcome to the **Hackensack Meridian School of Medicine!** You are embarking on a career and entering a profession that offers enormous opportunity to benefit your community, the nation and indeed all of humankind, as well as providing incredible personal and professional satisfaction and accomplishment.

We are frequently asked: “Why did you start a new school of medicine?” We always make it clear that our aspirations far exceed producing more physicians. Founding a new school of medicine is a rare opportunity to create transformative change...one that starts with a tabula rasa, a blank slate, and builds from there to accomplish true paradigm shifts.

Our school is founded on the cornerstones of improving value in healthcare, of correcting health inequities and teaching in a new way that creates critical thinkers, lifelong learners and change agents for community advocacy with an innate understanding of the importance of the social determinants of health.

We will teach you how to learn, and then you will learn how to teach in this new way. And we will always teach it in the context of community.

We are driven by our vision: that persons in New Jersey and the USA, regardless of race or socioeconomic status will enjoy the highest level of wellness in an economically and behaviorally sustainable fashion.

Our curriculum makes no distinction between basic science and clinical knowledge; basic science content is always presented in the clinical context where you can always see the medical relevance. We do this in a brand-new facility designed specifically to teach our curricular emphasis on small group team-based learning and flipped classrooms.

We are focused on improving the transition between medical school and residency. We have an accelerated program that will allow you to graduate after three years and transition seamlessly into residency. You may also elect to stay for an enriching and exciting 4th year that allows you to develop an individualized learning plan that develops your intellectual and educational passions and prepares you fully for the transition to residency.

We will do our best to nurture and develop the empathy and compassion that you entered with.

You are joining us because you believe in our vision and

mission. You believe in a school with a community-based curriculum. You understand our innovative way of teaching medicine that produces critical thinkers and problem solvers. You share our aspirations to create a different generation of physicians.

You were admitted to our school because you are creative, caring, empathetic, intellectually curious and dedicated to changing the way we view health and deliver healthcare. We believe in you and your ability to effect this kind of change.

I look forward to accompanying you as you embark on this journey to make health and healthcare better for **everyone**. It will be a fulfilling journey for all of us.

Jeffrey R. Boscamp, M.D.
President and Dean

Our Mission

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

- Embrace and model our professional roots of reverence for the human condition, empathy toward suffering, excellence in medical care, research and discovery, 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;
- Work in communion with scholars and practitioners of other disciplines to integrate their perspectives, experiences, and tools; and
- Understand that context, community, and behavior drive wellbeing.

Our Vision

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.

History

The Hackensack Meridian School of Medicine (HMSOM) is in the Interprofessional Health Services Campus (IHSC) at 123 Metro Boulevard, Nutley, New Jersey 07011 and is affiliated with the Hackensack Meridian Health network of 17 hospitals and 38,000 Team Members, statewide.

Initially organized as a joint venture with Seton Hall University, the HMSOM has been operating independently since July 3, 2020.

Accreditation, Licensures, Reviews and Approvals

The HMSOM is accredited, reviewed, or approved by various federal, state, and private approvers.

Federal Approval

The HMSOM was approved by the Department of Education to participate in *Federal Direct Student Loan* and *Title IV Higher Education Act (HEA)* programs in June 2020.

The Federal school code is 042933-00. For more information, please visit www.studentaid.gov.

State Approvals

New Jersey Office of the Secretary of Higher Education - www.state.nj.us/highereducation/
New Jersey Board of Medical Examiners - <https://www.njconsumeraffairs.gov/bme>

Institutional Accreditation

The HMSOM is an accredited institution and a member of the Middle States Commission on Higher Education (MSCHE). The Commission's most recent action on the institution's accreditation status on November 17, 2022, was to grant accreditation. MSCHE is an institutional accrediting agency recognized by the U.S. Secretary of Education and the Council for Higher Education Accreditation (CHEA).

Programmatic Accreditation

The Liaison Committee on Medical Education (LCME) is a nationally recognized accrediting authority for medical education programs leading to the M.D. degree in the U.S. and Canada. LCME accreditation is a voluntary, peer-reviewed process of quality assurance that determines whether a medical education program meets established standards outlined in the Functions and Structure of a Medical School. This accreditation is required in most states for licensing graduates.

The LCME granted the HMSOM Preliminary Accreditation Status in 2019; Provisional Accreditation Status in February 2021; and Full Accreditation Status in February 2023.

School Seal

The HMSOM seal features elements drawn from our objective to "Understand that **context**, **community**, and **behavior** drive **wellbeing**."

- The braided cord indicates the woven **context** on which we have based the HMSOM vision, mission, and curriculum.
- The HMH logo confirms our integral relationship with the expansive HMH **community**.
- Branches from the linden tree represent the friendship, kindness, and caring **behavior** exhibited by every member of the HMSOM family.
- The rod of Asclepius, the god of healing, is the dominant symbol of health, **wellbeing**, and the medical arts.

Seal use is governed by the Seal Use Policy. *View the complete Seal Use Policy [online](#) (Login required.)*



Academic Information and Policies

Academic Approach

The 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.

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.

Educational Program Objectives (EPOs) are the outcomes 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.) are used to assess if students are meeting the EPOs.

EPAs

Entrustable Professional Activities (EPAs)

The HMSOM's integrated competency-based curriculum is structured by the HMSOM's EPAs. These include:

- AAMC Core EPA Pilot 13 EPAs for Undergraduate Medical Education
- 5 Additional EPAs to full represent our graduates' competencies and abilities

1. History, Physical Exam
2. Create a prioritized Differential Diagnosis
3. Diagnostic tests
4. Orders and Prescriptions
5. Documentation
6. Presentation
7. Clinical Questions
8. Handoffs
9. Interprofessional Collaboration
10. Acute Care
11. Informed Consent
12. Procedures
13. Systems failure/Patient safety
14. Communication skills
15. Counseling and education
16. Developing care plans
17. Professionalism and growth
18. Systems and solutions

EPOs

Educational Program Objectives (EPOs)

Specific EPOs medical students will demonstrate upon graduation include:

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 as part of the healthcare team.

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 healthcare 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.

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.

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.

Academic Promotion and Graduation Policy

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

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

Criteria for advancement will include adherence to the Student Code of Conduct and Statement on Professionalism. Students must pass all required courses, clerkships, advanced clinical rotations, and high stakes examinations in each curricular phase/component to advance to the next phase/component. Evaluation of student performance and approval for academic promotion will be determined by the Student Performance Review Committee.

View the complete [Academic Promotion and Graduation Policy](#) online. (Login required.)

Academic Promotion

Each student's progress towards 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 the end of the first academic year to the second academic year (both within Phase 1)
- Advancement from Phase 1 to Phase 2
- Prior to beginning Advanced Clinical Rotations
- Advancement from Phase 2 to Phase 3

Criteria for advancement will include adherence to the Student Code of Conduct and Statement on Professionalism. Students must pass all required courses, clerkships, advanced clinical rotations, and high stakes examinations in each curricular phase/component to advance to the next phase/component. Evaluation of student performance and approval for academic promotion will be determined by the SPRC.

Graduation

The HMSOM has a single standard for graduation of all students. All of the following requirements must be met in order to graduate with the M.D. degree.

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, and must successfully complete the components of their Phase 3 Plan.

View the complete [Academic Promotion and Graduation policy](#) online. (Login required.)

Block Objective Structured Clinical Exams (OSCEs)

Block OSCEs are a series of clinical examinations. Students will take two high stakes and two moderate stakes Block OSCEs according to the following schedule:

Phase 1: End of the first academic year (moderate stakes)

Phase 1: End of phase (high stakes)

Phase 2: Midpoint of clerkship year (moderate stakes)

Phase 2: End of clerkship year (high stakes).

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 in order to successfully pass the Block OSCE, and move to the next curricular phase/component.

Students who receive a score of "Meet Expectations with Recommendations" will be required to meet with the Director of Clinical Skills to review their performance on the Block OSCE. The student will also be required to meet with their academic advisor and/or the Director of Student Success to develop a remediation plan which must then be approved by the Director of Clinical Skills.

Students who receive a score of "Does not Meet Expectations" will be required to meet with the Director of Clinical Skills to review their performance on the Block

OSCE. The student will also be required to meet with their academic advisor and/or the Director of Student Success to develop a remediation plan which must then be approved by the Director of Clinical Skills.

For Moderate stakes examinations: Upon review of the student's performance, a student may be referred to the SPRC, and may be required to leave the SOM curriculum for focused remediation as appropriate.

For High stakes examinations: Upon review of the student's performance, a student will be referred to the SPRC, and will be required to leave SOM curriculum for focused remediation. The student will re-enter the HMSOM curriculum once the deficiency has been successfully remediated.

USMLE Exams

All students must take and pass both Step 1 and Step 2 United States Licensure Examination (USMLE) exams prior to graduation. It is therefore important that all students have a timeline for scheduling USMLE Step 1 and Step 2 exams that ensures that they successfully achieve graduation requirements at the HMSOM and are well prepared for the residency application process.

Students are permitted three (3) attempts to pass Step 1 and three (3) attempts to pass Step 2. Failure to pass either exam within three attempts will result in dismissal from the HMSOM. Successful completion of USMLE exams is essential to preparing a competitive application for residency. A significant factor in residency program director decisions on whom to invite for interviews is performance on the USMLE exams. Direction and support for students on the timing and preparation of the exam is offered through consultation with faculty, advisors and policies.

View the complete [USMLE Exam Policy](#) online. (Login required.)

Academic Standards

The Academic, Professionalism, and Clinical Performance Standards Policy (Performance Standards Policy) sets forth the academic, professionalism, and clinical performance standards that students must satisfy in order to earn a medical degree (MD) from the HMSOM. The Performance Standards Policy also describes curriculum and grading structures, as well as academic progression and remediation. Finally, it identifies student status and standing based on the academic, professionalism, and clinical performance of the student.

All components of the medical education program listed as

required for graduation from the HMSOM must be completed within six (6) years (72 months). Years repeated, leaves taken for reasons of inadequate academic performance or disciplinary action or leaves for remediation of any part of the Curriculum, including USMLE Steps 1 and/or 2, are included in the six (6) year limit. Personal and medical leaves of absence are also included in the calculation of the six (6) years (72 months) limit.

Maximum duration for a leave of absence, whether for academic enrichment, academic remediation, or personal and/or medical leave, is 12 consecutive months or 18 cumulative months. Any student who requires more than 12 consecutive months or 18 cumulative months of leave is referred to the SPRC for dismissal. As soon as the SPRC determines that a student cannot complete the requirements for the MD degree within the six (6) calendar year limit, the student will be informed that he/she is to be dismissed.

View the complete [Academic, Professionalism, and Clinical Performance Standards Policy](#) online. (Login required.)

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

As a general rule, due to the active methodologies utilized at the HMSOM, educational sessions are not audio or videotaped. Large group sessions will be audio-recorded for students. Students are permitted to audio and/or video record educational sessions at the HMSOM under the following conditions:

- Recordings are strictly for personal use.
- Permission is obtained from the faculty member leading the 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

View the complete [Narrative Assessment Policy](#) online. (Login required.)

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)
- 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 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 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 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. See the Phase 2 Grading policy for related information.

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 receive formal feedback at the midpoint of the rotation. All clinical preceptor feedback is delivered utilizing competency-based assessment tools and narrative comments and is compared to the student's self-assessment of performance. All required clerkships and sub-internships utilize the same mid-clerkship review form and structure. This includes:

- Student self-assessment.
- Comprehensive Clerkship Evaluation Tool (CET), the same evaluation tool that is 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 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 reviews all students' mid-clerkship review forms.

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

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

Examination Querying and Review Policy

Querying 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.

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 (OME) 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.

Exam Question Querying

Students have the opportunity to query exam questions for up to 24 hours following the end of the exam review session. All exam question queries must be completed using an Exam Question Query Form. Exam question querying can occur during the exam review session or in the 24 hours following the end of the exam review session. Forms submitted in the 24 hours following the exam review (a time-stamped submission that is automatically sent to the Office of Assessment for distribution to the appropriate Director(s)), are accessible on both the HMSOM Learning Management System and class scheduling software.

All exam question queries will be evaluated by the Director(s) (with consultation from appropriate faculty members as needed) no more than three business days following the completion of the 24-hour exam question querying period. Students will only be informed if a query results in a change in grading, and changes may result in either the addition or subtraction of points. The decision of the Director(s) is final and cannot be appealed further.

After every summative exam in the HMSOM curriculum, whenever logistically possible, students are provided with the opportunity to attend a scheduled examination review session for written and laboratory examinations. This opportunity will not be available for some secure exams (e.g., National Board of Medical Examiners (NBME) shelf exams). During this time, students are permitted to review their exams and compare their answers with ideal answers. Clinical and Block OSCE exams can be reviewed through videotape and checklist review and must be scheduled with Directors and conducted in the presence of a clinical

faculty member or member of the clinical skills team. Review of laboratory examinations may involve use of photographic reproductions of specimens, as determined by Directors.

Additionally, students can meet individually with Director(s), Content Lead, or academic support staff from the Office of Student Affairs and Wellbeing (SAW) after the 24-hour exam question querying period is complete, to review any aspect of examination performance. Students must contact the Director(s), Content Lead, or SAW to schedule an individual review.

To maintain the integrity of summative examinations, all examination reviews will be conducted in a secure environment. Students are not permitted to duplicate, receive or distribute examination questions or answers; violations of this policy are considered a breach of the [Professional Behavior and Expectations](#) and will be referred to the Student Professionalism Subcommittee of the Student Promotion and Review Committee.

HMSOM reserves the right to discontinue review sessions if these policies are violated or examination integrity is otherwise compromised.

View the complete [Examination Review and Querying Policy](#) online. (Login required.)

Attendance Policies

Phase 1 Attendance Policy

In the case of an emergent health care need or unanticipated emergency involving immediate family members, absences will be excused. The absence should be reported in advance of the start of the scheduled activity. It may also be reported to the Office of Student Affairs and Wellbeing, the Office of Medical Education, or the Course Director in advance of the start of the scheduled activity.

Phase 1 Punctuality Policy

Punctual attendance is an expectation for medical professionals, including for medical students at all stages of the curriculum. The HMSOM expects that students are prepared to begin engaging in educational activities at the scheduled start time of the session, including with technologic and computer preparations complete. Not being completely ready as described here is considered being late for the session.

View the complete [Phase 1 Student Attendance Policy](#) online. (No log in required.)

View the [Academic Calendars](#) online. (No login required.)

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 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 HMSOM may grant approved time off for specific reasons.

View the [Phase 2 Student Attendance Policy](#) online. (No login required.)

View the [Academic Calendars](#) online. (No login required.)

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 Vice Dean for Academic Affairs. In the event of a duty hour violation, the Vice Dean of Academic Affairs, 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 Vice Dean of Academic Affairs will make changes in the system to rectify the problem. If the investigation reveals a situation unique to the student, the Vice Dean of Academic Affairs will discuss the situation with the student and his/her supervisors, and counsel them, as necessary, to prevent further violations.

View the complete [Phases 2 and 3 Clinical Duty Hours Policy](#) online. (No login required.)

Curriculum

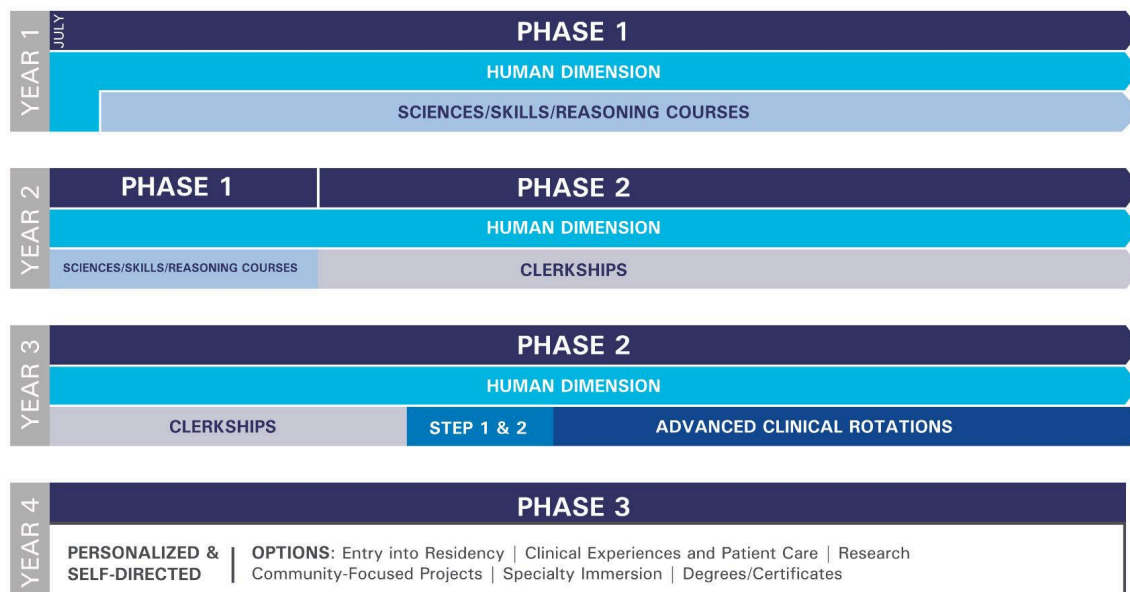
The HMSOM’s unique 3+1 curriculum places medical and related scientific knowledge in the context of the patient and community. It standardizes learning outcomes through the core curriculum while providing each student with the opportunity to individualize their fourth year based on their own needs and 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 understand their roles in health and sickness, and disease prevention and treatment.



Curriculum Schematic



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 (NMD):

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 (NB):

An eight-week course that addresses the structure and function of the central and peripheral nervous system, from the cellular to the societal level. In light of the emerging understanding of the biologic basis of psychiatric disease, including its interactions with external societal and environmental influences, neuroscience and psychiatry are presented in an integrated fashion.

Clinical Skills and Clinical Reasoning

This training is integrated throughout the Phase 1 curriculum. It includes clinical skills workshops (physical examination, physical diagnosis, communication skills, etc.), standardized patient sessions, simulation (task-based and high-fidelity), longitudinal clinical experiences, and other inpatient and outpatient clinical teaching.

Additionally, training in clinical reasoning is a major component of the Patient Presentation PBL Curriculum (PPPC) that is embedded within all Sciences/Skills/Reasoning courses.

The content taught in Human Dimension and in the Sciences/Skills/Reasoning courses is integrated with training in clinical skills and clinical reasoning. For example, in Week 5 within the Homeostasis and Allostasis course, students learn pulmonary histology and the mechanics of lung function, pathophysiology, and clinical management of obstructive and restrictive pulmonary disease.

Clinical skills training during this week focuses on motivational interviewing and counseling for smoking cessation, building on basic patient interviewing skills that were introduced in the foundational courses. HD experiential activities in the subsequent week may include analysis of environmental factors that relate to disease in the families that students are paired with.

All Foundational and System Courses include the following features:

- Formative assessments throughout the course with a summative assessment week at the end of each course.
- Integration of content in 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. As an adult learner, it is up to the student to plan ahead, schedule time, and track the various pre-work and other responsibilities. If needed, there are resources through the Office of Student Affairs and Wellbeing to help develop these abilities.

All content will be integrated (biomedical, behavioral, social, and health system sciences).

- Clinical Skills and Clinical Reasoning training are integrated throughout.
- Instruction will include clinical skills workshops (physical examination, physical diagnosis, communication skills, etc.), Standardized Patient Sessions and Simulation (task-based and high fidelity).

Feedback is a critical element of the HMSOM curriculum. Students get a tremendous amount of feedback and data about performance in all areas of the curriculum. This will help students achieve educational goals and objectives. Specific curricular sessions will also provide training in the skills needed to provide and utilize feedback most effectively.

During the Phase 1 curriculum, students are actively learning large amounts of material, and will spend the majority of class time applying and using that information.

This requires that students prepare for class, so that they are ready to participate in in-class activities. Preparatory work will be assigned by the faculty leading the TBL and

large-group sessions and will be generally self-directed in the case of PPPC sessions.

Phase 2: Immersion

In addition to formal mid-clerkship review feedback, students in Phase 2 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.

Required Clinical Clerkships:

- Transitional Clerkship (4 weeks)
- Internal Medicine (8 weeks)
- Surgery (8 weeks)
- Family Medicine (8 weeks)
- Pediatrics (6 weeks)
- Obstetrics/Gynecology (6 weeks)
- Psychiatry (6 weeks)
- Neurology (6 weeks)
- Emergency Medicine (longitudinal and integrated into block clerkships)

Other requirements:

- 12 weeks for USMLE Step 1 and Step 2 preparation
- Required Sub-Internship (4 weeks)
- Required Critical Care Selective (2 weeks)
- Eight weeks of Electives
- Human Dimension - Phase 2

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, and the goals are 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 graduate degrees/certificates, research/scholarship opportunities, clinical experiences, specialty 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 Thomas Jefferson University. Each is responsible for defining degree requirements, course content, learning objectives, and assessment methods. All programs are designed to be completed in one year.

Phase 3 Residency (P3-R)

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



Hackensack Meridian School of Medicine

Curriculum Schematic
PHASE 2 - IMMERSION

HUMAN DIMENSION													
CLERKSHIPS*								STEP I & Vacation	ADVANCED CLINICAL ROTATIONS*				
Transitional Clerkship 4 weeks	Internal Medicine 8 weeks	Surgery 8 weeks	Family Medicine 8 weeks	Pediatrics 6 weeks	OB/Gyn 6 weeks	Psychiatry 6 weeks	Neurology 6 weeks		Emergency Medicine	Sub-Internship 4 weeks	Critical Care Selective 2 wks	Step 2 & Vacation 4 weeks	Elective 4 weeks
20 months													

*Individual sequence will vary



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

A list of available programs with the number of total residency spots available will be made available to the students shortly after the time of the class meeting that takes place in March of Year 2. Students accepted into P3R will participate in the National Residency Matching Program (NRMP) and will be ranked to a match in the HMH or HMH program if they rank this program first.

Students considering P3-R have the ability to submit a specialty preference in the clerkship lottery such that their P3-R specialty would occur in the 1st half of their clerkship schedule, if possible. Intent to participate in the program is declared in March of Year 1 to allow frontloading of desired clerkship, as possible within the clerkship sites available.

Students submit a form indicating their desire to participate in the P3-R program, the desired specialty that they want to apply in, and a narrative explaining why they want to go into this specialty and participate in the P3-R program. If a student would like to consider 2 specialties in

P3-R, they should explain why this is their desire. They should rank the two options. The first option will be prioritized in clerkship lottery.

Students are allowed to request to switch to another residency with open positions by December of Year 3. If they switch, they re-apply and interview with the new specialty/department/location. There is no guarantee that they are accepted into an alternate residency position. Students may voluntarily withdraw from the program at any time prior to the NRMP Rank Order List being submitted. Students can apply to a maximum of 2 different residency specialties.

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

To apply to P3-R, students must:

1. Submit a pre-application in the Spring of Year 2 which details their academic performance and indicates the one or two specialties to which they would like to apply. This

application is reviewed by the P3R committee, and the decision is shared with students by the P3R administrative team. The application will be denied if a student does not meet the academic requirements; and a request to apply to two specialties may also be denied.

2. Students who are approved submit a full application for the specialty(ies) for which they were approved that mirrors the ERAS application and includes a personal statement that 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 are asked to list the specific site(s)/program(s) within that specialty they want to apply to.

3. Obtain three letters of recommendation.

Acceptance into the P3-R program/specific residency program is conditional and subject to monitoring as students progress through the remainder of their education.

To remain in the P3-R program, students must:

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

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

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

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 in International Affairs with focus on Global Health and Human Security
- Graduate Certificate in Global Health Management
- Graduate Certificate in Post-Conflict State Reconstruction and Sustainability
- Graduate Certificate in United Nations Studies

Stillman School of Business

- Master in Business Administration

College of Arts and Sciences

- Master in Microbiology; Biology; or Chemistry
- Graduate Certificate in Jewish-Christian Studies
- Graduate Certificate in Data Visualization and Analysis
- Graduate Certificate in Nonprofit Organization Management

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

Thomas Jefferson University

- Master in Public Health

Human Dimension

HD is a three-year longitudinal course at the heart of the HMSOM curriculum. Through service-learning experiences and an integrated curriculum, students 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 understand through this experience that their role exceeds treating and preventing illness, encompassing the responsibility of helping every individual under their care to achieve their full potential. Students are

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

Students are 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 also take place in this setting.

The components of HD are:

- Large group teaching sessions
- Small group teaching sessions
- HD Voices Program
- Community Assessment Project
- Community Health Project
- Capstone Scholarly 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 are 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. Students are expected to develop a close relationship with the families and 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 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 is integrated with the content students learn in the other components of the core curriculum. The Phase 1 curriculum is structured using patient presentations that serve as the framework for the content taught in each week. This integrated approach emphasizes the critical role that all these fields play in human health and disease.

Grading

Phase 1 Grading

In Phase 1, these goals are accomplished through multiple assessment methods, both formative and summative. All assessments are linked to the HMSOM's Educational Program Objectives, competencies, milestones, and EPAs as well as to course-specific learning objectives. The majority of summative assessments will take place at the end of each course and at the end of each Unit during Reflection & Assessment weeks. For some courses there may be a mid-course summative exam and some pedagogies (e.g., Team-based Learning) may have summative components that occur throughout the course. Courses and Units reflect the content taught, learned, and assessed in the respective timeframe. Whenever the teacher-learner interaction permits, students will be provided with narrative assessment of their performance.

Formative Assessment Measures

- Formative MCQs
- Formative short answer questions
- Formative short essays
- Formative Laboratory Practical
- PPPC facilitator formative assessment (verbal and written)
- PPPC research presentation formative assessment
- TBL peer formative assessment
- Large group sessions- audience response and other methods
- Clinical skills small group facilitator formative assessment (verbal and written)
- Clinical skills small group peer assessment
- Clinical skills formative OSCE/Simulation/SP assessment
- Clinical Placement preceptor formative assessment (verbal and written)
- 360 Degree assessment
- Human Dimension (HD) – Learning from your Experiences as a Professional (LEaP)
- HD – Community Assessment Project (CAP)

- HD – Community Health Project (CHP)
- HD mentor formative assessment (verbal and written)
- NBME Comprehensive Basic Sciences Examination

Summative Assessment Measures

End of Course Summative Assessments:

- End of course, and when applicable, mid-course written examination (NBME-style MCQ, short answer, and short essay)
- End of course laboratory practical exam (selected courses)
- TBL iRAT/tRAT scores (end of course)
- Clinical skills - Summative OSCE (end of course)
- Professional Behaviors (end of course)

End of Unit (or Other Frequency) Summative Assessments:

- Health Systems Science (end of Units 1-3)
- PPPC facilitator assessment (end of Units 1-3)
- Peer assessment based on PBL, TBL, Clinical Skills, and HD (end of Units 1-3)
- Clinical skills facilitator evaluation (end of Units)
- Longitudinal Clinical Placement - preceptor summative assessment (end of Unit)
- Human Dimension – Community Assessment Project (end of Unit 2)
- Human Dimension – Community Health Project (end of Phase 1)
- Human Dimension mentor summative assessment (end of Unit)
- Block OSCEs- Two block OSCEs. These will be high stakes examinations during which students will be required to demonstrate minimum competence in order to move forward in the curriculum (end of Unit 2 and end of Phase 1)

While end of Unit Summative Assessments will only contribute to Unit (and not Course) grade, they may appear on same exam as questions contributing to end of Course grade.

Grading

Students will receive a grade for:

- Each SSR Course (reflecting content learned in that course)
- Units 1-3 of Phase 1 (reflecting content learned in the Unit)
- Human Dimension (end of Units 1-3)
- Each Block OSCE

Each of the summative components of the final course/Unit grade are evaluated using specific rubrics. Students will receive a performance report of “Meets Expectations (ME)”, “Meets Expectations with Recommendations (MER)” or “Does Not Meet Expectations (DNM)” for each component of the course/Unit and for the overall course/Unit.

Students must either “Meet Expectations” or “Meet Expectations with Recommendations” in all components of the course/Unit in order to receive a grade of “Pass” for the course/Unit. The final grade for each course/Unit in Phase 1 is either “Pass” or “Fail”.

Appearance of Grades/Performance Reports in the SOMA Portal and Learning Management Systems

Final Grades (what appears on the SOMA Portal and on transcript):

P Pass (ME or MER in all components of the course)

F Fail (DNM in one or more components and unsuccessfully remediated)

CO Remediation Required (DNM and in process of remediation) If a student receives Does not Meet Expectations (DNM) in a course/Unit, a grade of CO will appear in the registrar’s system and on the transcript. This is a temporary grade. If the course/Unit is remediated it will be changed to a Pass (P). If it is not successfully remediated it will be changed to a Fail (F).

Course/Unit and Component Performance Report (what appears on Learning Management System):

Students will see their individual performance in:

Each component of the course/unit

The course/unit overall

For each course/Unit and Component students will see one of the following:

ME Meets Expectations

MER Meets Expectations with Recommendations

DNM Does not Meet Expectations

View the complete [Phase 1 Assessment and Grading Policy](#) online. (Login required.)

Phase 2 Grading

Students will receive frequent high-quality feedback to guide their individual learning and progressive development and achievement of milestones, competencies and Entrustable Professional Activities (EPAs), and on their progression towards achievement on nationally required examinations.

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

Provide ongoing feedback to students about their learning
 Promote and foster the mission of HMSOM
 Determine that students have attained the required knowledge, skills, and attitudes at a level of mastery necessary to provide high-quality patient care
 Advance students towards achievement of the milestones, competencies, and EPAs of HMSOM
 Prepare students to excel on United States Medical Licensing Exams (USMLE)

In Phase 2, these goals are accomplished through multiple assessment methods, both formative and summative. All assessments are linked to HMSOM's educational program objectives, competencies, milestones, and EPAs, as well as to clerkship-specific learning objectives. There are clerkship-specific assessment methods as well as clerkship-year long Block OSCE assessments.

Clerkship and Sub-Internship Assessment Formative Assessment/Mid-Clerkship Review

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 using competency-based assessment tools and narrative comments and will be compared to a student's self-assessment of their performance.

All required clerkships and sub-internships will use the same mid-clerkship review form and structure. This will include:

- Student self-assessment
- Clinical Feedback and Evaluation Tool -- 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 their mid-clerkship feedback, discuss the student's goals for the rotation set at the beginning of the rotation with any modifications to those, as well as 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.

Real-time Feedback in the Clinical Setting

In addition to formal mid-clerkship review and feedback, students will receive robust real-time feedback in their clinical settings. This will be promoted and prioritized through focused faculty, resident, and student development centered around 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.

Additional faculty and resident development will focus on providing feedback in specific clinical settings and in response to specific educational needs (e.g., the challenging learner, bedside teaching).

On the standardized end of clerkship evaluations that students complete after every clerkship, students will rate the quantity and quality of the feedback they received on that rotation. Data from these evaluations will be included in the reports sent to Clerkship Directors and Chairs and will be a component of the outcomes assessment of each clerkship and departmental teaching.

National Board Medical Examiners (NBME) Subject Examination Preparation

In preparation for the NBME subject examinations that will be used as an element of clerkship summative assessment, students will be given clerkship-specific guidance and resources for preparation. This will include practice tests when available, study resources, and test taking guidance.

Student Support Available During Clerkships

Students will be strongly encouraged to access the many resources available to them to support their learning and achievement (e.g., tutors, Academic Support). Clerkship Directors will make themselves available to meet with students to discuss specific learning needs before and during the clerkship.

Summative Assessment

Final grades for each clerkship or Sub-Internship will be based on a specific grading rubric that includes:

- End of clerkship NBME subject examination when available
- OSCE - including standardized patients for all clerkships, and high-fidelity and partial-task simulators as appropriate.
- Clinical Feedback and Evaluation Tool - the same evaluation tool that was used during the mid-clerkship review.
- Assessment of other work (e.g., write ups and

presentations)

- Performance on all EPAs including Professionalism and Growth

Block OSCEs will be completed during Phase 2 of the SOM curriculum. These will be high-stakes examinations during which students will be required to demonstrate minimum competence in order to move forward in the curriculum.

Clerkship and Sub-Internship Grading

All summative assessments are evaluated using specific rubrics. All summative components will be summed to form a final numerical grade. Final grades of Honors, High Pass, Pass, and Fail will be assigned based on the student's final numerical grade

Criteria for Receiving a Passing Grade

- An overall clinical evaluation and professionalism score above the minimum competency level [for clerkships and sub-internships].
- An overall clerkship performance above the passing threshold
- Minimum performance level on EPAs 1 (History and Physical Examination) and EPA 17 (Professionalism and Growth)
- A shelf exam score above the 5th percentile equated percent score for the first quartile of the academic year of the most recent year's data available at the start of the clerkship year [for clerkships].
- Completion of all requirements

Elective and Selective Assessment and Grading

The policies and procedures described above for Clerkship and Sub-Internship Assessment and Grading will apply, as appropriate, to Electives and Selectives.

Mid-rotation feedback is required during rotations that are 4 weeks or longer.

All summative clinical assessments will be completed on the HMSOM's Clinical Feedback and Evaluation Tool. Elective and selective faculty are required to provide students with the components of the rotation's grading and evaluation system at the beginning of the rotation.

View the complete [Phase 2 Assessment and Grading Policy](#) online. (Login required.)

Grade Appeal Policy

Grades are generated by the relevant Director according to the established grading policy and rubric for the particular curricular unit. 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 here, one of the following conditions apply related to the initial grade assignment:

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

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

- Dispute over specific exam questions (these may be addressed through the Examination Querying and Review Policy)
- Dispute regarding standard setting procedures as overseen by the Office of Assessment and Institutional Effectiveness

Grade appeals will be conducted according to the following guidelines:

Within seven (7) business days of the posting of the grade, the student must complete a [Grade Appeal Form](#). Submission of this form will result in a time-stamped submission that is automatically sent to the Office of Assessment for distribution to the appropriate Director(s).

Within five (5) business days of receiving this notification, the Director(s) must meet with the student to discuss the appeal. The Director(s) may request that any faculty members involved in evaluating the student be present at this meeting. It is generally expected that the appeal will be resolved through discussion between the student and the Director(s).

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

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

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

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

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

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

The Dean will have seven (7) business days to investigate the appeal. At that time, the result of the Dean's deliberations must be provided in an official communication (via email) to the student, the Director(s), the Senior Associate Dean of Student Affairs and Wellbeing, and the Director of Assessment and Institutional Effectiveness. The decision of the Dean is final and not subject to further appeal.

View the complete [Grade Appeal Policy](#) online. (Login required.)

Research and Scholarship Opportunities

The Office of Research and Graduate Studies maintains and makes available a list of researchers and research/scholarship opportunities for student participation. The list contains names and contact information of individuals, and a description of the potentially available research/scholarship projects.

Students are encouraged to contact the individuals on the list and ask in detail about possible research/scholarship opportunities and mentorship.

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

Through the Dean's Award small grants program, the HMSOM 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.

It is the recommendation of the Office of Research and Graduate Studies that all students who have earned "passing" grades - be 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 HMSOM, but can also be an established

researcher/leader/faculty member from another institute/research enterprise.

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 degrees/certificates, research/scholarship, community-based projects, clinical immersion, or entry into residency. It is important to note that although research/scholarship activities conducted during Phase 1 and 2 may serve as an entry point for the work performed in Phase 3 Research Electives, they may not be used to receive academic credit.

Intellectual Property Policy

Hackensack Meridian Health and its affiliated entities (as further defined below, "HMH") support research to advance medical knowledge, improve patient care and develop new technologies. HMH recognizes that this research may lead to inventions, discoveries and works of authorship, and that it may be desirable for such inventions, discoveries and works of authorship to be patented, copyrighted, protected, commercialized, licensed and/or transferred to third parties, including (without limitation) for one or more of the following reasons:

- To comply with the requirements of government-sponsored research grants, fellowship awards and agreements for research;
- To promote the development of useful devices, drugs and protocols for patient care which might not be developed without U.S. and foreign intellectual property protection;
To recognize the creativity and discoveries of Inventors (as defined below) and to facilitate professional recognition for Inventors; and/or
- To support the research, educational and patient care objectives of HMH by maintaining for HMH a share of any revenues derived from the commercialization of such inventions and discoveries.

Accordingly, HMH has adopted an intellectual property policy. Students will read and consent to the IP policy upon matriculation.

View the complete [Intellectual Property Policy](#) online. (Login required.)

Student Services and Policies

Hackensack Meridian School of Medicine supports its mission by fostering students' academic, professional, and personal growth in a safe and caring environment. HMSOM's goal is to support students' experiences and growth as they transition from medical training to a career in medicine.

Academic Support

Academic Support is a unit of the Office of Student Affairs and Wellbeing and 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 is staffed by Medical Education Learning Specialists who provide individual assessment of a student's learning needs and provide one on one tutoring at no cost to the student.

The unit also oversees an extensive Peer Tutoring Program that invites upper-class students to offer weekly review sessions for Phase 1 students under the direction of staff. In addition, the Medical Education Learning Specialists offer group seminars in study strategies, test-taking, and time management. Study strategies sessions, facilitated by the Medical Education Learning Specialists are also integrated into the Block Clerkship Core Curriculum Days in Phase 2. All students are welcome to avail themselves of the services of this office. More information can be obtained by emailing HMSOMacademicsupport@hmn.org

Address or Name Changes

Address changes can be made on the *School of Medicine Access Portal* ([SOMA portal](#).) Name changes require official documentation be emailed to the [Registrar](#).

Advising and Career Development

The HMSOM has extensive Advising and Career Development unit designed to support students' career development and wellbeing. Students are assigned 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 Advising and Career Development process consists of 12 – 15 required ILP meetings with an assigned advisor, and numerous optional activities, workshops, speakers, including additional advising meetings as desired. Advising meetings range in length from 30 minutes to an hour. The required meetings take place 4 times a year for the first 3 years of the curriculum, with additional meetings during Phase 3. The advisor will reach out when it is time to schedule each meeting and it is the student's responsibility to schedule, prepare for and engage in those meetings, and follow through with any recommendations. In Phase 2 and Phase 3, meetings may take place by videoconferencing or phone as necessary and convenient.

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

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

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

The advisor consults with the P3-R committee and collaborates on the Medical Student Performance Evaluation (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 the HMSOM 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 Advising and Career Development unit will have a directory of physicians approved 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) beginning in the spring of the first year 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 assigned to a Specialty Mentor no later than

the second half of Phase 1. Students are expected to meet with their assigned mentors at least once every 3 months, although additional meetings can be requested as schedules permit. Advisors will review the mentoring relationship during advising meetings and students are expected to document meeting occurrences.

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.
- Creation and 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, and Phase 3 planning, etc. Plans that significantly alter a student's overall ILP will require approval of the Vice Dean of Research and the *Phase 3 Plan Committee*.

Pre-Clerkship Career Exploration (PCE) (Shadowing Program)

The PCE program at the HMSOM is a short-term, optional component of the Clinical Skills curriculum, structured to allow students additional exposure to clinical medicine during Phase 1. Allowed activities consist of observation of doctor-patient interactions and medical procedures and are used to inform and support career planning activities. A

student may observe for a few hours to observe a particular procedure or return to observe the same physician over a brief period. PCE experiences may turn into mentoring relationships, which are broader and consist of meetings and conversations outside of clinical practice. Please notify your advisor if this becomes desirable so that they can initiate the mentoring procedure. PCE/shadowing does not include any hands-on interaction or activities with patients (beyond a verbal introduction).

When can I start PCE activities?

PCE/Shadowing can begin after the following events have occurred:

1. Grades for MCP have been posted.
2. Meeting with advisor to review academic standing and PCE procedures.
3. All compliance requirements (i.e. immunizations, BLS, MySuccess modules) are up to date.

Inpatient shadowing at hospital locations may have additional requirements such as location-specific IDs, or training that need to be completed before shadowing can take place onsite.

What to do if/when you would like to shadow a physician: You may request to shadow any HMH physicians who teach or facilitate groups in the HMSOM; additional physicians on faculty at the SOM may be available. If you don't have a physician in mind, your advisor can connect you with other HMH physician faculty. Students are responsible for following a detailed procedure to request and be approved for each PCE activity. Please review and follow the procedures available in the Leo Advising and Career Development course for each cohort. 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 (SAW) offers a series of group and one-on-one sessions to help students prepare for transitions in their medical training. These sessions will focus on areas such as:

- Adjusting to Medical School and Managing Time Effectively
- Exploring Specialty Choices: Getting to Know Practicing Physicians
- The Clerkship Scheduling Process
- Identifying and Working with a Specialty Mentor
- Planning for Phase 3

- Preparing Students' CV
- Interviewing Techniques
- Budgeting and Planning for the Interview Season
- Preparing for and Applying Through the Electronic Residency Application System
- The National Ranking and Match Program
- Wellness Information for Residents and Practicing Physicians
- Entry to Residency and Pre-Residency Boot Camps
- Specific training and support will be provided to students whose Phase 3 selection is entry into residency

Amenities

Bookstore

The bookstore is located on the Lower Level (LL) of the IHS building. Summer hours are Monday to Thursday, 9 am to 3 pm; Friday closed. Fall and Spring hours are Monday to Thursday, 9 am to 5 pm; Friday 9 am to 3 pm. For more information, visit the bookstore website.

Dining Options

The IHS Campus features a cafeteria with self-service meal preparation areas as well as a food concession/counter which offers drinks, snacks, and light meals to purchase. Various vending machines are located throughout the IHS building.

The local Nutley/Clifton area has several restaurants, cafes, and other dining options within a few blocks of campus; many provide free delivery to campus.

Housing

Securing affordable student housing in the vicinity of the HMSOM and the multiple clerkship and residency sites can be challenging. Various realtors, brokers, and homeowners have contacted the HMSOM offering their services and accommodations to students. Below is a listing of those contacts.

The HMSOM has not vetted any of the individuals or their sites and makes no representation as to their qualifications, business practices, or the habitability of any of the housing options they may offer. This listing does not constitute a referral or endorsement of any kind and the HMSOM advises all students to fully investigate any housing option before entering into a lease and to fully understand the terms and conditions of all housing arrangements.

[Hekemian Property Management](#)

close to Hackensack University Medical Center
Locations in Hackensack, NJ

Rebecca Gori (201) 487-1500 x1126

Apts@Hekemian.com

Parsonage Hill Village

close to JFK Medical Center

307 Parsonage Rd, Edison, NJ 08837

Contact (732) 734-8440

Evergreen Meadows

close to JFK Medical Center

208 White Birch Rd, Edison, NJ 08837

(732) 734-8440

Extended Stay America

short- and long-term rentals

Locations available in Red Bank, East Rutherford, Rutherford, Secaucus, Edison, Woodbridge

Click the link for special rates and more information

Contact Debbie Tobias at (980) 345-1980

DTobias@esa.com

Brighton Arms

close to Jersey Shore University Medical Center

401 W Sylvania Ave, Neptune City, NJ 07753

Special pricing is available for HMSOM students.

Apartments are furnished and available for short-term rentals.

732-988-0828

www.brightonarmsapts.com

RotatingRoom.com

short term housing

Rotating Room is used by thousands of students to find and list short term housing. HMSOM students also receive one free listing to sublet your apartment to other medical students while you are going to be away from home. Click here for more information.

Library

The Interprofessional Health Sciences Library is located on the first floor of the Interprofessional Health Sciences Campus (IHSC.) 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 4 dedicated Health Sciences Librarians, Monday through Friday, from 8 am to 6 pm. Librarians are available to assist students with research

and class study. The IHS Library's collection includes hundreds of databases, thousands of journals, and over 2.1 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 digital collection, information on how to book study rooms, contact information for the library staff, and much more can be found on the library's website.

Parking

The Interprofessional Health Sciences Campus (IHSC) maintains parking facilities to meet the needs of the students, faculty, staff, and visitors. The IHSC does not assume responsibility for security of vehicles or contents while parked on IHSC property. If you are involved in a motor vehicle accident, break-in or theft on the IHSC campus, you should report the incident to the Department of Public Safety as soon as possible.

Parking and operating a motor vehicle on the IHS Campus is a privilege. The campus reserves the right to refuse issuance of a parking permit, restrict or change the use of any space or area, anytime without notice. Parking permits are the property of IHSC and may be recalled at any time. Permits are not transferable and may only be used on the vehicle(s) to which they are registered. Parking regulations are enforced 24 hours a day, seven days a week. Violation types and locations are routinely analyzed, and enforcement adjusted accordingly. Ticket payments are due upon receipt.

Students (with permits) can park in the front student lot (the South Lot) or the IHS parking garage located on Ideation Way. Parking permits are required at all times on the IHS Campus in Nutley. A valid permit must be displayed at all times. Anyone in need of ADA parking should register and display their state issued ADA permit and may park in the dedicated handicap spaces in the East Lot (accessed via the South Lot).

Registration and display of a valid IHSC parking permit is required at all times while vehicles are parked on IHSC property. Registration applications can be completed online or printed out and submitted in person at the Parking Services Office. The IHSC is not responsible for lost or stolen permits. Parking Services should be notified immediately upon discovery of a lost or stolen permit. Any vehicle found using a permit that has been reported lost or stolen will be booted or towed even if used by the original owner. A replacement permit is \$15.00 plus sales tax where applicable.

The person who has registered the vehicle with IHSC, regardless of the driver or owner of the vehicle, assumes responsibility for all outstanding university parking violations issued to a vehicle. Violations issued to a vehicle not registered with Parking Services may be investigated through state motor vehicles and other agencies. Students, Faculty Members and Staff are responsible for violations incurred by their visitors. Any citations left unpaid after ten (10) business days will be assessed a \$15 late fee. State registration laws must be followed while parking on IHSC property. Permits are issued for registered vehicles only. Use of a permit on an unregistered vehicle without valid state license plates will result in the removal of that vehicle at the owner's expense. No overnight parking is permitted at IHSC unless previously authorized.

All vehicles with unpaid tickets may be booted and/or towed without notice at the owner's expense. Once booted or towed the right to appeal is forfeited. Campus parking privileges may also be suspended. Unpaid tickets will result in denial of the privilege to register a vehicle to park on campus. Outstanding citations will be assessed through the IHSC Public Safety Office pursuant to IHSC policy, outstanding balances may hold academic registration, transcripts, and/or diplomas.

Disabled vehicles must be reported to Public Safety. The vehicle must be removed as soon as possible and not longer than 24 hours. Permission must be obtained from Public Safety for periods longer than 24 hours. Vehicles that are a safety hazard or obstruct the flow of traffic will be removed immediately at the owner's expense. Damaged or inoperable vehicles may not be stored on IHSC property and will be subject to removal at the owner's expense.

The IHSC reserves the right to temporarily close parking areas and roadways for repairs, safety, and special events. Vehicles parked in areas that have been closed by barricades, signs, or notifications are subject to ticketing and or towing and relocation at the owner's expense.

Snow removal operations are announced by Everbridge for HMM and posted notices. It is the responsibility of the registered operator of the vehicle to be aware of weather conditions and remove the vehicle. Failure to remove a vehicle may result in the issuance of a ticket and relocation at the owner's expense.

Parking in fire zones is strictly prohibited. Vehicles left unattended in a fire zone, regardless of the amount of time, will be ticketed and/or towed at the owner's expense and may be subject to local Police or Fire Department summons. Activating the vehicle's hazard lights does not

serve as implied permission to park in the fire lanes. Parking in loading zones is prohibited. Activating the vehicle's hazard lights does not serve as implied permission to park in the loading zones. Signs and road markings must be obeyed.

No Permit	\$15
Improper Permit	\$15
Illegal/Altered Permit 1st Offense	Cost of permit plus \$250 fine, boot
Illegal/Altered Permit 2nd Offense	\$250 fine, tow, loss of parking privileges for one semester and disciplinary action
Improper Display	\$25
Fire Zone	\$100
ADA Space	\$100
Reserved Space	\$50
No Parking Area	\$50
Driving on Grass/Sidewalk	\$100
Parking on Grass/Sidewalk	\$100
Parking Outside the Lines	\$25
Blocking Traffic	\$50
Careless Driving	\$25
Boot	\$50

For more information, click [here](#).

Recreational Facilities

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

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.

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:

- Drug screens are required upon admission to the HMSOM and prior to entering the Clerkship year;
- Ongoing compliance with medical immunizations throughout matriculation including a pre-entrance physical examination performed within three months of enrollment;
- Annual, in-service training requirements, including 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 Exxat, to support the tracking of some compliance requirements. The use of this vendor is at a minimal annual cost to the student.

Annual In-Service Training Requirements

Annual, on-line training is directed through the HMH Network. 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 are 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 noted below:

- Cultural Competency and Diversity Awareness
- HIPAA and HITECH Compliance
- How Hackensack Meridian Health Fights the Flu
- Infection Prevention Review (Clinical)
- Title IX

In-person, skill-based training is also available. HMSOM will provide a variety of in-person training as required for full participation in clinical environments. These include BLS/CPR and FIT Testing among others.

All questions regarding compliance may be directed to HMSOMCompliance@hmhn.org

Background Check

Students are required to complete a criminal background check as a part of the admissions process and periodically

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

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

The Criminal Background Clearance that is completed through your application to the HMSOM includes the following clearances:

- Sex Offender Registry
- County Criminal and Other Offenses
- Federal Criminal and Other Offenses
- State Criminal and Other Offenses
- National Criminal Database
- OIG & GSA Excluded Parties

View the complete [Background Check Policy](#) online. (Login required.)

Drug Screen

A drug screen is required upon admission to HMSOM and again prior to the first block clerkship. Students who test positive will not be allowed to begin their clerkships and will be placed on administrative leave pending a review of the matter by the Student Professionalism Subcommittee (SPS). A positive drug test may result in the HMSOM requiring the student to participate in a drug treatment program and/or disciplinary action, up to and including dismissal.

The HMSOM reserves the right to require a student to submit to a drug screen based on reasonable suspicion as set forth in HMH and SOM policies.

View the complete [Student Immunization and Health Screening Requirements for Matriculation Policy](#) online. (Login required)

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. Vendors used by HMSOM (Exxat and Certiphi/MyRecordTracker) send 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.

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 and HMH 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.

All students are required to have a pre-matriculation physical examination performed by the student's physician within three months prior to enrollment. Students must complete the Physical Examination Form which includes immunization records and submit the form with required immunization documentation prior to the first day of class. Any student failing to submit the form and related immunization documentation will not be able to attend classes.

The HMSOM reserves the right to require a student to submit to a drug screen based on reasonable suspicion as set forth in HMSOM and HMH policies.

View the complete [Student Immunization and Health Screening Requirements for Matriculation Policy](#) online. (Login required)

Consumer and Information Disclosures

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

- [Annual Security Report, October 2022](#)
- [Constitution Day](#)
- [Copyright Infringement Penalties](#)
- [Drug and Alcohol Prevention Student Assistance Program](#)

- [Federal Educational Right to Privacy Information](#)
- Loan Repayment and Facts Card – contact sfs@hmhn.org
- [Impact of Drug Conviction on Federal Aid \(Title IV\) Eligibility](#)
- State of the Art Facility - contact sfs@hmhn.org
- [Student Diversity](#)
- [Student Loan Code of Conduct](#)
- [Title IV Information on Tuition Refunds, Withdrawals and Satisfactory Academic Performance](#)
- [Title IX](#) and [Nondiscrimination](#) (login required)
- [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 with additional information about this mandatory training. DO YOU KNOW WHAT THIS IS? IS THIS HIPAA?

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 with additional information about this mandatory training.

Drug and Alcohol-Free Workplace

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.

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. Students 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 student's performance or safety or the safety of others. Students 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 Office of Student Accessibility Services if they believe the medication will impair their ability in any learning environment. HMSOM encourages any student with a drug or alcohol problem to contact the Student Assistance Program, 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 the SAW@hmhn.org or the Student Assistance Program directly at:

[HMSOM Student Assistance Program](#)

Guest Access Code: HMSOMSAP
1-866-448-7562

View the complete [Drug and Alcohol-free Workplace Policy](#) online. (No login is required.)

Exposures/Precautions

All healthcare workers are at potential risk from exposure to blood and/or body fluids and environmental hazards. Students must be educated about risks, prevention, and treatment of exposures. It is required that Universal Precautions be adopted whenever there is the potential for exposure to reduce the risk. There are validated protocols to reduce the risk of transmission and exposure to

environmental hazards; an accessible, clear protocol is outlined and disseminated to all students.

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 education and training regarding exposure is updated annually for all medical students. Students must contact the Office of Student Affairs and Wellbeing (SAW@hmhn.org), immediately in the event of an exposure or possible exposure to blood and/or bodily fluid or environmental hazard.

Standardized protocols for exposures at HMSOM will adhere to those currently followed at each of the clinical sites. Students who are infected or at risk of having been infected with a potentially transmissible disease will not be excluded from participating in patient-care activities, or restricted in their access to patient-care services or facilities because of their health status, unless medically-based judgments in individual cases establish that exclusion or restriction is appropriate for the welfare of patients, the welfare of other members of the patient-care community, or the welfare of the individual. Exposure procedures are included in a mandatory policy attestation process for students.

View the complete [Medical Student Exposure to Bloodborne Pathogens and Environmental Hazards Policy](#) online. (Login required.)

Needle Stick Precautions

Students will receive a card with instructions about what to do in case of a body substance (blood, tissue, or body fluids) exposure, e.g. a needle stick, or an environmental exposure (e.g., a spill, solvents, radiation), including how to receive appropriate counseling and prophylactic treatment. Needle stick and other types of exposures are common, and risks can be appropriately mitigated.

Radiation Precautions

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

hazards to developing fetuses. Pregnant students should consult with the Vice Dean for Academic Affairs for further guidance.

Fitness for Clinical Contact

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

All students who experience an injury or exposure on a clinical site must complete an incident report with Occupational Health and notify the Office of Student Affairs and Wellbeing as soon as possible. Students should not delay prompt evaluation and treatment to complete paperwork.

FERPA

The Family Educational Rights and Privacy Act (FERPA) is a federal law that is administered by the Family Policy Compliance Office in the [U.S. Department of Education. 20 U.S.C. § 1232g; 34 CFR Part 99](#). In compliance with FERPA, the HMSOM does not disclose *Personally Identifiable Information* (PII) contained in student education records, except as authorized by law.

In general, a student has the right under FERPA to inspect his or her education records; to require that HMSOM obtain his or her prior written consent before releasing PII from education records; and to request that corrections be made to education records if the student believes the records are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA. The HMSOM uses the following definitions of terms.

- A *student* is any person who attends or has attended the HMSOM. Persons accepted but never enrolled in courses are not considered students.
- *Education Records*, with certain exceptions, are any information maintained by the HMSOM directly relating to a student. These records may include files, documents, and materials in whatever medium (handwriting, print, tapes, disks, film, etc.) which contain information directly related to students and from which students can be personally (individually)

identified.

- *Personally Identifiable Information* (PII) means data or information which includes a personal identifier (such as a social security number) and/or a list of personal characteristics or other information which would make the student's identity known with "reasonable certainty."

Directory information may include the following:

- Name
- HMSOM student ID number
- Address, Telephone, and Email
- Date and place of birth
- Field of study and degree(s) sought
- Participation in officially recognized activities including HMSOM registered student clubs and organizations
- Dates of attendance and full- or part-time status
- Degrees, certificates, honors, and awards received
- Photos and videos
- Most recent previous educational institution attended
- Gender identity, marital status, and preferred pronouns, if voluntarily disclosed by the student
- Yearbook and official HMSOM event programs
- Residency or any other post-completion placement information

Unless restricted, HMSOM may disclose any of the items of directory information without a student's consent, however the HMSOM does not routinely release information unless presented with a valid reason to do so. Students may restrict the disclosure of directory information by indicating to the registrar this restriction in writing. The right to restrict disclosure of directory information does not include the right to remain anonymous in class nor will it prevent mail, email, and phone calls from the HMSOM.

A current student who wishes to permit another person to inspect or receive copies of the student's education records must designate a *Ferpa Contact* in the PeopleSoft Campus Solutions system. Contact the Registrar for information on designating a Ferpa Contact. If possible, students will have immediate access to their record. If a student is required to wait, the Registrar will inform you when the record will be available. A student does not have a right under FERPA to inspect information that is not an education record. View the information that a student does not have a right to inspect online.

In general, the HMSOM will not disclose PII from a student's education records without the student's prior consent. However, the HMSOM, in compliance with the

law, may release PII without the student's prior consent under certain conditions, which may be viewed online.

Students have the right to request that inaccurate or misleading information in his or her education records be amended. While the HMSOM is not required to amend education records in accordance with a student's request, the HMSOM is required to consider the request. If the HMSOM decides not to amend a record in accordance with a student's request, the student will be informed of his or her right to a hearing on the matter. If, as a result of the hearing, the HMSOM still decides not to amend the record, the student has the right to insert a statement in the record setting forth his or her views. That statement must remain with the contested part of the student's record for as long as the record is maintained. However, while the FERPA amendment procedure may be used to challenge facts that are inaccurately recorded, it may not be used to challenge a grade, an opinion, or a substantive decision made by the HMSOM about a student. FERPA was intended to require only that schools conform to fair recordkeeping practices and not to override the accepted standards and procedures for making academic assessments, disciplinary rulings, or placement determinations.

A student has the right to file a complaint with the Family Policy Compliance Office at the U.S. Department of Education concerning alleged failures by the HMSOM to comply with the requirements of FERPA. A complaint must be submitted to the Office within 180 days of the date of the alleged violation or of the date that the student knew or reasonably should have known of the alleged violation. The complaint must contain specific factual allegations giving reasonable cause to believe that a violation of the Act has occurred, and it should be forwarded to the Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue SW, Washington, DC 20202-8520.

View the complete [Family Educational Rights and Privacy Act \(FERPA\) Policy](#) online. (No login required.)

IHSC Public Safety

Student ID cards for the IHSC/HMSOM are issued to each enrolled HMSOM student. ID cards are required to be with students at all times while on campus and while in school. ID cards will be used to gain access through the lobby turnstiles and into classrooms and labs during business and after hours.

After-hours is considered between 6pm - 6am, Monday through Friday, all day on Saturday and Sunday, and on all HMSOM observed holidays.

ID cards will also enable students to print from Seton Hall University printers throughout the building. It is very important that students do not lose their ID cards. If lost or stolen, please contact the IHSC Public Safety Department for a replacement. A replacement fee will apply.

Department of Public Safety: (973) 542-6600
IHSC.SecurityRequest@shu.edu

Please review the [IHSC Public Safety page](#) for more information.

Student Leave and Short-Term Absence

The health, safety, and well-being of our students and community members are of paramount importance to the HMSOM. On occasion, students may want or need to interrupt their studies for health, education, safety or other reasons. The purpose of this Student Leave and Short-Term Absence Policy and Procedures is to provide a mechanism whereby the student's class attendance, clerkship participation, and/or involvement in other academic or HMSOM activities may be interrupted for a period.

View the complete [Student Leave and Short-Term Absence Policy and Procedures](#) online. (Login required.)

Non-Discrimination Policy

Hackensack Meridian Health, and by extension, the HMSOM, 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).

HMSOM 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.

Students who believe they may have been discriminated against are encouraged to contact the HMSOM Title IX Coordinator, Diane Russo, Diane.Russo@hmn.org (862) 660-5124.

View the complete [Non-Discrimination Policy of Hackensack Meridian Health Policy](#), including complaint and grievance procedures, online. (Login required.)

Preventing Student Mistreatment and Promoting a Positive Learning Environment

The HMSOM is committed to maintaining an environment in which there is mutual respect among students, teachers, staff, and peers. Guidelines for appropriate professional behavior are adapted from the AAMC's Statement on Professional Behavior and Expectations for the Teacher-Learner Relationship (June 4, 2015) and enforced by the HMSOM's [Student Code of Academic and Professional Integrity](#).

Individuals may use whichever method they are most comfortable with to report concerns. Any HMH Team Member or faculty who receives or becomes aware of a complaint must immediately report it to the Senior Associate Dean of Student Affairs and Wellbeing at SAW@hmn.org. Faculty and staff may also report their concerns to the HMH Department of Human Resources as well.

Concerns may be reported as follows: Direct reporting to the Senior Associate Dean of Student Affairs and Wellbeing, Laurie Sullivan, Ph.D. Laurie.Sullivan@hmn.org (862) 660-5019 or Assistant Dean of Student Affairs and Wellbeing, Naomi Ambalu, DO naomi.ambalu@hmn.org (862) 660-5017.

- Direct reporting to the Title IX Coordinator, Diane Russo, M.A.; Diane.Russo@hmn.org (862) 660-5124.
- Report to any course/ clerkship director, department chair, or supervising faculty;
- Report anonymously using the HMH provided phone/internet-based compliance/event reporting system, ComplyLine; at (877) 888-8030 or <https://hackensackmeridian.alertline.com>
- Report in the course, clerkship or faculty evaluations;
- Report in related items on the annual program improvement survey;
- Any staff or administrator of the HMSOM

Complaints alleging violations of the Title IX Policy and Grievance Procedure, including sexual assault, should be reported to Diane Russo, M.A., Title IX Coordinator, at Diane.Russo@hmn.org (862) 660-5124.

Retaliation against any individual for making a complaint, participating in a review, or otherwise engaging in legally protected activities is strictly prohibited.

View the complete [Preventing Student Mistreatment and Promoting a Positive Learning Environment Policy](#) online. (No login required.)

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 the 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 the 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 Hackensack Meridian School of Medicine

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.

- 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.

View the complete [Professional Behavior and Expectations for the Teacher - Learner Relationship Policy](#) online. (Login required.)

Clinical and Professional Dress Policies

The presentation of medical professionals has an 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 follow workplace-based procedures that are designed to promote patient safety.

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 HMSOM has guidelines in place for all medical students whenever they may engage with patients whether in the 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.

It is strongly recommended that all HMSOM students review the complete [Clinical Dress Code Policy](#).

General Hospital/Office Setting

The following guidelines are in place for all medical students:

- White coats must be clean, pressed and worn at all times, per instruction of clinical site and clinical setting
- Student ID badges must be visible at all times.
- Conservative business casual attire is recommended and includes collared shirts, slacks, skirts, blouses,

sweaters, and dresses. All clothing should be professional and be free of rips, tears or frayed edges. Jeans, cargo pants, yoga pants/leggings or shorts are not permitted. T-shirts, sweatshirts, sheer garments, halter tops and bare midriff tops are not permitted. Skirts must be an appropriate professional length for clinical care (not short).

- Hats are not permitted (with the exception of religious or cultural head coverings).
- Perfume and cologne are to be kept to a minimum
- Shoes must be closed toe to comply with OSHA requirements.
- Fingernails are to be kept short and clean.
- An optimal level of personal hygiene should always be maintained. This includes neat and trimmed hair and facial hair.
- Cuts and abrasions should be covered with a water impervious material.
- Universal precautions should be followed with protective glasses and masks in any situation where exposure to body fluids is possible, per relevant policies.

Operating Room (OR) Setting

Students must follow all specific OR/Dress Code/Scrub Suit policies at each Medical Center. These policies are usually related to the Department of Public Health (DPH) or other regulatory agencies and apply to all staff as well as to students. Specific instruction for clinical settings and clinical sites will be provided and must be followed. The following guidelines are in place for all medical students:

- 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.

View the complete [Clinical Dress Code Policy](#) online. (No login is required)

Residency

Students work with their advisor via the ILP process to identify their specialty and apply to residency, whether via P3R or national matches. The Advising and Career Development team guides and educates students through the residency application and matching process via the Roadmap to Residency program, which includes informational workshops in the M1 and M2 years and a structured syllabus with a checklist of activities, requirements, meetings, and deadlines for the M4 year. Students meet with their Advisor and Specialty Mentor to map out and review their residency strategy. Faculty from the clinical departments, and the academic and student affairs Deans are also integral parts of the Roadmap to Residency process.

Residency Applications

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

Curriculum Vitae (CV)

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

Personal Statement

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

Faculty and Department Recommendation Letters

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

Medical Student Performance Evaluation (MSPE)

The preparation of this document is overseen by the Office of Medical Education. It provides an overall report of medical school performance, including quotations from evaluations, required clerkships, and clinical electives. 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 of the year of application to residency. Students may obtain unofficial copies of the transcript on the SOMA Portal and must make requests for official copies online using the [Transcript Request Form](#).

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 residency 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
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. Others can be found in the AMA directory of approved residency programs.

Licensure and Specialty Board Certification

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

The HMSOM's academic program is structured to provide an education that meets faculty's expected standards for the attainment of the Doctor of Medicine degree from this

institution. The HMSOM is a Liaison Committee on Medical Education-accredited institution. Its graduates in general do not have difficulty meeting state licensure curricular requirements. Questions about state licensing requirements or procedures should be directed to the licensing board of the state in which there is an interest in practicing.

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

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 regarding an online presence and encourage colleagues to do the same. All students, faculty and staff are responsible for knowing and abiding by the policy on Social Media set forth by Hackensack Meridian Health.

Social Media guidelines are explicitly provided through the HMH policy on Social Media and are designed to ensure all HMSOM students utilizing any forms of social media (including but not limited to Facebook, Twitter, Instagram, YouTube, TikTok, Post.News, Mastodon, Blogs, Forums, Messaging Boards & Social Book Marking Sites) adhere to and align with Hackensack Meridian Health's policies and practices.

All HMSOM students must follow other existing HMH policies and procedures and HMSOM student policies and procedures when relevant to this policy. Students are accountable for being informed and familiar with the contents of the Student Code of Academic and Professional Integrity, the Harassment Policy, Non-Retaliation/Retribution for Reporting Policy, and HIPAA policy and Recording Policy.

Inappropriate postings by any student, such as discriminatory remarks, sexual harassment, and threats of violence, or similar inappropriate or unlawful conduct will

not be tolerated and may result in disciplinary action up to and including referral of the HMSOM student to the Student Professionalism Subcommittee. Any questions regarding this policy and procedure may be referred to HMSOM Senior Associate Dean for Student Affairs and Wellbeing.

View the complete [Social Media Policy](#) online. (Login required.)

Standing Committees

Admissions Committee

Student participation in the admissions process is essential to recruiting the best candidates. The Admissions Office invites students to become Admissions Ambassadors throughout the interview season. Interested students are encouraged to contact the Admissions Office for further information.

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 Performance Review Committee

The HMSOM has an obligation to patients, its students, the institution, the medical profession and society to ensure that each graduate of the medical education program meets all requirements of the HMSOM curriculum including program objectives of patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice.

The *Student Performance Review Committee (SPRC)* is charged with reviewing the academic performance of all matriculated students including deficiencies in Academic Requirements as well as allegations of student breaches of Professionalism Standards at the HMSOM, clinical sites, and other learning venues. As such, the SPRC is responsible for recommending students to the HMSOM faculty for promotion and graduation. In addition, the SPRC has the authority to evaluate and monitor academic and professional performance and to determine remediation plans and sanctions, if necessary, for students who do not meet Academic Requirements and/or Professional Standards. In addition, requests to take selected electives for credit in advance of the usual time in the curriculum are subject to review and approval by the SPRC.

The SPRC is a standing committee of the HMSOM with membership composed of faculty members appointed by the Dean and faculty members elected from the faculty-at-large. In addition, the Vice Dean for Academic Affairs, the Senior Associate Dean for Student Affairs and Wellbeing, the Director of the Office of Academic Support and the Chair of the Student Professionalism Subcommittee are ex-officio members of the SPRC but shall not have the right to vote. A current Course or Clerkship Director may not serve as a member of the SPRC. If an incumbent member of the SPRC is appointed to the role of Course or Clerkship Director, he/she must immediately resign from the SPRC.

Student Professionalism Subcommittee (SPS)

The Student Professionalism Subcommittee (SPS) is charged with evaluating and addressing allegations of student breaches of Professional Standards at the HMSOM, clinical sites, and other learning venues. The SPS is responsible for making factual findings, determining whether a violation of Professional Standards occurred and, if so, referring the matter to the SPRC for a decision, including but not limited to developing a remediation plan, imposing sanctions, and/or other appropriate action. The SPS may make a recommendation to the SPRC regarding a remediation plan, sanctions, and/or other appropriate action.

View the complete [Roles and Procedures of the Student Performance Review Committee and Student Professionalism Subcommittee](#) Policy online. (Login required.)

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 SAW@hmn.org

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. The Student Accessibility Services unit of the Office of Student Affairs and Wellbeing assists students in making the transition to medical school and in identifying accommodations that will support their full participation in the program.

The Student Accessibility Services unit 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.

View the complete [Student Reasonable Accommodation Request Policy](#) online. (Login required.)

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. For more information, please contact HMSOMstudentaccessibility@hmn.org

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, contact Student Accessibility Services.

Students who experience acute conditions or injuries that require accommodation should contact the Senior Associate Dean of Student Affairs and Wellbeing. Decisions on accommodations will be made, in consultation with the Student Accessibility Services, who will grant reasonable accommodations.

A request for accommodations due to temporary impairment must be supported by physician documentation. Additional information is available by emailing HMSOMstudentaccessibility@hmhn.org

Student Assistance Program

The HMSOM 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 Optum, Inc. 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, master 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 are not involved 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 virtual and on-site licensed clinicians available to medical students and their dependents. These clinicians provide on-going, confidential, counseling during academic hours 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 support and resources.

[Live and Work Well](#)

Guest Access Code: HMSOMSAP
(866) 448-7562

Student Code of Academic and Professional Integrity

The purpose of this policy is to present the academic and professional expectations of all HMSOM students to cultivate a community of aspiring physicians and scientists who embody professionalism, academic integrity, and a commitment to lifelong learning. HMSOM aims to foster a culture of inclusion, innovation, and continuous improvement, preparing students to serve society with honesty, empathy, and respect while upholding the highest standards of academic and professional integrity.

View the complete [Student Code of Academic and Professional Integrity Policy](#) online. (Login required.)

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 the Office of Student Financial Services. The Student Financial Services team meets with students several times, beginning during the admissions process and throughout the year to review medical school financial management including expenses, financial aid, scholarships, grants, loans, repayment and refunds.

Individual counseling sessions are encouraged throughout a student's matriculation.

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

Prior to orientation, a student financial services representative, in conjunction with the AAMC, presents to all new students: the cost of attendance, financial management, financial aid process, scholarship options, grants, loan types and an overview of repayment. Students receive email notifications regarding any financial aid related requirements. Students are encouraged to meet individually with a financial aid representative if they have specific questions.

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

Prior to the start of Phase 2, a student financial services representative will meet with students to assist with the next phase of their educational journey. Student Financial Services encourages students to schedule individual meetings and will always welcome "walk in" appointments as well.

During Phase 3 and prior to graduation, a student financial services representative, in conjunction with the AAMC, will conduct an in-person/virtual group exit counseling sessions with all students to discuss loans and repayment. Individual counseling sessions with graduating students will be encouraged.

Email notifications are the primary method of communication to remind students of deadlines or to submit 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, 8:30-5:00 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

Students who are dismissed or withdrawn for any reason, including medical, personal emergencies are still responsible for meeting their prorated tuition obligations as indicated by this Policy or the Medical or Emergency Withdrawal Refund Policy. Financial aid will also be impacted by withdrawal or dismissal. 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 the student owing 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 a Federal Exit Counseling Session. Students are required to submit an official Notice of

Withdrawal and termination of enrollment, in writing, to the Registrar within 3 days of their withdrawal. The actual date that the student completes the requirements for withdrawal is the "Effective Withdrawal Date."

The Registrar will verify the Effective Withdrawal Date and forward it to the Director, Office of Student Financial Services for calculation of a refund, if appropriate. If the student is eligible for a refund, the refund will be made within 45 days of the Effective Withdrawal Date.

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.

View the complete [Billing, Collection, Write-offs, and Unclaimed Property Policy for Tuition, Fees, and Other Charges Policy](#) online. (Login required.)

Tuition Refund Policy for Withdrawals

A student may withdraw from the HMSOM for various reasons including medical, personal emergencies, or dismissal. All withdrawals must be made in accordance with HMSOM policies if the student is to receive a tuition refund. HMSOM applies the following Tuition Refund schedule for prorated reimbursement of any tuition and fees paid to the school

Refund	Withdrawal
100% of paid tuition and fees	Prior to the beginning of classes, or within 7 days of the beginning of classes.
80% of tuition, no refund for fees	Starting 8 days after and within 14 days from the start of classes.
60% of tuition, no refund for fees	Starting 15 days after, and within 21 days from the start of classes.
40% of tuition, no refund for fees	Starting 22 days after, and within 28 days after the start of classes.
20% of tuition, no refund for fees	Starting 29 days after, and within 35 days after the start of classes.
NO REFUNDS	36 days or after from the start of classes.

*All refunds will be based on the official date of withdrawal, which is the date verified by the HMSOM Registrar.

Financial Aid loans and scholarships may be removed entirely or reduced after withdrawing. Consult Student Financial Services for further information as it may result in

a balance owed to the HMSOM.

Notice of Withdrawal

Students are required to submit an official notice of withdrawal and termination of enrollment, in writing, to the Registrar within 3 days of their withdrawal. The actual date that the student completes the requirements for withdrawal is the "Effective Withdrawal Date."

Last Academic Event

The Registrar will verify the Effective Withdrawal Date with faculty according to the last academically related event in which the student participated. The Registrar will forward the verified Effective Withdrawal Date to the Director, Office of Student Financial Services for calculation of a refund, if appropriate. If the student is eligible for a refund, the refund will be made within 45 days of the Effective Withdrawal Date.

View the complete [Tuition Refund Policy](#) online. (No login required.)

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 (in a timely manner, or

at all) or is not sufficient (as solely determined by the Sr. Associate Dean), the Tuition Refund Policy 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 to return from withdrawal 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 who withdraw from HMSOM any time up through the 60% point of the semester may be subject to having a portion of their federal financial aid returned by the HMSOM 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 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 HMSOM of their interest in the loan funds in response to the written notice from HMSOM. If a return of loan funds is

required, the HMSOM must return the funds to the Department of Education within 45 days of the calculation.

The HMSOM may automatically use a portion or all your post-withdrawal disbursement, including loan funds, if the student accepts them for outstanding charges. If a student's federal aid exceeds the tuition and fees, creating a credit balance, a refund will be issued to the student.

After the R2T4 calculation is completed, HMSOM will return the unearned portion of Title IV Funds that are requested from the school. If there is a portion of unearned aid that the student is responsible for returning according to the federal calculation it is the student's responsibility to return the Direct Loan funds in accordance with the terms and conditions of the Master Promissory Note (MPN). This will be communicated to the student via a 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 their 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 their Direct Loans, the funds must be returned according to the terms and conditions of the Master Promissory Note (MPN).

To request an official withdrawal from the University, students must submit an [official withdrawal form](#). 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 30 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 Office of Student Financial Services will send a notification in writing to all students via email and mail, who have not met the standards of SAP. The notification shall indicate the nature of the deficiency, any methods that may be available for correcting the deficiency and any consequences that have resulted or may result, such as financial aid probation and/or academic plan following a successful appeal, suspension, or dismissal.

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

Qualitative Measures

Phase 1

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

institution and, therefore, not counted in SAP.

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

Phase 2 and 3

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

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

Students are expected to take and successfully pass USMLE Step 1 and Step 2 CK. 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 they can regain SAP eligibility after one term. Financial aid probation means a status assigned by an institution to a student who fails to make satisfactory academic progress and who has appealed and has had eligibility for aid reinstated. During the financial aid probation period, the student must meet all SAP requirements. If the student fails to meet SAP during their one semester financial aid probation period, the student's aid will be suspended without the ability to appeal. (This will usually only occur if a student needs to make up an exam, not repeat an entire course).

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

The Student Performance Review Committee, in conjunction with the Vice Dean for Academic Affairs, the Course Director, the Manager of Academic Support and the student, 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 and the Office of Medical Education in collaboration with Academic Support and Student Financial Services shall have the responsibility for monitoring and enforcing Satisfactory Academic Progress. The Office of Student Financial Services 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

2023-2024 Academic Year tuition and fee information may be viewed [online](#).

It is the student's responsibility to obtain all bills, whether distributed by mail, e-mail, or another recognized notification avenue. Failure to review bill notifications does not absolve the student of the responsibility of payment by the Due Date. Failure to submit payment within 30 days of the due date may result in additional late fees. Students have 24/7 access to view any HMSOM bill by accessing their Student Account via PeopleSoft Campus Solutions. Students may view HMSOM Billing, Collection, Write-offs, and Unclaimed Property Policy for Tuition, Fees, and Other Charges Policy

Inquiries or information concerning payment options may be directed to the Office of Student Accounts. Since most of the charges or credits that appear on Student Financial Account statements originate in the Office of Student Accounts, questions about a specific item should be directed to the Office of Student Accounts. Financial Aid questions should be directed to the Office of Student Financial Aid.

Office of Student Accounts: studentaccounts@hmhn.org
Office of Student Financial Services: sfs@hmhn.org

Student Health Services

The HMSOM provides accessible and confidential preventive, diagnostic, and therapeutic health services through area primary care physicians. Students are required to have health insurance either through HMSOM or equivalent coverage.

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

Email SAW@hmn.org to request a current list of providers.

Student Insurance

Liability and Malpractice Coverage for Medical Students

HMSOM students receive liability coverage from the first day of Human Dimension, Immersion, and Orientation (HDIO) until the date the M.D. is conferred, as long as the student is matriculated. Once the student receives the MD degree, HMSOM liability coverage ends.

Student Disability Insurance

LCME accreditation requires that students be covered by disability insurance. This coverage cannot be waived and appears as a mandatory student fee charged each fall. More details can be found on the [HMSOM Student Accounts](#) webpage.

Student Health Insurance

The State of New Jersey requires that all full-time students be covered by health insurance. The LCME requires that such coverage is offered to dependents of students as well. Students that are enrolled in the health plan may first enroll themselves and then their dependents. The HMSOM provides access to student health insurance through UnitedHealthcare Student Resources. 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, or to 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. Students may access claims information and policy information at <http://www.uhcsr.com>

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

Technical Standards for Admission, Progression and Graduation

All HMSOM students acknowledge their understanding of the Technical Standards once accepted and then annually as part of their acknowledgement of receipt of the *HMSOM Student Handbook and Academic Catalog*.

The technical standards for the HMSOM are based on the essential cognitive, emotional, and physical demands required to succeed in the curriculum, and the ability to perform as a successful physician. The HMSOM recognizes that certain minimum technical standards must be met by candidates for admission and all current students at the HMSOM (hereinafter designated as candidates for the M.D. degree) to provide for safe and effective participation in the medical education program and to uphold the integrity of HMSOM's curriculum.

The curriculum of the HMSOM has been designed to provide a general professional education leading to the MD degree and to prepare undifferentiated students to enter graduate medical training in a wide variety of medical specialties and subspecialties. All candidates for the M.D. degree should possess sufficient intellectual capacity, physical ability, emotional and psychological stability, interpersonal sensitivity, and communication skills to acquire the scientific knowledge, interpersonal and technical competencies, professional attitudes, and clinical abilities required to pursue any pathway of graduate medical education, and to enter the independent practice of medicine.

All candidates should be aware that the academic and

clinical responsibilities of medical students may, at times, require their presence during day, evening, and nighttime hours, seven days per week.

Candidates should be able to tolerate physically-taxing workloads and to function effectively under stress. Therefore, achievement of specific technical standards in six core domains (general functions, communication, cognitive ability, observation, motor, behavioral/social attributes) is necessary for admission, progression, and graduation from any clinical program in HMSOM. These standards are commensurate with AAMC publications, Section 504 of the Rehabilitation Act, and the American Disabilities Act. HMSOM will consider for admission any candidate who meets its academic and non-academic criteria and who demonstrates the ability to perform the skills listed in this document, with or without reasonable accommodations, consistent with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act. Candidates for the M.D. degree will be assessed at regular intervals on the basis of their academic and non-academic abilities, with or without reasonable accommodations. An accommodation is not reasonable if it poses a direct threat to the health or safety of patients or others, if making it requires a fundamental alteration in an essential element of the medical education program, or if it poses an undue burden.

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

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

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

General Functions

Candidates should possess the personal qualities of integrity, empathy, concern for the welfare of others, interest, and motivation. They should possess the emotional and psychological health required for the full use of their intellectual abilities; the exercise of good judgment; the prompt completion of all responsibilities associated with the diagnosis and care of patients; and the development of mature, sensitive, and effective relationships with patients, patients' families, and professional colleagues. They must be able to adapt to changing environments, to be flexible, and to function in

the face of ambiguities inherent in the clinical situation. Candidates should be able to accurately and consistently perceive, integrate, and interpret visual, hearing, smell, and touch sensations to gather significant information needed to effectively evaluate patients. The candidate must have the capability to communicate and to receive information, and to accurately interpret such, verbally, nonverbally, and in writing. They must be able to respond promptly to urgent situations occurring during clinical education experiences to preserve the health and safety of patients, clients, visitors, staff, or others in health care settings. The candidate should not interfere with the capabilities of other members of the health care team to appropriately provide care to patients.

Communication

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

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

Cognitive Ability

The candidate must have the capacity to develop and refine critical thinking and problem-solving skills that are crucial for safe and effective medical practice. These processes involve capabilities to measure, quantify, calculate, question, analyze, conceptualize, reason, integrate, and synthesize information in order to make timely decisions reflecting sound clinical judgment and to take appropriate clinical actions. Candidates must additionally be able to find and utilize research-based evidence; to learn from other individuals; to comprehend, integrate, and apply new information; to make sound clinical decisions; and to communicate outcomes verbally and in writing. Candidates should be able to make measurements, calculate, and to reason; to analyze,

integrate, and synthesize data to problem-solve and ultimately make logical diagnostic and therapeutic judgments. Candidates should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures. Candidates should be able to integrate rapidly, consistently, and accurately all data received by whatever sense(s) employed.

Observation

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

Motor

The candidate must have gross and fine neuro-motor capability and dexterity, with sufficient coordination, to perform thorough physical examinations utilizing techniques including inspection, palpation, percussion, auscultation, and/or other diagnostic maneuvers; perform or assist with procedures and treatments; use syringes and needles; administer medications by oral, otic, ophthalmic, rectal and parenteral routes; implement other therapeutic interventions including but not limited to sterile procedures, isolation, airway maintenance, cardiopulmonary resuscitation, operation of diagnostic and therapeutic medical equipment, the application of pressure to stop bleeding, the suturing of simple wounds to assist in surgical procedures and in the performance of simple obstetrical maneuvers. Such actions require coordination of both fine and gross muscular movements and equilibrium.

Candidates should have sufficient exteroceptive sense (touch, pain, and temperature), proprioceptive sense (position, pressure, movement, stereognosis, and vibratory), and motor function to carry out the requirements of the physical examination. The candidate must have both physical and mental endurance to adapt to extended periods of sitting, standing, moving, and physical exertion required for safe performance in clinical and

classroom settings. The candidate must be capable of moving within and between clinical treatment environments without compromising the safety of others.

Behavioral and Social Attributes

The candidate must possess the capacity to communicate effectively, respectfully, and with cultural competency, with all individuals he/she encounters, and to demonstrate behaviors associated with compassion, respect and concern for others, integrity and ethical comportment, sound clinical judgment, and accountability for his/her responsibilities and actions. They must be able to accept the supervision of an instructor and/or preceptor, to accept constructive criticism or feedback, and to modify behavior based on feedback. The candidate must demonstrate critical thinking in making sound clinical judgments, have the capacity for flexibility, and demonstrate the ability to adapt quickly to rapidly changing situations and environments and/or to uncertain circumstances.

They must have the capacity to correctly judge when assistance is required and seek appropriate assistance in a timely manner. The candidate must be able to function cooperatively and efficiently with others and must have the capacity to develop and utilize conflict resolution processes when necessary. Candidates should possess the personal qualities of integrity, empathy, concern for the welfare of others, interest, and motivation. They should possess the emotional and psychological health required for the full use of their intellectual abilities, the exercise of good judgment, and the prompt completion of all responsibilities associated with the diagnosis and care of patients. As medical education involves exposure to a wide variety of stressful situations, the candidate must be able to function effectively in stressful situations in both the classroom and clinical settings.

Technological Requirements

Computers

Computers are an essential part of the medical education program. The HMSOM requires all students to have laptops and mobile devices.

The minimum requirement below will allow students to install any required software. The HMSOM will inform students during Human Dimension and Immersion Orientation weeks regarding specific software that needs to be installed.

Students are strongly encouraged to have a sufficiently recent model laptop (PC or MAC) with the following specifications:

PC

Operating System: Windows 10 or Windows 11, 64 bit, (with all current updates). Non-Pro Microsoft Surface devices are not supported. If you are using a Microsoft Surface device, please be aware that Windows 10 "S mode" is not compatible with our *Exemplify* assessment software.

CPU: Non-ARM-based processor supported by your operating system. Qualcomm Snapdragon chipsets are not supported by our assessment software.

MAC

Operating System: macOS Big Sur (11.0), macOS Monterey (12.0), or macOS Ventura (13.0). Only genuine versions of Mac Operating Systems.

CPU: Intel processor, or Apple's M1 or M2 processor with Apple Rosetta 2 software.

REQUIRED

- Wi-fi (wireless) network capability.
- Anti-virus software with all current virus definitions.
- 13" screen or larger, minimum screen resolution of 1024x768, 32 bit color.
- Administrator level account permissions to download and install software.

Our *Exemplify* assessment software cannot operate within virtualized environments or environments that require persistent network (local or otherwise) connections during secure exams. This includes, but is not limited to, VMWare, Parallels, Citrix workspace, virtual disks, streamed images, etc.

Strongly Recommended

- Battery Life at least four (4) hours between charges.
- External hard drive for back-up storage.
- Lightweight.
- Extended warranty and/or technical support provided by the manufacturer.

Although netbooks and tablets have been used successfully by some students for day-to-day use in class, they are not recommended as a replacement for a laptop computer and are not compatible with our testing software. Apple iPads and similar devices may be useful but should not be considered a laptop replacement.

Please note that, aside from these requirements and recommendations, the choice of laptop is an individual matter that should be made at one's own discretion. Please be aware that regardless of choice of Macintosh or Windows PC, sometimes there will be minor compatibility issues if faculty or classmates are using a different

platform. The HMSOM strives to be as platform-neutral as possible in its selection of technologies for medical student education.

Mobile Devices

The HMSOM requires students to have a mobile device to communicate while on community assignments, and to access medical information and personal productivity tools. Although most smartphones meet this requirement, it is not required that the device use a cellular network for data access. However, devices that use Wi-Fi only for internet access may not be able to connect to a network at some clinical sites due to security protocols.

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

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.

Title IX Policy and Grievance Procedure

In accordance with Title IX, HMSOM will respond promptly, and in a manner that is not deliberately indifferent meaning not clearly unreasonable considering the known circumstances, when it has actual knowledge of sexual misconduct prohibited by Title IX. Actual knowledge means notice of allegations of Covered Sexual Harassment to the School's Title IX Coordinator or to any School official who has the authority to institute corrective measures on behalf of The HMSOM.

The HMSOM is committed to responding appropriately to all forms of sexual harassment. Reports of misconduct that do not fall within the definition of Covered Sexual Harassment prohibited by Title IX may be addressed under other applicable School policies and/or the code of conduct.

The requirements and protections of the Title IX Policy apply equally regardless of sex, sexual orientation, gender identity, gender expression, age, race, nationality, class status, religion, disability, or other protected classes covered by Federal or state law. All requirements are fairly and equitably provided to individuals regardless of such status or status as a Complainant, Respondent, or Witness. Individuals who wish to file a complaint about the School's

Title IX Policy may contact the Department of Education's Office for Civil Rights.

Reports may be made 24/7 to:

- Directly to Diane Russo, MA., Title IX Coordinator - Diane.Russo@hmn.org (862) 660-5124
- Directly to Laurie Sullivan, PhD, Senior Associate Dean Office of Student Affairs and Wellbeing - Laurie.Sullivan@hmn.org (862) 660-5019
- Anonymously to HMH ComplyLine – (877) 888-8030 or <https://hackensackmeridian.alertline.com>
- U.S. Department of Education, Office of Civil Rights – (646) 428-3800 OCR.NEWYORK@ed.gov
- Equal Employment Opportunity Commission – (800) 669-4000 or <https://publicportal.eeoc.gov/portal/>

View the complete [Title IX Policy and Grievance Procedure Policy](#) online. (No login required.)

Title IX Policy Definitions

For the purposes of the Title IX Policy and Procedure, the following terms and definitions apply:

Covered Sexual Harassment is any conduct on the basis of sex that constitutes one or more of the following:

- *Quid Pro Quo Sexual Harassment* is when an employee, faculty member, administrator or staff person, conditions a person's education benefits on participation in unwelcome sexual conduct;
- *Unwelcome Conduct* is conduct that a reasonable person would determine is so severe, pervasive, and objectively offensive that it effectively denies a person equal access to the School's education program or activity;
- *Sexual Assault* (as defined in the Clery Act) includes any sexual act directed against another person, without the Consent of the victim, as well as instances where the victim is incapable of giving Consent.
- *Dating Violence* (as defined in the Violence Against Women Act amendments to the Clery Act) includes any violence committed by a person: (a) who is or has been in a social relationship of a romantic or intimate nature with the victim; and (b) where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) the length of the relationship; (ii) the type of relationship; and (iii) the frequency of interaction between the parties involved in the relationship.
- *Domestic Violence* (as defined in the Violence Against Women Act amendments to the Clery Act), includes any felony or misdemeanor crimes of violence

committed by a current or former spouse or intimate partner or the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the laws of the State of New Jersey domestic or family violence laws or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the State of New Jersey.

- *Stalking* (as defined in the Violence Against Women Act amendments to the Clery Act) means the engagement in a course of conduct directed at a specific person that would cause a reasonable person to (a) fear for their safety or the safety of others; or (b) suffer substantial emotion distress.

Conduct that does not fall within the above definitions may still be prohibited under the School's other policies and/or the applicable Student Code of Academic and Professional Integrity

Consent means the clear and unambiguous knowing and voluntary agreement between the participants to engage in particular sexual activity. Consent must be demonstrated through mutually understandable words or actions clearly indicating a willingness to engage in that activity. Consent will be determined objectively from the standpoint of a reasonable person in the position of the Respondent.

In understanding Consent, the following principles apply:

- A sexual interaction is considered consensual when the participants willingly and knowingly engage in the particular sexual activity.
- Consent may be communicated by words or actions as long as those words or actions clearly express a willingness to engage in the particular sexual activity. If there is uncertainty or confusion, the participants should stop and clarify each person's willingness to engage in the particular sexual activity. Consent should be continually assessed and may be withdrawn at any time. Silence or the absence of resistance does not constitute Consent.
- Consent to one particular sexual activity does not mean Consent to other forms of sexual activity. A prior relationship or prior Consent to particular sexual activity does not extend Consent to the same or different sexual activity. .
- Consent to engage in sexual activity with one person does not constitute Consent to engage in sexual activity with another person.

- Consent cannot be provided by a person who is asleep, unconscious, or otherwise incapacitated. The use of alcohol or drugs does not justify or excuse behavior that violates the Title IX Policy or attribute blame to the victim of sexual misconduct.
- Under NJ law, an individual under age 16 cannot legally Consent to engage in sexual activity. An individual under age 18 cannot legally Consent to engage in sexual activity with an individual that has duty of care to that individual. Individuals with a "duty to care" include parents, relatives, doctors and those in any type of formal supervisory role.
- Consent cannot be achieved through coercion or force. Coercion means exerting unreasonable pressure to engage in sexual activity, such as manipulation and threats. Ignoring objections or resistance is a form of coercion. Force means physical violence or exerting strength in order to engage in sexual activity or to overcome resistance.
- Incapacitation exists when an individual is unable to make a rational informed decision because that individual does not have the capacity to understand. An individual can be incapacitated because of, for example, mental or physical impairment, sleep, drugs and/or alcohol, involuntary physical restraint, or unconsciousness.

Complainant means any individual who has reported being or is alleged to be the victim of Covered Sexual Harassment.

Respondent means any individual who has been reported or alleged to have engaged in conduct that could constitute Covered Sexual Harassment.

Parties means the Complainant(s) and Respondent(s) in a particular case and "Party" means either the Complainant or Respondent, as applicable.

Education Program or Activity means locations, events, or circumstances over which the School exercises substantial control over both the Respondent and the context in which the Covered Sexual Harassment occurs, and also includes any building owned or controlled by a student organization that is officially recognized by the School. This may include, but is not limited to, conduct that occurs in one of the following:

- Any on-campus facility, property, or building owned or controlled by the School;
- Any off-campus site that the School has substantial control over;
- Buildings or property owned or controlled by a

student organization; or

- Activity occurring within computer and internet networks, digital platforms, and computer hardware or software owned or operated by, or used in the operation of the School's educational program and activity over which the School has substantial control.

Formal Complaint is a document, including an electronic document, alleging that a Respondent committed Covered Sexual Harassment within the School's Education Program and Activity and requesting initiation of the Procedure in the Title IX Policy. The Formal Complaint must be signed by the Complainant or some other indication that the Complainant is the person filing the Formal Complaint or may be signed by the Title IX Coordinator.

At the time of the filing of the Formal Complaint, the Complainant must be participating in or attempting to participate in the School's education programs or activities of the School with which the Formal Complaint is filed. The Complainant cannot file a Formal Complaint anonymously. The identity of the Respondent is not necessary to file a Formal Complaint. The School still must investigate because the investigation might reveal the Respondent's identity.

Relevant Evidence and Questions means evidence and questions that tend to make an allegation of Covered Sexual Harassment more or less likely to be true. Relevant Evidence and Questions do not include the following types of evidence and questions, which are deemed "irrelevant" at all stages of the Procedure described in the Title IX Policy:

- Evidence and questions about the Complainant's sexual predisposition or prior sexual behavior unless:
 - They are offered to prove that someone other than the Respondent committed the conduct alleged by the Complainant, or
 - They concern specific incidents of the Complainant's prior sexual behavior with respect to the Respondent and are offered to prove Consent.
- Evidence and questions that constitute, or seek disclosure of, information protected under a legally recognized privilege. Legally recognized privileges include but are not limited to physician/healthcare provider-patient privilege, priest-penitent, attorney-client.
- Any Party's medical, psychological, and similar records unless the Party has given voluntary, written consent.

Support Person means an individual of either Party's choosing selected to provide support and assistance throughout the Title IX process. Either Party may be accompanied by a Support Person to any meeting or hearing to which the Party is eligible or required to attend.

A Support Person cannot represent the Party during any investigatory meeting/interview or proceeding and cannot address an investigator/decision-maker unless granted permission by the investigator/decision-maker.

View the complete [Title IX Policy and Grievance Procedure Policy](#) online. (No login required.)

General Principles

Advisor of Choice and Participation of Advisor of Choice. The School will provide the Complainant and Respondent with equal access to an Advisor of Choice ("Advisor") and Support Person. Any restrictions on an Advisor or Support Person will be applied equally. Except where explicitly provided in the Title IX Policy, the School expects the Parties to participate directly in the process and not through a third party. The Parties have a right to select an Advisor of their choosing to conduct cross-examination at the hearing. The Advisor may, but is not required, to be an attorney.

The Advisor is not prohibited from having a conflict of interest or bias in favor of or against Complainants or Respondents in general or for or against a specific Party in a particular matter. The Advisor is also not prohibited from being a witness in the matter. Complainants and Respondents may be accompanied by their Advisor to a meeting or interview that they are eligible or required to attend. The Advisor is not an advocate and cannot represent the Party at the meeting, interview, or hearing, unless otherwise granted permission.

The Advisor is required to conduct any cross-examination at the hearing. The Parties can choose to have their Support Person serve as their Advisor or may select an additional individual to serve as their Advisor. If a Party does not select an Advisor for this purpose or the Advisor does not conduct cross-examination, the School will provide that Party with an Advisor for the sole purpose of conducting cross-examination at the hearing.

Disability Accommodations. The Title IX Policy does not alter any of the School's obligations under Federal disability laws, including the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973. The

Parties may request reasonable accommodations for disclosed disabilities to the Title IX Coordinator at any point before or during the Title IX Policy Grievance Procedure ("Procedure") that do not fundamentally alter the Procedure. The Title IX Coordinator will not affirmatively provide disability accommodations that have not been specifically requested by the Parties, even where the Parties may be receiving accommodations in the School's Educational Program and Activity.

Conflicts of Interest or Bias. Any individual participating as an investigator, hearing decision-maker and appeal decision-maker must disclose to the Title IX Coordinator any potential or actual conflicts of interest or bias. If a Party believes that any individual participating in any of these roles has a potential or actual conflict of interest or bias, they should notify the Title IX Coordinator in writing setting forth the basis for the belief, within three (3) calendar days after being notified of that individual's appointment. The Title IX Coordinator will decide whether a conflict of interest or bias exists, take appropriate responsive action, and notify the Parties, in writing, of the determination and action taken.

Retaliation. Retaliation is prohibited. Neither the School nor any other person may intimidate, threaten, coerce or discriminate against any individual for the purpose of interfering with any Title IX right or privilege or because an individual has made a report, complaint or Formal Complaint, testified, assisted, or participated or refused to participate, in any manner in an investigation, proceeding, or hearing. Intimidation, threats, coercion or discrimination, including charges against an individual for the codes of conduct violations that do not involve sex discrimination or sexual harassment, but arise out of the same facts or circumstances as a report or complaint of sex discrimination, or a report or Formal Complaint of Covered Sexual Harassment, for the purposes of interfering with any Title IX right or privilege, constitute retaliation.

Retaliation may take many forms, including abuse, violence, threats, or intimidation. Any individual or group (not just the Parties) can be responsible for retaliation. Retaliation is an offense, separate and apart from the underlying report or complaint, and will be adjudicated independently from the underlying matter.

Complaints regarding retaliation will be processed in accordance with the HMH and HMSOM's policies on Harassment, Non-Discrimination, and Non-Retaliation/Retribution for Reporting; Conscientious Employee Protection Act.

Timeframe. The Title IX Policy does not limit the time for submitting a report or Formal Complaint alleging Covered Sexual Harassment. It is important to understand, however, that the School's ability to investigate and respond effectively may be negatively impacted with the passage of time. The School is committed to resolve every report and Formal Complaint in a fair, impartial, and timely manner. The timeframe for the School's Procedure under the Title IX Policy begins with the submission of a Formal Complaint.

The Procedure will conclude not later than ninety (90) calendar days after the submission of the Formal Complaint, except that the Procedure may be extended for good reason as set forth in the Title IX Policy, including but not limited to the absence of a Party or a Party's Advisor of Choice or witness, concurrent Law Enforcement activity, or the need for accommodations for disabilities or language translation.

Unless Law Enforcement requests a temporary delay, the School's Procedure for responding to, investigating and adjudicating allegations of Covered Sexual Harassment in the Formal Complaint will continue during any Law Enforcement or civil proceeding.

Extensions of Time and Delays. Upon reasonable notice, each Party may request a temporary extension of time or delay of the Procedure for good reason, provided that the extension or delay does not overly inconvenience the Parties and delay the Procedure. The IX Coordinator, in the exercise of sole discretion, may grant or deny such request and will provide prompt written notice to the Parties of the decision.

Training. The School will ensure that the Title IX Coordinator(s), investigators, decision-makers, and any person who facilitates an Informal Resolution defined below receives appropriate training on the following subjects: definition of Covered Sexual Harassment; the scope of the School's Education Program and Activity; how to conduct an investigation and grievance procedure including hearings, appeals, and Informal Resolution processes; and, how to serve impartially, including by avoiding prejudgment of the facts at issue, conflicts of interest, and bias.

In addition, the School will ensure that decision-makers receive training on any technology to be used at a live hearing and on issues of relevance of questions and evidence, including rape shield laws and when questions and evidence about the Complainant's sexual predisposition or prior sexual behavior are not relevant.

Investigators will receive training on issues of relevance to create an Investigation Report that fairly summarizes relevant evidence. Any training materials will be free of sex stereotypes and will promote impartial investigations and adjudications of Formal Complaints of Covered Sexual Harassment.

Confidentiality Compared to Privacy. The School respects the sensitive nature of all matters falling within the scope of the Title IX Policy and is committed to limiting disclosure of information as much as possible within the requirements of Title IX. Specifically, except as may be permitted by the Family Education and Privacy Act ("FERPA") and Title IX, the School will not disclose the identities of individuals who made a report or complaint of Covered Sexual Harassment, Complainants, Respondents, and/or witnesses.

It is important to understand the distinction between confidentiality and privacy under the Title IX Policy. Confidentiality refers to the ability of certain individuals acting in certain capacities not to report alleged crimes and/or violations of the Title IX Policy to state and/or local police departments or the prosecutor's office ("Law Enforcement") and/or School officials without permission, except for extreme circumstances such as a health and/or safety emergency or child abuse.

In general, these individuals are referred to as "Confidential Resources," and are not obligated to share any personally identifying information (such as names of reporters or victims) with the Title IX Coordinator, Law Enforcement or other School officials. Confiding in them will not trigger an investigation under the Title IX Policy. Clergy, healthcare providers, and counselors may be considered Confidential Resources who can provide information and assistance to individuals, without any duty to report to the School's Title IX Coordinator.

The School supports and conducts events that raise public awareness of prohibited conduct. Disclosures of prohibited conduct by students, employees, or others at such events are not considered reports that School employees would be required to report to the Title IX Coordinator. In addition, there is no duty to report information received through a person's participation in a Hackensack Meridian Health Institutional Review Board approved human subjects research protocol, except as otherwise required by School policy or law.

Privacy refers to School officials not identified as Confidential Resources and who do have a responsibility/duty to notify the Title IX Coordinator upon receipt of a report of alleged Covered Sexual Harassment.

The Title IX Coordinator, campus security, the School's executive officers, including the dean, as well as all associate and assistant deans are School officials with authority to institute corrective action and are designated as "Private Resources" with a duty to report. Individuals may choose to report prohibited conduct to campus security and/or Law Enforcement. Campus security is trained to assist victims of sexual assault, domestic violence, dating violence and stalking and may assist any student, employee, or individual in reporting to Law Enforcement. The School will cooperate with all Law Enforcement. Law Enforcement and campus security do not determine whether a violation of the Title IX Policy has occurred. Campus security and the School cannot provide legal advice.

Designation of School Offices and Employees. Throughout the Title IX Policy, the School offices and employees who will typically perform certain roles or duties are identified. The School, however, reserves the right to designate other School offices and employees to perform any role or duty as may be necessary to effectuate the purposes of the Title IX Policy.

Recordkeeping. The School shall maintain, for a period of seven (7) years, records of the following:

- Any sexual harassment investigation, including any Determination of Responsibility, and any required recording or transcript, as well as any sanction imposed on the Respondent, and any remedies provided to the Complainant;
- Any appeal and its result;
- Any Informal Resolution and its result; and,
- All materials used to train the Title IX Coordinator(s), investigators, decision-makers, and facilitators of Informal Resolution with regard to Covered Sexual Harassment. These training materials will be available upon request for inspection by members of the public.
- The School shall also create and maintain for a period of seven (7) years any actions, including Supportive Measures defined below, it has taken, or requested and not taken, in response to a report or Formal Complaint of Covered Sexual Harassment, as well as document the bases for its conclusions and that it has taken measures designed to preserve access to the School's Education Program or Activity. If the Title IX Coordinator has decided to initiate the grievance Procedure when the Complainant does not wish to participate, the School will document why doing so is not deliberately indifferent.

Reporting of Crime and Disciplinary Statistics. The federal Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (the "Clery Act") requires the School to record and report certain information about campus safety, including the number of incidents of certain crimes on or near campus, some of which also constitute prohibited conduct under the Title IX Policy. Some employees who receive reports of prohibited conduct under the Title IX Policy, including some who may be otherwise considered Confidential Resources are required by the Clery Act to notify the School's campus security about such incidents for statistical reporting purposes.

These notifications minimally include the classification and location of the reported crime, but do not always identify the individuals involved. The Clery Act also requires the School to issue a "timely warning" when it receives a report of certain crimes that pose a serious or continuing threat. The School's Annual Security Report is available online.

Records Disclosure. Disciplinary proceedings conducted by the School are subject to the [FERPA](#), a federal law governing the privacy of student information. In general, FERPA limits the School's disclosure of student information outside the School without the student's consent, but it does permit the disclosure of student disciplinary information without a student's consent in certain circumstances.

For example, Title IX requires that the School disclose to the Complainant whether or not it found that Covered Sexual Harassment occurred, any sanctions imposed on the Respondent that directly relate to the Complainant, any steps the School has taken to eliminate a hostile environment caused by the Respondent's actions and to prevent recurrence. [FERPA](#) specifically allows schools to disclose to alleged victims of violence, including sexual violence, the final results of any school disciplinary proceeding involved in the offense. Records may also be subject to lawful subpoena or other compulsory legal process.

Amendments. The School may amend the Title IX Policy from time to time. Nothing in this Policy shall affect the inherent authority of the School to take such actions as it deems appropriate to further its educational mission or to protect the safety and security of the School community.

Revocation by Operation of Law. If any provision of the Final Rule is stayed or determined to be invalid or otherwise withdrawn, then those invalidated provisions will be deemed simultaneously revoked for matters pending under the Title IX Policy. Allegations in those pending

matters will be handled in accordance with the HMH and HMSOM's policies on Harassment, Non-Discrimination, and Non-Retaliation/Retribution for Reporting; Conscientious Employee Protection Act.

Consolidation of Complaints. The School reserves the right to consolidate Formal Complaints alleging Covered Sexual Harassment against more than one Respondent, or by more than one Complainant against one or more Respondents, or by one Party against the other Party, where the allegations arise out of the same facts or circumstances.

View the complete [Title IX Policy and Grievance Procedure Policy](#) online. (No login required.)

Transcripts

Unofficial transcripts may be downloaded from the [SOMA Portal](#).

Official transcripts must be requested in writing using [an online form](#). Questions about transcripts should be directed to the [Registrar](#).

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. The parking fees incorporated into the HMSOM Student Fees cover most parking costs at HMH and affiliated clinical sites.

Veteran's Information

The HMSOM is approved for Post 9/11 GI Bill Benefits. HMSOM's 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](#).

For questions about use of benefits, please e-mail [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.

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

The wellness of medical students is crucial for their overall health, resilience, and ability to succeed academically. The Wellness Program at HMOM is structured by the [8 Domains of Wellness](#), which include physical, emotional, intellectual, social, spiritual, environmental, occupational, and financial wellness.

HMSOM offers resources to our students to foster each of these domains of wellness. These domains are interconnected, and nurturing one aspect of wellness often positively influences others.

White Coat Protocol

Students will receive two white coats during their time at the HMSOM, one embroidered with their name. Additional white coats may be purchased by the student through the HMSOM online store.

View the complete [Clinical Dress Code Policy](#) online. (Login required.)

Acronyms

AAMC	Association of American Medical Colleges	MCQ	Multiple Choice Questions
ACGME	Accreditation Council for Graduate Medical Education	MEC	Medical Education Committee
ACR	Advanced Clinical Rotation	MSCHE	Middle States Commission on Higher Education
AMA	American Medical Association	MSNJ	Medical Society of New Jersey
AMWA	American Medical Women's Association	MSPE	Medical Student Performance Evaluation
AOA	American Osteopathic Association Alpha Omega Alpha	NB	Neurosciences and Behavior
CAP	Community Assessment Project	NBME	National Board of Medical Examiner
CBSE	Comprehensive Basic Science Examination	NMD	Nutrition, Metabolism, and Digestion
CHP	Community Health Project	NRMP	National Residency Matching Program
CK	Clinical Knowledge	OME	Office of Medical Education
CLO	Course Learning Objective	ORGS	Office of Research and Graduate Programs
CO	Course Objective	OSCE	Objective Structured Clinical Examination
CON	College of Nursing at Seton Hall	P3R	Phase 3 Residency program
CQI	Continuous Quality Improvement	PBL	Problem Based Learning
CS	Clinical Skills	PPPC	Patient Presentation PBL Curriculum
CV	Curriculum Vitae	SAW	Student Affairs and Wellbeing
EPAs	Entrustable Professional Activities	SGA	Student Government Association
EPOs	Educational Program Objectives	SHMS	School of Health and Medical Sciences
ERAS	Electronic Residency Application Service	SLO	Session Learning Objectives
GHHS	Gold Humanism Honor Society	SMS	Specialties Matching Service
GRAT	Group Readiness Assurance Test	SOMA	School of Medicine Access Portal
HA	Homeostasis and Allostasis	SP	Structural Principles Standardized Patient
HD	Human Dimension	SPRC	Student Performance Review Committee
HDIO	Human Dimension, Immersion and Orientation	SPS	Student Professionalism Subcommittee
HSS	Health System Science	SSR	Sciences/Skills/Reasoning courses
HUMC	Hackensack University Medical Center	TBL	Team Based Learning
I2C	Immunity, Infection, and Cancer	TDH	The Developing Human
IHSC	Interprofessional Health Sciences Campus	TRAT	Team Readiness Assurance Test
ILP	Individualized Learning Plan	USMLE	United States Medical Licensing Examination
IRAT	Individual Readiness Assurance Test		
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		

PolicyStat Links

Academic Freedom	Committee and Student Professionalism Subcommittee
Academic, Professionalism, and Clinical Performance Standards Policy	Seal Use Policy
Academic Promotion and Graduation	Student Code of Academic and Professional Integrity
Admissions Committee Conflict of Interest and Confidentiality	Student Immunization and Health Screening Requirements Policy
Background Check Policy	Student Leave and Short-Term Absence Policy and Procedures
Billing, Collection, Write-offs, and Unclaimed Property	Student Reasonable Accommodation Request Policy
Clinical Dress Code Policy	Student Records Access Management Policy
Clinical Rotation Scheduling	Student Selection/Process and Dissemination
Clinical Supervision Policy	Timely Grade And Mid-Course/Clerkship Reporting
Collaborative Student Assessment and Support Policy	Title IX Policy and Grievance Procedure
Continuous Quality Improvement	Transfer Students and Advanced Standing/ Transfer Credit
Course Credit Policy	Tuition, Fees, and Other Charges Policy
Curricular Change Policy	Tuition Refund Policy
Diversity and Equity Policy and Statement	United States Medical Licensing Examination (USMLE) Requirements Policy
Drug and Alcohol Free Workplace	
Electives Policy	
Equal Employment Opportunity	
Examination Review and Querying Policy	
Exposure to Bloodborne Pathogens and Environmental Hazards, Medical Students	
Extended Enrollment Tuition Policy	
Family Educational Rights and Privacy Act (FERPA)	
General Grievance Policy	
Grade Appeal Policy	
Identifying Confidential Evaluators	
Intellectual Property Policy (Hackensack Meridian Health)	
Minors on Campus for Programmatic Activities	
Narrative Assessment Policy	
Phase 1 Assessment and Grading Policy	
Phase 1 Scheduled Time Policy	
Phase 1 Attendance Policy	
Phase 1 Student Workload Policy	
Phase 2 Assessment and Grading Policy	
Phase 2 Attendance Policy	
Phases 2 and 3 Clinical Duty Hours Policy	
Phase 3 Attendance Policy	
Phase 3 Program Development Policy	
Preventing Student Mistreatment and Promoting a Positive Learning Environment	
Professional Behavior and Expectations for the Teacher - Learner Relationship	
Recording of Educational Sessions	
Roles and Procedures of the Student Performance Review	