Weill Cornell Medical College
Student Handbook

Updated October 2018
Weill Cornell Medical College
Student Handbook

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

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

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About the Institution

Weill Cornell Medical College

History

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

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

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

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

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

As the scientific pursuit of medicine gained prominence, a new kind of institution arose — the partnership of university and hospital in an academic medical center. The Medical College and The New York Hospital first signed a limited affiliation agreement in 1913; formal affiliation in 1927 joined the facilities of the two institutions. Hospital and college were brought to one location in 1932 with the opening of The New York Hospital-Cornell Medical Center, physically confirming the fundamental integration underpinning the academic medical center and its triple mission of education, research, and patient care.
Now at the heart of a world-renowned center of medical education, biomedical research, and health care, Weill Cornell Medical College remains committed to the advancement of medical knowledge through work done by faculty and students alike. As a pioneer in the early 1950’s in developing the concept of comprehensive care for patients as well, Weill Cornell investigated and refined the effective matching of patient needs with medical and community resources, through its Comprehensive Care and Teaching Program. While the formal program ended in the 1960’s, the precepts of comprehensive patient care learned from the undertaking continue to be applied.

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

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

**Mission Statement**

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

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

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

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

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

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

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

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

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

**New York-Presbyterian Hospital**

On December 31, 1997, The New York Hospital and The Presbyterian Hospital merged to form New York-Presbyterian Hospital (NYPH). The merger combined these two institutions with long and distinguished histories. The New York Hospital, the second oldest hospital in the United States, was founded in 1771 by a Royal Charter granted by King George III of England. In 1927, The New York Hospital affiliated with Cornell University. The merged NYPH has two principal academic affiliates: Weill Cornell Medical College and the College of Physicians and Surgeons of the Columbia University. Although the hospitals have merged, the medical colleges have not. NYPH is the largest hospital in New York City and one of the largest and most comprehensive health-care institutions in the world, with leading specialists in every field of medicine. NYPH’s Centers of Excellence are unsurpassed in quality and are increasingly attracting patients from the extended New York Metropolitan region, as well as from around the world. Centers of Excellence include: cardiac care, pediatrics, burn care, reproductive medicine and infertility, cancer care, trauma, women’s health, liver disease,
transplant surgery and psychiatry. As a consequence of the merger, the medical center, formerly known as the New York Hospital-Cornell Medical Center, now has the name Weill Cornell Medical Center (WCMC). Located on the Upper East Side of Manhattan with a psychiatric hospital (The Westchester Division) in White Plains, WCMC is a 1,312-bed academic medical center with 49,798 admissions and 72,239 emergency room visits annually.

Weill Cornell Medical Center has state-of-the-art inpatient and ambulatory-care facilities. It offers a full-range of primary, specialty, and subspecialty care for children and adults. WCMC has 55 graduate medical education programs. It has level 1 adult and pediatric trauma center and the nation’s busiest Burn Center. New York-Presbyterian Hospital is dedicated to serving New Yorkers from all walks of life. It participates in several Medicaid managed-care plans, which are designed to offer the best in medicine to those who are Medicaid-eligible. The Hospital also provides a substantial amount of charitable and uncompensated care to patients without means.

On July 1, 2013, New York Downtown Hospital became the sixth campus of NYPH and was renamed Lower Manhattan Hospital (LMH). This added 180 beds to NYPH. LMH is located near Wall Street, Tribeca, Chinatown, Little Italy, South Street Seaport, City Hall, and the Foley Square federal courthouse. It is the only hospital south of 14th Street in Manhattan. LMH together with the Weill Cornell Physician Organization provides the full range of inpatient services including medicine, surgery, Ob/Gyn and pediatrics as well as ambulatory services on site and at locations in Chinatown and Sunset Park, Brooklyn. More than 60% of the patients served by LMH are of Asian ethnicity. LMH was one of the principle emergency care sites after the World Trade Center disaster on 9/11/2001. With over 300,000 people who commute to work daily in Lower Manhattan, LMH has emphasized emergency medicine, opening its new Lehman Brothers Emergency Center in 2006. LMH participates in the first year Office-based Preceptor course and the Primary Care Clerkship.

The Methodist Hospital, Houston, Texas

The Methodist Hospital, located in Houston, Texas, became a Weill Cornell Medical College affiliate in 2004. It is also one of the nation’s largest private, non-profit hospitals with 1,269 beds. Methodist is the site of numerous medical breakthroughs, such as the world’s first multiple-organ transplant in the 1960’s, gene therapy for prostatic cancer, and the first islet cell transplantation for diabetes in Texas. Through the affiliation and the establishment of The Methodist Hospital Research Institute, multiple research collaborations have developed between investigators at Weill Cornell in New York City and The Methodist Hospital in Houston, Texas. Educational programs have also expanded recently. Third year students have begun to do clerkships in Internal Medicine, Surgery and Ob-Gyn at Methodist. Methodist has also built a healthcare system in the greater Houston community consisting of its flagship hospital and three community hospitals. In terms of international collaborations, The Methodist Hospital provides a major window to Latin America and partnerships throughout the world.
Hospital for Special Surgery

The Hospital for Special Surgery (HSS), founded in 1863 by the New York Society for the Relief of the Ruptured and Crippled, was the first institution in the United States dedicated to the treatment of orthopedic conditions. Today it is a leader in the fields of orthopedics, rheumatology and sports medicine. Affiliation with Weill Cornell Medical Center began in 1949. Construction of a new hospital over the FDR Drive was completed in 1996 and all patients are now treated in the new facilities. HSS is a 160-bed hospital with 8,592 admissions and 183,000 outpatient visits annually. HSS performs 25% of all joint replacement surgery in New York City. Residents train in its highly regarded five-year program in orthopedic surgery; additionally clinical fellows receive training in advanced programs in rheumatic diseases and orthopedic subspecialties. In addition to patient care and medical education, the hospital maintains the Philip D. Wilson Research Center. The hospital’s research division investigates the causes, prevention, and new treatments for orthopedic, rheumatic and autoimmune diseases. HSS is the center of numerous clinical trials and the holder of various patents in its field. HSS is consistently ranked as one of the leading institutions in its specialty in the United States.

Memorial Sloan-Kettering Cancer Center

Memorial Sloan-Kettering Cancer Center (MSKCC) is the world’s oldest and largest privately operated center devoted to prevention, patient care, research, and education in cancer. The prototype for the National Cancer Institute-designated comprehensive cancer centers, Memorial Sloan-Kettering has two operating organizations: Memorial Hospital, which provides inpatient and outpatient care, specialized and support services, and a broad program of clinical research; and the Sloan-Kettering Institute, with some 75 laboratories dedicated to biomedical investigation, which are part of the Weill Cornell Graduate School of Medical Sciences. Programs of basic and clinical research at Memorial Sloan-Kettering aim to advance the understanding of cancer, and to improve the means for its prevention, diagnosis, and treatment. Research at the Sloan-Kettering Institute is organized into five major areas: Molecular Biology; Cell Biology; Cellular Biochemistry and Biophysics; Immunology; and Molecular Pharmacology and Therapeutics. In addition, more than 20 different clinical research programs are conducted under the auspices of Memorial Hospital. The close collaboration between the Center’s scientists and clinicians facilitates the rapid translation of results from the laboratory to the patient’s bedside.

Memorial Sloan-Kettering is developing techniques to identify and monitor people at increased risk for cancer, providing tests to diagnose the disease in its earliest stages, and leading studies to assess promising avenues of cancer prevention. An innovative outpatient facility on 64th Street opened in 1992 and is situated apart from the main campus. Its Evelyn H. Lauder Breast Center provides for all the medical and non-medical needs of breast cancer patients, while the Iris Cantor Diagnostic Center provides the latest high-technology diagnostic services. The Breast Examination Center of Harlem (BECH), located at 163 West 125th Street and affiliated with Memorial Sloan-Kettering, provides free breast and cervical-cancer screenings, counseling, support groups, patient-education materials, and referral services to women in Harlem. Memorial Sloan-Kettering also acquired The Stella & Charles Guttman Breast Diagnostic Institute, located at 55 Fifth Avenue near 13th Street, in the Greenwich Village neighborhood of Manhattan. The Memorial Sloan-Kettering Guttman
Diagnostic Center now offers prevention and early detection of breast, gynecological, prostate, and skin cancers. The Memorial Sloan-Kettering Counseling Center, which opened in 1996 at 1246 Second Avenue and 65th Street, is an outpatient facility to help cancer patients of all ages cope emotionally with their disease and treatment and to adjust to life after cancer. The Clinical Genetics Service counsels people who report a family history of multiple cases of breast, ovarian, colon, endocrine, skin, or other cancers. Its staff collects and analyzes detailed family, medical, and lifestyle histories, assesses individual cancer risks, and discusses with patients and relatives their options for prevention and for early detection.

To facilitate international collaboration, Memorial Sloan-Kettering has established oncology programs in alliance with hospitals in Switzerland, Greece, Brazil, Spain and Turkey. Memorial Sloan-Kettering has also joined forces with hospitals in Westchester County, Long Island, and New Jersey to provide people in these communities with access to the Center’s world-renowned cancer care closer to home. The Rockefeller Outpatient Pavilion located at 160 East 53rd Street at Third Avenue, opened in 1999. It offers outpatient radiology and chemotherapy services, as well as patient education and prevention, screening, and “wellness” programs for people at risk of developing cancer. Also launched in 1999 was Memorial Sloan-Kettering’s Integrative Medicine Program, which enhances patients’ and family members’ quality of life through healing regimens that address the body, mind and spirit. Originally established in 1884, Memorial Hospital has been affiliated with Cornell University since 1914. Many staff members of Memorial Hospital and Sloan-Kettering Institute hold faculty appointments either in the Medical College or in the Graduate School of Medical Sciences, which offers doctoral degree programs through the Sloan-Kettering Division. The Center is a major resource for the Medical College, offering students clinical instruction and research opportunities. Center facilities provide unparalleled instruction in the pathology, diagnosis, and treatment of neoplastic disease.

New York-Presbyterian Regional Hospital Network

The New York-Presbyterian Healthcare System (NYP System) was developed in response to changes in the healthcare marketplace in order to meet the healthcare needs of employers and patients throughout the metropolitan New York area. It has also become a major clinical educational resource for Weill Cornell. In 2015-16, the NYP System changed its name to the New York-Presbyterian Regional Hospital Network, (NYP Network) signifying NYPH’s active parent relationship to NYP/Queens and NYP Brooklyn Methodist Hospital. Today the NYP Network consists of the full spectrum of healthcare services, including the academic medical centers, specialty institutes, community hospitals, long-term care facilities, health agencies, ambulatory care sites, and physician groups. The Cornell-affiliated hospitals of the NYP Network include Weill Cornell Medical Center, the Hospital for Special Surgery, NYP/Queens, NYP Brooklyn Methodist and Community Hospital of Brooklyn. Although not all of the hospitals, health centers and nursing homes in the NYP Network participate in the clinical education of Weill Cornell medical students, their patients may be transferred among the institutions that are student teaching sites.

New York-Presbyterian/Queens Hospital

New York-Presbyterian/Queens (NYP/Q) is a 535-bed acute care teaching hospital providing primary, secondary and tertiary care to an urban population, which reflects the remarkable
The borough of Queens is one of the most multiethnic counties in the United States. NYP/Q is a major trauma center and has one of the nation’s most advanced radiotherapy services. It is also the only hospital in Queens that performs cardiac surgery. The Hospital sponsors the 315-bed Silvercrest Extended Care Facility for the care of the chronically ill. Formerly called Booth Memorial Medical Center, NYP/Q was founded by the Salvation Army in 1957 as a 210-bed hospital. It rapidly expanded to meet the needs of the community and became a teaching center with affiliations to major university medical centers. Then, in 1993, it joined the New York-Presbyterian Healthcare System. In 2016, NYP/Q had approximately 31,881 in-patients and 359,767 outpatient clinic visits annually. There were 16,669 ambulatory surgery procedures performed and 102,135 emergency room visits. NYP/Q has a 22-year tradition of training medical students and residents in all the major clinical services. There are currently 183 residents and fellows who receive post-graduate training. Research programs are being conducted in the fields of infectious diseases, oncology and nephrology. NYP/Q is also involved in the first year Office-based Preceptor course, the first and second year Physical Diagnosis course, the Internal Medicine, Neurology, Pediatrics, Ob/Gyn, Primary Care and Surgery clerkships, and third and fourth year electives.

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

NYP Brooklyn Methodist Hospital is a 591-bed acute care teaching hospital, which has provided over 110 years of dedicated service to the Brooklyn community. The Hospital, which is located in the Park Slope section of Brooklyn, provides services to over 42,285 in-patients each year, has approximately 527,815 outpatient clinic visits and 85,381 emergency rooms visits, and performs 20,620 ambulatory surgery procedures each year. NYP Brooklyn Methodist joined the New York-Presbyterian Healthcare System and became a Weill Cornell affiliate in 1993. NYP Brooklyn Methodist Hospital maintains dedicated ventilator, rehabilitation, medical oncology, psychiatry, and critical care in-patient units. The hospital’s specialized clinical services include a cardiac surgery unit, a cardiac catheterization unit, cardiopulmonary physiology lab, rehabilitation therapy unit, sleep-wake disorders center, and a breast-imaging center. It is also the center of a regional radiation oncology network, which includes seven institutions. NYP Brooklyn Methodist Hospital is involved in the Office-based Preceptor course in the first year; the Physical Diagnosis course in the second year; and the Pediatrics Clerkship in the third year.

**Lincoln Medical and Mental Health Center**

Lincoln Medical and Mental Health Center is an acute care public hospital located in the heart of the South Bronx. Founded in 1839 as a home for aged former slaves, Lincoln has evolved into a teaching medical center with 347 beds, including medical, surgical, OG-Gyn, pediatric, neonatal, psychiatry and coronary intensive-care beds and a recently expanded 11-station Renal Dialysis Unit. Lincoln is one of 11 public hospitals run by the New York City Health + Hospitals. Since 1997, Weill Cornell has been the academic affiliate for Lincoln Hospital. In the year 2000, Lincoln became Weill Cornell’s only public hospital affiliate. Lincoln provides over 500,000 outpatient visits, 4,226 ambulatory surgical procedures and 2,500 deliveries annually. With 172,320 Emergency Room visits and a Level 1 Trauma Center, Lincoln is the third busiest emergency room in the United States. The community serviced by Lincoln is primarily Hispanic (53%) and African American (43%). It is the site for several collaborative
research projects with Weil Cornell reflecting its diverse community. The SCALE (Small Changes and Lasting Effects) is an NIH funded obesity study and the CHEVERE (Center for Hispanic health Evaluation, Education, Research and Engagement) study are conducted with support from Weil Cornell’s Healthcare Policy and Research Department. Lincoln serves as a teaching site for the first year Office-based Preceptor course, the first and second year Physical Diagnosis course, and fourth year electives, particularly in Emergency Medicine.

**Cayuga Medical Center at Ithaca**

Situated in the Finger Lakes region of Central New York, Cayuga Medical Center (CMC) at Ithaca is an acute-care facility that provides high-quality health care (emergency, inpatient and outpatient) to a community of 150,000 people. The 204 bed, not-for-profit medical center, is rated in the top 10% of hospitals nationwide by the Joint Commission on Accreditation of Healthcare Organizations. It has been affiliated with Weill Cornell Medical Center since 1993. In recent years, Weill Cornell has expanded its relationship to Cayuga Medical Center by offering Grand Rounds speakers on topics selected by the Cayuga medical staff. Students may elect to do their Primary Care Clerkship at CMC, which provides exposure to clinical care in a small-town, rural environment. Students enrolled in the program accompany physicians on their daily rounds at the medical center and evaluate and treat patients in physicians’ private offices. Recently, CMC received a grant from NYS to establish a Rural Tracking Track (RTT) in which Internal Medicine residents spend their first year at NYP Weill Cornell Medical Center and the following two years in Ithaca at CMC and a Federally Qualified Health Center. The 180 physicians on the medical staff at Cayuga Medical Center represent the full range of medical and surgical specialties and sub-specialties, including allergy and immunology, anesthesia and pain medicine, cardiology, dermatology, emergency medicine, endocrinology, family practice, gastroenterology, internal medicine, nephrology, neurology, neurosurgery, obstetrics and gynecology, oncology, ophthalmology, otolaryngology, orthopedics and sports medicine, pathology, pediatrics, physical medicine and rehabilitation, plastic and reconstructive surgery, podiatry, psychiatry, pulmonary medicine, radiology, rheumatology, surgery (general, thoracic, vascular), and urology. Key programs at Cayuga Medical Center include one of only 20 Comprehensive Cancer Centers in the state, The Finger Lakes Center for Advanced Laparoscopic Surgery, a Woman’s Imaging Center for the detection of breast cancer; the Ithaca Center for Pain Management, a Comprehensive Outpatient Services department; a satellite clinic for walk-in non-emergency care that treats approximately 20,000 patients a year and provides corporate wellness and occupational health programs, a radiology program, and both inpatient and outpatient rehabilitation services. Ithaca, New York, located at the southern tip of Cayuga Lake, is home to both Cornell University and Ithaca College and has a wealth of local resources that stimulate academic, professional and personal growth.

**The Winifred Masterson Burke Medical Research Institute**

The Research Institute supports research conducted at Burke in White Plains, NY, including the Dementia Research Laboratories and the Laboratory of Molecular Neurobiology. The Institute conducts research into chronic neurological disability and sees itself as the neuro-restoration and brain repair arm of Weill Cornell Medicine. The basic science of head injury, stroke and other neurological disorders is central to the specific problems of chronic illness.
and disability which confront the majority of Burke patients, and with which rehabilitation is concerned. Clinical research programs are conducted under the auspices of individual departments of the Burke Rehabilitation Hospital. The Research Institute is staffed by world-renowned scientists and has received numerous honors and awards of international acclaim. In addition to presenting their findings at major conferences, researchers publish their work in peer-reviewed journals.

**Community Health Network**

The Community Health Network (CHN) is a not-for-profit organization of 11 community-based, ambulatory health care centers serving New York City’s poor and under-served communities: 3 health centers in Manhattan (Washington Heights, Central Harlem, Lower East Side); 4 in Brooklyn (Downtown Brooklyn, East New York, Williamsburg, Red Hook); 1 in Queens (Jamaica); 1 in the Bronx (Mott Haven); and 2 mobile centers. All the health centers provide primary care services, including women’s health services, behavioral health, nutrition and social services. The Long Island City Clinic in Astoria, Queens is affiliated with New York-Presbyterian and Weill Cornell. NYP primary care internal medicine residents hold their continuity clinic at the Long Island City Clinic and some Weill Cornell students do their first year Office-based Preceptorship and their third year primary care clerkship at the Long Island City Clinic. The Long Island City Clinic is a federally qualified health center.

**New York Community Hospital of Brooklyn (CHOB)**

Since 1929, New York Community Hospital of Brooklyn (CHOB) has been serving the health care needs of the southern Brooklyn communities. The Hospital is a 134-bed, acute care, voluntary, non-profit hospital, providing inpatient medical and surgical services as well as emergency, intensive care and ambulatory surgical services. CHOB further fulfills the health care needs of the community by sponsoring and participating in community support groups, informational lectures, health screenings and Health Fairs on an on-going basis. In 1993, CHOB became affiliated with Weill Cornell Medical College and became a corporately sponsored member of the New York-Presbyterian Healthcare System.
Student Safety Orientation

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

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

Additional information is available on the EHS website:
- EHS Website: http://ehs.weill.cornell.edu/
- EHS Safety Resources for Students: http://ehs.weill.cornell.edu/forms-resources/we-offer-services/students
- EHS Safety Trainings: http://ehs.weill.cornell.edu/training
- WCM Emergency Resources for Students: https://emergency.weill.cornell.edu/student

Reporting Crimes, Emergencies, and Suspicious Behavior

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

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

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

In addition to reporting off-campus crimes to 911, students should report any crimes or other security concerns involving the Medical College and its students that occur off campus to
NYPH Security (212-746-0911). Such information assists the Medical College with reporting and notification requirements that help ensure the safety of the Medical College community.

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

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

Additional Emergency Contacts

**Medical College**

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<tr>
<th>Service</th>
<th>Phone</th>
<th>Hours</th>
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<tbody>
<tr>
<td>Engineering &amp; Maintenance (facilities emergencies)</td>
<td>1-212-746-2288</td>
<td></td>
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<tr>
<td>Emergency repairs in campus housing</td>
<td>1-212-746-1001</td>
<td>Monday-Friday, 9AM-5PM</td>
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<tr>
<td></td>
<td>1-212-746-1009</td>
<td>other times</td>
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<tr>
<td>Environmental Health &amp; Safety (fire, chemical, biological, and radiological releases)</td>
<td>1-646-WMC-SAFE 1-646-962-7233</td>
<td>any time</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security</td>
<td>1-212-746-0911</td>
<td>any time</td>
</tr>
<tr>
<td>Fire</td>
<td>1-212-746-FIRE 1-212-746-3473</td>
<td>any time</td>
</tr>
<tr>
<td>Facilities Operations (facilities emergencies)</td>
<td>1-212-746-1920</td>
<td></td>
</tr>
<tr>
<td>Environmental Health &amp; Safety</td>
<td>1-212-746-1926</td>
<td></td>
</tr>
<tr>
<td>Rape crisis program (emergency department)</td>
<td>1-212-746-5050</td>
<td></td>
</tr>
<tr>
<td>Counseling (social work)</td>
<td>1-212-746-4320</td>
<td></td>
</tr>
<tr>
<td>Switchboard</td>
<td>1-212-746-5454</td>
<td>any time</td>
</tr>
<tr>
<td>Administrator On Call</td>
<td>1-212-746-5020</td>
<td>any time</td>
</tr>
</tbody>
</table>
Medical College Administrators

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

<table>
<thead>
<tr>
<th>Role</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate Dean (Student Affairs)</td>
<td>In an emergency, Dean Zappetti may also be reached at:</td>
</tr>
<tr>
<td></td>
<td>212-746-1058 or 646-532-1228</td>
</tr>
<tr>
<td>Senior Associate Dean (Education)</td>
<td>In an emergency, Dean Hempstead may also be reached at:</td>
</tr>
<tr>
<td></td>
<td>212-746-2195 or 646-217-9461</td>
</tr>
</tbody>
</table>

Emergency Alerting

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

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

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

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

Suspicious Behavior

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

- A person running and looking about furtively, as if he or she were being watched or chased.
- A stranger carrying property at an unusual hour or location, especially if the items are stereo equipment, office machinery, or a locked bicycle.
- A person going door-to-door in an office or residential building.
- Any person forcibly entering a locked vehicle or building.
• Transactions being conducted from vehicles, especially near schools or parks.
• A person or persons sitting in a parked car and closely scanning the area.
• A person exhibiting unusual mental or physical symptoms.
• Unusual noises, including gunshots, screaming, sounds of fighting, barking dogs, or anything suggesting danger or illegal activity.

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

**Crime Prevention Tips**

• Keep yourself, your residence, your office, and your car safe by incorporating safe behavior into your daily routine.

• When you leave your room or office, even for a moment, always keep your doors and windows locked.

• Never leave your purse, wallet, book bag, electronic devices, or other property unattended, even for a moment.

• Be careful when people stop you for directions or money. Always reply from a distance; never get too close to the car or the person. If you feel uncomfortable about someone near you, go somewhere with people around and call the police or NYPH Security.

• If you are out after dark, use only well-lit routes and travel in groups when possible. Avoid construction areas, particularly sidewalks shadowed by scaffolding.

• Walk with the appearance of confidence. Make eye contact with passersby, and keep a firm grip on your property.

• Have keys ready so you can quickly get into your car or home.

• Although it seems courteous to open doors for others, especially persons carrying groceries or packages, do not open doors for strangers.

**Campus Security Report**

In addition to the information contained above, The Medical College and Graduate School of Medical Sciences annually distribute a campus security report to all students and employees containing descriptions of policies and procedures for reporting crimes and emergencies and campus crime data. The report lists telephone numbers and contact information for security in campus facilities and residences. Policies and procedures for handling sex offenses and programs for victims are also described.
On request, prospective and current students and employees can receive the report from the Admissions Office or the Office of Human Resources. The report is also available at: https://medicaleducation.weill.cornell.edu/student-resources/sexual-misconduct-campus-security.

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

**Comments**

The Advisory Committee on Campus Security Committee may be reached by e-mail at CampusSecurity@med.cornell.edu.

**Annual Campus Security and Fire Safety Report**

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

- WCM Education: http://weill.cornell.edu/education/student/stu_campus_sec.html
- WCM EHS: http://ehs.weill.cornell.edu/safety/fire-safety
- WCM Emergency: https://emergency.weill.cornell.edu/student

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

**Emergency Preparedness**

**WCM Emergency Website – Student Resources**

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

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

Emergency App, Desktop Shortcut

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

Weill Cornell Alert

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

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

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

Fire Safety

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

Most areas in WCM buildings are monitored by an early-warning fire detection system and protected by fire sprinklers. Upon the activation of any fire sprinkler, fire or smoke detector, or alarm-initiating device; there is an audible and visual indication throughout the building.
that the fire alarm has activated, while simultaneously notifying the NYC Fire Department of the potential fire emergency.

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

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

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

**Fire Safety Rules**

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


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

**Residential Fire Safety Plans**

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

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

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

Tampering with fire safety equipment, such as fire extinguishers; or fire protection system devices, including smoke detectors and sprinkler heads, is unlawful and subject to disciplinary action by WCM.
Transmission of a false fire alarm is punishable as a Class A Misdemeanor under New York State Penal Law § 240.50. Violators of this law will also be subject to disciplinary action by WCM.

**Fire Safety Procedure**

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

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

**R** – **RESCUE**: Remove occupants from the affected area. Assist others as appropriate. For patient care areas, rescue those in immediate danger from fire or smoke.

**A** – **ALARM**: If there is visible fire or smoke, report the fire to the other occupants in the immediate area by shouting “**FIRE**”. Activate the nearest fire alarm pull station to alert building occupants of the fire. Occupants in NYP buildings must call the NYP fire hotline at 212-746-FIRE (3473).

**C** – **CONFINE**: Close all doors, including interior doors, to the area to confine a fire and minimize the risk of the fire spreading in the building. Place damp towels at the base of the door to minimize smoke entering an area where occupants or patients are unable to evacuate.

**E** – **EVACUATE /EXTINGUISH**: In the event of a fire or fire alarm activation, building occupants must evacuate as specified in the Building-Specific Fire Safety Procedures, or EHS-approved local fire safety plan. Fire extinguishers should only be used by trained personnel to extinguish small fires, and only after the other R.A.C.E. procedures have been fully implemented.

**Questions**

Please contact Environmental Health and Safety with any questions concerning fire and other safety issues.
All fees for instruction and other charges are paid through the Student Accounting Office of the Medical College in 1300 York Ave. C-114 or via the online Learn Portal.

Students will be billed for tuition and fees before the start of the semester and are required to pay tuition and fees prior to the first day of the semester.

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

Required student fees include, but are not limited to, the University, Student Health Service, and Disability Insurance fees. Health insurance may be waived with proof of comparable coverage. Fee rates are determined annually.

The MD program tuition and fees for 18-19 academic year are as follows:

<table>
<thead>
<tr>
<th></th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>$57,050</td>
<td>$57,050</td>
<td>$57,050</td>
<td>$57,050</td>
</tr>
<tr>
<td>Fees</td>
<td>$3,782</td>
<td>$4,070</td>
<td>$4,070</td>
<td>$4,070</td>
</tr>
</tbody>
</table>

For full details, please see:
https://studentservices.weill.cornell.edu/student-accounting/general-information/1-tuition-fees

For full details on the Cost of Attendance, please see

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

Students who are neither US citizens nor permanent residents are required to pay tuition in-full (equal to four academic years) prior to the first day of the term.

First-Year and Returning Students: Any individual who owes a balance to the Medical College will not be able to enroll, to make academic progress toward his/her degree, release of diploma, to receive a transcript of his/her record, to have his/her academic credits certified, to apply for or to retain student housing, or to have a degree certified.
**Refund Policy**
Students who withdraw from the Medical College will be charged tuition from the first day of the current term to the effective date of the withdrawal as recorded by the Office of Medical Education. The effective date of the withdrawal will be used to determine whether a refund is applicable and if applicable what the amount of the refund will be.

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

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

The count of days includes all weekdays, weekend days, and holidays that fall within the term.

Health insurance and disability insurance fees are charged at the beginning of each semester and are not refunded once the applicable period to waive has ended.
Students who withdraw from the Medical College, withdraw from all courses within a given term, or on a medical, personal or academic leave are all subject to the tuition refund policy. Students in these categories who are receiving financial aid will also have their aid reevaluated and may be required to pay a portion of the financial aid back or otherwise may owe a balance to the institution after a Return to Title IV Funds calculation is completed with the Department of Education for all federal funding. The balance due, if any, will be determined by a combination of the Medical College Tuition Refund Policy and the Return to Title IV Federal calculation. This calculation is determined based on the number of days within the term that the student attended.

Students who are enrolled in the Extended Curriculum (formerly referred to as a research LOA) will not be charged tuition but will only be charged a matriculation fee for each term that they are enrolled in the Extended Curriculum and not the MD program.
The Medical College is dedicated to providing the finest medical care to its students. The following summary highlights Weill Cornell Medicine Student Health Services and the Student Health Insurance Plan.

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

### Student Health Services

**With limited exceptions, all students must participate.** The mandatory fee for 2018-2019 is $1,338 a year. Adult dependents and children under the age of 18 are not seen in the student health center. With the Medical College’s plan for families, dependents under the age of 18 are covered for care if they are seen by participating pediatricians.

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

### Services Available at SHS

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

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

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

**Student Health Services and Attendance**

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

**Student Health Insurance Plan**

The Medical College’s Student Health Insurance Plan is specifically tailored to meet the needs of our students. The cost for the MD program 2018-2019 is: $5,400 for a student, $10,800 for a student and a spouse, $10,800 for a student and a child, and $16,200 for a family student, spouse, and 1 or 2 children. In-network benefits include no deductibles, a $5,000 per member out-of-pocket maximum, 10% coinsurance on many services, low co-pays, access to the Aetna Provider Network, an unlimited coverage benefit per sickness/injury, a prescription plan, national and international hospital care, out-of-area emergency care, and other benefits. Out of network care is available but requires a $750.00 deductible and students will be responsible for 30% coinsurance to an out-of-pocket maximum of $5,000.00/individual. Optional dental and vision care coverage is available through separate programs at additional cost.

Information about our student insurance plans is available through the website of our broker, Gallagher Student Health & Special Risk at: http://www.gallagherstudent.com/WCMC.
While all students must participate in the SHS, participation in the Medical College’s health insurance plan is optional. Students must provide evidence of being enrolled in a comparable insurance plan in order to waive coverage. Students with other health insurance policies are responsible for determining the specific benefits, limitations and differences of their policies from the Medical College plan as well as filling out required forms and settling financial issues with their insurance company. These students may also be limited in their choice of specialist referral depending on which of the Weill Cornell Medicine faculty participate in their specific insurance plan. Health insurance is a complex matter with stark and subtle differences among policies. Before waiving participation in the Medical College plan, students should carefully review the eligibility, coverage, payment, and restriction features of individual, parent’s, or spouse's insurance plan.

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

In order to waive enrollment in the Student Health Insurance Plan, students must obtain coverage that is comparable to our plan. Comparable coverage requires that the alternate plan:

- covers medically necessary care while you are in New York City, including inpatient hospitalization and outpatient benefits, such as office visits, outpatient laboratory and radiology procedures (coverage for emergency care only does not meet this requirement);
- covers emergency care while traveling or studying abroad;
- covers mental health care, inpatient psychiatric care, and treatment for chemical dependence;
- has a maximum benefit of at least $1,000,000 per year;
- covers you throughout WCMC Plan Benefit Year;
- covers pre-existing conditions prior to the start of the WCMC Plan Benefit Year;
- is provided by a company licensed to do business in the United States, with a U.S. office and telephone number;
- includes a limit on individual out-of-pocket expenses no greater than the annual premium for the Student Health Insurance Plan; and
- covers medically necessary drugs, including antiretrovirals given after a bodily fluid exposure.

An enrollment waiver must be completed annually. For more information, contact the Office of Student Life. A waiver form can be completed at [www.gallagherstudent.com/WCMC](http://www.gallagherstudent.com/WCMC).
Referrals to Specialists/Sub Specialists

*Students in the Medical College’s plan:* you do not need written referrals however, we recommend that you obtain a recommendation from the Student Health Service as we have long standing relationships with many participating physicians in many specialties at the Medical Center and outside the medical center.

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

Medical Emergencies

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

1. Call the physician on-call service: (646) 962-6942
2. Leave your name, contact information, and the nature of your problem.
3. If there is available coverage, the physician on-call will return your call. For a true medical emergency, proceed directly to the nearest Emergency Department.
4. If it is not necessary for you to have immediate medical care, the physician will recommend appropriate measures.
   
   If the physician determines that you need immediate attention, the physician may advise you proceed to the nearest emergency department.
5. If you visit the emergency department at New York Presbyterian Hospital, bring your insurance cards and I.D. Identify yourself as a Weill Medical College student at registration.
6. Students seen in the Emergency Department should contact Student Health Services the next business day.

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

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

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

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

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

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

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

**Tuberculin skin test (PPD):** All students with patient contact will be required to undergo two tuberculin skin tests on initial arrival to the Medical College, and subsequent annual
testing. Additional testing may be needed depending on disease exposure during your course of study. For students who already have a positive skin test, you will be required to submit an x-ray report in English, dictated by a radiologist, and information regarding previous treatment. You may be asked to complete a periodic assessment to determine that you are free from symptoms of tuberculosis. Please note that previous immunization with BCG (Bacille Calmette-Guerin) is not a contraindication to testing if you have not been found to be PPD positive in the past. Students who are found to develop a new positive skin test will undergo additional testing and counseling at SHS. Interferon Gamma Release Assays (IGRAs such as Quantiferon or T-spot) do not replace our skin test requirement for students with patient contact.

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

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

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

**Medical Records**

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

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

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

SHS does not pay for records requests.
E-Mail Communications

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

Limitations of E-mail

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

Students need to be aware that:

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

Guidelines for the Use of E-mail

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

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

- General questions
- Appointment reminders
- Routine follow-up

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

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

Student Mental Health Service

Confidential, prompt, and responsive care is the hallmark of the Student Mental Health Program (SMHP). The service provides confidential and comprehensive evaluation and diagnosis of mental health/behavioral disorders and substance abuse problems. You may
contact the SMHP directly and you do not need a referral to do so. Access to the SMHP is included in the annual student health fee. Students receive high quality and confidential treatment, including various types of psychotherapy, pharmacotherapy, or both.

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

Privacy and Confidentiality

Confidentiality of every student medical record will be adhered to by the Student Health Service staff following the requirements of the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA). Personal information collected at SHS will be used solely for treatment, payment and operations and will not be disclosed to any outside parties.

Students who request laboratory results by telephone must speak to the Nurse Administrator giving their name, date of birth and identifying the specific laboratory test. Results will not be sent by e-mail. Students may also access results via the online patient portal.

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

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

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

Disability Services

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

The Weill Cornell Medical College’s (which includes the Medical College and Graduate School of Medical Sciences) Disability Services are dedicated to providing equal educational opportunities for students with disabilities. Federal law states that no qualified student will be excluded, denied participation or subjected to discrimination from any program or activity.

Dr. Dana Zappetti, Associate Dean for Student Affairs, manages all curricular, academic and student affairs-related aspects of the student’s needs by working with faculty and administrators to provide services to students with disabilities in addition to assisting the school in meeting its compliance obligations.

Accommodation Requests and Review Process Guidelines

- A student must submit a written request describing the disability and/or condition and the type of accommodations being requested. The school’s obligation to provide accommodations is not triggered until the disabled individual makes his or her needs known.

- A student must provide disability documentation supporting his/her need for accommodations that meets Cornell guidelines from a certified medical practitioner. Documentation must be sufficient to establish that the requested accommodation is appropriate for the student's condition. Documentation is not accepted from family members.

- A student must submit information from previously attended post-secondary institutions describing accommodations approved and used.

- A student must submit letters of approval of accommodations from testing agencies.

- Dr. Zappetti, in conjunction with an advisory group from the school, has responsibility for determining the acceptability of documentation and reserves the right to require additional information. The school maintains the right to deny documentation that does not verify a student’s disability or justify the need for reasonable accommodations. The school also maintains the option of seeking a second, professional opinion regarding documentation presented to verify disabilities. Students may appeal accommodations
decisions.

- The school may request additional documentation from the student upon finding that the student's original documentation is insufficient and may choose to provide temporary accommodations while the student gathers the requested documentation.

- Once the requests have been reviewed and approved by Dr. Zappetti and the Disability Services Advisory Committee, Dr. Zappetti will then work with faculty and administrators to determine what accommodations are necessary.

- Documentation accepted by Dr. Zappetti is valid as long as a student is continuously enrolled at the school. However, if there is a break in the student's enrollment, s/he may need to present updated documentation to Dr. Zappetti in order to receive disability services. If additional accommodations are requested, additional documentation may be needed.

- All documentation of disabilities is received and held solely by Dr. Zappetti. Documentation is treated as confidential. Generally, no documentation is released to anyone outside of Dr. Zappetti’s office without the student's informed and written consent. Documentation is destroyed six years after the last semester the student is enrolled.

**STUDENT RESPONSIBILITIES**

1. A student is responsible for requesting disability special accommodations and providing supporting documentation to Dr. Dana Zappetti, Associate Dean for Student Affairs at the beginning of the academic year.

2. A student is responsible for completing and submitting the Request for Accommodations form to Dr. Zappetti with the supporting documentation.

3. The supporting documentation should
   a. be current (within the past 3 years)
   b. be in the form of a letter from a physician and/or school
   c. meet guidelines for disability (www.sds.cornell.edu/guidelines)
   d. include medical information that describes the limitations of the disability
   e. include evaluation/diagnostic test results used to make the diagnosis
   f. indicate the accommodation with an explanation of its relevance to the disability

4. A student is responsible for any costs or fees associated with obtaining the necessary documentation to support his/her claim.

5. Once a student has provided appropriate documentation and met with Dr. Zappetti to discuss accommodations, he/she must schedule a time to meet with instructors to deliver an accommodation letter and discuss granted accommodations. These meetings also provide students the opportunity to introduce him/herself and discuss specific needs with
the course/clerkship director and/or instructor. Meetings with instructors must take place two (2) weeks in advance of the implementation of the needed accommodations.

6. A student is responsible for notifying Dr. Zappetti immediately if there are any problems receiving accommodations, or if a student feels he/she have been discriminated against or treated differently in any way.
Full-Service Child Care at Weill Cornell Children's Centers

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

To request enrollment information or schedule a tour, please contact Bright Horizons directly at weillcornell62@brighthorizons.com or 646-962-2966.

- Complete a Pre-Registration Form
- Learn more about the centers on the Bright Horizons' website

Back-up Care

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

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

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


When you visit the website, you'll need this information:

Username: WeillCornell
Password: 4backup

Program Copayment:

Center-based childcare network: $15/child, or $25/family
In-home childcare: $6/hour per caregiver
In-home adult/elder care: $6/hour per caregiver
Students at the Medical College are required to complete a rigorous academic program that will enable them to demonstrate a mastery of the substantive fields of study, the technical skills of a medical practitioner and the personal demeanor and character suitable to the practice of medicine. The Medical College has developed a set of regulations to govern academic achievement and fitness to be a doctor. It is the responsibility of each medical student to be fully familiar with the Medical College’s academic requirements and standards, the regulations in this document and the procedures that guide the application of these policies to students.

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

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

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

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

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

K-1. Describe the basic scientific principles underlying normal development, structure and function of genes, cells, organs and the body as a whole throughout the life cycle.

K-2. Describe the etiology and pathophysiology of major diseases and disorders, and their clinical, laboratory, radiographic and pathologic manifestations.

K-3. Describe the epidemiology of disorders in populations and approaches designed to screen, detect, prevent, and treat disease in populations.

K-4. Describe the spectrum of therapies of common physical and mental disorders and recognize the relative efficacies and common adverse effects of those therapies, and their variations among different patients and populations.

Patient Care (PC)

PC-1. Perform both a focused and comprehensive history and physical examination, develop diagnostic hypotheses, order and evaluate diagnostic tests, and formulate an appropriate plan of care.

PC-2. Perform core technical procedures, as would be expected of a beginning intern, and describe their indications, contraindications, and potential complications.

PC-3. Recognize acute, life-threatening conditions and perform measures to stabilize the patient.

Interpersonal and Communication Skills (ICS)

ICS-1. Communicate with patients and their families, counsel them in an effective, caring, and culturally competent manner.

ICS-2. Communicate, consult, collaborate, and work effectively as a member or leader of healthcare teams.

Professionalism (P)

P-1. Maintain a professional comportment, while demonstrating responsibility, integrity, empathy, reliability, and attention to personal wellness.

P-2. Demonstrate the ethical principles that govern the doctor-patient relationship, medical
decision-making, and healthcare delivery.

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

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

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

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

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

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

**Healthcare Systems (HCS)**

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

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

**Scholarship (S)**

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

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

*NOTE: For Academic Year 2014-2015, the curriculum will change for matriculating students entering in August 2014 and beyond.*

Beginning with students entering the first year in August 2014, the first year and a half of the curriculum will be comprised of two courses. The first course will be called the Essential Principles of Medicine. It will be followed by an organ-based course called Health, Illness, and Disease (Part 1 and 2). The Clerkships start in the second half of the second year and are completed by the middle of the third year. Students will then enter into the Area of Concentration Scholarly Project Block 1 and then take advanced coursework.

### For students matriculating in August 2014 and beyond (the “New Curriculum”)

<table>
<thead>
<tr>
<th>Year</th>
<th>Courses</th>
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<tbody>
<tr>
<td><strong>First year</strong></td>
<td>• Essential Principles of Medicine (EPOM)</td>
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<tr>
<td></td>
<td>• Health, Illness, and Disease (HID) Part 1</td>
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<td></td>
<td>• AOC milestones (longitudinal course; (Tri-Institutional MD-PhD students exempt)</td>
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<tr>
<td><strong>Second year</strong></td>
<td>• Health, Illness, and Disease (HID) Part 2</td>
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<tr>
<td></td>
<td>• Clerkships *(exempt)</td>
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<tr>
<td></td>
<td>• AOC milestones (longitudinal course; (Tri-Institutional MD-PhD students exempt)</td>
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<tr>
<td><strong>Third year</strong></td>
<td>• Clerkships *(exempt)</td>
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<tr>
<td></td>
<td>• Area of Concentration (AOC) Scholarly Project Block 1 (four months) (Tri-Institutional MD-PhD students exempt)</td>
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<tr>
<td></td>
<td>• Translational Science (Tri-Institutional MD-PhD students exempt)</td>
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<td></td>
<td>• Advanced Clinical Ethics</td>
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<tr>
<td><strong>Fourth year</strong></td>
<td><em>required clerkships</em> Anesthesia/Critical Care, Medicine, Neurology, Pediatrics, Primary Care, Psychiatry, Obstetrics &amp; Gynecology, Surgery</td>
</tr>
<tr>
<td></td>
<td>• Sub-internship (Emergency Medicine, Medicine, Neurology, Pediatrics, or Surgery)</td>
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<tr>
<td></td>
<td>• Electives</td>
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<td>-12 weeks for students matriculated in 2014</td>
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<tr>
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<td>-16 weeks for students matriculated after 2014</td>
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<tr>
<td></td>
<td><em>(Tri-Institutional MD-PhD students exempt)</em></td>
</tr>
<tr>
<td></td>
<td>• Healthcare Policy</td>
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<tr>
<td></td>
<td>• AOC Scholarly Project Block 2 (2 months; (Tri-Institutional MD-PhD students exempt))</td>
</tr>
</tbody>
</table>
• Transition to Residency (required for Class 2018 students and beyond)

For students matriculating in August 2013 and prior (the “Old Curriculum”)

First year
• Molecules, Genes and Cells
• Human Structure and Function
• Host Defenses
• Medicine, Patients, and Society I

Second year
• Brain and Mind
• Basis of Disease
• Medicine, Patients, and Society II

Third and fourth years
• Clerkships*
• Medicine, Patients, and Society III (course equivalent “ACMP”)
• Health Care Policy

*required clerkships
Introductory Clerkship, Anesthesia, Medicine, Neurology, Pediatrics, Primary Care, Psychiatry, Obstetrics & Gynecology, Surgery

Additional requirements
• Advanced Biomedical Science Requirement
  - Research, Tutorial, or Teaching Course
  - Advanced Biomedical Science Course (course equivalent “TSAB”)
• Electives 16 weeks
• Sub-internship (Emergency Medicine, Medicine, Neurology, Pediatrics, or Surgery)
• Transition to Residency

Advanced Biomedical Science (ABS) Experience (for students matriculated in 2013 and prior)

In order to graduate, students are required to have completed the Advanced Biomedical Sciences requirement. The ABS requirement encompasses two phases: 1) participating in meaningful ABS research or teaching as part of the ABS Research/Tutorial/Teaching Experience, and 2) learning cutting edge applications of biomedical science to clinical practice in the 4th year ABS Course. All students MUST obtain approval for one of the three options (Teaching, Tutorial, or Research) by completing and submitting the ABS Pre-Approval Form This form should be submitted at least two weeks before the start of your ABS Experience, with the last possible submission date corresponding to the due date of your 4th year Plan of Study form (typically the second half of your third year).
*1) ABS Experience.*

To fulfill the ABS Experience requirement, students must choose one of the options described below. All options satisfy the first phase of the ABS requirement. The 8-week research option (option III) is eligible for an additional 4-weeks credit toward elective requirements. For each other option, the tutor or mentor will develop with the student the specific learning objective(s), knowledge, skills, attitudes, and the form of the final work product.

There are three options for the ABS Research/Teaching Experience:

**Teaching:** 4 weeks of teaching in the medical school curriculum. Involves teaching in any of the following: the Anatomy laboratory course; a PBL classroom; or a Pathology laboratory course, as well as attendance at a series of teaching seminars. In addition, written assignments are required. *Pre-approval by Dr. Capello is required.* (Note: Further information may be found at [http://www.med.cornell.edu/education/curriculum/fourth/electives/electives.html](http://www.med.cornell.edu/education/curriculum/fourth/electives/electives.html))

**Tutorial:** 4 weeks of a biomedical science tutorial. Tutoring is by a member of the medical college faculty and will follow a format agreed upon by the tutor and student. Students select a subject in which they desire advanced training, and students request permission to be tutored from a faculty member expert in the subject. Tutorials are given for a minimum of 4 consecutive weeks. Tutorials often include extensive readings, discussions, and hands-on practice in clinical or scholarly pursuits germane to the subject matter. A written work product is required at the completion of the tutorial experience. *Pre-approval by the Director of the Office of Medical Student Research is required.*

**Research:** 8 weeks or more (at least 8 weeks must be continuous) of biomedical science research in any year, 1 through 4. Biomedical research conducted over the course of medical school satisfies the ABS requirement. This includes research done during medical school or during the summer between first and second year. Research must be consecutive, and must be at least 8 weeks in length to qualify. Students who take a year-long fellowship also qualify under this option. Biomedical research is broadly defined and includes hypothesis driven research in clinical medicine, community health, epidemiology, medical ethics and basic molecular science. This option will meet the ABS requirement and may be applied as 4 credits toward the 16 elective credits that are required for graduation. A written work product is required at the completion of the research experience. *Pre-approval by the Director of the Office of Medical Student Research is required.*

If students on a research leave of absence have previously received ABS and elective credit, then they are eligible for up to 4 weeks of independent elective credit. This elective credit can ONLY be obtained if the research on their leave of absence is different from the research done to receive ABS and elective credit.
**2) ABS Course**

In addition to the research, tutorial or teaching options, medical students are required to participate in the 2 week ABS Course. Completion of Option I, II, or III does not exempt the student from the ABS Course.

**Areas of Concentration (Class of 2018 and beyond)**

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

The AOC program unfolds in phases over the four years of medical school. In the first (exploratory) phase during the Foundational Years, the student ”shops around” with the guidance of a personally assigned Exploratory Adviser and AOC leadership and identifies an AOC of choice as well as a faculty mentor to work with during the 6-month Scholarly Project period that begins later in the 3rd year. In the second phase, which occurs during the clinical clerkship year, the student works with that mentor to formulate a suitable research project proposal. In the third phase, which consists of six months of dedicated block time (4 months in the latter half of the third year and a flexible 2-month block time in the fourth year), the student completes an original scholarly project. The Scholarly Project is considered the capstone requirement of the AOC program and results in a written work product that is suitable for publication (although actual publication is not a requirement). At certain stages throughout the four years, some students may wish to switch to a different AOC or even a different specific Scholarly Project as their focus of inquisitiveness shifts, and these can be accommodated.

**International Elective**

Weill Cornell Medicine seeks to offer its students a broad range of clinical and research opportunities at medical centers around the world. Through its Office of Global Health Education (OGHE), interested students may apply for 4-week, 6-week, or 8-week clinical electives at high caliber medical centers under the mentorship of the host faculty. OGHE coordinates opportunities and funding for international clinical and research electives. Applications are reviewed by OGHE and the International Committee for approval in order for the student to receive funding. Information about the global health education program at Weill Cornell can be found at [www.med.cornell.edu/international](http://www.med.cornell.edu/international)
International electives are considered a privilege. A student with a “Marginal,” “Fail,” or “Incomplete” course grade is not considered to be a student in academic good standing, and is ineligible to go on an international elective, until a passing grade is obtained in the pertinent course(s).

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

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

**Electives Outside Career Policy**

Beginning with Class 2019, to help ensure that students engage in a broad and diverse range of experiences, at least four of the required 16 weeks of electives should be outside their chosen career area of interest. Ordinarily, the career area of interest is reflected by the sponsoring faculty member’s department. Monitoring is done by the Associate Dean (Academic Affairs) in conjunction with the Registrar. Students with exceptional circumstances may discuss this on an individual basis with the Associate Dean (Academic Affairs) who will confer with the Associate Dean (Curriculum). If there is further concern by the student, the student may discuss this with the Senior Associate Dean (Education) who will adjudicate the final decision.

**Clerkship Elective Time Policy**

There is a dedicated two-week intramural elective block available during the clerkship year. Students may use this time to enroll in an elective course or to engage in unstructured academic pursuits. Provided any pre-requisites are met, students may enroll in any regularly offered elective or design an independent elective with a WCMC faculty member as the course director. This elective is intended to bolster career interest, explore broad areas of interest and/or complement clerkship-level knowledge and skills. It is not geared towards advanced clinical skills or “audition” courses.

**Elective Evaluation Policy**

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

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

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

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

Clerkship deferrals may only be made for:
1. compelling personal/medical reasons upon recommendation/approval from the Associate Dean of Student Affairs
2. compelling academic reasons upon recommendation/approval from the Associate Dean of Academic Affairs. These typically involve remediation of academic encumbrances.

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

Students may switch (DROP/ADD) the order of their clerkships and/or clerkship site provided that:
1. changes do not affect clerkship or clerkship site minimum/maximum enrollment numbers
2. changes occur more than 30 days from the start of the course

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

Required Sub-Internship
Students enrolled in a required sub-internship may DROP or ADD the sub-internship provided that:
1. changes do not affect the sub-internship minimum/maximum enrollment numbers
2. changes occur more than 60 days from the start of the course

Any adjustment to sub-internship enrollment that occurs within 60 days of the start of the course requires permission and approval from the Associate Dean of Academic Affairs for compelling academic considerations and from the Associate Dean of Student Affairs for personal or medical circumstances.
Electives and Phase 3 Courses
In order to receive academic credit for an elective, students must be officially enrolled prior to the course start date. Retroactive academic credit will not be granted for any elective work that the student has not enrolled in prior to the course start date. This applies to all electives.

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

Professionalism and Protocols for Handling Lapses

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

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

Professionalism (P)
P-1. Maintain a professional comportment, while demonstrating responsibility, integrity, empathy, reliability, and attention to personal wellness.

P-2. Demonstrate the ethical principles that govern the doctor-patient relationship, medical decision-making, and healthcare delivery.

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

Interpersonal and Communication Skills (ICS)
ICS-1. Communicate with patients and their families, counsel them in an effective, caring, and culturally competent manner.

ICS-2. Communicate, consult, collaborate, and work effectively as a member or leader of healthcare teams.

For purposes of assessment, WCMC defines professionalism as demonstrated competency in the following four domains that derive from the learning objectives:
- Responsibility, Integrity and Ethics
- Self-improvement
• Relationships with patients
• Relationships with the healthcare team and systems

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

Responsibility includes such attributes as attendance at required classes and clinical encounters; reliable and timely performance of educational and clinical responsibilities; accurate, honest reporting of information; and personal comportment that includes proper dress grooming, hygiene and ethical, emotionally-modulated conduct.

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

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

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

Professional Codes Students Are Expected To Follow

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

Classroom and Learning Environments
• The Student Handbook: Academic Policies (see handbook)
• The Standards of Conduct (“Honor Code”) (see handbook, p. 102)
• The Teaching-Learning Environment and Student Mistreatment Policy (see handbook, p. 106)
• Technical Standards (see handbook, p. 68)

Patient Settings
• HIPAA regulations governing confidentiality of patient information (see handbook)
• The NewYork-Presbyterian Credo

Research Settings
• The Standards of Conduct (“Honor Code”) (see handbook)
• Research Integrity information (see handbook)

Internet and Patient/Research Data
• Policies governing the use of information technologies
Assessing Professionalism

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

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

\[
Y = \text{Yes} \quad N = \text{No} \quad U = \text{Unable to Assess}
\]

- Responsibility: attendance, reliability, reporting, personal comportment
  \[Y/N/U\]
- Self-improvement: accepting constructive criticism
  \[Y/N/U\]
- Relationships with patients: rapport, sensitivity, advocacy, confidentiality
  \[Y/N/U\]
- Relationships with colleagues, the healthcare team and systems
  \[Y/N/U\]

Identifying Lapses in Professionalism

A lapse in professionalism is defined as:
- A breach of professional conduct; OR
- Insufficient demonstration of professional attributes

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

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

A lapse in professionalism might be observed or suspected by anyone in the WCMC community. This could include a faculty member, resident, staff, administrator, other health professional, patient, or fellow student. Likewise, a lapse may occur in classroom, clinical, research or social settings, including the use of the internet.
While any single incident may have greater or lesser importance, WCMC also identifies four levels of lapses in professionalism, with increasing degrees of significance:

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

Protocols for Student with an Observed or Suspected Lapse in Professionalism

A. If a lapse is observed or suspected within a course:
   1. The course director assesses the incident
   2. If initial assessment suggests that a lapse may have occurred, the course director meets with the student
   3. If the matter is not resolved then, the course director completes a “Professionalism Evaluation Report (PR)” (see below)
   4. The course director plans remedial action. This could include:
      a. Monitoring the student’s future behavior more closely
      b. Input into the student’s course assessment and grade
      *Note that a single egregious instance of unprofessionalism or an unremediated pattern of unprofessionalism are grounds for a non-passing (“Marginal or ‘Fail’) grade, and, if severe may be grounds for dismissal from the Medical College. When remediating a grade of “Marginal” or “Fail” due to professionalism issues, additional professionalism issues are grounds for a non-passing (“Marginal” or “Fail’) grade.
      c. Direct observation of the student
      d. Standardized patient assessment
      e. Requiring a written reflection essay or literature review
      f. Assignment to a faculty coach
      g. Referring the student to the pertinent Student Evaluation Committee
         i. Essential Principles of Medicine SEC
         ii. Health, Illness and Disease 1 SEC
         iii. Health, Illness and Disease 2 SEC
         iv. Clerkship and Post-Clerkship SEC
      h. Referring the student to the Senior Associate Dean (Education)
         i. Referring the student to medical or mental health services
   5. The completed form is submitted to the registrar

For more description of the protocol for lapses in attendance see page 71, and for unexcused late submission of assignments see page 61.

B. If a lapse is observed or suspected outside a course:
   1. The Associate Dean for Student Affairs assesses the incident
   2. If initial assessment suggests that a lapse may have occurred, the Associate Dean meets with the student
   3. If the matter is not resolved then, the Associate Dean completes a “Professionalism Evaluation Report” (see below)
   4. The Associate Dean for Student Affairs plans remedial action. This could include:
a. Monitoring the student’s future behavior more closely
b. Direct observation of the student
c. Standardized patient assessment
d. Requiring a written reflection essay or literature review
e. Assignment to a faculty coach
f. Referring the student to the pertinent Student Evaluation Committee
   i. Semester 1: Essential Principles of Medicine SEC
   ii. Semester 2: Health, Illness and Disease 1 SEC
   iii. Semester 3: Health, Illness and Disease 2 SEC
   iv. All other: Clerkship and Post-Clerkship SEC

g. Referring the student to the Senior Associate Dean (Education)
h. Referring the student to medical or mental health services

5. The completed form is submitted to the registrar
Professionalism Evaluation Report (PR) (Course)

Student name
Course
Course Director
Date

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

1. Responsibility, Integrity and Ethics
   □ Attendance at required classes and clinical encounters
   □ Reliable, timely performance of educational and clinical responsibilities
   □ Accurate, honest reporting of information
   □ Personal comportment: dress, grooming, hygiene, conduct

2. Self-improvement
   □ Accepting constructive criticism
   □ Modifying behaviors appropriately

3. Relationships with patients
   □ Establishing rapport
   □ Sensitivity to patient needs and perspectives
   □ Advocacy
   □ Confidentiality and decorum

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

Comments (required)

Remedial Action

Student Comments (optional)
I have read this evaluation and discussed it with the course director

Student signature  Date

Course Director signature  Date
Professionalism Evaluation Report (Outside a Course)

Student name
Date

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

1. Responsibility, Integrity and Ethics
   □ Attendance at required session(s)
   □ Reliable, timely performance of educational and clinical responsibilities
   □ Accurate, honest reporting of information
   □ Personal comportment: dress, grooming, hygiene, conduct

2. Self-improvement
   □ Accepting constructive criticism
   □ Modifying behaviors appropriately

3. Relationships with patients
   □ Establishing rapport
   □ Sensitivity to patient needs and perspectives
   □ Advocacy
   □ Confidentiality and decorum

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

Comments (required)

Remedial Action

Student Comments (optional)
I have read this evaluation and discussed it with the Associate Dean for Student Affairs

Student signature  Date

Associate Dean signature  Date
Promotion and Graduation Standard and Procedures

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

Beginning with the Class of 2018, the new curriculum is divided into successive academic courses across four years, each course building on the subject material and experiences of preceding years. The courses are: Essential Principles of Medicine (EPOM), Health Illness and Disease (HID) Part 1, Health, Illness, and Disease (HID) Part 2 (collectively Phase 1-Foundations); the Clerkships (Phase 2-Clerkships); and the final course of the program including the Area of Concentration, Translational Science course, Advanced Clinical Ethics course, subinternships, Healthcare Policy course, electives and Transition to Residency Course (collectively Phase 3-Scholarship and Advanced Clinical Skills).

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

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

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

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

**Faculty Principles**

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

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

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

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

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

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

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

**Foundational Courses**

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

Students must pass each learning unit within each of the three foundational courses, Essential Principles of Medicine (EPOM), Health, Illness and Disease Part 1 (HID 1) and Health, Illness and Disease Part 2 (HID 2), in order to achieve a “Pass” grade for the course.

If a student receives a non-passing grade of either “Remediation” (R), “Marginal” (M), or “Incomplete” (I) in EPOM, the Associate Dean (Curriculum) in consultation with the
Associate Dean (Academic Affairs) may permit a student to progress to HID 1 and remediate at a time agreed upon by the Associate Dean (Curriculum) and the course director. This is to ensure that a student’s education is not unduly interrupted or extended since EPOM is held only once a year and there is the potential opportunity for remediation between the first and second year of medical school.

Students must achieve a grade of “Pass” in both EPOM and HID 1 prior to advancing to HID 2. If a student receives a non-passing grade of either “Remediation” (R), “Marginal” (M) or “Incomplete” (I) in HID 1, there is the potential opportunity for HID 1 remediation between the first and second year of medical school.

In the event that a student has a grade of “Fail” in a foundational course, the student may not advance to the next foundational course until the failed course is remediated.

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

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

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

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

Clerkships
Students will complete all required clerkships prior to beginning the initial four-month Area of Concentration (AOC) Scholarly Project (SP) Block 1. The Medicine and Surgery clerkships, which are pre-requisites to many advanced courses, must be taken during the clerkship year and cannot be deferred to curricular Phase 3-Post-Clerkship.

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

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

Area of Concentration, Translational Science (TS), and Advanced Clinical Ethics (ACE) Courses
Based on individual circumstances, the AOC, Translational Science (TS) and Advanced Clinical Ethics (ACE) Course Directors, in consultation with the Associate Dean (Academic Affairs), may permit a student to make minor alterations in the time during which the student may take these courses. This is to ensure that a student’s education is not unduly interrupted or extended since the AOC SP Block 1 and the TS and ACE courses are held only once a year.

Students may fulfill the AOC SP during a subsequent year of training (for example, due to an approved research leave of absence), based on the approval of the AOC course leadership. These students are permitted to complete Phase 2 courses or take other Phase 3 courses during their original AOC SP Block in consultation with the Associate Dean (Academic Affairs) for academic reasons or the Associate Dean (Student Affairs) for personal/medical reasons.

Students who have non-passing (“Marginal”, “Fail” or “Incomplete”) grades in the AOC, TS, and ACE courses may be permitted to progress in the curriculum, based on the approval of the Associate Dean (Academic Affairs) in consultation with the Associate Dean (Program Development and Operations of Medical Education) or in cases of personal/medical reasons, in consultation with the Associate Dean (Student Affairs). However, students need to achieve a passing grade in these course(s) prior to graduation.

Electives
Students who have a non-passing (“Marginal”, “Fail” or “Incomplete”) grade in an elective course may be permitted to progress in the curriculum, based on the approval of the Associate Dean (Academic Affairs) in consultation with the Associate Dean (Program Development and Operations of Medical Education), or in cases of personal/medical reasons, in consultation with the Associate Dean (Student Affairs). Students need to achieve a passing grade in the elective course prior to graduation.

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

Required Sub-Internship and Transition to Residency Course
Students who have non-passing “Marginal” or “Fail” grades in any prior course will not be allowed to progress to the required sub-internship. Students who have an “Incomplete” grade in any prior course may be allowed to progress to the required sub-internship, based on the approval and recommendation of the Associate Dean (Academic Affairs) in consultation with the Associate Dean (Program Development and Operations of Medical Education).
Students who have any prior non-passing grades or who fail to otherwise meet graduation requirements, will generally not be permitted to progress to the capstone Transition to Residency Course. Exceptions may be made by the Senior Associate Dean (Education) for instances in which, for example, the MD degree is anticipated to be conferred off-cycle.

Conferral of M.D. Degree
Satisfactory completion of all courses must be achieved prior to the conferral of the M.D. degree.

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

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

Time Frame for Grade Reporting
Faculty members are expected to submit grades promptly after a course or curricular unit is completed. In order to meet the LCME benchmark that final grades are available within six weeks of course completion, WCMC encourages grade submission for all courses and clerkships as soon as possible, and requires that grades must be submitted and available to students no later than six weeks from the end of a course or clerkship. The Registrar regularly monitors the timeliness of grade submissions and reminds all course directors if they have not submitted grades after four weeks, informing the Associate Dean (Curriculum) for Phase I Foundational Courses and Phase III Post-Clerkship Courses, and the Associate Dean (Program Development/Operations) for Phase II Clerkship Courses. Any foundational course or clerkship not submitting grades after four weeks after a course ends has individual centralized meetings with the pertinent Associate Dean and the Registrar. For any
outstanding grades at post-course Week 5 and Week 5.5, to ensure compliance, the Registrar also notifies the Senior Associate Dean (Education).

Clinical Grade Reporting Guidelines

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

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

Narrative Assessment Guidelines:

1. For the official, summative comments section, write 1-2 paragraphs, synthesizing the feedback.
2. Use whole sentences in proper English in the same tense (past) with correct spelling.
3. Write in the third, not first, person.
4. Do not number sections.
5. Use the student’s formal first name; do not use nicknames.
6. Do not enter grading rubrics in the summative assessment section. These should be delineated on the course site.
7. For courses with exams, do not routinely report the exam score
8. If discussing a student’s outstanding written exam score, use the correct phrase “NBME clinical subject exam” instead of “shelf exam.” If referencing that a score is above a mean, make sure to state what the reference mean is.
9. Constructive/formative comments section
   • Enter helpful and constructive suggestions for areas of improvement
10. For students who fail the NBME clinical subject exam, report to the Associate Dean (Academic Affairs) and the student: the failed grade, the minimum passing grade, and the remediation recommendation.
11. Grades (Final Grade including narrative comments) are due no later than four weeks after the course ends.

In the first year and a half of the curriculum (or in the first two years for students matriculating prior to 2014), students may receive the following grades: “Pass” (satisfactory performance), “Marginal” (a non-passing, interim grade based on less than satisfactory performance in one or more components and/or activities comprising the final
grade), or “Fail” (below satisfactory performance in all or a preponderance of the components and/or activities comprising the final grade). In the evaluation of clinical clerkships, an additional grade of “Honors” (outstanding performance) and “High Pass” (excellent performance) can be assigned. Certain courses are graded only on a “Pass/Fail” basis. In addition, the temporary grade “Incomplete” may be assigned to a student in any course in which the student has been unable, due to an emergent event or a planned and excused activity, to attend and/or complete a required component or activity that the course director has agreed may be completed at a subsequent agreed-upon date. The grade “Incomplete” is not available in the event that the failure to attend and/or complete a required component or activity results from unexcused absences or activities. In rare circumstances in which a student begins a course but does not complete it, a grade of “Withdrawal” is assigned.

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

“Incomplete” Grade Reporting Guidelines

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

**Student Request for a Course Evaluation/Grade Review**

Students may seek clarification about a course evaluation, including examination and
narrative assessment, or grade awarded that does not seem consistent with the student’s view
of his or her performance. The time frame to seek this clarification is within 30 days of the
posting of the evaluation or grade. The process is outlined below. If the student believes that
there is a credible basis to assert that the evaluation or grade received does not reflect his or
her objective course performance, the student should first seek the guidance of the learning
unit or course director within 30 days of the posting of the grade. If a discussion with the
learning unit or course director does not resolve the issue, or the student has additional
reasons for seeking guidance from someone other than the course director, he or she shall
promptly present his or her concern in writing to the Senior Associate Dean (Education) for a
request for review of the grade or evaluation. The student should set forth the reasons for his
or her request for review of the grade. In consultation with the faculty involved, the Senior
Associate Dean (Education), or his/her representative, has discretion to request documents
and relevant information that would be needed to conduct a full and fair assessment of the
evaluation or grade under review. The Senior Associate Dean shall determine a final
resolution, and communicate this to the student and to the appropriate course director within
30 days of the request for course evaluation/grade review.

**Unsatisfactory Academic Performance in a Course**

**Actions During a Course**

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

If a student exhibits unsatisfactory performance during a learning unit or course, and
generally before a non-passing grade is assigned, the learning unit or course directors shall
make an effort to notify the student and the Senior Associate Dean (Education). Faculty in
the learning unit or course may meet with the student and outline a program to address
deficiencies in the student’s performance. The Senior Associate Dean (Education), or his or her designee, also may make an effort to address this with the student.

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

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

<table>
<thead>
<tr>
<th>Missed Major Deadlines for Submission of Reports (all curricular phases)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(essays, case write-ups, required self-assessment quizzes or modules, or other written assignments OR 3 major AoC milestones*: 1) mentor/AoC declaration; 2) submission of proposal; 3) submission of final report)</td>
</tr>
<tr>
<td><strong>FIRST missed deadline</strong>*</td>
</tr>
<tr>
<td><strong>SECOND missed deadline</strong></td>
</tr>
<tr>
<td>• Either a missed deadline extension, OR a second incident of a missed initial deadline in the same course</td>
</tr>
<tr>
<td><strong>THIRD missed deadline</strong></td>
</tr>
<tr>
<td>• Either a missed new arranged deadline, OR a missed deadline extension and a second incident of a missed initial deadline in the same course, OR a third incident of a missed initial deadline in the same course.</td>
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<td></td>
</tr>
</tbody>
</table>
**Missed Minor AoC Deadlines (8 progress checks)**

<table>
<thead>
<tr>
<th>Missed initial deadline</th>
<th>Exploratory advisor contacts student to inquire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonresponsive to exploratory advisor</td>
<td>AoC Director contacts to inquire/remind</td>
</tr>
<tr>
<td>Nonresponsive to AoC Director</td>
<td>Meeting with AoC director to include warning about subsequent missed deadlines for progress checks.</td>
</tr>
<tr>
<td></td>
<td>Professionalism report issued (signed by student and director)</td>
</tr>
</tbody>
</table>

**Actions Upon Completion of a Course**

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

**Faculty Determinations Regarding Unsatisfactory Academic Performance**

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

**Academic Good Standing**

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

**Remedial Course Work**

Remedial work, including re-examination, for courses in which a student has not received a passing grade will ordinarily be offered at times which do not conflict with regularly scheduled academic activities. Generally, remedial work, including re-examination, will be available only if the student has successfully completed the majority of course work required for a passing grade in the course. Remedial work and any re-examination needed in first year courses generally will be scheduled during winter or spring break or during the following summer. Re-examination in the foundational sciences courses will be scheduled to occur prior to beginning clerkships. A course failure in designated foundational science course will have to be remedied prior to the beginning of the clerkships. A clerkship that is failed usually will, if applicable, be repeated as soon as possible.

In the case of a “Marginal” grade, the remedial work may be targeted in scope, as determined at the discretion of the learning unit or course director in consultation with the learning unit or course faculty. A student who successfully completes remediation for a “Marginal” grade is eligible only for a grade of “Pass.” However, if the first attempt by a student at remediation of a “Marginal” grade is not satisfactory, the course grade converts to a “Fail” and remediation for a grade of “Fail” must ensue. In the case of an “Incomplete” grade, completion within the period specified by the faculty can result in a grade of “Honors, (if available)” “High Pass” (if available), “Pass,” “Marginal” or “Failure.” An “Incomplete” grade not successfully addressed within the specified period shall revert to either a “Marginal” or “Fail” grade, and appropriate remediation must be undertaken. In the case of a “Fail” grade, the remediation will be broad in scope and must result in the satisfactory demonstration of competence in all aspects of the course. The nature of the remediation lies solely in the province of the learning unit or course director in consultation with the learning unit or course faculty. The grade of “Honors” or “High Pass” is not awarded when a student has repeated a course.

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

In the Foundational Years (first 1.5 years of the curriculum) faculty use a wide array of formats to assess a student’s performance including quizzes, essay exams, laboratory practicals, clinical write-ups, and case analyses. Students must complete satisfactorily all required learning units of the major foundational year courses (Essential Principles of Medicine and Health, Illness and Disease parts 1 and 2), before advancing to the Clinical Clerkships. Students who fail the first offering of remediation for a failed unit will receive a “Marginal” grade for the relevant course and must then undergo a more structured remediation program, as prescribed by the course leadership. Failure of the structured remediation program of one or more units results in the student receiving a “Fail” grade for the course. The failed unit(s) ordinarily must be retaken in class when those units are offered again or at a time specified by the Associate Dean of Academic Affairs. Failure of any one unit when it is retaken results in a second “Fail” grade in that course, and results in automatic
dismissal from the Medical College, subject to confirmation by the Promotion and Graduation Committee.

Students who fail multiple units such that their overall course score is considered failing by the faculty will receive a “Fail” grade in that course. The student must successfully complete a structured remediation program for each of the failed units. Failure of any unit within the unit remediation program means the failed unit(s) must be retaken in class when that unit is offered again or at a time specified by the Associate Dean of Academic Affairs. Failure of any one unit when it is retaken results in a second “Fail” grade in that course, and results in automatic dismissal from the Medical College dismissal from the Medical College, subject to confirmation by the Promotion and Graduation Committee.

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

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

Students are strongly advised to consult the specifics of assessment/remediation processes and policies for their individual foundational years courses, clerkships, and other core curriculum activities (e.g., AOC, LEAP etc.) on the course websites.

Students are also required to complete a series of elective courses, a sub-internship, and, for students in the Class of 2017 and earlier the advanced biomedical science requirement, and for students in Class of 2018 and beyond the Area of Concentration requirement. Successful completion of 16 weeks of elective courses is necessary for graduation from the Medical College. (Note: Only Class of 2018 has a 12-week elective requirement.) Students who fail an elective course may repeat that course or, with the approval of the Senior Associate Dean (Education), substitute another course(s). A student may not take elective courses concurrently with any other courses to satisfy the required elective weeks. Students in the M.D.–Ph.D. program are exempt from the elective week requirement, and from the advanced biomedical science requirement and the Area of Concentration. Beginning with the Class of 2017, M.D.–Ph.D. students will be required to complete a sub-internship.

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

Students may repeat no more than the equivalent of two academic years and, except for students in the M.D.-Ph.D. program, students must complete the academic work of the first three years in five academic years. Students must complete the entire Medical College curriculum in six academic years (4 in 6 rule). Students in the M.D.–Ph.D. Program must complete the M.D. portion of the program within the six-year time period as well (excluding the time in the Ph.D. portion of the program). Students who are in good academic standing and who are seeking to engage in a unique or exceptionally enriching experience that may prolong the length of time it will take to complete the M.D. degree may petition the Senior Associate Dean (Education) for an exemption from the 4 in 6 rule. In these rare cases, the petition must be submitted in writing no later than three months prior to the planned experience. The Senior Associate Dean (Education) will review the petition. If the petition is granted, the rules of notification pertaining to leaves of absence will remain in effect.

**Unsatisfactory Academic Progress Performance and Dismissal**

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

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

**Administrative Hold**

When a student is being considered for dismissal from the Medical College, the Senior Associate Dean (Education) will place that student on an Administrative Hold from all activities involving patient care while the dismissal decision is being adjudicated by the Promotions and Graduation Committee.

**Satisfactory Academic Progress and Financial Aid**

Satisfactory academic progress (SAP) is a financial aid term. In order to be eligible for financial assistance at the Medical College, a student must be making satisfactory progress according to the Promotion and Graduation Standard and Procedures, posted annually in the Student Handbook.
Leave From Academic Program

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

Involuntary Student Leave

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

Placing a Student on Involuntary Leave of Absence

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

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

7. Within five days of receiving the decision of the Senior Associate Dean for Education, the student may submit an appeal of the decision in writing to the Provost for Medical Affairs or designees. After reviewing the matter fully, the Provost for Medical Affairs or designees will issue a written decision, which shall be final.

8. When safety is an immediate concern, the Senior Associate Dean (Education) or designee may remove a student from the Medical College pending final decision on involuntary leave. If this action is deemed necessary, the student will be given notice of removal. An opportunity to be heard by the Senior Associate Dean (Education) and appeal the decision will be provided at a later time.

If Involuntary Leave Is Imposed

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

If Involuntary Leave Is Not Imposed

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

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

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

Financial Obligation  A student taking a leave of absence will continue to have certain financial obligations.

Request for Re-enrollment

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

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

Appeals Process and Related Procedures

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

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

Reserved Rights/Changes to Policy

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

Technical Standards: Admission and Retention

Introduction

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

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

Technical Standards

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

III. **Motor Function.** The candidate must be able, after appropriate training, to perform anatomic dissection, a complete physical examination, and basic clinical procedures. The candidate must be able to respond promptly to clinical situations. These skills require a degree of physical mobility and neuromuscular coordination.

IV. **Cognitive, Intellectual and Quantitative Abilities.** The candidate must be able to assimilate the vast knowledge required of physicians, to solve complex problems, and to analyze and integrate information.

V. **Behavioral and Social Attributes.** The candidate must demonstrate the maturity and emotional stability required for scientific learning, capable and compassionate patient care, and interaction with the healthcare team. The candidate must be able to contribute to collaborative learning environments, to accept constructive feedback, and to take responsibility for learning and improvement. The candidate must also be able to tolerate demanding workloads, to function effectively under stress, to display flexibility, and to adapt to changing environments.

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

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

**Ability to Meet Technical Standards**

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

**Equal Access to the Educational Program**

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

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

**Accommodation Process** *(see Disability Services section in the Student Handbook)*
Admission and promotion at WCMC is conditional on the candidate’s willingness and ability to satisfy the technical standards, either with or without reasonable accommodation. Candidates are required to accept ongoing responsibilities for planning, managing, and expressing accommodation needs. They must immediately contact the Associate Dean (Student Affairs) if they wish to request accommodations.

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

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

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

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

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

**Anti-Discrimination Policy**

Cornell University has an enduring commitment to support equality of education and employment opportunity by affirming the value of diversity and by promoting an environment free from discrimination.

Association with Cornell, either as a student, faculty, or staff member, involves participation in a free community where all people are recognized and rewarded on the basis of individual performance rather than personal convictions, appearance, preferences (including sexual or affectional orientation), or happenstance of birth.

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

No person shall be denied admission to any educational program or activity or be denied employment on the basis of any legally prohibited discrimination involving, but not limited to, such factors as race, color, creed, religion, national or ethnic origin, marital status, citizenship, sex, sexual orientation, gender identity or expression, age, disability, or protected veteran status. Cornell University is an affirmative action/equal opportunity employer.
Longitudinal Career Advising Policy

Beginning with Class 2021, students receive a dedicated, longitudinal faculty advisor during the first two years of medical school. The purpose of the longitudinal advisor is to support students as they develop their professional, academic and career identities as physicians-in-training. Longitudinal advisors are charged with ensuring a smooth transition both personally and professionally to the start of medical school and throughout the Phase 1 curriculum. The advisors are given an orientation to the program with roadmaps of milestones and common stress points in order to provide specific guidance and resources based on individual student need.

The longitudinal advisor serves as the student’s point person and as such, has no responsibility for final assessment or course grades, and are not members of the Promotions and Graduation Committee. Issues that are considered confidential should be referred to the Associate Dean of Student Affairs. Centrally organized appointments are ensured at least once a semester.

Mid-third year students are assigned, based on preferences, a dedicated career advisor, who will provide individualized specialty-specific guidance on career planning from career choice through matching to a residency program. Career advisors provide mentorship and assistance with fourth year planning, the entire residency application process, an assessment of a student’s relative competitiveness in the specialty, and a recommended individualized list of “good fit” programs.

Should an issue arise, a student may request an alternate longitudinal or career advisor with either the Associate Dean of Student Affairs or Associate Dean of Academic Affairs, respectively.

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

Fourth Year Plan of Study and Career Advising Policy

Beginning approximately mid-way through the third year, each third-year student meets with the Associate Dean (Academic Affairs) for a career advising meeting that includes a discussion of the specialties being considered by the student, the student’s academic record and the student’s relative competitiveness for these specialties. Third-year students are
assigned, based on preference, an official career advisor and will be required to complete a Fourth Year Plan of Study.

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

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

**Medical School Performance Evaluation Policy**

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

Sections include:

- Identifying Information
- Noteworthy Characteristics
- Academic History
- Academic Progress, Professional Performance
- Academic Progress, Foundational Sciences
- Academic Progress, Clinical
- Academic Progress, Area of Concentration (for MD students)
- Academic Progress, MD-PhD Research (for Tri-Institutional MD-PhD students)
- Academic Enrichment
- Summary Paragraph

The MSPE is written in a collaborative manner between the student and the Senior Associate Dean (Education) and/or his/her designees, including the Associate Dean (Academic Affairs). The Associate Dean (Student Affairs) is not involved in the writing or compilation of the MSPE since this individual’s office is responsible for assisting students with confidential medical and personal issues. If a student has concerns about issues such as confidential or sensitive information being reflected in the MSPE, the student may make a request to the Associate Dean (Student Affairs) for an alternate MSPE writer. The MSPE writing process begins in the Spring semester prior to the student’s final year of medical school and ordinarily the request should take place during this timeframe. The Associate Dean (Student Affairs) then informs the Senior Associate Dean (Education) that an alternate writer is needed. The alternate writer is then assigned by the Senior Associate Dean (Education) and will have access to the student’s full academic record.
The Identifying Information section includes the student’s legal name and the graduating Class year.

The Noteworthy Characteristics section includes a bulleted list of noteworthy characteristics and achievements. Challenges during medical school may be listed.

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

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

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

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

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

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

The Academic Enrichment section includes experiences such as community service, voluntary curricular activities, leadership roles, awards, and additional research undertaken during medical school. Individual papers are only listed if accepted for publication. Election to Alpha Omega Alpha Honor Society is also included.

The Summary Paragraph is an overall summative assessment of the student’s performance while in medical school. In the last sentence, one of four descriptors is used to indicate the overall strength of the student’s academic record compared to peers: “outstanding,” “excellent,” “very good,” and “good.” This descriptor is based on a composite assessment by the MSPE Committee of the student’s academic performance including professionalism.
The MSPE Committee is comprised of the Senior Associate Dean (Education), the Associate Dean (Academic Affairs), the Associate Dean (Curriculum), the Associate Dean (Admissions), the Associate Dean (Program Development and Operations), Associate Dean (Admissions), the Assistant Dean, Clinical Curriculum, and the Director of the Tri-Institutional MD-PhD Program.

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

**Honors Designation**

**Honors in Research**

The goal of the M.D. with Honors in Research Program is to encourage and recognize achievements in biomedical research by medical students of the Medical College (other than those in the M.D.-Ph.D. programs). In order to obtain the honors designation, the student must complete successfully a clinical or laboratory research project undertaken at Weill Cornell or one of its affiliated medical centers and supervised by a member of the Medical College faculty. The project, which must have approval by the chairman of the participating department and the faculty supervisor, as well as the Student Research Committee, as described below, may be undertaken at any time during the student's tenure in the Medical College. The student's time commitment to the research may vary from elective periods undertaken during the academic years, to research performed during summer vacations, or to full-time involvement in research undertaken during a one or two year academic leave of absence (see Policy on Leave of Absence.) Research performed to satisfy the Advanced Biomedical Science Requirement should be considered for this award.

Awarding of the degree of M.D. with Honors in Research will be based upon the quality of the research project completed by the student. The student should complete a body of work that will comprise a scientific paper of quality suitable for publication in a major scientific journal. The student will submit this research report to the Office of Academic Affairs by February 1 of the year of the expected degree. The chair and the faculty supervisor of the sponsoring department must endorse the report. The Office of Academic Affairs will then forward the report and supporting documents to the chairman of the Student Research Committee. If awarded, the student's diploma and transcript will indicate that the student achieved an “M.D. with Honors in Research.”

The M.D. with Honors in Research Program will be administered by the Student Research Committee, which is appointed by the Dean. To the extent feasible, it will distribute information on research opportunities for students, assist in the distribution of the research paper for review, and have final authority in recommending students to the Dean for the
degree of M.D. with Honors in Research. The determination of the Student Research Committee in recommending students to the Dean for this award is final.

**Honors in Service**

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

Certain students are exceptional in their dedication to community service and the responsibility they accept to further this activity. Their projects require individual special efforts and their accomplishments stand out among their peers. Their work represents exceptional efforts to assist persons in the community who struggle to obtain needed medical and social services. The student projects often may enhance the limited range of medical services that those persons already receive. In addition, many of these projects represent outstanding examples of the scholarships of integration, methods, and application, requiring innovation on the part of the student. Finally, these outstanding projects are often the launch pad to a highly productive and scholarly career in health research, administration, and public policy. Such students are deserving of the opportunity to receive recognition of their excellence by according them the designation of “M.D. with Honors in Service” at the time of graduation.

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

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

The time and commitment component is based on the student’s activity as a volunteer in the Community Service Program. The student who wishes to be considered for the M.D. with Honors in Service should submit an application to the Office of Academic Affairs presenting information showing the applicant has:

- accepted leadership responsibility for a program/activity for at least one full year;
- demonstrated innovation in improving an existing program/activity or starting a new program that has gained acceptance by student participants in the Community Service Program;
- assisted substantively the participation of first and second year students in the Community Service Program; and
- helped to establish or maintain sustainability of a program/activity for which leadership responsibility was assumed or, for valid, rational reasons, terminated the program/activity.

The Student Service Committee, appointed by the Dean, will evaluate applications to determine the success with which applicants have fulfilled the enumerated criteria. The
Committee includes the Associate Dean (Student Affairs) as Chair, the Assistant Dean (Student Affairs), the Community Service Program Coordinator, the Chair of the Faculty Advisory Committee of Community Service Programs, the Senior Associate Dean (Education)

Applicants selected by the Committee to have fulfilled these time and commitment criteria will be invited to submit an original paper which will be considered as the scholarly research component for eligibility for the M.D. with Honors in Service. The original paper written by the student will be supervised by a faculty member and will be submitted for consideration together with a letter from a faculty sponsor which addresses aspects of the student’s community service involvement.

The paper should address, as applicable:

- a description of the problem addressed by the program/activity;
- a description of the organizational structure in which the service was rendered;
- a description of the recipients of the services;
- an analysis of why the recipients were in need of this service by volunteers;
- an analysis of ethical issues related to why the recipients were in need of this service; and
- a description of one activity, potentially implementable at the present time, that would decrease the dependence of the recipients on volunteers for this service or otherwise improve the program.

As an alternative, a student may submit a detailed analysis of an activity/program that describes the mission/purpose of the program, the strengths and weaknesses of the existing program in carrying out its mission/purpose, the extent to which the existing program did/does succeed in carrying out its mission, and specific measures, implementable by students, to improve the ability/capacity of the program to fulfill its mission.

The student paper is to be intellectually rigorous and of similar length (eight to twelve double-spaced pages) to a scientific paper submitted for publication. It will be evaluated by the Student Service Committee, which will make recommendations to the Dean regarding those students who have met the requirements for receiving the designation M.D. with Honors in Service at Commencement. The decision of the Committee is final.

**Attendance Standards**

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

Students at the Medical College are physicians-in-training who are expected to carry out all academic responsibilities in a professional manner. Professional comportment is an essential and required component of becoming an effective physician. Students must handle absences from required Medical College activities in a manner that reflects a standard of professional responsibility for practicing physicians. At the same time, the faculty of the Medical College recognizes that students learn in different ways that include in-class and clinical experiences, independent study, digital media, scientific investigation and presentations, to name a few — many of which may compete for a student’s time. A central concept to the attendance policy is that students provide the faculty with a timely and valid request and/or notification for absences from any required curricular activities. The faculty considers a student’s honesty in presenting a reason for an absence to be the core principle that underlies all professional communication regarding the absence policy. Likewise, the student can expect that the faculty will apply the attendance policy in a way that is both fair and consistent, but which also considers a student’s individual situation. When a student does not attend a required session, and has not provided in advance an appropriate request for permission or explanation of the absence, as described below, the student is in violation of the standards of conduct required for students at the Medical College. This policy on student absences sets out the criteria and process for handling absences from academic duties; it also applies to students taking courses at the Medical College who are from other medical schools.

**Rationale**

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

The AOC Scholarly Project block time (i.e., Block 1 - four-months between February and June of the third year and another two-month block period in the fourth year) requires that students engage full-time in work related to their scholarly project at an officially approved primary site. During this 6-month block time, the student’s schedule will be largely shaped by the needs of their research project, including the requirement that they attend all activities (e.g., lab or research meetings) directed by their research mentor. In addition, students are required to attend all required AOC-related sessions as specified by the AOC Program leadership.

Similarly, during the Translational Science, Advanced Clinical Ethics, and Transition to Residency Courses, attendance will be assessed in small groups that involve collaborative teamwork, interactive discussion or demonstration of a skill, and in large group or small group formats that involve patients, and in any session as specified by the course director.

Operational Issues

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

Responsibilities of Students Regarding the Attendance Policy

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

Responsibilities of the Faculty Regarding the Attendance Policy

Faculty course and clerkship leaders are expected to implement the attendance policy as described above in way that is fair, transparent, consistent and measured in consequences for any violations. Faculty are expected, a priori, to indicate to students enrolled in their units how the policy will be implemented in their units. This should be done by a clear statement in the course, clerkship or AOC website and supplemented, if necessary, through class orientations, email clarifications, or other means.
Faculty leaders responsible for implementing the policy are expected to respond to student inquiries about the policy in a timely manner, consult with education deans as needed for advice, and evaluate student absences fairly and without preconceived assumptions or judgments.

Types of Absences

Excused absences: Emergent

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

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

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

Emergent events are not to be confused with other absences that can be anticipated and planned for in advance. These include:

1. Major family events or celebrations such as weddings involving immediate family, graduations, other family events of significance

2. Professional events and academic activities - presenting at a professional meeting, remediation of an academic encumbrance, NBME exam, residency interviews

3. Scheduled medical appointments

4. Religious holidays

In the clinical curriculum, there should be a request for permission a minimum of 30 days in advance of the beginning of the clerkship or sub-internship or as soon as the event is known. Students may also request to be excused for scheduled medical appointments and to observe religious holidays. Since religious holiday dates are well known in advance, students should request an excused absence for religious observances at least 30 days in advance of the beginning of the clerkship or sub-internship. In the case of scheduled medical appointments, students should request an excused absence as soon as the date of the event is known.
During the 6-month AOC Scholarly Project block time, students are expected to work full-time during weekdays on their scholarly projects at the primary site. Students must notify and/or request permission of the AOC program director for all emergent (“unplanned”) and planned absences from work on their scholarly projects. Notification/request of the faculty mentor alone is NOT sufficient. In the rare case that a student needs to work on his or her project away from the primary site, he or she must obtain permission from the AOC Program Director in advance.

**Unexcused Absences**

Absences without proper notification, including planned absences without prior request for permission or unplanned (emergent) absences without proper notification within 24 hours of the missed required session are considered “unexcused absences.” In the clinical curriculum, requests for permission for planned absences must be made a minimum of 30 days in advance of the beginning clerkship or sub-internship or as soon as the event is known. Unexcused absences will result in sanctions that may include, but are not limited to, receiving a zero grade for the activity missed, receiving an official citation for unprofessionalism, receiving a “Marginal” grade in the learning unit or course or in serious cases, such as those affecting or interfering with patient care, receiving a “Fail” grade. Some voluntary absences are not considered reasonable by the Medical College. Actions such as purchasing tickets for travel to leave early or return later, or solely to obtain discounted fares or engaging in other elective activities on course instruction days are not acceptable practice. Students who engage in such conduct must assume full responsibility for whatever ramifications in their performance assessment result from their actions, as described above, since these actions result in unexcused absences. Course leaders are not required to administer make-up examinations, equivalent or extra sessions to accommodate these voluntary unexcused absences.

**Duration**

Generally, the time frame for an absence is expected to be no more than two consecutive days (including a Friday-Monday sequence). Emergent absences expected to last more than two days require that the student notify the Associate Dean (Student Affairs). Planned absences of more than two days require that the student first obtain the permission of the Associate Dean (Academic Affairs), or if unavailable, the Associate Dean (Curricular Affairs), before requesting permission of the designated faculty or course leader. When a student is uncertain about whether an absence will be considered potentially excusable, he or she should consult one of the associate education deans (student affairs, academic affairs, curricular affairs) for advice.

**Request and Notification**

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

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

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

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

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

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

**Categories of Absences**

**Illness/Medical issues: Emergent and Non-Emergent**

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

Students should make every effort to schedule non-emergent medical appointments for times that do not conflict with class sessions or required clinical activities. The medical college recognizes that this may not always be possible. For scheduled non-emergent medical appointments, students must notify the course director or his/her designee as soon as the student is aware of the appointment date in order for this to qualify as an excused absence. Course directors and faculty are not permitted to penalize students who miss class or required clinical activities as a result of attending to medical appointments.

**Personal/family emergency**

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

**Major family events**

Absences from class to attend major family events (which are scheduled by others without consideration of the student’s schedule) require permission of the designated faculty or course leader(s). In the clinical curriculum, there should be a request for permission a minimum of 30 days in advance of the beginning of the clerkship or as soon as the event is known. If the activity extends for more than two days, the student must consult with the Associate Dean (Student Affairs). Making up the missed work to the satisfaction of the course leadership is mandatory and the course director’s decision is final.

**Professional off-campus events**

Academic activities (professional meetings, paper/research presentations) that interfere with course instruction days must be discussed with the designated faculty or course leader(s). In the clinical curriculum, there should be a request for permission a minimum of 30 days in advance of the beginning of the clerkship or as soon as the event is known. The discussion, which is a request for permission to attend the academic activity, must include a statement of the student’s exact role in the academic activity, the mechanism for making up missed course content, the student’s plan for covering all responsibilities, and notifications as discussed
above. With timely notification and permission a student will ordinarily be excused if he or she is presenting a poster or oral session. Students generally are not excused to allow simply attending the conference. In the case of professional conferences, the student should describe how the conference would provide added value above that of the required curriculum to the student’s learning and/or career plans. In the foundational science curriculum, discussion with the designated faculty or course leader(s), the student must also obtain permission from any learning unit leaders or small group leaders that will be impacted by the absence. The course leadership may take into account the student’s academic standing in the course in the decision to grant permission for these types of absences. If the activity extends for more than two days, the student must consult with the Associate Dean (Academic Affairs). Making up the missed work to the satisfaction of the course leadership is mandatory and the course leadership decision is final.

Other off-campus events

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

Residency interviews

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

Sub-internships

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

Religious Holidays

The Medical College recognizes that the members of its community, including students, observe a variety of religious faiths and practices. Few of the various religious days of observance are part of the Medical College’s holiday calendar. However, the Medical College recognizes and respects the religious beliefs and practices of its students and will accommodate them reasonably within the requirements of the academic schedule. As a result, the Medical College will not penalize a student who must be absent from a class, examination, study, or work requirement for religious observance. Students who anticipate
being absent because of religious observance must, as early as possible and in advance of an anticipated absence of a day, days or portion of a day, request permission for the absence from the designated faculty or course leader(s).

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

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

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

**Jury Duty**

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

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

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

**Time Conflicts between Classroom and Clinical Activities**

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

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

**Faculty Observation and Reporting of Student Absences**

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

**Making Up Absences and Reporting**

The work or activities that are missed from academic programs, regardless of the reason for the absence, must be made up. In the foundational science curriculum, the student is required to make up all course assignments, and may be required to make up additional activities at the discretion of the unit and/or course director. If there is an issue with resolving an absence or with the process for making up missed course work that is not resolved with the learning unit or course leadership, the student may confer with the Associate Dean (Academic Affairs).

In the clinical curriculum, for emergent absences and excused absences related to professional events or academic activities, students will be responsible only for making up required coursework. For any excused absence related to major family events, any unexcused
absence, and when total time for excused absences exceeds 10% of the total time of the clerkship, both required coursework and clinical time must be made up. The clinical activities that constitute the make-up time are at the discretion of the clerkship directors and should be scheduled during the timeframe of the clerkship.

Consequences of Unexcused Absences

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

In the clinical years, where patient care responsibilities are the primary focus of the student, any unexcused absence will result in immediate evaluation and investigation by the clerkship director, followed by a warning e-mail from the Assistant Dean for Clinical Curriculum. Each unexcused absence will be reported to the Assistant Dean for Clinical Curriculum and the Clinical Curriculum Manager who will track these across clerkships and sub-internships. In keeping with the policy for the foundational science curriculum, 2 unexcused absences across clerkships (i.e. during the clerkship years) will result in the filing of a professionalism report by the clerkship director in which the second unexcused absence was incurred, and 3 unexcused absences across clerkships will result in a “Marginal” in the clerkship during which the third unexcused absence occurs, the filing of a professionalism report and remedial assignment such as a reflective essay or additional clinical activities as appropriate. During the Sub-internships, one unexcused absence will result in a “Marginal” grade, the filing of a professionalism report and remedial assignment. Depending on the scope and circumstances of unexcused absences and clinical activities missed, a student may also receive a “Marginal” or “Fail” in either a clerkship or sub-internship. This is at the discretion of the course director in consultation with the Associate Dean, Academic Affairs and other relevant education deans.
Remediation may include reflective essays and/or appropriate educational activities, meetings and/or counseling by the Senior Associate Dean (Education) or the Associate Deans of Academic or Student Affairs. All missed assignments and clinical activities must be made up, and may include the possibility of repeating a clerkship or sub-internship in part or in its entirety and this plan will be at the discretion of the Associate Dean, Academic Affairs in consultation with other relevant education deans and the course director.

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

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

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

A summary of the procedures for lapses in attendance is shown in the table below:
<table>
<thead>
<tr>
<th>First Unexcused Absence¹</th>
<th>Phase 1 or 3 Course or Phase 2 as a Whole²,³</th>
<th>Sub-Internship</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Warning e-mail from course director (Phase 1) or ADCC (Phase 2)</td>
<td>• Professionalism report issued (signed by student and director)</td>
<td></td>
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<tr>
<td></td>
<td>• Meeting with course director to discuss remedial assignment and consequences for subsequent unexcused absences</td>
<td>• Marginal grade assigned (removed upon successful remediation)</td>
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<tr>
<td></td>
<td>• Professionalism report issued (signed by student and director)</td>
<td>• Associate Dean, Academic Affairs issues letter</td>
</tr>
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</table>

| Second Unexcused Absence | | |
|--------------------------|-------------------------------------------------|
| • Meeting with course director to include warning about consequences for next unexcused absence | |
| • Professionalism report issued (signed by student and director) | |

| Third Unexcused Absence | | |
|-------------------------|------------------------------------------------|
| • Meeting with course director to discuss remedial assignment (e.g., reflective essay, etc.), and consequences for subsequent unexcused absences | |
| • Professionalism report issued (signed by student and director) | |
| • Marginal grade assigned (removed upon successful remediation) | |
| • Associate Dean, Academic Affairs issues letter | |

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

Footnotes

¹ Unexcused absences from multiple required activities on the same day count as one absence.
² Phase 1 courses include EPOM and HID 1 and 2
³ Phase 3 courses include AOC (Work in Progress groups or other required didactics), TS, ACE, HCP, TTR, electives

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

A leave of absence is defined as “a temporary period of non-enrollment,” and may take four forms: research, academic, personal, and medical. However, a student will still be considered enrolled in the medical college if during a research leave of absence, the research satisfies the Advanced Biomedical Science Requirement or the elective requirement, and, thus, s/he is doing research that counts towards a degree requirement. Students may apply for a leave of absence as detailed below. The leave of absence does not relieve the student of obligation to comply with the policies and procedures of the Medical College, including but not limited to, those standards governing course remediation and repetition, completion of Academic work and time frames for completion of the Medical College curriculum. All leaves of absence will be entered on the Transcript as “Leave of Absence” with no distinction among the different types of leave.

Taking a leave of absence may have implications for student loan deferment/repayment status, housing, health coverage, or financial aid eligibility. Prior to applying for a leave of absence, students must investigate these implications as they may pertain to their personal situations. The Senior Associate Dean (Education) has discretion regarding a leave status and the continuation of Medical College benefits or services, such as housing, medical coverage, and utilization of medical college facilities. All students who are approved for any type of leave of absence will be charged a fee in order to continue their student status with the Medical College. Students on leave may also be charged other fees to continue to receive Medical College benefits or services. Some types or duration of leave may require the consent of the Executive and General Faculty Councils.

Leaves generally are granted for a defined period. Students may request an extension of their leave of absence by writing to the Senior Associate Dean (Education). Students who do not return to full-time status at the end of an approved leave, and who have not applied for and been approved for continuation of their leave of absence status, will be considered to have withdrawn from the Medical College. Under certain circumstances, a student who wishes to return from a leave may have to satisfy previously set conditions for readmission.

Types of Leaves

Research Leave of Absence

The Director of Medical Student Research grants a research leave of absence so that students may have a defined period during which to pursue an approved research project. A student with a “Marginal,” “Fail,” or “Incomplete” course grade is not considered to be a student in academic good standing, and is ineligible to go on a research leave of absence until a passing grade is obtained in the pertinent course(s). While the terms of research leaves are generally for one academic year, approval may be given for a longer period of time that may not exceed two academic years. The procedure for securing a research leave is by formal application, which may be obtained in the Registrar’s Office and online. The application requires the student to submit an outline of the proposed research project that will be completed during the course of the leave and supportive correspondence from the faculty
member who will be overseeing the project. Applications for research leaves of absence be submitted at least 2 months before the research leave is due to begin.

For students who matriculated prior to 2014 and are subject to the ABS requirement:

If the ABS requirement is not already fulfilled, students are also required to submit the pre-approval form for the Advanced Biomedical Science requirement at the time they submit their research application. If students on a research leave of absence have previously received ABS and elective credit, then they are eligible for up to 4 weeks of independent elective credit. This elective credit can ONLY be obtained if the research on their leave of absence is different from the research done to receive ABS and elective credit.

If accepted for ABS or Independent Elective credit, then students will be considered enrolled in the medical college while on their research leave. They would not be required to begin loan repayment after the usual 6-month grace period given to a student on a leave. The research would count toward a requirement for graduation. If students wish to engage in research prior to the submission of their formal application for a research leave, this work must be done either in accordance with elective guidelines or, if the student has unscheduled time, on a not-for-credit basis. If work is begun before the application is submitted, approval of the leave will recognize the date that the application was submitted as the start date of the leave. If for any reason, the research is terminated during the leave, the student is obligated to notify the Associate Dean of Academic Affairs, the Director of Medical Research, and the Registrar’s Office immediately.

Academic Leave of Absence

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

 Unsatisfactory Academic Progress and Financial Aid

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

A medical leave of absence is granted by the Senior Associate Dean (Education) upon the recommendation of the Associate Dean (Student Affairs), the student’s treating physician and/or an administrative physician consultant appointed by the Medical College. The purpose of the medical leave is to enable students to seek treatment for a health-related condition that interferes with the student’s ability to undertake the curriculum or that poses a threat to the health and safety of the student or others. The term of the leave is for a period up to one year, based upon the recommendation of the treating physician and/or administrative physician consultant. The leave may be extended for up to a second and final year based upon the recommendation of the treating physician and/or an administrative physician consultant. To return from a medical leave, the student must provide the Associate Dean (Student Affairs) with a letter from the treating physician confirming that the student is able to resume the curriculum requirements. Student medical issues are confidential and not maintained as a part of the academic record. Details of medical history are never disclosed to the administration, faculty or members of the Promotions and Graduation committee.

Personal

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

Leaves Initiated by the Medical College

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

Return to Medical Studies from Leaves of Absence

At the time a leave of absence is granted, the Medical College determines the length of the leave and the conditions, if any, for a return from the leave of absence. Extensions of a leave of absence are not automatic, even if within the time frame permitted for the category of leave. A student who determines that he or she is not returning at the time scheduled for a leave to end should consult with the Senior Associate Dean (Education) as early as possible before the scheduled return date. This will enable a student to learn whether or not an extension of the leave of absence can be granted, or if the student needs to make other arrangements. Similarly, if conditions have been set for a student’s eligibility to return from a leave, the student should demonstrate, in a timely fashion to the Senior Associate Dean, that he or she has satisfied the readmission requirements.
If a student does not return from a leave at the conclusion of the set time period, and has not received an extension in writing, the individual will be deemed to have withdrawn from the Medical College. Similarly, if a student has not satisfied the criteria to return, if any, and has not received an extension in writing, he or she will be deemed to have withdrawn. No further action will be necessary to finalize the withdrawal. A student who has been classified as withdrawn after a leave of absence generally may apply for readmission.

**Academic Counseling and Student Academic Advising Policy**

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

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

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

**Identifying and Referring Students in Academic Difficulty**
Students may self-identify themselves as being in “academic difficulty” and make a self-referral to the OAA. In addition, the following individuals may identify and refer students: course leadership, members of the Student Evaluation Committees, the Dean of Academic Affairs, and the Dean of Student Affairs.

Criteria for referral by these individuals may include the following: course average more than 1.5 standard deviation below the class mean in a foundational course; remediation of a unit in a foundational course; performance during foundational courses causing concern for future performance; failure or near-failure of a USMLE exam; or a Marginal grade in a clerkship due to failure of an NBME subject exam or poor clinical skills.

The OAA Director may also directly reach out to those students whose clinical performance and/or fund of knowledge, including low exam scores, suggest academic difficulty.

**Intake/Evaluation**
Once a referral is made (self-referral or by other individuals, including the OAA Director), the OAA Director will schedule an initial appointment with the student to assess his/her
needs and may provide some basic study, test-taking, and time-management strategies, as appropriate. The student may subsequently request additional appointments with the OAA Director to strengthen those skills.

In addition, after that intake session, should the OAA Director determine that a student academic advisor (i.e., a peer tutor) might be of further help, she will offer to match the student with an appropriate advisor for one or a series of sessions.

Students identified as having difficulty with clinical skills (e.g., communicating with patients, writing notes and case logs) may also be assigned a student academic advisor and may be referred to the Clinical Skills Center for additional help.

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

Students identified as possibly having learning disabilities or other special needs will be referred to the Office of Student Affairs for further evaluation.

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

The academic advisee (i.e., tutored student) is responsible for contacting the assigned student academic advisor via email (with a copy to the OAA Director) to set up the initial tutoring session.

The academic advisee should identify the specific content areas and skills on which he/she would like to focus and explain that to the tutor during the initial session. The OAA Director will also assist the student in assessing those needs during the intake session.

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

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

Students are under no obligation to continue these sessions or to continue meeting with the same student academic advisor. Students who find the session(s) not helpful and wish to discontinue them or be matched with another student academic advisor should contact the OAA Director.

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

**Responsibilities of the Student Academic Advisor**

Student academic Advisors are typically fourth-year students, not in the same class as the students with whom they work. They typically are in high academic standing, have a strong interest in teaching, and have good study habits and time-management skills.
If student academic advisors anticipate arriving late for a session or need to cancel/reschedule, they are expected to contact their advisee as soon as possible.

Student academic advisors are expected to contact the OAA Director with any concerns that may arise regarding the advisee’s progress/behavior.

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

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

**Confidentiality and Academic Standing**
As noted earlier, students may confidentially self-refer to the Office of Academic Achievement at any point during medical school.

Student academic advisors are expected not to share any information with anyone other the Director of OAA about whom they peer tutor or the content of the sessions. They may reach out to course leadership for advice on specific content areas on which to focus but without reference to the specific student with whom he/she is working.

The Director of OAA and the Dean of Student Affairs have no influence on or role in the formal assessment of student performance or promotion decisions.

Student Academic Advising sessions or any other contact with the OAA are not recorded on the student’s transcript.

**Course Materials and Copyright Issues**
Most course materials are available on Ed Center computers or online at the secure CANVAS course website. They can be downloaded onto iPads for viewing and annotation. Hardcopies of some student handouts may be distributed by the Curriculum Coordinators or provided in class (e.g. PBL case materials). If you are unable to pick up your own materials, you may designate a classmate to pick up your materials, but there is only one copy per student. Course materials are copyrighted and are for the exclusive use of WCMC students enrolled in that course. They are not to be circulated to WCMC students not in the course or to others. In addition, they are not to be put on social media or websites, reproduced, or distributed for use by others. Such actions violate the Honor Code and could result in legal actions with serious consequences.
Jenzabar Number

Students will use their Jenzabar number for anonymous grading of exams and papers. Students should memorize this number and keep it confidential.

Questions may be directed to the Foundational Curriculum Coordinator in room C-203.

Communications to Students

To keep apprised of schedule changes, room assignments, exam information, and other course announcements, it is very important that students check the CANVAS course website Ed Center bulletin boards, and their Cornell e-mail daily. Note that faculty, administrators and staff use official WCMC e-mail to contact students, not student’s personal e-mail accounts. Students may also be contacted by telephone or pager as necessary, particularly for late changes to courses.

Transportation Guidelines and Policies

Weill Cornell will provide limited transportation services for medical students commuting to affiliated hospitals. Any deviation from this policy requires special approval from the Associate Dean of Program Development and Operations.

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

Office Preceptorships

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

Clerkships/Clinical Experiences at Affiliates in the Greater NYC Area

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

NewYork-Presbyterian/Queens

Shuttle-Travel by Superior: A single, WCMC provided shuttle is provided leaving WCMC at 5:30 am. This shuttle is meant to service the students in the Surgery and OB/Gyn clerkships; other students may ride this shuttle only if space permits (refer to attached WCMC Shuttle Schedule).
Shuttle-NYPQ GME Office: The GME office at NYPQ provides a shuttle traveling between NYPH and NYPQ. While this shuttle is provided for specific residency programs, WCMC medical students may utilize the shuttle, but only if space permits (refer to attached NYPQ GME Shuttle Schedule).

For students unable to secure space on one of the provided shuttles, students have two options:
1. Use public transportation – students will be reimbursed for the cost of a metro card.
2. Carpool with other students using Uber – students will be reimbursed for the cost of the taxi/car ride.

Receipts are required for reimbursements (see attached Student Local Reimbursement form).

\textit{NewYork-Presbyterian/Brooklyn Methodist Hospital}
Students will be reimbursed for the cost of a metro card. Receipts are required for reimbursements (see attached Student Local Reimbursement form). For students rotating on the \textbf{OB/Gyn} and \textbf{Surgery} Clerkships, students may be reimbursed for an Uber/taxi for their morning travel – where possible, students should carpool with other students.

\textit{NewYork-Presbyterian/Lower Manhattan Hospital}
Students will be reimbursed for the cost of a metro card. Receipts are required for reimbursements (see attached Student Local Reimbursement form).

\textit{New York Presbyterian – Westchester Division}
\textbf{Shuttle-Travel by Superior:} A WCMC provided shuttle is provided leaving WCMC at 7:30 am. A return shuttle will depart Westchester at 5:00 pm (refer to attached WCMC Shuttle Schedule).

\textbf{Extended/Weekend Clerkship Hours at Affiliates in the Greater NYC Area}
We recognize that in many instances students are afforded important educational opportunities outside of normal clerkship hours (ie. Call, special educational discussions, clinical opportunities) and/or outside the hours when shuttle service is available. In order to accommodate these educational needs, WCMC will reimburse for a taxi/Uber back from the affiliate. Students will need documentation from their supervising resident or attending that they did participate in the activity. Receipts are required for reimbursements (see attached Student Local Reimbursement form), and students should always try to share a taxi/Uber when possible.

\textbf{Cayuga Medical Center - Ithaca Clerkships}
Students assigned to clerkships at Cayuga Medical Center in Ithaca, NY will be reimbursed for the Cornell campus-to-campus bus service to and from Ithaca as well as ground transportation to/from the medical center. Receipts are required for reimbursements (see attached Student Local Reimbursement form).

\textit{Note: Housing in Ithaca is provided at no cost to the student.}

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

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

Access to Examination Answers, Grades, and Student Assessment Forms

Exam answer keys are posted anonymously on Education Center bulletin boards as soon as they are available. Exam answers are for use of students currently enrolled in the course. They are NOT to be copied or photographed under any circumstances. Once exams have been graded, your exam score will be available on the secure CANVAS website. Some course directors also provide class performance statistics (class mean, etc.) on this site as well. OCED curriculum coordinators collate all assessment forms from the courses (e.g. quiz results, PBL, JC, lab performance forms), which are used by course directors to determine a final grade. Copies of final grade reports are available to students through hardcopies prepared by OCED and accessible on-line through JENZABAR ordinarily within six weeks of the end of the course.

Students may review their exams and grading forms with narrative feedback in the curriculum coordinator’s office at designated times. However, students are not permitted to photocopy this material or leave the room with it. Students who wish to speak to a course director or other faculty member about grades and narrative assessments must inform curriculum coordinator, who will arrange for the faculty member to receive the student’s folder prior to the meeting.
Student Records

It is the policy of the Medical College to protect information contained in student records from unauthorized disclosure and to comply with the provisions of the Family Education Rights and Privacy Act of 1974 (FERPA) and regulations thereunder. The policy extends to students the right to inspect and review their education records and provides students the right to request that their record be amended if the student believes that the record contains inaccurate or misleading information or if it violates the student’s privacy rights.

The policy is contained in Cornell Policy 4.5, Access to Student Information. https://www.dfa.cornell.edu/sites/default/files/vol4_5.pdf

The Student Record Privacy Statement: Annual Notification Under FERPA can be found at http://courses.cornell.edu/content.php?catoid=31&navoid=7935

Release of Records

Anyone who releases education records must maintain the name of the party making the request, any additional party to whom it may be re-released, and the legitimate interest the party had in requesting or obtaining the information. A student may inspect this record of requests. Records do not need to be kept of disclosures:

- of directory information;
- to the student;
- to other individuals within Cornell having a legitimate educational interest in the information; or
- in response to a subpoena.

Student Inspection and Review Education Records

A student may inspect and review his or her education records after making a written request. The Medical College may refuse to permit a student to inspect the following education records:

- Records of instructional, supervisory, and administrative personnel which are the in the sole possession of the maker and are not accessible or revealed to any other person except a temporary substitute.
- Financial records of a student’s parents
• Letters of recommendation placed in the student’s education record prior to January 1, 1975 or with respect to which a student has waived right of access.

• Education Records connected with an application to attend the Medical School if that application was denied or the applicant never attended the Medical School.

• Portions of education records that contain information about other students.

The Medical College reserves the right to refuse to permit a student to inspect records excluded from the FERPA definition of education records, including medical and police records. However, with respect to medical records, a student may have a physician or other appropriate professional review the record.

**Process for Inspecting Records**

**and Amendment of Records**

In general, a request by a student to review and inspect the records and information relating directly to him or her shall be in writing, addressed to the Registrar, the custodian of records, signed by the student and thereafter retained in the record folder. Students are able to review their records in the Registrar’s office during business hours. When a student requests access to his/her education record in the Registrar’s office, the Registrar makes the student record on file in the Registrar’s office available within 5 business days from the request. Additional information, if requested, will be provided as soon as is feasible and within 45 days as permitted by law. A student may inspect records only in the presence of a designated administrator.

Students are able to review grades and grade narratives as soon as they are posted on the online student information system. Faculty members are expected to submit grades promptly after a course or curricular unit is completed. WCMC encourages grade submission for all courses and clerkships as soon as possible, and requires that grades must be submitted and available to students no later than six weeks from the end of a course or clerkship. Course leadership notifies students when grades have been posted. Students are able to review more granular course components directly with course directors.

Students may obtain copies of material in their education record, other than the transcript and permanent record card, by paying a per page fee. All such copies shall bear a conspicuous legend that the copy is not an official document. Transcripts and record cards may not be copied because of the possibility of misuse.

A student may request that his or her academic record be amended on the grounds that the information contained therein is inaccurate, misleading, or in violation of his or her right of privacy. The Registrar, in consultation with appropriate faculty or staff, will decide whether to amend the record as required within a reasonable amount of time. If the Registrar or maker of the record refuses to make the requested change, then, The Registrar shall inform the
student of the decision and of the student’s right to a hearing. Upon request of the student, the Senior Associate Dean (Education) will promptly appoint a member of the faculty or administrative staff not having a direct interest in the matter to investigate the matter and hold a hearing. Any such hearing will be held upon five (5) days written notice to the student and those persons called to testify; and, will afford the student a full opportunity to present evidence relevant to the issues. A student, at his or her own expense, may be accompanied or represented by an attorney or an advisor.

Additional information regarding the hearing procedures is provided to the student when notified of the right to a hearing.

After conclusion of the investigation and hearing, the faculty or staff member who conducted the investigation shall submit a written report and recommendation to the Senior Associate Dean (Education) The Senior Associate Dean (Education) will notify the student in writing as to whether or not the record will be amended.

- If the record is not to be amended, the student shall have the opportunity to place in the record a written statement commenting on the information sought to be corrected and/or setting forth reasons for disagreeing with the decision not to correct the file.
- If the record is to be amended, the Senior Associate Dean (Education) shall instruct that the record be amended accordingly and inform the student of the amendment in writing.

Of note: FERPA permits a student to request that inaccurate or misleading information in educational records be amended. However, these procedures may not be used to challenge a grade, opinion or a substantive comment made by the Medical College about the student and does not override accepted standards and procedures for making academic assessments. The Medical College has separate procedures, as described below, in Section b, c, and d, permitting students to review grades, evaluations and the Medical Student Performance Evaluation (MSPE).

**Components of students’ records that students are not permitted to review**

The Medical College does not permit students to review certain education records (as permitted by FERPA), including records of instructional, supervisory, and administrative personnel which are the in the sole possession of the maker and are not accessible or revealed to any other person except a temporary substitute, financial records of a student’s parents, letters of recommendation to which a student has waived right of access, education Records connected with an application to attend the Medical School if that application was denied or the applicant never attended the Medical School, portions of education records that contain information about other students.
The Medical College requires that faculty, students, and staff abide by fundamental standards of conduct expected of the members of the medical college community in their interactions with each other. Membership in the Medical College community for students is more than an academic commitment; it connotes a willingness by the student to act as a responsible medical professional. Participation in the medical college community by faculty is more than instructing the next generation of medical professionals; it is a commitment to serve as mentor and role model of the standards of the medical profession. Inherent in the concept of a medical professional is an underlying integrity and ethical foundation that defines the tone and culture of the teacher-learner environment at the Medical College.

The Medical College’s standards of conduct also enable students to begin to encounter and wrestle with the difficult moral and ethical questions that arise continuously throughout one’s medical career. In this capacity the standards of conduct promote expected behaviors, challenge unprofessional behaviors, and educate students, as well as faculty, to confront these challenges.

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

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

**Student Responsibilities/Honor Code**

In order for students to be permitted to continue their studies at the Medical College, students must demonstrate a range of skills and abilities, such as good judgment, a sense of responsibility and morality, sensitivity and compassion for individual needs, the ability to synthesize and apply knowledge, and evidence that they are capable of becoming safe and effective physicians. Students must also assume responsibility for the integrity of the content of the academic work performed and submitted, including papers, examinations and reports.

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

- knowingly or carelessly representing the work of others as one’s own;
- using or giving unauthorized assistance in any academic work;
• restricting the use of material used to study in a manner prejudicial to the interest of other students;
• purposely misleading or give false information;
• cheating otherwise committing a breach of academic and/or professional integrity;
• repetitively or egregiously failing to fulfill the professional requirements and responsibilities of a clinical clerkship;
• committing an act of physical abuse or violence of any kind;
• sexual or other prohibited forms of harassment;
• sharing confidential or inappropriate information (including but not limited to, photos, images, text or video) on the internet or any form of electronic media
• being repeatedly absent, unexcused, from a required course, clerkship, or sub-internship activities; or
• Failing to respond in a timely way to communications (phone calls, emails or other correspondence) from the administration, faculty, course leadership or their representatives.

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

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

The student involved receives, in writing, a notice of the request for the appointment of the ad hoc committee, the membership of the ad hoc committee, and the details of the concerns under consideration by the ad hoc committee regarding the student’s suitability for the practice of medicine.
The student has the right to appear before the ad hoc committee in order to present his or her position on the claims raised and his or her continued suitability. The student may be accompanied by an advisor (such as a family member, faculty member and/or counsel) who may assist the student but will not be a participant in the proceeding before the ad hoc committee; the student will remain responsible for acting on his or her behalf in the process.

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

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

**Sexual Harassment**

The Human Resources Department and the Office of Equal Opportunity Programs are available to assist all members of the Medical College community with sexual harassment problems or questions. All discussions are confidential. In addition the Medical College will provide, on request, training and consultation on the prevention of sexual harassment.

**Title IX Regulations**

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

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

The Medical College is subject to and in compliance with the statute and regulations. The regulations nevertheless require that you be informed of their provisions and these are summarized below:

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

Cornell University and Weill Cornell Medical College are committed to providing a safe, inclusive, and respectful learning, living, and working environment for the University community. Cornell University’s Policy 6.4 addresses issues of bias, discrimination, harassment, and sexual and related misconduct, including gender-based harassment, sexual harassment, sexual assault, domestic and dating violence, stalking, and sexual exploitation. The Medical College will respond promptly and appropriately to all reports of sexual misconduct.

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

Information on Weill Cornell Medicine’s Title IX resources and student procedures may be viewed here: http://weill.cornell.edu/education/student/stu_campus_sec.html.

What is Sexual Harassment?

Sexual misconduct includes but is not limited to: sexual assault/violence, sexual abuse, sexual exploitation, rape, domestic violence, dating and intimate partner violence, sexual coercion, stalking, retaliation. Sexual misconduct also covers sex discrimination and sexual harassment.

Sexual Harassment is any unwelcome sexual advance, request for sexual favors, or other unwanted conduct of a sexual nature, whether verbal, nonverbal, graphic, physical, or otherwise, when the conditions outlined below, are present:

1) Submission to or rejection of such conduct is made, either explicitly or implicitly, a term or condition of a person’s employment, academic standing, or participation in any Weill Cornell (or University) programs or activities or is used as the basis for Weill Cornell (or University) decisions affecting the individual (often referred to as “quid pro quo” harassment); or

2) Such conduct creates a hostile environment. A hostile environment exists when the conduct is sufficiently severe, persistent, or pervasive that it unreasonably interferes with, limits, or deprives an individual’s participating in or benefitting from the University’s education or employment programs or activities. Conduct must be deemed severe, persistent, or pervasive from both a subjective and an objective perspective

Sexual harassment is sex discrimination and is therefore illegal.

Dealing with Sexual Harassment

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

Preliminary Action
You can sometimes stop someone from harassing you by taking direct action.

• Say no to the harasser. Ignoring the situation seldom will make it go away. If you have difficulty speaking about the situation, write the harasser a note describing the incident that you found offensive and request that it not happen again. Keep a dated copy of the message.

• Keep a record of what happened and when it took place. If others were present, include their names in the record. Keep a log of any conversations or actions pertaining to the incident(s).

• Find out whether other students or co-workers have been harassed. Together complaints are in a stronger position to deal with the situation and the offender.

• Seek support from a close friend or trusted associate. Sharing your feelings and experiences can help you cope with that often is a very difficult, frustrating situation.

If the harassment does not stop, consider discussing the matter with the harasser's supervisor or department chairperson, or with the Title IX coordinator.
Complaint Procedures

Grievance procedures exist to protect all students and academic and non-academic staff members.

JoAnn Difede, Ph.D., Title IX Coordinator, has been designated to investigate and seek resolution of complaints of all Weill Cornell medical and graduate students, regarding prohibited acts. Students are welcome to contact her at 212-746-9915, nosexualmisconduct@med.cornell.edu, or jdifede@med.cornell.edu to discuss any concerns that they may have.

Any student of the Medical College who suspects that he or she has experienced sexual harassment, as defined herein, should report the incident. If the reporting person wants to discuss the incident, consider ways in which to deal personally with the situation, or seek a formal remedy for an instance of sexual harassment, the Title IX coordinator will provide assistance. If a supervisor, administrator, faculty member or counselor receives a complaint or inquiry about sexual harassment, it is imperative that the Title IX coordinator be contacted to provide advice on procedures for sexual harassment cases. These discussions will help ensure the effective handling of the complaint and reestablish a working or learning environment free of harassment by taking immediate and appropriate action.

For a complete description of Title IX grievance procedures, please see http://weill.cornell.edu/education/student/pdf/ Sexual_Misconduct_Policy.pdf and http://weill.cornell.edu/education/student/stu_campus_sec.html for a list of resources.

Similar procedures are available for faculty, contact Rache Simmons, M.D. (rms2002@med.cornell.edu), and staff, contact Angela Charter Lent (anc2035@med.cornell.edu).

Teaching-Learning Environment and Student Mistreatment

The Association of American Medical Colleges (AAMC) and the Accreditation Council of Graduate Medical Education (ACGME) have encouraged a learning environment that encourages and inspires critical thinking, personal exploration, and professional development. All interactions should demonstrate mutual respect and should include collegiality, honesty, fairness, and equal treatment.

In order to uphold the standards of such a learning environment, the Medical College has a Teaching-Learning Environment and Student Mistreatment Policy whose purpose is to ensure an educational environment conducive for learning, define mistreatment of students,
and describe the process of reporting, monitoring, and responding in the event mistreatment should occur. All students should familiarize themselves with the full policy.

**Teacher Learner Committee (TLC)**
The Teacher-Learner Committee is the body charged with monitoring, reviewing, investigating and aiding in the resolution of mistreatment issues at the Medical College. The committee is comprised of faculty members from the various clinical and basic science departments, fourth year medical students and advanced graduate students who serve for a specific term. The membership list is posted on the TLC website.

**Reporting Mistreatment**

The College has a policy of zero tolerance for mistreatment. It takes all allegations seriously and encourages students to report any instances or perceived instances of mistreatment. There are three proposed mechanisms for reporting mistreatment; each mechanism will be collected via a structured intake form to collect the necessary information for TLC to review. Because mistreatment issues can be complex and the TLC seeks to provide the student with advice and information, in-person meetings or phone calls are preferred over reporting incident details in the initial contact email or voice mail message.

1. **Teacher-Learner Committee:** Students wishing to report a violation, ask a question, or seek advice may contact the TLC by emailing TLC@med.cornell.edu. When emailing the TLC, students may, if desired, request follow-up from a specific member of the TLC. Students need not provide extensive detail regarding mistreatment or potential mistreatment in the initial contact. A member of the TLC will reach out to set up a meeting, phone call or continue the conversation via email.

   Persons reporting mistreatment to the TLC are entitled to understand:
   1. their role in the investigation and resolution process
   2. the extent to which their anonymity may or may not be assured
   3. the timing of the investigative and adjudication processes
   4. information about how the incident was resolved to the extent permitted by the College’s bylaws and by local, state, and federal laws.

2. **Course Evaluation System:** Alternatively, students may report incidents of mistreatment anonymously through the Course Evaluation system. Reports that contain named individuals and descriptions of the incident will be reviewed by the TLC, and if warranted, be investigated and adjudicated; however, students who file reports using this method will not be able to learn about the resolution of the incident given the anonymity of the reporting mechanism.

3. **Other:** Students may also choose to discuss concerns or seek advice regarding the teaching-learning environment with the Weill Cornell Student Ombudsperson, course/clerkship directors or others; however, such individuals are NOT responsible for keeping records of student reports, reviewing or investigating alleged incidents, or working through resolution.
Students may also ask for a consultation with a student/peer member of the TLC to explain the facts of the incident and to explore the level of concern for mistreatment.

Mistreatment Defined

The range of possible mistreatment is wide; examples include:

- Verbal abuse, including belittling and/or humiliating a student;
- Speaking, writing, using gestures, or employing curricular materials that are disparaging;
- Intentionally singling out a student for arbitrary or selective treatment;
- Exploitation of any type;
- Denying opportunities for training or denying rewards based on a student’s background;
- Pressuring a student to perform medical procedures for which the student is insufficiently trained;
- Interfering with a student’s need to properly attend to a potentially serious health problem;
- Making sexual advances, harassing a student;
- Threatening or committing any act of physical violence; or
- Assigning a grade based on factors other than a student’s performance and/or professionalism.

  - Students who believe they may be graded unfairly based on statements or behaviors made by a faculty member are strongly advised to report their concerns to the TLC before the course ends. The TLC may opt to discuss the matter with the course director immediately or to retain the report on file in the event the matter ultimately becomes part of a grade appeal process. Students are permitted to contest their grades through the appeal mechanism. (Student Request for Course Evaluation/Grade Review detailed on page 46 of the Student Handbook.)
  - Challenges to overturn grades based solely on allegations of mistreatment may be less likely to succeed if mistreatment is reported after the final grade has been established and is known to the student.

Investigation and Resolution Process

The TLC will conduct an initial investigation and may refer the incident for additional investigation by other officials. Sanctions are related to the incident classification.

See the full Teaching-Learning Environment and Student Mistreatment Policy for additional information about the TLC, types and categories of mistreatment, the TLC review, investigation, resolution, and follow-up process and more.
Reporting and Resolution Process

**REPORTING**
- Student or Others

**CLASSIFICATION**
- **Level 1** – ‘Bad Communication’
  - verbal abuse or humiliation based on gender, race, sexual orientation, background, etc.
  - * Repeated incidents become level 2.
- **Level 2** – ‘Bad Behavior’
  - exploitation; grading or denying opportunities based on factors other than performance/professionalism; violation of authorship; interfering with student seeking healthcare
- **Level 3** – ‘Illegal Behavior’
  - sexual advances; threatening or committing physical violence

**INVESTIGATION and POSSIBLE OUTCOME**
- TLC investigates and provides
  - counseling
  - warning
- TLC refers to Vice Dean and, as appropriate, Designated Institution Official (DIO), Dept. Chair, or HR Officials
  - warning
  - notation in employment file
  - suspension
- Same as Level 2 plus option for legal action and dismissal
Guidelines for Use of Computers, Network Systems and Electronic Communications

The Medical College’s computers, network systems equipment, data, and software are a critical portion of the Medical College’s infrastructure and are to be treated accordingly.

Students and faculty are responsible for their actions when using the Medical College’s computers, electronic communications and network systems, whether or not their transgressions are intentional, accidental and/or can be corrected.

Users of Medical College computers and network systems shall respect:

- the privacy of other users’ information, whether or not the information is securely protected;

- the ownership and intellectual property rights of proprietary and commercial software, including not using unauthorized copies of software even where the software may not be copy protected;

- the finite capacity of a computer system and limitations of use so as not to interfere unreasonably with the activity of other users;

- procedures (posted in computer facilities and/or online) established to manage use of the computer system;

- the rights of others not to be harassed, intimidated, or otherwise receive intrusive or inflammatory information through the computer system; and

- the Medical College’s policies regarding the use of computers as specified by the Information Technologies and Services (ITS).
Maintaining Security of High Risk Data in Email

ITS would like to remind you about the importance of safeguarding high risk data (formerly known as confidential data), as defined within ITS policy 11.03 – Data Classification, within our organization. It is extremely important to make sure you do not send any of the following to email addresses except those ending with MED.CORNELL.EDU or NYP.ORG:

1. Patient billing or medical records
2. Student records
3. Financial data, including Payment or Credit Card information
4. Employment records
5. Research data involving human subjects
6. Social Security Numbers

Please be sure to check the email addresses you are sending high risk data to. If you send high risk data to an external address without encryption, the email may be blocked and you will receive a notification from ITS Security reminding you to use encryption to securely send high risk data.

Safer Alternatives to Email:

- **For Provider-Patient Communication**: Use the Weill Cornell Connect messaging feature, which provides encrypted communication between providers who are using Epic and their patients. ([https://mychart.med.cornell.edu/mychart/faq.asp](https://mychart.med.cornell.edu/mychart/faq.asp))
- **Use #encrypt to send high risk data**: If you have a valid business reason to send high risk data outside of WCM and NYP, add #encrypt to the message subject to encrypt the contents of the message, including attachments.
- **Use the File Transfer Service to send large attachments containing high risk data**: If you have a valid business reason to send large attachments (greater than 25 MB) which contain high risk data to recipients outside of WCM and NYP, please use the File Transfer Service. This service will encrypt the attachments. It can be accessed at [https://transfer.med.cornell.edu](https://transfer.med.cornell.edu).

Questions? Concerns? Please visit https://its.weill.cornell.edu/policies for more information on our policies. We will be actively updating you on changes to our policies so that you are informed about how to protect the high risk data you are responsible for.

If you have any questions, comments, or concerns about this information, please contact the ITS Service Desk at 746-4878, or support@med.cornell.edu.
WCMC adheres to many IT policies disseminated by Cornell University.

https://www.dfa.cornell.edu/policy-library

WCMC IT policies are medical center-specific supplements to University policy, and in some cases may be more stringent than those used at the University. WCMC faculty, staff, students, and affiliates are expected to be aware of and adhere to these policies.

Please check this page frequently for changes, updates, and new policy postings.

https://its.weill.cornell.edu/policies

### WCMC IT Security Policies

- **11.01** - Responsible Use of Information Technology Resources
- **11.02** - Privacy of the Network
- **11.03** - Data Classification
- **11.04** - Guest Wireless Network
- **11.05** - Security and Privacy Incident Response
- **11.06** - Device Encryption
- **11.07** - Copyright Infringement Policy
- **11.08** - Use of Email
- **11.09** - Data Loss Prevention (DLP)
- **11.10** - Web Proxy
- **11.11** - Requirements for Securing Information Systems
- **11.12** - Restricting Network Access for Insecure Systems
- **11.13** - Directory
- **11.14** - Email Security
- **11.15** - Password Policy and Guidelines
- **11.16** - Domain Name Policy
- **11.17** - Identity and Access Management

### WCMC Confidential Data Policies

- **12.1** - Integrity Policy
- **12.2** - Physical Security
- **12.3** - Authentication and Authorization
- **12.4** - Administrative Security
- **12.5** - PCI Policy
WCMC IT Operations Policies

- 15.5 - Information Technology Disaster Recovery Policy

ITS Service Policies

- Backup Policy
- Billing Policy
- Broadcast Email Policy
- Cloud Document Storage: Box
- Devices: Network-Attached Storage Policy
- Devices: Supported Computers Policy
- IP Address Policy
- Microsoft Campus Agreement & Licensing
- Mobile Device Management (myDevice)
- Network Policy
- Research Data Storage Core (RDSC) Policy
- Smartphone & Mobile Device Policy

Any IT policy questions should be sent to Brian Tschinkel, Information Security Officer. Brian can be reached at brt2008@med.cornell.edu or 646-962-2768.
Copyright Infringement

Copyright infringement is the act of exercising, without permission or legal authority, one or more of the exclusive rights granted to the copyright owner under section 106 of the Copyright Act (Title 17 of the United States Code). These rights include the right to reproduce, distribute, display, or perform a copyrighted work and to make derivative copies. In the file-sharing context, downloading or uploading substantial parts of a copyrighted work without authority, including unauthorized peer-to-peer file sharing, constitutes an infringement, and may subject students to civil and criminal penalties.

In general, anyone found liable for civil copyright infringement may be ordered to pay either actual damages or "statutory" damages affixed at not less than $750 and not more than $30,000 per work infringed. For "willful" infringement, a court may award up to $150,000 per work infringed. A court can, in its discretion, also assess court costs and attorneys' fees. For details, see Title 17, United States Code, Sections 504 and 505. Willful copyright infringement can also result in criminal penalties, including imprisonment of up to five years and fines of up to $250,000 per offense.

At the Medical College, the unauthorized distribution of copyright materials is also a violation of the standards of conduct, and may result in disciplinary action up to and including expulsion.

For additional information on the Medical College Copyright Infringement Policy, please visit https://its.weill.cornell.edu/policies/1107-copyright-infringement-policy. A paper copy of this policy is available upon request.

Bias and Hate Related Crimes

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

New York State law requires Weill Cornell Medical College to inform students about the Hate Crimes Prevention Act of 2000 and how hate crimes (also known as bias-related crimes) can be prevented on campus.

A bias/hate crime under federal, state and local laws is defined as any criminal activity/offense or attempted criminal offense that one could reasonably and prudently conclude is motivated, in whole or in part, by the perpetrator’s bias or attitude against an individual victim or group based on perceived or actual personal characteristics, such as their age, color, race, creed, religion, religious practice, ancestry or ethnicity, gender, gender identity or expression, sexual orientation, disability, immigration of citizenship status, socioeconomic status, height, weight, marital status, national origin or other protected category.

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

Penalties for bias-related crimes are very serious and range from fines to imprisonment for lengthy periods, depending on the nature of the underlying criminal offense, the use of violence or previous convictions of the offender. Hate/bias crime incidents that rise to a felony level are reported to the district attorney. Non-felony hate/bias crime incidents may be adjudicated through the Standards of Conduct stated in the Student Handbook. Sanctions imposed by the College may include suspension, expulsion or other measures depending on the severity of the crime.

Reporting a Hate/Bias-Related Crime Incident

An individual who believes that she or he has been a target of a bias/hate-related crime is encouraged to immediately report an incident to NYPH Security, the Associate Dean for Students Affairs, the Senior Associate Dean for Education, or the Affirmative Action Officer (in Weill Cornell Medical College’s case this would the Managing Director of Human Resources and Housing). The incident will be reviewed and investigated, and a determination will be made as to how the allegation will be handled.

Availability of Counseling and Other Support Services

Counseling and personal support is available to victims of hate/bias-related crime through the Student Affairs Office at 110 Olin Hall. Another source of assistance is through the Witness Aid Services Unit, Victims Assistance Center located at 100 Centre Street, Room 231. The Center is open Monday through Friday, 8:00 a.m. to 8:00 p.m., and Saturdays and Sundays, 9:00 a.m. to 5:00 p.m. The staff can be reached at 212-335-9040.
Members of the Medical College Community Who Potentially Represent a Hazard to the Public and to the Medical College

Two broad considerations underlay the preparation of these guidelines:

1. An awareness that the Medical College, so far as possible, should try to protect patients, students, and employees, and to protect its mission in education and research, from any harm that may come to them because of any action or condition of a student or employee.

2. An awareness that the identification of a person as a potential hazard to other people or to the institution may seriously jeopardize his career and his relation to other people, and that, therefore, every effort must be taken to protect the rights of this person, and to insure that any findings, and any actions based upon these findings, are grounded on demonstrable evidence.

The Nature of “Potential Hazards”

“Potential hazards” arising from the actions or conditions of employees or students might fall into three general categories:

1. Hazards arising from the impaired ability of a person to perform his medical, educational, or other professional activities, including hazards arising from (a) neurological disease or degeneration, (b) emotional or psychological disorders, (c) the use of drugs or medications, and (d) the presence of physical handicaps resulting from illness or injury.

2. Hazards arising from a person’s carrying a contagious disease.

3. Hazards arising from the behavior of a person, including a) behavior regarded by patients and by the public as alarming, threatening, bizarre, hostile, or otherwise inconsistent with the duties and responsibilities of the person, and b) behavior that is disruptive for working groups, medical treatment, or educational processes.

Potential hazards to other people or to the Medical College that occur in the context of a person’s performance of his professional, medical, or academic duties, or as a part of his employment by, or studies in, the Medical College are a legitimate concern of the Medical College.

Private acts or conditions of students or employees outside of this context, although they are not the responsibility of the Medical College, may, nevertheless, be of legitimate concern to the Medical College in so far as they may imply the existence of a potential hazard, if this person continues his role as an employee or student.

For example, if a person is convicted of the possession of drugs or assaultive behavior, or is admitted to another institution for the treatment of alcoholism, he might well have a condition that represents a potential hazard to the public or to other employees if he continues in his usual activities at the Medical College. Under these circumstances, even
though the act in question has occurred outside of the Medical College and was not, therefore, the responsibility of the Medical College, the College might, nevertheless, legitimately wish to investigate whether or not this person represented a potential hazard within the context of the concerns outlined above.

**Identification and Reporting of Potential Hazards**

(Nothing contained in these guidelines requires any physician to violate a physician/patient privilege and, therefore, no physician is required to report any information that such physician learned solely as a result of rendering treatment to a patient.)

Every student, staff member, or other employee who is aware that he has a condition that creates a potential hazard as described above, has a primary responsibility and duty to report this, either to his immediate supervisor or to the Dean's Office. In situations in which a student, employee or staff member is not sure whether he has a potentially hazardous condition, he is encouraged to seek appropriate counseling and advice. Such counseling and advice is available to all Medical College employees from the Employee Assistance Program Consortium and to medical students from the physicians or psychiatrists designated by the Office of Student Affairs.

Every student, staff member, or employee, who has good reason to believe that another student, staff member, or employee presents a potential hazard, has a responsibility and a duty to report this to the appropriate supervisor or to the Dean's Office.

Regardless of the responsibilities of the individual affected, and of other students, staff members, and employees, the immediate supervisor, who observes the presence of a potential hazard, has a specific responsibility to report this to his superior, and through him to the Department Chairman or other appropriate administrator at that level, and to the Dean's Office.

**Initiation Of Action**

If it appears that a hazard is immediate and acute, the responsible supervisor, with the concurrence of his superiors (if this can be obtained in time), must take whatever measures appear to him to be necessary and prudent to prevent the person who represents the hazard from harming himself or any other person; and he will report the incident fully and promptly to his supervisor, and through him to the Department Chairman or other administrator at that level.

If the hazard is chronic, or only potential or suspect, and if the danger to others is not immediate, the supervisor should report his evidence through his superior to the Department Chairman or other appropriate administrator at that level, who will be responsible for initiating any immediate action that he may deem to be necessary or appropriate.

**Informing the Person Involved**

When the Department Chairman or other administrator at that level receives a report that a person may represent a potential hazard, he will inform this person promptly and fully of the
report that has been made concerning him, of the immediate actions that have taken, and of the investigations that are anticipated. He will give the person an opportunity to respond, will assure him of his right to introduce evidence, and will make an effort to enlist his cooperation.

**Informing the Administration of the Medical College**

After considering the information available in the case, the Department Chairman or other administrator at that level will report this information along with any comments that he believes to be appropriate to the Dean (if a member of the academic staff is involved); to the Senior Associate Dean for Student Affairs (if a student is involved); or to the Associate Dean (Human Resources) (if any non-academic Cornell employee is involved).

In each case a copy of the report will be sent also to the Office of the Dean and to the Office of Legal Affairs, which will review the information available and advise the appropriate administrator, in order to insure compliance with the necessary procedures, fulfillment of the responsibilities of the Medical College, and protection of the rights of the individual concerned.

**Investigation of Potential Hazards**

The underlying principles governing the reporting, investigation, and actions taken with respect to potential hazards should be the same for all people, whether they are students, academic staff members, or other employees.

Members of the Medical College community fall into three groups: the academic staff (including all individuals with academic appointments at the Medical College whether salaried or not), the students, and other employees. The actual administrative procedures for the investigation of potential hazards within these groups are carried out by somewhat different procedures. However, it should be understood that there will be no discrimination between academic staff members, students, and employees with regard to the level of proof required, the concern for the rights of the person, and the general nature of the corrective procedures, that are carried out. The Office of Legal Affairs and the Dean's Office will monitor the procedures in every case, to insure that this is true.

In the case of students, investigations will be carried out through the Office of the Senior Associate Dean (Student Affairs), utilizing, when necessary, a special *ad hoc* Review Committee of faculty members, who will call upon medical and other consultants and examiners, if necessary, in order to determine the facts in each case, and will recommend to the Dean what action should be taken.

In the case of academic staff members, the Dean, after consulting with the Department Chairman, will, when necessary, appoint an *ad hoc* committee of faculty members, who will then call upon medical and other consultants and examiners, if necessary, in order to determine the facts of each case and to recommend to the Dean what action should be taken.

In the case of other employees, the Associate Dean (Human Resources), after informing the Dean's Office and the Office of Legal Affairs, will ask the Department of Occupational
Health to carry out any necessary medical investigations by using its own staff and calling upon outside consultants when necessary.

**Decision as to Whether a Potential Hazard Exists**

The decision as to whether or not a potential hazard exists is an administrative responsibility. When it is brought to the attention of the senior responsible administrator that there is sufficient reason to believe that a potential hazard exists, based on the occurrence of acts, behavior or conditions outlined in this policy, it is the responsibility of this administrator to initiate the effort to determine whether or not the hazard actually does exist, and to take whatever long-range action is necessary to protect patients, students, or employees of the Medical College.

As a part of the effort to determine whether or not a potential hazard does exist, and to initiate the proper action, it can be expected that the administrator will call upon the opinions and the experience of appropriate members of the professional staff, of the Department of Occupational Health, and of the Personal Department, as well as other medical or legal consultants; and the information and opinions provided by these consultants may be critical in determining the decision that is made by the administrator. Nevertheless, the decision as to whether or not there is a potential hazard and what action is to be taken must be an administrative decision.

The responsibility for initiating and carrying out the actions that are described in this section rest with the Dean (in the case of members of the academic staff), with the Senior Associate Dean for Student Affairs (in the case of students), and with the Associate Dean (Human Resources) (in the case of non-academic employees); and the responsibility for the ultimate decision rests with the Dean.

**Confidentiality**

Because of the potential harm to the reputation, associations, and career of a person who is suspected of being a source of hazard, every effort should be made to protect the confidentiality of the information concerning him, and the actions taken in his case. However, in view of the responsibility of the Medical College and of its staff for the protection of patients, students, employees, and other people from harmful acts or conditions of its staff or employees, there cannot be a guarantee of complete confidentiality when this runs counter to other legal and ethical responsibilities.

**Protection of the Rights of the Individual**

To identify an employee as a "hazard" to other employees or to the public could have a severely adverse effect upon his career, his employment, and his standing in the eyes of other people. On the other hand, to fail to identify and deal properly with employees who are potential hazards might do severe damage to the institution, to its other employees and students, and to the patients and other members of the public whom the institution wishes to protect. These two considerations may be complicated by the fact that in many cases, a decision as to whether a hazard does or does not exist must be based upon the informed
judgment of experienced people, and that there may be legitimate differences of opinion about the conclusions reached.

For these reasons, when a person is reported to be a potential hazard, this report and the investigation stemming from it shall be held in strict confidence by those individuals with whom the information is shared until all of the facts have been ascertained; if the findings indicate that a potential hazard does exist, the actions undertaken shall be carried out as discreetly and confidentially as possible, with as little harm to the person, his career, and his standing in the community as is possible, and as much effort to be helpful and rehabilitative as possible.

It is extremely important to ensure that the medical and administrative investigations of reports be carried out in a fully competent manner, and that the actual presence or absence of a hazard be ascertained as concretely and definitively as possible.

It is also important that the person about whom the report has been made be fully informed of the nature of the report; that every effort be made to get him to cooperate with and understand that both medical and administrative investigations are necessary; and that he be given an opportunity to object to any procedures that he thinks are inadequate or inappropriate, and to ask for additional procedures or confirmatory opinions, if he wants these.

When reports of potential hazards are received in the Dean's Office, the staff and the Medical College legal advisor will ensure that these are directed to whichever of the three channels of investigation are appropriate, and ensure that the employee agrees to this. If the employee contends that no potential hazard exists and refuses to agree to an investigation by the usual procedure, the Dean may, at his discretion, convene an ad hoc committee of not more than three faculty members, who will consider the report and the evidence and will advise the Dean on whether or not an investigation should be carried out by the Medical College regardless of the wishes of the employee, and how this might be carried out.

**Actions to Be Taken**

The administrative actions to be taken in any case must be based upon all the facts that are pertinent to that case. Whatever the actions, they should be taken as discreetly as possible with an effort to protect the privacy of the individuals concerned. Where there is the reasonable possibility of medical treatment or other rehabilitation, an effort should be made to extend this to the person who has been deemed a hazard, and to restore this person to his full ability and capabilities if this is a reasonable thing to do.

**Substance Abuse Policy**

The Medical College recognizes that its students are potentially vulnerable to the alarming personal and societal problems caused by alcohol and drugs. Therefore, the Medical College offers aid to students who seek help for a drug or alcohol problem. Illegal possession of, distribution of, or trafficking in any drugs, or the abuse of drugs or illicit use of mind-altering drugs, or the abuse of drugs or alcohol are violations of Medical College policy. Such
violations are not in accord with the Medical College's requirements of fitness or suitability for medicine as stated in the section on Qualifications for Admission and Advancement in the Weill Medical College Announcements and the section on Student Suitability for Medicine in the Student Handbook. Alleged violators of these policies will be reviewed according to the procedures employed to determine a student's fitness or suitability for medicine.

**Statement on Illegal Drugs and Substances**

State and Federal law prohibit the possession, use and distribution of illegal drugs and substances.

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

The University recognized the convincing medical evidence that the use of illegal drugs and substances poses a significant threat to health and condemns the use of such drugs and substances as harmful to the physical and psychological well-being of the user and the well-being of the Cornell community.

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

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

**Statement on Drug and Alcohol Abuse**

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

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

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

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

- abide by the terms of this Statement; and

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

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

Sanctions

Violations of University Policy can result in termination, suspension or expulsion from the university.

Faculty and non-academic staff can be subject to disciplinary action up to and including termination of employment.

Student violators can be subject to disciplinary action up to and including dismissal. Any drug or alcohol abuse violation may become part of a student's permanent record and may impact on a student's fitness or suitability for advancement.

Examples of legal sanctions under Federal and New York laws:

(Sanctions can include severe criminal penalties such as fines and/or imprisonment. The severity of the penalty depends upon the nature of the criminal act and the identity and amount of the drug involved).

**LSD**: Possession with intent to sell can result in up to seven years in prison.

**Marijuana**: Sale to a person under the age of 18 years can result in up to seven years in prison.

**Cocaine**: The possession of four or more ounces, or the sale of two or more ounces, can result in a minimum of 15-25 years, and a maximum of life in prison.

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

- For anyone under the age of 21 to possess with the intent to consume alcohol. A violation can mean up to a $50 fine.
• For anyone of any age to give or sell alcohol to anyone under the age of 21, to anyone who is already drunk, or to anyone who is habitually drunk. A violation can mean three months in jail and up to a $500 fine.

• To practice medicine when impaired by alcohol (or any mind-altering drug), or for a licensed physician to be an habitual alcohol or drug abuser. A violation can mean loss of professional license and up to a $10,000 fine.
Drug Screening

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

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

In the event a clerkship or elective site requires drug screening, but does not provide on-site testing, the Medical College has established a contract with an outside vendor who will provide testing to meet these requirements. Students will be required to obtain and complete a Drug Screen Consent and Release Form for the vendor (available at Academic Affairs and Student Health Services) and report to the vendor’s specimen collection center to submit a urine sample. Students must make those arrangements, and provide the specimen with sufficient time for the vendor to provide clearance documentation to the Medical College.

The cost of this testing is included in your Student Health fee. Students requiring testing more frequently than once a year will be responsible for additional fees – you will be advised at SHS at the time of your request. The cost of testing is currently expected to be under $40.

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

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

Students with a positive drug screen will have an opportunity to consult with a Medical Review Officer (MRO) provided by the vendor, to verify whether there is a valid medical explanation for the screening results. If after review by the MRO there is a valid medical explanation for the screening result, the vendor will notify the Medical College of a clear
Handling of Results

All results from the outside vendor will be forwarded to the Director of Student Health. Negative results will be forwarded to Academic Affairs, as needed to complete clerkship applications. **POSITIVE RESULTS WILL BE FORWARDED TO THE ASSOCIATE DEAN FOR STUDENT AFFAIRS AND THE STUDENT WILL BE REQUIRED TO HAVE AN ADMINISTRATIVE CONSULTATION WITH ONE OF OUR MENTAL HEALTH PHYSICIANS.**

Health Risks

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

The following list by category is only a short sampling of some risks involved:

- **Narcotics:** Slow and shallow respiration, clammy skin, convulsions, coma, and death.

- **Stimulants:** Increased pulse rate, blood pressure and body temperature; insomnia, agitation, convulsions, possible death.

- **Hallucinogens:** Illusions and hallucinations, distorted perception of time and distance, psychosis, possible death.

- **Cannabis:** Disoriented behavior, fatigue, paranoia, and possible psychosis.

- **Alcohol:** Drowsiness, impairment of judgment and coordination, liver and heart damage, respiratory depression and death. Mothers who drink during pregnancy risk giving birth to infants with fetal alcohol syndrome which can include irreversible physical abnormalities and mental retardation.

Counseling and Treatment

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

A Drug-Free and Alcohol Abuse Awareness Program has been established at Cornell to inform members, staff and students about the dangers of drug and alcohol abuse in the workplace, the University's policy of maintaining a drug-free workplace, available drug and alcohol abuse counseling, rehabilitation and employee assistance programs, and the potential
penalties for drug and alcohol abuse violations. Further information is available from the Human Resources Department, supervisors, department chairpersons or deans.

The Employee Assistance Program (EAP) is a short-term counseling and referral service for drug and alcohol abuse as well as other employee concerns. Through the EAP, eligible employees and their dependents may obtain free counseling for substance and alcohol abuse issues which affect them and their families. EAP counselors will assess each case and may make a referral to an appropriate internal program or outside agency best suited to address the rehabilitation needs. EAP counselors will also assist in determining how Cornell health insurance will be helpful in covering costs. The Academic Staff Handbook and Employee Handbook contain further information about the Employee Assistance Program. An EAP counselor can be contacted by calling (1-212-746-5890).

Students are reminded to review the Substance Abuse Policy (which covers illicit drug and alcohol abuse) set forth in the Student Handbook and that any drug or alcohol abuse violation may impact on a student’s fitness or suitability for advancement. Professional staff and advisors are available to assist and direct students to internal and outside programs. Students may also obtain assistance by contacting the Weill Medicine Student Health Services at (646) 962-6942 or the Student Mental Health Service at 1-212-746-5775.

**Institutional Review**

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

**No Smoking**

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

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

Students seeking to quit smoking may contact the Student Health Services to receive information about and referrals to smoking cessation programs.
# 2018-2019 Academic Calendar

## First Year, Class of 2022*

### 2018

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Event</th>
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<tbody>
<tr>
<td>Monday, August 20 – Friday, August 24</td>
<td>Orientation Week &amp; On-Line Registration</td>
</tr>
<tr>
<td>Tuesday, August 21</td>
<td>Opening Exercises – <em>White Coat Ceremony</em></td>
</tr>
<tr>
<td>Monday, August 27</td>
<td>Instruction begins: <em>Essential Principles of Medicine</em></td>
</tr>
<tr>
<td>Monday, September 3</td>
<td>Labor Day Holiday</td>
</tr>
<tr>
<td>Thursday, November 22 – Friday, November 23</td>
<td>Thanksgiving Holiday</td>
</tr>
<tr>
<td>Friday, December 21</td>
<td>Last Day of <em>Essential Principles of Medicine</em></td>
</tr>
<tr>
<td>Saturday, December 22 – Sunday, January 6</td>
<td>Winter Recess (2 weeks)</td>
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### 2019

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Event</th>
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<tbody>
<tr>
<td>Monday, January 7</td>
<td>Instruction begins: <em>Health, Illness &amp; Disease 1</em></td>
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<tr>
<td>Monday, January 21</td>
<td>Martin Luther King, Jr. Holiday</td>
</tr>
<tr>
<td>Monday, February 18</td>
<td>Presidents’ Day Holiday</td>
</tr>
<tr>
<td>Saturday, April 13 – Sunday, April 21</td>
<td>Spring Recess (1 week)</td>
</tr>
<tr>
<td>Monday, May 27</td>
<td>Memorial Day Holiday</td>
</tr>
<tr>
<td>Friday, June 14</td>
<td>Last Day of <em>Health, Illness &amp; Disease 1</em></td>
</tr>
<tr>
<td>Saturday, June 15</td>
<td>Summer Recess begins</td>
</tr>
<tr>
<td>Monday, August 26 *</td>
<td>YEAR TWO Curriculum Begin</td>
</tr>
</tbody>
</table>

*SUBJECT TO CHANGE
Second Year, Class of 2021*

2018

Monday, August 20
Monday, September 3
Thursday, November 22 – Friday, November 23
Friday, December 14
Saturday, December 15 – Tuesday, January 1

Instruction begins: Health, Illness & Disease 2
Labor Day Holiday
Thanksgiving Holiday
Last Day of Health, Illness & Disease 2
Winter Recess (2 weeks)

2019

Wednesday, January 2
Monday, January 21
Monday, February 18
Monday, March 25 – Sunday, March 31
Monday, April 1
Monday, May 27
Friday, June 21
Saturday, June 22 – Sunday, July 7
Thursday, July 4
Monday, July 8

Clerkships begin for MD Program Students*
Martin Luther King, Jr. Holiday
Presidents’ Day Holiday
Spring Recess (1 week)
Instruction Resumes
Memorial Day Holiday
Instruction Ends
Summer Recess (1 week)
Independence Day Holiday
YEAR THREE Curriculum Begins

*SUBJECT TO CHANGE
Third Year, Class of 2020*

2018

Monday, July 2
Continue Clerkships
Wednesday, July 4
Independence Day Holiday
Monday, September 3
Labor Day Holiday
Thursday, November 22 – Friday, November 23
Thanksgiving Holiday
Saturday, December 15 – Tuesday, January 1
Winter Recess (2 weeks)

2019

Wednesday, January 2
Step 2 Study Period [Option 2] OR Clerkships
Monday, January 21
Martin Luther King, Jr. Holiday
Monday, February 11
AOC Block 1 Begins
Monday, February 18
Presidents’ Day Holiday
Monday, May 27
Memorial Day Holiday
Monday, June 3 – Sunday, June 9
Spring Recess (1 week)
Saturday, June 24 – Sunday, July 7
Summer Recess (2 weeks)
Monday, July 8
YEAR FOUR Curriculum Begins

*Subject to change
Fourth Year, Class of 2019*

2018

Monday, June 29 – Sunday, July 1  
Summer Recess (1 week)

Monday, July 2  
YEAR FOUR Begins

Wednesday, July 4  
Independence Day Holiday

Monday, September 3  
Labor Day Holiday

Thursday, November 22 - Friday, November 23  
Thanksgiving Day Holiday

Saturday, December 15 - Tuesday, January 1  
Winter Recess (2 weeks)

2019

Wednesday, January 2  
Instruction Resumes

Monday, January 21  
Martin Luther King, Jr. Holiday

Monday, February 18  
Presidents’ Day Holiday

Monday, March 25 – Sunday, March 31  
Spring Recess (1 week)

Monday, April 29 – Sunday, May 12  
*TTR - Required

Sunday, May 12  
Instruction ends

Monday, May 13 – Friday, May 24  
Exit Checklist (WCM, Residency) Procedure Period

Wednesday, May 29*  
Convocation

Thursday, May 30*  
Commencement @12:00pm Carnegie Hall

*SUBJECT TO CHANGE
# Course Directors

<table>
<thead>
<tr>
<th>Course name</th>
<th>Course Director</th>
<th>Contact</th>
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<tbody>
<tr>
<td><strong>First year</strong></td>
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<tr>
<td><em>Essential Principles Of Medicine</em></td>
<td></td>
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</tr>
<tr>
<td>EPOM Course Directors:</td>
<td>Dr. Domenick Falcone</td>
<td><a href="mailto:dfalcone@med.cornell.edu">dfalcone@med.cornell.edu</a></td>
</tr>
<tr>
<td></td>
<td>Dr. Lonny Levin</td>
<td><a href="mailto:llevin@med.cornell.edu">llevin@med.cornell.edu</a></td>
</tr>
<tr>
<td>Science Theme Leader:</td>
<td>Dr. Domenick Falcone</td>
<td><a href="mailto:dfalcone@med.cornell.edu">dfalcone@med.cornell.edu</a></td>
</tr>
<tr>
<td>Patient Care Leader:</td>
<td>Dr. Juliet Aizer</td>
<td><a href="mailto:AizerJ@HSS.EDU">AizerJ@HSS.EDU</a></td>
</tr>
<tr>
<td>Physicianship Leader:</td>
<td>Dr. Charles Bardes</td>
<td><a href="mailto:clbardes@med.cornell.edu">clbardes@med.cornell.edu</a></td>
</tr>
<tr>
<td><em>Health Illness &amp; Disease 1</em></td>
<td></td>
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</tr>
<tr>
<td>HID 1 Course Director:</td>
<td>Dr. Lawrence Palmer</td>
<td><a href="mailto:lgpalm@med.cornell.edu">lgpalm@med.cornell.edu</a></td>
</tr>
<tr>
<td>Science Theme Leader:</td>
<td>Dr. Lawrence Palmer</td>
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<tr>
<td><em>Longitudinal Educational Experience Advancing Patient Partnerships (LEAP)</em></td>
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<tr>
<td></td>
<td>Dr. Keith LaScalea</td>
<td><a href="mailto:kal9006@med.cornell.edu">kal9006@med.cornell.edu</a></td>
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<tr>
<td><em>Areas of Concentration Director (AOC)</em></td>
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<tr>
<td></td>
<td>Dr. Andrew Schafer</td>
<td><a href="mailto:ais2007@med.cornell.edu">ais2007@med.cornell.edu</a></td>
</tr>
<tr>
<td><em>MD/PhD Frontiers Course I</em></td>
<td>Dr. Jochen Buck</td>
<td><a href="mailto:jobuck@med.cornell.edu">jobuck@med.cornell.edu</a></td>
</tr>
</tbody>
</table>
**Second year**

*Health Illness & Disease 2*

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Dr. Peter Marzuk</td>
<td><a href="mailto:pmmarzuk@med.cornell.edu">pmmarzuk@med.cornell.edu</a></td>
</tr>
<tr>
<td>Dr. Kristen Marks</td>
<td><a href="mailto:markskr@med.cornell.edu">markskr@med.cornell.edu</a></td>
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*Longitudinal Educational Experience Advancing Patient Partnerships (LEAP)*

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*Areas of Concentration Director (AOC)*

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<tr>
<td>Dr. Andrew Schafer</td>
<td><a href="mailto:ais2007@med.cornell.edu">ais2007@med.cornell.edu</a></td>
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*MD/PhD Frontiers Course II*

<table>
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<tr>
<th>MD/PhD Director</th>
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<tbody>
<tr>
<td>Dr. Jochen Buck</td>
<td><a href="mailto:jobuck@med.cornell.edu">jobuck@med.cornell.edu</a></td>
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**Third and Fourth year**

*Anesthesia and Critical Care*

<table>
<thead>
<tr>
<th>Anesthesiologist</th>
<th>Email</th>
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<tbody>
<tr>
<td>Dr. Dana Gurvitch</td>
<td><a href="mailto:dao2002@med.cornell.edu">dao2002@med.cornell.edu</a></td>
</tr>
<tr>
<td>Dr. Lori Rubin</td>
<td><a href="mailto:lor2003@med.cornell.edu">lor2003@med.cornell.edu</a></td>
</tr>
<tr>
<td>Dr. Kapil Rajwani</td>
<td><a href="mailto:kar9043@med.cornell.edu">kar9043@med.cornell.edu</a></td>
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*Medicine*

<table>
<thead>
<tr>
<th>Physician</th>
<th>Email</th>
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<tbody>
<tr>
<td>Dr. Ernie Esquivel</td>
<td><a href="mailto:ere9022@med.cornell.edu">ere9022@med.cornell.edu</a></td>
</tr>
<tr>
<td>Dr. Laura Greisman</td>
<td><a href="mailto:lag9100@med.cornell.edu">lag9100@med.cornell.edu</a></td>
</tr>
<tr>
<td>Dr. Sydney Katz</td>
<td><a href="mailto:sek9028@med.cornell.edu">sek9028@med.cornell.edu</a></td>
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*Neurology*

<table>
<thead>
<tr>
<th>Neurologist</th>
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<tbody>
<tr>
<td>Dr. Joseph Safdieh</td>
<td><a href="mailto:jos9046@med.cornell.edu">jos9046@med.cornell.edu</a></td>
</tr>
<tr>
<td>Dr. Joshua Weaver</td>
<td><a href="mailto:jow9039@med.cornell.edu">jow9039@med.cornell.edu</a></td>
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*Obstetrics/Gynecology*

<table>
<thead>
<tr>
<th>Obstetrician</th>
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<tbody>
<tr>
<td>Dr. Shari Gelber</td>
<td><a href="mailto:shg7001@med.cornell.edu">shg7001@med.cornell.edu</a></td>
</tr>
<tr>
<td>Dr. Steven Hockstein</td>
<td><a href="mailto:sth2005@med.cornell.edu">sth2005@med.cornell.edu</a></td>
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*Pediatrics*

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<tbody>
<tr>
<td>Dr. Thanakorn</td>
<td><a href="mailto:thj2002@med.cornell.edu">thj2002@med.cornell.edu</a></td>
</tr>
<tr>
<td>Jirasevijinda</td>
<td></td>
</tr>
<tr>
<td>Dr. MacKenzi Hillard</td>
<td><a href="mailto:mnh9003@med.cornell.edu">mnh9003@med.cornell.edu</a></td>
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<tr>
<td>Primary Care</td>
<td>Dr. Brian Eiss</td>
<td><a href="mailto:bme9001@med.cornell.edu">bme9001@med.cornell.edu</a></td>
</tr>
<tr>
<td></td>
<td>Dr. Pamela Eliach</td>
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<td>Dr. Susan Samuels</td>
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<td>Dr. Dimitry Francois</td>
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<tr>
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<td>Dr. Demetri Merianos</td>
<td><a href="mailto:dem9110@med.cornell.edu">dem9110@med.cornell.edu</a></td>
</tr>
<tr>
<td></td>
<td>Dr. Jennifer Marti</td>
<td><a href="mailto:jem9080@med.cornell.edu">jem9080@med.cornell.edu</a></td>
</tr>
<tr>
<td>Areas of Concentration Director (AOC)</td>
<td>Dr. Andrew Schafer</td>
<td><a href="mailto:ais2007@med.cornell.edu">ais2007@med.cornell.edu</a></td>
</tr>
<tr>
<td>Healthcare Policy</td>
<td>Dr. Madelon Finkel</td>
<td><a href="mailto:maf2011@med.cornell.edu">maf2011@med.cornell.edu</a></td>
</tr>
<tr>
<td></td>
<td>Dr. Zachary Grinspan</td>
<td><a href="mailto:zag9005@med.cornell.edu">zag9005@med.cornell.edu</a></td>
</tr>
<tr>
<td>Transition to Residency</td>
<td>Dr. Kevin Ching</td>
<td><a href="mailto:kec9012@med.cornell.edu">kec9012@med.cornell.edu</a></td>
</tr>
</tbody>
</table>
Basics

SMARTDesk

Phone - 646-962-2570. Open seven days a week. Staff can help you with the following:

- Register for Library borrowing privileges - please bring your ID card
- Check out a wireless laptop, create a PaperCut account
- Learn how to use ITS-provided software like Microsoft Office
- Get your mobile device tagged
- Request a mediated search by an information specialist, receive answers to reference questions. You can also text us at 646-593-7542, send a request to infodesk@med.cornell.edu, or use the “Ask a Reference Question” or chat reference links on our website.

SMARTDesk is open during the following hours:

Mon-Fri – 9am-6pm
Sat – 10am-6pm
Sun – 12pm-8pm

Interlibrary Loan and TripSaver – If we do not own an item, we will get that item free of charge for you from another library. Requests usually arrive within a week. With our TripSaver service, we will pull items in our collection and scan them for $5.

Tri-Cat Catalog – The shared online catalog of WCM’s Samuel J. Wood Library, Rockefeller University and Memorial Sloan Kettering Cancer Center. It lists not only the print holdings but also has direct links to electronic books and journals. You can limit your searching to “Weill Cornell Medical College (E-Resources only).”

Hours

Mon-Thurs – 8am-12am
Fri - 8am-8pm
Sat – 10am-8pm
Sun – 12pm-12am
See website for holiday closings.

Affiliated Locations
Samuel J. Wood Library customers also enjoy onsite access to the Hospital for Special Surgery Kim Barrett Library, the Memorial Sloan Kettering Cancer Center Library and the Rockefeller University Library as they find necessary.

**Hospital for Special Surgery Library**
535 East 70th St. 8th Floor, Main Building
Phone: 212.606.1210
URL: http://cme.hss.edu/academic-kimbarrett-library.asp

**Memorial Sloan Kettering Cancer Center Library**
1275 York Avenue
Phone: 212-639-7439
URL: http://library.mskcc.org/

**Rockefeller University Library**
Welch Hall 1230 York Ave.
Phone: 212 327-8904
markuslibrary.rockefeller.edu

**Computers and Wireless**

Desktops – All computers are connected to the WCM internal network, and have internet access. All computers have Microsoft Word, PowerPoint, Excel, Adobe Creative Cloud, and EndNote.

Wireless networks – ITS-tagged laptops can use the “WCMC” network. For guest access, use “WCMCGuest”.

Laptop check-out – Check out a wireless laptop from the SMARTDesk for 3-hour use inside or outside the Library.

The computer lab desktop computers have additional scientific software installed for student access, including Adobe Creative Cloud, Cytoscape, Lumira, PyMol, Schrodinger Suite, RStudio, SAS, and STATA.

The bioinformatics workstation is a high-performance computer available to students by appointment. The workstation includes access to Anaconda, Bioconductor, Cytoscape, FlowJo, GeneSpring, GraphPad Prism, Ingenuity Pathway Analysis, Jupyter Notebooks, Python, PyMol, Schrodinger Suite, RStudio, SAS, SeqGeq, and STATA.

**Printing & Photocopying (PaperCut)**

To print and photocopy set up a PaperCut account. Charges are $0.50/color, $0.10/black and white. Students have a weekly allotment of $15 credited to their print account by the College.

**Library Etiquette**
Cell phone conversations - limited to the Commons (main room just inside Library entrance).

Covered beverages and snacks - permitted throughout the Library. Open meals, take-out and messy or aromatic foods are only allowed in the Commons. You may purchase a Library spill-proof mug at the Cornell Store or SMARTDesk for $10.00.

Services

Classes – Free classes are offered upon request, such as PubMed Searching, Electronic Resources, Evidence Based Practice, Preparing to Publish, and EndNote Basics.

Request a consultation – We provide customized orientations, library tours, help with literature searching, and clinical & community outreach services.

Scholarly Communication Information Services in Support of Research (SCISSORS) – A suite of services for researchers: get help with formulating questions, setting up search alerts, literature reviews, planning for meeting presentations or grant proposals, complying with NIH Public Access Policy, manuscript preparation, and journal selection.

A number of scientific software licenses are partially or fully subsidized by the library. To access available scientific software and related resources, visit the library scientific software hub at: https://library.weill.cornell.edu/research-support/research-tools/library-scientific-software-hub

Electronic Resources

The Library offers access to a wide variety of databases for your research and clinical information needs. Connect to PubMed and other frequently used tools under the Popular Databases label on the left side of the Library’s website. Access many other databases through E-Resources. Most databases, unless labeled “Free,” must be accessed from within WCM or via EZProxy (see Remote Access section below).

Popular databases

PubMed – premier clinical literature database; links to a host of biomolecular resources from NCBI
UpToDate – a practical clinical reference, containing the equivalent of 40,000 pages of original, peer-reviewed text, which provides specific, summary recommendations for diagnosis and treatment
AccessMedicine – suite of resources for clinical practice and education; sub-sites include Pharmacy, Surgery, Anesthesiology, Emergency Medicine, Pediatrics, and Physiotherapy

Other databases

F1000 – Identify biomedical papers that are “must reads” or “highly recommended”
ClinicalKey – full-text access to selected medical texts, medical journals, practice guidelines, videos, images, drug information, patient handouts, and CME materials
MedU – virtual patient case sessions; includes WISE-MD, CLIPP, and fmCases

MICROMEDEX – in-depth drug information including PDR, POISINDEX and Lab Advisor

PubSHub – details on journal impact factors, acceptance rates, publication turnaround times, and MEDLINE indexing; also offers details on 2,000+ conferences

USMLE Easy – prepare yourself for the USMLE exam

VisualDX – A diagnostic decision support system designed by clinicians to aid medical professionals in the diagnosis of visually identifiable diseases.

Mobile Apps

BrowZine – access journals in a format that is optimized for tablets; create a personal bookshelf of your favorite journals.

uCentral – 5-Minute Consult (pediatric & clinical) and Harrison’s Manual for mobile devices

VisualDX - A diagnostic decision support system designed by clinicians to aid medical professionals in the diagnosis of visually identifiable diseases.

E-Books

Over 30,000 titles, including Current Medical Diagnosis and Treatment and Harrison’s.

E-Journals

Over 17,000 titles. Link to these journals from Tri-Cat or the e-Journals link from our website.

Remote access

Connect off-campus to library e-resources via EZProxy by going directly to the library’s website http://library.weill.cornell.edu. When you click on a library resource while off-campus, EZproxy recognizes that you are outside of the WCM network and prompts you to log in. Select Weill Cornell Medicine then enter your CWID and password. Your Ezproxy session will remain active for two hours within the same browser and you will be able to switch from one electronic resource to another without having to login again. You can log out of EZproxy by quitting your browser. For additional information, visit the FAQ page on the library’s website or Contact ITS to learn more: http://weill.cornell.edu/its/guides/students.html

GET IT button

Click on the GET IT button in many of our databases to connect to full text, see our print holdings, or request an interlibrary-loan.
**Bibliographic management tools**

Tools to allow you to organize your references, format citations and create bibliographies.

EndNote Web is available free of charge to all members of the WCM community; users must be inside the network to activate their account.

EndNote Client is available to students by visiting the SMARTDesk in the library or by creating a request online at myhelpdesk.weill.cornell.edu.

F1000 Workspace allows collaborative article discovery, reading, and annotation, as well as Google doc and MS Word citation tools. Register for an F1000 Workspace account while on the WCM internal network. Go to f1000.com/work/ and click on the “create free account” button to register for an F1000 Workspace account.

Mendeley is a free desktop and web-based option for managing references and easily sharing them with colleagues.
MEDICAL CENTER ARCHIVES
weill.cornell.edu/archives/

Basics

Location – The Archives is on the 25th floor of the Baker Tower in NYPH.

Contact
Phone: 212-746-6072
email-archives@med.cornell.edu

1300 York Avenue
Box # 34
New York NY  10065-4805

Research and reference
The Archives is open for onsite research by appointment only, 8:00 A.M. to 4:00 P.M., Monday through Friday.
Reference services are also available via email, telephone, or postal mail.
The following Archives collections are accessible online:
  • Image database – access to over 13,000 historical images of the medical center
    http://library.weill.cornell.edu/archives/image-collections
  • Digital Historical Publications – selected publications from NewYork-Presbyterian Hospital, Weill Cornell Medicine, and predecessor institutions
    http://library.weill.cornell.edu/digital-historical-publications
Research

For the official policy and procedures governing research integrity at Weill Cornell Medical College and Weill Cornell Graduate School of Medical Sciences, please visit:
http://researchintegrity.weill.cornell.edu/pdf/RIP_062707_FinalJuly20200_1.pdf
Clinical Activities

Dress Code for Medical Students in the Clinical Setting

Formal Dress Code

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

Scrubs

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

Student Course and Duty Hours Policy

The ACGME has established limits on the work hours of interns and residents. In addition, the Institute of Medicine (IOM), acting at the request of Congress, has issued a slightly more restrictive report regarding intern and resident work hours. The report, entitled Resident Duty Hours: Enhancing Sleep, Supervision, and Safety, was published in December 2008.

The Liaison Committee on Medical Education (LCME) established the following standard for all medical schools: “The committee responsible for the curriculum, along with medical school administration and educational program leadership, must develop and implement policies regarding the amount of time students spend in required activities, including the total required hours spent in clinical and educational activities during clinical clerkships.”
Accordingly, the Clinical Curriculum Committee, considered the issue of student duty hours, drafted a policy, and voted unanimously, at its January 2009 meeting, to adopt it. This committee, along with the Core Basic Science Committee, determined that the policy on student duty hours would not result in any major alteration in the time commitment required of students enrolled in any of the College's required basic science, preclinical courses or clinical clerkships as they were configured at that time. The duty hours policy was approved by the Medical Education Council (MEC) in February 2009 and subsequently by the Executive and General Faculty Councils in October 2009. This policy used the recommendations of the IOM as a guide, modified to apply to students rather than residents.

With the implementation of a new curriculum that resulted in a major reorganization, the College recognized the need to review the amount of time students spend in required activities in the pre-clerkship phase in order to maximize students’ ability to engage in self-directed, lifelong learning, prepare for class, and engage in other activities that contribute to their professional identity as physicians. Therefore, the newly formed Executive Curriculum Committee (ECC) and its subcommittees undertook a review of the time spent by students in both required, scheduled activities in the classroom and clinic as well as other class preparation activities (e.g., vodcasts, online modules) during both the foundational and post-clerkship phases of the curriculum. Based on this review, the ECC voted and approved adding additional language to the Student Duty Hours Policy, now renamed Student Course and Duty Hours Policy.

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

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

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

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

Student Role in Monitoring Duty Hours

Students are asked to report violations of the Student Duty Hours policy, and such reporting may be done in several ways. In the case of clerkships, where residents, attending physicians, or other hospital team members create the violation of the Student Duty Hours policy, students may make a direct report to the course/clerkship director. Students may also make a direct report to an Associate Dean (Academic Affairs, Curricular Affairs, Student Affairs). In addition, all students will be asked about course or clerkship compliance with the Student Course and Duty Hours Policy via a question on the course/clerkship evaluation form. Although student reporting on the course evaluation is anonymous, the evaluation survey is reviewed by course leaders and will allow them to identify whether a potential violation may be occurring during the course.

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

Monitoring and Enforcement of the Duty and Course Hours Policy

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

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

Liability and Property Insurance

Weill Cornell Medical College provides general liability insurance for students while they are acting within the scope of their duties in an academic program of approved medical instruction. (A student may elect to purchase separate insurance coverage at personal expense, but this is not required.)

Coverage afforded by the University's professional liability policy covers students for on-site and approved off-site locations. Approved off-site locations would include rotations at affiliated hospitals and clinics. Student rotations at a non-affiliated off-site location must be approved by the Office of Academic Affairs, prior to the commencement of the rotation.

Note that the insurance afforded to a student does not apply to damage to property owned by the student. It is advised that students obtain personal property coverage (which may be available as part of a homeowner's or renter's policy) for equipment, instruments and other property owned by a student and utilized during didactic and clinical instruction.

Personal Computer and Property Insurance Available through WCMC

A Personal Property Insurance Program is now available to WCMC students. This program, administered by Haylor, Freyer & Coon, Inc. covers laptops, mobile devices and all other personal belongings. The base policy has a $3,000 limit with a $100 deductible. Additional coverage, in $2,000 increments, is available at a cost of $25/increment. Please click the following link for more information:

www.studentinsuranceprograms.com/wcmc

Inquiries about insurance coverage and may be referred to the Office of Risk Management & Insurance at (646) 962-7683 or (646) 962-7682.

Any incident, either actual or alleged, which you have knowledge of must be reported immediately to the Office of Student Affairs at (212) 746-1058.

If you have any questions, see Dr. Dana Zappetti.
Initial Management of Needle Stick and Bodily Fluid Exposure

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

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

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

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

Instructions for Students Exposed to Blood or Bodily Fluids

1. Wound care should be done immediately at site of accident, if possible.
   - Clean wound with soap and water.
   - Flush mucous membranes with water/saline.
   - Give other wound care as dictated by injury or accident.

2. If available, obtain:
   - patient’s name and ID #;
   - HIV risks and hepatitis status, if known; and
   - names and pager numbers of the attending and/or supervising resident physicians.

3. Inform a colleague that you are returning to the Medical College or NYPH-WCC. Proceed directly to:

   Full time WCM students:
   Business days between 8:00a.m. and 4:00 p.m.:
   Weill Cornell Student Health Services: 230 East 69th Street; 646-962-6942

   Nights, weekends and holidays:
   NYPH Emergency Department: 68th Street between York Ave and the East River
Visiting Students:
*Business days between 8:00a.m. and 4:00 p.m.:
WHS (Workforce Health & Safety): 1315-1319 York Avenue, Basement; 212-7464370

*Nights, weekends and holidays:*
NYPH Emergency Department: 68th Street between York Ave and the East River

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

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

5. Students seen at NYPH must follow up with Student Health Services the next business day for reporting.

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

Class Officers

At the beginning of the school year, each medical school class holds elections to select the class officers. These elections will take place soon after your arrival at Weill Medical College - probably before you realize that some of these offices exist. Students interested, therefore, should read ahead and be prepared to run for office within the first two weeks of classes. Remember, although holding an office heralds responsibility, no one is ever expected to sacrifice quality of learning for these duties. Rather, at the first sign of academic difficulty, the officer should seek help from a classmate or from the administration.

President

This officer should strive to be aware of the major class issues as well as those involving only a few students. This person acts as the primary liaison between the class and the faculty. The president also chairs the class meetings and should be an excellent communicator.

Vice President

The main responsibility of the Vice President is to assist the president in all matters pertaining to the class.

Community Service Vice President

The Vice President for Community Service is responsible for coordinating the various community service with students, the community service coordinator, school administration and community organizations. This officer should be familiar with the concept of service learning and how service informs the practice of medicine.

Social Vice President

The first and second year classes are responsible for organizing social gatherings on alternate Fridays. Therefore, the first year social Vice President is responsible for social gatherings twice a month. This officer also coordinates special parties throughout the year, such as that following the Annual Student Show, and the Springtime Island Party. This is a busy job; the newly elected Social Vice President would do best to delegate some responsibility - from the beginning of his/her term.
**Treasurer**

The class “money bags” collects dues, pays bills, and coordinates overall expenses. The better the budgeter, the more money will be left over for Happy Hours, post-exam parties, or for keeping the class account fat and happy.

**Class Representatives**

Each class must select several students to act as representatives to the following organizations and committees:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Representation</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSEC</td>
<td>five students per class, one of which acts as the minority representative to MSEC (MSEC officers will be selected from this pool of representatives)</td>
</tr>
<tr>
<td>Housing</td>
<td>one student per class</td>
</tr>
<tr>
<td>Student Health</td>
<td>one student per class</td>
</tr>
<tr>
<td>Financial Aid</td>
<td>three students per class for a four-year term</td>
</tr>
<tr>
<td>Library</td>
<td>one student per class</td>
</tr>
<tr>
<td>Security</td>
<td>one student per class</td>
</tr>
<tr>
<td>Technology</td>
<td>one student per class</td>
</tr>
<tr>
<td>Alumni Affairs</td>
<td>two students per class for a four-year term</td>
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</table>

**Curricular Representatives**

The members of the MSEC elect students as representatives to several curriculum committees (more detailed descriptions of each committee can be found on the MSEC website: [http://msec.med.cornell.edu](http://msec.med.cornell.edu)).
Student Organizations

Student organizations include academic and extracurricular interest groups, sports and musical groups as well as community service organizations. All are student run and many receive some level of funding through MSEC and the medical college. The groups reflect our student body’s diversity and, interests and commitment to community service.

All student organizations are listed and described in detail on the student “Hotspot”. This can be found at https://login.weill.cornell.edu/ds/canvas/. 
Opportunities and Employment

Summer Opportunities

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

Part-Time Employment

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

DEAN OF THE MEDICAL COLLEGE
1300 York Avenue, F-104
Augustine Choi, M.D 746-6005
  Dean
Terry Serra, Assistant to Dr. Choi 746-6005

OFFICE OF MEDICAL EDUCATION
1300 York Avenue, C-118
Barbara L. Hempstead, M.D., Ph.D. 746-2195
  Senior Associate Dean, Education
Carol Storey-Johnson, M.D. 962-2618
  Senior Advisor, Medical Education
Sibel Klimstra, M.D. 962-3485
  Associate Dean, Education
Michael Slade 962-6945
  Medical Education Operations Manager
Kristi Olson 962-4519
  Program and Accreditation Manager
James Gillespie 962-3486
  Program Coordinator
TBD 746-2195
  Assistant to Dr. Hempstead
Nakia Hudgins 962-3487
  Program Assistant

OFFICE OF CURRICULUM AND EDUCATIONAL DEVELOPMENT
1300 York Avenue
www.weill.cornell.edu/education/curriculum/oced.html
Peter Marzuk, M.D. 962-6515
  Associate Dean and Director
Carol Capello, Ph.D. 962-6508
  Associate Director
Caryn Davi 962-9661
  Foundational Curriculum Manager
Meghan Asik 962-6934
  Compliance and Evaluation Manager
Leslie Bramm 962-6506
  Classroom Technician
Sharon Brooks 962-6507
  Foundational Curriculum Assistant
Chavon Johnson 962-6514
  Foundational Curriculum Assistant
Susan Kane 746-6113
  OCED Qatar Liaison/LEAP Coordinator
Eliis Keidong 962-9660
  AOC Program Coordinator
Kelli Ruttle 962-9660
  AOC/OMSR Asst
Yang Lin 962-8661
  Instructional Designer
Albert Rosado 962-6516
  Foundational Curriculum Coordinator
TBD 962-6517
  Administrative Manager
Evelyn Vamvakaris 746-6904
  OCED-Qatar Secretary
Quanta Wade 962-6935
  Evaluation Coordinator
Frank Perez 962-9731
  CQI Coordinator

CLINICAL SKILLS CENTER
1305 York Avenue, 10th Floor
Yoon Kang, M.D. 962-5556
  Associate Dean, Program Development, Operations, and CQI
  Director, Clinical Skills Center
Mindy Myers 962-7268
  Clinical Curriculum Manager
Lindsey Myers 962-2642
  CQI Data Manager
Anne Connolly 962-4560
  Clinical Skills Coordinator
Rabia Hamid 962-5556
  Administrative Assistant
Kevaughn Harvey 962-5593
  Clinical Skills Coordinator
Shamika Jackson 962-2617
  Clinical Curriculum Coordinator

OFFICE OF STUDENT LIFE AND STUDENT DIVERSITY
OH-110
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