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Handbook Disclaimer

This Student Handbook is subject to review and change from time to time. The Handbook is continuously revised and updated as necessary and policies may change in the course of any given academic year. We therefore suggest that you check this Handbook to confirm policies and requirements in effect at any given time.
Greetings from the Deans

On behalf of the Trustees, the Administration, the Faculty, and the Staff of Mount Sinai School of Medicine of New York University, we welcome all students. We join you in anticipation of a rewarding educational experience at our institution as you prepare for careers as clinicians, teachers, and physician/scientists. We at Mount Sinai are committed to providing an exciting and healthy environment for all students in the classroom, on the clinical services, and throughout the School and its affiliate institutions. In this regard it is particularly gratifying that Mount Sinai was the first recipient of the Paul R. Wright Excellence in Medical Education Award from the American Medical Student Association for being the school that has provided the safest and healthiest learning environment for its students. On the basis of a nationwide competition, Mount Sinai was "recognized as the medical school that best promotes the well-being of its medical students through a healthy and affirming educational environment. It also recognizes the way physicians-in-training are treated and how they treat themselves during medical school impacts their ability and effectiveness as practitioners."

The Student Handbook contributes toward our objectives. It is designed to provide you not only with a reference source detailing the relevant school policies, procedures, and programs that affect your day-to-day functions as a student but also with a guide to an understanding and clarification of its components. As such, we hope you will find it a useful distillation of the cumulative experiences of those who have dealt with the many school, state, and federal rules and regulations that affect student interests. It should be read carefully and used as a reference whenever any questions concerning policy or procedures arise.

While this Handbook serves to clarify and codify, it remains just a guide and should not limit individual potential or preferences. On the contrary, it should assist you in choosing from the wide range of educational and counseling opportunities available to you. To enhance your flexibility as you undertake your studies, the Administration and the Faculty are prepared to review and modify procedures and programs to improve overall effectiveness and, when appropriate, in response to individual student needs. Your suggestions and comments are welcomed and should be forwarded through individual members of the Faculty, the Office for Academic and Student Affairs, or through one of your various student representatives who serve you in committee functions.

Again, welcome and best wishes for a happy and productive year.

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Dean, Mount Sinai School of Medicine

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History

The first official proposal to establish a medical school was presented to the Trustees of The Mount Sinai Hospital in January 1958. Behind this request was the belief that the Hospital's tradition of excellence in patient care and research could not continue in the face of rapid expansion of hospital specialties and increasing governmental support for the eradication of disease without a medical school. Readers are referred to a more extensive account of the history of The Mount Sinai Hospital and Medical Center at www.mssm.org.

A short chronology of the Deans follows:

A provisional charter for Mount Sinai School of Medicine was granted in 1963. A separate Board of Trustees, with Gustave Levy as President, announced that the new school would open in 1968. With Dr. George James as Dean, the School opened with 36 first-year students and a small third-year class who became the first graduates of Mount Sinai School of Medicine on May 27, 1970. Dr. James died in March 1972.

Drs. Hans Popper (acting, 1972-1973), Thomas Chalmers (1973-1983), James Glenn (acting, 1983-1985), and Nathan Kase (1985-1997) have served as Dean of the Faculty of Mount Sinai School of Medicine.

Dr. Arthur Rubenstein (1998-2001) Dean of Faculty and CEO of Mount Sinai School of Medicine.

Dr. Nathan Kase (Interim) President, CEO, Dean of Faculty (2001-2002).

Dr. Kenneth L. Davis (2003-2006) President and CEO of The Mount Sinai Medical Center, Dean, Mount Sinai School of Medicine.

Dr. Dennis Charney (2006-present) Dean, Mount Sinai School of Medicine

Mount Sinai School of Medicine has been affiliated with two universities during its history. The earliest affiliation was with the City University of New York, 1967-1997. Since 1998, its affiliation has been with New York University.

The Campus

Mount Sinai School of Medicine together with The Mount Sinai Hospital is nested within a four-block area in Manhattan east of Central Park and adjacent to the Carnegie Hill district. The campus extends from Fifth Avenue to Park Avenue and from 98th Street to 102nd Street.

Map of the Campus

Mount Sinai Neighborhood
Faculty Practice Associates
5 East 98th Street is home to the Mount Sinai Faculty Practice Associates (FPA). The FPA is a comprehensive medical practice with more than 700 physician members who cover all medical care needs.

The Annenberg Building
One of the largest buildings in the nation devoted entirely to medicine, the 26-story Annenberg Building is home to Mount Sinai School of Medicine. In 1965, the eight children of Mrs. Moses Annenberg gave $1 million each in her honor toward the construction of a tower building for the School. More than one-third of the space is dedicated to research. The building also houses The Morchand Center, the 600-seat Stern Auditorium, lecture and seminar rooms for faculty and students, and the Offices of Medical Education and Student Support Services. First- and second-year teaching facilities on Annenberg 12 and 13 include individual work and study sites within five multidisciplinary laboratories. Closed-circuit television and computer stations permit access to interactive teaching and testing programs and current medical literature. The Gustave L. and Janet W. Levy Library on Annenberg 11 offers the latest methods of computerized information retrieval through its Web site as well as its collaboration with New York area health and university libraries. To support the new curriculum, begun in 2000, plans are underway to completely renovate the educational space. The goal is to create additional small group instructional space, a closer connection between the library and teaching areas, and large- and medium-sized lecture halls equipped with state-of-the-art technology.

The Guggenheim Pavilion
I. M. Pei, world-renowned architect, designed the Guggenheim Pavilion as a prototype for the hospital of the twenty-first century. The one-million-square-foot building has 625 beds, 22 operating rooms, five intensive care units, an expanded emergency room, and other inpatient facilities that are part of Mount Sinai’s unique Care Centers. Technologically advanced and aesthetically appealing, the 11-story pavilion contains three interconnected towers with tree-filled and sunlit atria. Also housed in the Guggenheim Pavilion are the Hatch Medical Education Center and Auditorium; and a cafeteria, which includes facilities for providing kosher food.

The Klingenstein Clinical Center
The Klingenstein Clinical Center contains the Department of Anesthesiology, Preoperative Testing, Inpatient Rehabilitation Services, the Hospital’s Blood Bank, and other clinical facilities.

The Kravis Women and Children's Center
The Klingenstein Pavilion and 1184 Fifth Avenue were recently renovated to house the Kravis Women and Children's Center and the Lauder Center for Maternity Care. Dedicated to the care of obstetric, gynecologic, and pediatric patients, the Kravis Center contains labor and delivery facilities, as well as a neonatal intensive care unit and a pediatric intensive care unit.

The Center for Advanced Medicine
The totally renovated 150,000 square foot building houses ambulatory and neighborhood health care programs in one convenient location. It also provides enhanced quality of care through greater interaction between primary care physicians and specialists. This translates into more accessible, efficient and state-of-the-art ambulatory health services.
The Icahn Medical Institute
Mount Sinai's biomedical research and clinical facility, the Icahn Medical Institute, is an 18-story, 736,000-square-foot tower, containing sophisticated basic science laboratories supporting work in the fields of cancer, cardiobiology, developmental biology, human genetics, immunobiology, molecular genetics, neural aging, and structural biology. It is also home to the Department of Gene and Cell Medicine. Featuring a conference center, which enables the Medical Center to increase the already large number of scientific meetings that attract researchers from around the world, the Icahn Medical Institute also contains two 25-bed psychiatry units, as well as clinical laboratories, retail space, and a parking garage.

Facilities
Mount Sinai School of Medicine's principal teaching facility is The Mount Sinai Hospital. Mount Sinai, one of the oldest and largest voluntary hospitals in the country, draws patients not only from the neighboring community but also from the rest of the country as well as many foreign countries. The 1,171-bed facility has a medical staff of more than 3,000 full-time and voluntary physicians. Together the school and hospital are preeminent in medicine and science, merging clinical, research and educational activities in a vibrant atmosphere where breakthroughs are swiftly ushered from laboratory to bedside. Thus our students are exposed to an enormous range of patient care and scientific programs, some of which exist at few other institutions in the country. Mount Sinai is the site of a multi-departmental General Clinical Research Center where scientific investigations spanning inpatient and outpatient facilities have led to new diagnoses and treatments for heart failure, genetic diseases, and AIDS. Other clinical achievements include the creation of one of the nation's broadest transplantation programs, offering heart, lung, heart/lung, liver, kidney, liver/kidney, kidney/pancreas, heart/kidney, and bone marrow transplants. The site of the third largest liver transplant program in the nation, The Mount Sinai Hospital has performed more than 3,000 liver transplantation procedures.

Affiliated Institutions
Mount Sinai School of Medicine currently has academic affiliation with several institutions, not limited to but including the Bronx Veterans Affairs Medical Center; Elmhurst Hospital Center; Englewood Hospital and Medical Center; and the Jewish Home and Hospital, the only nursing home in the country to participate in an extensive mandatory rotation for medical students. The academic affiliates work with the School of Medicine and The Mount Sinai Hospital to coordinate educational programs for students, residents, fellows, and attending physicians. Because the patients from these institutions represent the broad range of social, economic, and ethnic groups that comprise our region, the affiliate system enhances the educational experience at Mount Sinai School of Medicine. The newest affiliate includes the Atlantic Health System with diverse and dedicated educational opportunities for Mount Sinai students under the direction of superb mentorship. The following is a brief description of our major affiliates:
Bronx Veterans Affairs Medical Center
Bronx Veterans Affairs Medical Center (Bronx VAMC) offers general hospital services to veterans from the Bronx and other boroughs of New York City, Long Island, Westchester County, Rockland County, and eastern New Jersey, as well as to patients from more distant points, who are referred for its special services. It serves as the tertiary care referral center from two other VA Medical Centers. The institution became fully affiliated with Mount Sinai School of Medicine in 1969 and in 1981 moved into a modern, well-equipped facility. There is a modern research facility at VAMC that houses many of the school’s leading scientists.

Elmhurst Hospital Center
Elmhurst Hospital Center is a 526-bed public hospital providing primary, secondary, and tertiary medical care to over one million ethnically and culturally diverse people in the northwest section of Queens. It is one of the borough's most comprehensive health care providers and a designated Level 1 Trauma Center and 911 Receiving Facility. The Hospital provides care for more than 500,000 clinic visits and 125,000 Adult and Pediatric Emergency Room visits annually. As an affiliate teaching facility, Elmhurst Hospital Center offers a multitude of graduate medical education programs and clinical research opportunities.

Englewood Hospital and Medical Center
Englewood Hospital and Medical Center (EHMC), a 520-bed, acute-care community teaching hospital, offers a diverse range of clinical and medical education programs.

The Jewish Home and Hospital
Since its founding in 1848, the Jewish Home and Hospital (JHH) has been a pioneer in long-term care. Today, JHH is the leading nonprofit comprehensive care center for the elderly in the nation. JHH serves more than 3,000 residents and outpatients at two facilities in the Bronx and Manhattan. Through a program with Mount Sinai's Department of Geriatrics and Adult Development, JHH collaborates on an extensive mandatory rotation for medical students.

Diversity Statement
Mount Sinai is committed to promoting and supporting diversity at all levels in the working and learning environments and to meeting the needs of the diverse body of students, faculty, staff, and communities we serve. Diversity in the health professions workforce benefits every aspect of health care. Addressing the needs of our increasingly multicultural and ethnically diverse patient population at Mount Sinai, makes it essential that patients have increased access to physicians who share their ethnic heritage. Further, interacting with a diverse peer group is important for students, house staff, and faculty for effectively managing cross-cultural patient presentations and impacting on health outcomes.
Experience and Elective Programs

Experience Policy

Years One and Two
In the spirit of self-directed learning, a selection of "experience" offerings is available at the following URL: http://www.mssm.edu/students/handbook/electives/. Students in years one and two are encouraged to pursue the following types of activities and experiences outside of coursework: research, teaching/education, service, extra-curricular and school leadership positions, clinical shadowing, ethics and humanities, and global health. We encourage students to craft, pursue and then track these types of experiences on their own. The tracking is done via Web-Ed on the student portfolio that is open and fluid, and ultimately serves as the basis for the student’s Medical Student Performance Evaluation (MSPE - narrative transcript). Students are encouraged to track their experiences throughout medical school by title, position, dates, and time spent and to keep them updated each semester.

"Experiences" are listed to give students ideas about outside-of-class opportunities available; students will not take anything for elective credit, rather for their own professional development and learning.

The level at which a student would pursue such activities will be reflected on the Medical Student Performance Evaluation (MSPE) and factored into his/her overall performance at MSSM. Every student is encouraged to become involved in a community service project of their choosing. This is not a formally graded requirement but rather a voluntary experience in keeping with Mount Sinai School of Medicine's philosophy.

Students are welcome to take graduate school courses at CUNY as a non-matriculated student with no payment of tuition. Contact Rosamond Rhodes, Ph.D., rosamond.rhodes@mssm.edu for information on Bioethics courses at CUNY. These may be tracked in the portfolio system under additional coursework taken.

Elective Policy and Requirements

Years Three and Four
Students may take clinical electives during the third and fourth years at Mount Sinai, our affiliates or at off-campus scholarly institutions. The elective week typically begins on Monday and ends on Friday. A total of 21 weeks of elective credit must be recorded. There are three categories of clinical and research electives:

1. An established elective on campus or with an affiliate site which is listed within the Mount Sinai Elective Catalog.
2. An off-campus elective at another LCME-accredited school listed by that school and registered for through VSAS, the AAMC visiting student portal.
3. A tailor-made elective, designed by the student with specific goals and objectives and a curricular plan:
a) These may take place at Mount Sinai or an affiliate and must be approved by an established educator and the Office of Student Affairs.
b) These may take place away from Mount Sinai (including International Electives) and must have a sponsor at the site and a Mount Sinai mentor responsible for awarding the grade. Registration for these electives require a signature from Student Affairs, or the Associate Dean for Medical Student Research (research electives), or the Director of the Global Health Center (international electives).

**General Information**

1. Students MUST register for electives prior to beginning the elective. Retroactive credit will not be applied.
2. Deadlines must be met in order to register for electives.
3. Students are allowed one 1-week elective. All other electives must fall between 2-4 weeks in length.
4. Elective time is counted by the week and in order to get credit for the week, the student must spend at least 40 hours in that elective. If more than forty hours is spent in a week, no credit will be given for additional weeks. In addition to teaching and Humanities in Medicine, there is an opportunity to take an elective over a span of time (e.g., four hours per week over 10 weeks), if pre-approved by the Office of Student Affairs.
5. The maximum amount of time permitted for research electives will be set in consultation with the Associate Dean for Medical Student Research.
6. If a student wishes to repeat an elective that has already been taken, it is possible to do so, however, elective credit will not be given for the subsequent course(s).
7. Preparation for USMLE Step II is built into the Year Four schedule with a Board Review course that, if attended in its entirety, counts as four weeks of elective credit.
8. In general, there will be no elective credit given for any other board review course. However, clinical experiences that reinforce study experiences may be an option to taking a tailor made elective if adequate time for self-study is included in the plan.
9. Students are eligible for no more than four weeks total elective credit (including Step I and/or Step II) for remediation due to failure. If the examination is failed there will be no additional elective time allowance for remediation.
10. MSSM students should register for all electives in advance of beginning the elective. MSSM students should be aware that they are given priority for registration for the next academic year’s elective prior to May 1 when international and visiting students to Mount Sinai will be permitted to register.
11. On the day he/she begins a clinical, the student must deliver to the instructor a Clinical Elective Evaluation Form, which the instructor will complete and return to the Registrar's Office at the conclusion of the elective.

**Elective Registration**

Students will register for Mount Sinai clinical electives through the Elective Management System, [https://sap.mssm.edu/new/elective/submit/](https://sap.mssm.edu/new/elective/submit/). Prior to submitting an elective, students may contact the instructor to confirm that he/she has met the required prerequisites.

1. Only one elective can be registered for a given time period.
2. If a student wishes to take a part-time elective, i.e., one that meets one or two hours per week, or one day per week, he/she must accrue forty hours or five days in order to receive a week of elective credit per academic year. Elective credit will be given only once for a part-time course. If a student wishes to repeat an elective that has already been taken, it is possible to do so, however, elective credit will not be given for the subsequent course(s) except under unusual circumstances. In such instances, approval must be obtained from Student Affairs prior to registering for the elective.

3. Private Practice Preceptorships taken with physicians not affiliated with Mount Sinai are considered "off-campus" electives and require the approval of the clerkship director or appropriate faculty member at Mount Sinai. To determine if a physician is a Mount Sinai faculty member, you should refer to the School of Medicine Faculty Directory. **Students may not receive credit for time spent with a physician who is a family member or family friend.**

**Registration for Tailor-Made Electives at Mount Sinai School of Medicine and Affiliated Hospitals**

Students wishing to design their own elective(s) with a specific Mount Sinai faculty member may do so by submitting a "Tailor-Made Elective" form to the Assistant Registrar. She will review the forms and refer to the appropriate Student Affairs person for final approval. These forms are available at the Registrar’s URL: [http://www.mssm.edu/students/registrar/index.shtml](http://www.mssm.edu/students/registrar/index.shtml). No retroactive credit will be given to students who do not obtain appropriate approval prior to beginning the elective.

**Elective Registration for Off-Campus Institutions (Electives Offered by Other Schools and Hospitals)**

The AAMC is piloting an electronic registration process called VSAS (Visiting Student Application System) for visiting electives. Mount Sinai is among the 75+ phase two pilot schools. Please contact the Registrar if you have any questions about applying for off-campus electives through the AAMC portal with the VSAS tool.

Some institutions may require a Dean's Letter of Good Standing. Letters of Good Standing are available from the Registrar’s Office. To be eligible for this letter, students must have no holds on their records (Academic, Health, Financial, Housing, or Library).

Students are responsible for downloading the Off-Campus Evaluation form from the registrar website and submit it to the instructor at the beginning of each elective. Each student will be responsible for obtaining a completed evaluation from the instructor and returning it to the Assistant Registrar.

**NOTE:** Although it is discouraged, it is understood that some students may register for Mount Sinai electives while waiting for confirmation of acceptance into off-campus electives. However, failure to drop the Mount Sinai elective once enrollment in the outside institution has been confirmed, will prohibit fellow students at Mount Sinai from participating in the elective. Students should therefore make certain that they withdraw from the elective as soon as they have been accepted in another program.
Registration for Tailor-Made Off-Campus Electives
Students wishing to design their own elective(s) off-campus may do so by following the procedure for Registration for Off-Campus Electives (Electives Offered by Other Schools and Hospitals) and also by submitting a Tailor-Made Elective form to an appropriate Mount Sinai department faculty member for approval. When complete, this form should be forwarded to the Office of the Registrar. No student will receive retroactive credit once they have begun the elective.

Additional Elective Opportunities
The School of Medicine has approved several structured programs that allow students to take electives off campus without specifically obtaining departmental approval. These include the following:

Ethics Program at Oxford University/King's College London
Up to two fourth-year students may spend between 4-8 elective weeks at Oxford or King's College addressing ethical issues in medical practice. Applications for this program are distributed to students in the middle of the third year through the division of Biomedical Ethics in the Department of Medical Education. Partial subsidies to defray expenses are provided. Contact Rosamond Rhodes, Ph.D., for details.

Union Graduate College-Mount Sinai School of Medicine Graduate Program in Bioethics
The Bioethics Program is competency-based and interdisciplinary. It acknowledges that bioethical decisions must be rooted in precedent and best practices and must reflect the broadest range of perspectives - from medical and legal to philosophical and religious. Working professionals typically complete the program in two to three years. Full time students may complete the program in one year.

The Master of Science program is designed to meet the needs of working professionals, comply with the requirements of national accrediting and funding agencies, and impart the skills and knowledge recommended by the American Society of Bioethics and Humanities. Nine of the 12 required courses are taught via distance learning by internationally recognized experts in bioethics. On-line courses are complemented by an on-site seminar, practical, individual master's projects, and capstone assessments.

Hadassah Medical School Hebrew University Exchange Program
Each year up to five students at the School of Medicine can participate in clinical elective rotations at the Hadassah Medical School in Jerusalem. Applications are forwarded to students at the end of their third year with the selection process being made shortly thereafter. The program allows partial stipends for transportation as well as room and board. A minimum of eight weeks in Israel is required.

Indian Health Service
An arrangement has been made with the Indian Health Service to permit several students to take their Community Medicine Clerkship at one of the Indian Health Service facilities. If this exercise is to be part of the required Community Medicine clerkship, arrangements must be made sufficiently in advance with the clerkship director. When taken solely as an elective, arrangements may be made any time convenient to the Indian Health Service and the student. For
further information concerning this opportunity contact Dr. Phil Landrigan, Chair of the Department of Community and Preventive Medicine.

**International Electives**

Students may take electives offered by non-U.S. medical schools. All such electives must be discussed with the Global Health Center. The director must give approval before a student can pursue any international elective. Some electives can be found on the Global Health Center website: [http://www.mssm-ghc.org/](http://www.mssm-ghc.org/)

When registering for international electives, students must fill out a tailor-made form stating their goals and objectives and attach a signed letter of acceptance by the international medical institution. The student must then obtain a Global Health Center signature on the form before submitting it to the Registrar's. Students are responsible for submitting a grade form when reporting to the elective and must complete a student evaluation form for that course. This last step is particularly important, as students are not automatically covered by malpractice insurance outside of the United States. Once an elective has been approved, The Global Health Center must refer the student's name to our benefits office to extend malpractice insurance coverage. This is a very important and serious matter. **Students are discouraged from taking an Elective/Approved Experience in any country under U.S. Department of State or World Health Organization Traveler’s Advisory status.**

**Evaluations (electives)**

**Electives at Mount Sinai**

All third and fourth year students are required to evaluate each elective experience as well as the preceptor through the E-Value System using their existing login and password. Evaluations assist us in understanding and evaluating the effectiveness of the electives. Evaluations must be completed no later than 4 weeks after receiving an E-value notification via email. If a student does not complete the mandatory evaluation four weeks after receiving notification, the student will receive an Incomplete on their transcript. If the student completes the evaluation within eight weeks after notification, the Incomplete will be changed to Pass. If, however, eight weeks have elapsed since notification and the evaluation has not been completed, the Incomplete will remain permanently on the transcript. The Medical Student Performance Evaluation (formerly known as the Dean's Letter) will define the reason for the incomplete as failure to complete the evaluation in a timely manner. The evaluations must be filled out in order to receive credit for the elective.

**Electives at other schools**

Please use the paper questionnaire found in the REGISTRAR’s FORMS section and deliver to the Electives Administrator located in 13-30 or mail the form to Box 1257.

**Every student must complete 21 weeks of elective in order to graduate.**
Research Opportunities for Medical Students

Overview
A long-term goal of medical research is to provide more successful diagnoses and therapies for diseases. For this to be possible it is usually necessary to understand the mechanism underlying disease onset or progression. The Mount Sinai School of Medicine is home to investigators involved in cutting-edge research. Many enjoy serving as mentors to medical students and training them to carry out a research project. Students may get involved in basic science research or patient-oriented research. The latter, also called translational research, involves studies that ask questions with direct relevance to patients. What is learned in the classroom, or on clinical rotations, must be considered as just a beginning. There is so much not yet understood that any number of opportunities exist to ask "why?" or "how?" The physician investigator is trained to develop a project to try to find the answers.

Medical Student Research Office
The Medical Student Research Office (MSRO) is located in Annenberg Building, Room 13-30, 13th Floor. It exists to help medical students identify interesting areas of research, locate mentors, and arrange funding. Guidance for students interested in applying for external funding is also available. The office supports all students, regardless of whether they have had previous research experience. Information on ongoing MSSM student research programs is available on the MSRO web site. Research projects can be carried out during years 1 and 2, during the summer break between the first and second years, and during elective time in years 3 and 4. Students also may elect to do a Scholarly Year after their second or third years in order to obtain a more intensive research experience while still maintaining their student status. Students doing research present their research to the entire medical school community on the annual Medical Student Research Day.

Summer Research Program
This 8-week program follows is for students who have completed their first year of school. Research can be in basic science, clinical science, translational science, epidemiology, community-based, global health, or health policy. Funds are available on a competitive basis to support the work of students who do approved research. Students may accept only one source of funding, unless the second source of funding is to cover an additional expense not associated with every project, such as travel, and prior approval is obtained from the Associate Dean of Medical Student Research. Participating students share their experiences with the medical school community by preparing a poster on the annual Medical Student Research Day describing the nature of their project and the results they have obtained.

Medical Student Research Day
Medical Student Research Day, held in the fall, is a chance for students to show the rest of the Mount Sinai community what they have done, as well as to give them the opportunity to analyze the results of their research. Participants receive training in how to write an abstract and how to prepare a poster or give an oral talk. More advanced students may use the opportunity to hone their presentation skills for presentation at a national meeting. Research Day is open to all students, regardless of whether they did their research at Mount Sinai or another site. All abstracts are published in the Research Day Abstract Book.
The Scholarly Year
Progress in biomedical research promises to enable the development of rationale approaches to solve clinically relevant problems. Mount Sinai is an institution dedicated to carrying out clinical/translational research and one that seeks to build on scientific research in order to develop new approaches to diagnose and treat disease. In this way physicians can not only offer the best current treatments, but also improve upon them. Students who receive research training in medical school will be among those who develop the skills and experience necessary to translate research into improved care and treatment for patients.

Medical students who are interested in learning more about careers as physician-scientists are encouraged to apply to do a Scholarly Year which will enable them to do a year of full-time research between years two and three or three and four. Students must be in good academic standing to qualify and they must have a source of financial support. Students may participate in externally-sponsored national programs that provide assistance in selecting a mentor and project, as well as offer stipends, or they may choose a mentor and a project on their own. Detailed guidelines and information on how to prepare a research proposal can be obtained from the Medical Student Research Office.

Distinction in Research
This track is for students who carry out an original research project, rather than participating in a technical capacity on an ongoing project. Graduation with Distinction in Research is awarded to students who publish a peer-reviewed manuscript on which they are the first author or who submit a thesis of their work that is accepted by their Distinction in Research Committee. Students who graduate with Distinction in Research will receive diplomas at Commencement stating that they have graduated with "Distinction in Research" and they will be recognized at the Graduation Achievement Ceremony. This is an exciting opportunity for students to receive recognition for creativity and originality. It is a valuable educational component for those interested in a career in either academic or clinical medicine. Students are encouraged to begin their research in the spring semester of their first year or during the summer between their first and second years. It is strongly recommended that they continue their work during some of the elective time in years three and four. Further information is available from the Medical Student Research Office.

Additional Support of Research Activities:
Help for students who are preparing abstracts and posters on their work is available both on the Medical Student Research Office website and in sessions conducted in advance of Medical Student Research Day.

Center for Multicultural and Community Affairs

History
The Office of Multicultural and Community Affairs was established by MSSM in 1998 to support diversity, which has been a hallmark for the School of Medicine. In 2002, the Office was renamed The Center for Multicultural and Community Affairs (CMCA) after receiving a grant award of $2 million to serve as HRSA Center of Excellence for Minority Health. CMCA
CMCA is the major point of intersection for MSSM and educational "pipeline" programs that serve to bolster interest for NYC high school students to consider careers in health and science. These include the Center for Excellence in Youth Education (CEYE), which was established by MSSM in the early 1970's to provide placements for disadvantaged students to consider medicine, science and health careers and the Mount Sinai Scholars and Mentoring Program, created in 1987, with the support of the Edith K. Ehrman East Harlem Health Education Center, in collaboration with the Manhattan Center for Science and Mathematics High School in East Harlem. These programs provide important opportunities for mentoring and community service for MSSM students. In addition to these broad-ranging initiatives, CMCA oversees a variety of programs and activities to support developing culturally effective health care delivery. The Cultural Diversity in Medicine Program and the school-wide Culture and Health Work Group chaired by Dr. Gary Butts has educated students and residents about the role of culture in patient-physician relationships for over a decade. CMCA also sponsors the Urban Health Grand Rounds, is a key member of the Dean charged Minority Health Research Committee, and organizes a Journal Club for medical students and faculty to focus on issues related to minority, community health, and health disparity issues.

Additional aims of the CMCA include:

1. Improving the capacity to train, recruit, and retain faculty from diverse backgrounds;
2. Facilitating faculty and student research on health issues particularly affecting minority and underserved groups;
3. Training students in providing health services to culturally diverse patient populations through training provided at community-based health facilities;
4. Implementing activities to improve the information resources, clinical education, curricula, and cultural competence of graduates of the school, as they relate to minority health issues;
5. Developing a large competitive applicant pool through linkages with institutions of higher education, local school districts, and other community-based entities and establish an education "pipeline" for health professions careers;
6. Enhancing opportunities for students from groups underrepresented in medicine (URM) for careers in academic medicine.

Community Service

Medical Students and the Community
Mount Sinai School of Medicine has a major, longstanding institutional commitment to address community needs. This commitment has been demonstrated through development of exceptional
programs that go well beyond the traditional service role of academic medical institutions and reach into communities whose needs are not being met by the health and/or educational systems. Students at MSSM have traditionally been involved in volunteer activities in East Harlem and surrounding communities. The Community Service Committee, led and operated by MSSM Student Council, brokers a variety of student activities in the community and hosts events year round. In addition, many student groups, including SEOM, AMSA, and AMWA routinely sponsor events and experiences for education and service to East Harlem and other New York City communities. Several School of Medicine and Hospital departments, including the Center for Multicultural and Community Affairs and the Department of Community Relations are available to assist student groups with these activities. For a complete list of current and past projects and opportunities see the Student Council Web site.

Center for Multicultural and Community Affairs Student Research Programs

The CMCA offers research program opportunities for medical students. The Summer Health Services Research Program targets rising second year students from groups underrepresented in medicine with the goal of providing mentored, self-initiated projects, which targets a unique question in health outcomes disparities and minority health. In addition, in collaboration with the Department of Pediatrics, the CMCA oversees the Golden Family Community Pediatrics Research Award Program. This program is open to all medical students and provides longitudinal, mentored, self-initiated projects which target a unique question in community pediatrics. The CMCA staff also serves on the advisory board of the Health Literacy Fellowship Program for Medical Students sponsored by the Mayor’s Office of Adult Education. For this fellowship program, we work to recruit our medical students into the program whereas a limited number of first- and second-year medical students in New York City students strengthen their health literacy skills through an immersion experience in adult learning as it applies to health. Health Literacy Fellows serve as teaching assistants at community-based adult education programs throughout the City. Fellows also work with adult educators to implement small health literacy projects.

Technical Standards

The education of a physician encompasses a preparatory phase in college, a rigorous undergraduate medical professional education leading to the MD degree, postgraduate or residency training and finally, lifelong continuing education after the conclusion of all formal training. The MD degree awarded at the completion of the undergraduate medical educational process certifies that the individual has acquired a broad base of knowledge and skills requisite for the practice of medicine.

Toward this end, the School of Medicine requires that the educational process prepare an individual to be a physician. The educational process at the School of Medicine is structured to allow the student to achieve this general goal and is in accord with the objectives defined by the Liaison Committee on Medical Education (LCME), the established agency in the United States for accreditation of medical schools. Admissions standards of the School of Medicine, therefore, are rigorous and exacting. Admission may be extended only to those who are best qualified to meet the standards set forth below.
Candidates for the MD degree must have abilities and skills in five domains: observation, communication, motor, conceptual/integrative and quantitative, behavioral and social. Technological or other accommodations can be made for some disabilities in certain of these areas, but a candidate should be able to perform in a reasonably independent manner. Use of an intermediary for the collection of a patient’s history, including but not limited to sign-language interpretation or use of technological devices, is acceptable. Nevertheless, the candidate must be able to perform a full physical examination, must consistently, quickly and accurately integrate all information received by whatever sense(s) employed, and must have the intellectual ability to learn, gather information, communicate, and integrate, analyze and synthesize data.

**Observation**
The candidate must be able to observe demonstrations and experiments in the basic sciences including, but not limited to, physiologic and pharmacologic demonstrations in animals, microbiologic cultures and microscopic studies of microorganisms and tissues in normal and pathologic states. A candidate must be able to observe a patient accurately at a distance and close at hand. Observation requires the functional use of the senses of vision and somatic sensation.

**Communication**
A candidate should be able to elicit information; describe changes in mood, activity and posture; and perceive nonverbal communications in interactions with patients. A candidate must be able to communicate effectively, professionally, and sensitively with patients. In addition, the candidate must be able to communicate effectively, professionally, and efficiently with all members of the health care team in both immediate and recorded modes.

**Motor**
Candidates should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion and other diagnostic maneuvers. A candidate should be able to do basic laboratory tests (urinalysis, CBC, etc.), carry out diagnostic procedures (proctoscopy, paracentesis, etc.) and evaluate EKGs and X-rays. A candidate should be able to execute motor movements reasonably required to provide general care and emergency treatment to patients. Examples of emergency treatment reasonably required of physicians are cardiopulmonary resuscitation, the administration of intravenous medication, the application of pressure to stop bleeding, the opening of obstructed airways, the suturing of simple wounds and the performance of simple obstetrical maneuvers. Such actions require coordination of both gross and fine muscular movements, equilibrium and functional use of the senses of touch and vision.

**Intellectual, Conceptual, Integrative and Quantitative Abilities**
These abilities include measurement, calculations, reasoning, analysis and synthesis. Problem solving, the critical skill demanded of physicians, requires all of these intellectual abilities. In addition, the candidate should be able to comprehend three-dimensional relationships and understand the spatial relationships of structures.

**Behavioral and Social Attributes**
Candidates must possess the emotional health required for full use of their intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients and the development of mature, sensitive and effective
relationships with patients. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, display flexibility and learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills, interest and motivation are all personal qualities that should be assessed during the admissions and education process.

Candidates for the MD degree must gather data from, communicate with, and care for, in a non-judgmental way, persons whose culture, sexual orientation, or spiritual beliefs are different from their own. Throughout the clinical curriculum, students must be able to consistently perform a complete history and physical exam on any patient regardless of the patient's race, color, national origin, marital status, military status, citizenship, disability, genetic predisposition, religion, ethnicity, socioeconomic status, gender, age, or sexual preference.

Adherence to these technical standards is designed to ensure that the MD degree attests to the basic acquisition of general knowledge in all fields of medicine, as well as the acquisition of the basic skills necessary for medical practice.

**Promotion and Graduation**

**Overview**

Students at Mount Sinai School of Medicine have been carefully selected to meet the demands of medical studies. The school's strict requirements for acceptance are maintained throughout the student's career. At the time of graduation, Mount Sinai verifies that the student is adequately trained to function in a constantly changing professional milieu, and that the public can be assured of the physician's competence to practice. When the student encounters difficulties, the School is prepared to deal systematically with them in an environment of support and supervision. Mentoring and remediation are used whenever possible.

**Requirements for Promotion/Graduation**

No student will be allowed to advance to the next year unless all requirements for the preceding year were completed.

To receive a degree of Doctor of Medicine, candidates must:

1. Complete the fully prescribed course of study for this degree and must be certified as having successfully met all the criteria required by the school, faculty and accrediting bodies. This includes passing Steps I, II CK and II CS of the USMLE within a maximum of three attempts.

2. Possess the personal qualifications and attributes that are necessary to engage in the practice of medicine and be free from qualities and behaviors that would preclude them from properly conducting themselves in the practice of this profession.
3. Complete their studies with an academic and fiscal status that is satisfactory to the Administration.

The Board of Trustees reserves the right to withhold a degree from any candidate whom the Promotions Committee has not certified for graduation.

**Charge to the Promotions Committee**

A. The Promotions Committee is the guarantor of excellence in our graduates and its main constituency is the future patients of our graduate physicians. Its charge is therefore:

1) To meet periodically during the academic year to review the records and progress of medical students having difficulties as manifested by grades, professional behavior and other information reported by the Dean's Office and by representatives on the committee.

2) To make annual recommendations to the Dean with regard to promotion and graduation. This includes a recommendation to the Dean that the degree of Doctor of Medicine be awarded to those students who have satisfactorily completed the medical school curriculum in accordance with the requirements of the Board of Regents of the State of New York, the faculty of Mount Sinai School of Medicine, and New York University and satisfactorily fulfilled the ethical and moral responsibilities inherent in the practice of medicine.

3) To issue disciplinary action.

The following may be presented, or come before the Promotions Committee, or a subcommittee of Promotions (at the Chair’s discretion):

- Students in Serious Academic Difficulty
- Student in Serious Academic Difficulty who have remediated but fail another course within the one year of monitoring
- Students in Unsatisfactory Academic Progress
- Students who challenge their status
- Students with egregious or multiple negative Incident Reports; students with a negative incident report in year 3 or 4 may be asked to appear before the committee.
- Any student with two USMLE Step I or II failures (before a subcommittee)
- Any student whose conduct may warrant corrective or disciplinary action

4) Actions of the Committee are not limited to the following but may include:

- Remediation plans
- Reprimand or censure
- Suspension
- Dismissal
B. The Promotions Committee does not hear Grade Appeals. When grades are presented to the Promotions Committee, it should be assumed that these grades are final. The Promotions Committee does not address the validity or fairness of grades and will not discuss them during Promotions Committee meetings.

Promotion Committee Membership and Voting

A. Composition

This Committee will consist of a chairperson, ten course and/or clerkship directors, ten additional faculty members, two students, and a recent alumnus (a resident or fellow who graduated from Mount Sinai School of Medicine). The Deans and the Directors of Student Affairs will serve as ex officio, non-voting members of this committee. Ten voting members qualify as a quorum.

B. Appointment and Voting

(a) The Chairperson will be appointed by the Dean for a term of three years.
(b) The course/clerkship directors will serve as voting ex officio members of the Committee and shall serve a term of three years. If no longer serving as course director, the individual will be removed from the Committee but may be nominated as a faculty member at large.
(c) The students will be selected by Student Council and will serve a term of one year.
(d) The resident or fellow, who shall be a recent Mount Sinai graduate, will be selected by the Chair and Deans, and will also serve a term of one year.
(e) Following review, the Dean may extend the terms of the Chair or other Committee members.
(f) Decisions of the Promotions Committee shall be made by a majority vote. A quorum is defined as 10 voting members present. A quorum is required for any vote.

Academic Status

Students will be identified as follows:

Satisfactory Academic Progress (SAP)

This category will apply to the majority of students and includes the overall academic performance of the student: course and clerkship grades, small group performance, lab performance and all interactions with peers, faculty, and staff. This also indicates the incremental satisfactory completion and passing of courses within a given timeframe. The term “satisfactory academic progress” has implications for financial aid eligibility as a student must be making SAP in order to be eligible for loans/financial aid. To make SAP, the first two years of coursework and the second two years of coursework must each be completed in three years or less or within 150% time. Scholarly time is not considered as time away or extended time.
Marginal Status
Students with one course failure, two or more "marginal" performances (defined as bottom non-failing five percent of a course grade, or as determined by the course director), or reported professionalism issues will be required to meet with Student Affairs at which time appropriate interventions will be planned. The student will be advised to focus on academic pursuits, but will not be required to relinquish extracurricular activities.

Monitored Academic Status
Students with one course fail and one marginal course, with one course failure (with or without a marginal grade) or one or more reported professionalism issues presented to the committee will be considered to be in "Monitored Academic Status." These students may be required to relinquish all extracurricular activities. Students on Monitored Academic Status will remain as such for at least one year and will not be permitted to take a leave of absence except for medical reasons.

Serious Academic Difficulty
Any student who has two course failures, one failure and two marginal grades, one or more failures in a repeat examination or clerkship, any single clerkship failure, or serious professionalism concerns, will be considered in Serious Academic Difficulty. These students will be required to come before the Promotions Committee and will be subject to a variety of decisions, including tailored and/or external remediation programs (at the student’s expense), repetition of the year (tuition required) or dismissal from school. The student will remain on Serious Academic Difficulty status until his/her remediation is complete and will then be monitored for an additional year. Students in this status will not be permitted to participate in any extra-curricular activities. In addition, any student in Serious Academic Difficulty who experiences a failure at any point during his/her remediation process must come before the Promotions Committee. These students will be considered at risk for dismissal from Mount Sinai School of Medicine. Any student who fails an additional course after remediation and even if in a subsequent year may be brought back before the Committee. Students in Serious Academic Difficulty will not be permitted to take a leave of absence except for medical reasons.

Unsatisfactory Academic Progress
Students on this status are those who exceed the expected timeline for completion of milestones in their medical education. Students are ineligible for financial aid when in Unsatisfactory Academic Progress. A student in this status may be dismissed from school.

Academic Remediation Decisions
Committee decisions regarding academic remediation will be rendered verbally to the student by the Committee Chair and will be confirmed in writing. The student may seek review of the remediation plan, submitted in writing to the Dean for Medical Education, within two weeks of the date of the written Committee decision. The decision of the Dean for Medical Education will be final. In most cases, students will agree with the plan and are required to return a signed copy of the rendered decision to the Student Affairs office within the two week time frame agreeing to the parameters set forth in the letter.
Academic Dismissal

The student may appeal an academic dismissal by submitting a written request stating the reason for the appeal to the Dean within fourteen (14) days of date on the decision letter (usually delivered via email). The Dean’s review shall be limited to determining that procedures outlined in the Student Handbook were substantially followed and that the decision was reasonable. The Dean may, at his discretion, form a committee to advise him.

Management of Student Misconduct

Mount Sinai School of Medicine and the Graduate School for Biomedical Sciences exist for the purpose of training physicians and biomedical scientists who will serve the needs of society by their practice of medicine, delivery of health care and pursuit of research. As students at an institution of higher learning, students at Mount Sinai are encouraged to shape the course of their own professional training through an individual choice of elective study, through extensive contact with the faculty both inside and out of formal class work, and through participation on policy-making committees. Students are particularly expected to maintain and to develop the ethical and moral values consistent with all social behavior but especially those that must be an integral part of the working attitude of professionals in the fields of medicine and biomedical sciences. It is implicit in the very purpose of the institution that honesty and integrity be part of a student’s behavior throughout all the years of the student’s education as well as after formal education is completed.

For a student, the same standards are expected in the classroom, laboratory, clinic, hospital or elsewhere in the institution. Students are expected to govern their conduct by the same code of behavior generally accepted for physicians and scientists in the conduct of their professional and personal activities. Student misconduct includes, but is not limited to: cheating, plagiarism, breaches of confidentiality, falsification, unprofessional behavior toward patients and colleagues, use and abuse of illicit drugs, abuse or inappropriate use of alcohol, dishonesty, and failure to complete administrative, medical, and financial responsibilities. It is the responsibility of students to act at all times in accordance with the highest standards of integrity. All incidents of student misconduct shall be reported to the Office for Academic and Student Affairs and presented to the Dean for Medical Education. If the Dean for Medical Education finds the charge to be without merit, the complaint may be dismissed.

Disciplinary Action

A. Initiating Disciplinary Action

1) Disciplinary action (for example, warning, censure, suspension, probation, expulsion) may be taken for many reasons. Lying, cheating, or any intentionally dishonest behavior, including falsification of documents or other dishonest behavior during exams, assault, sexual assault, or theft, will result in expulsion from the School absent exceptional circumstances. Suspensions may take effect immediately upon issuance of notice of disciplinary action. Notice of disciplinary action shall be given in writing and state the reasons therefore.
2) Disciplinary action may be imposed by the (i) Dean for Medical Education, (ii) Associate Dean for Academic and Student Affairs; (iii) the Promotions Committee, or (iv) an Ad Hoc Subcommittee of the Promotions Committee as set forth in section B below.

B. Discipline Initiated By Ad Hoc Subcommittee of the Promotions Committee and the Promotions Committee.

In cases of discipline initiated by the Promotions Committee, the process outlined in this section B shall be followed in situations where an investigation is necessary.

1) The Promotions Committee may impose discipline as a full committee. If the Promotions Committee elects to impose discipline as a full committee, it may follow whatever processes or procedures it deems appropriate. Or, in the alternative, the Promotions Committee may refer the matter [at the Committee Chair’s discretion] to an Ad Hoc Subcommittee of the Promotions Committee (the “Ad Hoc Subcommittee”) and a recommendation from this Ad Hoc Subcommittee would come to the full committee for discussion and a rendering of disciplinary action, when warranted.

2) Ad Hoc Subcommittee Review.

a) In the event of a referral of a disciplinary matter to an Ad Hoc Subcommittee, the Chair of the Promotions Committee shall form an Ad Hoc Subcommittee composed of no less than three (3) Committee members, two of whom must be faculty. At the discretion of the Chair of the Promotion Committee, up to two members of the Ad Hoc Subcommittee may be students selected by the Student Council. Before the Ad Hoc Subcommittee review, the student shall be accorded an opportunity to challenge any member of the Subcommittee for “cause” where, in the student’s view, the Subcommittee member would not be able to render an impartial decision. It shall be in the Ad Hoc Subcommittee Chair’s sole discretion (or the Promotions Committee Chair, if the challenge is to the Chair of the Subcommittee) whether to excuse such member.

b) The Ad Hoc Subcommittee’s role shall be to investigate and evaluate the reported conduct and to propose remedial, disciplinary, or other action, to the full committee. The Ad Hoc Subcommittee may consider the student’s entire school profile as it relates to overall school performance in academics and professionalism in reaching its decision.

c) The student shall be permitted to meet with the Ad Hoc Subcommittee and prior to that meeting shall have the right to know the charges against him/her. The Student shall be permitted to attend the meeting of the Ad Hoc Subcommittee with an adviser of his/her choice and to present relevant evidence and witnesses on his/her own behalf to the Ad Hoc Subcommittee. The student may not be represented by an attorney. The Ad Hoc Subcommittee may, in its discretion, further define, expand or limit the role of any such representative and may make such additional rules in its discretion to assure fair and expeditious handling of the matter, provided such rules are consistent with these procedures.
d) Proposals of the Ad Hoc Subcommittee shall be made by a majority vote. The Subcommittee shall inform the Promotions Committee of its recommendation. The Promotions Committee will discuss and vote on a decision and notify the student in writing of that decision and the basis therefore.

C. Appeal to Mount Sinai Dean. The student may appeal the disciplinary decisions of the Associate Dean for Academic and Student Affairs, the Dean for Medical Education, the Promotions Committee to the Dean of the School of Medicine by submitting a written request stating the reason for the appeal to the Dean within fourteen (14) days of date on the decision letter (usually delivered via email). The Dean’s review shall be limited to determining that procedures outlined in the Student Handbook were substantially followed and that the decision was reasonable. The Dean may, at his discretion, form a committee to advise him.

D. Review following suspension. If a student is reinstated following suspension, the matter may be forwarded to the Promotions Committee or a subcommittee thereof for consideration, investigation, discipline, or any other action the Promotions Committee deems appropriate following the student’s return.

E. Interpretation of these Rules

These rules are intended to establish fair and reasonable guidelines for the Promotions Committee. Breaches of these rules shall not be grounds for a new proceeding unless in the opinion of the Dean the breach is of such a material nature that the validity and the truthfulness of the result are prejudiced.

F. Recording of Disciplinary Action

1) The disciplinary findings and the recommended action will become part of the academic file.

2) If a student is dismissed from the School, the student's transcript will so indicate. A dismissal decision cannot be changed to a voluntary withdrawal absent exceptional circumstances.

Criteria for Graduation

POLICY FOR DOCUMENTING COMPETENCY IN CLINICAL SKILLS

An approach to documenting competency in technical skills is based on the following rationale:

- Students must attain competency in certain technical skills prior to completion of medical school.
- The attainment of proficiency in skills is crucial to a student’s ability to function as a successful intern.
- Part 405 of the New York State Hospital Code requires that we document the skill competencies of our students.
• Students must be provided direct supervision of skills until proficiency can be demonstrated.

• There are certain procedures that students cannot do without direct supervision.

There are FOUR (4) categories of procedures:

1) **Core/ Required Technical Competencies:** “Core Competencies” are those for which ALL STUDENTS MUST ACHIEVE COMPETENCY IN ORDER TO GRADUATE. Once competency is demonstrated, students may perform these procedures under general supervision.

2) **Suggested Technical Competencies:** “Suggested Competencies” are those procedures for which we recommend that students attain proficiency, but are not required for graduation.

3) **Technical Competencies Requiring Direct Supervision:** “Competencies Requiring Direct Supervision” are those procedures which can NEVER BE PERFORMED WITHOUT DIRECT SUPERVISION.

4) **Other Skills/ Procedures:** Skills generally required by individual clerkship directors in order to pass specific clerkships, not included in the above lists.
POLICY FOR DOCUMENTING COMPETENCY IN CLINICAL SKILLS

The following is a list of the MSSM Technical Competencies for medical students.

| Core Technical Competencies | Venipuncture  
|                           | IV placement  
|                           | EKG  
|                           | NG tube insertion  
|                           | Intradermal skin testing  
|                           | Urethral Catheterization of male patient  
|                           | Urethral Catheterization of female patient  
|                           | Removal of urethral catheter from male patient  
|                           | Removal of urethral catheter from female patient  
|                           | Dressing changes  
|                           | Obtaining peak flow measurements  
|                           | Suture removal  
|                           | Throat cultures  
| Suggested Technical Competencies | Administration of Eye Drops  
|                               | IM injections  
|                               | Subcutaneous injections  
|                               | Heel and finger sticks  
|                               | Placement of non invasive monitors  
| Technical Competencies Requiring Direct Supervision | All other procedures including but not limited to:  
|                                                   | Lumbar puncture  
|                                                   | Thoracentesis  
|                                                   | Paracentesis  
|                                                   | Arterial blood gas  
|                                                   | Arterial stick  
| Other Skills/Procedures | Standard neurological exam  
|                         | Neurological exam of a patient in a coma  
|                         | Pelvic exam  
|                         | Pap smear  
|                         | Vaginal delivery  
|                         | Breast examination  
|                         | STD Screening  
|                         | Abdominal examination  
|                         | Assist at cesarean delivery  
|                         | Basic interpretation of fetal monitor tracing  
|                         | Basic interpretation of obstetrical sonogram  
|                         | Assist at open abdominal gynecologic surgery  
|                         | Assist at laparoscopic gyn surgery  
|                         | Assist at vaginal gyn surgery  
|                         | Splinting  
|                         | Mini-mental status exam (MMSE)  
|                         | Geriatric depression scale (GDS)  
|                         | ADL/IADL assessment  
|                         | Suture of laceration  
|                         | Ventilatory management  
|                         | Central venous access  
|                         | Airway management  
|                         | Collection of DFA’s  
|                         | Proper collection of blood culture  
|                         | Lung Examination  
|                         | Heart Examination  
|                         | EKG Interpretation  
|                         | CXR Interpretation  
|                         | KUB Interpretation  
|
• All students will be responsible for maintaining a logbook of procedures and will be responsible for turning in copies of credentialed procedures to CLERKSHIP COORDINATORS.
• Students must turn in 3 separate documents for each specific procedure in order to be credentialed to do these procedures under general supervision as opposed to direct supervision.
• Students must identify the age of the patient on the competency document.
• The Office of Curriculum Support will maintain a list of competencies.
• Students are required to complete one procedure per clerkship. Failure to do so will result in a warning.
• Failure to hand in any procedure coupons for three consecutive clerkships will result in the student receiving a critical incident report in their permanent record.

It is expected that students will attain competency for the procedures during third year clerkships. However, students must be completely certified in the Technical Core Competencies by the end of their fourth year in order to graduate. The Emergency Medicine Clerkship, as well as the Subinternships and Critical Care, also provide ample opportunities for students to perform procedures that they are unable to complete during the third year.

Graduation Competencies
Clerkship/Module directors listed the following as competencies that a MSSM graduate needs to attain. Module-specific competencies have been developed for each module.

Fund of knowledge and clinical reasoning
• Recognize normal phases of development and physiology
• Integrate and apply collected data to problem solving: including generation of and prioritization in the development of a differential diagnosis for common problems and for emergencies
• Explain/understand diagnostic technology – including utility, cost, benefit, and risks
• Apply principles of physiology, pharmacology, pathophysiology, molecular biology, anatomy, and genetics to patient management (prescribing doses and recognizing side effects in both adults and children)
• Apply principles of Evidence-Based Medicine and Critical Analysis and recognize the application and use of research findings in the generation of new hypotheses and be able to reject old dogma and continually modify what is best practice

Skill Development
• Take both complete and problem-focused histories from men, women, and children and demonstrate focused data gathering
• Recognize both normal and abnormal physical and mental examination findings
• Demonstrate proficiency in technical skills

• Demonstrate information technology skills

• Demonstrate excellent communication skills with patients and families and with other professionals including the presentation of data, both orally and written and accepting and giving constructive feedback

**Contextual/Community Setting**

• Appreciate factors that impact health, wellness, and disease in the context of family, community, and culture

• Implement health promotion and disease prevention strategies

• Navigate the complexities of the health care system. Recognize the federal, state, and local aid programs in addition to insurance coverage options that are available for patients

**Professional Responsibilities**

• Establish productive and collegial relationships with others: patients and their families, colleagues and the community

• Cultivate the ability to assess one's self and others, to give and receive constructive feedback and to direct one's learning

• Demonstrate respect for individuality, and to work and contribute in a group

• Appreciate and apply ethical principles

• Recognize personal and professional limitations

• Acquire and value lifelong learning habits

• Apply principles of effective time management

**Alpha Omega Alpha Honor Society**

The New York Lambda Chapter of the Alpha Omega Alpha Honor Medical Society was established at the Mount Sinai School of Medicine in May, 1970. The Society is composed of fourth-year medical students who have shown promise of becoming leaders in their profession. Distinguished faculty members are also eligible for election into AOA as Honorary Members. Each year, three house staff, two full time faculty, and two alumni members are selected by the AOA Lambda Chapter students and inducted into the society.

Student members are elected annually on the basis of scholarship and accomplishments utilizing the following criteria:
1. Academic performance during the first three years of the medical curriculum, third-year grades and assessments along with Step I results determine the top quartile of the class academically. From this group 16% of the class is selected by the AOA board for election into the Honor Society.

2. Nominations of deserving students by Departmental Chairs and Course Directors of both Basic Sciences and Clinical Sciences.

3. Nominations of deserving students by all faculty members of AOA.

4. Successful research activities as documented by formal presentations at national meetings or by publications or other scholarly work.

5. Leadership in school activities and in community service.

6. Professionalism and clinical performance on COMPASS I and II.

A meeting of the Board of AOA, comprised of faculty members (outside of the Dean’s office and Student Affairs), convenes to elect students occurs after the beginning of the senior year. This is done to allow students who have been elected into AOA to have this fact noted on the MSPE for graduate medical training.

**Academic Information**

**General Advising**

General advising is offered in the Office of Student Affairs:

- Unique personal circumstances
- Illness
- Pregnancy and family planning
- Leaves of Absence and time off
- Adjustment/transition
- Roommate issues
- Mental health
- Financial
- Scholarly opportunities
- Career
- Other advanced educational degrees

There is a rich network of advising opportunities and mentorship for students throughout their medical education. The Office for Student Affairs will help facilitate the availability of advisors to meet students’ needs. Students are encouraged to pursue mentoring relationships via their extracurricular activities, service projects, shadowing experiences and from small group curricular encounters. Information is available in the Career Development intranet site on WebEd.
Careers in Medicine (www.careersinmedicine.org), a formal program from the AAMC that promotes career development is a tremendous resource for students. Access codes will be provided in the first year of medical school.

In addition to the clerkship directors, each of the clinical departments may designate a specific individual who will be available to give students specific advice regarding that discipline. Among other things, this individual can facilitate departmental letters of support for residency programs. The Department chairs support the residency application process and they or their designee will be available to speak with individual students applying for residency in their discipline. All advisors and advisees are encouraged to develop meaningful relationships with each other, based on mutual respect.

**Career Counseling and Residency Programs**

Students are encouraged to meet with clinicians, scientists and teachers to discuss career opportunities. Career interest groups in most specialties offer students a wide range of role models to choose from. Mount Sinai's extensive electives program is designed to introduce students to physicians and surgeons practicing within a variety of settings. Each year, the Office for Academic and Student Affairs coordinates a series of Career Night Seminars for students. During these seminars, department chairs and residency program advisors acquaint students with the diverse career opportunities in their field. During Clinical Skills Week and during Intersession in Year Three there are enhanced career development activities. This is followed in fourth year by a CV and Personal Statement Workshop and a Mock Interview session.

**Reporting Absences in Year 1 through 4**

**Attendance**

**General Principles**

Active participation in the medical education program is a critical component of the professional development of a physician. Mount Sinai School of Medicine's faculty have intentionally linked several parts of a course or clerkship to help students master course/clerkship goals and objectives. Instructional settings involving small groups of students allow closer faculty/student interaction, an opportunity for more informal career exploration as well as a source of letters of recommendation for future research or training programs. Lack of attendance for any reason, due to illness or excused absence, does not relieve a student from responsibility for material covered during that absence.

**Regarding illnesses:**

If you are acutely ill or an emergency arises, please notify the course/clerkship director(s) and the course/clerkship coordinator as soon as possible. In addition, please notify the site where you are expected to be. Students are required to provide a doctor’s note if their illness lasts longer than two consecutive days.

If you have any concerns about your ability to function as a clerk or about the risk that you might transmit an infection to patients because of an illness, please contact the clerkship directors.
Please do not neglect your own health! We are here to help you through any challenges that arise during your education.

**Religious Observances**
The Medical School 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 School’s holiday calendar. However, the Medical School recognizes and respects the religious beliefs and practices of its students and seeks to accommodate them reasonably within the requirements of the academic schedule. As a result, the Medical School 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, request permission for the absence from their faculty.

Whenever feasible, faculty should 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 School for making available an opportunity to make an examination or assignment.

**Jury Duty**
The Medical School cannot excuse you from Jury Duty. In New York with the first deferral, students have the chance to select a date that they are available. First year students should defer to summer; Second year students should defer to board time or elective time; Third year students should defer to fourth year during their elective period, and fourth year students should find time during elective time (avoid interview time).

When requesting a deferment, you should go in person with your student ID. The Court has allowed deferments even for more than a year in several cases. The visit can be made at any time preceding the assigned date or on the assigned date and this visit should be made at the most flexible time. Jury Duty is an excused clerkship absence but students will have to make up all missed time. It is suggested that students use flexible time as suggested above.

You may try the following number: 646 386 5960 to avoid the visit downtown if this is after your first deferment.

**Graduation Requirements**
Students will attend all activities and complete all surveys and course evaluations and other required elements for graduation. Attendance at graduation functions is required.

**Reporting Absences**
Professional behavior requires that students notify course/clerkship/small group preceptor about any anticipated or sudden absence, particularly when their presence affects the work of colleagues in laboratory, small group discussions/sessions, and settings involving patient contact.
Students should make certain that they have the appropriate phone/email/page numbers to carry out this responsibility. Absences due to illness or special circumstance for more than two days must also be reported to the Student Health Service or the Student Mental Health Service, respectively. The student is also required to notify Student Affairs in the event of an absence longer than 2 days. If appropriate, students must receive clearance from a Student Health or Student Mental Health physician before resuming their medical education program and a note is required for more than two days’ absence. Absences from examinations will only be accommodated under extreme circumstances. The course/clerkship director will review such occurrences to determine alternate arrangements.

Absences for Professional Development
Students are encouraged to attend meetings and conferences to enhance their own career development. Students should make every effort to coordinate their schedules so they do not miss examinations or required class activities. Prior to applying for conference attendance, students must obtain permission from the course/clerkship director. If a student must be absent from a required activity they must let the course/clerkship director know in advance of their travel.

PreClerkship Absence Policy

Preclerkship Policy
It is expected that all students attend all course functions. Lectures present unique information and are closely related to smaller group sessions. Laboratory exercises, basic science small group discussions, small group/patient-based sessions depend on regular attendance and group cooperation. Performance in the above smaller-group instructional settings will be included as a component of a student's final grade. Additional information related to this policy is contained in course and clerkship materials. Attendance is mandatory at all small group sessions, laboratories, ASM sessions, COMPASS, and any sessions or classes designated as "clinical encounters" where patients or families are present. Please note that occasionally the schedule may be changed without advance notice. If plans are made for time away based on a day having only lectures scheduled, the student could be in jeopardy of missing a required activity if the schedule is changed. If the course schedule changes within 2 weeks of the planned absence, the student will be excused from the required activity. Although, it is expected that students are in town and available during the academic year when it is not specified vacation time, any plans made to be away (even on lecture days only) should be discussed with the course director. Unexcused absences are considered to be unprofessional behavior, will be noted, and may have an adverse affect on a grade including failure of a component of a course or an entire course.

APPROVED PRE-CLERKSHIP ABSENCE POLICY
The following will be considered excused absences:
1. Deaths of family members or close friends
2. Wedding of immediate family members (first degree relatives)
3. Attending a wedding in which you are a member of the wedding party
4. Illness of immediate family members
5. Urgent medical evaluations
6. Religious observances
7. Jury duty
8. Residency interviews
9. To present your work at or to attend a conference in a leadership role (This is only considered an excused absence if you are presenting the work.)
10. If you are a member of a national committee (e.g. AMSA, AMA) with a leadership role and are asked to go to a meeting.

To secure an excused absence the following must take place at the student’s initiative:

1. The student must inform the course director of the request for an excused absence in advance when possible. Absences longer than 2 days for illness require a doctor’s note.

2. Although the absence is excused, there may be make-up work required and the course/clerkship director will decide on appropriate make-up and inform the student.

3. It is the student’s responsibility, and not the course/clerkship director’s, to make sure that the make-up is completed in a timely manner.

4. The student is responsible for knowing all material missed in any educational venue: lecture, small groups, laboratory exercises and/or clinical encounters. It is unreasonable for students to assume that faculty will arrange private sessions for any experiential learning experiences, but the faculty will attempt to make resources available for student make-up work.

Clinical Policy
The clinical phase of the curriculum mandates the full time commitment of the students in all patient care and didactic activities. The students’ presence on the clinical floors of the hospital is critical to the learning experience because it provides opportunities to observe and participate in acute medical management decisions. Students become an integral part of the patient care team and serve an essential function. In the clinical years, students are required to attend all clerkship functions including night, holiday, and weekend duty as well as all other educational exercises, e.g., Clinical Skills Week, COMPASS, Intersession, and any required remediation. Students having unexcused absences for any of the above may receive a grade of FAIL and be required to make up the days missed or the entire clerkship depending on the length of time involved.

POLICY ON EXCUSED ABSENCES: CLERKSHIP YEARS

Clinical Policy
The clinical phase of the curriculum requires a full time commitment by the student in patient care and didactic activities. Students serve as members of the health care team and assume an active role in the care of the patient. Their presence, participation and engagement at the bedside form the cornerstone of learning in the clinical environment. In these clinical years, students are required to attend all clerkship functions including night, holiday, and weekend duty as well as participate in all educational exercises, e.g., Clinical Skills Week, COMPASS, Intersession, and
any required remediation. Unexcused absences from any of the above may result in an incident report or failing grade and students may be required to make up days missed or the entire clerkship depending on the length of time involved.

The following will be considered excused absences:

1. Deaths of family members or close friends
2. Wedding of immediate family members (first degree relatives)
3. Attending a wedding in which you are a member of the wedding party
4. Illness of immediate family members
5. Urgent medical evaluations
6. Religious observances
7. Jury duty
8. Residency interviews
9. To present your work at or to attend a conference in a leadership role (This is only considered an excused absence if you are presenting the work.)
10. If you are a member of a national committee (e.g. AMSA, AMA) with a leadership role and are asked to go to a meeting.

Student policy and procedures for excused absences:

- Excused absences need to be requested a minimum of one month in advance of the clerkship (this does not pertain to illness or death in the family)

- For all excused absences, the student should email the clerkship director(s) and cc Student Affairs Director of Administration the following information, which will be kept on file:
  - Name of student and clerkship
  - Dates and number of days excused
  - Reason for the excused absence

- These absences, while excused, may affect your final grade.

- If ≥ 2 excused absences in the clerkship: a) clerkship director can offer make up experiences if available or possible and b) if makeup experiences are not possible, then at the discretion of the clerkship director, the student will need to reschedule the clerkship

- If the student knows that they will need ≥ 3 days of excused absences during a rotation, they will need to request elective time for that period when completing the lottery.

Clearance to Begin Leave of Absences, Withdraw, Transfer, or Otherwise Leave the School

Students who leave the medical school prior to completion of the curriculum (e.g., transfers, withdrawals, leave of absences) must obtain clearance before departure. The student will receive a letter of leave and individualized conditions will apply. All students must meet the criteria and confirm agreement with the terms of the leave in writing. In addition, students must complete a
sign-out form requiring the signatures of a number of offices indicating that there are no outstanding debts or other encumbrances to the student's record and that all medical school property has been returned. When all the signatures are obtained, the student must return the form to the Registrar’s Office.

Leave of Absences

General Policy
All requests for leaves of absence (“LOA”) are made directly to and granted at the discretion of the Office for Academic and Student Affairs. An LOA constitutes a mutual agreement between school and student with regard to utilization of time during the leave, as well as the requirements that must be met prior to reentering the curriculum. Clearance for the leave, as set forth above, is required prior to beginning the LOA.

In certain circumstances, students may request an LOA for a specific period of time for academic pursuits or for personal reasons. The following leaves of absence are available: Scholarly LOA; Special Matriculation LOA; Medical LOA; Personal LOA and Administrative LOA.

Scholarly LOA
Scholarly LOA is granted by the Office of Medical Student Research and is generally for one academic year. Upon request approval may be given for a longer period of time. Students need to plan well in advance to request scholarly LOA. All required paperwork must be finalized 30 days prior to initiation. There is a minimal fee to obtain this status. This status is a form of special matriculation leave meaning that the student is considered full time in school doing scholarly work to advance his/her career.

Special Matriculation LOA
Students are placed on special matriculation LOA when time for remediation or individualized educational plan is required. There is a $100 special matriculation fee which must be paid prior to the commencement of the leave. Medical students who have failed to pass either Board Exam twice are required to take time off to study and retake the exam as soon as possible. These students are also considered to be "in school” and additional tuition and/or fees may be assessed. Other extraordinary circumstances requiring remediation as mandated by the Promotions Committee or Student Affairs may also be given the status of Special Matriculation.

Medical LOA
Medical LOA is a period of non-enrollment which may be initiated by either student or the Office for Academic and Student Affairs. All medical LOA require a physician’s endorsement and/or an administrative evaluation as ordered by the Office for Academic and Student Affairs. The term of the leave is up to one year. The leave may be extended for a second and final year at the School’s discretion upon recommendation of a physician. All students on medical LOA are required to have health insurance and are eligible for the Mount Sinai insurance at the unsubsidized rate.
Personal LOA
A personal LOA is granted by the Office for Academic and Student Affairs. 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. Personal LOA will not be granted until after the completion of the first semester of Year One, except in extenuating circumstances. Students who wish to leave prior to that time, must withdraw and may not be guaranteed a spot in the subsequent year’s class. Ordinarily, personal leaves may not exceed one year; however, requests by the students to extend a personal leave into a second year will be considered under exceptional circumstances. To apply for a personal LOA, students are required to discuss their needs with the Office for Academic and Student Affairs. Upon return from a personal leave of absence, the student will be required to pay the entire first semester's tuition with no chance for refund.

Administrative LOA
Under certain circumstances students experiencing difficulty may be permitted or required to take an administrative LOA.

Financial Implications of LOA
To be eligible to receive federal and institutional student aid you must meet and maintain MSSM’s standards of satisfactory academic progress. (Please refer to the section entitled “Satisfactory Academic Progress for Financial Aid” under the “Financial Aid” heading in this handbook.)

Students under Special Matriculation status are regarded as full-time students and loans will not come due but the time spent in remediation counts toward the calculation of school time for satisfactory academic progress and could affect eligibility for loans.

Scholarly leave students are regarded as full-time students with the ability to defer loans. The time spent in scholarship is not included in the four years toward the MD degree for the purposes of determining satisfactory academic progress.

Any other Leave of Absence Status, greater than 180 days, will move students out of their loan deferment status. At this point, the last date of attendance, prior to the leave, becomes the "Out of School" date. The student would have spent their grace periods and immediately be in repayment status for all educational, federal loans. Students are expected to meet with Bursar and Financial Aid Director before Special Matriculation or Leave of Absence is finalized in order to fully understand the consequences of each.

Return From LOA
Clearance to return from leave is required. Students should refer to the individualized terms of their leave letter and must complete all required evaluations or testing prior to return. In general toxicology testing and student health evaluation will be required after all personal and medical leaves.

At the end of a specified period of leave of absence, if the student does not notify the School of his/her intentions, it will be assumed that s/he no longer wishes to be considered in good
standing and will be dismissed. If a student wishes to apply for reinstatement at a later date, a new application for admissions must be completed.

**Leaves of Absence**

<table>
<thead>
<tr>
<th></th>
<th>Housing</th>
<th>Library Privileges</th>
<th>Medical Coverage Required for all leaves: availability of MSSM coverage:</th>
<th>Tuition</th>
<th>Eligibility to do clinical work for noncredit</th>
<th>Financial Aid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scholarly</td>
<td>Eligible</td>
<td>Yes</td>
<td>Yes, with subsidy</td>
<td>$50.00</td>
<td>Yes (toward mention in MSPE but not to replace elective or mandated requirements)</td>
<td>Up to $10,000 loan</td>
</tr>
<tr>
<td>Special matriculation</td>
<td>Eligible</td>
<td>Yes</td>
<td>Yes, with subsidy</td>
<td>$100.00 (additional charges may be charged for remediation)</td>
<td>With permission</td>
<td>According to tuition and budget</td>
</tr>
<tr>
<td>Medical</td>
<td>Must vacate Sinai housing</td>
<td>No</td>
<td>Yes, but nonsubsidized and only up to one year</td>
<td>None</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Personal</td>
<td>Must vacate Sinai housing</td>
<td>No</td>
<td>Yes, but nonsubsidized</td>
<td>$100.00</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Administrative</td>
<td>Must vacate Sinai housing</td>
<td>No</td>
<td>Yes, but nonsubsidized</td>
<td>none</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

**Withdrawal and Readmission**

A. **Clearance.** Clearance to withdraw is required as described above.

B. **Voluntary Withdrawal.** A student may voluntarily withdraw from the School at any time, upon application to the Associate Dean for Academic and Student Affairs. A student who voluntarily withdraws may apply for readmission at a later time. Future reinstatement may be denied either at the time of the withdrawal or at the time of application for reinstatement for reasons deemed sufficient to the Admissions Committee. The Office for Academic and Student Affairs may require an Administrative Evaluation prior to acceptance of a withdrawal. Failure to comply would result in dismissal (see Administrative Evaluation).

C. **Administrative Withdrawal.** In certain circumstances a student may be administratively withdrawn from the medical school. Examples would include a student who has exceeded two years on medical or personal leave or a student who fails to meet the technical standards
required for medical education. A student who chooses to withdraw rather than be dismissed, either on appeal from a committee decision or after failing Step I and Step II three times will be considered to have administratively withdrawn.

D. **Readmission.** At least three months prior to the requested date, students seeking readmission into the School of Medicine must submit such a request in writing to the Associate Dean of Admissions.

### Evaluation of Student Performance

**Overview**

The admissions process of Mount Sinai School of Medicine intends to select students who possess the ability to meet the intellectual, ethical, emotional and physical, and the academic requirements of the undergraduate program of medical education.

Examinations are viewed as instruments for the promotion of learning, as an encouragement to each student to achieve his/her maximum potential, and as an opportunity to develop the capacity for self-evaluation and self-knowledge. The school will conduct periodic assessment of students' knowledge, skills, and attitudes. Examinations may be utilized as only one component in the total evaluation of a student's performance during a course/clerkship. Responsibility, dependability, reliability, and the ability to meet the technical standards and to relate in an appropriate manner to patients and interact effectively with faculty and staff are all factors to be considered in the evaluative process.

At the beginning of a course, the course director should clearly delineate the criteria utilized for assessment of student performance. This should include the number and format of all examinations, the weighting of examinations in the determination of a final grade, the criteria for passing the course or clerkship, as well as the specific weight to be given to examination scores. Any changes in assessment criteria once a course/clerkship has begun will be clearly communicated to all students in a timely fashion.

The MSSM transcript will reflect a complete and accurate grading history for all courses in the medical school. This is consistent with guidelines from the AAMC and most universities and colleges.

**Years One and Two**

All courses are Pass/Fail in Years One and Two. There is no official ranking of students in courses or overall for these two years of medical school. Grades are not, however, anonymous and there is an unofficial (i.e., not part of the permanent record) tracking system of identifying students having difficulty in courses for the sole purposes of identifying weaknesses and helping students develop strategies for success. The bottom 5 percent of students passing each course is identified and those grades are considered a full Pass on the transcript but the shadow tracking system will let us know that these are marginal grades. This is NOT reflected in any official record or ever considered in the formal school evaluation process. However we have developed a very successful warning system for students in academic difficulty which is described in the Student Handbook Promotion and Graduation: Procedures section.
Students passing the course will have a P indicated on the transcript for that course. If a student fails the course and must remediate with additional coursework or self-study in order to repeat a final examination, the initial grade will be submitted as an "F" and will be changed to F/P upon successful completion of the exam. Any failure of a repeat attempt is considered Serious Academic Difficulty and the matter is referred to the Promotions Committee for discussion and resolution.

**Years Three and Four**
The clerkships are graded honors, high pass, pass, fail and all clinical electives are graded honors, pass, fail. If a student fails a shelf examination or a component of the clerkship which is not part of the clinical assessment, the student will receive a grade of C. This grade will change to CP upon successful completion of the examination or other assignment or activity. The C on the transcript will reflect the fact that the pass was conditional and the student was required to complete an extra step prior to receiving a passing grade. If the student should fail a shelf exam a second time, he or she will receive an F for the clerkship and will be required to repeat the clerkship and then the shelf examination. Any subsequent failure in that clerkship will be referred to the Promotions Committee.

At the discretion of the Clerkship Director, if a student fails a clinical assessment in a clerkship, a grade of F will be forwarded to the Registrar and will be changed to FP upon successful completion of a remediation experience which would be determined by the Promotions Committee.

In all cases, the clerkship narrative that is included in the MSPE, will accurately reflect the course of events and will stress the positive aspects of success upon remediation.

**Grade of Incomplete**
A grade of incomplete due to absence can only be given with consent of Student Affairs and is reserved for serious emergencies or illness. Once completed, the grade will simply change to a P.

**Overview of Electronic Diagnosis Tracker**

**Rationale**
During the clinical years you will encounter many patients presenting to medical care with a variety of symptoms. In order to ensure that you have adequate exposure to a variety of presenting complaints and to comply with LCME guidelines, we require that you log every patient encounter into our web-supported patient tracking system. The system is accessed through E*Value [https://www.e-value.net](https://www.e-value.net). Using this system, you can record the clinical exposures that you encounter during medical school, either directly on the web or onto a palm pilot. **Note:** You will use the paper “Coupon Book” to track your procedural competencies (IV and foley catheter insertions, etc.) and enter those into the E*Value system as well. The hard copy coupons will be turned into the Clinical Experience Administrative Director. You can monitor your progress in completing required procedures through E*Value.
**Definition of clinical encounter**
A clinical encounter is any exposure to a real patient or simulated patient that helps students successfully achieve the objectives of the course/clerkship. This may include any patient with whom a student has had a "meaningful" learning experience (this would usually involve the student participating in decision-making about a finding, lab result, management, or where the student has learned about a specific symptom, finding, disease or procedure). Examples of this include: assigned ward patient the student is following; a patient covered while on call (focused assessment for complaint, follow-up with decision made about an intervention or lab result), patient assessed and followed in an operating room setting; a patient examined on rounds (e.g. heart murmur evaluation); a patient seen as an outpatient or in a nursing home setting; or a virtual patient case during which there was meaningful discussion of differential diagnosis.

Use within clerkships/courses:
This electronic system will allow clerkship directors to see what clinical diagnoses you have encountered and will enable them to provide feedback to enhance your educational experiences. Clerkship directors can evaluate patient volume and diagnosis by clinical site and use this information to standardize student experiences. This system is dependent upon your input and will be most useful to you as a learning tool if you record every clinical encounter.

In order to facilitate your learning, the clerkship directors have created a Symptom Template, which lists the suggested encounters that you should have in the context of their individual clerkships. Please note that visit types (e.g. vaccine administration, prenatal care, health care maintenance, and postoperative check) are included in the list of symptoms. We expect that you will use this template to help self-direct your learning, and as a discussion point with your clinical preceptors across each of your clerkships. At a minimum, you will be required to print out and hand in your patient encounter logs, at least once during every clerkship.

**Please note:** Clerkship/course directors have access only to the information you submit through the diagnosis tracker system on E*Value. Even though clerkship directors know the specifics of your patient diagnosis tracker input, your E*Value evaluations of the clerkship, your preceptors and residents remain anonymous.

**Contacts:**

For technical support issues contact:  Merril Schindler, merril.schindler@mssm.edu
Phone: 212-241-7091.

For clinical questions contact: Judith Quintana, judith.quintana@mssm.edu
Phone: 212-241-8752.

**Administrative Psychiatric Evaluation**

The School of Medicine reserves the right to request an administrative psychiatric evaluation at any time for any reason. The evaluation request will be discussed with the student. Specific questions will be sent to the Director of Student Mental Health or the Senior Consulting
Psychiatrist for assessment by him or his designee. The Office for Student Affairs will receive a written response, in the form of a password protected electronic file, from the psychiatrist regarding the student. The response does not become part of the student’s academic file. The purpose of the evaluation always stems from concern for the student and a request for information to help in academic counseling. Specific recommendations may be forwarded to the School administration, which can then impose certain requirements on the student. Examples (not all inclusive) might include required intervals for psychotherapy, mandated drug testing, or repeat administrative evaluations. Refusal to comply with an administrative evaluation or with recommendations stemming from an administrative evaluation is grounds for dismissal.

**Evaluation of Student Performance**

**Years I and II**
The School has adopted a P (Pass), F (Fail), FP (Fail remediated to Pass). The meanings of these grades are:

FP indicates a grade of Fail which was remediated through repeating part or all of the course and obtaining a passing grade.

All students must pass all course work to advance to the next year and must clear all holds on their record (Registrar, Bursar, Housing, Library, Health, and so on).

An I is reserved for illness and only after discussion with Student Affairs. All I grades will be converted to P, or F after completion of the course.

**All Pre-Clinical Courses**

A. Course objectives will clarify and focus a course director's description of the criteria for evaluating student performance. Each course director and planning committee will select the number and types of evaluation formats to assess the range of student knowledge, skills, and attitudes appropriate for the course.

B. Final examinations will take place during specified examinations weeks. For additional information, consult the schedules for Year One and Two at the front of this handbook. Proctors will be used during all written examinations administered to the class as a whole. Students are expected to follow the directions outlined by a proctor. The faculty proctor, as a faculty member associated with the course, can clarify any confusion during the examination.

C. Computer-based exams are given in many of the courses and students are required to adhere to the rules for each examination as directed. Students will be asked to acknowledge and adhere to these rules.

D. Grading of Student Examinations

E. First- and Second-Year Classes — The MSSM curriculum has carefully linked student work in a variety of settings to the attainment of course goals. Formats to assess student
competence will also match work performance in each setting. More face-to-face interaction between students and faculty emphasizes cooperative as well as individual work.

1. Students will complete all assessments under their own name.

2. Student grades will be reported individually.

3. Course director will provide descriptive examination performance summaries.

4. Students who wish to review their examinations can contact the course director to arrange a mutually convenient time and setting for this review.

5. Remediation of failing or borderline performance will be arranged at the mutual convenience of the student and the course director. Failure on a second examination in a given subject mandates a discussion with Student Affairs.

6. The Promotions Committee may ask for a particular student's grade if that student is in severe academic difficulty.

F. Reporting Final Student Grades

1. Each course director will complete a grade roster at the end of each course and a written evaluation of student performance in laboratories, clinics, small-group sessions, and/or conferences is required. All written evaluations become an integral part of the student's permanent record.

2. All records of student performance are due in the Office of the Registrar within two (2) weeks of the completion of a course.

**Years III and IV**
The School has adopted an H (Honors), HP (High Pass), P (Pass), CP (Conditional Pass), FP and F (Fail) grading system for required clerkships.

CP indicates a Conditional Pass. A temporary grade of C – Conditional is awarded when a student fails a component of the clerkship, usually the shelf exam. Upon successful completion of the missing component, the grade is reassigned as a CP – Conditional Pass. After failure of the shelf exam, the highest grade a student will be eligible for is CHP.

FP indicates a grade of Fail which was remediated through repeating part of or the entire course and obtaining a passing grade.

All students must pass all course work to advance to the next year.

**All Clinical Courses**
A. Course objectives will clarify and focus a course director's description of the criteria for evaluating student performance. Each course director and planning committee will select the
number and types of evaluation formats to assess the range of student knowledge, skills, and attitudes appropriate for the course.

B. A clerkship may use any of the following in assessing a student's performance among other possible parameters:

1. preceptor or resident evaluations
2. final oral and/or written examinations
3. a written or oral presentation of a specific subject related to the clerkship

C. The weight given to specific parameters may vary with an individual clerkship and should be included in the requirements presented to students at the rotation's beginning.

D. Students are not permitted to retake an NBME subject examination to improve a grade. See the section "Goals and Objectives of Required Third-Year Clerkships" for information related to student illness and/or special circumstances.

E. Reporting Final Student Grades

1. Each clerkship director completes an individual grade sheet for each student. The sheet includes the final grade plus a comprehensive narrative paragraph. This report becomes a permanent and integral part of the student's record.
2. All reports of student performance are due in the Office of the Registrar within four weeks of the clerkship's completion.

Academic Difficulty Policy for the Clinical Years

In order to promote an atmosphere of continuing professional development, the Office of Academic and Student Affairs forward feeds students’ evaluations in order to allow instructors and clerkship directors to monitor students progress and to facilitate the appropriate level of remediation.

Throughout the clinical years, students are given grades for clinical experiences based on a variety of factors, including but not limited to: performance in the inpatient setting, performance in groups, test and quiz results, and assessments by faculty preceptors and house staff. There are some students who pass the clerkship, but have deficiencies that need addressing. A policy outlining when formal communication among clerkship directors will take place is defined as follows:

Information about students may be classified as related to academic performance or professional behavior. Information regarding a student's marginal or failing performance and any documented issues related to professionalism may be forwarded (otherwise confidentially) from one clerkship director at the discretion of and via the Dean for Medical Education or Student Affairs to the next clerkship director. The student will be notified that this transfer of information is taking
This will allow mechanisms to be put into place to monitor the student's performance and to provide remediation as necessary. The student should receive regular feedback through the new clerkship director. The Office for Student Affairs will monitor this in a confidential manner. It should be noted that most of the clerkship directors are not involved in the actual grading of students but coordinate the grades. There are a few instances where the clerkship director may be the student's preceptor. In such cases the clerkship director will assign the student to an alternate preceptor. Personal medical or psychiatric information will not be forwarded except when requested by the student.

The purpose of this policy is not punitive but supportive of a student's individual need to improve. The forwarding of any material to a subsequent clerkship director will only be done if further remediation and monitoring is necessary for educational purposes. There will be no mention of any of the forwarded information in the student's evaluation from that clerkship. It will be documented in the student's personal file that information has been forwarded and to whom and specifically what information. This will not be reflected on the transcript nor will this be mentioned in the Dean's Letter. This form of feedback has been implemented successfully in other institutions. It should be emphasized that the sole purpose of this policy is to use constructive feedback in the educational process for the benefit of the students.

**Grade Appeals Process**

A. All grade appeals must be brought by the student to the course director or clerkship director.

B. If there is still a discrepancy after the meeting of the course/clerkship director and the student, the student should present the issue to Student Affairs.

C. Student Affairs’ role is purely that of mediator. The Dean’s Office ensures that due diligence was done by the course/clerkship director and that, in fact, no error had been made. An additional role is to explain to the student the following steps if a continued appeal is desired.

D. If the student wishes to pursue an appeal, either the Department or the Core Faculty group will establish a committee to address the appeal. Information for the appeal should be solicited from the student and the course/clerkship director. In some cases, at the discretion of the Chair of the Appeal Committee, (who must be someone other than the director – and is usually the departmental educator or chair) it may be appropriate to hold a meeting with the student addressing the committee and stating the appeal. Deliberation of the committee should address the student’s appeal question. The decision of the committee will be final. The student must realize that the grade could be amended in a direction that is not desired and it could also be revised to mention that the student was unprofessional if the process was not followed correctly or if the student had poor insight into his/her actual performance.

E. A student has 3 months from the date of the grade being posted to the student information system to make the appeal.
Incident Reports

Incident reports may be completed by course or clerkship faculty and administrative faculty in Medical Education.

Reports may commend positive events. These will be discussed with the student with an opportunity to respond and comment. All positive incident reports will be recorded in Appendix C of the MSPE and will become part of the permanent record in that way. The actual form is not a part of the academic record.

Reports may note negative events or behaviors including failure to complete professional responsibilities such as course evaluations, student health clearances, HIPAA training, immunizations, infection control training, BLS certification, etc. These will be discussed with the student (by the initiator) with the opportunity to respond and comment. They will be rediscussed with the Office for Academic and Student Affairs. These reports do not necessarily become part of the record. In years one and two if the event is self-limited and non-recurrent, then it is filed in a separate file and does not become part of the record. It can be retrieved if any future events occur. If the events are repetitive they may be mentioned in Appendix C of the MSPE or the matter may be referred to the Promotions Committee. A single egregious event would prompt a review by Promotions as discussed in the Section above (Management of Student Misconduct).

In years three and four, the threshold for referral to the Promotions committee is much lower and typically any negative critical incident report may be referred to the Promotions Committee.

Student Evaluation of Medical Education

There are multiple opportunities offered students to comment on the quality of their medical education program: within course feedback sessions, mandatory end of course and clerkship evaluations, focus groups, school-wide surveys seeking comments on aspects of the medical school. The AAMC conducts a totally anonymous Matriculation Survey (MSQ) and a totally anonymous Graduation Questionnaire (GQ) that all students are requested to complete.

Students also elect representatives who act as intermediaries between class members and course/clerkship directors. Exit interviews at the end of fourth year are another venue for students to comment on their experience with the education program as a whole. We routinely convene focus groups to address curriculum, student life, or areas of concern.

The following policy has been implemented to ensure timely, professional, and useful responses from students regarding course evaluations:

If a student has not completed the mandatory course evaluation 2 weeks after the last day of the course, the student will receive an incident report. Students have 4 weeks to complete clerkship evaluations and after 8 weeks an incident report will be documented.
Students must complete all evaluations for all courses and/or clerkships in order to be promoted to the next academic year or to graduate. This includes the evaluations of faculty and preceptors in those courses and clerkships.

All evaluations are done on the Web and are anonymous. The system has the capability to anonymously reject inappropriate evaluations and ask the student to resubmit. The evaluation is not considered completed if it is rejected in this manner and the student must comply with the timeline. However, if there are found to be inappropriate, threatening, or harassing comments, the anonymity may be decoded and the student identified in breach of professionalism.

United States Medical Licensing Examinations (USMLE)

Overview
In 1992, The Federation of State Medical Boards (FSMB) and the National Board of Medical Examiners (NBME) established a single standardized examination for medical licensure: the United States Medical Licensing Examination (USMLE). The USMLE provides a common evaluation system for assessing competency of applicants for medical licensure, regardless of country of origin, of medical school attended, or United States citizenship. The USMLE has replaced the Federation Licensing Examination (FLEX) previously used by individual states, the National Board Examiners (NBME), and the Foreign Medical Graduate Examinations (FMGE). The USMLE is given in three steps. Step 1 assesses knowledge of key concepts of basic science. Step 2 has two parts. The first part, Clinical Knowledge (CK), assesses medical knowledge and understanding of clinical science including health promotion and disease prevention. The second part of Step 2, Clinical Skills (CS), produces three component scores: an Integrated Clinical Encounter score (based on the checklist from the standardized patients and global ratings of the encounter note); an Assessment of Communication Skills, and an Assessment of English Language Skills. All three components of this part of Step 2 must be passed in order to achieve a passing score on it. A failure in one or more components will result in a failing score on the CS.

Step I, Step II CK and CS

All students are required to take Step 1 prior to clinical skills week unless permission for a deferral has been granted by Student Affairs. If a student is unable to pass this examination on the first attempt, s/he will be removed from the clerkship setting at an appropriate interval and cannot sit for any shelf exams until a passing score is recorded on Step I. If the exam is failed a second time, the student will be placed on Special Matriculation leave of absence and must appear before a sub-committee of the Promotions Committee. If the student is unable to pass Step 1 on the third attempt by the following June, s/he will no longer be able to continue at the School of Medicine and will be administratively withdrawn. Individualized plans are formulated by Student Affairs for any student who requires help with the USMLE step examinations.

All students must take and pass Step 2 (CK and CS) within three attempts. Students may take these examinations in any order, but must take both examinations prior to December 1 of their fourth year to allow time to retake the examination should it be necessary. It should be noted that some residency programs require a documentation of step II ck and/or II cs prior to ranking the student in the match (mid-February) which for CS may require a test date in early November.
With permission from the Office for Student Affairs, students with outstanding Step I scores may defer Step 2 CK until January 20 of their fourth year. There are no exceptions for deferral for Step 2 CS. Students must record a passing score on the Step II CK and CS examination on or before the third attempt. Failure to do so will result in administrative withdrawal from Mount Sinai School of Medicine. The school curriculum will provide an elective experience for study for the Step II CK examination. The required COMPASS II exercise is intended to provide feedback in preparation for Step II CS. Students identified for remediation for COMPASS II must complete the remediation successfully prior to taking Step II CS.

**Step III**

Step 3 is taken after graduation from medical school, at the end of not less than six months of internship. Step 3 scores are usually reported to the school in terms of aggregate student performance. It is quite helpful, however, if the Office of the Registrar can maintain a record of individual student performance on Step 3 for research and curricular evaluation purposes. Towards this end senior students are asked to sign a waiver so that their individual scores can be forwarded. These scores are kept confidential and used only for research purposes.

**Transcripts**

Official transcripts of courses taken at Mount Sinai School of Medicine toward fulfillment of the M.D. degree requirements will identify a grade for each course or clerkship as described above.

Written narrative evaluations are not part of the transcript and will not be duplicated or mailed with transcripts; however, all clinical narratives for clerkships completed before the beginning of Year Four are included in the MSPE which is considered a “narrative transcript.”

Students and graduates requesting transcripts can obtain the form online at [http://www.mssm.edu/students/registrar/](http://www.mssm.edu/students/registrar/). The appropriate Document Request Form, indicating the number of transcripts required and to whom they should be sent to, should be forwarded to the Registrar’s Office. Incomplete addresses will result in delay or inability to send the transcripts.

**Transcripts are provided free while in school. There is a charge of $10 per transcript, Dean's Letter, and Licensures after graduation.**

Transcripts and/or the MSPE cannot be sent out for students who are not in good standing with the medical school. This includes but is not limited to academic, financial, housing, library, and health holds. To be considered "official" a transcript must:

1. Bear the Registrar's signature.
2. Be stamped with the Seal of the Mount Sinai School of Medicine.
3. Be sent directly from the Registrar's Office to the designated person or institution.
Students may request an unofficial copy of their transcript for their personal records. This will be stamped "Student Copy" and may not be used for official purposes. Clerkship evaluations are sent to students directly by clerkship directors. Students may review the MSPE in the office with the Registrar but are not permitted a personal copy.

**Tuition**

**Overview**
Payment may be made by personal check, bank draft, or money order, drawn to the order of Mount Sinai School of Medicine. Tuition and fees may be paid in two installments: at registration in August, and at the start of the second semester in January. For payment plan and/or credit card payment arrangements, please contact Tuition Management Systems, an independent company, at (800) 722-4867. The Board of Trustees reserves the right to revise all fees, including tuition.

All financial obligations must be cleared prior to completion of each academic year. Students who have not cleared their account will not be allowed to re-register, receive a transcript or letter of recommendation, have academic credits certified, receive a leave of absence, receive other student services, attend class/clerkship for the current academic term, or have a degree conferred. There is an interest charge of one percent per month (1 percent/month) on balances not covered by financial aid and/or tuition payment plan. At the end of the academic year, unpaid balances will be turned over to an outside collection agency.

**Prepaid Tuition**
Students who wish to pre-pay four years of medical school tuition may do so at the tuition rate in effect when they matriculate. This money will be held in a suspense account and credited on a per-semester basis. The tuition rate is guaranteed for the four years, but fees, medical insurance, and other incidental expenses will be charged to the student at the prevalent rate for the year in question.

Tuition is set several months prior to the beginning of the new academic year. Tuition is subject to increase. Student Budgets are set by the institution and are based on the educational, personal, and professional needs of our students. Information regarding tuition and student budgets may be obtained in the Office for Financial Aid.

**Refund Policy**
Tuition will not be refunded by virtue of dismissal, withdrawal, or transfer, but will be prorated on a decreasing percentage basis for each semester. The percentage refund formula is as follows:

Within 1 week after registration -- refund of 75% of semester tuition
Within 2 weeks after registration - refund of 50% of semester tuition
Within 3 weeks after registration - refund of 25% of semester tuition

Thereafter, no refund will be authorized.
Repetition of Course Work

A student permitted to repeat deficient work must pay full tuition and other regular fees in effect at the time of the repetition.

A student who requires a special matriculation LOA will be charged 1 to 2 additional semesters of tuition to complete their education.

Financial Aid

General Policy
Mount Sinai School of Medicine consistently provides as much financial assistance as possible to all students who are in good academic standing, maintain satisfactory academic progress, meet filing deadlines and require financial assistance in order to attend the School. Admission to the School of Medicine is completely independent of financial requirements. Financial aid decisions are made on the basis of documented need without discrimination due to race, sex, color, creed, age, national origin, disability, military status, marital status, religion, genetic disposition, citizenship, or sexual orientation.

Applications
All students, both entering and returning, are furnished application information early in February of each year. Application materials from returning students must be completed and submitted by May 1 prior to the start of the fall academic year to be considered for Mount Sinai grant and scholarship aid. Entering first year students are also expected to complete the application process by May 1. Entering students admitted over the summer will be allowed additional time to complete their files. The MSSM form is returned to the Office of Student Financial Services along with signed copies of prior year tax returns. The Need Access and FAFSA information is submitted via the web. Medical students who are interested in applying only for Federal Stafford Subsidized/Unsubsidized loans (up to annual totals of $8,500/$32,000) and Master's degree candidates ($8,500/$12,000) can supply FAFSA data on the Web at http://www.fafsa.ed.gov. Reapplication is required annually for all loan and scholarship recipients.

Determination of Need
Financial need reflects the difference between a student and his/her family's calculated resources and financial strength and the total anticipated school related expenses for a given academic year. Mount Sinai utilizes the standard federal formula for determining financial aid eligibility. Funds will be made available through the School according to demonstrated proof of financial need. Mount Sinai School of Medicine reserves the right to reconsider its offer and commitments of financial assistance in the event of a financial award made from an outside source. (Required adjustments will be applied to the loan portion of the financial aid package wherever possible.) All Cost of Attendance Budgets are for the student only. Federal law prohibits using federal funds for the support of anyone other than the student.
The following signed statement is required of all students:

I declare that the information reported on this form is true and complete to the best of my knowledge, and that I will notify the Financial Aid Committee of any outside scholarships and of any changes that would affect the determination of need. I authorize transmittal of this form to Mount Sinai School of Medicine, which in turn has my permission to verify the information reported. I agree to submit to Mount Sinai Office of Financial Aid copies of the required federal income tax returns. Misrepresentation may subject the filer to sanctions under provisions of the United States Criminal Code.

Need Access
The Need Access application is used for medical students who want to apply for need-based scholarships and Title VII and Institutional funds. In determining financial need, the Committee requires the student to submit information via the web to the Access Group, http://www.needaccess.com. These data provide a complete financial picture for each student so that every applicant can be reviewed individually, but uniformly. Need Access collects information about the student, the student's spouse, and the student's parent(s)/stepparent(s) including a detailed description of resources, assets, and income, as well as liabilities, expenses and special circumstances. The information provides an estimate of the student's financial strength and resources, as well as an estimate of the amount the student and his/her family may reasonably be expected to contribute. Although the system acknowledges a shift in financial responsibilities at the professional school level, it nevertheless continues to recognize that the basic responsibility for financing a student's cost of education.

Entrance Interviews
As part of their financial aid package, all students will receive a Financial Aid Entrance Interview form listing their loan obligations upon graduation. They must sign, indicating they understand these obligations. Each award letter they receive will outline the terms (interest rates and repayment options) for the loans received.

Exit Interviews
Students who have been issued loans from MSSM controlled funds (Perkins, Sinai Endowments, etc.) and recipients of Stafford Loans and other federal loans will meet with a representative of the Office of Student Financial Services prior to graduation or separation. Loans will be summarized; terms of repayment, deferment and responsibility will be discussed.

Debt Management and Counseling
Throughout medical school the Office of Student Financial Services is available to discuss indebtedness, career choices, and money management issues. Graduating seniors should be aware of the requirements of the various external student loan programs in which they may have participated. It is important to maintain contact with Mount Sinai School of Medicine and the appropriate lending institutions, to understand the terms of each loan program, and to plan for repayment. Timely loan repayments are essential in establishing a good credit rating. The extent that loan indebtedness will impact on future expense budgeting can be considerable. In order to assist student in tracking loans, interest rates and various conditions of the loans, the Office of Student Financial Services suggests that one of the Web sites below be consulted for debt-management information and encourages students to avail themselves of these tools. The
methodology converts cumulative educational debts into estimates of approximate periodic repayments over a ten-year period.

http://www.aamc.org/debtmanagement

http://www.accessloans.org

**Outside Scholarships**

Students who research and obtain outside scholarships will be allowed to substitute those funds for loan funds in their standard financial aid package so far as is possible. Limited information related to some sources of financial aid may be found at http://www.mssm.edu/students/financial_aid/.

**Satisfactory Academic Progress for Financial Aid**

**Length of Time to Complete Degree**

A student will be permitted a maximum time limit to complete a degree:

<table>
<thead>
<tr>
<th>Degree</th>
<th>Normal Limit (Years)</th>
<th>Maximum Limit (Years)</th>
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<tbody>
<tr>
<td>M.D.</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>M.D. / Ph.D.</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>Ph.D. (Biological Sciences)</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>M.S. Genetic Counseling</td>
<td>1.5</td>
<td>2</td>
</tr>
</tbody>
</table>

These limits are applied incrementally, e.g., by the end of the third year of enrollment in the M.D. program a student must have completed and satisfactorily passed at least two full years of the curriculum. These time limits include any time for personal or medical leave of absence, but do not include approved periods of Special Matriculation for research or remediation.

In the Ph.D., M.D./Ph.D., and M.S. programs, benchmarks of satisfactory progress must be completed as outlined in the specific program requirements. Students who are approaching the time limit for completion will be reviewed with enough notice so that a plan is in place to enable the student to complete the requirements by the end of the time limit.
Completion of Course Requirements
A student must complete with passing grades at least 75 percent of the full-time curriculum for which s/he was enrolled in any academic year. A student who does not meet this standard will be placed on financial aid probation for one term. If the standards are not met at the end of that term, suspension of all aid is in effect until the standards are met.

Post-Graduate Medical Training

Choosing a Specialty
Although students enter medical school with preferences for particular fields, their interests and career objectives may change as they progress through the course of study. Our curriculum enables students to identify with specific role models while training in diverse specialties. Student organizations, extra-curricular activities, community service, research and electives can enhance studies and training in specific disciplines.

The Office for Student Affairs is available to students to discuss career plans during their medical education.

In addition, the Levy Library maintains a file of brochures from various residency programs. Go to the library Web site http://www.mssm.edu/library/catalogs/.

The Association of American Medical Colleges/Careers in Medicine has a comprehensive Web site www.careersinmedicine.org. You will find publications on various specialties as well as links to relevant organizations, etc.

Residency Planning

There are two processes:
1) The Application Process
2) The Match Process

1) Application: Most programs use the Electronic Residency Application Service (ERAS) for application processing. The SF Match Programs use the Central Application Service (CAS). Urology is now a participating residency program in ERAS as well as all U.S. Army & Navy PGY-1 residency programs. There is a separate match in Canada and students are encouraged to look online for additional information for those programs. ALSO, ALL EARLY MATCH PARTICIPANTS WILL HAVE TO USE ERAS WHEN APPLYING TO THE PRELIMINARY PROGRAMS.

2) Match: There are several services that match applicants’ and programs’ preferences for each other to determine residency placements. ALL STUDENTS MUST REGISTER WITH THE NATIONAL RESIDENCY MATCHING PROGRAM (NRMP); early match programs use the San Francisco Match Program (SF Match). BUT ALL EARLY MATCH STUDENTS ARE REQUIRED TO REGISTER FOR THE NRMP AS WELL. Although Urology is using ERAS as their application service, urology applicants will
enter a unique match which is early and run by the AUA. Information about the AUA match can be found on their website: [http://www.auanet.org/residents/resmatch.cfm](http://www.auanet.org/residents/resmatch.cfm)

### Useful Websites:

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<tr>
<th></th>
<th>Copy and paste the website address on the internet</th>
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</thead>
<tbody>
<tr>
<td>MSSM’s Office for Student Affairs helpful links</td>
<td><a href="http://www.mssm.edu/studentaffairs/match/handouts.shtml">http://www.mssm.edu/studentaffairs/match/handouts.shtml</a> Go to Web-Ed and look on Career Development, Year 4</td>
</tr>
<tr>
<td>San Francisco Match</td>
<td><a href="http://www.sfmatch.org">http://www.sfmatch.org</a></td>
</tr>
<tr>
<td>American Urological Association Students &amp; Residents</td>
<td><a href="http://www.auanet.org/residents/resmatch.cfm">http://www.auanet.org/residents/resmatch.cfm</a></td>
</tr>
<tr>
<td>National Residency Matching Program (NRMP)</td>
<td><a href="http://www.nrmp.org/res_match">http://www.nrmp.org/res_match</a></td>
</tr>
<tr>
<td>ELECTRONIC RESIDENCY APPLICATION SERVICE (ERAS) (PHONE:202-828-0413)</td>
<td><a href="http://www.aamc.org/audienceeras.htm">http://www.aamc.org/audienceeras.htm</a></td>
</tr>
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</table>

All senior students applying for first-year graduate level training must be appointed through the NRMP. The deans of all schools and the academic societies have agreed that a Dean's Letters of evaluation may not be sent, before November 1. There will be no exceptions. This includes the early Matches. The NRMP and the specialty matching plans have changed their timetables accordingly.

Students are honor-bound to reject efforts to accept contracts for appointment prematurely, not in keeping with the NRMP agreements they have previously signed. The determination of medical students to present a united front and to be deliberate in their choice of graduate appointments is the key to success of the plan. Similarly, institutions and their program directors are honor-bound not to entice students to accept contracts for appointments prematurely, not in keeping with the agreements they have previously signed with NRMP.
ALL STUDENTS ARE ENCOURAGED TO REPORT VIOLATIONS OF THE NRMP TO THE OFFICE FOR STUDENT AFFAIRS.

Student Portfolio

Each MSSM student has access to their unique portfolio on WebEd. Students may log in at any time to record activities in school leadership, in community service or in scholarly endeavors. The information reported will be utilized to create the MSPE at the end of Year 3.

Medical Student Performance Evaluation (MSPE)

The format and composition for the Medical Student Performance Evaluation (MSPE) for MSSM conforms to the guidelines established by the AAMC Dean's Letter Advisory Committee, 2002.

Mount Sinai School of Medicine considers the MSPE a comprehensive assessment and should be considered a narrative transcript, composed by Student Affairs based on submitted evaluations and information submitted by the student, regarding a student's performance, as compared to his/her peers, in achieving the educational objectives of the medical school curriculum. The MSPE is neither a letter of recommendation nor the school's prediction of the student's future performance in a residency program. In compiling the MSPE, only activities, including research activities, initiated after entry into medical school will qualify for inclusion in the MSPE. Activities begun earlier should be included in your CV and ERAS, and may be mentioned in letters of recommendation or, if relevant, brought up by you during an interview.

Name and Purpose

The Medical Student Performance Evaluation (MSPE) is the Dean’s Letter. The MSPE describes, in a sequential manner, a student's performance, as compared to that of his/her peers, through three full years of medical school and, to some degree, the fourth year. The MSPE includes an assessment of both the student's academic performance and professional attributes.

Composition

Final authority for composing the MSPE rests with Student Affairs; the MSPE is submitted to a committee of the Deans and Student Affairs for final approval. The process for the MSPE includes several personal meetings with each student with Student Affairs and the Medical Student Research Office.

Content

The MSPE contains six sections:

Identifying Information

1) Student's legal name
2) Name and location of the medical school

Unique Characteristics
This section includes a brief statement about the unique characteristics of the student:

1) Entry type
2) Awards and prizes
3) Leadership
4) Community
5) Hardships encountered

Academic History

1) The month and year of the student's initial matriculation in, and expected graduation from, medical school.
2) An explanation based on school-specific policies, of any extensions, leave(s) of absence, gap(s), or break(s) in the student's educational program.
3) Information about the student's prior, current, or expected enrollment in, and the month and year of the student's expected graduation from, dual, joint, or combined degree programs.
4) Information, based upon school-specific policies, of coursework that the student was required to repeat or otherwise remediate during the student's medical educator.
5) Information, based on school-specific policies, of any adverse action(s) imposed on the student by the medical school or its parent institution.

Academic Progress
This section includes information about the student's academic performance and professional attributed in preclinical/basic science coursework and core clinical and elective rotations, as follows:

1) Narrative information regarding grading in the pre-clerkship courses and documentation of student’s completion of this curriculum
2) Narrative information regarding the student's overall performance on each core clinical clerkship. This information should be provided in the chronological order in which the student completed each core clinical clerkship.

The MSSM MSPE includes an extensive review of Scholarly work which is included just prior to the final summary statement.

Summary
This section includes a summative assessment, based upon the school's evaluation system, of the student's comparative performance in medical school. The Summary Statement is determined by a numerical system that takes into consideration the USMLE Step I score, Gold Humanism Honor Society, performance on the comprehensive clinical
assessments in The Morchand Center, clerkship grades, research publications, school leadership and community service.

Appendices as per AAMC guidelines are included with the exception of no graphs are provided for comparative performance in years one and two due to our commitment to the pass/fail curriculum. Appendix C (professionalism) is provided in narrative form.

Appendix A: list of courses taken in Years 1 and 2

Appendix B: a graph for each clerkship indicating honors/pass/fail and indicating the student’s grade

Appendix C: narrative including the School’s required competency in Professionalism and incident reports are included here

Appendix D: this is a requirement of the AAMC format. The student’s quartile is determined by committee based on the parameters noted above

Appendix E: description of school curriculum and requirements (same for each student)

Student review
The MSPE, as an institutional assessment, should be considered a component of the students' academic record and, thus, be available for a student's review. The student should be permitted to correct factual errors in the MSPE, but not to revise evaluative statements in the MSPE.

Mode of delivery
The MSPE will be delivered via ERAS in a computer file compatible with an Internet-based delivery system. Arrangements are made to submit the MSPE to the SF Match on November 1.

Release date
The MSPE release date will continue to be November 1.

Student Health and Well-Being

Student Health Center

Overview
The Student Health Center is located in the new CAM building at 17 E. 102 Street, 5th Floor. It is recognized that the quality and efficiency of medical care given to students will provide standards that they may later apply in their practice of medicine. Toward this end, all interactions between students and the Student Health Center will remain confidential.

Any issues that arise concerning the delivery of health services should be addressed promptly to Student Affairs or the Student Health committee of Student Council, anonymously if desired.
Student Health provides administrative services to the school to ensure compliance for OSHA for immunizations and patient safety. The Student Health Center provides medical evaluation and treatment required for matriculation, primary and preventive care, gynecological services, tuberculosis surveillance, and acute care for medical and graduate students. Student Health handles annual physicals. Students may continue to use the SHC for illness and subspecialty referrals or may access physicians independently. Students are encouraged to seek a primary care physician, especially for chronic disorders or the coordination of consultations. There are several physicians who subscribe to the UnitedHealthcare student insurance plan. It is the students’ responsibility to know if their physician choices are in or out of network. Drs. are available at the Faculty Practice to see students in a timely manner. (212) 241-6585. It is the students’ responsibility to confirm that the physician subscribes to their insurance plan.

The Student Health Center hours are emailed to the student body regularly. The staff consists of physicians and a full-time nurse. A physician will be in attendance twenty hours per week in the Student Health Office. A weekly schedule will be posted so students can call for an appointment (ext 46023). Students may also visit the Center on a walk-in basis. For after-hours emergencies, students may be seen in the emergency room of the hospital. An IMA Attending will be available to cover emergencies. Students must bring their insurance information with them and make certain that the designated physician is in the plan. Visits will be billed to the student's insurance. If the student needs to be admitted, s/he will be given the first available bed on a semiprivate service.

All students must make arrangements to have a comprehensive physical examination done by either their private physician (and submitted to Student Health) or by Student Health prior to the start of year one — or as soon as possible upon arrival — NO later than September 12. Students are responsible for setting up their own appointment. The school may require that a student be seen by our Student Health physicians. Adhering to this and other deadlines is considered part of professionalism.

A physical examination will also be required prior to the start of Year 3.

**Student Health Center: Immunization Policy**

Immunizations are required for diphtheria and tetanus (if not administered within the past 10 years) and polio vaccine (if initial series and booster have not been given). If students do not have immune titers to measles, mumps and rubella, the appropriate vaccine will be administered. Hepatitis titers are performed on all entering students. If students do not have immune titers it is strongly recommended that students receive the new recombinant hepatitis B vaccine which is provided free of cost. Follow-up titers are performed post vaccination to verify protection. Varicella titers are performed on all entering students unable to document history of chickenpox. **Hepatitis B and varicella vaccination are strongly recommended.** At entry to medical school and on an annual basis, PPD testing for exposure to tuberculosis is performed. **Failure to do so may result in an interruption of the medical curriculum.** Students who are recent converters are managed appropriately with chest x-rays to rule out the presence of active disease and prophylaxis with medications.
Individual health information is confidential but failure to comply with student health requirements is forwarded to the Office for Academic and Student Affairs.

**Student Health Center: Insurance**

Students are required to retain health insurance. MSSM provides subsidized insurance for all students at both individual and family rates. United Healthcare for medical students provides coverage for physician and hospital services through a network of participating physicians, laboratories, and diagnostic centers. These participants are listed in the provider book, located at www.myuhc.com. There will not be any charge to you for the laboratory tests or x-rays if a participating laboratory is used. The SHC center will use the network physicians for consultation referrals but it is up to the student to verify that the provider is in network prior to the appointment (as physicians’ affiliations with insurance companies change frequently.)

Physicians who are out-of-network may be consulted, but there is a deductible before insurance payment begins and, currently, only 80% of the bill is covered by UHC. Students who become ill when the SHC is closed should utilize the emergency room. The current health insurance coverage requires a co-payment for an emergency room visit. If you are admitted through the emergency room visit, you must contact the insurance carrier and the co-pay is waived if admitted within 24 hours.

Each July, the Open Enrollment period for students takes place. During the month, students will have access to the Sinai benefits site, www.mtsinaibenefits.com to update their benefit choices. During this time period, student can enroll or disenroll in any combination of health, dental, and vision coverage. However, students must carry basic health insurance. If a student disenrolls from the Sinai plan, they must file a waiver form and present proof of insurance from another source. When a student marries, has a child, or goes off their parent's insurance policy s/he must notify the Student Services Office (Annenberg 5-05) within 30 days of that event so that the policy can be altered appropriately.

Prescriptions are available for generic and brand medications with co-payment in the Mount Sinai Pharmacy, provided the medication prescribed is in the Pharmacy formulary. Students who receive prescriptions for medications not carried by the formulary can obtain prescriptions at a local drug store.

**Dental Care**

In addition to medical health insurance, Mount Sinai makes dental insurance available to students. Students have the option of electing (each July) to sign up for an annual contract. Information on dental coverage can be found at my.uhc.com or on flyers in the Student Services Office. Another option for students is to elect to use the Mount Sinai Dental Clinic which offers basic dental care at discounted rates.

**MSSM Student Dental Coverage Process**

Coverage: Students and Spouse/Domestic partner
1) Schedule an appointment with the Dental clinic by calling (212) 659-8528.
2) Please note the time frame for getting an appointment is (2) weeks.
3) Appointments are scheduled for (1) one service at a time.
4) Print the dental form and rates available on http://webed.mssm.edu.
5) Prior to the appointment take the completed dental form to the main cashier (MC level) for the service fee payment.
6) Bring the validated dental form to the Dental Clinic on the appointment date.

**Mental Health Services**

The Director of Student Mental Health is a health psychologist and a licensed clinical psychologist.

The Director of Student Mental Health will personally provide care for students who have short-term needs and will perform initial assessments and make affordable referrals for those with long-term needs. There is a multi-disciplinary referral base to provide additional student mental health services. A Senior Consulting Psychiatrist will work the Director of Student Mental Health to assist in these referrals and in other matters. Services provided to students by the Director of Student Mental Health will not incur a bill to the student or the insurance company. Any referral for long term care will require payment according to the insurance plan or a negotiated fee (e.g. Sinai faculty).

Dr. Fatone, Director of Student Mental Health, can be reached confidentially:
Phone: 212-427-9163
Email: anne.fatone@mountsinai.org

Her services are available at two offsite locations:
1160 Fifth Avenue, Suite 112 (E. 97th St.)
280 Park Ave. South, Suite 17L (E. 22nd St.)

Mental health services provided by the Director of Student Mental Health will be treated with the same level of confidentiality as required for all patients by New York State Law and the ethics of the American Psychological Association. The only instances of information provided to school administration would be the administrative assessments which the school may request; these are always requested after discussion with the student so that it is clear beforehand what information, if any, would be shared.

Emergency psychiatric services can be initiated by contacting the psychiatrist on-call through the page operator (212) 241-5581, or by calling the Psychiatric Emergency Service at (212) 241-7147, or by direct unscheduled presentation to the emergency room; it is never necessary to call in advance.

For students preferring to seek their own Mental Health Care utilizing the the United Healthcare (UHC) coverage, regardless of setting, provider, pathway into care, “in-network” or “out-of-network” designation, then insurance pre-approval is necessary.
Under the terms of the policy it is the responsibility of the student to contact UHC and obtain pre-approval. The pre-approval dialogue is strictly between the student and the insurance company. No records of such correspondence are ever made available to the school.

To obtain pre-approval, student enrollees in the UHC plan must call: (866) 936-6007 (toll free)

To address questions and concerns pertaining to the management of insurance, the following resources are available:

- United HealthCare at (866) 936-6007 [toll free] www.myuhc.com
- MSSM Human Resources, (212) 731-7731
- Director of Enrollment Services (212) 241-2865

**Disability Services**

The Director of Disability Services, Judith Quintana, works with all Mount Sinai School of Medicine students in both the Medical School and the Graduate School to facilitate equal access for students with disabilities by coordinating reasonable accommodations through a variety of support services (ie: access modification, learning related technology, extended test times).

The goal of Mount Sinai’s Disability Services is to provide a physically and educationally accessible educational environment so that each student is viewed on the basis of ability, not disability. Individually designed accommodation plans and services are determined based on the documented needs of each student in conjunction with their program requirements and are created to match the specific disability-related need of each student.

Students who are seeking accommodations and services are required to submit documentation of their disability. The Director of Disability Services, in conjunction with an advisory group from the Medical School and Graduate School, has responsibility for determining the acceptability of documentation and reserves the right to require additional information. Students are asked to register by submitting the Application for Accommodations and Services along with disability documentation.

For any questions or to make an appointment, please contact Judy Quintana, (212) 241-8752.

Students with self-identified concerns or problems related to academic performance or learning may contact the Disability Officer to request accommodations. In general, students are welcome to seek evaluation on their own at their own expense. However, an administrative referral for students with academic challenges will be supported by the Office for Academic and Student Affairs.
Infection Control

Students may experience needle stick accidents and accidental blood/body fluid exposures during the clinical years of medical school (An exposure may be a percutaneous injury, such as a needle stick, cut with a sharp object or bite, contact of mucous membranes, contact of tissue, contact of skin when the exposed skin is chapped, abraded, or afflicted with dermatitis, or the contact is prolonged or involving an extensive area with blood or tissue or body fluids.). Anti-retroviral therapy for HIV exposure, if recommended, should commence immediately. Exposure to hepatitis B or C may require therapy or further follow-up. Care, evaluation, and expert advice must be available to students regarding relative risks, options for therapy, and follow-up. Coordination of multiple affiliate sites has been accomplished so that students have a clear idea of the protocol to follow and students receive state-of-the-art care. Students must attend annual seminars conducted by infection control experts and documentation of attendance will become a permanent part of the student's file. Students must follow protocol after a needle stick or other blood/body fluid exposure:

All policies for Infection Control at the affiliates maintain state-of-the-art standards which are reviewed regularly by the infection control experts at Mount Sinai School of Medicine and the Division of Infectious Diseases of the Department of Medicine.

All exposures should be reported to Student Health. For complete information, view the Infection Control Handbook

http://www.mssm.edu/students/infection/procedures.shtml

Student Behavior

Overview
The administration and faculty of the School are committed to providing a safe and healthy learning environment for all students. This goal is emphasized to all students upon their entry to the first year class and throughout all four years of medical education. MSSM faculty and students are committed to high standards of excellence and personal responsibility. To that end, the following codes of conduct have been implemented at the school.

Mount Sinai School of Medicine Medical Student Code of Conduct
As a student of the Mount Sinai School of Medicine, I accept the responsibility and privilege of studying medicine, helping care for patients, interacting with peers, faculty, and colleagues, serving the community, society and the profession, learning from my teachers and teaching others. I commit myself to upholding the highest standards of ethics and integrity and to act with compassion towards others. I will always strive to maintain the highest level of professionalism during my time at Mount Sinai. Throughout my career I agree to accept the following
Responsibilities, which I will apply to my academic studies, scholarly activities, and clinical encounters.

**Responsibility to the Patient**
- When participating in patient care, I will place the needs and interests of the patient above my own.
- I recognize my responsibility to be truthful with patients.
- I will treat patients and their families with respect and dignity both in their presence and in discussions with other members of the health care team.
- I will not tolerate discrimination in patient care on the basis of race, color, age, gender, religion, sexual orientation, disability, military status, marital status, sexual preference, genetic disposition, or any other legally protected status, or on the basis of socioeconomic status.
- I will interact with patients with respect for their privacy and modesty.
- I will treat patient information received as part of any educational experience as private and I will follow patient privacy and confidentiality guidelines as outlined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and state laws.
- I will regard confidentiality as an obligation of patient care. I will guard any patient care information that is shared with me and use it only for the evaluation and management of the patient or as otherwise permitted by law.
- I will limit discussions of patients to members of the health care team and other legally authorized individuals and to private settings that are removed from others’ hearing.
- I will report accurately all historical and physical findings, test results, and other information pertinent to the care of the patient.
- If I suspect that a patient may be receiving inappropriate care, I will report my concerns immediately to my supervisor.

**Responsibility to the Profession**
- I shall strive to promote the continued refinement and improvement of the practice of medicine.
- I accept that in order to maintain the community of trust, which is vital to research and clinical practice, my peers and I must commit to both encouraging professionalism and expressing concern to the appropriate parties upon witnessing a lack thereof.
- I will conduct research in an unbiased manner and will truthfully report results.
- I will not submit substantially the same written work to more than one course or for more than one examination without permission.
- I am aware that the plagiarism rules for course-related papers are just as stringent as the plagiarism rules for research papers and presentations.

**Responsibility to Society**
- I acknowledge the importance of participating in activities that contribute to improving the health of society.
- I acknowledge the importance of social and political action to advocate for important patient and healthcare issues.
- I acknowledge the significant impact of social and economic factors on health care.

**Responsibility to Faculty and Peers**
- I recognize my responsibility to be truthful with colleagues and peers.
- I will interact with all members of the health care team in a considerate and cooperative manner.
- I will not tolerate discrimination among my colleagues and peers on the basis of race, color, age, gender, religion, sexual orientation, disability, military status, marital status, sexual preference, genetic disposition, or any other legally protected status, or based on socioeconomic status.
- I recognize my responsibility to take action to ensure the virtues of professional honesty and integrity in my colleagues.
- I will uphold a classroom atmosphere and team setting conducive to learning.
- If I have knowledge of a peer giving or receiving help inappropriately I will bring the issue to the attention of the faculty, the administration, or the ombudsmen.
- I will treat my teachers with respect and dignity and if I need to challenge information I will do so in a respectful manner.
- I shall respect the directives of my superiors and will be responsible to seek changes for those requests that are contrary to my learning or to the interests of my patients.
- In an effort to resolve conflicts in a manner that respects the dignity of every person involved, I will consider the opinions and positions of others with an open mind.
- I shall not allow competitiveness with my peers to adversely affect patient care or collegiality.
- I will strive to promote wellness in my colleagues, including assuming an obligation to assist impaired colleagues in seeking professional help, and to accept such help if I am impaired.
- I will appropriately credit sources and ideas developed and work done by others in reports and in research endeavors.

**Responsibility to Self**
- I will maintain the highest standards of academic honesty.
- My demeanor, behavior, use of language, and personal appearance in the presence of patients, in the classroom, and in health care settings will be professional.
- I will recognize my limitations, admitting when I do not know something, and will seek help when I need it.
- I have an obligation to maintain my mental and physical well being in order to be effective as a physician.
- I will not use alcohol or drugs in any way that could interfere with my clinical responsibilities.
• I will not use my professional authority to engage in romantic or sexual relationships with coworkers or patients or members of their families.
• I will neither give nor receive help in examinations or assignments unless permitted by the instructor.

My Rights as a Student
• I have the right to expect clear guidelines regarding assignments and examinations, as well as to have testing environments that are conducive to academic honesty.
• I cannot be compelled to perform procedures or examinations that are unethical or endanger patient well-being.
• I have the right not to be discriminated against or harassed based on race, color, age, gender, religion, sexual orientation, disability, military status, marital status, sexual preference, genetic disposition, or any other legally protected status, or to be subjected to unwanted sexual advances or overtures from my colleagues, including those who supervise my work.
• I have the right to be challenged to learn.
• I have the right not to be abused or humiliated.

Adapted in part from “Medical Student Statement of Principles” University of California San Francisco School of Medicine. Used with permission.
(http://www.medschool.ucsf.edu/professional_development/professionalism/honor_code.aspx)

Mount Sinai School of Medicine Medical Educator Code of Conduct

Mount Sinai School of Medicine is dedicated to fostering ethical teaching practices at all levels of the education process. We have, therefore, developed the following Code of Conduct as a guide to Educators.

Responsibility to the Patient
• When participating in patient care, I will place the needs and interests of the patient above my own.
• I will treat patients and their families with respect and dignity both in their presence and in discussions with other members of the health care team.
• I will not tolerate discrimination in patient care on the basis of race, color, age, gender, religion, sexual orientation, age, disability, military status, marital status, sexual preference, genetic disposition, or any other legally protected status, or on the basis of socioeconomic status, and I will expect the same of my colleagues.
• I will interact with patients with respect for their privacy and modesty.
• I will treat patient information received as part of any educational experience as private and I will follow patient privacy and confidentiality guidelines as outlined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and state laws.
• I will regard confidentiality as an obligation of patient care and will guard any patient information that is shared with me and use it only for the
evaluation and management of the patient or as otherwise permitted by law.
- I will limit discussions of patients to members of the health care team or to other legally authorized individuals, and to private settings that are removed from others’ hearing.

Responsibility to the Student
- It is my primary responsibility to contribute to the intellectual development of each student.
- I will approach each student with a commitment to meeting his or her educational needs.
- I will uphold a classroom atmosphere and team setting conducive to learning.
- I will treat my students with respect and dignity.
- I will approach topics that students might find sensitive or uncomfortable in an open, honest, and positive way.
- I will communicate the objectives of the educational experience to students, I will seek and implement instructional methods or strategies that best communicate the material, and I will select methods of instruction that are effective in helping students to achieve the course objectives.
- I will provide course material, assignments, and class and office hour schedules in a timely fashion.
- I will adhere to written policies and practices and act on these with consistency and fairness.
- I recognize the inherent subjectivity involved in grading and will do everything possible to ensure that grading practices are as objective as possible.
- I will regard student grades, letters of evaluation, attendance records, and private communications as confidential materials. They will be released only with student consent, or for legitimate academic purposes, or if there are reasonable grounds for believing that releasing such information will be beneficial to the student or will prevent harm to the student or to others.
- I will avoid actions such as exploitation, harassment, and discrimination, which detract from student development.
- I will not use my professional authority to pressure students to take on tasks or responsibilities that are outside of the responsibilities of a medical student. I will not ask students/trainees to perform tasks of a personal nature.

Responsibility to the Profession
- I accept that in order to maintain the community of trust, which is vital to research and clinical practice, my peers and I must commit ourselves to both encouraging professionalism and expressing concern to the appropriate parties upon witnessing a lack thereof.
- I will acknowledge and document, as appropriate, the sources of information and other materials used for teaching.
Responsibility to Society

- I acknowledge the importance of participating in activities that contribute to improving the health of society.
- I acknowledge the importance of social and political action to advocate for important patient and healthcare issues.
- I acknowledge the significant impact of social and economic factors on health care.

Responsibility to Faculty and Peers

- I recognize my responsibility to tell the truth.
- I will interact with all members of the health care team in a considerate and cooperative manner.
- I will not tolerate discrimination among my colleagues on the basis of race, color, age, gender, religion, sexual orientation, age, disability, military status, marital status, sexual preference, genetic disposition, or any other legally protected status, as well as socioeconomic status, and I will expect the same of my students.
- I recognize my responsibility to take action to ensure the virtues of professional honesty and integrity in my colleagues.
- In an effort to resolve conflicts in a manner that respects the dignity of every person involved, I will consider the opinions and positions of others with an open mind.
- I strive to promote wellness in my colleagues, including assuming an obligation to assist impaired colleagues in seeking professional help, and to accept such help if I become impaired.
- I will accurately credit sources and ideas developed and work done by others in reports and in research endeavors.

Responsibility to Self

- I will maintain the highest standards of academic honesty.
- My demeanor, behavior, use of language, and personal appearance in the presence of patients, in the classroom, and in health care settings will be professional.
- I will maintain a high level of subject matter knowledge and ensure that the content of my educational experience is current, accurate, representative, and appropriate.
- I have an obligation to maintain my mental and physical well being in order to be effective as a physician and/or educator.
- I will not use alcohol or drugs in any way that could interfere with my educational and clinical responsibilities.
- I will not use my professional authority to engage in romantic, sexual, or financial relationships with students, coworkers, or patients or members of their families.
My Rights as an Educator

- I have the right to expect clear administrative guidelines.
- I have the right to appropriate administrative support to develop a curriculum and to run my course/clerkship.
- I cannot be compelled to perform tasks that are unethical or beyond my expertise.
- I have the right to a workplace free of discrimination based on race, color, age, gender, religion, sexual orientation, age, disability, military status, marital status, sexual preference, genetic disposition, or any other legally protected status.
- I have the right to expect professional development and mentoring.
- I have the right to be informed of administrative changes that effect course/clerkship schedules and curricula well in advance of the start of the course/clerkship.

Violations of the Educator’s Code of Conduct

Should a learner experience conduct that is inconsistent with the Educator’s Code of Conduct, he/she is encouraged to first address the issue with either the colleague or educator who engaged in the behavior or the director of the course/clerkship in which the educator teaches. Should this attempt to resolve the problem fail, or if the nature of the behavior is such that the learner does not feel comfortable addressing the issue with either the educator or the course/clerkship director, the student should consult with the designated ombudsman to decide upon an appropriate course of action.

Adapted in part from “Medical Student Statement of Principles” University of California San Francisco School of Medicine and “The Educator’s Code of Conduct” Penn State College of Medicine Milton S. Hershey Medical Center. Used with permission.

http://www.medschool.ucsf.edu/professional_development/professionalism/honor_code.aspx

http://www.hmc.psu.edu/college/education/conduct.pdf

Alcohol Policy

The policy of the Medical School regarding alcoholic beverages in the Patricia and Robert Levinson Student Center is as follows: Our goal is to maximize student utilization of the Center while assuring that clear policies are in place. Alcohol is permitted in the Student Center at events sponsored by student organizations under the following circumstances:

A. A student-run organization that is recognized by Student Council is sponsoring the event.
B. No student or guest under the age of 21 will be served or permitted to consume any alcoholic beverage.

C. Alcoholic beverages are not sold at the event.

D. Alcohol must not be taken out of the Student Center into other areas of Mount Sinai.

E. Serving alcoholic beverages is always in the context of serving food and non-alcoholic beverages.

F. A specific student (or students) is identified as responsible for the event.

G. The responsible student will monitor the event so that anyone who is clearly intoxicated is not served any more alcohol.

H. If a person has become intoxicated, steps should be taken to try and help the individual sober up prior to leaving the party.

I. The responsible student monitoring the event must make certain that any person that has become intoxicated will not be allowed to drive. Cab fare should be provided, if necessary, or an escort should be provided to ensure that the person gets home safely.

J. The Administrative Director of Student Affairs is notified in writing about the event at least one week in advance with the clear statement that alcoholic beverages are planned as part of the food and beverage service serving as the application for a permit.

K. Funding for alcoholic beverages will not come from tuition resources nor be supported by the Department of Medical Education budget.

There MUST be a written permit statement prior to the event and the responsible person(s) should have the permit with them at the event. The Security Department will be notified that alcohol will be served at the event. Under no other circumstances should alcoholic beverages be used or available in the Levinson Student Center. Please contact Administrative Director of Student Affairs to attain a permit or for questions.

**Personal Appearance**

In recognition of the fact that medical students are continuously in contact with patients by virtue of direct interaction on the clinical clerkships, or indirectly due to the presence of teaching facilities, it is necessary that students maintain a neat, clean personal appearance at all times. Although students in the basic science years should use their judgment relative to appropriate dress in both laboratories and lectures, students with inappropriate dress will not be allowed to engage in patient care activities. Students engaged in any patient interaction must wear white coats and identification tags clearly identifying them as medical students.
The Medical Board adopted a dress code for house staff and representatives of Mount Sinai School of Medicine. This code, outlined below, also applies to any student engaged in clinical activities.

**Men:** Dress shirt and tie, white coat (provided), slacks (no jeans), no open-toes sandals, clean, white sneakers are acceptable, no "greens" or booties beyond sterile environment*, unless properly covered, ID badges are to be worn at all times while on the premises.

**Women:** Dresses/skirts/blouses/slacks, white coat (provided), no blue or faded jeans, no bare midriffs. Appropriate shoes, no "green" or booties beyond sterile environment*, unless properly covered, ID badges are to be worn at all times while on the premises. Exceptions: In Pediatrics and Psychiatry the white jacket is optional.

*Per Infection Control guidelines: Protective attire must not be worn beyond restricted areas unless properly covered. Gowns used as covering must be tied securely in back. Long lab coats used as a cover-up must be buttoned.

**Faculty, Staff, and Student Relations**

Students are expected to behave in an appropriate and professional manner at all times. Any allegations concerning harassment, abuse, or inappropriate professional behavior should be brought directly to the attention of the Ombudsman, the Office of Student Affairs, a member of the Harassment Committee and Grievance Board, the Dean for Medical Education, or Dean for Academic and Student Affairs.

The Executive Faculty has approved the following statement of principles concerning interactions among faculty, house staff, and students:

To be a physician or a medical student is a great privilege. Any such privilege carries with it responsibilities. All interpersonal interactions at Mount Sinai School of Medicine will be conducted in an atmosphere of respect and concern for the dignity of every individual. Under no circumstances will patients, students, faculty, or staff of Mount Sinai be treated, spoken to, or spoken about in a demeaning manner. Insulting language or behavior must not be tolerated. Faculty, house staff, and students are encouraged to speak up directly and immediately against unacceptable behavior or speech. If a house officer or student feels that it would be unwise to pursue such a matter directly, s/he should discuss the issue promptly with an appropriate academic supervisor, administrative supervisor, or dean.

Following are recommendations regarding the implementation of these principles:

A. Chairs of all departments will address these issues at a departmental administrative meeting or grand rounds every year.

B. Course and Clerkship directors are encouraged to discuss (in a non-threatening format) the etiology of inappropriate behavior with faculty and housestaff and engage them in developing and implementing improvements.
C. Course and Clerkship directors will ask for student evaluations of this aspect of their experience as part of their evaluations with every group of students.

D. Faculty and house staff will be advised that while appropriate personal behavior is absolutely necessary, it is insufficient. It is also required that inappropriate behavior or language on the part of others must not go without comment.

E. The Dean will issue an advisory regarding this policy to all faculty, house staff, and students. New members of the faculty, house staff and student body will be given copies of this advisory.

F. The Executive Curriculum Committee will periodically assess students' experiences to gauge the effectiveness of this initiative.

The complete printed Policy on Harassment can be found in the Office for Student Services, and the Reserve section of the Levy Library. The complete policy is also in this Handbook in the School Policy Section. Harassment allegations will be handled in a confidential manner and, if an allegation is considered to have merit, will be addressed in a manner consistent with the School's guidelines. If a generic problem exists, students may feel more comfortable bringing this to the Student Council and/or a specific course representative.

It must be emphasized that appropriate professional behavior is expected of all members of the School of Medicine and the Hospital. Harassment in any form will not be tolerated.

Information concerning prevention of sexual assault is provided to all entering students. In addition, the library has information available concerning the legal consequences of sex offenses. A committee of the Student Council addressing housing and security exists and meets on a regular basis with Security to discuss matters of concern.

Office of Student Ombudsperson
The Office of Student Ombudsperson is available to any student to give counsel and feedback and to discuss informally any situation they have encountered and the nature of any discrimination/abuse, and so forth. This Office is a confidential resource for students except in cases where legal action is needed (e.g., unlawful discrimination or harassment, assault/harm to student or patient). The Office will also serve as the student’s advocate in situations where the student will need to file a formal report with the Harassment Grievance Committee or the police. The persons to contact are:

Helen Fernandez, M.D.
Tel: (212) 241-8910
E-mail: helen.fernandez@mssm.edu
Office Location: Annenberg 10-90

Nathan Goldstein, M.D.
Tel: (212) 241-4641
E-mail: nathan.goldstein@mssm.edu
Office Location: Annenberg 10-22

The Institutional Ombudsman is Barry Stimmel, MD who may be used as an additional resource.
School Policies

Policy on Harassment: Statement of Purpose
Harassment has become an increasingly prominent national concern in the workplace and in academic institutions. MSSM regards any behavior that is harassing, discriminatory, or abusive as a violation of the standards of conduct required of all persons associated with the academic mission of the institution. The ideal of American medical, graduate and postgraduate education is to create an environment that nurtures respect and collegiality between educator and student. In the teacher-student relationship, each party has certain legitimate expectations of the other. For example, the learner can expect that the teacher will provide instruction, guidance, inspiration, and leadership in learning. The teacher expects the learner to make an appropriate professional investment of energy and intellect to acquire the knowledge and skills necessary to become an effective physician or scientist. The social relationships required in the achievement of this academic ideal – mentor, peer, professional, staff – require the active trust of partnership, not the dependence of authoritarian dominance and submission.

MSSM is responsible for providing a work and academic environment free of sexual and other forms of harassment. The institution may pursue any complaint of harassment known to it in order to achieve this goal. A Grievance Committee (the “Committee”) was established in 1992 to serve as an educational resource to the medical school community on issues relevant to harassment and to address complaints of sexual harassment and other forms of harassment and abuse as defined below. Complaints about implementation of school policies concerning appointment, promotion, and distribution of resources, including notification requirements associated with these policies, will not be addressed by this Committee unless they involve, in addition to those complaints, an allegation of harassment or abuse as defined below. The Committee (and an appointed Investigative and Hearing Board (the “Board”) under Paragraph IV.C.2. below, if any) may only consider complaints of harassment and abuse brought by any faculty member, medical or graduate student, house staff or postdoctoral fellow against any other such member of the School community. Complaints by and against other employees of MSSM will be handled by other appropriate existing grievance mechanisms (e.g., those available through Human Resources). The Committee may act (at the Committee’s discretion) before or after other action(s) an individual may take to exercise his/her rights both within and outside the institution.

The Committee will attempt, whenever possible, to emphasize mediation and conciliation. It will rely on discreet inquiry and trust in dealing with complaints that are brought for its consideration. Confidentiality will be maintained to the maximum extent possible consistent with the need to investigate complaints and with the requirements of the law. Full cooperation with the Committee and an appointed Board, if any, is required of all members of the community.

To ensure an environment in which education, work, research, and discussion are not corrupted by abuse, discrimination and harassment, the following statement has been created to educate members of the academic community about what constitutes harassment and about the mechanism for the receipt, consideration, and resolution of complaints.
**Policy on Harassment: Definitions of Unacceptable Behavior**

Certain behaviors are inherently destructive to the relationships that are required in a community organized to provide medical and graduate education. Behaviors such as violence, sexual and other harassment, abuses of power and discrimination (based on race, color, religion, national origin, gender, sexual orientation, veteran status, age, disability, citizenship, marital status, genetic predisposition or any other characteristic protected by law) will not be tolerated.

A. **Sexual Harassment** is defined as unwelcome sexual advances, requests for sexual favors, and/or other verbal or physical conduct of a sexual nature when:

1. submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s employment or academic success.
2. submission to or rejection of such conduct by an individual is used as a basis for employment or academic decisions affecting such an individual.
3. such conduct has the purpose or effect of unreasonably interfering with an individual’s work or academic performance or creating an intimidating, hostile, or offensive work or academic environment. Sexual harassment is a violation of institutional policy and of city, state, and federal laws. Sexual harassment need not be intentional to violate this policy.

*Examples of sexual harassment include, but are not limited to:*

- sexual assault
- inappropriate sexual advances, propositions, or demands
- unwelcome physical contact
- inappropriate persistent public statements or displays of sexually explicit or offensive material which is not legitimately related to employment duties, course content, or research
- threats or insinuations which lead the victim to believe that acceptance or refusal of sexual favors will affect his/her reputation, education, employment, or advancement
  - derogatory comments relating to gender or sexual orientation

In general, though not always, sexual harassment occurs in circumstances where the harasser has some form of power or authority over the life of the harassed. As such, sexual harassment does not fall within the range of personal private relationships. Although a variety of consensual sexual relationships are possible between medical supervisors and trainees, such relationships raise ethical concerns because of inherent inequalities in the status and power that supervisors wield in relation to trainees. Despite the consensual nature of the relationship, the potential for sexual exploitation exists. Even if no professional relationship currently exists between a supervisor and a trainee, entering into such a relationship could become problematic in light of the future possibility that the supervisor may unexpectedly assume a position of responsibility for the trainee.
B. **Discrimination** is defined as actions on the part of an individual, group or institution that treat another individual or group differently because of race, color, national origin, gender, sexual orientation, religion, veteran status, age, disability, citizenship, marital status, genetic predisposition, or any other characteristic protected by law. Discrimination or harassment on the basis of these characteristics violates federal, state, and city laws and is prohibited and covered by this policy.

C. **Abuse** is defined, for purposes of this policy, as behavior that is viewed by society and by the academic community as exploitative or punishing without appropriate cause. It is particularly objectionable when it involves the abuse of authority.

*Examples of behavior which may be abusive include, but are not limited to:*

- habitual conduct or speech that creates an intimidating, demeaning, degrading, hostile, or otherwise seriously offensive working or educational environment
- physical punishment
- repeated episodes of verbal punishment (e.g. public humiliation, threats, and intimidation)
- removal of privileges without appropriate cause
- grading or evaluations used to punish rather than to evaluate objective performance
- assigning tasks solely for punishment rather than educational purposes
- repeated demands to perform personal services outside job description
- intentional neglect or intentional lack of communication
- requirements of individuals to perform unpleasant tasks that are entirely irrelevant to their education and employment that others are not also asked to perform

Constructive criticism, as part of the learning process, does not constitute harassment. To be most effective, negative feedback should be delivered in a private setting that fosters free discussion and behavioral change.

**Policy on Harassment: Grievance Committee**

A. **Purview.** The Committee is charged with addressing any complaint of harassment or abuse brought by any member of the faculty, medical or graduate student, house staff officer or postdoctoral research fellow against any other such member of the school community.

B. **Composition of the Committee.** The Committee will consist of 22 members. Among these will be two (2) with counseling experience, two (2) medical students, two (2) graduate students, two (2) house staff, two (2) faculty with administrative appointments, and two (2) research postdoctoral fellows. Faculty members of the Committee will be representative of both basic science and clinical, junior and senior faculty. Every effort will be made to have the Committee reflect the full diversity of the medical school population. The Chairperson of the Committee (the “Chairperson”) shall be a faculty member with experience in counseling
and who does not have an administrative appointment. All members of the Committee, including the Chairperson, will be appointed by the Dean after consultation with relevant groups in the school. Faculty will serve staggered three-year renewable terms; students, postdoctoral fellows, and house officers will serve renewable one-year terms.

Policy on Harassment: Grievance Procedures

A. Any member of the faculty, any medical or graduate student, house officer, or postdoctoral research fellow who believes that he or she has been harassed or abused by any other such member of the School community may contact any member of the Committee or the Chairperson to seek advice, or may submit a written complaint to the Committee. The Committee member contacted can discuss the matter with the complainant, advise the complainant of his/her alternatives in pursuing the complaint, including, if the complainant agrees (and where permitted by law), helping the complainant to resolve the complaint informally without revealing the complainant’s name. Such help may include, but is not limited to, assisting the complainant in drafting a letter to the alleged offender asking that he/she stop the behavior, or coaching the complainant in preparation for a conversation with the alleged offender. The complainant may ask the Committee member to meet directly with the person accused to seek a resolution.

If the complaint includes an alleged violation of law, the Committee member initially contacted must bring the complaint to the full Committee, the complaint must be fully documented and investigated, and a report made to the Dean.

B. Upon request of the complainant to the Committee member originally contacted, or upon receipt of written complaints to the Committee, or when required by law, the complaint, with the names of the complainant, respondent and department withheld, will be discussed by the Committee at its next regular meeting.

C. Following discussion of the complaint, the Committee has two options:
   1. It can decide that even if the allegation is true, it does not constitute harassment or abuse. The complainant will be notified of the finding and can be offered guidance and/or assistance in resolving the matter, or be referred to another, more appropriate, venue such as the Human Resources, the Faculty Relations Committee or a Tenure Review Committee to pursue the complaint.
   
   2. It can decide that the allegation is sufficiently serious to warrant further investigation. Unless previously submitted, the complainant will be requested to submit a full written account of the complaint. Upon receipt of the written complaint, the Chairperson will appoint a five-member Board and two alternates.

The Chairperson will serve as chair of the Board (or, in case of conflict of interest or other inability to serve, appoint another Committee member) and will appoint at least four (4) additional individuals and at least 2 alternates to consider the complaint. Students, postdoctoral fellows, and house staff members are to be excluded from the Board in cases involving a faculty member alleging harassment by another faculty member. In cases
involving a student, postdoctoral fellow, or house staff member (either as an accuser or accused), at least one of the members of the Board will be from the same group. Each Board will have at least one member with experience in counseling, and at least three (3) faculty.

D. Upon selection of the Board, the complainant will be notified of the names of Board members, and will have 48 hours from receipt of such notification to challenge, in writing, any member for cause. The respondent will be notified that a complaint has been brought against him/her, the name of the complainant, the nature of the complaint and the names of the members of the Board. The respondent shall also have 48 hours from receipt of notification to challenge, in writing, any member of the Investigative Board for cause. In the event of a challenge, the Chairperson will decide on the merits and replace Board members if necessary. In the event that the Chairperson is unable to appoint a sufficient number of members not disqualified for cause, the Dean will appoint additional members.

E. Investigative and Hearing Board Procedures: The preliminary stages of the investigation will consist of meetings of one or more members of the Board with the complainant, respondent, and other members of the community who might have relevant information. In the event that preliminary meetings have been held, all information obtained in these meetings will be shared with the entire Board. In all meetings, confidentiality will be stressed.

The respondent will receive the full written complaint with the supporting documentation provided by the complainant to the Board and will be afforded two weeks to provide a written response. This response will be distributed to the Board and provided to the complainant.

The Board will then hold one or more hearings which the complainant and respondent will attend, either individually or together, along with any other witnesses the Board deems relevant to the complaint. At the hearing, each of the parties may be accompanied by an advisor, who is a member of the Mount Sinai community, but who is not a lawyer, and who will not function as an advocate during the hearing.

At the close of the hearing(s), the Board will deliberate the findings without the presence of either the complainant or the respondent.

Upon concluding its deliberations, the Board will vote on whether or not there has been a violation of this policy based on a majority vote. Recommendations for remedial actions will be discussed. A full report will be drafted, including the findings, vote and recommendations of the majority. It will then be submitted to the Dean.

The Board's written report will include:

1. a determination that a violation of this policy did or did not take place
2. a listing of its findings of fact
3. a summary of the written submissions of the parties
4. a summary of testimony at the hearing
5. a summary of evidence gathered during the investigation
6. the conclusions it has drawn from this material
7. its recommendations for action to be taken by the Dean.

The Board may recommend sanctions based on the severity of the offense.

Sanctions may include, but are not limited to, verbal reprimand, written reprimand, change in job responsibilities, suspension, discharge, and expulsion.

F. Dean's Review: The Dean may accept or reject conclusions and/or recommendations of the Board. However, in the event the Dean does not accept either the Board’s conclusions or its recommendations, he/she will meet with the Board to discuss the reasons for the rejection before recording a final decision on the matter.

The Dean will convey his/her decision in writing to the complainant, respondent, and the Board.

Policy on Harassment: Protection from Retaliation

All individuals involved in registering a complaint, serving as representatives for the complainant or respondent, as witnesses, or on the Committee will be free from any and all retaliation or reprisal or threats thereof. This principle applies with equal force after a complaint has been adjudicated. Upon submission of a complaint or threat of retaliation, the Committee will review the facts and recommend appropriate action.

The Office of Student Ombudsperson is available to students as a confidential resource.

Policy on Harassment: Reevaluation of Procedures

The Committee will review the grievance procedures periodically. Proposed changes, approved by a majority of the Committee, must be reviewed and approved by the Office of the General Counsel before being implemented.

Student Government

Overview
The Mount Sinai School of Medicine Student Council is composed of 20 members: four students from each class and four graduate students (one of who is from the Genetic Counseling Masters Program). The Student Council considers all academic, financial, and other matters related to being a student in the School of Medicine and/or the Graduate School. At the first meeting in September, the Student Council will elect a Secretary from the incoming first-year class and no more than four other representatives to create the Student Council Steering Committee. At the first meeting in May of each year, after the spring election, the offices of President, Vice-
President, and Treasurer will be elected for the following year. This committee meets monthly with the Deans. As described in the section on Governance, the Steering Committee of the Student Council will oversee the development and approval of student budgets related to student activities supported by the Student Activity Fee.

A Student Affairs Committee will also be elected from the Student Council Representatives at the first meeting in September. This committee, comprised of five students, one from each class and one graduate student, meets two times each year with the Trustees’ Medical Education Committee.

For detailed information about Student Government, see:
http://www.mssm.edu/studentaffairs/studentgovernment.shtml

Subcommittees
Each of the seven subcommittees of the Student Council is expected to meet monthly throughout the year, to elect one representative to serve as a direct liaison to the Student Council and to make monthly reports to the Student Council throughout the year.

A. Social - Five students: one from each year and one graduate student. Charged with creating, reviewing, and organizing medical student social gatherings. In addition, they are charged with increasing the communication between students and faculty through social events. These students plan the annual semiformal.

B. Athletic - Five students: one from each year and one graduate student. Charged with creating, reviewing, and organizing medical student athletic gatherings. In addition, they are charged with increasing the communication between students and faculty through athletic events. They also maintain the gym in Aron Hall.

C. Library/Bookstore - Five students: one from each year and one graduate student. Charged with reviewing the media resource needs and desires of the students, and working with the director of the library and the bookstore to meet these needs and desires. They are also charged with keeping the students informed of the many opportunities of the media resources in the library through creative projects and/or events.

D. Health - Five students: one from each year and one graduate student. Charged with reviewing the state of the students' health and the state of the Student Health Services. They are to work with the director of the Student Health Services and the Associate Dean for Academic and Student Affairs to meet the needs and desires of the students and to find creative ways to keep the students informed of current health issues.

E. Housing/Security - Five students: one from each year and one graduate student. Charged with reviewing the state of the student housing and Medical Center housing/security. They are to work with the Associate Dean for Academic and Student Affairs and the Director of Security to meet the needs and desires of the students. They are also to keep the students informed of any changes in policy or other concerns through creative events and/or projects.
F. **Community Service** - Given the increased interest and participation in outreach activities by medical students, it was appropriate that this new subcommittee was initiated. Responsibilities are to:

1. report to Student Council on the activities students are taking part in
2. report any difficulties students are having in performing or organizing these activities
3. suggest ways in which the Student Council could help alleviate difficulties
4. work with groups to coordinate activities both with other student groups and with the Medical Center
5. gather information as to how certain activities were organized (contacts, special needs, etc.) so that future student groups can more easily organize similar activities
6. any other activities that the representatives deem appropriate and/or necessary.

This information is now on the [Student Council Web site](#). Election to this subcommittee is through the same general election held for other Student Council positions. There is one member from each class on this subcommittee.

**Student Representation on School Committees**

A. **Medical School Promotions Committee**

Student representation is by two students from the fourth year class, to be elected by Student Council. This committee reviews and records the progress of each medical student; makes annual recommendations to the Dean on each student in the School of Medicine with regard to promotion, non-promotion, requirement to repeat a year, leave of absence, or dismissal from the school for academic or other reasons. Each student serves a one-year term.

B. **Executive Curriculum Committee**

Student representation is by one student from each class. The terms will be for two years, spanning the first and second years and the third and fourth years. Elections will be held for these positions at the beginning of the first year and at the end of the second year. This committee defines the educational objectives of the School of Medicine, plans the academic calendar and class schedules, and examines and evaluates all segments of the curriculum.

C. **Executive Admissions Committee**

Student representation is by one student from the third-year class elected in April elections. This student will serve as a liaison between the Admissions Office and the student body regarding admissions policies, procedures, and trends in applications. The student serves a one-year term.
Mount Sinai has student representation in the following national associations: Organization of Student Representatives of the Association of American Medical Colleges, Student Chapter of the American Medical Association, the Medical Society of the State of New York, the National Medical Association, the Boricua/Latino Health Organization, and the American Medical Women's Association.

It must be emphasized that students serving on the above committees (with the exception of the Promotions Committee) have an obligation to keep their classmates informed as to the committees' deliberations, as well as to present issues of concern to the appropriate committee. Toward this end, student representatives are encouraged to hold periodic meetings with other representatives on the Student Council as well as with their class. Deliberations of the Promotions Committee, however, must always remain confidential. Student representatives must refrain from disclosing any matters pertaining to other students.

Subcommittees, student organizations or students wishing to hold a meeting should request time and space from the Office for Student Affairs so that room scheduling may be arranged.

The Patricia and Robert Levinson Student Center is scheduled using a Web-based student-run calendar system.

**The Student Council of Mount Sinai School of Medicine and the Graduate School of Biological Sciences**

A. The Student Council is composed of four representatives from each School of Medicine class and four representatives from the Graduate School.

B. The members of the Student Council will elect a President, Vice President, Secretary, Treasurer, and from two to four Representatives to the Dean who will constitute the Steering Committee of the Student Council. There must be at least one member from each School of Medicine class and one Graduate student on the Steering Committee.

C. The members of the Student Council will elect one of the representatives from each School of Medicine class and the Graduate School to attend meetings of the Board of Trustees Medical Education Committee.

D. The Student Council will oversee all Student Council subcommittees.

1. A representative from each of the Student Council sub-committees is required to present a written or an oral report of each of their meetings at the subsequent Student Council meeting.

2. At the request of the Student Council, student representatives to Committees of the Dean will be required to attend Student Council meetings. Committees that require confidentiality will not have to report to the Student Council except on general policy changes affecting students.
Library Services

Overview
The Gustave L. and Janet W. Levy Library is located on the 10th and 11th floors of the Annenberg Building. Entrance and exit are through the passenger elevator lobby on the 11th floor. Mobility impaired persons who wish access to the 10th floor of the Levy Library must make arrangements with the Library Circulation Supervisor (ext 47791).

The Library Web site provides extensive information on library programs and services.

Student Life

Access Cards
Access cards are issued by the Security Department. Lost cards may be replaced at the student's expense. Access card fee is $10.00, paid at the Main Cashier. The receipt is presented to Security Administration for replacement.

Bicycles
Bicycle racks are provided for daily use. All bicycle parking is at the owner's risk. Students must provide a lock and/or chain to secure their bicycle to the rack. The bicycle stand is located in the Icahn Building parking garage. Bicycles will not be permitted in any Mount Sinai building. Bicycles cannot be kept overnight in the parking garage.

Bookstore
At Posman Collegiate Bookstore at Mount Sinai (www.posmancollegiate.com/mtsinai), you can order medical textbooks, popular books, supplies, and Mount Sinai gifts.

Buses
The Medical Center provides a shuttle bus service for the Bronx V.A., Elmhurst, North General Hospital, Adolescent Health at 320 East 94th Street, and the 125 Street Metro North Train Station. Schedules are available in KCC 1 North and tickets may be purchased at the cashier's booth at the 98th Street garage.

Check Cashing
Students may cash personal checks up to $50 (for a fee of $1.00) at the Main Cashier window on the first floor of Guggenheim Pavilion between 9:00 A.M. and 3:00 P.M., Monday through Saturday. A fee of $10.00 will be charged for any personal checks returned by the bank. Personal checks will no longer be cashed for individuals who have submitted a "bad" check on two prior occasions. Cash vouchers may be cashed between 9:00 A.M. and 3:00 P.M., Monday through Saturday. The Main Cashier window is closed Saturday between 12:30 P.M. and 1:00 P.M., and Sundays and holidays. An ID card is necessary for any transaction.

Food Service
The cafeteria offers a variety of selections for breakfast, lunch, and dinner. Vending machines offer a variety of hot and cold foods and are available for use 24 hours a day, every day of the
week throughout the campus, with the main location being adjacent to the Plaza Cafeteria in the Guggenheim Pavilion Lobby. The cafeteria is located on the Atrium level of Guggenheim Pavilion. It is open Monday through Friday from 6:30 A.M. to 8:00 P.M., continuously. During a regular week, hot meals are available at the following times:

- **Breakfast**  
  7:00 A.M. - 9:00 A.M.
- **Lunch**  
  11:00 A.M. - 2:00 P.M.
- **Dinner**  
  4:30 P.M. - 6:30 P.M.

During weekends and holidays, continental breakfast is available:

- **Breakfast**  
  7:00 AM-9:00 AM
- **Lunch**  
  11:00 AM-2:00 PM
- **Dinner**  
  4:30 PM-6:30 PM

The Starbucks and Plaza Cafeteria are located on the first floor – hours are posted.

**Housing**

The School of Medicine has made it a priority to provide convenient housing for students. The Jane B. Aron Residence Hall at 50 East 98 Street offers modern and proximate housing for students. The 14-story building contains shared suites accommodating almost 600 people. Each suite consists of four to six private bedrooms a shared bathroom for each two rooms, a living room and a kitchen. Each room has an individual heating and air conditioning unit. Living rooms have parquet floors and large windows, and all suites are furnished. The common areas of each suite are professionally cleaned once per year. During the rest of the year the suite occupants are expected to maintain reasonable standards of cleanliness. Needed repairs or any comments related to building services should be noted in the service logbook that is kept at the doorman's desk. Extermination services should be requested regularly. Among Aron Hall's facilities are outdoor handball and basketball courts, a laundry room, and an exercise/gym room that is open to all medical and graduate students who can present their Mount Sinai student ID card.

Security provisions include doormen around the clock, a call light near the front door to summon a security guard for escort to Mount Sinai, an intercom from the lobby to all suites, and television cameras in elevators and ground floor areas. Building occupants are required to observe a number of security procedures; for example, Mount Sinai ID cards must be presented to the doorman whenever occupants are entering the building.

After 10:00 P.M., any resident who is locked out and must summon the building staff will be fined $25. (Each resident may have one free warning.)
Guests of Aron Hall occupants must be announced and accepted by their hosts, sign in at the doorman's desk when they arrive, and leave a form of picture identification with the doorman until they leave. Guests may stay for up to a maximum of three days if suitemates do not object.

Furnished and unfurnished apartments in other buildings owned by Mount Sinai are available for students who are married or in a domestic partnership. Documentation of the family size is required. MSTP students who are single may apply to move out of Aron Hall into a studio apartment after they complete their third year of school providing there is room. For further information please contact:

MSSM Real Estate Office
1249 Park Avenue, 1st Floor
New York, NY 10029
Tel: (212) 722-5096
Fax: (212) 831-3093

Student occupancy agreements are written for the term of student enrollment. A non-graduating student who wishes to permanently leave Mount Sinai housing may be released from the occupancy agreement as of June 30 of the year by requesting this in writing at the Real Estate Office on or before May 31. Non-graduating students, who vacate their Mount Sinai housing prior to June 30, or without giving proper notice, will be responsible for their rent until June 30.

Graduating students are expected to vacate their Mount Sinai housing by the Sunday following graduation.

Students are permitted to "sublet" their Aron Hall bedrooms to individuals who are or who will be affiliated with Mount Sinai if the following criteria are met:

A. Any MSSM student wishing to sublet must complete in advance the subletting agreement available in the Real Estate Office. This form requires the written agreement of the other suitemates.

B. The MSSM student is responsible for making payments to the Real Estate Division promptly during the sublet period. The party subletting pays the student the same fee. Students may not charge a higher rate than they themselves pay.

C. The MSSM student will be responsible for any damage done to the bedroom or suite.

There are a number of people who visit Mount Sinai during the summer who may be looking for short-term housing. Staff in the Real Estate Office can assist with the subletting process. Security deposits and rental fees are collected by the Real Estate Division. Occupants are charged a $25 late fee each month on any balances not paid by the 10th of each month. Students who fall more than two months in arrears will be put on "housing hold" and will not be considered to be in good standing until the situation is corrected. Transcripts, letters of recommendation, change of status, and so on are all affected by this hold. For additional information, contact, Nelson Pe, Registrar, Tel: (212) 241-5245.
Each student in a housing unit is responsible for paying his/her share of the suite's electricity charges each month. Students who fail to meet this responsibility will not be considered to be in good standing with the School.

Students living in Aron Hall who wish to transfer to other rooms within the building for the next year may apply at the Real Estate office. Forms are also available in the Aron Hall lobby for your convenience. Please note the following transfer periods and deadlines for submitting transfer requests to move from one room to another in Aron Hall. These dates and procedures have been approved by the Student Council and Student Housing Committee:

Current third-year students: October 16 to November 15
Current second-year students: November 16 to January 15
Current first-year students: January 16 to March 15

Students may move into any available, vacant room during the transfer period for their year. The other occupants of that suite do not have the right to accept or reject any applicant. Any specific problems that arise should be brought to the attention of Dale Fuller, Tel: (212) 241-8317.

For students living in Aron Hall and wishing to transfer to another room in Aron Hall, the first Aron Hall transfer is free of charge; subsequent transfers within Aron incur a $250 charge to partially offset related expenses. The transfer fee for moving within Aron Hall will be waived if two years or more have elapsed since the student's previous transfer.

Transfers from Aron to other buildings; from one building to another; from one apartment to another in the same building; or from other buildings to Aron Hall will incur a transfer fee of $300. Transfers cannot take place during the summer months due to a high level of Aron Hall occupancy by summer program participants and the need to prepare rooms for incoming students. Other restrictions may apply; please inquire. Special circumstances may be brought to the attention of the Associate Dean for Student Services and reasonable accommodation will be made where possible.

The Medical Center's insurance does not cover occupants' personal property. Students are urged to purchase renters' insurance policies or to find out if their belongings can be covered under their parents' policies.

In compliance with Medical Center policy, students may not possess illegal drugs, firearms, and/or ammunition in any facility operated by Mount Sinai. Additional housing regulations and information are contained in the occupancy agreement, in "A Guide to Living in Mount Sinai Housing," and other documents.

The Real Estate Division is open Monday through Friday, except holidays, from 9:00 A.M. to 5:00 P.M. In addition, a voice mail system will take messages during evenings, weekends, and holidays. There is a supply of commonly used housing forms (transfer requests, and so on) in the Aron Hall lobby. There is also a locked box in which you can place your housing fee payments. For any unresolved problems with residential building services or repairs, you may ask for an appointment with the Associate Dean for Student Services, who acts as liaison between students
and Real Estate. For questions about Aron Hall housing, see the Housing Coordinator in the Real Estate Office. For further information please contact:

**MSSM Real Estate Office**
1249 Park Avenue, 1st Floor
New York, NY 10029
Tel: (212) 722-5096
Fax: (212) 831-3093

**Identification**
Identification badges are issued to all students at the time of registration and MUST BE WORN AT ALL TIMES in all campus buildings and upon entering any residence hall. Students will be asked to present cards for identification at the library, pharmacy, and so on. Lost cards may be replaced for a $10 fee, payable to the main cashier. The receipt is then taken to the Security Office where a photo will be taken and a new badge issued within 24 hours.

**Laundry**
Mount Sinai School of Medicine provides students with required uniforms. First-year students are issued two jackets; third-year students are issued three jackets. The uniform room is located on the SC level of the Guggenheim Pavilion, West Tower. Uniforms may be delivered to or picked up from the uniform room on Monday, Wednesday, and Friday during the hours of 7:00 A.M. to 12:00 P.M., and Tuesday and Thursday during the hours of 12:30 P.M. to 4:30 P.M.

**Lost and Found**
Lost property should be reported to the Department of Medical Education in Annenberg 13-40 as well as the Security Control Center (Annenberg B1-70). Recovered items should be brought to the Security Control Center.

**Parking**
On-campus parking is extremely limited and ordinarily not available to students except under the following criteria:

Parking is available to third- and fourth-year students who live outside of Manhattan when they are actively involved in direct patient-care rotations. Authorization from the Enrollment Officer is required. Please coordinate arrangements in advance with the Security Department, 19 East 101st Street, first floor. Students may park at the daily rate after 5:00 P.M. on weekdays and during the day on weekends and holidays. Since there is no overnight parking permitted, all cars must be removed prior to the closing of the parking garage each morning at 1:00 A.M. The Security Department does maintain information on neighborhood garages offering daily and monthly rates. This information may be picked up from the Security Office, 19 East 101st Street, first floor.
Recreation

Recreational activities at Mount Sinai are determined by the student body and are administered jointly by the Recreation Office and two committees of the Student Council, one responsible for social activities and the other for athletic activities. Each committee is composed of one elected student from each of the four classes. At the beginning of the academic year, following discussion with their respective classes, the Committee members formulate a program of activities for the entire academic year and allocate the necessary funds. Individual students interested in a particular activity should consult appropriate class representative. Students are urged to coordinate as many activities as possible through the two Student Council committees and the Recreation Office.

In addition, the Recreation Office, (19 East 98 Street, Room 1E), also provides information about a wide range of activities. The Office offers discount tickets to Broadway and off-Broadway shows, concerts, operas, sports events and other events occurring in New York. For certain events such as the Metropolitan Opera a specific number of tickets are allocated for student purchase; each student is permitted to buy two tickets. Students may phone (ext 49531) for daily listing of available events and (x47257) for future listings. You can also find out what we have on the Web: http://intranet1.mountsinai.org/ under Employee Services then under Organizational Development Learning (ODL); also on the Internet: www.mssm.edu/recreation/. General recreational information also is available in the Recreation Office. Discounts are available for health clubs, Circle Line, Great Adventure and other amusement parks. Discount buying services are available for hotels, restaurants, car rentals, travel, magazines, and many other items. The Recreation Office maintains listings of city recreational facilities available to students (ice skating, swimming pools, tennis courts, handball courts, and so on).

The Employee-Student Activities Committee schedules a number of activities. Check with the Student Activities Coordinator at the Recreation Office (ext 46660) for more information. Students are invited to serve on this special committee.

There is a gym on the first floor of the Aron Residence Hall at 50 East 98th Street. In the back of Aron Hall there are several half basketball courts and a handball court that are available for student use.

Membership passes for the YM & YWHA are available in the Recreation Office. The "Y" has aerobic classes, basketball courts, a running track, handball courts, exercise rooms, a large swimming pool, and a weight room which is equipped with free weights, Nautilus, bikes, rowers and a stair machine. The passes may only be used by Mount Sinai students (not their guests). The Mount Sinai ID card plus the pass gains students’ admission to the "Y" for the use of facilities.

Security

The Main Security Office is located at the main entrance of the medical center. Security Guard stations are located at the entrance to all buildings on the campus. Security measures at Mount Sinai are reviewed continuously to provide a secure environment for all who use its facilities. The policy requiring all students, faculty, and employees to wear Mount Sinai identification
within the complex is implemented for protection and is enforced. The ID card must be displayed and worn upon entering all buildings and while on the premises. A student's personal security is of paramount importance. For this reason Security will, upon request, provide escorts within Mount Sinai and to on-campus residences. Call ext 46068/9 approximately 10 to 15 minutes prior to departure.

It is the policy of Mount Sinai that no equipment (microscopes, slide boxes, and so on) be removed from the premises without a Mount Sinai Property Pass. Property passes are available from the Medical Education Office during weekdays. Personal property is often the object of theft and should be protected at all times. For that reason it is required that persons leaving Mount Sinai with personal property (radios, typewriters, clothing, and so on) obtain a Personal Property Pass to expedite egress from the complex. Packages will be inspected by security officers at entrances and exits.

Security is a function that requires the cooperation of everyone associated with the Mount Sinai. Students are requested to dial "60" on any phone in the event of any emergency or when suspicious activities are observed. At other times, when the assistance of the Security Department is needed, dial ext 46068/9.

Copies of Crime Statistics for the MSSM area are available in the Security Office and the Office of the Associate Dean for Student Services. In addition, information concerning the regulations and Mount Sinai crime statistic information is available through the U.S. Department of Education web site for campus crime statistics (www.ope.ed.gov/security).

Alumni Association

The Mount Sinai Alumni encompasses graduates of Mount Sinai School of Medicine and the Graduate School of Biological Sciences, former interns, residents and fellows, as well as past and active members of the basic science and clinical faculty. The association is dedicated to promoting enduring relationships among members, furthering Mount Sinai's educational and charitable endeavors, and promoting scholarship for students and physicians-in-training. Senior students will be asked to enroll in the association upon graduation, and will receive all benefits of membership, but will not be expected to become dues-paying members of the Alumni Association until postgraduate training is completed. The Student Council selects a member to serve as student liaison to the Alumni Executive Board; however, student input and participation in alumni-sponsored programs and activities is always encouraged. The Alumni Office is located in the plaza of the Annenberg Building. Students are welcome to visit the office at any time to speak with staff.
School Policies

Affirmative Action
It is the policy of the Mount Sinai School of Medicine that all decisions regarding educational and employment opportunities and performance are made on the basis of merit and without discrimination because of race, gender, color, creed, age, religion, national origin, citizenship, disability, veteran status, marital status, sexual orientation, genetic predisposition, or any other characteristic protected by law.

In keeping with our continuing efforts to achieve a broadening of the representation of women and minority groups throughout the medical school, we have:

A. Developed an Affirmative Action Program which details actions designed to realize the School's commitment to equal educational and employment opportunities.
B. Insured our compliance with Federal, State and Local laws and regulations implementing equal opportunity objectives by meeting the spirit as well as the letter of the law and contractual requirements.

We cannot over-emphasize our commitment to the realization of these goals. Every decision affecting faculty, house staff, fellows, graduate students, employees, and medical students and other members of the medical school community rests solely on demonstrably valid criteria of merit, competence and experience.

Additional information concerning Mount Sinai's Affirmative Action Program, its interpretation and/or application may be obtained from the Affirmative Action Office located at 1245 Park Avenue, Ground Floor.

Information Sharing and Confidentiality
MSSM recognizes that confidentiality is very important to students. It is a basic right and privilege and we believe that the issue of confidentiality is part of the trust that we expect and value among students, teachers and administrative personnel. The following clarifies the protection of information related to students:

Health Information

A. All student health information is protected information. There should be no sharing of information except as provided by HIPAA for the care of the student as patient. Teachers, administrative personnel and deans may not receive health information from students’ health care providers except as provided by HIPAA.

B. There is certain information that hospitals and health care facilities require as a condition of employment. That information includes PPD, immunizations, and in some cases evidence of toxicology results. Students will be informed that that information is being shared as obtained by Student Health as composite data (we only know who does not comply with
completing this information and then would deny clinical privileges but do not know the exact results.

C. Toxicology screening is an institutional requirement. Any positive result will be reviewed by the Associate Dean for Academic and Student Affairs and the Dean for Medical Education. The school may require a toxicology screen from any student at any time without need for a stated reason. Failure to comply with toxicology testing in the timeframe required will result in dismissal from school.

D. There are times when the Administration may ask a student to comply with an Administrative Psychiatric evaluation. When it is decided that such an evaluation is necessary, the student will be informed and will be apprised of the list of questions that will be sent to an administrative evaluator (usually a psychiatrist). Students do not have the option to decline such an evaluation when required and would be dismissed or asked to withdraw from school if they fail to comply. The information referred back to the School will be discussed with the student and will remain in the student’s file in a sealed envelope which can only be opened by a Student Affairs official or if requested as a legal document.

**Academic Information**

A. Academic information is maintained by the School Registrar.
B. Students have access to their academic file for review but will not be given copies of their file.
C. The Registrar will not permit dissemination of the file information without the signed consent of a student unless required by law.
D. Current teachers and clerkship directors do not have access to the student file, only deans and student affairs personnel in the Medical School may access the file.
E. Any student wishing to review their file may do so in the presence of one of the student affairs deans or directors or the Registrar.

**Other information**

A. If a student seeks counsel from a director, dean, teacher or ombudsman that information should remain confidential between the student and that individual.
B. Any plan to discuss information (e.g., Office of Student Affairs with one of the deans) should be with the student’s knowledge and consent.
C. Exceptions to this confidentiality include concerns about the safety of the student, someone related to the student, or the student’s dependent. Safety concerns include suicidal ideation, homicidal ideation, harming another individual substance dependency, behavioral or health concerns that may affect the student or others.

**Mount Sinai E-Mail and Internet Use**

See:  [http://www.mssm.edu/library/computing/hr.shtml](http://www.mssm.edu/library/computing/hr.shtml)

[http://www.mssm.edu/studentaffairs/email_etiquette.shtml](http://www.mssm.edu/studentaffairs/email_etiquette.shtml)
Alcohol and Drugs

The following statement describes the Medical School's policy regarding substance abuse for all employees, which include faculty, administration, house staff, students, graduate students, fellows, bargaining and non-bargaining unit employees. The Medical School has a significant interest in ensuring that the work environment is free from the hazards to patients, employees, and visitors that are created due to the unauthorized use of alcohol, drugs, or controlled substances.

The illegal sale, manufacture, distribution, or unauthorized use of drugs or controlled substances off-duty whether on or off Medical School premises, or reporting to classes or clerkships under the influence of unauthorized drugs or controlled substances may constitute grounds for immediate dismissal.

The unauthorized use or possession of alcoholic beverages on medical school premises or reporting to School under the influence of alcohol also may constitute grounds for immediate dismissal.

The Medical School may in its discretion take appropriate disciplinary action up to and including termination or expulsion against anyone who has violated the above rules. In some cases, the individual in question may be referred for counseling and treatment through the Employee Assistance Program. The School is under no obligation to refer an employee who has violated the above rules to the Employee Assistance Program or to any other rehabilitation program.

Any employee or student who is suspected of being under the influence of any alcoholic beverage or drug while on duty and who refuses to be medically evaluated or to release the results of such evaluation to the medical school (as employer) or appropriate administrative officer of the School will be relieved from duty and will be subject to disciplinary action up to and including dismissal.

The Drug-Free Workplace Act of 1988 requires Mount Sinai, as a Federal grant recipient and contractor, to certify that it will provide a drug-free workplace. This is accomplished by 1) providing to each employee or student engaged in a federal grant or contract a copy of The Medical Center's Drug-Free Workplace policy and statement, and 2) requiring that as a condition of employment under such a grant or contract the employee will:

- Abide by the terms of this Statement; and
- Notify the Director of Human Resources and Labor Relations or his/her designee of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction.

A Drug-Free Awareness Program has been established to inform all employees about the dangers of drug abuse in the workplace, The Medical Center's policy of maintaining a drug-free
workplace, the availability drug counseling, rehabilitation and employee assistance programs, and the potential penalties for drug abuse violations.

The Employee Assistance Program (EAP) offers professional guidance counseling and a referral service for substance abuse, as well as other concerns, to students, employees and their immediate families free of charge. For confidential information, contact EAP at (212) 241-8937.

**Acquired Immune Deficiency**

The School of Medicine in concert with the other medical schools in the state has formally stated its commitment to accept as its most fundamental responsibility the care of all patients seen in its facilities, including those who are positive for the human immune deficiency virus (HIV). This commitment extends to all faculty, residents, and students. The School is equally committed to the education and counseling of all health care professionals including medical students, to eliminate misperceptions concerning the risks of caring for AIDS as well as the appropriate precautions to be taken for prevention of transmission of HIV, Hepatitis-B virus and other blood-borne infections.

**Family Education Rights and Privacy Act: Introduction**

The Family Educational Rights and Privacy Act (FERPA) of 1974 and its subsequent amendments afford students certain rights with respect to their educational records. Copies of this Act are available in the Office of the Registrar. As detailed below, students have the right to:

A. Inspect and review their education records.

B. Seek amendment of their education records if they believe them to be inaccurate, misleading, or otherwise in violation of their privacy rights.

C. Consent to certain disclosures of personally identifiable information contained in their education records.

D. File complaints with the Department of Education concerning any alleged failure to comply with FERPA’s requirements.

**Family Education Rights and Privacy Act: Student Access Rights**

A. All currently registered and former students of Mount Sinai School of Medicine have the right to review and inspect their official education records at the School (including, for example, admissions and academic records prepared and maintained by the Registrar) in accordance with these rules. Students who wish to review their records should make an appointment with the Associate Dean for Student Affairs or the Registrar. Access will be granted within 45 days from the receipt of the written request to inspect records.
B. Students have a right to a response to a reasonable request for explanations and interpretations of the student’s educational records. Students seeking explanations or interpretations of their educational record may make an appointment with the Associate Dean for Student Affairs. If the Associate Dean is unable to provide a satisfactory explanation, the student will be referred to the Dean for Medical Education.

C. Students may not copy records unless the failure to produce copies would prevent the student from exercising his/her right to inspect and review records. A copying fee will be charged.

**Family Education Rights and Privacy Act: Limitation on Access**

A. The Act limits a student's right to access information contained in his/her education records. Accordingly, the School need not permit students to view:

1) Financial records, including information regarding the student's parent(s), such as parental tax forms and other parental records submitted in support of a student's financial aid application or claim of New York residence.

2) Confidential statements and letters of recommendation placed in a student's file prior to January 1, 1975, provided that they are used for the purpose for which they were specifically intended.

3) Confidential letters of recommendation placed in the student's file after January 1, 1975, if:
   i. The student has waived in a signed writing his/her right to inspect and review those letters (see below); and
   ii. The letters are related to the student's (i) admission to an educational institution; (ii) application for employment; or (iii) receipt of an honor or honorary recognition.

B. Records of instructional, administrative and supervisory staff which are in the sole possession of such personnel.

C. Records of professional and paraprofessional personnel which are created, maintained and used solely for the purpose of treatment and are disclosed only to individuals providing the treatment. The student has the right, however, to have such records reviewed by an appropriate professional of his/her choice.

D. Mount Sinai does not require students to waive their right of access to educational records as a condition for admission to the School, for receipt of financial aid or other services or benefits from the School, or for any other purpose. Under certain circumstances, however, a student may wish to waive his/her right of access to confidential letters of recommendation. A student may do so by signing a waiver form. In this event, the student will be notified upon request of the names of persons making such recommendations and the recommendations will be used solely for the purpose for which they are intended. A waiver may be revoked in writing with respect to actions occurring after the revocation. Waiver forms are available in the Registrar's Office.
Family Education Rights and Privacy Act: Amendments and Hearing Rights

A. If a student believes that his/her education records contain information that is inaccurate, misleading, or in violation of the student’s rights of privacy, he or she may ask the School to amend the record. Requests for amendments shall be directed to the Associate Dean for Student Affairs, who will respond to the request within a reasonable time. If the request is denied, the student will be notified of his/her right to appeal that decision as specified below.

B. When the request for an amendment is denied, the student may request a hearing to challenge the content of the record on the grounds that the information contained in the record is inaccurate, misleading or in violation of the student’s privacy rights. Requests for hearing must be submitted in writing to the Associate Dean for Student Affairs within 10 days of receiving the Associate Dean’s response denying a request for amendment under Section A above.

C. Hearing

1) The hearing will be held before the Dean for Medical Education.

2) A hearing will be held within a reasonable time after receipt of the request for hearing. The student will be given notice of the date, time, and place of the hearing.

3) The student shall have a full and fair opportunity to present evidence relevant to show that the information at issue is inaccurate, misleading, or violates the students privacy rights. The student may be assisted or represented by an individual of his/her choice, including an attorney. The role of attorneys, however, may be limited at the discretion of the Dean for Medical Education.

4) The decision, which shall include a summary of the evidence presented at the hearing and reasons for the decision, shall be rendered in writing within 15 business-days after the conclusion of the hearing. This hearing will relate only to whether the student's record is inaccurate, misleading, or otherwise in violation of the privacy of the student, with the decision based solely on evidence presented at this hearing. The hearing cannot determine whether a higher grade should have been assigned.

D. If it is determined after a hearing that the record in question should be amended, the Office of Student Affairs will take appropriate steps to amend the record and will so notify the student in writing. The Registrar will act accordingly upon receipt of this information. If it is determined that the record is not inaccurate, misleading, or otherwise in violation of the student’s privacy rights, the student shall be informed of his/her right to place a statement in the record commenting on the contested information in the record or stating why the student disagrees with the School’s decision not to amend the record. This statement will be maintained as part of the record and will be disclosed whenever the part of the record to which the statement relates is disclosed.
E. All students have the right to file complaints to the Enrollment Officer concerning alleged failures by the School to comply with the requirements of the Act.

**Family Education Rights and Privacy Act: Release of Personally Identifiable Information**

A. **Disclosures with consent.**

1) The student shall provide a signed and dated written consent before the School will disclose personally identifiable information from the student’s educational record. The consent must (i) specify the records that may be disclosed; (ii) state the purpose of the disclosure; and (iii) identify the party or class of parties to whom disclosure may be made.

2) When a disclosure with consent is made the School will, upon the student’s request, give him/her a copy of the records disclosed.

B. **Disclosures without consent.**

1) The Act permits the School to disclose personally identifiable information from the student's education records without the student’s consent under any one of the following circumstances:

   a. To an official or duly constituted committee of Mount Sinai that requires access in connection with legitimate educational interests, including, but not limited to matters of financial aid, promotion, or consideration for election to the Lambda Chapter or Alpha Omega Alpha or other honors.

   b. To officials of another school where the student seeks or intends to enroll. Copies of records will be made available upon request.

   c. Disclosures in connection with financial aid for which the student has applied or which the student has received, if the information is necessary for such purposes as (i) to determine eligibility or conditions for the aid; (ii) to determine the amount of the aid; or (iii) to enforce terms and conditions of federal, state or private regulations governing such aid.

   d. Pursuant to a judicial order or valid subpoena. In certain cases specified by law, the School will make a reasonable effort to notify the student of the order or subpoena in advance of the compliance therewith.

   e. In connection with certain types of litigation between the School and the student.

   f. To parents of a dependent child as defined by the Internal Revenue Code.
g. In a health or safety emergency, where disclosure is necessary to protect the health or safety of the student or other individuals or as otherwise provided by FERPA.

h. In a directory, as set forth below.

i. To an alleged victim of a crime of violence, where the information disclosed is the final results of School disciplinary proceedings with respect to the crime or offense.

j. Disclosure in connection with certain disciplinary proceedings.

k. Certain disclosures to parents of a student regarding the student’s violation of any federal, state or local law, or any rule or School policy governing use or possession of alcohol or controlled substances.

l. To authorized federal, state or local officials and to accrediting bodies of the School.

2) The School will maintain a record of each request for access and each disclosure of personally identifiable information from educational records as required by FERPA regulations.

3) The School will make a reasonable attempt to notify the student of disclosures made pursuant to Section 1(a) and 1(c-l) above. Upon request, the School will give the student a copy of the record disclosed. A student has a right to a hearing to challenge certain disclosures consistent with the procedures outlined above.

Family Education Rights and Privacy Act: Directory Information

FERPAaffords a student the right, upon election by that student, to prevent disclosure of personally identifiable "directory information" contained in the student's education records, except to the extent that FERPA otherwise authorizes disclosure.

Directory Information That May Be Disclosed Without the Student's Consent

The Mount Sinai School of Medicine has designated the following information from a student's education record as "directory information," which may be disclosed under FERPA without the student's permission:

- Name
- Student Address
- Student Phone Number
- Degree Program(s) & Major Field of Study
- Degree(s) Earned and Date(s)
- Parent’s Names
Students’ contact information is included in the student directory and published through webbed.

**Steps A Student Must Take to Prevent Disclosure of Directory Information**

At matriculation, a student must sign a statement consenting to or refusing inclusion of the student’s directory information. Students may change that permission, in writing to the Registrar at the start of each academic year. Directory information about former students is not subject to these requirements.

The Mount Sinai School of Medicine and the Office of the Registrar will exercise discretion in the release of all directory information. In addition, The Mount Sinai School of Medicine does not release or sell directory information to any outside entity for commercial, marketing or solicitation purposes.

**Family Education Rights and Privacy Act: Records Kept by the Institution**

A. Admissions Files
   a. Application form
   b. Supplemental form
   c. Transcripts
   d. Letters of Recommendation
   e. Acceptance Letters
   f. Medical College Admission Test Scores

B. Academic Files (Registrar)
   a. Transcript of grades at MSSM
   b. Course, clerkship, elective and other evaluations
   c. National Board Scores
   d. Shelf Scores
   e. Dean’s Letter
   f. Correspondence and internal communications pertaining to academic and other matters

C. Financial Aid Records
   a. Application
   b. FAFSA Forms
   c. NeedAccess Forms
d. Student and Parent(s) Tax and Income Information  
e. Proof of Citizenship  
f. Draft Status  
g. Social Security Number  
h. Drug Conviction Information (if any)  

D. Bursar Records  
a. Record of Receipt of all Loans and Scholarships  
b. Record of cash paid and date paid  

Academic Records are only those official files that are kept in perpetuity in the Office of the Registrar.  

**Campus-Wide Policies, Regulations, and Requirements**  

**Introduction**  
In accordance with the requirements of the Education Law of the State of New York, the Trustees of Mount Sinai School of Medicine of New York University have adopted rules and regulations for the maintenance of order and have established a program for their enforcement:  

A. All members of the School community, which for the purposes of these Rules and Regulations shall be defined as including faculty, students, organizations, members of the staff of the School, and all visitors and other licensees and invitees are expected to obey all national, state and local laws.  

B. All members of the School community are prohibited from conduct which is proximate cause of or does unreasonably and unduly impede, obstruct or interfere with the orderly and continuous administration and operation of the School in the use of its facilities and the achievement of its purposes as an educational institution, or in its rights as a campus proprietor. Such conduct shall include, but is not limited to, that which is the actual or proximate cause of any of the following:  

   a. Unreasonable interference with the rights of others;  
   b. Intentional injury to School property;  
   c. Unauthorized occupancy of classrooms, laboratories, libraries, faculty and administrative offices, patient care facilities, auditoriums, public halls and stairways, recreational areas and any other facilities used by the School (unauthorized occupancy being defined as failure to vacate any such facility when duly requested by the Dean, an Associate Dean, Assistant Dean, Hospital Administrator of similar responsibility or chair of a department of the School);  
   d. Malicious use of or intentional damage to personal property, including records, papers and writings of any member of the School community;  
   e. Any action or situation which recklessly or intentionally endangers the mental or physical health or involves the forced consumption of liquor or
drugs for the purpose of initiation into or affiliation with any organization. The penalties set forth in Part II are in addition to any penalty pursuant to the penal law or any other chapter to which the violator or organization may be subject for violation of this paragraph.

C. Breaches of any Rules of Conduct, provisions of this Student Handbook, or other policies of the School of Medicine.

D. Violations of these policies and regulations by students shall be referred to the Dean for Medical Education and be handled as set forth in this Handbook.

Combined Programs

MD/PhD

Medical Scientist Training Program (M.D./Ph.D.)
The Medical Scientist Training Program (MSTP) was developed for students interested in a career in biomedically-related research and academic medicine. MD/PhD Students enter the program as “flexible entry” students, leaving all PhD training options open. Training is organized in 8 multidisciplinary training areas. Generally, MSTP students complete the first two years of the M.D. curriculum before beginning the research phase of the program. Students entering into the dual program take advantage of the flexibility in the School’s curricular structure to complete the graduate school’s Core curriculum (Core I Molecular Biology and Biochemistry; Core II, Cell Biology; and Core III, graduate course that is training area specific) during their first year of training. They partial substitute this work for a block of the Medical School curriculum. First year DM/PhD students also begin other portions of their graduate program -- laboratory rotations during the summers, Introduction to Journal Club and Responsible Conduct of Research. Students are required to participate in the Medical Scientist Research Seminars (MSRS), which is a special seminar series that gives MD/PhD students the opportunity to hear presentations by other MD/PhD students as well as new faculty. MD/PhD students take the other elements of the initial Medical School curriculum and thus forge bonds with both the entering PhD and MD classes. Le Laboratory Rotation helps guide MD/PhD students towards an optimal choice of preceptor and MTA. The minimum rotation period is six weeks of full-time work and students are expected to formulate a multidisciplinary training area decision on their choice of a research preceptor by the end of the summer between the first and second year in the program.

The PhD work is usually completed during the three to four years after the initial two years of the Medical School and Graduate School coursework. During the final year of PhD phase, students will participate in an intensive clinical refresher. This will involve spending one morning each week with specially chosen clinical preceptors. Students can take maximal advantage of the flexibility of timing for entry into the clinical clerkships to complete the total program without “down time,” and also position the major clinical work in closest juxtaposition to the postgraduate residency training that most MD/PhD students elect after graduation.
MD/PhD students will not be permitted to begin the third year of the Medical School curriculum after the PhD period of work unless the dissertation is both defended and deposited. The responsibility for open, realistic and careful planning is shared by the student and preceptor. This provides the maximum opportunity for the student to do the best possible job in both arenas.

MD/PhD students who return to the third year of medical school must complete the same clinical requirements as other medical students during a period of two years, which includes an appreciable amount of elective time, or in a more condensed period with less elective time. Careful planning, in consultation with the clinical advisors and MD/PhD directors, will afford students the smoothest transition back to clinical medicine. Enough flexibility also exists so that elective time may be shifted to the beginning of an academic year to allow an MD/PhD student to finish up experimental or dissertation work. Thus students are readily able to enter clerkships at various times between July and November. Many students will have completed the requirements without losing any of their clinical elective time. They may, and often do, choose to spend some of that elective time in the laboratory, continuing offshoots of their projects. Several other students have used that elective time during the final phase of the Program to explore research programs elsewhere, e.g. at the NIH. Students entering the fourth MD year should investigate the USMLE time limit set by some states for taking Step III. Students should check the USMLE website (www.usmle.org) for further details. MD/PhD students should refer to other sections of the handbook for further details on the USMLE, information on clinical career choices and residency programs.

**Multidisciplinary Training Areas (MTA)**

**Biophysics, Structural Biology and Biomathematics (BSBB)**

Program Directors: Roberto Sanchez, PhD and Roman Osman, PhD

This program aims to provide training in quantitative approaches to problems in biology and biomedical sciences, based on the methods of the physical and mathematical sciences. It will provide opportunities for the conceptual, methodological and practical foundations needed for research careers in modern biophysics, structural biology and biomathematics.

**Cancer Biology (CAB)**

Program Directors: James Mandfredi, PhD and Matthew O’Connell, PhD

This training program combines research in the biology of cancer with a curriculum that challenges trainees to consider how their research may be translated into improvements in the diagnosis and treatment of cancer.

**Developmental and Stem Cell Biology (DSCB)**

Program Directors: Margaret H. Baron, MD/PhD and Robert Krauss, PhD

Developmental biology addresses a fundamental question: how do organisms develop from zygotes? As a discipline, developmental biology encompasses genetics, cell biology, physiology
and evolution; as an area of current biomedical research, it provides insights into complex processes that, when disrupted, result in disease.

**Genetics and Genomic Sciences (GGS)**

Program Directors: Martin Walsh, PhD and Peter Warburton, PhD

This program offers students the opportunity to conduct research in the areas of genome organization and evolution, mechanisms of gene regulation, informatics and genome analysis, gene discovery and characterization, the molecular pathology of genetic diseases, and gene therapy. All organisms and genetic mechanisms are included.

**Immunology (IMM)**

Program Directors: Patricia Cortes, PhD, and Adrian Ting, PhD

The goal of this training area is to provide students who are interested in immunology with a rigorous and flexible program. Students will be given the individual intellectual and technical skills required to become outstanding scientists in the field of immunology.

**Microbiology (MIC)**

Program Directors: Domenico Tortorella, PhD and - Thomas Moran, PhD

This program provides research training in areas such as antivirals, autoimmune disease, bacterial genetics, environmental microbiology, gene therapy, immunology, molecular virology, oncogenesis (cellular/viral), nucleic acid technology, signal transduction and vaccine development.

**Neurosciences (NEU)**

Program Directors: Stephan R.J. Salton, MD, PhD and George Huntley, PhD

The goal of this graduate program is to provide a broad background in the field of neuroscience, from molecules to behavior, while allowing the student to focus on the research project in a specific area such as molecular neurobiology, neurochemistry, neuroendocrinology, neuroanatomy, and neurophysiology, among others.

**Pharmacology and Systems Biology (PSB)**

Program Director: Maria Diverse, PhD and Stuart Sealfon, MD, PhD

This program will train students in integrated approaches to a systems level of understanding the physiology and pathophysiology of human diseases and how key molecules and pathways can be targeted for therapeutic purposes.
The Mount Sinai MSTP is partially funded by a Training Grant from the National Institutes of Health. Additional MSTP students are supported by Mount Sinai Fellowships and certain foundation awards.

Students who did not matriculate in the dual program at the time they entered medical school may apply to the Program during the second year of medical school. Application forms can be obtained from the Graduate School Office at Mount Sinai.

**Combined M.D./M.P.H.**

Beginning in September 1995 Mount Sinai School of Medicine offered a Master of Science (M.Sc.) degree in Community Medicine to selected incoming medical students. In 2003 permission was received to grant a degree of M.P.H. – Masters' in Public Health. The degree is designed to produce a new generation of leaders in preventive medicine and provides advanced training in the population-based medical sciences.

The program consists of 39 credit hours with 12 credits from required courses in behavioral science, environmental/occupational medicine, epidemiology and biostatistics, and health services management and research. The required courses are scheduled during hours allocated to elective time in the first and second year of the M.D. program. An additional four credits are awarded upon completion of the epidemiology and biostatistics course and primary care clerkship taken by all medical students. Twelve credits are earned during master's thesis advisement. The remaining 11 credits are earned in elective courses taken in the summer or during time scheduled for medical school electives. All M.P.H. course work is also counted for elective towards the M.D. degree.

The MPH tuition for joint M.D.-M.P.H. students is $16,223/year for the first two years of the program for a total additional tuition of $32,445. This tuition cost is taken into account when determining eligibility for financial aid loan packages. For further information about the program or to apply, contact Dr. Emily Senay, Director, Master of Public Health, Box 1043, Mount Sinai School of Medicine, One Gustave L. Levy Place, New York, NY 10029. Applicants to this program are considered on the basis of the application submitted for the M.D. program, possibly supplemented by a personal interview. No separate paperwork or application fee is required.

**Combined M.D./M.S.C.R**

Mount Sinai’s Master of Science in Clinical Research Program was approved by New York State in 2003 as a two year part-time program to offer training to fellows and junior faculty in clinical research methodology. As interest by medical students in clinical research grew, the program was expanded to provide our medical students with the opportunity to earn a dual MD/MSCR degree.

The curriculum includes courses necessary to do independent patient oriented research, such as: Designing Clinical and Public Health Research Studies, Introduction to biostatistics, Multivariable Analysis, Professionalism and Ethics in Clinical Research, and Bioinformatics. Students also have the opportunity to take electives courses from the other Graduate School
programs, including the Master of Public Health, Master in Genetic Counseling, and Graduate School of Biological Sciences. These courses cover a broad array of disciplines and methods across the full spectrum of clinical and translational research. The program is designed to enable participants to translate the discoveries about the mechanisms underlying disease, made in the laboratory, into new approaches to prevention, diagnosis, prognosis and treatment of disease. Moreover, the dual-degree aims to make these new approaches part of clinical practice.

Interested students should contact Karen Zier, Ph.D., Associate Dean for Medical Student Research, (212) 241-4429

**Combined Oral and Maxillofacial Surgery (O.M.S.) Residency and Medical Doctorate (M.D.) Program**
The division of Oral and Maxillofacial Surgery at Mount Sinai in conjunction with Mount Sinai School of Medicine sponsors a six-year combined O.M.S./M.D. training program that is characterized by a broad educational experience. Dental school graduates apply for advanced standing jointly to the Oral Maxillofacial surgery residency program and into the second year of the Medical School. At the completion of the program, the participants will have completed all the requirements for board eligibility to the American board of Oral and Maxillofacial Surgery, received an M.D. degree and completed one year of general surgical training (PGY-1).

**Master's Programs**

**M.S. Degree in Genetic Counseling**
The Mount Sinai School of Medicine's Genetic Counseling Program is a 19-month, full-time course of study designed to train future genetic counselors through intensive course work and a variety of clinical placements. Mount Sinai School of Medicine's Department of Human Genetics, a large multi-disciplinary center providing clinical and laboratory services to a wide range of patients and families sponsor the program. The faculty is on the forefront of research in the diagnosis and treatment of genetic disorders and has a proven commitment to the field of genetic counseling and to the families we serve. The integration of academic and clinical disciplines within one of the country's preeminent medical schools provides an ideal environment for the Masters Program, affording students unparalleled opportunities for study, research, and practice in the challenging and exciting field of human genetics and genetic counseling. Tuition for the 2003-2004 entering class is $20,000 payable in three installments of $7,000, $6,500 and $6,500. Contact:

Randi Zinberg  
Department of Human Genetics

**M.A. in Biomedical Ethics**
In conjunction with the City University of New York, a Master's Degree in Biomedical Ethics is offered.
Rosamond Rhoades, Ph.D.
Office: Annenberg 12-53
Tel: (212) 241-3757.

Special Programs of the Mount Sinai School of Medicine

Humanities and Medicine Program
The Humanities and Medicine Program provides a path to medical school that offers maximum flexibility in the undergraduate years for students to explore their interests in humanities and social sciences at top liberal arts colleges and research universities. The program assures highly motivated undergraduates admission to Mount Sinai School of Medicine upon successful completion of program requirements and graduation from their undergraduate program. MCAT's are neither required nor permitted. Interested students should contact:

Mary R. Rifkin, Ph.D.
Box 1632
Mount Sinai School of Medicine.