



# Medical Student Handbook

*2015-2016*



**Icahn  
School of  
Medicine at  
Mount  
Sinai**

## July 2015

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. No provision of this Handbook should be construed as creating any contractual obligation. Handbook updates are typically done twice an academic year.

For questions about the handbook please reach out to:

### **The Department of Medical Education**

Annenberg 13-30

212-241-6691

**Our mission is to produce physicians and scientists who are prepared to enter society as informed advocates and activists, able to advance clinical care and science, and capable of promoting change**

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# Greetings from the Deans

On behalf of the Trustees, the Administration, the Faculty, and the Staff of the Icahn School of Medicine at Mount Sinai (ISMMS), we welcome our 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 Icahn School of Medicine 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 Icahn School of Medicine at 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. Icahn School of Medicine at Mount Sinai prides itself on being recognized as the medical school which promotes the well-being of its medical students through a healthy and affirming educational environment.

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 Department of Medical Education, 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.

Dennis Charney, MD

Dean, Icahn School of Medicine at Mount Sinai

David Muller, MD

Dean for Medical Education

# About Mount Sinai

## *History*

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On January 15, 1852, nine men representing a variety of Jewish charities met to discuss a shared vision of free medical care for indigent Jews in New York City. In 1855 that vision came to fruition with the establishment of the 45-bed Jews' Hospital in New York in what was then a rural neighborhood on West 28th Street between Seventh and Eighth Avenues.

Although the Hospital was intended as a sectarian institution, the Jews' Hospital accepted emergency patients of any religious affiliation. In its first year of operation, the majority of patients were foreign-born. The hospital was expanded during the Civil War to accommodate Union soldiers.

As the Jews' Hospital was a charitable enterprise, its directors relied on the gifts of friends and members, as well as payments from the state and city, to provide enough to subsidize care. To maintain its eligibility for state and city support, the Jews' Hospital formally abandoned its sectarian charter in 1866 and was renamed The Mount Sinai Hospital. Its patient base, however, remained predominantly Jewish. In 1872, it moved to a new 120-bed facility on Lexington Avenue, between 66th and 67th Streets, nearly tripling its original capacity.

Since its founding, The Mount Sinai Hospital has moved three times, and with each move came an expansion of services. The first buildings at its current 1,171-bed location on Fifth Avenue at 100<sup>th</sup> Street were dedicated in 1904.

In the late 1950s the Hospital began plans to establish its own medical school, an unusual move for a hospital. With its chartering in 1963, Mount Sinai School of Medicine became the first medical school to grow out of a non-university in more than 50 years. The fact that the Hospital was encouraged to found a school is a testament to its tradition of excellence in patient care as well as research.

Mount Sinai School of Medicine opened in 1968 in affiliation with The City University of New York. In building the medical school, trustees envisioned a new kind of medical institution — a university of health sciences. This new institution would encompass a medical school supported by a strong teaching hospital, a graduate school of biologic sciences, a graduate school of physical sciences, and an undergraduate school representing allied health fields

The students in the newly formed Mount Sinai School of Medicine consisted of 36 first-year students, a third-year class with 23 students and 19 graduate students.

In January 2013 Mount Sinai School of Medicine was renamed the Icahn School of Medicine at Mount Sinai.

Icahn School of Medicine at Mount Sinai ranks among the top 20 medical schools in receipt of National Institute of Health grants.

## *About the Mount Sinai Health System*

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The Mount Sinai Health System is an integrated healthcare system providing exceptional medical care to our local and global communities. Encompassing the [Icahn School of Medicine at Mount Sinai](#) and seven hospital campuses in the New York metropolitan area, as well as a large, regional ambulatory footprint, Mount Sinai is acclaimed internationally for its excellence in research, patient care, and education across a range of specialties. The Mount Sinai Health System was created from the combination of The Mount Sinai Medical Center and Continuum Health Partners, which both agreed unanimously to combine the two entities in July 2013.

## ***Affiliated Institutions***

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Icahn School of Medicine at Mount Sinai currently has academic affiliation with several institutions, not limited to, but including Atlantic Health, the Bronx Veterans Affairs Medical Center; Elmhurst Hospital Center; Englewood Hospital and Medical Center; The Brooklyn Hospital Center and the Jewish Home and Hospital. 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 Icahn School of Medicine at Mount Sinai. The newest affiliate includes the Atlantic Health System with diverse and dedicated educational opportunities for Icahn School of Medicine 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 Icahn School of Medicine at Mount Sinai 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 healthcare 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.

### **The Brooklyn Hospital Center**

Founded as the borough's first voluntary hospital, The Brooklyn Hospital Center is a 464-bed community teaching hospital, and provides a full range of primary, specialty, diagnostic and tertiary care with a team of outstanding physicians, nurses and staff. TBHC services almost 300,000 annual patient visits throughout Brooklyn. Located in the heart of Downtown Brooklyn, TBHC is a clinical affiliate of The Mount Sinai Hospital and an academic affiliate of The Icahn School of Medicine at Mount Sinai. TBHC has fully accredited, independent residency programs in emergency medicine, internal medicine, general surgery, obstetrics and gynecology, pediatrics, pharmacy, family medicine, general dentistry and oral and maxillofacial surgery. TBHC trains more than 250 physicians each year.

## ***Statement of Accreditation***

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Icahn School of Medicine at Mount Sinai is regionally accredited by Middle States Commission on Higher Education, 3624 Market Street, Philadelphia, PA 19104; 215-662-5606. The Middle States Commission on Higher Education is an institutional accrediting agency recognized by the U.S. Secretary of Education and the Council for Higher Education Accreditation.

Icahn School of Medicine at Mount Sinai is accredited by the Liaison Committee on Medical Education of the Association of American Medical Colleges and the American Medical Association. Its teaching hospitals are accredited by the Joint Commission on Accreditation of HealthCare Organizations.

All educational programs of the School of Medicine and its affiliated institutions have been approved by the governmental, academic, and professional bodies having responsibility in the respective areas. These include the Board of Regents of the State of New York, the State Education Department, the Board of Higher Education of the City of New York, Council on Education for Public Health, American Board of Genetic Counseling, and medical specialty boards and professional societies.

# Student Resources

## *Student Health and Well-being*

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The Icahn School of Medicine is committed to the health and well-being of all its students in the domains of intellectual, emotional, physical, social, spiritual, occupational and environmental well-being ([Vanderbilt](#), 2015). Wellness initiatives at the School include participation in Depression Screening Day, inclusion of Flex Time into the curriculum, and creation of longitudinal programming within InFocus weeks. Additionally, the Department of Medical Education partners closely with student groups, such as the Wellness Committee, Students for Integrative Medicine, and Student Council and also partners with faculty to integrate wellness into all aspects of the curriculum and to promote wellness on a day-to-day level.

Additional resources for students include the Student Health Center and Student/Trainee Mental Health, which are described below.

## *Student Health Services*

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### **Student Health Center**

The Student Health Center (SHC) is located in the Center for Advanced Medicine (CAM) building at 17 E 102 St, 4th Floor, Room D4-246. The Student Health Center provides administrative services to the School to ensure compliance for Occupational Safety and Health Administration (OSHA), for immunizations and patient safety. The Student Health Center provides medical care for all medical and graduate students, including primary and preventive care, gynecological services, tuberculosis surveillance, travel medicine, and acute care. Students may come to Student Health for annual physicals, urgent sick visits, or subspecialty referrals or they may choose to access physicians independently. Students are encouraged to seek a primary care physician, especially for chronic disorders or the coordination of consultations.

The Student Health Center hours are posted on the school website and the office can be reached at 212-241-6023 (extension 4-6023). The staff consists of three physicians and one fulltime nurse. Appointments are scheduled via the MARC system in Blackboard and walk-ins are accepted as the schedule permits. For weekend or after-hours emergencies, students may be seen in the Mount Sinai Urgent Care (<http://www.mountsinai.org/patient-care/service-areas/urgent-care>) or in the hospital Emergency Department. 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, but the student remains responsible for any co-payments or for any services not covered by their insurance.

All students are required to have a comprehensive physical examination performed by a physician prior to the start of their enrollment. Students are responsible for completing all mandatory health care forms on the enrollment website and submitting them to the Student Health Center prior to matriculation.

For students enrolled in the MD program, a health assessment or physical examination will be required annually. Adhering to this and other deadlines is considered an obligation in order to remain a student in good standing. The School may require that a student be seen by our Student Health physicians as part of an administrative evaluation (see Administrative Psychiatric Evaluation section of the handbook).



## Breastfeeding Lounge and Warmline

The Breastfeeding Lounge (1184 Fifth Avenue, Room 404) is available to employees and students needing to pump breast milk in a discrete space. Additionally there will be a private room available on the first floor of Annenberg for medical or graduate students for this purpose. Students will be able to reserve specific times. The Warmline is staffed by professional lactation consultants who assist with breastfeeding issues. Call extension 212-241-6578 for information.

## Immunization Policy

Immunization requirements are outlined on the enrollment website. Immunizations are required for diphtheria, tetanus and pertussis (if not administered within the past 10 years) and polio (if initial series and booster have not been given). If students do not have proof of immunity to measles, mumps and rubella, varicella, or Hepatitis B, the appropriate vaccine will be administered and follow up titers will be performed to verify protection. Failure to adhere to the immunization requirements will result in an administrative leave of absence until the student is in compliance.

Upon enrollment at the Icahn School of Medicine, students must have an annual PPD test to screen for exposure to tuberculosis. Annual PPD testing is required of all students. Students can obtain their annual through the annual PPD fairs, and it is the student's responsibility to maintain compliance. Students with a history of a previously positive PPD must submit a copy of a chest x-ray report dated within six months of enrollment. Annual screening will subsequently be performed with a symptom-based checklist and annual chest x-rays are not required. **Failure to adhere to tuberculosis screening will result in an administrative leave of absence.** Students will not be allowed to continue in classes, clerkships, or perform research in their assigned labs. Students who are recent converters will be managed appropriately with chest x-rays to rule out the presence of active disease and prophylaxis with medications. Failure to follow appropriate treatment will result in dismissal from the institution.

Individual health information is confidential; however, non-compliance with the above regulations will be forwarded to the Registrar for a "student health hold," and to the individual Program Directors for the Graduate School, or to the Senior Associate Dean of UME & Student Affairs for the School of Medicine.

## Student Health Insurance

All students are required to retain basic health insurance. Icahn School of Medicine provides insurance for students at both individual and family rates. Students may choose to add optional dental and/or vision plans. Election of the plans takes place upon enrollment and may be changed each June for the next academic year. Students who wish to waive enrollment in the Icahn School of Medicine insurance plan must register for a waiver and provide proof of insurance. Students are strongly encouraged to research the availability and ease of accessing insurance providers in the NY area; for instance, California's Kaiser Insurance is not accepted locally.

The Icahn School of Medicine at Mount Sinai insurance plan provides coverage for physician and Hospital services through a network of participating physicians, laboratories, and diagnostic centers. The SHC 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). There should not be any charge to students for laboratory tests or x-rays if a participating laboratory is used.

Prescriptions are available for generic and brand medications with co-payment in the Mount Sinai Employee 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.

Each June, the open enrollment period for students takes place. During the month, students who wish to make adjustments to their insurance coverage will be able to update their benefit choices. During this time period, students enroll or disenroll in any combination of health, dental, and vision coverage. However, students must always carry basic health insurance. If a student disenrolls from the Icahn School of Medicine plan, they must file a waiver form in

the Enrollment Services Office and present proof of insurance from another source. Students who anticipate an eminent change in insurance needs should consult with a member of the Enrollment Services staff for guidance. When a student marries, has a child, or goes off their parent's insurance policy he or she must notify the Enrollment Services Office immediately following that event so that the policy can be altered appropriately.

Coverage will be terminated by the School upon graduation or if a student does not re-enroll for the next academic year.

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

- 877-480-4161 [toll free]
- 855-821-9713 [customer service number]
- <https://www.aetnastudenthealth.com/>

## Dental and Vision Care

Students have the option to elect dental and/or vision coverage at their expense. Policy information is available in the Office of Enrollment Services. The same annual enrollment dates for medical coverage enrollment also pertain to dental and vision coverage.

## *Student/Trainee Mental Health Service*

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Access to confidential mental health services is available to all students through the Student/Trainee Mental Health. Services include consultation, psychotherapy and counseling, medication management, and referral, and cover a wide range of mental health issues. Students most commonly seek treatment for adjustment difficulties, burn-out, depression, anxiety, and attentional symptoms. The Student/Trainee Mental Health Team will provide care for students on a short-term basis (up to 12 sessions per year). Treatment through Student/Trainee Mental Health will not incur a bill to the student regardless of his/her insurance plan. For students seeking long-term services, or for those who would prefer to see a provider outside of Mount Sinai, Student/Trainee Mental Health will perform initial assessments and provide referrals from a multi-disciplinary base. Any treatment outside of Student/Trainee Mental Health will require payment according to the student's insurance plan or to a fee negotiated with the outside provider.

Services through the Student/Trainee Mental Health are 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. Confidentiality is strictly and carefully protected, and any personal medical or psychiatric information will not be released without written consent from the student. The only instance in which confidentiality can be broken is if a student is believed to be a danger to himself/herself or to someone else.

Students may request an initial appointment with Student/Trainee Mental Health by sending an email that briefly describes the reason for the request to the following address: [STMH@mssm.edu](mailto:STMH@mssm.edu)

Additionally, all members of the Student/Trainee Mental Health Team can be reached confidentially:

- Dr. Jeffrey Newcorn, Psychiatrist, Director of Student/Trainee Mental Health at [jeffrey.newcorn@mssm.edu](mailto:jeffrey.newcorn@mssm.edu) or 212-659-8705
- Dr. Sarah Hodulik, Psychiatrist, Student/Trainee Mental Health at [sarah.hodulik@mssm.edu](mailto:sarah.hodulik@mssm.edu) or 212-659-8851
- Dr. Evan Leibu, Psychiatrist, Student/Trainee Mental Health at [evan.leibu@mssm.edu](mailto:evan.leibu@mssm.edu) or 212-659-8726

Emergency psychiatric services can be initiated by contacting the psychiatrist on-call through the page operator at 212-241-5581, by calling the Psychiatric Emergency Service at 212-241-5637, or by direct presentation to the Emergency Room.

## *Disability Services*

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The Director of Disability Services, in conjunction with an advisory group from the Medical School and Graduate School, works with all Icahn School of Medicine at Mount Sinai students to facilitate equal access for students with disabilities by coordinating reasonable accommodations through a variety of support services (i.e., access modification, learning-related technology, extended test times).

The goal of 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 with those program requirements in mind.

Students who are seeking accommodations and services are required to submit documentation of their disability. The Director of Disability Services, 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. Students requesting academic accommodation for a disabling condition must be approved for the academic accommodation prior to the date of exam(s) or course assignments and deadlines. Accommodations cannot be made retroactively once approval is granted by the Disability Officer.

For any questions or to make an appointment, please email the Disability Officer, Mary Olsen, at [mary.olsen@mssm.edu](mailto:mary.olsen@mssm.edu).

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, administrative referrals for students with academic challenges will be supported by the Office for Student Affairs in the School of Medicine. For Graduate School Students, the Associate Dean supports referrals.

## *Medical Liability Coverage*

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Icahn School of Medicine at Mount Sinai provides medical students with medical liability when providing medical services as a part of approved educational activities. Students are not covered while participating in unapproved activities or rotations. During students' third and fourth years, coverage does not apply for an activity unless the entire registration process has been followed and the activity has been officially listed on your schedule. To assure that you are covered for a specific activity, inquire in the Registrar's Office. When rotating outside the School of Medicine, you may be requested to provide a letter from the school showing proof of coverage. That letter may be obtained for the Assistant Registrar in Annenberg 13-30.

## *Infection Control*

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All students are held to The Mount Sinai Health System's Infection Control Policies and Procedures. During orientation, students will be introduced to these policies and procedures. Further training is coordinated by each degree program.

Students who experience needle stick accidents and accidental blood/body fluid in the School of Medicine will be supported (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.). It is

expected that students follow the published protocols immediately as 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 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 standards which are reviewed regularly by the infection control experts at Icahn School of Medicine at Mount Sinai 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://students.mssm.edu/infection/>

## *Library Services*

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### Academic Informatics and Technology

#### Academic IT Support Center

The Academic IT Support Center (ASCIT) provides technical support to Icahn School of Medicine. It is available for consultation in person on the 11<sup>th</sup> floor of the Annenberg building, room ANB 11-39, via email at [ASCIT@mssm.edu](mailto:ASCIT@mssm.edu), and by phone at 212-241-7091, Monday through Friday from 8:00 am to 8:00 pm; Saturday from 9:00 am-5:00 pm and Sunday from noon to 8:00 pm.

The Support Center assists students, faculty, and staff in many ways, including:

- Distribution of site-licensed software
- Assistance with resolving hardware and software computing issues
- Scheduling of work orders for hardware repairs
- Assignment of network logins and email accounts for users on the School's computing network
- Reservation of classroom spaces

#### Instructional Technology Group

The Instructional Technology Group (ITG) as part of Academic Informatics and Technology provides a variety of services to enhance teaching and learning for the advancement of the academic and research mission of the Icahn School of Medicine at Mount Sinai. ITG leverages its wide range of staff expertise in the areas of technology, pedagogy, and design to assist faculty, students, and researchers in effective utilization of instructional technology solutions.

ITG supports instructional technology solutions that contribute to the teaching, learning, and research excellence of the Icahn School of Medicine at Mount Sinai through the following services:

- Learning Management System (Blackboard)
- Lecture Capture (Echo360)
- Instructional Design (ISMMS)
- Instructional Design (Online)
- Academic Medical Illustration
- Imaging

## *Levy Library*

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The mission of the Gustave L. and Janet W. Levy Library is to support the clinical, educational, and research programs of the Mount Sinai Health System. The Library, located on Annenberg 11, provides an inviting and modern environment designed to facilitate research, study, and collaboration. The Library offers 80 networked public workstations and two computer classrooms. Librarians work with students, faculty, and staff through their instructional program, by answering user questions and by making available an extensive array of materials to support education, patient care, and science.

Reference questions can be submitted via email at [Refdesk@mssm.edu](mailto:Refdesk@mssm.edu), by phone at 212-241-7793 or in person.

The Library's collection of e-resources, available both on and off-campus, consists of over 13,000 e-journals in the biomedical sciences, approximately 125 databases, and a rapidly growing collection of e-books. Off-campus access to electronic resources requires a login using your Icahn School of Medicine credentials. A core print collection of textbooks and monographs is also maintained. Course Reserve print materials are located at the circulation desk, and Course Reserve e-books can be accessed from <http://libguides.mssm.edu/reserves/>.

<http://library.mssm.edu>

### Mount Sinai Archives & Records Management Program

The Mount Sinai Archives & Records Management Program manages the records – in all formats – that are created or received by Mount Sinai in the official course of business. This management spans the lifecycle of the record from creation/receipt until destruction, with those records that are designated as historically important deposited in the Mount Sinai Archives.

Documentation, including paper records, oral histories, video recordings, photographs, artifacts and memorabilia relating to The Mount Sinai Hospital, Icahn School of Medicine at Mount Sinai, The Mount Sinai Health System and predecessor institutions are available in the Archives, including the original minutes of the Hospital Board dating from 1852. Questions about the retention and storage of Mount Sinai's active or inactive records can be answered by the Records Manager (212-241-8627). Questions about Mount Sinai's history or to schedule an appointment to visit should be addressed to the Mount Sinai Archives (212-241-7239).

[http://library.mssm.edu/services/archives\\_records.shtml](http://library.mssm.edu/services/archives_records.shtml)

### Electronic Mail and Archives

Every student will be assigned an email address. The official manner of communication between students, faculty, and administration is email. Every student should check his/her email daily. Mail can be accessed from computers in the library, the laboratories or from home. Accounts are created by ASCIT. Email class lists are created by ASCIT staff for use by class members and faculty. The ASCIT staff provides support to students living in Aron Hall as they connect to the School's network. On the back of the agreement for email service is the code of conduct for using email. All students must be aware of and abide by these policies.

<http://icahn.mssm.edu/about-us/services-and-resources/computer-services/policies/email-usage>

## *Housing*

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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. 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 Icahn School of Medicine 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 Icahn School of Medicine, an intercom from the lobby to all suites, and television cameras in elevators and open areas. Building occupants are required to observe a number of security procedures, including the presentation of Icahn School of Medicine at Mount Sinai ID cards whenever occupants are entering the building.

Unfurnished apartments in other buildings owned by Icahn School of Medicine are available for students who are married or in a domestic partnership. Documentation of the family size is required.

Student occupancy agreements are written for the term of student enrollment. A non-graduating student who wishes to permanently leave Icahn School of Medicine 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 Icahn School of Medicine housing prior to June 30 or without giving proper notice will be responsible for their rent until June 30. Special requests to terminate a lease early may be brought to the attention of the Director of Enrollment Services, located in Annenberg 12-70, who will take any petitions for exceptions to the Housing Oversight Committee for review.

Occupants who begin ISMMS after Spring 2015 are charged for their housing cost by semester and the housing cost is due before the start of each semester. Occupants who began their studies at ISMMS prior to Spring 2015 are grandfathered in to the monthly rent payment plans. Occupants are charged a \$25 late fee each month on any balances not paid by the 10th of each month. Students who are late more than two months will be put on "housing hold" and will not be allowed to register for classes in the following semester. . . For additional information, contact, Registrar's Office, Tel: 212-241-6691.

In compliance with Mount Sinai Health System policy, students may not possess illegal drugs, firearms, and/or ammunition in any facility operated by Icahn School of Medicine. Additional housing regulations and information are contained in the occupancy agreement, in "A Guide to Living in Icahn School of Medicine Housing," and other documents. Students graduating in the spring term are expected to vacate their Icahn School of Medicine housing by the Sunday following graduation. Notification of move out dates must be submitted to the Real Estate Office. Any student graduating at other times of year should give the Real Estate Office 60 days' notice to schedule their move out date.

The Real Estate Division is open Monday through Friday, except holidays, from 9:00 am to 5:00 pm. In addition, a voice mail system will take messages during evenings, weekends, and holidays. For any unresolved problems with residential building services or repairs, you may ask for an appointment with the Director of Enrollment 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 additional information, including lease terms, guest visitation policy, room transfer policy, and subleasing policy, please visit the website at: <http://icahn.mssm.edu/education/student-resources/resources-for-current-students/housing>

or contact:

Real Estate Office  
Icahn School of Medicine at Mount Sinai

1249 Park Avenue, 1st Floor  
New York, NY 10029  
Tel: 212-722-5096  
Fax: 212-831-3093



## Security and Safety

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The Security Office is located at the main entrance (1468 Madison Avenue) of the medical center. Security Guard stations are located at the entrance to all buildings on the campus. Security measures at Icahn School of Medicine 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 Icahn School of Medicine and to on-campus residences. Call ext. 46068 or 46069 approximately 10 to 15 minutes prior to departure.

Security is a function that requires the cooperation of everyone associated with the Icahn School of Medicine. Students are requested to dial "60" on any in-house 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 or 46069.

A committee of the Student Council addressing housing and security exists and meets on a regular basis with Security to discuss matters of concern.

### Cleary Act

Copies of Crime Statistics for the Icahn School of Medicine area are available in the Security Office and the Office of the Associate Dean for Student Services. In addition, information concerning the regulations and Icahn School of Medicine at Mount Sinai crime statistic information is available through the [U.S. Department of Education website](http://www.op.ed.gov/security) for campus crime statistics ([www.op.ed.gov/security](http://www.op.ed.gov/security)).

### ID Badges

ID Badges are issued by the Security Department and must be worn on Mount Sinai Health System grounds. Lost cards may be replaced at the student's expense. Access card fee is \$15.00, paid at the Main Cashier. The receipt is presented to Security Administration for replacement.

### Emergency Alert System "Message One"

In order to allow for a more coordinated and rapid response to emergency or disaster situations at Mount Sinai, the medical center has purchased a messaging system for faculty and students. The messaging system is called MessageOne. MessageOne has the capability of informing students of and delivering instructions regarding city-wide, hospital, or student specific (e.g. student housing intruder) emergencies requiring immediate attention.

Signing up for this system is mandatory for all medical students, as medical students are considered First Responders in the state of New York and are expected to aid in an emergency. Graduate Students are highly encouraged to register as active members of the Mount Sinai community. During the online registration process, students are expected to provide their mobile device as the primary contact, but have the option of including a sequence of secondary contacts (e.g. home phone, email, etc.).

### Fire Safety

It is critical to student safety as well as patients' well-being that students know what to do in the event of a fire. There is a session during orientation on fire safety. CODE RED is the mnemonic used to alert the Mount Sinai Community to enact the "RACE" protocol for fire emergencies.

- R = Rescue
- A = Alarm
- C = Confine
- E = Extinguish/evacuate

To use a fire extinguisher, the mnemonic is "PASS":

- P = Pull
- A = Aim
- S = Squeeze
- S = Sweep (at the base of the fire)

The number to call in event of a fire is "4-FIRE" (43473) and for other emergencies students should dial "60" from an in-house phone. On Blackboard, under Student Services is a section on emergency preparedness. This includes the fire bell codes for the 12<sup>th</sup> and 13<sup>th</sup> Floors of the Annenberg building.

The Mount Sinai Intranet ([http://intranet1.mountsinai.org/msmc/include.asp?msgo=/fire\\_safety](http://intranet1.mountsinai.org/msmc/include.asp?msgo=/fire_safety)) has a fire safety video that all students should review.

## Sexual Assault

Icahn School of Medicine at Mount Sinai is committed to maintaining a supportive and safe educational environment, one which seeks to ensure the well-being of all members of its community. Those who believe that they are the victims of sexual assault should

- Immediately call the police department at 911
- If possible, call the Security Department at 212-241-6068
- Get medical attention. Campus security will provide transportation to the Mount Sinai Health System Emergency Room for emergency medical treatment and evidence collection. A counselor from the SAVI program (Sexual Assault and Violence Intervention) will be available to assist victims.

Caring assistance is available for persons who have been subjected to sexual assault or sexual misconduct. They are encouraged in the strongest terms to make a report. Icahn School of Medicine at Mount Sinai works closely with Mount Sinai SAVI (Sexual Assault and Violence Intervention) program. More information can be found at <http://www.mountsinai.org/patient-care/service-areas/community-medicine/areas-of-care/sexual-assault-and-violence-intervention-program> or by calling 212-423-2140.

Consistent with Chapter 739 of the State Education Department signed into law in 1990, information concerning prevention of sexual assault is provided to all entering students.

# Registrar's Office

The Icahn School of Medicine at Mount Sinai Registrar's Office supports teaching and learning by maintaining the integrity of academic policies and the student information system. The Registrar's Office is the steward of student records from application to degree conferral in perpetuity. The Registrar's key functions in carrying out this mission focus on guarding the integrity and security of all student records in accordance with ethical and legal standards, maintaining accurate and timely records of academic progress in order to provide definitive student status, and providing students with enrollment services necessary to pursue their educational goals.

To that end, below please find information pertaining to the policies and procedures under the purview of the Registrar's Office. For additional information about services and academic policies, please contact the Registrar staff in Annenberg 13-30, 212-241-6691

## *Academic Standing*

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Students may be terminated from a degree program at any time if, in the judgment of the Graduate School or the School of Medicine, a student fails to make satisfactory progress towards the completion of the degree (regardless of grades). The definition of satisfactory progress toward completion of the degree program may differ among degree offering units. Students should further familiarize themselves with the specific expectations of their degree program(s). Examples of unsatisfactory progress may include, but are not limited to, inadequate grade point average (GPA), inadequate research and/or research skills, failure to obtain satisfactory grades in required courses, clerkships, or electives, or failing the candidacy, comprehensive, or final oral examination and may also relate to the amount of time to complete the required milestones of the curriculum.

Status of probation, suspension, and dismissal are accurately and permanently reflected on a student's transcript. Further detail regarding specifics of academic standing in the MD program, including academic difficulty, student conduct, and operation of the promotions committee, can be found in the Academic Difficulty and Student Conduct sections of this handbook.

## **Good Standing**

A student will be considered in Good Standing if they are not in Serious Academic Status (see section on Academic Status), they are otherwise meeting the academic expectations of their degree program, and remain free of any academic or administrative "holds."

## **Probation**

Students in poor academic standing may be placed on probation by the Dean for Medical Education or the Dean for the Graduate School, or their appointed representatives: Academic/Student Affairs Associate Deans in each school, the Promotions Committees, or Graduate School Program Directors. Once a student is placed on academic probation, scholarly progress must be made within a specific time period. Academic expulsion is the likely consequence if performance continues to be unsatisfactory. Students on probation are considered enrolled.

## **Suspension**

Academic suspension may occur when the School withdraws the student for failing to maintain "Good Standing" or to meet standard educational goals of the degree program. Students who are suspended from the School are required to spend a defined period of time away from the School. During this period, the student may be required to successfully complete activities defined by the School's Dean, Promotions Committee, or Program Director (in lieu of a Promotions Committee) if they are to be considered for readmission to Icahn School of Medicine at Mount Sinai. Students on suspension are not considered enrolled. See specific sections related to Disciplinary processes in each specific program's section of the handbook.

## *Withdrawal and Readmission*

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### **Voluntary Withdrawal**

A student may voluntarily withdraw from school at any time, upon application to the Senior Associate Dean for Student Affairs (MD students) or the Senior Associate Dean for Graduate Education (PhD and Master's students) or the Senior Associate Dean of Education (MD/PhD). 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 Student Affairs may require an Administrative Evaluation prior to acceptance of a withdrawal. Failure to comply would result in dismissal. For further information on withdrawing for a specific program, refer to the degree program section of this handbook.

### **Administrative Withdrawal**

In certain circumstances, a student may be administratively withdrawn from the school. Examples may include, but are not limited to: 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 graduate student repeatedly failing to show up for lab or whose performance in the lab is below acceptable standards; an MD student failing Step 1 and Step 2 three times, who will be considered to have administratively withdrawn; any student failing to pay tuition, fees, medical insurance, or housing bills by the required dates.

### **Clearance**

Clearance to withdraw is required. Students must complete the appropriate paperwork found in the Registrar's Office.

### **Readmission**

MD and MD/PhD students seeking readmission after voluntary withdrawal must complete the AAMC/Icahn School of Medicine admission process. No guarantee of readmission is made to any student.

### **Hold**

Icahn School of Medicine at Mount Sinai utilizes a system of holds when students fail to meet standard educational obligations. A "hold":

1. Prevents the release of a student's academic transcript or any School documentation.
2. Freezes a student's registration status so that they may not continue on to the next term until the hold is appropriately addressed by the student.

All financial obligations must be satisfied before a student can register for another term and continue their studies and/or research. Students with holds will not be eligible for financial aid refunds until the hold is appropriately addressed by the student.

Types of ISMMS holds: Admissions, Academic, Administrative, Student Health, Housing, Financial, and Registrar.

### ***Transcripts***

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Official copies of your Icahn School of Medicine at Mount Sinai transcript can be requested when a stamped and sealed copy of your academic record is required. Requests for official transcripts require the verification of the identity of the student/alumnus requesting the transcript. Document request forms can be found at:  
<http://icahn.mssm.edu/education/student-resources/resources-for-current-students/registrar/academic:Transcripts>

and/or the MSPE cannot be sent out for students who are not in “Good Standing.” This includes but is not limited to academic, financial, housing, library, and health holds. To be considered "official" a transcript must:

- Bear the Registrar's signature.
- Be stamped with the Seal of Icahn School of Medicine at Mount Sinai.
- Be sent directly from the Registrar's Office to a designated person or institution.
- Be on official transcript paper.

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.

# Tuition and Financial Aid

## Tuition

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Payment may be made by personal check, bank draft, wire transfer or money order, drawn to the order of Icahn School of Medicine at Mount Sinai. If a student is not receiving financial aid then his/her tuition and fees must be paid by the due date listed in their tuition bill. For payment plan and/or credit card payment arrangements, please contact Tuition Management Systems, an independent company, at 800-356-8329 or [www.afford.com](http://www.afford.com). The Board of Trustees reserves the right to revise all fees, including tuition.

All financial obligations must be cleared prior to the completion of each academic term. Students who have not cleared their account by the due date will not be allowed to register for upcoming terms, 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 a late fee of \$100 t charged 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. Pre-payment is only an option for the full four years and must be coordinated with the bursar the month prior to enrolling at Icahn School of Medicine.

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 Enrollment Services Office, located in Annenberg Building, room 12-70.

## Tuition Refund Policy

Students who withdraw from the institution during an academic term will receive a tuition refund based on the below institutional schedule. Tuition refunds will be calculated based on the date the student submits their withdrawal form to the Registrar's Office.

Withdrawal through the first calendar week of the term:	100% of Tuition Only
Second calendar week of the term:	75% of Tuition Only
Third calendar week of the term :	50% of Tuition Only
Fourth calendar week of the term:	25% of Tuition Only
After the Fourth week of the term:	No Refund

For students receiving federal financial aid processed through the Office of Financial Services, be advised that all funds from federal Title IV programs will be returned to the government according to federal regulations. Returned funds previously credited towards tuition will leave an outstanding balance that students are personally responsible for paying. Students are advised to understand the above tuition schedule as withdrawing after the first week of class creates a financial obligation which, if not cleared by the end of the academic year, will be referred to an outside collection agency.

No refunds will be granted to students dismissed or suspended. The institution reserves the right to dismiss a student whose academic standing or general conduct is considered unsatisfactory.



## Repetition of Course Work

For medical students repeating work in their medical school curriculum: 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 will be charged 1 to 2 additional semesters of tuition to complete their education. Additional tuition is determined by the administration in terms of the amount of coursework being repeated.

## Financial Aid

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### General Policy

Icahn School of Medicine at Mount Sinai 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 age, race, color, language, religion, sex, sexual orientation, gender identity or expression, genetic disposition, ethnicity, culture, creed, national origin, citizenship physical or mental disability, socioeconomic status, veteran status, military status, marital status, being the victim of spousal abuse, or based on any other characteristic protected by law

### Financial Aid Applications

All students, both entering and returning, are furnished application information early in February of each year. Application materials from returning MD students must be completed and submitted by May 1 prior to the start of the fall academic year to be considered for Icahn School of Medicine grant and scholarship aid. Entering new MD 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 "Application for Financial Assistance" is returned to the Office of Student Financial Services along with signed copies of prior year tax returns, tax return transcripts, and W2s. The Need Access and FAFSA information is submitted via the web. Medical students who are interested in applying only for Federal Stafford loans (up to annual totals of \$42,722 for years 1, 2, and 4, and \$47,167 for year 3) 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. Icahn School of Medicine at 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. Icahn School of Medicine at Mount Sinai 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 cover the student only. Federal law prohibits using federal funds for the support of anyone other than the student.

### 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.org>. 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 falls upon the student and his/her family

## Entrance Interviews

As part of their financial aid package, all students 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. Online tutorials related to debt management are a required part of the loan process.

## Exit Interviews

Students who have been issued loans from Icahn School of Medicine controlled funds (Perkins, Mount 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 Icahn School of Medicine at Mount Sinai 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 future expense budgeting can be considerable. In order to assist students in tracking loans, interest rates and various conditions of the loans, the Enrollment Services Office suggests that one of the websites 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.

- [https://www.aamc.org/services/first/first\\_for\\_students/](https://www.aamc.org/services/first/first_for_students/)
- [https://www.aamc.org/services/first/48720/first\\_resources.html](https://www.aamc.org/services/first/48720/first_resources.html)

## Outside Scholarships for Medical Students

Outside scholarship funds will substitute for loan funds in the standard financial aid package.

## Satisfactory Academic Progress for Financial Aid

Academic Progress refers to the satisfactory completion of courses, clerkships and relevant licensing examinations within the required timeframe established by the School of Medicine. Additionally, federal regulations require that students receiving federal aid make satisfactory academic progress (SAP) in accordance with these standards set by the School of Medicine.

All students in the MD program are expected to complete 8 semesters of full-time enrollment. The maximum number of semesters a student may be enrolled to meet the requirements of the MD program is 12. The pace of progress is as follows: students must complete Year 1 and Year 2 requirements within three years of active enrollment and likewise for Year 3 and 4. Time dedicated to scholarly activity and leaves of absence are not counted in the assessment of pace.

Students must pass all Year 1 courses to move onto Year 2 and all their Year 2 courses and take USMLE Step 1 to advance to Year 3. Third-year clerkships must be taken and completed in Year 3 in order to advance to year 4. Only the Anesthesia clerkship is potentially deferrable to Year 4. Students must pass Step 2 CK and CS and all Year 4 rotations, as well as complete 21 weeks of elective credit prior to graduation.

Enrollment Services and Student Affairs will assess each student's academic progress on an annual basis. A student who is not making SAP will be notified in writing of this and the reasons for this determination. A student who is not meeting SAP may be required to appear before the Promotions Committee.

A student who fails to meet one or more of the standards for SAP is ineligible for financial aid beginning with the term immediately following the term in which the SAP requirements were not met. In this situation, the student can be placed on financial aid probation and receive aid if the Promotions Committee approves an academic plan for the student that will ensure, if followed, that the student is able to meet the SAP by a specific point of time, normally an academic year. A student must be enrolled in at least 50% of a course load to remain eligible for financial aid. A student shall become eligible again for financial aid when he or she has satisfactorily completed sufficient coursework to meet the standards of progress within the maximum time frames delineated above. A student who does not meet the SAP requirements by the end of the financial aid probationary period is ineligible for financial aid.

## Length of Time to Complete Degree

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

Degree	Normal Limit (Years)	Maximum Limit (Years)
MD	4	6
MD/PhD	8	10
PhD (Biological Sciences)	5	7
Master's Programs	1.5	5

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 PhD, MD/PhD, and MS 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 fulltime 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.

# Degree Programs Offered at Icahn School of Medicine at Mount Sinai

## *Medical Scientist Training Program (MD/PhD)*

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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 9 multidisciplinary training areas. Generally, MSTP students complete the first two years of the MD 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 during their first year of training. They partially substitute this work for a block of the School of Medicine curriculum. First-year MD/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); 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 School of Medicine curriculum and thus forge bonds with both the entering PhD and MD classes. Laboratory Rotation helps guide MD/PhD students towards an optimal choice of preceptor and MTA. The minimum rotation period is six weeks of fulltime 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 School of Medicine 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 MD 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 August. 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 3. Students should check the USMLE website ([www.usmle.org](http://www.usmle.org)) for further details. Licensure is determined by state and students may wish to refer to the following website to obtain additional information: <http://www.fsmb.org>. 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)***

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### **Cancer Biology (CAB)**

Program Directors: James Manfredi, 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.

### **Systems Biology of Disease and Therapeutics (SBDT)**

Program Director: Eric Sobie, PhD and Francesco Ramirez, DSc

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.

## Structural-Chemical Biology and Molecular Design (SMD)

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.

## Design, Technology, and Entrepreneurship (DTE)

Program Directors: Kevin D. Costa, PhD, James C. Latridis, PhD

This program offers students advanced training in the discovery, design, development, and delivery of technology-based solutions to critical biomedical problems. DTE's goal is to produce graduates with the technical expertise and practical experience to drive use-inspired basic research from original biologic insight all the way through the commercial development process.

## *Combined Programs*

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MD students may choose to apply to a combined degree program after matriculation into medical school. Students who did not matriculate in the dual program at the time they entered medical school may apply in the degree program's administrative office.

### MD/MPH

The Master's in Public Health 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 42 credit hours with 12 credits from required courses in behavioral science, environmental/occupational medicine, epidemiology and biostatistics, and health services management and research. Students have two options to complete the MPH degree:

4-year option where the required coursework is scheduled during hours allocated throughout the first and second year of the MD program. 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. MPH coursework may be counted for elective towards the MD degree.

5-year option where the required coursework is scheduled during hours allocated throughout the first and second year of the MD program. The Thesis and Elective coursework is completed during a Scholarly Year between the third and fourth years of medical school.

Applicants to this program are considered on the basis of the application submitted for the MD program, possibly supplemented by a personal interview. No separate paperwork or application fee is required.

For further information about the program or to apply, contact:

Dr. Nils Henning, Director, Master of Public Health at [nils.henning@mssm.edu](mailto:nils.henning@mssm.edu).

### MD/MSCR

Icahn School of Medicine at Mount Sinai's Master's 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, including: 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: the Master of Public Health, Master in Genetic Counseling, and Graduate School of Biomedical 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, PhD, Associate Dean for Medical Student Research at 212- 241-4429

## ***Leaving Part of a Dual Degree Program***

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Any MD/PHD student who decides to leave the MD or the PhD portion of their dual program must meet with the Dean or the Dean's designee from each program and his or her course must be approved by the Promotions Committee or the Graduate School Promotions Committee. If the student is not in satisfactory academic status or in good standing, he or she will appear before the School of Medicine Promotions Committee or the Graduate School Promotions Committee at the discretion of the Dean or the Dean's designee.

For all other students in dual programs (MD/MPH, MSCR, etc.), a formal letter must be sent to both the program director and the Student Affairs team in the medical school detailing the reasons for leaving one of the programs. If the student is not in satisfactory academic progress or in good standing, they will appear before the medical school Promotions Committee or the Graduate School Promotions Committee at the discretion of the Dean or the Dean's designee.

Departure from a program will be noted in the academic history section of the Medical Student Performance Evaluation.

## ***Master's Programs***

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### **MA in Biomedical Ethics**

An interdisciplinary program leading to a Master's of Arts in Liberal Studies from The Graduate School of the City University of New York (CUNY). Students select courses from the multi-disciplinary offerings of CUNY in order to develop an expertise in bioethics and to address their special, related academic interests. Students must complete 30 credits of course work including at least two core courses which are designed to provide the essential framework for understanding the philosophical, social and scientific background underlying bioethical issues, and a 3-credit Master's thesis.

Interested students should contact Rosamond Rhoades, PhD in Annenberg 12-53 or at 212-241-3757.

### **Union Graduate College- Icahn School of Medicine at Mount Sinai 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. Fulltime students may complete the program in one year.



The Master's 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. Online courses are complemented by an on-site seminar, practical, individual Master's projects, and capstone assessments.

Interested students should contact Rosamond Rhoades, PhD in Annenberg 12-53 or 212-241-3757.

## Office of Alumni and Development at Mount Sinai

The Office of Alumni and Development (OAD) welcomes all graduates of the Icahn School of Medicine as well as all former house staff, post docs, faculty, and former faculty to the Mount Sinai alumni community. The OAD is now governed by a newly-established Alumni Advisory Council (AAC), representing members from our diverse alumni constituencies, including graduates of the MD and PhD programs, former house staff, postdoctoral fellows and faculty. Alumni are appointed to serve on the AAC by Dean Dennis Charney, MD, based on their significant contributions to the Mount Sinai community.

The OAD is dedicated to promoting enduring relationships among all its members; furthering Mount Sinai's educational and charitable endeavors; and encouraging contributions to the Alumni Endowed Scholarship Fund, as well as the endowment of new scholarships. One of the main priorities of the OAD is to provide opportunities for alumni and students to develop meaningful connections.

Students interested in learning more about alumni/student mentoring should contact [alumni@mssm.edu](mailto:alumni@mssm.edu). Students with ideas about ways the OAD and the student community can to work together should contact Sharon Meiri Fox, Director of OAD, at [sharon.fox@mountsinai.org](mailto:sharon.fox@mountsinai.org) or 646-605-8717.

# Diversity at Icahn School of Medicine at Mount Sinai

## *Diversity Statement*

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Icahn School of Medicine at Mount Sinai is committed to promoting and supporting diversity and inclusion in the research, clinical, and educational realms, and to meeting the needs of our diverse students, faculty, staff, and the communities we serve. We are committed to increasing the representation of women, ethnic minorities, and individuals who are members of groups underrepresented in medicine and science among our trainees, research and clinical faculty, and our leadership.

Diversity in the health professions and science benefits every aspect of health, healthcare and biomedical research by addressing the needs of the world's diverse communities. In addition, a diverse professional and academic environment enhances the learning experiences of all students, trainees, and postdoctoral fellows and effectively impacts culturally diverse populations to achieve health equity and improve health outcomes.

Icahn School of Medicine at Mount Sinai's commitment to diversity is reflected in our continued determination to increase the diversity of our faculty and trainees. Our longstanding tradition of successfully attracting, retaining, and promoting a diverse student body has made us a national leader in the movement to train future physicians and scientists belonging to groups historically underrepresented in medicine and science.

## *Diversity Program of Icahn School of Medicine at Mount Sinai*

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### **The Center for Multicultural and Community Affairs (CMCA)**

The Center for Multicultural and Community Affairs (CMCA) is the diversity center of the Icahn School of Medicine at Mount Sinai (ISMMS). The mission of CMCA is to eliminate health disparities through the use of innovative, integrative, and coordinated approaches in the areas of Community, Clinical Care, Education, and Research to improve the health of all populations by diversifying the healthcare workforce and influencing health policy and research.

CMCA carries out its mission by serving as the interface for educational pipeline programs, minority affairs, institution-wide diversity initiatives, and academic support for medical students, minority faculty development, and culture and medicine programs at ISMMS. CMCA is directed by Gary Butts, MD, Chief Diversity and Inclusion Officer for the Mount Sinai Health System, Professor of Pediatrics, Medical Education, and Preventive Medicine, and the Senior Associate Dean for Diversity Programs, Policy, and Community Affairs at ISMMS.

As the primary hub for policies and initiatives, which relate to supporting and advancing diversity at ISMMS, CMCA also monitors diversity trends for minority faculty, students, and trainees at the institution through its comprehensive database. CMCA was the only federally funded Health Resources and Services Administration (HRSA) Center of Excellence for Minority Health in New York State geared toward increasing the level of diversity in the healthcare workforce. CMCA has over 40 years of success in education pipeline programs that engage and prepare students in high schools and colleges for careers in the health professions.

CMCA is actively involved in other institutional research efforts, including: 1) the Center for Community and Academic Research Partnership (CCARP), a key program in ISMMS's Clinical and Translational Science (CTSA) program; 2) the CDC-initiated REACH to eliminate racial and ethnic health disparities in the United States; 3) the Mount Sinai Summer Institute for NeuroAIDS Disparities; 4) the Diversity in Biomedical Research Committee, an

institution-wide initiative established by the Dean of Icahn School of Medicine at Mount Sinai to assess and better utilize ISMMS's resources in addressing the diversity of the research workforce and prioritizing minority health research endeavors; 5) and the institution-wide Diversity Council which is currently co-chaired by Drs. Gary Butts and Elizabeth Howell.

#### **What CMCA Offers Students:**

- Strong, multi-faceted partnerships with local community organizations that allow integration of community-oriented care, research, and service learning
- CMCA Journal Club for second-year students
- Student Academic and Career Advisement, which supplement the existing faculty advisement program
- Faculty Advising for nearly all community service learning, education, and training programs and over 20 medical and graduate student groups and extracurricular activities.
- Research support and mentorship in collaboration with the Medical Student Research Office and the Global Health Center in the areas of community based, health disparities, and health services research
- Access to faculty mentors for research and career advisement
- Resources on cultural competency training and education in medical education
- Student cubicle for students to check email and do limited printing and faxing
- Resources and advisement to students interested in service learning, community-based activities, policy and advocacy, and public and urban health issues
- ISMMS recruitment and outreach efforts to ensure a diverse applicant pool by coaching and mentoring for individuals interested in applying to ISMMS's MD and PhD programs; and for current students interested in graduate degree programs.

## ***Diversity Focus of the Mount Sinai Health System***

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### **Office for Diversity and Inclusion**

The charge of the corporate Office for Diversity and Inclusion (ODI) is to support the Mount Sinai Health System in embracing the principles of diversity and inclusion as key drivers for excellence and innovation for unrivaled healthcare service delivery, medical and health education and research. ODI is led by Gary Butts, MD, Chief Diversity and Inclusion Officer. The organizational foundation of ODI is the Center for Multicultural and Community Affairs (CMCA), the diversity center of the Icahn School of Medicine at Mount Sinai (ISMMS).

#### **For more information:**

Visit: [www.mssm.edu/cmca](http://www.mssm.edu/cmca)

Email: [cmca@mssm.edu](mailto:cmca@mssm.edu)

Telephone: 212-241-8276

Office location: Annenberg Building, 21<sup>st</sup> Floor, Room 21-70

# Institutional Policies and Guidelines

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

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### Introduction

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

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

### Rules of Conduct

1. 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.
2. 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.
  - f. Violations of these policies and regulations by students shall be referred to the Dean for Medical Education or Dean of the Graduate School.
  - g. Nothing contained in any of the foregoing Rules and Regulations is intended to nor shall it be construed to limit or restrict freedom of speech or of peaceful assembly, or other individual rights guaranteed by the Constitution.
  - h. The administration and faculty of the School are committed to providing a safe and healthy learning environment for all students. Students should conduct themselves appropriately everywhere on the campus of Icahn School of Medicine at Mount Sinai, Mount Sinai Health System, and at affiliated institutions. Appropriate behavior is mandatory when participating in patient care or attending any functions at which patients may be present. In small group seminars, as well as during clinical activities, students are evaluated not only on their fund of knowledge and ability to use this knowledge but also on

their responsibility, dependability, reliability, maturity, motivation, attitude, honesty, integrity, and ability to relate and interact effectively with others.

- i. Equally important is the realization that one's responsibilities do not end with individual behavior but also include not tolerating inappropriate behavior among others. While formal mechanisms, outlined in other sections, exist to provide due process for any specific allegations of inappropriate behavior, general issues should be able to be discussed freely among peers, faculty, and administration. Concerns requiring confidentiality should be discussed with the Dean of Medical Education, Dean of the Graduate School, individual faculty advisors, or through the School's Ombudsman Program.

## *Authorship Policy*

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Assignment of authorship documents the contributions individuals have made to a published work. Thus, authorship constitutes a key criterion by which funding agencies, academic institutions, and the wider academic community judge the contributions of academics to their fields. Appropriate assignment of authorship is an essential component of ethical conduct for academics.

Authorship on a publication implies substantial contribution to work being reported, which entails critical intellectual and/or technical contributions without which the publication as it exists would not have been possible. Contributions that merit authorship include a significant role in planning the studies, writing the manuscript, and other essential roles involving unique skills. The International Committee of Medical Journal Editors (ICMJE) guidelines recommend that each author have responsibility for at least one component of the work, and that all authors approve the final version. Listing the explicit contributions of each author, as many journals currently require, is indeed a valuable and recommended method for disclosing and clarifying the rationale for the inclusion and order of authors. The contributions of colleagues or collaborators whose participation does not warrant authorship should be acknowledged.

The requirement of substantial contribution clearly precludes unethical practices such as honorary authorships for senior colleagues who made minimum contributions to the work, colleagues whose role was solely to obtain funding or similar resources for the work, or contracted individuals who simply carried out routine services for hire. This same principle precludes omitting from authorship colleagues who did make substantial contributions. Ghostwriting, in which an individual takes credit as an author of a manuscript substantially written by an uncredited third party, is never permissible. In summary, authorship credit can be established by the following three criteria: (1) providing substantial contributions to study concept and design, or acquisition, analysis, and interpretation of data critical for the study; (2) drafting the article or revising its content critically; and (3) approving the final version to be published. All authors listed on an article must fulfill criteria (1) and/or (2), and must fulfill criterion (3).

It is expected that inclusion and order of authors will be discussed among all of the authors (including students and postdoctoral fellows). This should occur as early in the scientific process as possible, prior to drafting the manuscript when feasible and certainly prior to submission of the manuscript for initial peer review. Such dialogue is essential for all manuscripts and requires exceptional attention in collaborations involving multiple laboratories or institutions. Whether a contribution is substantial enough to merit authorship may sometimes be a matter of judgment, usually decided by the senior author(s). After authorship and order of authorship have been assigned by the senior author(s), in consultation with, and preferably also in agreement with all authors, the senior author(s) should be able to defend the assignments based on the principles articulated above; final decision on authorship rests with the senior author(s). Members of the scientific team are strongly urged to resolve any disagreements concerning authorship as quickly and amicably as possible, in order to avoid ongoing disputes that could impede or prevent publication of a manuscript. In the event that a disagreement cannot be resolved within the team, the Department Chair should be consulted for guidance.

Updated October 2011

## Family Education Rights and Privacy Act

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The Family Educational Rights and Privacy Act of 1974 and its subsequent amendments afford students certain rights with respect to their educational records. As detailed below, students have the right to:

- Inspect and review their education records
- Seek amendment of their education records if they believe them to be inaccurate, misleading, or otherwise in violation of their privacy rights
- Consent to certain disclosures of personally identifiable information contained in their education records
- File complaints with the Department of Education concerning any alleged failure to comply with FERPA's requirements

### Student Access Rights

All currently registered and former students of Icahn School of Medicine at Mount Sinai 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 Registrar. Access will be granted within 45 days from the receipt of the written request to inspect records.

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 of the Graduate School or Senior Associate Dean for Student Affairs in Medical Education, as appropriate based on the student's program. If the Associate Dean is unable to provide a satisfactory explanation, the student will be referred to the Dean for Graduate Education or Dean for Medical Education, as appropriate.

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.

### 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.
- A. Records of instructional, administrative and supervisory staff which are in the sole possession of such personnel.
- B. 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.
- C. Icahn School of Medicine at 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.

### Amendments and Hearing Rights

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 Registrar, 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.

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 a hearing must be submitted in writing to the Associate Dean for Graduate Education or the Senior Associate Dean for Student Affairs in Medical Education (as appropriate) within 10 days of receiving the Registrar's response denying a request for amendment as discussed above.

### Hearing

- The hearing will be held before the Dean for Graduate Education or the Dean for Medical Education, as appropriate.
- 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.
- 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 student's 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 hearing the case.
- 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.

If it is determined after a hearing that the record in question should be amended, the Registrar will take appropriate steps to amend the record and will so notify the student in writing. 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.

All students have the right to file complaints to the Senior Director of Enrollment Services and Student Information concerning alleged failures by the School to comply with the requirements of the Act.

## Release of Personally Identifiable Information

### Disclosures with consent

- 1) The student shall provide a signed and dated written consent form 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.

#### 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 Icahn School of Medicine at 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, 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-1) 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.

## Directory Information

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The Icahn School of Medicine at Mount Sinai 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)  
Dates of Attendance  
Full-/Part-Time Enrollment Status  
Parent's Names  
Parent's Address  
Parent's Phone Number  
Academic Awards and Honors  
Icahn School of Medicine email address  
Prior Postsecondary Institution(s) Attended  
Photograph/Digitized Image  
Participation in officially recognized Icahn School of Medicine activities

Students' contact information is included in the student directory and published through Blackboard.

## Preventing Disclosure of Directory Information

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

## *Records Kept by the Institution*

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1. Admissions Files
  - Application form
  - Supplemental form
  - Transcripts
  - Acceptance Letters
  - Medical College Admission Test Scores
2. Academic Files (Registrar)
  - Transcript of grades at Icahn School of Medicine
  - Course, clerkship, elective, and other evaluations
  - Qualifying Exam Outcome
  - Thesis Documentation
  - National Board Scores
  - Shelf Scores
  - Dean's Letter
  - Correspondence and internal communications pertaining to academic and other matters
3. Financial Aid Records
  - Application
  - FAFSA Forms
  - NeedAccess Forms
  - Student and Parent(s) Tax and Income Information
  - Proof of Citizenship
  - Draft Status
  - Drug Conviction Information (if any)
4. Bursar Records
  - Record of Receipt of all Loans and Scholarships
  - Record of cash paid and date paid

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

## Information Sharing and Confidentiality

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Icahn School of Medicine 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' healthcare providers except as provided by HIPAA.
- B. There is certain information that hospitals and healthcare 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 senior administrative representatives of the Deans (Graduate School and School of Medicine). 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 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 which can only be opened by a Dean, the Dean's official representative, or if requested as a legal document.

### Academic Information

**Academic information is maintained by the School Registrar.**

- A. Students have access to their academic file for review but will not be given copies of their file.
- B. The Registrar will not permit dissemination of the file information without the signed consent of a student unless required by law in accordance with FERPA Policy.
- C. Current teachers and clerkship directors do not have access to the student file, only deans and Student Affairs personnel in the School of Medicine may access the file.
- D. Any student wishing to review their file may do so in the presence of the Registrar or Dean's Designee coordinated through the Registrar.
- E. Other Information
- F. If a student seeks counsel from a director, dean, teacher, or ombudsman, that information should remain confidential between the student and that individual.
- G. Any plan to discuss information (e.g., Office of Student Affairs Representative or Program Director with one of the Dean's) should be with the student's knowledge and consent.
- H. 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.

## *Policy on Teaching & Evaluation by School of Medicine Administration*

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In recognition of the conflicts of interest that can occur when students learn from and are assessed by members of the School of Medicine administration, the Icahn School of Medicine at Mount Sinai has committed itself to the development and dissemination of a policy that is clear, fair, and transparent.

Members of the School of Medicine administration include, but are not limited to, the Dean for Medical Education, the Senior Associate Dean for Admissions, the Senior Associate Dean for Undergraduate Medical Education and Curricular Affairs, the Senior Associate Dean for Undergraduate Medical Education and Student Affairs, the Assistant Dean of Curricular and Student Affairs, the Chief Faculty Advisors, the Director for Professional Development, the Director of Student Affairs, the Director and physicians of Student Health, the Director and physicians of Student Mental Health Services and Chair of the Promotions Committee.

The Director and physicians of Student Health and the Director and physicians of Student Mental Health Services are:

- a. Allowed to teach students in the context of large group sessions such as lectures or large group discussions that involve the entire class
- b. Allowed to teach students in electives/selective experiences
- c. Not allowed to supervise students during any clinical rotations
- d. Not allowed to teach students in any small group sessions or activities
- e. Not allowed to participate in the assessment or evaluation of student performance
- f. Not allowed to serve on the Promotions Committee

All other members of the medical school administration are:

- a. Allowed to teach and evaluate students in the context of large group sessions such as lectures or large group discussions that involve the entire class
- b. Allowed to teach and evaluate students in electives/selective experiences
- c. Allowed to teach and evaluate students in small group sessions or activities only after
  - i. Students are informed of the faculty member's participation by the Office of Curriculum Support or the Clerkship Coordinator well in advance of the course/clerkship and are given the opportunity to "opt out" of that faculty member's small group

# Guidelines for Interactions between the Icahn School of Medicine at Mount Sinai and Industry

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(Pharmaceutical, Biotech, Medical Device, and Hospital and Research Equipment and Supplies Industries)

## Purpose:

These guidelines are meant to protect the integrity of medical education and the care of future patients. They highlight the types of decisions with which medical students will be confronted, implicitly or explicitly, for the remainder of their professional careers. As such, the guidelines encourage critical thought about the interactions between physicians in training and industry.

## Scope:

The students of the Icahn School of Medicine at Mount Sinai, while on campus, at affiliated hospitals and clinics, and during any meeting in which medical information is being transferred.

- I. Gifts and Compensation
- II. Provision of Scholarships and Other Educational Funds
- III. Support for Educational Programs
- IV. Disclosure of Relationships with Industry
- V. Training of Students Regarding Potential Conflict of Interest
- VI. Site Access by Sales and Marketing Representatives

### I. Gifts and Compensation

A. Meals – Meals or other types of food *directly* funded by industry should not be provided at Icahn School of Medicine at Mount Sinai. Students are encouraged to critically evaluate their acceptance of food and the circumstances under which it is proffered by industry representatives during clinical training at The Mount Sinai Hospital, Mount Sinai clinics, affiliates, and off-campus training and gathering sites.

B. Promotional Items – Promotional items such as pens, note pads, brochures, and other “reminder” items, should not be distributed at Icahn School of Medicine at Mount Sinai. Students are discouraged from bringing such items into the School of Medicine, so as to maintain a learning environment free of industry influence. Brochures and other industry-sponsored educational material should not be used for educational purposes.

Students are asked to refer to applicable policies such as the AMA Statement on Gifts to Physicians from Industry ([www.ama-assn.org/ama/pub/category/4001.html](http://www.ama-assn.org/ama/pub/category/4001.html)), and the Accrediting Council for Continuing Medical Education Standards for Commercial Support ([www.accme.org](http://www.accme.org)).

C. Gifts – Medical students are discouraged from accepting gifts above and beyond aforementioned promotional items (eg. textbooks, tickets, entertainment, etc.), or monetary compensation of any value, from industry representatives both on and off the Icahn School of Medicine at Mount Sinai campus, related or unrelated to a student’s participation in events sponsored by industry.

D. Sample Medications – Sample medications should not be distributed on the campus of the Icahn School of Medicine at Mount Sinai. Students are encouraged to critically assess the circumstances under which sample

medications are used on and off-campus: who receives them, and why. Students should not accept sample medication for personal use. Sample medication is never to be sold.

## II. Provision of Scholarships and Other Educational Funds

A. Icahn School of Medicine at Mount Sinai physicians and teaching staff should ensure that support of Icahn School of Medicine medical students by industry through funding mechanisms such as scholarships, reimbursement of travel expenses, or other non-research funding in support of scholarship or training, is free of any actual or perceived conflict of interest.

B. Industry support must comply with all of the following:

1. The School of Medicine department, program, or division selects the student.
2. The funds are given directly to the department, program, or division and not to the student.
3. The department, program, or division has determined that the conference or training in question has educational merit.
4. The student-recipient of funds is not subjected to any implicit or explicit expectation of providing something in return for any support given.

C. This provision may not apply to national or regional merit-based awards, which are considered on a case-by-case basis

## III. Support for Educational Programs

Icahn School of Medicine medical students should be familiar with the Standards for Commercial Support established by the Accreditation Council for Continuing Medical Education. These standards offer useful means by which to assess all forms of industry interactions, both on and off campus, and including both Icahn School of Medicine-sponsored events and other events. The standards can be found at [www.accme.org](http://www.accme.org).

A. On Icahn School of Medicine at Mount Sinai Campus – All educational events sponsored by industry on the Icahn School of Medicine at Mount Sinai campus must comply fully with ACCME guidelines irrespective of whether or not formal CME credit is awarded.

B. Guidelines must include the following if CME credit is to be awarded, and are provided likewise to illustrate to students some of the decisions that affect the sponsorship and provision of information more generally:

1. All decisions concerning educational needs, objectives, content, methods, evaluation, and speaker are made without commercial interest. (ACCME Standard 1.1)
2. A commercial interest is not assuming the role of a non-accredited partner in a joint sponsorship. (ACCME Standard 1.2)
3. All persons in a position to control the content of an educational activity have disclosed all relevant financial relationships to the provider of the CME. A relevant financial relationship is defined as one in which an individual (or spouse or partner) has a commercial interest that benefits the individual in any financial amount that has occurred within the past 12 months; and the opportunity to affect that content of CME about the products or services of the commercial interest. Failure to disclose these relationships will result in disqualification of the individual from participation in the CME activity or its planning or evaluation. (ACCME Standard 1.1, 1.2)
4. The lecturer explicitly describes all his or her related financial relationships to the audience at the beginning of the educational activity. If an individual has no relevant financial relationship, the learners should be informed that no relevant financial relationship exists. (ACCME Standard 6.1, 6.2)



5. All conflicts of interest should be *identified and resolved* prior to the educational activity being delivered to learners. (ACCME Standard 2.3)
  6. Written policies and procedures that govern honoraria and reimbursement of out of pocket expenses for planners, teachers, and authors are in place. (ACCME Standard 3.7)
  7. Product-promotion material or product-specific advertisements of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentation) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME. (ACCME Standard 4.2)
  8. A commercial interest is not used as the agent providing a CME activity to learners, e.g., distribution of self-study CME activities or arranging for electronic access to CME activities. (ACCME Standard 4.5)
  9. The content of format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest. (ACCME Standard 5.1)
  10. Attendees in the audience are not compensated or otherwise materially rewarded for attendance, e.g., through payment of travel expenses, lodging, honoraria, or personal expenses. (ACCME Standard 3.12)
  11. In addition to the aforementioned ACCME Standards, should the Icahn School of Medicine at Mount Sinai host an educational event sponsored by industry on the Icahn School of Medicine campus, the funds meant to pay for the specific educational activity should be provided to a department, program, or section and not to individual faculty.
- C. Off Icahn School of Medicine at Mount Sinai Campus – Clinical and scientific meetings sponsored by professional societies often derive a portion of their support from industry. Such support may result in inappropriate influence by industry on the content of the meeting or on its attendees. Industry sponsorship usually adopts one of two possible forms, with different standards applying to each:
1. Partial sponsorship of a meeting otherwise run by a professional society – Icahn School of Medicine medical students are encouraged to participate in the meetings of professional societies for educational purposes, and as an opportunity to showcase their own research. Nonetheless, students should be aware of the potential conflicts of interest at work in such meetings, and should be scrupulous in determining whether and how to attend and participate.
  2. Full sponsorship of a meeting run by industry (including commercial education services) – Students are encouraged to pay particularly heightened attention to the content and organization of such meetings and lectures.
  3. Students are encouraged to assess the following points when determining the academic value of any conference, lecture, or meeting:
    - a) Is financial support by industry is fully disclosed at the meeting by the sponsor, and what is the extent of that support?
    - b) Is the meeting or lecture content, including slides and written materials, determined by the speaker(s) alone?
    - c) Does each speaker provide a balanced assessment of therapeutic options, and promote objective scientific and educational activities and discourse?
    - d) Are attendees in the audience being compensated or otherwise materially rewarded for attendance through payment of travel expenses or the provision of food or gifts?

e) Are gifts of any type being distributed to attendees before, during, or after the meeting or lecture?

f) Has each lecturer explicitly described his or her conflicts of interest, and have they been resolved?

#### IV. Disclosure of Relationships with Industry

- A. All Icahn School of Medicine at Mount Sinai faculty and lecturers must fully disclose any relevant past, present, or future relationships with industry at the beginning of each lecture to students.
- B. Faculty with supervisory responsibilities for students should take great care to ensure that the faculty member's actual or potential conflicts of interest do not affect or appear to affect the supervision and education of the student.

#### V. Training of Students Regarding Conflicts of Interest

All students will receive training regarding actual and potential conflicts of interest in interactions with industry at all levels of education and professional practice.

#### VI. Site Access by Sales and Marketing Representatives

- A. Sales and marketing representatives are not allowed anywhere that education or clinical care are delivered on the campus of Icahn School of Medicine at Mount Sinai unless they are providing an in-service training on devices and other equipment, and then only by appointment. This includes commercial education services such as publishers and board review programs.
- B. Appointments may be made on a per visit basis at the discretion of a faculty member, his or her division or department, or designated medical school personnel issuing the invitation and with the approval of medical school administration.
- C. Sales and marketing representatives will be provided with a copy of these guidelines before their presentation, and will sign a statement to the effect that he or she has received and understands these guidelines. The representative will then receive a badge clearly identifying him or her.
- D. Marketing tools and other "reminder" materials will be removed entirely from any space used by sales and marketing representatives after their appointment on campus.
- E. Industry representatives will not approach medical students unsolicited at any point during their stay on the Icahn School of Medicine at Mount Sinai campus.

Due to patient confidentiality concerns, while on campus and off, medical students are not permitted to answer questions related to their patients or patient care, or facilitate access to any portion of medical records.

## *Acquired Immune Deficiency*

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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 healthcare 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.

## *Alcohol and Drugs Policy*

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The following statement describes the Mount Sinai Health System's policy regarding substance abuse for all employees, which include faculty, administration, house staff, students, graduate students, fellows, bargaining, and non-bargaining unit employees. Icahn School of Medicine 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 School of Medicine premises, or reporting to classes, clerkships, or laboratory research under the influence of unauthorized drugs or controlled substances may constitute grounds for immediate dismissal.

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

The School of Medicine 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 or via Student Mental Health. The School is under no obligation to refer an employee or student 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 School of Medicine (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 contracts a copy of The Health System'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 Health System's policy of maintaining a drug-free workplace, the availability of 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

## *Drug Testing*

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All incoming students are required to undergo drug/alcohol screening. Subsequently, drug/alcohol testing may be requested of any student, at any time, including:

- When concerns about substance use issues arise

- Whenever an administrative evaluation is requested (see Administrative Evaluation Section below)
- When any student returns from a leave of any kind
- When a student self-reports a problem.

Failure to undergo testing as requested will result in dismissal from the School.

Drug/alcohol testing is conducted both to provide an environment that is safe for our patients and that promotes the highest possible level of learning and professionalism in our students. While the School of Medicine maintains a drug-free workplace in compliance with federal regulations, it also strives to foster an atmosphere of openness about drug and alcohol related issues. Although people often have strong preconceptions about substance use and drug/alcohol testing, such testing is done out of concern for the well-being of our students and of their current and future patients. It is therefore neither uncommon nor prejudicial.

## *Alcohol Policy – Levinson Student Center*

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The policy of the School of Medicine regarding alcoholic beverages in the Patricia and Robert Levinson Student Center 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 or Departments within Icahn School of Medicine under the following circumstances:

- A student-run organization that is recognized by Student Council or a medical school department is sponsoring the event.
- No student or guest under the age of 21 will be served or permitted to consume any alcoholic beverage.
- Alcoholic beverages are not sold at the event.
- Alcohol must not be taken out of the Student Center into other areas of Mount Sinai.
- Alcohol should only be served by hired vendors with active liquor licenses or a student group/department that has obtained a temporary liquor license from the New York State Liquor Authority
- Serving alcoholic beverages should always be in the context of serving food and non-alcoholic beverages.
- A specific student group or department must be identified as responsible for the event.
- The responsible party will monitor the event so that anyone who is clearly intoxicated is not served any more alcohol.
- If a person has become intoxicated, steps should be taken to try and help the individual sober up prior to leaving the party.
- The responsible party 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.
- The Department of Medical Education cannot reimburse students or student groups for alcohol purchases.

Please contact the Student Affairs Manager for questions or concerns.

## *Administrative Psychiatric Evaluation*

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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. The Office for Student Affairs (Medical School) or Program Director (Graduate School) will receive a written response, in the form of a password-protected electronic file, from the psychiatrist regarding the student. The response is password protected in the student's 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. These evaluations are never included in the MSPE or shared with outside entities unless legally subpoenaed.

## *Harassment Policy*

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### **I. STATEMENT OF PURPOSE**

Harassment has become an increasingly prominent national concern in the workplace and in academic institutions. Icahn School of Medicine at Mount Sinai 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

Icahn School of Medicine at Mount Sinai 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 Icahn School of Medicine at Mount Sinai 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.

### **II. 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 (age, race, color, language, religion, sex, sexual orientation, gender identity or

expression, genetic disposition, ethnicity, culture, creed, national origin, citizenship physical or mental disability, socioeconomic status, veteran status, military status, marital status, being the victim of spousal abuse, or based on 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 sex, gender, and gender identity and expression 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.

### III. 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 at least 22 members. Among these will be 2 with counseling experience, 2 medical students, 2 graduate students, 2 house staff, 2 faculty with administrative appointments, and 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 3-year renewable terms; students, postdoctoral fellows and house officers will serve renewable 1-year terms.

### IV. 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 stops 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 2 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 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 additional individuals and at least two 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 (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 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 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 may 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.
8. The Board may recommend sanctions based on the severity of the offense.
9. Sanctions may include, but are not limited to, verbal reprimand, written reprimand, change in job responsibilities, suspension, discharge, and expulsion.

The Board and/or the Committee may, at their discretion, modify the Grievance Procedures depending on the nature of a particular complaint.

#### 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.

## V. 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.

## VI. 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 Mistreatment Guideline*

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### Preamble

Icahn School of Medicine at Mount Sinai is dedicated to providing its students, residents, faculty, staff and patients with an environment of respect, dignity, and support. All members of the Icahn School of Medicine community are responsible for protecting student rights as specified in our Student and Faculty Codes of Conduct, the oaths we take, and institutional policy. Educators (defined broadly to include anyone in a teaching role, including faculty, residents, fellows, nurses, staff, and students) bear significant responsibility in creating and maintaining this atmosphere. As role models and evaluators, educators must practice appropriate professional behavior toward, and in the presence of, students, who are in a particularly vulnerable position due to the formative nature of their status. This guideline, therefore, supplements the institutional policy on harassment and grievances, will assist in developing and maintaining optimal learning environments, and encourages educators and students alike to accept their responsibilities as representatives of Icahn School of Medicine in their interactions with their colleagues, patients, and staff.

### Description of Mistreatment

Mistreatment interferes with the learning environment, adversely impacts the student-educator relationship, and has the potential for disrupting patient care and research. Inappropriate and unacceptable behaviors promote an atmosphere in which mistreatment is accepted and perpetuated in medical education and training. While the perception of mistreatment may differ between individuals, examples of mistreatment of students include, but are not limited to:

- Intentional neglect or marginalization (e.g., ignoring, speaking down to, yelling at, ridiculing)
- Insults or inappropriately harsh language in speaking to or about a student
- Berating, belittling, humiliating, or intimidating behavior

- Threat of physical harm or physical punishment (e.g. hitting, slapping, kicking)
- Asking to perform personal services (e.g., shopping, babysitting, picking up food)
- Threat of receiving a poor evaluation/grade for reasons other than course/clerkship performance
- Threat of altering authorship on a publication for reasons other than proper contribution
- Disregard for patient or student safety by requiring a student to perform a procedure or engage in patient care without adequate supervision.
- Sexual harassment, including offensive remarks, being asked to exchange sexual favors for grades or other awards, or being subjected to sexual advances
- Discrimination or harassment based on age, race, color, language, religion, sex, sexual orientation, gender identity or expression, genetic disposition, ethnicity, culture, creed, national origin, citizenship physical or mental disability, socioeconomic status, veteran status, military status, marital status, being the victim of spousal abuse, or based on any other characteristic protected by law.

Such actions are contrary to the good will, trust, and compassion central to the learning culture and working environment in an academic medical center. These actions cannot be tolerated. The sources of mistreatment include, but are not limited to research, preclinical, and clinical faculty, fellows, residents, post-docs, nurses, allied healthcare workers, fellow students and patients.

## The Student Mistreatment Resource Panel

I. The School will form a student panel to (1) serve as a sounding board for students with concerns about mistreatment and (2) assist in school-wide education about this topic.

II. Members of the panel will be elected by their peers annually.

III. The Student Mistreatment Resource Panel will be comprised of:

- One (1) medical student at the MS IV level\*
- One (1) medical student at the MS III level\*
- One (1) medical student at the MS II level\*
- One (1) medical student at the MS I level\*
- One (1) MD/PhD student\*
- Two (2) graduate students\*
- One (1) Scholarly Year student, who will act as chair of the Panel\*
- Two (2) Faculty Advisors who are the medical school ombudspersons.

\*At least one (1) student member of the Panel will also sit on the Grievance Committee.

IV. Panel members will:

- Serve as a sounding board for students with concerns about mistreatment in the educational environment.
- Assist in educating the Icahn School of Medicine community about mistreatment as outlined in the section entitled “Dissemination.”
- Meet with the Dean for Medical Education, Dean of the Graduate School and other medical school leadership on a biannual basis at the end of each semester. At that time, the panel’s de-identified records will be reviewed in order to improve this guideline and/or the program. If the panel or Deans deem it necessary, additional meetings may be scheduled.
- Update this guideline and programming based on the biannual review.

- Sign a statement detailing their understanding of the expectation of confidentiality in dealing with mistreatment related concerns and agreeing to serve on the panel for a one-year term.
- Recognize potential conflicts of interest: if a panel member has a potential conflict of interest that relates to a situation brought before the group (for example, a strong personal relationship with someone involved in the situation) the panel member must recuse himself or herself when the group learns about or discusses the situation. Likewise a student bringing a situation to the panel may request that one of the members not participate if there is a potential conflict of interest. The student should make this request to the chair of the panel or the ombudspersons.

IV. One (1) member of the panel will act as secretary and maintain de-identified records which include but are not limited to:

- All mistreatment concerns brought before the panel
- Next steps taken on mistreatment concerns (i.e. sent to Grievance Committee, spoke to Dean, etc.)

All Student Mistreatment Resource Panel records will remain anonymous and only de-identified data will be presented at biannual review meetings.

V. Student mistreatment concerns will be handled according to the following process:

- Students may report a concern either in person directly to a student member of the panel or by emailing a member of the panel. The panel will meet to discuss the case. Depending upon the severity and complexity of the complaint, the panel may deem it necessary or desirable for the student to meet with the group in order for the panel to ask questions or make suggestions.
- Depending upon the severity or complexity of the mistreatment, or at the request of the affected student, the panel may refer the case to an appropriate group or department at Icahn School of Medicine. When this occurs, the Dean for Medical Education and/or Dean of the Graduate School will also be notified.

At any time during the process, if the panel becomes concerned about an immediate threat to the safety or well-being of the complainant, alleged aggressor, or any person at Icahn School of Medicine or in the community, the panel will notify the Dean for Medical Education and/or Dean of the Graduate School.

## Dissemination

To promote a learning environment respectful of all individuals, Icahn School of Medicine will publicize the concern about student mistreatment and this panel's existence across the institution. Education is a cornerstone in the prevention of student mistreatment. An on-going effort will be made to inform all individuals involved in student education about the appropriate treatment of students and of this guideline. To that end, the following notification mechanisms will be utilized:

- *Medical Students:* A discussion of mistreatment and our guidelines will occur each year during year, course, and clerkship orientations. Each course and clerkship director will include this guideline in their course and clerkship materials.
- *Graduate Students:* A discussion of mistreatment and our guidelines will occur during Orientation for first-year students.
- *Faculty, Residents and Fellows:* This guideline will be sent each year from the Dean's office to all Course and Clerkship Directors and all MTA directors, who will help disseminate the guideline to those involved in medical student education.

## Protection from Retaliation

Retaliation against individuals who bring forward complaints of mistreatment (including but not limited to adverse effects on student evaluation) is strictly prohibited and will not be tolerated.

## *Affirmative Action Policy*

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It is the policy of the Icahn School of Medicine at Mount Sinai that all decisions regarding educational and employment opportunities and performance are made on the basis of merit and without discrimination because of age, race, color, language, religion, sex, sexual orientation, gender identity or expression, genetic disposition, ethnicity, culture, creed, national origin, citizenship physical or mental disability, socioeconomic status, veteran status, military status, marital status, being the victim of spousal abuse, or based on 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, medical students, and other members of the medical school community rests solely on demonstrably valid criteria of merit, competence and experience.

Additional information concerning Icahn School of Medicine at Mount Sinai's Affirmative Action Program can be found through the Human Resources Department of The Mount Sinai Health System.

## *Mount Sinai Health System Social Media Guideline*

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Social media are internet-based applications which support and promote the exchange of user-developed content. Some current examples include Facebook, Wikipedia, and YouTube. Posting personal images, experiences and information on these kinds of public sites poses a set of unique challenges for all members of the Mount Sinai community, including employees, faculty, house staff, fellows, volunteers, and students (collectively "Personnel"). All personnel have responsibility to the institution regardless of where or when they post something that may reflect poorly on Mount Sinai. Mount Sinai is committed to supporting your right to interact knowledgeably and socially; however these electronic interactions have a potential impact on patients, colleagues, Mount Sinai, and future employers' opinions of you. The principal aim of this Guideline is to identify your responsibilities to Mount Sinai in relation to social media and to help you represent yourself and Mount Sinai in a responsible and professional manner.

### **Guideline**

The following Guideline outlines appropriate standards of conduct related to all electronic information (text, image or auditory) that is created or posted externally on social media sites by Personnel affiliated with Mount Sinai. Examples include, but are not limited to: text messages, media messaging service (MMS), Twitter®, Facebook®, Linked-In®, YouTube®, and all other social networks, personal and organizational websites, blogs, wikis, and similar entities. This Guideline applies to future media with similar implications. It also applies whether Personnel are posting to: Mount Sinai-hosted sites; social media in which one's affiliation is known, identified, or presumed; or a self-hosted site, where the views and opinions expressed are not intended to represent the official views of Mount Sinai.

#### *Reference to Other Policies*

All existing policies of The Mount Sinai Health System apply to Personnel in connection with their social media activities. A list of relevant policies is included at the end of this Guideline.

Everyone who participates in social media activities should understand and follow these simple but important Best Practices:

**Take Responsibility and Use Good Judgment.** You are responsible for the material you post on personal blogs or other social media. Be courteous, respectful, and thoughtful about how other Personnel may perceive or be affected by postings. Incomplete, inaccurate, inappropriate, threatening, harassing or poorly worded postings may be harmful to others. They may damage relationships, undermine Mount Sinai's brand or reputation, discourage teamwork, and negatively impact the institution's commitment to patient care, education, research, and community service.

**Think Before You Post.** Anything you post is highly likely to be permanently connected to you and your reputation through Internet and email archives. Future employers can often have access to this information and may use it to evaluate you. Take great care and be thoughtful before placing your identifiable comments in the public domain.

**Protect Patient Privacy.** Disclosing information about patients without written permission, including photographs or potentially identifiable information, is strictly prohibited. These rules also apply to deceased patients and to posts in the secure section of your Facebook page that is accessible by approved friends only.

**Protect Your Own Privacy.** Make sure you understand how the privacy policies and security features work on the sites where you are posting material.

**Respect Work Commitments.** Ensure that your blogging, social networking, and other external media activities do not interfere with your work commitments.

**Identify Yourself.** If you communicate in social media about Mount Sinai, disclose your connection with Mount Sinai and your role at the Health System. Use good judgment and strive for accuracy in your communications. False and unsubstantiated claims, and inaccurate or inflammatory postings may create liability for you.

**Use a Disclaimer.** Where your connection to Mount Sinai is apparent, make it clear that you are speaking for yourself and not on behalf of Mount Sinai. A disclaimer, such as, "The views expressed on this [blog; website] are my own and do not reflect the views of my employer," may be appropriate.

**Respect Copyright and Fair Use Laws.** For Mount Sinai's protection as well as your own, it is critical that you show proper respect for the laws governing copyright and fair use of copyrighted material owned by others, including Mount Sinai's own copyrights and brands.

**Protect Proprietary Information.** Do not share confidential or proprietary information that may compromise Mount Sinai's business practices or security. Similarly, do not share information in violation of any laws or regulations.

**Seek Expert Guidance.** Consult with the Marketing & Communications Department if you have any questions about the appropriateness of materials you plan to publish or if you require clarification on whether specific information has been publicly disclosed before you disclose it publicly. Social media may generate interest from the press. If you are contacted by a member of the media about a Mount Sinai-related blog posting or Health System information of any kind, contact the Press Office, a division of the Marketing & Communications Department, at 212-241-9200 or [newsmedia@mssm.edu](mailto:newsmedia@mssm.edu)

Failure to abide by Mount Sinai policies may lead to disciplinary action, up to and including termination or expulsion.

## **Applicable Policies:**

These policies include, but are not limited to: Use or Disclosure of Protected Health Information (PHI) or Confidential Mount Sinai Materials; Computer Use Policy; Use of Mount Sinai's Trademarks and Proprietary Information;



Electronic Communications; Confidentiality of the Medical Record; Camera and Video Recorder Use; Portable Electronic Devices; Human Resources Policies 13.5 (Electronic Mail/Email) and 13.6 (Internet Use); and all professionalism policies and codes of conduct. Policies not listed above that are in the Human Resources Manual, the Faculty Handbook, the Housestaff Manual, the Student Handbook and the Bylaws of the Hospital Staff also apply.

The following are fictional use-case examples of social media and blogging activities and an explanation of their appropriateness as per the Mount Sinai Health System Social Media Guideline:

1. **A patient attempts to “friend” an attending physician on Facebook.** This is almost always inappropriate, unless the doctor-patient relationship has ended. Even after the doctor-patient relationship has ended, it would be inappropriate to discuss health-related information. (Best Practice 3)
2. **A patient comments on a Mount Sinai physician’s blog and discloses protected health information with the expectation that the Mount Sinai physician will continue the discussion.** Any health-related discussions by email with patients require a written consent. Similarly, social media discussion with a patient should not directly address health concerns of individual patients. (Best Practice 3)
3. **A medical student “tweets” that he just finished rounds with the residents on a patient and describes the clinical findings of that patient.** It is difficult to be certain that information disclosed in the Twitter® post is not identifiable to that particular patient. The best type of posting would include very general information. Other posts by the same student could indicate his/her medical school and current rotation, leading to circumstances that indirectly identify the patient, such as by naming a very rare disease. (Best Practice 3)
4. **A medical student writes in her blog, naming an attending physician who did minimal teaching on rounds and recommending that other students not take clinical electives with that physician.** Legitimate critique of an educational activity is appropriate, so long as professionalism is maintained. There are more effective and less public mechanisms for relaying this type of information, and the student may be counseled accordingly. (Best Practices 1, 2)
5. **A graduate student posts to his “wall” on Facebook that half of the class was sleeping during Dr. X’s lecture on biostatistics.** This is very similar to the use case above. (Best Practices 1, 2)
6. **A pediatric resident posts (on her Facebook wall) a picture of a baby who was just discharged from her service, expressing joy, best wishes to the family, and congratulating everyone involved in this excellent patient outcome.** Without written patient/representative consent, this is a clear violation of patient confidentiality, even if the patient is not named. (Best Practice 3)
7. **A laboratory technician blogs that the laboratory equipment he is using should have been replaced years ago and is unreliable.** The public disclosure of such information increases the liability for the Health System and is clearly unprofessional. There are legitimate and confidential mechanisms for improving quality at the Health System. (Best Practices 1, 2)
8. **A graduate student wearing a Mount Sinai t-shirt is tagged in a photo taken at a local bar and posted on a friend’s Facebook page. The graduate student is clearly inebriated.** The two issues are that: (1) the Mount Sinai logo identifies the affiliation to the institution; and (2) the unprofessional behavior of the student is available for all to see, including future employers and potential patients of Mount Sinai. The graduate student did not post the photo, but should do everything possible to have the photo removed and remove the tagging link to the student’s own Facebook page. (Best Practices 2, 4)
9. **A postdoctoral fellow blogs that her laboratory technician wears too much cologne, has terrible taste in clothes, and takes overly long lunch breaks.** This is an inappropriate forum and set of comments and demonstrates unprofessional behavior by the post-doctoral fellow. There are legitimate and confidential mechanisms for addressing valid concerns in the workplace. (Best Practices 1, 2)
10. **An oncology nurse practitioner uses an alias and blogs that Mount Sinai has the lowest bone marrow transplantation complication rate in the world.** This may be a violation of Federal Trade Commission



regulations that prohibit false or unsubstantiated claims, and does not disclose the employee's material relationship to Mount Sinai. (Best Practice 6)

11. **An applicant to the School of Medicine is given access to an Icahn School of Medicine blog to comment on the experience. The applicant writes that another medical school in NYC is obviously more prestigious and has better housing.** Mount Sinai has no recourse against non-affiliated individuals. The administrator of the blog should have established policies and procedures for editorial procedures. If the blog posting meets these editorial guidelines, then the blog posting should remain. It is likely that others will debate the original comment and place Icahn School of Medicine's reputation and housing status in context.
12. **A medical student creates a social media website to discuss medical knowledge (e.g., "Cardiology Interest Group" on Facebook®)** This is a learning community environment, in which medical knowledge is exchanged, shared and discussed. While the goal is laudable, there are still risks. A disclaimer is necessary, since postings may be incorrect, taken out of context, or improperly referenced. The moderator should take precautions to prevent the posting of information potentially identifiable to a particular patient. (Best Practices 1, 3, 6, 7)

# Student Government

The Icahn School of Medicine at Mount Sinai Student Council is composed of representatives from each of the four medical school years as well as from each Graduate School program. Each class elects four students to serve as class representatives as well as 1-2 students to serve on the following subcommittees: Academic Technology, Athletic, Community Service, Executive Curriculum/AAMC, Health, Housing and Security, Student Lounge, Social, and Mistreatment. The Student Council considers all academic, financial, and other matters related to being a student in the School of Medicine and the Graduate School. Elections for student council take place in April, except for first-year elections, which take place in August after students arrive on campus. At the first meeting following elections, the offices of President, Vice-President, Treasurer, and Secretary will be elected for the following year. These students, along with a representative from the PhD program, a representative from the MPH program, and a representative from the first-year MD class (chosen from the MD1 class reps), will serve as the Student Council Steering Committee and meet monthly with the Deans. Additionally, all class and program representatives meet monthly with the Deans and Associate Deans for their program. Student Council will oversee the development and approval of student budgets related to student activities supported by the Student Activity Fee.

The organization of the Student Council, by-laws, and additional information may be found on the student council website at: <http://icahn.mssm.edu/education/student-resources/student-government/student-council>

# Student Life

## *Bicycles*

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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 cannot be kept overnight in the parking garage.

## *Bookstore*

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At Posman Collegiate Bookstore students can order medical textbooks, popular books, supplies, and gifts.

## *Buses*

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Shuttle bus service is provided to and from the Mount Sinai Campus and the following Health System hospitals: Mount Sinai St. Luke's, Mount Sinai Roosevelt and Mount Sinai Beth Israel Manhattan. Shuttle service is also provided to affiliate sites (Bronx V.A. and Elmhurst Hospital Center), the Adolescent Health Center (320 East 94<sup>th</sup> Street) and the 125<sup>th</sup> Street Metro North train station.

Schedules are available online at

<http://intranet1.mountsinai.org/securityweb/Security%20Web%20Frameset.htm>. Real time route locations of shuttle buses with the exception of the Bronx V.A. bus can be viewed by going to the shuttle locator site at [www.mshsShuttle.org](http://www.mshsShuttle.org). Tickets for the Metro North Shuttle (\$2.25 each way and available in either single ride or monthly passes) can be purchased at the Cashier Office located on the MC Level of Annenberg.

## *Check Cashing*

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Students may cash personal checks up to \$50 (for a fee of \$1.00) at the Main Cashier window on the MC Level of Annenberg first floor of Guggenheim Pavilion between 9:00 am and 3:00 pm, Monday through Friday. 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 am and 3:00 pm, Monday through Friday. The Main Cashier window is closed Saturdays, Sundays and holidays. An ID card is necessary for any transaction.

## *Food Service*

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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 first floor of Guggenheim Pavilion. Information about menus and times of operation are posted at:

<http://intranet1.mountsinai.org/foodservice/>.

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

## *Recreation Office*

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Student Council has a committee for social activities and another 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 the appropriate class representative. Students are urged to coordinate as many activities as possible through the two Student Council committees and the Recreation Office (see below).

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 basketball courts and a handball court that are available for student use.

The Recreation Office offers a wide range of discounts to promote work/life balance and the enjoyment of many of New York City's cultural events. The office provides discounted tickets, promotions, and services that include Broadway and Off-Broadway shows, movies, sporting events, amusement parks, restaurants, health clubs and spas, hotels, cell phone service, car rentals. All discounts require a valid Mount Sinai Health System ID.

19 East 98 Street, Room 2F,  
212-241-6660

<http://fusion.mssm.edu/recreation/index.cfm?content=welcome>

## *92<sup>nd</sup> Street Y*

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Membership passes for the 92<sup>nd</sup> Street Y are available to students. 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 Icahn School of Medicine students (not their guests). The Mount Sinai ID card plus the pass gains students' admission to the "Y" for the use of facilities. Y-Passes are available through a link on Blackboard.

# Academic Requirements

## *Technical Standards for Candidates for MD Degree*

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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 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, and 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 healthcare 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 age, race, color, language, religion, sex, sexual orientation, gender identity or expression, genetic disposition, ethnicity, culture, creed, national origin, citizenship physical or mental disability, socioeconomic status, veteran status, military status, marital status, being the victim of spousal abuse, or based on any other characteristic protected by law

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.

## *General Promotion/Graduation Requirements*

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Students at Icahn School of Medicine at Mount Sinai have been carefully selected to meet the demands of medical studies. At the time of graduation, Icahn School of Medicine 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. While at Icahn School of Medicine, if 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.

No student will be allowed to advance to the next year unless all requirements for the preceding year have been 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 USMLE Step 1, USMLE Step 2 CK and Step 2 CS, each 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.

## **Competency 1: Patient Care**

- History taking
- Physical examination
- Procedural skills
- Clinical reasoning
- Medical decision making
- Communication skills

## **Competency 2: Scientific and Medical Knowledge**

- Organ structure and function
- Characteristics and mechanisms of disease
- Healing and therapeutics
- Social and cultural determinants of health and disease
- Healthcare resources and delivery systems
- Ethical principles of medical practice and research

## **Competency 3: Learning, Scholarship, and Collaboration**

- Self-awareness and commitment to self-improvement
- Methods of investigation, analysis, and dissemination
- Teamwork

## **Competency 4: Professionalism and Advocacy**

- Service
- Leadership and accountability
- Honesty and integrity
- Empathy
- Respect



## Competency 1: Patient Care

Graduates will reliably obtain and interpret clinical data, propose a prioritized management plan, and communicate effectively with patients, families, colleagues, and staff.

### History taking

- Establish a safe and comfortable environment to allow for a patient to provide a confidential history.
- Conduct an interview that is appropriate to the patient's age and the clinical venue.
- Conduct a comprehensive interview that is organized and efficient and includes the appropriate elements of the history.
- Incorporate additional sources of information, including the medical record and perspectives of caregivers.

### Physical examination

- Establish a safe and comfortable environment for the physical examination, respecting the patient's privacy and dignity and counseling the patient about what to expect during the exam.
- Conduct an exam that is appropriate to the patient's chronological and developmental age and the clinical venue.
- Conduct a comprehensive physical exam that is organized, efficient and technically correct, focusing on organ systems related to the chief complaint.

### Procedural skills

- Describe indications for and potential complications of basic procedures
- Demonstrate correct techniques for basic procedures with attention to universal precautions, sterile technique and patient comfort.
- Describe indications for and potential complications of commonly performed advanced procedures.

### Clinical reasoning

- Integrate and interpret data from the medical history, patient records, physical exam, and diagnostic procedures to generate a prioritized patient problem list and differential diagnosis.
- Formulate plausible explanations for clinical phenomena using probabilistic deduction and application of basic science principles, epidemiology, and biostatistics.
- Recognize patients who require emergent assessment and management.
- Recognize when screening for disease is appropriate.

### Medical decision making

- Initiate diagnostic and management plans with attention to medical evidence, acuity of illness, risk-benefit estimations, patient and/or family preferences, consideration of cost, and availability of therapies.
- Recognize when consultation is required.
- Plan for safe transitions across the care continuum, with attention to health literacy, patient safety, and support systems.
- Apply the principles of evidence-based medicine to critique and utilize scientific literature and in clinical decision making.

### Communication skills

- Communicate information honestly, accurately, reliably, empathically, and in a culturally sensitive manner with patients and their families and/or caregivers.
- Elicit and respond to patient values, preferences and expectations for health and healthcare.
- Communicate effectively with members of the inter-professional healthcare team.
- Listen actively to patients, their families and/or caregivers, and all members of the healthcare team.
- Effectively educate and counsel patients about plans of care, health promotion and disease prevention, chronic disease management and end-of-life care.
- Record clinical information and reasoning in the medical record clearly, reliably and accurately.

## Competency 2: Scientific and Medical Knowledge

Graduates will apply knowledge and analytic abilities to engage in problem solving at multiple levels, from the individual patient to the healthcare system.

### Organ structure and function

- Apply the principles of anatomy, histology, and physiology to describe the interrelated functions of organs and organ systems.
- Apply the principles of molecular and cellular biology to describe the basis of tissue specificity.
- Apply knowledge of major biochemical pathways to describe normal cell function and metabolism.
- Describe the changes that occur to organs and organ systems in development and aging.

### Characteristics and mechanisms of disease

- Explain mechanisms of disease using the principles of molecular biology and genetics.
- Describe the structural changes and physiologic alterations that underlie disease states.
- Explain how microorganisms interact with the host at cellular, tissue, and systems levels to promote homeostasis or cause disease.
- Describe the incidence of, prevalence of, and risk factors for major diseases.
- Recognize and interpret the clinical manifestations of major diseases.
- Develop prognoses based on the natural history of disease and patient presentation.
- Explain how genomics is used to predict disease vulnerability and inform management.

### Healing and therapeutics

- Describe the role of the immune system in preventing and responding to disease.
- Recognize reparative responses to cell and tissue injury.
- Apply the principles of pharmacokinetics and pharmacodynamics to describe the mechanisms of action, clinical utility, adverse effects and interactions of major therapeutic agents.
- Select and apply basic pharmacologic and non-pharmacologic approaches to disease and symptom management.

### Social and cultural determinants of health and disease

- Recognize the impact of age, culture, environment, disability, ethnicity/race, gender, sexuality, socioeconomic status, and spirituality on health, disease, treatment, and prevention.
- Describe the concept of human rights and its impact on health, disease, treatment, and prevention.

### Healthcare resources and delivery systems

- Describe the global distribution of disease and its impact on the healthcare needs of communities.
- Identify available models of and barriers to organizing, financing and delivering healthcare to patients and communities.
- Describe the U.S. healthcare system and contrast it with other healthcare systems
- Describe a systems approach to address healthcare resource needs.
- Describe emergency preparedness as related to healthcare needs.

### Ethical principles of medical practice and research

- Recognize ethical dilemmas in the practice of medicine, healthcare systems and research.
- Recognize the effects of laws and policies on medical practice and healthcare systems.
- Apply the principles of autonomy, beneficence, non-maleficence, and justice to clinical scenarios and to issues of resource allocation.

## Competency 3: Learning, Scholarship, and Collaboration

Graduates will be inquisitive and reflective learners and practitioners who will think creatively and work effectively and collaboratively with others.

### Self-awareness and commitment to self-improvement

- Identify and critically reflect upon personal strengths, limitations, and biases.
- Recognize when and how to seek assistance and mentorship.
- Actively solicit and incorporate feedback into practice.
- Actively seek out self-directed learning opportunities.
- Identify resources to support one's own physical and emotional health.
- Recognize one's evolving role in patient care, teaching, and inquiry.

### Methods of investigation, analysis, and dissemination

- Utilize information resources to facilitate learning and to inform patient care.
- Formulate questions and generate hypotheses that will drive learning, investigation, discovery, and innovation.

- Engage in and present scholarly activity relevant to health and disease.

#### Teamwork

- Engage actively in group learning and peer and colleague teaching.
- Recognize the role and expertise of inter-professional healthcare team members.
- Work effectively as part of an inter-professional patient care team.

## Competency 4: Professionalism and Advocacy

Graduates will use their knowledge and skills responsibly to serve the needs of patients and society.

#### Service

- Demonstrate a concern for the vulnerabilities of patients.
- Advocate for individual and community access to healthcare and resources that promote health.
- Show concern for the basic needs and life circumstances of patients.
- Demonstrate commitment to the healthcare needs of communities.

#### Leadership and Accountability

- Assume responsibility for one's own actions.
- Identify strategies for effective conflict resolution, negotiation, and decision-making.
- Consistently follow up with learning tasks and patient care.
- Adhere to institutional and professional standards of medical practice.
- Recognize and report actual and potential medical errors.
- Demonstrate a commitment to quality improvement and patient safety.

#### Honesty and Integrity

- Be honest and ethical in clinical interactions, educational activities, scholarly work, and service activities.
- Accurately represent one's role and capabilities.
- Recognize potential conflicts of interest.

#### Empathy

- Demonstrate compassion for the experiences and conditions of patients.
- Respond to the emotional needs of patients and their caregivers.

#### Respect

- Acknowledge and protect the dignity of patients.
- Act in a non-judgmental manner toward patients and caregivers.
- Ensure the privacy of health information.
- Conduct oneself in a manner appropriate to the setting and activity.

## *Academic Requirements for Year 1*

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All first-year courses must be passed prior to the start of the fall semester of Year 2. In addition, students must complete all required Year 1 milestones by the end of the spring semester of Year 1.

## *Academic Requirements for Year 2*

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All second-year courses must be passed by the end of the Spring Semester of Year 2 and prior to taking USMLE Step 1. In addition, students must complete all required Year 2 milestones by the end of the spring semester of Year 2.

Students must take and pass USMLE Step 1 at the end of Year 2 and attend InFocus 5 in order to advance on to Year 3

## *Academic Requirements for Year 3*

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In order to advance on to Year 3, students must participate in InFocus 5.

All required clerkships must be passed. Students must complete core requirements in, Medicine, Ambulatory Care-Geriatrics Pediatrics, Surgery and Online Radiology Course (ORC), OB/GYN, Neurology, and Psychiatry and InFOCUS 5, 6, and 7 before taking Year 4 clerkships. Students may defer Anesthesia to Year 4 but deferral of the clerkship will not extend the date requirements for USMLE Step 2 examinations.

## *Academic Requirements for Year 4*

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All required clerkships in Year 3 and Year 4 must be passed in order to graduate: Online Radiology, Critical Care, and Introduction to Internship, Emergency Medicine, and one Sub Internship (either Medicine or Pediatrics). Students must take USMLE Step 2 CS by November 2<sup>nd</sup> and Step 2 CK by December 1<sup>st</sup> of their 4<sup>th</sup> year. Complete 21 weeks of elective.

Students must also complete the required skill competencies for graduation

**NOTE:** In order to participate in patient care activities, all students must have current certifications in HIPAA, BLS, and Infection Control.

## *Academic Requirements for the Class of 2017 and Beyond*

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Students beginning with the class of 2017 will participate in a curriculum that includes a research requirement to be completed by graduation. Students can fulfill the requirement by submitting a first-author abstract approved by a mentor and a track advisor to Medical Student Research Day and presenting the project as a poster or an oral talk in Year 1, Year 2, Year 3, or Year 4.

# Student Feedback of Training Program

There are multiple opportunities offered students to reflect upon on the quality of their medical education program: within course/clerkship feedback sessions, mandatory end of course and clerkship evaluations, focus groups and school-wide surveys seeking comments on aspects of their medical school experience.

- **Course and Clerkship Evaluations:** All courses and clerkships are evaluated. All course and clerkship faculty and preceptors who teach at Icahn School of Medicine are evaluated, whether they are course and clerkship directors or a one-time lecturer. Evaluations occur through our anonymous evaluation system (E\*value). Your feedback is invaluable as it provides us with data in which to adjust the course and clerkships and evaluate teaching. See below for how E\*value feedback is used.
- **Course and Clerkship Representatives:** Students also elect representatives who act as intermediaries between class members and course/clerkship directors.
- **Focus Groups:** We routinely convene focus groups to address curriculum, student life, and other topics.
- **AAMC Questionnaires:** The AAMC conducts an anonymous Matriculation Survey Questionnaire (MSQ), an anonymous Year 2 Questionnaire (Y2Q), and an anonymous Graduation Questionnaire (GQ) that all students are requested to complete and which is then compiled in a report and shared with the Department of Medical Education.
- **Graduation Survey:** The school conducts a mandatory survey prior to graduation to obtain students' perceptions of the curriculum and their experiences during medical school.

## *E\*Value and Mandatory Evaluations*

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Completion of course and clerkship evaluations through E\*Value is mandatory. The following policy has been implemented to ensure timely, professional, and useful responses from students.

If a student has not completed a mandatory course evaluation 2 weeks after the last day of the course, the student will receive an Incident report. If a student has not completed a mandatory clerkship evaluation within 4 weeks after the clerkship ends, the student will receive an Incident report.

Students must complete all evaluations for all courses and clerkships in order to be promoted to the next academic year or to graduate. This includes evaluations of faculty and preceptors in those courses and clerkships.

## *E\*Value and Anonymity*

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All evaluations are completed online, via E\*value, and are confidential. Please know that your feedback is very important to us, is read carefully and taken very seriously. Student responses are de-identified when the data is analyzed and reported through the Assessment and Evaluation function. Site-specific ratings are not shared with the site until there are at least 5 student ratings in order to maintain anonymity.

Evaluations include quantitative Likert-scale items as well as three free text items asking for strengths, weaknesses and suggestions for improvement. These text responses can provide critical information which provides deeper perspectives than the quantitative items alone. We ask that you thoughtfully complete each of your evaluations. The ways in which students provide feedback can be similar to the ways in which residents and faculty are asked to provide feedback to students:

- Address what can be changed
- Provide facts with examples
- Be constructive, not judgmental

Comments regarding clerkships, sites and educators that are considered to be unprofessional (inappropriate, threatening or harassing) will be voided and forwarded to Curricular and Student Affairs for review. Although your identity will remain anonymous to Curricular and Student Affairs, you will be contacted by E\*value and asked to reconsider your thoughts and to rewrite them in a constructive manner, one which will be helpful to both the course/clerkship director and faculty members.

## *Reporting of Data Collected*

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As part of the Assessment and Evaluation function within the Department of Medical Education, we maintain a continuous review process of the MD program. This review seeks to monitor the implementation of the curriculum, both at the course/clerkship level and overall at the year and program level. Such a process includes information from multiple sources, including student feedback.

This information provides useful feedback to the individual course/clerkship directors, as well as to the administration and leadership of the Department of Medical Education. The assessment process includes multiple levels of reporting. All course and clerkship directors receive summaries of their respective program each year, which they share with their faculty. The course and clerkship directors work with Medical Education each year to identify strengths and areas for improvement.

Information generated through the course and clerkship directors is then provided to the Curriculum Steering Committee (CSC), an oversight body that continuously reviews and revises our educational process where necessary, as well as Years 1/2 Course Directors Committee and the Clinical Curriculum Committee (CCC), where course and clerkship directors as well as educational leaders share information and lessons learned.

Finally, the course/clerkship directors present this information to the oversight body for the medical school program, the Executive Curriculum Committee (ECC). Each course or clerkship is reviewed by the ECC and feedback and recommendations for changes are directly provided to the course/clerkship director(s) and to the CSC in order to ensure that the appropriate changes are implemented. The Deans in the Department of Medical Education attend the ECC meetings so they are constantly aware of our successes and of areas in which a need for improvement has been identified

# Academic Programs and Requirements

## *Year 1 Courses and Requirements*

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### *Fall Semester*

Art & Science of Medicine Year 1  
Structures  
InFocus 1  
Molecular, Cellular and Genomic Foundations

### *Spring Semester*

Art & Science of Medicine Year 1  
Immunology  
Pathology  
InFocus 2  
Physiology  
Medical Microbiology

## *Year 2 Courses and Requirements*

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### *Fall Semester*

Art & Science of Medicine Year 2  
Brain & Behavior  
InFocus 3  
Cardiovascular Pathophysiology  
Pulmonary

### *Spring Semester*

Art & Science of Medicine Year 2  
Gastrointestinal-Liver Pathophysiology  
Hematology Pathophysiology  
Musculoskeletal Pathophysiology  
InFocus 4  
Endocrine Pathophysiology  
Sexual & Reproductive Health  
Renal

## **Milestones**

We have developed a learning roadmap for Icahn School of Medicine students to support their achievement of outcomes related to scholarly work, career planning, skill development in areas critical for science and practice in the 21<sup>st</sup> century, and compliance expectations. Using the milestones for each year, students can direct their planning and scheduling, track their sequential achievement of milestones, and obtain guidance and mentorship as they progress through the academic program.

The Milestones Map on each class year's Milestone organization on the Blackboard website provides detailed descriptions for each milestone, including event dates, deadlines, and the exact steps necessary to complete and



receive credit for the milestone. Depending on specific paths that students may choose to enter, some assigned milestones may change as the academic year progresses. Information may also be updated on the Milestone Map as a deadline approaches. For this reason, weekly Update and Reminder emails will be sent out each Friday with the most current Milestone information for upcoming tasks.

The completion of Milestones is also tracked via the class year's Milestone organization. Students are responsible for tracking their own completion of some Milestones, while the Milestones coordinator will upload and track the completion of other Milestones. All of this is described in a detailed manner on the Milestones Map.

Missing a Milestone deadline has professional consequences, such as falling behind on the required Scholarly Product, not receiving funding for Summer Research Projects, etc. If a Milestone Deadline passes without completion, the student may receive an Incident Report.

## *Years 1 and 2 Nexus Learning and Experiences*

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First- and second-year students will not take courses or pursue activities for elective credit, but rather for their own professional development and learning.

### **Nexus Learning**

Nexus Learning comprises a diverse range of courses geared towards first- and second-year medical students; the offerings build on the required curriculum and allow students to gain new insights, knowledge, and skills to enhance their practice of medicine. Students can explore topics in the humanities as well as courses in the sciences. While Nexus Learning courses are not for credit, students are strongly encouraged to take at least one of these courses. Nexus Learning is an opportunity to deepen knowledge in particular areas of interest or discover an entirely new discipline, as well as to engage with faculty and students with these shared interests.

Selecting and Registering for a Nexus Learning Course:

- From the Nexus Learning list online ([https://sap.mssm.edu/elective/courses/courses\\_1\\_2.cfm](https://sap.mssm.edu/elective/courses/courses_1_2.cfm)) select the course you wish to take
- Email the program coordinator directly to sign up for the course

Students who have met the minimum requirements of the Nexus Learning course, which are set by the individual course directors, should track their participation in their student portfolio. The Nexus Learning courses are not formally graded but rather a voluntary experience in keeping with Icahn School of Medicine's philosophy.

### **Experiences**

Students in Years 1 and 2 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 the student portfolio that is open and fluid, and ultimately serves as the basis for the student's Medical Student Performance Evaluation (MSPE). 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. 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 Icahn School of Medicine at Mount Sinai. 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 Icahn School of Medicine's philosophy.

## Year 3 Clerkships and Requirements for Academic Year 2015-16

Inpatient Medicine (6 weeks)	Ambulatory Care - Geriatrics (6 weeks)
Obstetrics-Gynecology (5 weeks)	Pediatrics (5 weeks)
Psychiatry (4 weeks)	Neurology (4 weeks)
Surgery - Anesthesiology (8 weeks)	Online Radiology Course (Integrated)
InFocus 5	InFocus 6
InFocus 7	INTERACT (13 weeks)*

\* Year-long intensive ambulatory care experience interspersed throughout clerkship year. 12 students selected through a competitive application process.

### Prior to beginning Year 3

All students are required to take USMLE Step 1 prior to InFocus 5 (the start of Year 3) 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 in Monitored Academic Status and removed from the clerkship setting at an appropriate interval and cannot sit for any shelf exams until a passing score is recorded on Step 1. Student Affairs will help the student develop an individualized plan for studying and retaking the exam. If the student fails the exam a second time he or she will be placed in Serious Academic Status and must appear before the Promotions Committee which will approve a plan for remediation. If the student is unable to pass Step 1 on the third attempt by the following June, he or she will be dismissed. In addition:

- Students must be in compliance with all Student Health requirements before beginning clerkships.
- Students may plan their schedule to incorporate elective time during their third year (see guidelines for away electives listed below as well as section on Year 3 and 4 Electives)
- There will be no elective credit for studying for the boards after a failure on USMLE Step 1.
- There will be no elective credit for repeating clinical portions of failed clerkships.

### InFocus 5, 6, & 7

InFocus 5, 6, & 7 is a required course. InFocus 5 is a requirement to enter Year 3. InFocus 5 provides rising third-year medical students with the basic tools necessary to successfully transition from the pre-clerkship years into clinical training. The course offers students a basic orientation to the third year (policies, procedures, and requirements) through multiple interactive seminars (maximizing learning, feedback and evaluation, evidence-based practice), skill-based sessions (basic procedures, note writing, and chart review practice) and an intensive patient safety curriculum.

InFocus 7 is a required week-long experience that occurs during Modules 2 and 4 of Year 3. InFocus 7 is a week-long retreat from the clinical experiences of the third year that provides students with the opportunity to reflect and integrate the knowledge, skills, and attitudes of clinical practice. It includes sessions on career and professional development, health policy, medical errors, and preparation for residency.

## Standardized Subject Exams from NBME (Shelf Exams)

Icahn School of Medicine at Mount Sinai uses the NBME Clinical Science examinations to assess student performance on the last day of each clerkship (except Ambulatory Care-Geriatrics) which occur in the third year. These standardized, objective, and discipline-based exams require medical students to solve scientific and clinical problems. Test scores reflect the learning specific to a student's clerkship experiences, as well as their educational development resulting from the overall medical school experiences. Exams are designed to provide medical schools with an effective evaluation tool and useful examinee performance data that can be compared with a large representative group of examinees at the same stage of training.

Students are required to take the Shelf Exam on the last day of the clerkship as scheduled, and can expect to receive instructions on where to report for this from Blackboard and from the Clerkship Coordinator. The Shelf exam is 2.5 hours in length and online, though students will be required to arrive early to receive instructions.

## Policy Regarding the Day before Shelf Exams

Students are expected to participate in clerkship activities the day before the shelf exam. However, students should not be assigned call responsibilities that day. All clerkship duties should end by 5 pm.

## Comprehensive Assessment 2 (COMPASS 2)

COMPASS 2 is a required assessment conducted during the third year of medical school. Objectives of this six-station standardized patient assessment are to assess students' abilities to apply knowledge, concepts and principles, demonstrate fundamental clinical skills, including clinical reasoning skills, essential to safe and effective patient care under supervision, and demonstrate effective interpersonal and communication skills with patients. Competencies assessed include taking a relevant and focused history, performing an appropriate and focused physical examination, effectively communicating with a patient, integrating and applying data gathered to diagnostic hypotheses and accurately documenting findings and plans. Standardized patients rate students on patient-centered data gathering of historical information, physical exam, communication, and interpersonal skills. Faculty review and score students' notes on each case and provide written feedback on the notes to students. COMPASS 2 also includes a medical ethics exercise during which students apply clinical moral reasoning to two standardized patient cases and develop a written and oral presentation for the ethics faculty.

COMPASS 2 is mandatory and students who do not meet competency standards are required to successfully complete a remediation plan as determined by the COMPASS 2 faculty committee. Remediation may require activities or assessments with other students. Remediation must be completed before the student can take USMLE Step 2 CS and prior to the date that the score is guaranteed available before the NRMP decisions by programs. Remediation costs will be borne by the student and remediation may require a change in the student's schedule. Failure of the remediation would bring the student to the Promotions Committee

## *Year 4 Clerkships and Requirements for Academic Year 2015-16*

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Pediatrics or Medicine Sub Internship (4 weeks)	Introduction to Internship (2 weeks)
Emergency Medicine (4 weeks)	Online Radiology Course
Critical Care (2 weeks)	Electives (21 weeks total over Years 3 and 4)

There will be no elective credit for repeating clinical portions of failed clerkships.

Before taking the required Sub Internship, a clinical refresher is required for those students returning from scholarly leave into Year 4. The clinical refresher must be approved by the student's advisor.

All students must take and pass USMLE Step 2 CK and CS within three attempts. See policy below.

## Policy for Step 2 CS and CK

Students may take these examinations in any order, but for the Academic Year 2015-16 students must take Step 2 CS by October 31, 15 of their fourth year and Step 2 CK by December 1<sup>st</sup> of Year 4 to allow time to retake the examinations should it be necessary. We recommend students take Step 2 CS by September 6<sup>th</sup>, 2015, however the final deadline is November 1<sup>st</sup>. It should be noted that some residency programs require documentation of USMLE Step 2 CK and/or CS prior to ranking the student in the match (mid-February of the graduating year for the NRMP, late December or early January for the Urology and Ophthalmology matches).

- With permission from the Office for Student Affairs, students with Step 1 scores greater than 230 and no failures on shelf exams may defer Step 2 CK until January 15<sup>th</sup> of their fourth year. There are no exceptions for deferral for Step 2 CS.
- Students must record a passing score on the USMLE Step 2 CK and CS examinations on or before the third attempt. Failure to do so will result in administrative withdrawal from Icahn School of Medicine at Mount Sinai.
- For any student with a current Fail in a clerkship or in a USMLE exam at the time of the NRMP deadline (usually in February of graduation year), all programs to which the student has applied will be notified. In accordance with NRMP policies, a student who is at risk for not being able to attend residency on July 1<sup>st</sup> be withdrawn from the Match.

## *Year 3 and 4 General Clerkship Requirements*

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### Student Work Hours Policy

Clerkship Directors disseminate the work hours policy to clerkship faculty and housestaff at Mount Sinai and affiliates. The policy is outlined below and is also noted on the clerkship cards. Site evaluations allow students to share their experiences related to work hours.

- If a student is required to be on overnight call, then the student is required to be off duty the next morning by 9 am
- If no overnight call is required on the clerkship, then evening call ends at 9 pm and the student is expected to return the next morning (no earlier than 5 am on any service)
- In hospital on-call frequency: no more than every third night
- Minimum time off between duty hours: must have 8 hours off between shifts including after a 24-hour shift.

### Competencies in Clinical Skills

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.

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	ADL/IADL assessment Airway management-ambu-bagging, assist intubation Assist at cesarean delivery Assist at vaginal delivery Assist at laparoscopic or robotic surgery Assist at open abdominal surgery Basic interpretation of fetal monitor tracing Basic interpretation of obstetrical sonogram Central venous access Collection of DFA's CXR interpretation Functional Reach Get up and go Incision and Drainage	Joint injections (shoulder) KUB interpretation Mental Status exam Mini-cog Mini-mental state exam (MMSE) Pap smear Pelvic exam PHQ-2 and PHQ-9 Proper collection of blood culture Splinting STD Screening Suture of laceration Ventilatory management

## Documenting Competencies in Clinical Skills

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 Sub Internships and Critical Care Clerkships provide ample opportunities for students to perform procedures that they are unable to complete during the third year.

## Electronic Diagnosis and Procedure Tracker

In order to ensure that students have adequate exposure to a variety of presenting complaints and to comply with LCME guidelines, students are required to log certain diagnoses into our web-supported tracking system - E\*Value. Each clerkship has a “must-see diagnoses” list, which can be found on the back of the Clerkship Cards handed out on the first day of each clerkship, and students are required to enter their exposures to these diagnoses in an on-going fashion throughout the clinical years. Students are also required to enter their role in the patient with the specified diagnosis. Roles include *Interviewer, Examiner, Assessment/Plan Developer, and Procedural Assistant*. Mid-way through each clerkship students will meet with the Clerkship Director and should print a copy of the Diagnosis Summary report to bring to this meeting. The Clerkship Director will review the report to see a count of all diagnoses encountered and use this to guide students to additional learning experiences.

In addition to logging in the “must-see diagnoses,” students are expected to attain competency in certain procedural skills prior to graduation from medical school. The attainment of proficiency in these skills is crucial to your ability to function as a successful intern. Each required procedure must be completed under supervision a minimum of three times and you are expected to log in these procedures into our web-supported tracking system – E\*Value.

## Years 3 and 4 - Electives

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### General Information

**For students in the class of 2016, they must successfully complete a total of 21 weeks of elective credit in order to graduate.**

**Starting with the Class of 2017 and beyond students must successfully complete a total of 28 weeks of elective credit in order to graduate**

Students may take clinical electives during the third and fourth years at Icahn School of Medicine at Mount Sinai, our affiliates, or at off-campus scholarly institutions. Students may also design clinical or research electives or seek out international experiences.

The following guidelines apply to all types of electives:

- 40 hours are required to receive one week of elective credit
- You are only permitted to take one 1-week elective (40 hours completed within a consecutive 7-day time period); you also are permitted one additional 1-week elective in the form of a longitudinal elective (40 hours of elective time completed over a period of weeks or months; must be one of the longitudinal electives listed in the Icahn electives catalog). All other electives must fall between 2-4 weeks in length.
- You cannot take an elective concurrently with a required clerkship. Longitudinal electives may be taken concurrently with another non-required rotation (e.g. another elective) as long as the hours do not conflict.
- Elective application forms must be submitted to the Assistant Registrar, with all required signatures, no less than 2 weeks prior to the desired start date of the elective.
- **No retroactive credit will be granted for an elective.**
- 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)
- Any request for an elective greater than 4 weeks in length requires additional approval by the Senior Associate Dean of Student Affairs
- Preparation for USMLE Step 2 CK is built into the Year Four schedule with a Step 2 CK Board Review course that, if attended in its entirety, counts as two (2) weeks of elective credit
- Work completed for remediation (including remediation for Step 1 and/or Step 2) is not eligible for elective credit

To receive full credit for an elective you must complete each step of the elective process:

1. Select and register for the elective



2. Complete the elective
3. Ensure that your mentor/preceptor has submitted an evaluation of your performance
4. Complete *your* evaluation of the elective through E\*value

## Selecting and Registering for an Elective

### Icahn School of Medicine Electives

- Browse the electives catalog online ([https://sap.mssm.edu/elective/courses/courses\\_3\\_4.cfm](https://sap.mssm.edu/elective/courses/courses_3_4.cfm))
- Select the elective for which you wish to apply and click the “Register for Elective” button on the detailed view screen
- You will receive 3 emails generated from the system during the registration process:
  - An email informing you that you have requested the elective and it is PENDING DEPARTMENTAL APPROVAL
  - Next, an email informing you that the department has approved the elective and it is PENDING REGISTRAR APPROVAL
  - A final email informing you that your request to add the elective has been APPROVED BY THE REGISTRAR
  - You must receive the final email to be fully registered for the elective and receive credit; no retroactive credit will be applied.
- Your login is your student e-mail address and your password is your life number. You should change your password once you have successfully logged into the EMS under Account Management.
- You may access your account anytime at: <https://sap.mssm.edu/elective/submit/login.cfm>
- If you have any issues with the approval process, contact the Assistant Registrar or the Director of Student Electives.

### Clinical Tailor-Made Electives

- Students wishing to design their own clinical elective(s) with a specific Icahn School of Medicine faculty member or a faculty member from an outside institution may do so by submitting a *Clinical Tailor-Made* form to the Assistant Registrar. The form can be accessed at: <http://icahn.mssm.edu/education/student-resources/registrar/academic-forms>.
- Once you have completed the form, it needs to be reviewed and approved by the following: Assistant Registrar, Mentor/Preceptor, and the Director of Student Electives.

### Tailor-Made Research Electives

- Students wishing to design a research elective with a specific Icahn School of Medicine faculty member or mentor from an outside institution may do so by submitting a *Tailor-Made Research Elective* to the Assistant Registrar. The form can be accessed at: <http://icahn.mssm.edu/education/student-resources/registrar/academic-forms>.
- Once you have completed the form, it needs to be reviewed and approved by the following people: Assistant Registrar, Mentor/Preceptor, and the Associate Dean for Medical Student Research
  - MD/MPH students also require the approval of the MD/MPH Program Director
  - MD/PHD students also require the approval of the MD/PHD Program Director
- The maximum amount of time permitted for research electives is 12 weeks total in Years 3 and 4

### Electives at Other Schools and Institutions

#### Visiting Student Application Service (VSAS)

- Students are required to use the AAMC’s *Visiting Student Application Service (VSAS)* to register for electives offered at schools that are VSAS Host Institutions
- To view a list of VSAS Host Institutions: [https://www.aamc.org/students/medstudents/vsas/119290/article\\_for\\_host\\_institutions.html](https://www.aamc.org/students/medstudents/vsas/119290/article_for_host_institutions.html)



- Once registered through VSAS, students will need to complete the form
- *Electives: Registration for Electives at Other Schools (REQUIRED FOR ALL AWAY ELECTIVES, VSAS and non-VSAS)* (<http://icahn.mssm.edu/education/student-resources/registrar/academic-forms>).

For supporting documentation required by the host institution please contact the Assistant Registrar

- To complete your registration for the elective, submit to the Assistant Registrar the following: a description of the elective, a confirmation of your acceptance from the host institution, and the completed Icahn School of Medicine form (*Electives: Registration for Electives at Other Schools (Required for all away electives and non-VSAS)*)

### Non-VSAS

- Contact the host institution directly to request the elective
- Students will need to complete the *Electives: Registration for Electives at Other Schools (Required for all away electives, VSAS and non-VSAS)* (<http://icahn.mssm.edu/education/student-resources/registrar/academic-forms>)
- For supporting documentation required by the host institution please contact the Assistant Registrar
- To complete your registration for the elective, submit to the Assistant Registrar the following: a description of the elective, a confirmation of your acceptance from the host institution, and the completed Icahn School of Medicine form (*Electives: Registration for Electives at Other Schools (REQUIRED FOR ALL AWAY ELECTIVES, VSAS and non-VSAS)*)

### Tailor-Made Electives at Other Schools

- Students can also request to complete Tailor-Made Electives at other schools. Students must have a mentor at the site responsible for awarding the grade. The student must complete and submit the appropriate form (*Clinical Tailor-Made or Tailor-Made Research*) to the Assistant Registrar and to the Director of Student Elective or the Associate Dean for Medical Student Research at Icahn School of Medicine for approval. The forms can be accessed at: <http://icahn.mssm.edu/education/student-resources/registrar/academic-forms>.

**Please Note:** Medical Schools in different US states may require students to pay for a background check and toxicology screening. As of June 2012, medical schools in Florida and Tennessee require this documentation. Please check with the school to which you are applying to make sure you have met any updated requirements.

### International Electives

Students may take electives offered by non-U.S. medical schools or other well-known international organizations. All such electives must be discussed and pre-approved by Mount Sinai Global Health (MSGH). Some electives can be found on the MSGH website: <http://www.gh-training.org/training/students/clinical-electives/>. MSGH funding for international electives is limited and preference is given to students who are doing research or a public health project at a Mount Sinai Global Health partner site. No funding will be given for electives that are less than 4 weeks long.

The first step in applying for an international elective is completion of the online *Global Health Clinical Electives Application form* (<http://www.gh-training.org/training/students/clinical-electives/global-health-clinical-electives-application/>). Students will upload a signed letter of acceptance by the international institution directly onto the application form. All applications and requests for funding are reviewed by MSGH faculty and students are notified by email once a decision has been reached. Students must complete all pre-travel requirements including the health and safety briefings before departure: <http://www.gh-training.org/training/mount-sinai-global-health-travel-requirements/>. Once all pre-travel requirements have been fulfilled, MSGH will forward the student's signed application form to the Registrar's office. **Students should apply for international electives at least 4 weeks prior to their planned departure date.** Students should be aware that they are not automatically covered by malpractice

insurance outside of the United States. Once an elective has been approved, MSGH must refer the student's name and project to the Mount Sinai Office of Risk Management to extend malpractice insurance coverage. **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.**

## 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:

### Bioethics Exchange 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 and learning about medical practice in the UK. 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. Fellowship support is provided to defray expenses are provided. Contact Rosamond Rhodes, PhD, at Rosamond.Rhodes@mssm.edu for details.

### Hadassah Medical School Hebrew University Exchange Program

The Department of Medical Education offers funding for up to two students in either Year 3 or 4 to pursue a four-week clinical elective at Hadassah University, in Israel. This funding will support travel and a modest stipend toward room and board. The clinical elective must be four weeks long, and the research elective can be up to twelve weeks. It is the student's responsibility to arrange the elective, although departmental advisors may have suggestions for suitable rotations.

In order to select a student for this opportunity, we ask that interested students submit a CV and a one-page statement that discusses a tentative plan for their time in Israel. This information must be submitted to the Office of Student Affairs by no later than December of Year 3.

## Year 3 Students and Away Electives

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In general Icahn School of Medicine students wishing to do away electives will do so in the fourth year. From time to time, a student may have a reason to do an away elective during elective time in Year three. The following should be considered:

- Students must meet the prerequisites set by the institution they are visiting
- Students should recognize that they may not be as prepared as they would be in year four with the benefit of all or most of the clinical clerkships. In general, assessments done at the away elective is set at a standard for a Year 4 student.
- Students may not know the “system” and logistics at an away location and with a shorter allotment time of elective in Year 3, it may be difficult to acclimate to new systems in time to be able to have an effective elective
- Any elective done outside of an LCME-approved school must have the approval of an Icahn School of Medicine at Mount Sinai Director of Student Electives and that approval must acknowledge that this mentor approves the elective for the student in Year 3
- If there are any questions or concerns, students are encouraged to meet with the Director for Student Electives or their Faculty Advisor to discuss

## *Ensuring that your Mentor/Preceptor has Submitted an Evaluation*

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### **Electives at Icahn School of Medicine**

Towards the end of your elective, including away electives, you must deliver to the mentor/preceptor the *Elective: Evaluation/Grade Form* (<http://icahn.mssm.edu/education/student-resources/registrar/academic-forms>), which the mentor/preceptor will complete and return to the Registrar's Office at the conclusion of the elective. It is the student's responsibility to ensure that this form is completed and returned to the Registrar's Office (Email: [registrar@mssm.edu](mailto:registrar@mssm.edu) or Fax: 212-369-6013) at the conclusion of the elective.

### **Electives at other schools**

If you are doing an elective at another institution and they wish to use their own institution's form for evaluation rather than the Icahn School of Medicine form, the mentor/preceptor may complete their institution's form and submit that to the Assistant Registrar. It is the student's responsibility to follow-up with those schools to receive your grade and communicate that to the Assistant Registrar.

## *How Electives are Graded*

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All electives are graded Pass, Fail, or Honors. There is no High Pass.

## *Completing an Evaluation of the Elective*

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### **Electives at Icahn School of Medicine**

All **third- and fourth-**year students are required to evaluate each elective experience AND 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 Incident report and no credit for the elective. Please refer to Student Conduct section of Handbook on Incident reports. If the MSPE has been submitted, it will be amended and re-uploaded to reflect this breach of professionalism. The evaluations must be filled out in order to receive credit for the elective.

### ***Electives Review System***

Students are encouraged to ensure that they are on track with meeting their elective requirements for graduation by logging in to the *Electives Review System* (<https://register.mssm.edu/review/index.html>) using their Icahn School of Medicine ID and life number.

## ***Medical Student Compliance Protocol and Requirements***

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In order to be able to participate in clinical educational activities (e.g. Art and Science of Medicine, clerkships, electives, and other clinical activities) all medical students must meet the compliance requirements of the School of Medicine, affiliated hospitals and clinical sites. To ensure that all students are in compliance and able to participate in clinical educational activities, the Medical Education office monitors compliance and notifies students when they need to update their status.

In order to provide adequate time and opportunity for students to update their status and maintain compliance, the Medical Education office has adopted a prospective process to inform students of requirements and status.

## List of Requirements and Frequency of Renewal

Compliance Requirement	Frequency
<b>MEDICAL EDUCATION</b>	
HIPAA	Annually
IT Security	Annually
OSHA Bloodborne Pathogen training	Annually
NYS Infection Control training	Every 4 years
Basic Life Support (BLS) certification	Every 2 years
Respirator Fit testing (N-95 Particulate Respirator mask)	Annually
Epic training	Annually
Child Abuse Registry	Once, prior to start of Year 3
<b>STUDENT HEALTH</b>	
Annual Health Assessment form	Year 2 & Year 3
Physical Exam	Every 2 years
PPD	Annually
Vaccinations and Titers (Hepatitis B, MMR, Varicella, Tetanus)	Once, before/upon admission
Toxicology Screening (10 panel urinalysis: Amphetamines, Barbituates, Benzodiazepines, Cocaine metabolites, Marijuana metabolites, Methadone, Methaqualone, Opiates, Phencyclidine, Propoxyphene)	Once, before/upon admission
<b>TRAINING SITES</b>	
Elmhurst Registration Record	Annually
Bronx VA Mandatory Training & Trainee Registration form	Annually
PRISM Training	Once, prior to start of 3 <sup>rd</sup> year

**Please Note:** The above are subject to change based on the requirements of our affiliate sites.

## Compliance Timelines

During the following mandatory events, trainings will be scheduled for the compliance requirements listed above which occur onsite. Instructions will be sent to students in advance of these events on how to complete the requirements that are delivered online.

Class	Event
Year 1	Orientation (August)
Year 2	Orientation (August)
Year 2 (to prepare for Year 3): Scholarly Year; MD/PhD	COMPASS 1 (April)
Year 3 (to prepare for Year 4)	Intersession (March)

If you have any questions regarding the compliance program, please contact Ms. Tami Williams ([tami.williams@mssm.edu](mailto:tami.williams@mssm.edu)), the Clinical Curriculum Manager.

# Research Opportunities

A long-term goal of medical research is to improve diagnosis and therapy. For this to be possible it is usually necessary to understand the mechanism underlying disease onset or progression. The Icahn School of Medicine at Mount Sinai 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. 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?"

## *Medical Student Research Office*

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<http://icahn.mssm.edu/education/medical-education/medical-student-research-office>

The Medical Student Research Office (MSRO) is located in Annenberg Building, 12<sup>th</sup> Floor, Room 12-18, It exists to help medical students identify interesting areas of research, locate mentors, and apply for funding. The office supports all students, regardless of whether they have had previous research experience. Information on ongoing Icahn School of Medicine student research programs is available on the MSRO web site. Research projects can be carried out during the summer break between the first and second years, during elective time in Years 3 and 4, or during a Scholarly Year. Students also may elect to do a Scholarly Year after their second, third, or fourth years in order to obtain a more intensive research experience while still maintaining their student status.

## *SCHOLaR (Scholarship and Research) Program*

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SCHOLaR offers students the opportunity to obtain mentored research training and scholarly development beginning during the first year of school. The goal of the program is to enable students to develop an understanding of the use of the scientific method in medicine, encourage their creativity, and support their dedication to advancing science in order to deliver the best patient care possible. Many of the programs supported by the MSRO enable students to fulfill the goals of SCHOLaR while working to generate a scholarly product, a graduation requirement.

## *Summer Research Program*

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<http://icahn.mssm.edu/education/medical-education/medical-student-research-office/programs/summer-research-programs>

This 8-week program is for students who have completed their first year of school. Research can be in one of 8 SCHOLaR tracks, including Basic/ Translational, Clinical, or Clinical/Translational research; Medical Education; Community-Service Scholarship; Global Health; Design, Technology and Entrepreneurship; Health Evidence and Policy; and Medical Humanities. Information about funding, available on a competitive basis to support the work of students who do approved research, can be found [at http://icahn.mssm.edu/education/medical-education/medical-student-research-office/scholarly-year-and-travel-funding/summer-research](http://icahn.mssm.edu/education/medical-education/medical-student-research-office/scholarly-year-and-travel-funding/summer-research). Students may accept only one source of funding, unless the second source of funding is to cover an additional expense not associated with most projects, such as travel, and prior approval is obtained from the MSRO. Students are encouraged to collaborate on their work, if appropriate. However, in order to ensure that all students have ownership of their work, two students may not work on exactly the same project. All human subjects research must have received IRB approval in order for students to receive their summer stipends. Participating students present their work at the annual

Medical Student Research Day by submitting their own abstract and presenting a poster or by giving an oral presentation that describes their project and the results they obtained.

## *Medical Student Research Day*

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Medical Student Research Day, held in the spring, is a chance for students to share the results of their projects with the Icahn School of Medicine community. Participants receive training on 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 in anticipation of giving a presentation at a national meeting. Research Day is open to all medical students, regardless of whether they did their research at Icahn School of Medicine or another site. All abstracts are published in the Research Day Abstract Book. Further information about Medical Student Research Day is available at <http://icahn.mssm.edu/education/medical-education/medical-student-research-office/research-day>.

## *The Scholarly Year*

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Icahn School of Medicine at Mount Sinai aims to produce physicians who are lifelong learners, able to grow as the field of medicine grows. This ability allows our students not only to provide the highest quality medical care to their patients and to fulfill themselves intellectually, but also encourages the career development of medical students who seek to become future leaders as physician-scholars and leaders. Medical students have many opportunities to enrich their education within the four-year curriculum, but these experiences are limited by required course work and clinical responsibilities. Many students interested in a more intense experience choose to devote one or two full years to developing and carrying out a strongly mentored project in an area of their choice. The Scholarly Year program at the Icahn School of Medicine at Mount Sinai is available to students who have completed their second, third, or fourth years. Such experiences may help students to identify the type of career they would pursue after graduation or provide an in-depth introduction to their chosen area of medicine.

Students interested in considering a Scholarly Year should meet with the Associate Dean for Medical Student Research as soon as possible, in order to discuss their plans and identify those programs that will best enable them to reach their goals. In selected cases, students can be approved to do a Scholarly Year of more than one year in duration.

All students on a Scholarly Year, other than those matriculated in a second degree program, are expected to take primary responsibility for a scholarly project. The nature of the scholarly project will vary depending upon the student's interests. In the broadest terms, the project must investigate a question of scientific and medical value and be feasible within the time frame available. In addition to more traditional basic, clinical, and translational research studies, projects in health evidence and policy; design/technology/entrepreneurship; global health; medical education; community service scholarship; and the humanities are encouraged. Projects must be strongly mentored and approved by the Associate Dean for Medical Student Research in order to be certain the experience will result in a rich, productive year. Scholarly Year students are required to submit a final product that reflects what they accomplished during the year and to present their work at the annual Medical Student Research Day in the spring.

A list of funding opportunities is available at <http://icahn.mssm.edu/education/medical-education/medical-student-research-office/scholarly-year-and-travel-funding/scholarly-year>.

Detailed guidelines for students about the process of obtaining approval to do a Scholarly Year are available at <http://icahn.mssm.edu/education/medical-education/medical-student-research-office/programs/scholarly-year/scholarly-year-guidelines>.



Guidelines for mentors of students who want to do a Scholarly Year, including what to include in a letter of support, are available at <http://icahn.mssm.edu/education/medical-education/medical-student-research-office/programs/scholarly-year/mentors-guidelines>.

Information on how to prepare the research proposal required of students who do a research Scholarly Year and are not participating in a national program can be obtained at <http://icahn.mssm.edu/education/medical-education/medical-student-research-office/research-guidelines/proposal-preparation>.

## *Applying for Scholarly Year*

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Scholarly Year students are regarded as fulltime 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.

All students taking a year off to do research or a degree program must submit the Request for Scholarly Year form. The Request for Scholarly Year form can be found at <http://icahn.mssm.edu/education/student-resources/registrar/academic-forms> must be submitted by May 15.

Students may stay in their housing during their scholarly year. If their scholarly year requires them to be onsite at another institution, students should work with the housing office to ensure they retain their housing upon their return.

## *Return from Scholarly Year*

Clearance to return from Scholarly Year is required. Students are required to complete a compliance checklist in order to return to the clinical realm. Students should submit The Return from Scholarly Year Form by March 16<sup>th</sup> of the Scholarly Year. The form can be found at <http://icahn.mssm.edu/education/student-resources/registrar/academic-forms>. The scholarly product, required of everyone other than students enrolled in a second degree program, is due by May 1<sup>st</sup>, as is the Scholarly Year Student Clearance Check List which addresses all compliance requirements for return to the clinical realm and return to school. At the end of a specified period, if the student does not meet the necessary requirements to return from a Scholarly Year, it will be assumed that the student no longer wishes to be considered in good standing and the student may be placed on administrative leave. If a student wishes to apply for reinstatement at a later date, a new application for admissions must be completed.

Before taking a required Sub Internship, in Medicine or Pediatrics, a clinical refresher is required for those students returning from scholarly leave into the fourth year. The clinical refresher must be a rigorous experience such as Emergency Medicine. Experiences other than Emergency Medicine must be approved by the student's Faculty Advisor.

## *Travel Grant Award*

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MSRO Travel Grant Awards support travel for MD, MD/MPH, MD/MSCR, and MD/PhD students during their MD years to present their research at scientific conferences. MD/PhD students will be supported to present work done during their MD years if it is unrelated to their PhD research. The MSRO supports student travel only if the student's mentor agrees to match the award of 50% of eligible expenses up to a maximum of \$500. In some cases, students can obtain support from a conference, another travel award (e.g., from CMCA or MSTAR), or the Global Health Institute. In this case, the requirement for the mentor's support may be waived. Although there is no cap in annual support, the MSRO will only fund 1 trip per project and up to \$500 per trip. Students who have a second abstract on another project accepted for presentation are eligible to apply for additional funding, but will only be supported if funding permits.



Students on a Scholarly Year or Leave of Absence are not eligible for a MSRO travel grant award. Most national programs and mentors support travel for students to present their work during a Scholarly Year.

Further information is available on the MSRO website at this link: <http://tinyurl.com/k9df5aa>.

## ***PORTAL (Patient-Oriented Research, Training, and Leadership)***

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PORTAL is a 5-year, 38-credit, multidisciplinary program for medical students interested in careers as clinical investigators. Students who have applied to the MD program and been invited for an interview are eligible to apply.

This strongly mentored program offers a multidisciplinary approach to clinical investigation in order to introduce medical students to the field of clinical/translational research and how it drives the practice of clinical medicine. Students are part of a select group of scholars that integrate learning about clinical medicine, along with how to establish a career in clinical investigation from the very start of their medical education.

Participants learn how to design and carry out original research studies leading to new approaches to the prevention, diagnosis, prognosis and treatment of the disease. This comprehensive dual degree program prepares students for a future as lifelong learners and careers in academia, research institutes, industry, or regulatory agencies. The curriculum focuses on helping students gain critical thinking skills and offers a solid foundation for conducting independent patient-oriented research studies. For their thesis research, students pursue original scholarly research on a subject of their choice, guided by a faculty mentor and the program directors. This entails the formulation of a research question, the design and conduct of a research plan, analysis of resulting data, and presentation of the findings.

Students begin the program during Year 1 of medical school. Coursework is taken during Years 1 and 2, and the Scholarly Year of medical school. Most of the thesis work is done during the Scholarly Year. Students who successfully complete the program will be awarded an MD and a Masters in Clinical Research. Complete information on the program, including the curriculum, can be found at <http://icahn.mssm.edu/education/medical-education/medical-student-research-office/programs/portal>.

Students selected for the PORTAL program receive full tuition scholarships to cover tuition for the MSCR degree. There is no medical school tuition during the Scholarly Year. PORTAL participants will receive a stipend during their Scholarly Year to cover living expenses, including health insurance.

## ***Distinction in Research***

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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 first-author manuscript on their work that is judged to be of publication quality by an ad hoc 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 Icahn School of Medicine 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 during the summer between their first and second years. Program guidelines and a link to the application form are available at <http://icahn.mssm.edu/education/medical-education/medical-student-research-office/distinction-in-research/student-guidelines>.

## *Additional Support of Research Activities*

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The Research Resources site contains additional helpful information including how to write an abstract, prepare a research proposal, give an oral talk, make a poster, obtain IRB approval, and access biostatistical support when planning a project or analyzing resulting data <http://icahn.mssm.edu/education/medical-education/medical-student-research-office/research-guidelines>.

# Attendance Standards

## General Principles

Active participation in the medical education program is a critical component of the professional development of a physician. Lack of attendance for any reason does not relieve a student from responsibility for material covered during that absence.

Students must notify their course, clerkship, and/or small group preceptor about any anticipated or sudden absence from a required didactic or patient care session. Students should make certain that they have the appropriate phone, email, and/or pager numbers to carry out this responsibility. Absences due to illness for more than two (2) days require a written doctor's note be sent to Student Affairs. Absences from examinations will only be accommodated under extreme circumstances (see Missed Exam Policy).

## Regarding Illnesses

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. The faculty and staff in Medical Education are here to help you through any challenges that arise during your education.

## Religious Observances

The School of Medicine recognizes and respects the religious beliefs and practices of its students and seeks to accommodate them reasonably within the requirements of the academic schedule. Students who anticipate being absent because of religious observance must request permission two (2) weeks in advance for the absence from their course or clerkship director (see notification guidelines below).

In the event a student is unable to complete an examination or assessment due to a religious observance, the student will be permitted the opportunity to make up the examination or assessment. No fees of any kind shall be charged by the School of Medicine for making available an opportunity to make-up the missed examination or assessment.

## Jury Duty

The School of Medicine cannot excuse students 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 study time or elective time in their third year; third-year students should defer to their fourth year during their elective period, and fourth-year students should find time during elective time (avoid peak interview time, when possible).

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 calling 646-386-5960 to avoid the visit downtown if this is after your first deferment. You may also request a letter from the Registrar ([registrar@mssm.edu](mailto:registrar@mssm.edu)) that states your fulltime status as a student at Icahn School of Medicine at Mount Sinai.

## *Year 1 and 2 Excused Absence Policy*

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Attendance is mandatory at all small group sessions, laboratories, ASM sessions, Frontiers in Science lectures, COMPASS I, and any sessions or classes designated as "patient encounters" where patients or families are present. Please note that occasionally the schedule may be changed without advance notice and students should refer to the Academic Calendar when planning any travel. 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 two (2) weeks of the planned absence, the student will be excused from the required activity. Unexcused absences are considered unprofessional behavior, will be recorded, and may have an adverse effect on a grade including failure of a component of a course or an entire course. The following will be considered excused absences:

- Illness
- Urgent medical evaluation
- Religious observance
- Jury duty
- Significant family event (e.g. graduation, family reunion, religious ceremony, wedding, illness)
- Death of a family member or close friend
- Attending a wedding in which the student is a member of the wedding party
- Present work at a regional or national conference
- Student is a member of a national committee (e.g. AMSA, AMA, AAMC) with a leadership role and is asked to attend a meeting
- One conference (medical or scientific) per academic year as an attendee, if student receives funding from a department, or a scholarship or grant
- Attending an Executive Curriculum Committee (ECC), Promotions Committee, or Mistreatment Committee meeting as a student member

### **Reporting your absence for Years 1 and 2**

To secure an excused absence, the following email must be sent at the student's initiative:

**To:** Student Affairs [at medstudentabsence@mssm.edu](mailto:medstudentabsence@mssm.edu)  
**Cc:** Your Course Director(s) email and small group preceptor (email)

**Body:**

- Student Name:
- Date of Absence:
- Current Course:
- Name of Course Director:
- Name of Small Group Leader:
- Reason for the absence request from the approved list of excused absences:

Please note:

- Requests made after the class begins will not be considered excused.

- Excused absences need to be requested two (2) weeks in advance (this does not pertain to illness or death in the family).
- For illness, students must email [medstudentabsence@mssm.edu](mailto:medstudentabsence@mssm.edu) and copy the course director using the template above. Absences longer than two (2) days for illness require a doctor's note be submitted to Student Affairs.
- Student Affairs reserves the right to request a doctor's note in the event of a pattern of absences or any absences immediately preceding or following a holiday.
- Although the absence is excused, there may be make-up work required and the course director will decide on appropriate make-up and inform the student.
- 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.

Requests for excused absences are reviewed by Student Affairs and students will be notified of approval or non-approval within three (3) days of sending a request.

## Consequences of Unexcused Absences for Years 1 and 2

Students must attend all mandatory sessions (as listed above) or submit an absence request prior to the session. Students arriving more than 10 minutes after the session start time are considered absent. Unexcused absences will have the following consequences:

First absence:	2 points off final grade
Second absence:	2 more points off final grade and an Incident Report
Third absence:	Course failure

## LCE Absences

A student who wishes to be excused from a mandatory course session to meet with their LCE patient must contact the ASM course directors, the relevant course director, and [medstudentabsence@mssm.edu](mailto:medstudentabsence@mssm.edu). The ASM course directors, the relevant course director and Student Affairs will jointly decide whether the event is of significant magnitude to justify the Year 1-2 session absence. The LCE coordinator should also be copied on all email correspondence.

## *Years 3 and 4 Excused Absence Policy*

The clinical phase of the curriculum requires a fulltime commitment by the student in patient care and didactic activities. Students serve as members of the healthcare team and assume an active role in the care of patients. Student 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., InFocus Weeks, shelf exams, COMPASS 2, , and any required remediation. Excused absences may affect your evaluations. 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:

- Residency interview
- Step 2 CS and Step 2 CK exam days
- Illness
- Urgent medical evaluation

- Religious observance
- Jury duty
- Significant family event (e.g. graduation, family reunion, religious ceremony, wedding, illness)
- Death of a family member or close friend
- Attending a wedding in which the student is a member of the wedding party
- Present work at a regional or national conference
- Student is a member of a national committee (e.g. AMSA, AMA, AAMC) with a leadership role and is asked to attend a meeting
- One conference (medical or scientific) per academic year as an attendee, if student receives funding from a department, or a scholarship or grant
- Attending an Executive Curriculum Committee (ECC), Promotions Committee or Mistreatment Committee meeting as a student member

## Reporting your absence for Years 3 and 4

To secure an excused absence, the following email must be sent at the student's initiative:

**To:** Student Affairs [at medstudentabsence@mssm.edu](mailto:medstudentabsence@mssm.edu)  
**Cc:** Clerkship Director(s), Clerkship Coordinator(s), site preceptor(s)  
**Body:**  
 Name of student:  
 Name of clerkship:  
 Dates and number of days excused:  
 Reason for the excused absence from list of approved excused absences:

Please note:

- Excused absences need to be requested a minimum of one (1) month in advance of the clerkship (this does not pertain to illness or death in the family).
- Absences longer than 2 days for illness require a written doctor's note be submitted to Student Affairs.
- If two or more excused absences occur in the clerkship:
  - The clerkship director can offer make-up experiences, if available or possible.
  - If make-up 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 more than 3 days of excused absences during a rotation, they will need to request elective time for that period when completing the lottery. Requests for excused absences are approved by your Clerkship Director and are reviewed by Student Affairs. Students will be notified of approval or non-approval within three (3) days of sending a request.

## Policy for Residency Interviews

Advance notification of at least one (1) month to the clerkship director(s) and clerkship coordinator is critical to ensure that clinical obligations are met. It is understood that on occasion this is not possible, but students are expected to advise the Directors and Coordinators immediately or with one month's notice.

If a student needs to miss two (2) days for residency interviews, they will be expected to make up the missed time. The clerkship director(s) will determine when and how this happens.

If a student needs to miss three (3) or more days for residency interviews during a clerkship, then s/he will need to do one extra week of the clerkship. The timing of this will be determined in conjunction with the clerkship director(s).

As with all absences, the student should email the clerkship director, clerkship coordinator and copy mailto:[medstudentabsence@mssm.edu](mailto:medstudentabsence@mssm.edu), using the template.



# Grading System

The Course or Clerkship Director is responsible for clearly delineating and communicating the criteria utilized for assessment and evaluation of student performance at the outset of the learning experience.

The Icahn School of Medicine at Mount Sinai transcript will reflect a complete and accurate grading history for all courses in the medical school.

## *Years 1 and 2 Grades*

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Course directors will complete a grade roster within two weeks of the end of course completion. Online evaluations of student performance in laboratories, clinics, small-group sessions, and/or conferences are provided by faculty supervising these activities.

Grading in Years 1 and 2 is on a Pass/Fail basis. A student who does not complete a course will receive an Incomplete. Types of situations where a student may not complete a course include illness or family emergencies. The Incomplete will change to a Pass or Fail once the student has completed the course. A student who receives a failing grade in a course will follow a remediation plan devised by the course director. Successful remediation of a failing grade results in a final grade of FP (Fail remediated to Pass).

Course Directors will identify the bottom 5% of passing students. Students in this score range will be designated internally as having received a “marginal pass” for tracking and monitoring purposes only. **Marginal grades are considered a full Pass on the transcript.** However, marginal grades are tracked by Student Affairs as part of an early warning system for students at risk of academic difficulty. As part of this system a student’s Faculty Advisor will reach out to him or her if he or she receives a marginal grade on an examination or in a course. A student who has three marginal passes in an academic year will be placed on Monitored Academic Status. See section on Academic Status for a full description.

A student who fails a course in Year 1 must remediate the course before starting Year 2. A student who fails a course in Year 2 must remediate the course before taking USMLE Step 1 and starting Year 3. The remediation process is determined by the Course Director.

## *Online Testing*

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For the purposes of this policy, “test” refers to both exams and quizzes. Tests in Year 1 and 2 are administered online through Blackboard. To avoid technical difficulties during the test taking process, students should not take their test using a wireless internet connection.

Students are strongly advised to take tests during times when the Help Desk is available to assist should technical problems arise. The Library help desk is open Monday through Friday 8 am – 8 pm, Saturday 9 am – 5 pm, and Sunday 12 pm – 8pm.

## *Duration of Exam Windows*

The standardized exam window for all courses opens at 4 pm on Friday and closes at 8 am on Monday. When a holiday occurs on a Monday, the exam window will be extended to close at 8 am on Tuesday. Students who are not able to complete an exam in the standard window for a valid reason, as outlined in the “Missed Test Policy” below, will have the option of scheduling an alternative exam window.

## Duration of Quiz Windows

There is no standardized quiz window. The window for quizzes is determined by the Course Director and will be communicated to students in the course syllabus and on the Google calendar.

## *Exam Review Policy for Year 1 and 2 Courses*

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In an effort to provide expedited feedback to students after exams, exams administered in the first two years of medical school will be available for review online immediately after the close of an exam window. Students will be able to view their own exam, see the answer they chose and the correct answer. At the close of the exam window, the Year 1 or Year 2 Coordinator will release the exam for student viewing for 24 hours ONLY.

Other options for reviewing exams will continue to include:

- Making an appointment to go over the exam with the Course Director;
- Reviewing the exam hard copy that is posted on the bulletin board in the Office of Curriculum Support (OCS, Annenberg 13-40) for 2-3 days after the exam window closes;
- Reviewing the exams binder in OCS, where exams are stored after they are taken down from the board in OCS. A student must make an appointment to review the binder and can do so by contacting the Office of Curriculum Support at 212-241-7057.

## *Missed Exam Policy for Years 1 and 2*

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In Years 1 and 2, the ability to take a test (examination or quiz) online and in a window of time over several days provides students with flexibility about when and where they take the test. Given this flexibility, there are only a few instances when permission to take a test outside the test window may be granted by the Course Director(s) and the Office for Student Affairs. Students may request permission to take a test outside of the test window for illness or a personal emergency.

A student must request such permission from the Course Director(s) and [medstudentabsence@mssm.edu](mailto:medstudentabsence@mssm.edu) prior to the test closing time. Should the need for permission arise suddenly and when the student cannot hear from the Course Director or the Office for Student Affairs in a timely manner (i.e., on the weekend when the exam window is open) the student may assume the request is granted. If the request is because of illness, the student must provide a physician's note to that effect. If the request is granted, the Course Director will give the student a specified time to take the test.

## *Years 3 and 4 and the Art & Science of Medicine Grades*

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The Art & Science of Medicine (ASM) courses in Years 1 and 2 as well as the clerkships in Years 3 and 4 have a special focus on the teaching and assessment of clinical skills and may use any of the following in assessing a student's performance:

- Faculty, preceptor or resident evaluations
- Oral and/or written examinations
- NBME subject test exams

- Written or oral presentations of a specific subject related to the clerkship or course
- Exams using standardized patients or simulations
- Observed structured clinical exams

The weight given to specific parameters may vary with an individual clerkship or course.

Each Clerkship or Course Director submits a final grade plus a comprehensive narrative paragraph. The final grades and narrative paragraphs for ASM and the third-year clerkships are included verbatim in a student's MSPE.

All reports of student performance are due in the Office of the Registrar within six weeks of the clerkship's completion.

The grading system for most required clerkships is H (Honors), HP (High Pass), P (Pass), CP (Conditional Pass), and F (Fail). ASM 1 and 2 in Years 1 and 2 respectively and Critical Care and Introduction to Internship in Year 4 are graded Pass/Fail. Electives are graded on a system of Honors/Pass/Fail.

A student will receive a temporary grade of Conditional (C) in the event they fail the NBME subject exam or other final exam if other assessments and clinical evaluations are satisfactory. Upon successful completion of the failed exam, the grade is revised to a Conditional Pass (CP) or Conditional High Pass (CHP). There is no Conditional Honors. If the student fails the exam on the retake, he or she will receive an overall failing grade and will need to retake the entire clerkship and then take the NBME exam or final exam again. Students are not permitted to retake a passed NBME subject examination.

A student can fail a clerkship based on overall clerkship score, unsatisfactory clinical evaluations or a repeated failure on an NBME subject exam or final exam. Students who behave unprofessionally during the clerkship are also at risk of failing. If a student is felt to be unprofessional to the point that evaluators do not feel that the student is a reliable, accurate reporter of clinical data, and a trustworthy team member, the student will receive a failing grade. A student who receives a failing grade for a clerkship must retake all or part of the clerkship at the discretion of the Clerkship Director and the Promotions Committee. Upon successful completion of remediation a student will receive a grade of FP, and the narrative paragraph will describe the remediation.

Grade cut offs are set by each clerkship director to create a goal distribution of grades that is 25% Honors, 25% High Pass and 50% Pass. This distribution of grades is described in explicitly in Appendix B of the MSPE.

All students must pass all clerkships in Year 3 to advance to Year 4.

## ***Missed Test Policy for Years 3 and 4***

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In Years 3 and 4, a student must request permission from the Clerkship Director(s) and [medstudentabsence@mssm.edu](mailto:medstudentabsence@mssm.edu) to miss an NBME subject examination or other clerkship examination. The policy for making up a missed NBME subject examination is below. The Clerkship Director will schedule any other clerkship exams with the student.

### **Shelf Exam Retake Policy and Guidelines**

This policy applies to students taking the shelf exam due to:

- Shelf failure
- Excused missed test (illness, death in family, religious observance, other emergency)

Options for shelf retakes are as follows:

- During the Shelf Retake Day in July (students will not be charged for the exam)
- During elective or vacation time; Monday-Friday only (students must pay for the exam)
- Exceptions to this rule are made only under approval of a student's advisor/Student Affairs and clerkship director.

Guidelines for shelf retakes:

#### **Shelf failures:**

- Students who fail a shelf exam must meet with their Faculty Advisor and Clerkship Director to determine when they will retake the exam.
- Deadline for shelf retakes for the academic year is the retake day which occurs in July during the Board Review course
- Student Affairs will coordinate with Jennifer Reyes ([jennifer.reyes@mssm.edu](mailto:jennifer.reyes@mssm.edu)) to help arrange for a shelf retake. The following information is needed to make the arrangements:
  - Original test date
  - Timeframe for shelf retake
  - If rush scoring is required (fee will be charged to either the student or the Department of Medical Education)
  - Who is paying for exam: student, Med Ed, etc.

#### **Excused absences:**

- If a student anticipates that they will miss a shelf exam due to illness, death in family, religious observance or other emergency, they must notify the Clerkship Director and [medstudentabsence@mssm.edu](mailto:medstudentabsence@mssm.edu). Jennifer Reyes will coordinate the shelf retake based on the 3 options above and will inform the student.

Fees for shelf exams retakes are as follows:

- Shelf exam: \$41 (as of July 1, 2015)
- Expedited fee: \$150 (if order placed less than 21 business days of the exam date). If not, it will incur this expedited fee. A shelf exam that is returned without being used, for example, a student who requests to retake a shelf and then is unable to do so on the specified date, will incur a \$150 from the NBME for which the student would be responsible
- Rush scoring: \$100 (must be requested at time of ordering exam)
- A check in the amount of the exam and additional fees (if applicable) is to be made out to Icahn School of Medicine at Mount Sinai and submitted to Jennifer Reyes prior to taking the exam.

## ***Grades and Transcripts***

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Official transcripts of courses taken at Icahn School of Medicine at Mount Sinai toward fulfillment of the MD 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 clinical courses and clerkships completed for Year 3 are included in the MSPE.

## ***Grade Appeals Policy***

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All grade change requests must be brought by the student to the course/clerkship director. If there is a discrepancy after the meeting between the student and course/clerkship director, the student should present the issue to the Senior Associate Deans of Curricular and Student Affairs.

The Senior Associate Deans of Curricular and Student Affairs will ensure that due diligence was done by the course/clerkship director and that, in fact, no error was made. The Associate Deans will also explain the grade appeals process to the student. If the student wishes to pursue a grade appeal, the Associate Deans will contact the relevant Department Chair.

The Department Chair will establish a faculty committee to address the appeal. The Department Chair or his/her designee will serve as chair of the appeals committee. The course or clerkship director cannot serve on the appeals committee. Information for the appeal will be solicited from the student, course/clerkship director, course/clerkship faculty and others as needed. Deliberation of the committee should address the student's appeal question. The decision made by the grade appeal committee is final.

The student should recognize that, following the appeals process, his/her grade may be amended in a direction that is not desired.

In all cases of grade changes following the appeals process, the student's record and official school transcript will be amended to reflect the changed grade.

A student has four (4) weeks from the date the grade is released by the course/clerkship director to make the appeal.

# Academic Difficulty

## *Academic Support and Tracking of Performance*

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In order to provide support in a timely manner for students in academic difficulty, a system is in place that tracks students' performance in Years 1 and 2. The bottom 5 percent of students passing each course will be internally designated as having a *marginal pass*. The grade is recorded as a pass on the transcript and the designation of marginal pass is NOT reflected in any official record. A student's Faculty Advisor will reach out to him or her in the event of a marginal grade on an examination or in a course to determine the significance of the grade and the need for support. A student with three or more marginal course passes will be considered in Monitored Academic Status (see section on Academic Status).

## *Academic Progress*

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Academic Progress refers to the satisfactory completion of academic requirements, institutional requirements, and licensing examinations within the required timeframe. All students in the MD program are expected to complete 8 semesters, but students can take no more than 12 semesters (one-and-a-half times the accredited program length) of enrolled credit to complete the degree. A student who requires enrollment in more than 12 semesters is considered to not be making Satisfactory Academic Progress (SAP). Students must meet SAP in order to remain eligible for loans and financial aid for that time period. Scholarly leave is not considered extending the time needed to complete the program.

Each student is assessed at the end of each year by Student Affairs to ensure that the student is meeting SAP.

Students must pass all Year 1 courses to move onto Year 2, and pass all Year 2 courses and take USMLE Step 1 to advance to Year 3. Third-year clerkships must be taken and completed in Year 3 in order to advance to Year 4.

A student who fails a Year 1 course can remediate the course over the summer between Year 1 and 2. A student who fails a Year 2 course can remediate the course between the end of Year 2 and the beginning of Year 3. A student requires permission from Student Affairs and the course director to remediate a course at any other time. A student who fails three (3) or more courses in a year may be required to repeat the entire year, at the discretion of the Promotions Committee.

## *Academic Standing*

Academic progress is related to academic standing. A student will be considered in "Good Standing" if he or she meets the following requirements:

- Is not in Serious Academic Status (see Academic Status section of the Medical Student Handbook) or academic probation (see Academic section of Graduate School Handbook).
- Passes licensing examinations within the specified timeframe; medical students must pass USMLE Step 1 to progress to Year 3 and pass Step 2 CK and CS to graduate.
- Pays all bills on time including tuition, fees and, if applicable, housing.
- Meets school standards and deadlines for health assessments, immunization status, PPD testing, BLS training, and other requirements as determined by Student Affairs.

A student who fails to meet one or more of the components above may be subjected to certain "holds" which can prevent a student from advancing to the next year of training, the ability for the Registrar to release a transcript or for the student to receive a letter of recommendation from the administration. Please see the Registrar section of this handbook for a more detailed explanation of holds.

## Academic Status

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At the Icahn School of Medicine, academic status falls into three categories: Satisfactory Academic Status, Monitored Academic Status, and Serious Academic Status.

### Satisfactory Academic Status

Satisfactory Academic Status means that a student has met all course/clerkship requirements or has successfully remediated any course/clerkship failures or other issues pertaining to academic performance as detailed in the following sections.

### Monitored Academic Status

Students will be considered in Monitored Academic Status in the event of any one of the following:

- A course failure in Years 1 or 2.
- Three marginal performances in an academic year. Marginal is defined as falling in the bottom 5% of passing grades.
- A failure of USMLE Step 1, Step 2CK or Step 2CS.
- Failure of two NBME subject examinations in Year 3 clerkships.

Students in Monitored Academic Status will be notified in writing of this determination and will be required to meet with Student Affairs to help plan appropriate interventions. This status is an internal designation only and will not be noted on the transcript or the MSPE. Students who meet one of the criteria for Monitored Academic Status as specified above will be advised to prioritize studying for courses, but will not be required to relinquish school-related extracurricular activities. Students are permitted to take a Scholarly Year or leave of absence, but must remediate any failures before starting the leave. An exception may be made for medical or extenuating reasons. These situations will be handled on a case by case basis by Student Affairs.

For Year 1 students in Monitored Academic Status, participation in summer research activities will depend on the nature and timing of any necessary remediation. Students should meet with their Faculty Advisor and the Medical Student Research Office to plan their projects.

Students in Monitored Academic Status can return to Satisfactory Academic Status if they complete one semester in Year 1 or 2, or six months of clerkships in Year 3 or Year 4 without any evidence of the above criteria, or, if they are in Monitored Academic Status for a failure on a USMLE exam, they pass it on the second attempt. A student who was once in Monitored Academic Status in Year 1 or 2 will return to that status if he or she has an additional marginal grade in Year 1 or 2.

### Serious Academic Status

Students will be considered in Serious Academic Status in the event of any one of the following:

- Two course failures in an academic year during Year 1 or 2.
- A Year 3 or 4 clerkship failure.
- A repeated failure of a Year 1 or 2 course.
- A failure on USMLE Step 1, Step 2CK or Step 2CS on a second attempt.
- Multiple occurrences of unprofessionalism or one serious occurrence as determined by Student Affairs.

Students in Serious Academic Status will be notified in writing of this determination. They will be required to appear before the Promotions Committee and will be subject to its decisions. This status will not be noted on the transcript or the MSPE unless mandated by the Promotions Committee, but students risk being placed on financial aid probation if they are unable to demonstrate that they can maintain Satisfactory Academic Progress.



Remediation may include tailored and/or external remediation programs (at the student's expense), and/or repetition of the semester or year (tuition required).

Students in Serious Academic Status will not be permitted to participate in any Icahn School of Medicine extra-curricular activities. Year 1 students in Serious Academic Status will need to discuss the timing of remediation and summer research with their Faculty Advisor and the Medical Student Research Office. Year 2 students in this status will not be able to apply for the special curricular programs in the third year, including InterACT and the Neuroscience experience. Students in Serious Academic Status are not considered to be in "Good Standing" (see above) and therefore will not be permitted to take a Scholarly Year or leave of absence except for medical or extenuating reasons as determined by Student Affairs.

While in Serious Academic Status students will be forward fed to course and clerkship directors (see below).

In addition, any student in Serious Academic Status who experiences an additional course or clerkship failure must be presented again to the Promotions Committee. Failure of remediation may be grounds for dismissal.

Students will remain in Serious Academic Status until they complete remediation and complete one semester in Year 1 or 2, six months of required clerkships in Year 3 or 4 without any course or clerkship failures or marginal course grades, or if they pass a USMLE exam on the third attempt. They will then be elevated to Monitored Academic Status, and from Monitored Academic Status to Satisfactory Academic Status as specified above.

## ***Remediation***

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### **Years 1 and 2 Policy**

A student who fails a course must repeat the course or an equivalent course, as determined by the Course Director. The student must achieve a Pass in order to progress on to the next academic year. Remediation of courses typically occurs during the summer and must be planned through the Course Director, Curricular Affairs and Student Affairs. Participating in research during the summer is dependent on the timing of any remediation. A failure in a course is listed as "F" on the transcript. Once the student has successfully remediated the course, it is listed as "FP."

Students who fail to pass the remediation for a failed course will be in Serious Academic Status and be required to appear before the Promotions Committee.

### **Years 3 and 4 Policy**

Students who fail a shelf exam are required to remediate the shelf exam during a specified make-up day in July, or by special arrangement during vacation or elective. Students may not make up a shelf exam for one clerkship during another clerkship. All failures must be remediated before the student can do a required Year 4 course or clerkship.

Failure of a shelf exam results in a Conditional (C) on the transcript. If the student passes the shelf on the second attempt, the grade will read Conditional Pass (CP) on the transcript. Repeat failure of the shelf will result in a failing grade in the clerkship.

Students who fail a clerkship are required to appear before the Promotions Committee, who will decide upon a remediation plan.

### **Remediation Plans**

Students may be granted designated time for remediation for coursework or exams as required. Medical students who have failed to pass one of the USMLE Step exams twice are required to take a leave of absence to study and retake the exam as soon as they are ready. Other extraordinary circumstances requiring remediation as mandated by the Promotions Committee or Student Affairs may also require a leave of absence. If repeat or remedial coursework is

required, a student may be regarded as enrolled and prorated tuition may be charged. A student must be enrolled in 50% of a full course load to qualify for federal financial aid.

Clearance to return from a Remediation Plan is required. Students will be required to complete any outstanding compliance needs in order to return.

## *Forward Feeding*

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Information regarding a student's marginal or failing academic performance and any documented issues related to professionalism may be forwarded (otherwise confidentially) from Student Affairs to a course or clerkship director at the discretion of the Senior Associate Dean of Student Affairs and/or the Promotions Committee. Students in Serious Academic Status will be forward fed as long as they remain in that status. Forward-fed information will be of a general nature to alert the course or clerkship director to be aware of any issues that may arise with the student. Personal information will not be forwarded except when requested by the student. The student will be notified that this transfer of information is taking place. Information will flow from Student Affairs to course or clerkship directors, not between course directors or clerkship directors.

Forward feeding allows for monitoring of a student's performance and to provide support and remediation as necessary. The student should receive regular feedback throughout the new course or clerkship.

The forwarding of any material to a subsequent course or clerkship directors will continue as long as 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 internal school 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 Medical Student Performance Evaluation (MSPE).

# Student and Faculty Conduct

The administration, faculty, and students of the Icahn School of Medicine at Mount Sinai are committed to maintaining a respectful and productive learning environment, and are committed to high standards of excellence and personal responsibility. To that end, the following code of conduct has been implemented at the School.

## *Icahn School of Medicine at Mount Sinai Medical Student Code of Conduct*

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As a student of the Icahn School of Medicine, I accept the responsibility and privilege of studying medicine, helping care for patients, interacting with peers, faculty, staff, 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. I will adhere to the following standards, which I will apply to my academic studies, scholarly activities, and clinical encounters.

- I will be truthful with patients, families, peers, faculty, staff, and members of the patient care team.
- I will treat patients, families, peers, faculty, staff, and members of the patient care team with respect and dignity.
- I will not tolerate discrimination in patient care or the educational environment.
- I will treat as private patient information received as part of any educational experience.
- If I believe that a patient may be receiving inappropriate care, I will discuss my concerns with a superior or report the incident through established mechanisms.
- I will conduct research in an unbiased manner and will truthfully report results.
- I will adhere to the Honor Code for Exams and Quizzes.
- 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 ombudsperson.
- I will complete clinical, academic and administrative tasks in a timely fashion.
- My demeanor, behavior, use of language, and personal appearance in the presence of patients, in the classroom, and in healthcare settings will be appropriate to the setting.
- 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, including not using alcohol in any way that could interfere with my clinical responsibilities and not using illicit drugs.
- I will assume an obligation to encourage impaired colleagues to seek professional help and discuss with a supervisor, the administration or ombudsperson as necessary.
- I will not use my position to engage in romantic or sexual relationships with patients or members of their families.
- I will adhere to the above Standards of Conduct when representing the Icahn School of Medicine at Mount Sinai.

## *Student Oath*

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Each year, the entering class of students composes an oath that demonstrates their commitment to upholding the values of integrity and compassion in all aspects of the medical profession. Once complete, the students recite their oath at their class's White Coat Ceremony in front of faculty, staff, family and

friends. The current student oath can be found under student policies on the School's website: <http://icahn.mssm.edu/education/student-resources/resources-for-current-students/student-handbooks>.

## Faculty Oath

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Faculty read the following oath at each year's White Coat Ceremony to demonstrate their commitment to excellence in teaching and mentoring:

*As teachers and mentors for our students, we pledge to maintain the highest professional standards in all of our interactions with students, patients, colleagues, and staff. We pledge our utmost effort to ensure that all components of the educational program for students will be of the highest quality. We will respect all students as individuals, without regard to age, race, color, language, religion, sex, sexual orientation, gender identity or expression, genetic disposition, ethnicity, culture, creed, national origin, citizenship physical or mental disability, socioeconomic status, veteran status, military status, marital status, being the victim of spousal abuse, or based on any other characteristic protected by law; we will not tolerate anyone who manifests disrespect or who expresses biased attitudes towards any student. We will not tolerate any abuse or exploitation of students. In an effort to nurture personal development, we pledge that students will have adequate time for reflection as well as personal and family obligations. In nurturing both the intellectual and professional development of our students, we will celebrate achievement of academic excellence and demonstration of the highest virtues of our profession.*

## Student Mistreatment Guideline

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### Preamble

Icahn School of Medicine at Mount Sinai is dedicated to providing its students, residents, faculty, staff, and patients with an environment of respect, dignity, and support. All members of the Icahn School of Medicine community are responsible for protecting students' rights as specified in our Student Code of Conduct and the Educator Oath, and institutional policy. Educators (defined broadly to include anyone in a teaching role, including faculty, residents, fellows, nurses, staff, and students) bear significant responsibility in creating and maintaining this atmosphere. As role models and evaluators, educators must practice appropriate professional behavior toward, and in the presence of, students, who are in a particularly vulnerable position due to the formative nature of their status. This guideline, therefore, supplements the institutional policy on harassment and grievances, will assist in developing and maintaining optimal learning environments, and encourages educators and students alike to accept their responsibilities as representatives of Icahn School of Medicine in their interactions with their colleagues, patients, and staff.

### Description of Mistreatment

Mistreatment interferes with the learning environment, adversely impacts the student-educator relationship, and has the potential for disrupting patient care and research. Inappropriate and unacceptable behaviors promote an atmosphere in which mistreatment is accepted and perpetuated in medical education and training. While the perception of mistreatment may differ between individuals, examples of mistreatment of students include, but are not limited to:

- Intentional neglect or marginalization (e.g., ignoring, speaking down to, yelling at, ridiculing)
- Insults or inappropriately harsh language in speaking to or about a student
- Berating, belittling, humiliating, or intimidating behavior
- Threat of physical harm or physical punishment (e.g. hitting, slapping, kicking)
- Asking to perform personal services (e.g., shopping, babysitting, picking up food)
- Threat of receiving a poor evaluation/grade for reasons other than course/clerkship performance
- Threat of altering authorship on a publication for reasons other than proper contribution

- Disregard for patient or student safety by requiring a student to perform a procedure or engage in patient care without adequate supervision.
- Sexual harassment, including offensive remarks, being asked to exchange sexual favors for grades or other awards, or being subjected to sexual advances
- Discrimination or harassment based on age, race, color, language, religion, sex, sexual orientation, gender identity or expression, genetic disposition, ethnicity, culture, creed, national origin, citizenship physical or mental disability, socioeconomic status, veteran status, military status, marital status, being the victim of spousal abuse, or based on any other characteristic protected by law.

Such actions are contrary to the good will, trust, and compassion central to the learning culture and working environment in an academic medical center. These actions cannot be tolerated. The sources of mistreatment include, but are not limited to research, preclinical, and clinical faculty, fellows, residents, post-docs, nurses, allied healthcare workers, fellow students, and patients.

## The Student Mistreatment Resource Panel

The Student Mistreatment Resource Panel serves as a sounding board for students with concerns about mistreatment.

Members of the panel will be elected by their peers and will serve their class until graduation or until the member decides not to serve in this capacity. The Student Mistreatment Resource Panel will be comprised of:

- One (1) medical student at the MS IV level
- One (1) medical student at the MS III level
- One (1) medical student at the MS II level
- One (1) medical student at the MS I level
- Two (2) graduate students, one who is a PhD or MD/PhD and one who is in a master's program
- One (1) Scholarly Year student, who will act as chair of the Panel
- One to two (1-2) Faculty Advisors who are the medical school ombudspersons.

The student panel members will:

- Serve as a sounding board for students with concerns about mistreatment in the educational environment.
- Meet with the Senior Associate Deans for Undergraduate Medical Education on a biannual basis. At that time, the panel's de-identified records will be reviewed in order to improve this guideline and/or the program. If the panel or Deans deem it necessary, additional meetings may be scheduled.
- Update policies, procedures, and programming based on the biannual review.
- Maintain confidentiality in all matters relating to the panel.
- Recognize potential conflicts of interest: if a panel member has a potential conflict of interest that relates to a situation brought before the group (for example, a strong personal relationship with someone involved in the situation) the panel member must recuse himself or herself when the group learns about or discusses the situation. Likewise a student bringing a situation to the panel may request that one of the members not participate if there is a potential conflict of interest. The student should make this request to the chair of the panel or the ombudspersons.

One (1) member of the panel will act as secretary and maintain de-identified records which include but are not limited to:

- All mistreatment concerns brought before the panel
- Next steps taken on mistreatment concerns (i.e. sent to Grievance Committee, spoke to Dean, etc.)

All Student Mistreatment Resource Panel records will remain anonymous and only de-identified data will be presented at review meetings.

Student mistreatment concerns will be handled according to the following process:

- Students may report a concern either in person directly to a student member of the panel or by emailing [studentmistreatmentpanel@mssm.edu](mailto:studentmistreatmentpanel@mssm.edu) which is checked by a member of the panel. The panel will meet to discuss the case. Depending upon the severity and complexity of the complaint, the panel may deem it necessary or desirable for the student to meet with the group in order for the panel to ask questions or make suggestions.
- Depending upon the severity or complexity of the mistreatment, or at the request of the affected student, the panel may refer the case to an appropriate group or department at Icahn School of Medicine. When this occurs, the Associate Deans for Medical Education and/or Dean of the Graduate School will also be notified.

At any time during the process, if the panel becomes concerned about an immediate threat to the safety or well-being of the complainant, alleged aggressor, or any person at Icahn School of Medicine or in the community, the panel will notify the Senior Associate Deans for Undergraduate Medical Education and/or Dean of the Graduate School.

## Dissemination

To promote a learning environment respectful of all individuals, the Icahn School of Medicine will publicize the concern about student mistreatment and this panel's existence across the institution and health system. Education is a cornerstone in the prevention of student mistreatment. An ongoing effort will be made to inform all individuals involved in student education about the appropriate treatment of students and of this guideline. To that end, the following notification mechanisms will be utilized:

**Medical Students:** A discussion of mistreatment and our guidelines will occur each year during year, course, and clerkship orientations. Each course and clerkship director will include this guideline in their course and clerkship materials. Mistreatment data collected via E\*value will be shared on a quarterly basis with clerkship directors and on an annual basis with affiliate sites.

**Graduate Students:** A discussion of mistreatment and our guidelines will occur during Orientation for first-year students.

**Faculty, Residents and Fellows:** This guideline will be sent each year from the Dean's office to all Course and Clerkship Directors and all MTA directors, who will help disseminate the guideline to those involved in medical student education.

## Protection from Retaliation

Retaliation against individuals who bring forward complaints of mistreatment (including but not limited to adverse effects on student evaluation) is strictly prohibited and will not be tolerated.

## *Office of Student Ombudsperson*

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The Office of Student Ombudsperson is available to any medical student to give counsel and feedback around academic, career, or personal concerns. They are also available to discuss informally any situation students have encountered around harassment, discrimination or other unfair treatment, interpersonal disputes in need of a neutral third party, uncertainty about or unfair application of a policy, or knowledge of misconduct. 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 serves 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.

There are two Medical Student Ombudspersons:

Dr. Helen Fernandez: [helen.fernandez@mssm.edu](mailto:helen.fernandez@mssm.edu)

Dr. Kirk Campbell: [kirk.campbell@mssm.edu](mailto:kirk.campbell@mssm.edu)

## ***Professionalism***

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Professionalism encompasses a broad set of aptitudes, attitudes, and behaviors. Being a professional can mean many things, including internalizing a set of shared values, behaving according to standards of medical practice or scientific investigation, and being accountable for one's actions. Students have a responsibility to act at all times in accordance with the highest standards of integrity. The same standards of behavior are expected in the classroom, laboratory, clinic, hospital or elsewhere on campus, including housing, or whenever a student is representing the School. Students are expected to adhere to the same professional codes of behavior generally accepted for physicians and scientists.

## ***Misconduct and Lapses of Professionalism***

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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. Administrative responsibilities include course evaluations, student health clearances, HIPAA training, immunizations, infection control training, respirator mask fitting, and BLS certification.

## ***Incident Reports and Commendations***

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Incident reports document specific circumstances when students do not adhere to the Student Code of Conduct or demonstrate unprofessionalism. Incident reports may be completed by course or clerkship leadership or Medical Education faculty and/or administration. The initiator of an incident report will share the report with the student. The student must sign the form and has the opportunity to respond and comment on the form. The initiator will then share and discuss the report with Student Affairs. If the event is non-recurrent and limited to one episode, then the incident report will not become part of the MSPE or the student's permanent record. A pattern of concerning behavior may warrant referral to the Promotions Committee for consideration of disciplinary action and documentation in Appendix C of the Medical Student Performance Evaluation (MSPE). A single egregious incident report could prompt a review by Promotions and may be documented in Appendix C of the MSPE. Examples of egregious events include but are not limited to: abandonment of patient care responsibility, lack of accountability in clinical settings, dishonesty, and disrespectful actions or behaviors involving patients, families, staff, colleagues, or supervisors.

Commendations document exemplary actions or behaviors by students. The initiator of a commendation will discuss it with the student and will share it with Student Affairs. All commendations will be noted in Appendix C of the MSPE.

## ***Honor Code for ISMMS Exams and Quizzes***

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Before taking all exams or quizzes, students must review and agree to abide by the following rules of conduct:

1. I will take this exam or quiz by myself, not in a group.
2. Unless a particular information source or a calculator is explicitly permitted by the Course Director, I will not use any material to assist me during this exam or quiz, including texts, online/web sources/sites, auditory information, study notes, calculators, or any other material.
3. I have not received feedback about the exam or quiz from students who have taken it earlier.



4. While I take my exam or quiz, I will not communicate to anyone about the exam or quiz content or questions. If I become aware of a problem with the exam or quiz while I am taking it, I may notify the Course Director immediately. Once I have completed the exam or quiz, I will not discuss exam or quiz questions or content with, or in the presence of, any student who has not completed the exam or quiz.

5. I will not copy, record, photograph or retain any lasting record of any of the questions from this exam or quiz. I will not provide information about this exam or quiz to any current or future ISMMS student.

6. The online examination process allows students who encounter technical difficulty during an exam or quiz to open a second attempt within one hour of being logged out of a first attempt. Logging in for a second attempt is not permitted for any reason other than technical difficulty. A second attempt at an exam or quiz falls under the same Honor Code rules as a first attempt. Before logging in for a second attempt, I will email [ASCIT@mssm.edu](mailto:ASCIT@mssm.edu) and the course director to notify them of the reason for logging in a second time. I understand that logging in a second time for any reason other than technical difficulty and failing to send the required email before logging in to a second attempt constitute breaches of the Honor Code.

7. The ethical code of the medical profession requires that physicians report breaches in ethical conduct by their colleagues. If I witness any student violating any of the terms of this Honor Code, I am responsible for reporting the incident to the Course Director within 48 hours.

8. I agree that a breach of the Honor Code is a serious ethical violation, and I understand that a student found not to be in compliance with the Honor Code will suffer serious consequences, including, but not limited to, inclusion of Professional Development Form in the student's file, suspension, or dismissal.

## *Plagiarism Policy*

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### **Preface**

Icahn School of Medicine at Mount Sinai faculty and students are committed to high standards of excellence and personal responsibility as stated in our Standards of Conduct. To that end, faculty and students are expected to assume responsibility for their behavior and work.

### **Definition**

According to the AMA Manual of Style: A Guide for Authors and Editors (10<sup>th</sup> edition)<sup>1</sup>, plagiarism is when an author documents or reports ideas, words, data, or graphics, whether published or unpublished, of another as his or her own and without giving appropriate credit. Plagiarism of published work violates standards of honesty and collegial trust and may also violate copyright law (if the violation is shown to be legally actionable).<sup>1</sup>

The AMA Manual of Style goes on to define four common kinds of plagiarism:

1. Direct plagiarism: Verbatim lifting of passages without enclosing the borrowed material in quotation marks and crediting the original author.
2. Mosaic: Borrowing the ideas and opinions from an original source and a few verbatim words or phrases without crediting the original author. In this case, the plagiarist intertwines his or her own ideas and opinions with those of the original author, creating a “confused, plagiarized mass.”
3. Paraphrase: Restating a phrase or passage, providing the same meaning but in a different form without attribution to the original author.
4. Insufficient acknowledgment: Noting the original source of only part of what is borrowed or failing to cite the source material in a way that allows the reader to know what is original and what is borrowed.

## Potential Venues

In the medical school environment, there are numerous situations that students must be cognizant of when representing their work accurately and honestly. These include, but are not limited to:

1. Scholarly work including scientific papers, proposals, presentations, and posters
2. The electronic medical record in the context of appropriating another's documentation into one's own without clear attribution
3. Written examinations or assignments whether formative or summative
4. Essays and personal statements on applications for training, awards, or any other reason

## Consequences

All concerns regarding plagiarism will be reviewed by the Senior Associate Dean of Undergraduate Medical Education & Student Affairs and the Senior Associate Dean of Undergraduate Medical Education & Curricular Affairs. Based upon their findings, a student may be referred to the Promotions Committee and be subject to its decisions which can include, but are not limited to, warning, probation, suspension, or dismissal.

## Reference:

1. American Medical Association (AMA). (2009). *AMA Manual of Style: A Guide for Authors and Editors* (10th ed.). Chicago: JAMA/Archives Journals; Oxford University Press. Retrieved December 11, 2012, from <http://www.amamanualofstyle.com//oso/public/index.htm>

## *Disciplinary Action*

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Disciplinary action may include the following:

- **Warning:** An official notice in writing which describes consequences contingent on a student's future actions or behaviors.
- **Probation:** An official notice in writing that specifies a time period that must pass without incident or conditions that a student must meet to avoid further consequences, including but not limited to disciplinary action.
- **Suspension of enrollment:** A removal of the student from educational activities or patient care settings. Immediate suspensions may be made in circumstances where the student poses a risk to patient care, other members of the School community, the School, or the learning environment.
- **Dismissal:** Expulsion of a student from the School.

Assault, sexual assault, theft, lying, cheating, or any intentionally dishonest behavior, including falsification of documents or other dishonest behavior during exams will result in dismissal from the School of Medicine absent exceptional circumstances. A student who is arrested or charged with a crime is required to inform Student Affairs. Failure to do so will result in dismissal. A dismissal decision cannot be changed to a voluntary withdrawal absent exceptional circumstances. All types of disciplinary action will be given in writing. Students are required to return a signed copy of the letter within 14 days of receipt.

Disciplinary action may be imposed by the Dean for Medical Education, the Senior Associate Dean of Undergraduate Medical Education & Student Affairs, the Senior Associate Dean of Undergraduate Medical Education & Curricular Affairs or the Promotions Committee.

The appeals process for disciplinary action is identical to the process for appealing the decisions of the Promotions Committee. (see section on “Committee Decisions and Appeals.”)

Any disciplinary action will appear in the MSPE in the Academic History section and also in Appendix C of the MSPE (for more information about the MSPE, see the Residency Application Process Section.) Disciplinary actions will also be permanently recorded on the transcript in the comments section.

# Promotions Committee

## *Charge to the Promotions Committee*

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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:

- A. To review medical students not meeting set standards of academic performance and/or professional behavior.
- B. To make annual recommendations to the Dean regarding promotion and graduation of Icahn School of Medicine medical students. 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 and the faculty of Icahn School of Medicine at Mount Sinai and who satisfactorily possess the ethical and moral attributes necessary to practice of medicine.

The Promotions Committee (or, at the Committee Chair's discretion, an Ad Hoc Subcommittee of Promotions), may review any of the following:

- Students in Serious Academic Status (see section on Academic Status).
- Students in Serious Academic Status who have remediated but failed another course or clerkship in the one year of monitoring.
- Students with one egregious or more than one critical Incident report.
- Any student whose conduct may warrant disciplinary action (see section on Disciplinary Action).
- A student who switches from the physician-scientist program to the regular MD program, or a student who requests scholarly leave of more than 2 continuous years.
- A student whose requests a course of study that is different than the established tracks. (For example, a student who wishes a leave to pursue a PhD after Year 3).

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

- Remediation plans
- Warning
- Probation
- Suspension
- Dismissal

See the section on Disciplinary Action for descriptions of warning, probation, suspension, and dismissal.

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*

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### **Composition**

This Committee will consist of the following voting members:

- A Chairperson
- Six course and/or clerkship directors (three from Year 1 or 2 courses, three from clinical clerkships or courses)

- Ten faculty members-at-large appointed by the Dean
- Two fourth-year medical students (not on leave)
- A resident, fellow, or junior faculty member who is a recent graduate of Icahn School of Medicine

The Chairperson will be appointed by the Dean for a term of three years. If one of the course or clerkship directors stops serving in their role during a term on the Committee, the individual will serve as an ex-officio member of the Committee for the remainder of the academic year. That person then may be nominated as a faculty member-at-large. Of the faculty-at-large, five will be recommended to the Dean by the Dean for Medical Education, and five will be recommended by the Steering Committee of the Faculty Council. The term for faculty is three years. The students will be selected by Student Council and will serve a term of one year. The recent graduate will be recommended to the Dean by the Dean for Medical Education, and will also serve a term of one year. Following review, the Dean may extend the terms of the Chair or other Committee members.

The following will serve as ex officio, non-voting members of this committee:

- The Dean of Medical Education
- The Senior Associate Dean for Undergraduate Medical Education and Student Affairs
- The Senior Associate Dean for Undergraduate Medical Education and Curricular Affairs
- The Senior Associate Dean for Admissions
- The Associate Dean for Diversity Programs, Policy and Community Affairs
- The Assistant Dean of Curricular and Student Affairs

Additionally, when available, the Faculty Advisor for the student being presented will attend the meeting as a non-voting member.

## Procedures

The Promotions Committee or an 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.

Students presented before the Promotions Committee are permitted to make a statement to the Committee explaining their perspective on the issues before the Committee. Students are also permitted to bring another individual to the meeting to provide them support. The student may not be represented by an attorney and the accompanying individual may not speak during the meeting.

Decisions of the Promotions Committee shall be made by a majority vote. A quorum is defined as 9 voting members present. A quorum is required for any vote.

The Chair may appoint an Ad Hoc Subcommittee to investigate and evaluate the circumstances which brought the student to the Committee's attention and to propose remedial, disciplinary, or other action to the full Committee. The Ad Hoc Committee may meet prior to a full Committee meeting, or after the student is initially considered by the Committee. The Subcommittee will consist of a minimum of three Committee members, two of whom must be faculty. One faculty member will serve as Chair of the Subcommittee.

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.

The student shall be permitted to meet with the Ad Hoc Subcommittee and prior to that meeting shall have the right to know the reason for the Subcommittee investigation. 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.

The Subcommittee shall present to the Promotions Committee of its findings and recommendation. The Promotions Committee will discuss and vote on a decision and notify the student in writing of that decision and the basis for it. The Promotions Committee decision shall be made by a majority of the full Committee.

## *Committee Decisions and Appeals*

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Committee decisions will be rendered verbally to the student by the Committee Chair and will be confirmed in writing. If in agreement with the outcome and letter, students are required to return a signed copy of the letter within two weeks.

If a student chooses to appeal the decision of the Promotions Committee, he or she must submit a written request stating the reason for the appeal to the Dean of the School of Medicine within two weeks of receipt of decision letter. 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 or her discretion, form an advisory committee to assist in reviewing the appeal. If no appeal is taken as provided above the decision shall become final.

If a student's appeal is successful, the Promotions Committee may reconvene to determine any further plan or monitoring necessary.

These rules are intended to establish fair and reasonable guidelines for disciplinary action. 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.

# Major Life Events and Personal Circumstances

Medical school is challenging, both mentally and physically, and students may face situations where they have to balance the demands of the curriculum with major life events or personal circumstances that also require attention, care and energy. These situations include the birth or adoption of a child, a major personal illness, or an illness of a loved one. How to balance personal demands and academics requires careful consideration and planning. At times, the best option for a student may be to take a leave of absence until the student can more fully engage in the curriculum (see section “Leave of Absence.”) Other times it may be better to remain enrolled in school with modified attendance expectations and with additional support services in place. The Department of Medical Education is committed to engaging with students to create viable approaches to situations as needs arise. It is essential that students be open and proactive in these discussions, and the Department of Medical Education will likewise strive to be fair and transparent.

Any modified educational plans must involve discussion with and approval from the Senior Associate Dean for Student Affairs. Plans may require input from Enrollment Services and Financial Aid, as well as from course and clerkship directors when relevant.

## *Leave of Absence*

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### Overview

Life circumstances may require students to take time away from courses or rotations. When the need for time off is limited (see below), students may remain enrolled and will be permitted excused absences (see excused absence policies). If the time away is extensive or indeterminate, a leave of absence (LOA) may be considered. A LOA is a period of temporary non-enrollment. A 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. All requests for a LOA are made directly to and granted at the discretion of the Office for Student Affairs

Year 1 and 2 courses are only offered once per year and have prerequisites, and all requirements in the first semester must be completed before moving on to the second semester. Because of the schedule and volume of material, having to spend significant time away from studying and mandatory sessions may place a student at risk of poor academic performance. In Years 1 and 2, the Office of Student Affairs typically grants up to two weeks of excused absences for students who require time off to attend to personal circumstances, followed by a return to all coursework thereafter. Any need for time off beyond two weeks may prompt the consideration of a LOA. A LOA may last for a period of up to one year, but a student can choose to convert the leave at any point to a scholarly period, during which the student is considered enrolled as a fulltime student (see section about the Scholarly Year). In that situation and in partnership with the student, Student Affairs will work closely with the Medical Student Research Office to help the student identify a mentor and project and, when possible, funding. In the event of a LOA, the student would return to courses the next academic year where the student had left off.

In Year 3 or Year 4, excused absences of longer than two days will require students to make up the missed parts of a rotation. A student who requires more time off may have up to eight (8) weeks, schedule permitting. In that event, clerkships may need to be rescheduled but students may remain enrolled. Anything longer than eight weeks may affect the student’s ability to graduate on time and may require a LOA, which may be granted for up to one year. A student who takes a LOA may return to rotations at any point before the 12 month period ends (see section on return from LOA below), or convert the leave to a scholarly period. Based on when the leave is taken, the student may be required to make up parts or all of the rotation missed. The length of the leave may affect when a student is able to graduate.

LOAs may be Medical, Personal or Administrative. See below for details.



## Medical LOA

Either the student or Student Affairs may initiate a medical LOA. A medical LOA requires a physician's endorsement and/or an administrative psychiatric or medical evaluation as ordered by 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 discretion of the Department of Medical Education upon recommendation of a physician. All students on medical LOA are required to have health insurance and are eligible to continue with the school's student health insurance plan.

## Personal LOA

A personal LOA enables a student to take time off to address issues of a personal nature, including those related to the health and well-being of a family member or partner. A LOA may also be granted for issues related to childbirth, adoption, or other parental responsibilities.

A personal LOA will not be granted for non-health or non-family related circumstances (for example to pursue a time-limited opportunity in athletics or other interests) until after the completion of the first semester of Year 1. Personal leaves for such non-extenuating circumstances may not be taken at any time when the student is not in good academic standing, as defined in the Academic Standing Policy, or in Serious Academic Status, as defined in the Academic Status Section.

Ordinarily, personal leaves may not exceed one year; however, requests to extend a personal leave into a second and final year will be considered under exceptional circumstances.

All students on personal LOA are required to have health insurance and are eligible to continue on the School's student health insurance plan.

## Administrative LOA

A LOA can also be administrative. An administrative LOA is mandated by the Department of Medical Education and is usually as the result of a student not complying with school's administrative requirements.

## Documentation of LOAs

The dates for all LOAs will be noted on the Transcript and the MSPE. The reason for the LOA will not be included in these documents, with the exception of an administrative LOA, which will be designated as such on the transcript and MSPE.

## Financial Implications of LOA

To be eligible to receive federal and institutional student aid, the student must meet and maintain the School'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.)

A Leave of Absence Status greater than 180 days will move students out of their loan deferment period. The last date of attendance before the LOA is the "Out of School" date. After 180 days, the grace period ends and all educational federal loans will go into repayment. Students are expected to meet with the Bursar and Financial Aid Director before a LOA is finalized in order to fully understand the consequences of the LOA on loan repayment.

## Additional Information

A student who resides in Aron Hall may be required to vacate Aron Hall while on LOA, based on the nature and anticipated length of the LOA. While on LOA a student will have library privileges suspended. Students on LOA may not participate in any educational opportunities at Icahn School of Medicine for credit.

## Clearance to Begin Leaves of Absence, Withdraw, Transfer, or Otherwise Leave the School

Students who go on a LOA must obtain clearance beforehand from the Office for Student Affairs. Students are required to meet with their Faculty Advisory and Senior Associate Dean of Office for Student Affairs before filling out the appropriate forms. 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 (see link below) requiring the signatures of the requisite 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. There is a processing fee of \$100 for leaves.

Leave of absence sign out and return forms can be found [at http://icahn.mssm.edu/education/student-resources/registrar/academic-forms](http://icahn.mssm.edu/education/student-resources/registrar/academic-forms)

## **Return from LOA**

The Office of Student Affairs approves students for return from a LOA. The point person for the return process is the Student Affairs Manager. Students should refer to the individualized terms of their leave letter and must complete all required evaluations or testing prior to return. In general return from a medical leave of absence requires a physician's note that the student is cleared to return to school. At the end of a specified period of LOA, if the student does not notify Student Affairs Manager of his or her intentions, it will be assumed the student no longer wishes to be considered enrolled and will be dismissed. If a student wishes to apply for reinstatement at a later date, a new application for admission must be completed.

## **Decelerated Year 3 or Year 4**

Students who have a compelling reason may request to spread either year 3 or year 4 requirements over two calendar years. Interested students must meet with Senior Associate Dean of Student Affairs and the Director of Enrollment to discuss the request. If approved, students will be considered 50% enrolled for this time period. Tuition will be prorated accordingly, but students will be responsible for living expenses and fees for each decelerated year. Students are enrolled during the decelerated period and loans will not go into repayment and students will be allowed to remain in housing. The period of deceleration will be noted in the Academic History section of the MSPE.

## **Flexibility of Year 1 and 2**

While the limit for excused absences in Year 1 and 2 is 2 contiguous weeks, students may watch the recordings of lectures at their convenience and only need to report to school for required patient presentations, small groups and laboratory experiences. This allows for significant time when a student is not required to be present at school.

# Awards and Honors

## *Alpha Omega Alpha Honor Society*

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The New York Lambda Chapter of the Alpha Omega Alpha Honor Medical Society was established at the Icahn School of Medicine at Mount Sinai in May 1970. The Society is composed of fourth-year medical students who have shown promise of becoming leaders in their profession and exhibit excellence in every respect, including leadership, research, professionalism, service to the school and community, and clinical acumen. In addition to the fourth-year students, three house staff, two fulltime faculty, and two alumni members are selected by the AOA Lambda Chapter students and inducted into the society.

Student members are chosen on the basis of their accomplishments utilizing the following criteria:

- Academic performance during the first three years of the medical curriculum including third-year grades and assessments along with Step I
- Successful research activities as documented by formal presentations at national meetings or by publications or other scholarly work
- Leadership in school activities and in community service
- Professionalism and humanism

A meeting of the Board of AOA, comprised of faculty members (outside of the Dean's office and Student Affairs), convenes to elect students soon after the beginning of the senior year. Selection is timed to allow students who have been elected into AOA to have this distinction noted on their MSPE's for graduate medical training. All of the above criteria are used to determine the top quartile of the class. From this group, 16% of the class is selected by the AOA board for election into the Honor Society.

## *Gold Humanism Honor Society*

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The Gold Humanism Society honors those students who have demonstrated humanistic values in their clinical training. The honor society was formed by The Arnold P. Gold Foundation and is widely recognized throughout medical schools in the United States, many of which have their own chapters. Icahn School of Medicine at Mount Sinai's chapter follows the Gold Foundation's definition of humanism:

*"Humanism encompasses those attributes and behaviors that emanate from a deep sensitivity and respect for others, including full acceptance of all cultural and ethnic backgrounds. Further, humanism is exemplified through compassionate, empathetic treatment of all persons while recognizing each one's needs and autonomy."*

Students are nominated at the end of their third year by their peers and honored in the Gold Humanism Award Ceremony held in the fourth year, throughout the institution, within their MSPE, and at graduation.

## *Distinction in Medical Education*

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Distinction in Medical Education (DIME) recognizes those students who have taken leadership roles in medical education and have developed and implemented a scholarly project related to the field of medical education. DIME is not for all students who teach, but rather it is awarded to those unique students who have dedicated significant time to and demonstrated excellence in teaching and/or curriculum development and who have taken a scholarly approach

to their work in education. Students primarily engaged in teaching are required to produce scholarly work, evaluate their teaching/education interventions, and describe how they used results to improve their teaching/intervention. Education products for teachers may include the development of concept maps, slide sets, resource materials, web-based cases, etc. Learner evaluations will provide important evidence of quality if a project is primarily related to teaching.

## *Distinction in Research*

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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 3 and 4. Further information is available from the Medical Student Research Office (MSRO).

# Residency Application Process

The Office of Student Affairs assists students with the residency application process, which begins in the second half of third-year and continues until Match Day in March of fourth-year.

There are two main components of the process:

1. **Application:** Most specialties use the Electronic Residency Application Service (ERAS) for application processing. SF Match (generally used by those going into Ophthalmology) uses the Central Application Service (CAS). Urology applicants apply to residency programs in ERAS, and must register with the American Urological Association (AUA), which manages the match process. All U.S. Army, Air Force & Navy PGY-1 residency programs use ERAS. For Military applicants, you must still apply through the Joint Service Graduate Medical Education Selection Board as well. There is a separate match in Canada, the Canadian Residency Matching Program, and students are encouraged to look online for additional information about Canadian programs (<http://www.carms.ca/en/>). Also, all early Match participants for advanced matches (that start in the second postgraduate year, like Urology and Ophthalmology, 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.
  - a. All Students must register with the National Residency Matching Program (NRMP), including early Match students.
  - b. SF Match currently chiefly serves the match for Ophthalmology.
  - c. Although urology uses 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/education/residency.cfm>.

All senior students applying for first-year graduate level training in the United States must be appointed through the NRMP. The deans of all schools and the academic societies have agreed that the Medical Student Performance Evaluation may not be sent before October 1<sup>st</sup>. There will be no exceptions. This includes the early Matches. Policies regarding the Match process through the NRMP are outlined on the NRMP website at <http://www.nrmp.org/policies/>. Students are encouraged to discuss with Student Affairs any concerns they may have about potential violations to this policy.

## *Medical Student Performance Evaluation (MSPE)*

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The format and composition for the Medical Student Performance Evaluation (MSPE) for Icahn School of Medicine conforms to the guidelines established by the AAMC Dean's Letter Advisory Committee in 2002.

Icahn School of Medicine at Mount Sinai considers the MSPE a comprehensive assessment that documents the aggregate of achievements during medical school.

- The MSPE is populated from information that a student enters into his or her portfolio and narrative grades taken verbatim from the Student Information System. This information is compiled by Student Affairs staff and is presented in a format specified by the AAMC, as a comparative performance assessment that includes information that allows the reader to benchmark a student's performance in achieving the educational objectives of the medical school curriculum in references to his or her peers.
- 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 the

student's CV and ERAS, and may be mentioned in letters of recommendation or, if relevant, brought up by the student during an interview.

- Students will learn about the MSPE at Orientation in Year 1 and then have more formal sessions about the MSPE during Year 3. Students may ask about the MSPE content or preparation at any time and should seek out any of the faculty and/or staff in Student Affairs with questions or concerns.

## Name and Purpose

The MSPE describes, in a sequential manner, a student's performance, as compared to that of his or her peers, through three full years of medical school. The MSPE includes an assessment of both the student's academic performance and professional attributes, like achievements and awards.

## Composition

Final authority for compiling the MSPE rests with the Department of Medical Education; the rankings in the MSPE is overseen by a committee that includes representatives from Student Affairs, Curricular Affairs, Admissions, CMCA, the MSTP Program, and Medical Education administration. The process for the MSPE includes student completion of the portfolio and a personal meeting of each student with his or her Faculty Advisor. Also included in the process are review and update periods for sections of the MSPE, as well as a final review of the full MSPE before it is released to programs.

## Content

The MSPE contains six sections:

### 1. Identifying Information:

- a. Student's legal name
- b. Name and location of the medical school

### 2. Unique Characteristics:

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

- a. Brief biographical narrative composed by the student
- b. Entry and/or program type (e.g. Humanities and Medicine, Science and Medicine, MSTP, PORTAL)
- c. Awards
- d. Leadership, community service, and extracurricular activities

### 3. Academic History:

- a. The month and year of the student's initial matriculation in, and expected graduation from, medical school.
- b. 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.
- c. 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.
- d. Information, based upon school-specific policies, of coursework that the student was required to repeat or otherwise remediate during the student's medical education.
- e. Information, based on school-specific policies, of any adverse action(s) imposed on the student by the medical school or its parent institution. This includes disciplinary actions. This does not include incident reports.

### 4. Academic Progress:

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

- a. An explanation of grading policies in the pre-clerkship courses followed by documentation of student's completion of this curriculum.
  - b. Narrative information from the ASM course and each core third-year clerkship are included in the MSPE in chronological order. The paragraphs are verbatim, aside from any grammatical corrections. Fourth-year clerkship narratives are not included.
5. **Research:**  
The Icahn School of Medicine MSPE includes an extensive review of scholarly work which is included just prior to the final summary statement. Scholarly work and research must have taken place during Years one through three of medical school, or during a Scholarly Year or a second degree completed while in medical school. No work from prior to medical school may be included in the MSPE.
6. **Summary:**  
The summary 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, clerkship grades, research publications, and leadership and community service. The numerical grading system is assessed, and then the scoring, ranking, and quartile determination occurs without any unique student identifiers. Student names are added back after ranking and quartiles have been created. As noted above a committee, with broad representation, oversees all aspects of this process.
7. **Appendices:**  
Appendices, as per AAMC guidelines, are included with the exception that no graphs are provided for comparative performance in Years 1 and 2 due to our commitment to the pass/fail curriculum. Appendix C (professionalism) is provided in narrative form.
- a. *Appendix A:* List of courses taken in Years 1 and 2. This information is static regardless of when student took Years 1 and 2. There is a notation that these courses may vary from student to student, and refers the reviewer to the student's transcript.
  - b. *Appendix B:* A graph indicating the distribution of honors/high pass/pass in each clerkship, and the student's grade in the clerkship.
  - c. *Appendix C:* Narrative including the School's required competency in Professionalism. Disciplinary action and commendations are included here. Incident reports are not included.
  - d. *Appendix D:* This appendix shows a graph of the distribution of the four quartiles, indicating the student's quartile. The student's quartile is determined by committee based on the parameters noted above. This is a requirement of the AAMC.
  - e. *Appendix E:* Description of school curriculum and requirements (same for each student).

## Student Review

The MSPE is a component of the students' academic record and is available for a student's review. The student is permitted to correct factual errors in the MSPE, but not to revise narrative comments from the clerkship grades.

## Mode of Delivery

The MSPE will be uploaded to ERAS, or for students participating in the SF Match or Canadian Match in a computer file compatible with an Internet-based delivery system.

## Release Date

The MSPE release date will be October 1<sup>st</sup> as per the national agreement.

## Student Portfolio

Each Icahn School of Medicine student has access to their unique portfolio on Blackboard. Students may login 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 the third year. Please note that once a MSPE has been generated, Student Affairs will no longer access the student's portfolio. No changes need to be made in the portfolio after the student has attended a MSPE meeting.

## Sample Medical Student Performance Evaluation



Office of Student Affairs  
Department of Medical Education

T 212.241.4426  
F 212.369.6013  
student.affairs@mssm.edu

Mount Sinai  
One Gustave L. Levy Place, Box 1257  
New York, NY 10029-6574

### MEDICAL STUDENT PERFORMANCE EVALUATION

for

Joseph Student

October 1, 2014

Your formal name, as listed in the school's records

Date that MSPE will be released to programs

Static for all students, only thing that is different is the name of student in their specific MSPE

Written by the student using a template and guidelines, and edited by the faculty advisor

#### IDENTIFYING INFORMATION

Joseph Student is a fourth-year student at Icahn School of Medicine at Mount Sinai in New York, New York.

#### UNIQUE CHARACTERISTICS

Mr. Student grew up in Western Massachusetts and attended public school in his community. He held several leadership positions in his high school's annual homeless outreach program. He then attended NYU for his undergraduate studies, where he majored in American Studies and did his thesis on historical health trends in Native Americans. Mr. Student decided to wait to apply to medical school and worked for several years in the finance sector in New York City before applying to Icahn.

While at Icahn, Mr. Student secured a unique NIH summer grant to study the role for personalized medicine in drug and alcohol treatment during a scholarly leave from Icahn in between his third and fourth years. Meanwhile, Mr. Student worked in progressively more senior roles in Icahn's student run primary care clinic until assuming leadership of its Executive Steering Committee in his fourth year.

#### AWARDS

- Distinction in Research, 2012
- Student Council Award of Excellence, 2011

Information populates directly from what the student enters into the Portfolio on Blackboard

#### LEADERSHIP, COMMUNITY SERVICE and EXTRACURRICULAR ACTIVITIES

**Student Council**, Class Representative  
March 2012 - June 2013; 6 hours total.

**Admissions Committee of Mount Sinai School of Medicine**  
August 2012 - May 2013; 60 hours total.

**Admissions Office**, Co-Coordinator  
August 2012 - March 2013; 20 hours total.

**MEDDOcs**  
February 2010 - May 2010; 14 hours total.

Information populates directly from what the student enters into Portfolio on Blackboard. Information reviewed by faculty advisor and student during MSPE meeting.

**ACADEMIC HISTORY**

Date of Expected Graduation from Medical School: May 9, 2014  
Date of Initial Matriculation in Medical School: August 20, 2010

This information is compiled directly from the student's academic record, from the Registrar's Office.

Did the student have any extensions or leave(s) of absence during his/her education program? X No \_\_\_ Yes – Please explain:

Was this student required to repeat or otherwise remediate any coursework during his/her medical education? X No \_\_\_ Yes – Please explain:

Was this student the recipient of any adverse action(s) by the medical school? X No \_\_\_ Yes – Please explain:

USMLE Step I Score: 246

**ACADEMIC PROGRESS**

**Year 1 and 2 Record**

Year 1 and 2 courses utilize a Pass/Fail grading system. The Art and Science of Medicine course also provides a narrative summary of a student's performance which is provided below.

Static for all students

This will reflect if you have or haven't passed all of your year 1 & 2 courses. This information comes from the Registrar's records and student's transcript.

Mr. Joseph Student passed all didactic courses in year 1 and 2.

**Art and Science of Medicine**

It is the mission of The Art and Science of Medicine (ASM) Course (I and II) to provide pre-clinical medical students with the core knowledge, clinical skills and professional attitudes essential for a seamless transition into the clinical years. Fundamental to this mission is a vision of competent physicians who provide compassionate patient-centered care dedicated to a biopsychosocial approach to health care delivery.

The narrative is the student's FINAL GRADE paragraph developed by the COURSE DIRECTORS – students should have reviewed on Blackboard when grade was released. This will be reviewed during the MSPE Meeting with faculty advisor and student.

Joseph Student exceeded expectations in the domains of course session preparation, contribution of resources and knowledge to group discussions, demonstration of growth and ability to understand and apply new material, generation of hypotheses to explain problems under discussion, communicating clearly and logically, and showing responsibility towards peers and faculty.

In addition, in observed patient interactions, Mr. Student met expectations in his medical interviewing, physical examination skills, and communication skills.

**Year 3 and 4 Record**

Year 3 and 4 clerkships and rotations utilize an Honors/High Pass/Pass/Fail system. The following are narrative evaluations from required clerkships completed to date, shown in the order taken:

The narratives are the student's FINAL GRADE paragraph developed by the CLERKSHIP DIRECTORS, and are the same as students viewed on Blackboard when their grade was released. These narratives will be reviewed during MSPE Meeting with faculty advisor and student.

**Obstetrics and Gynecology**

Grade: Pass

Comments: Joseph Student received a grade of pass in the Ob-Gyn Clerkship. The overall clinical performance was excellent. The attendings and house staff rated Joseph as excellent in terms of skills and abilities in history taking, physical examination, problem solving, and forming assessment and plans; excellent in terms of patient and professional rapport; and excellent in terms of initiative, dependability, and professional qualities. The score on the NBME shelf exam was 73<sup>rd</sup> percentile. The oral and written case presentations were very good.

Fourth year rotations and electives are not included. Only core clerkships that have been completed by end of year 3 will be included - core clerkships completed after will be added in at a later date.

### Pediatrics

Grade: High Pass

Comments: Mr. Joseph Student performed in an excellent to outstanding fashion during his Pediatric Clerkship. Faculty and housestaff rated his self-directed learning skills as outstanding, his medical knowledge and clinical application of knowledge were rated as excellent to outstanding, his communication skills and professional qualities as excellent and his interpersonal relationships with patients and peers as very good. His potential as a houseofficer is excellent. His score on the final oral examination was 40/40. The result of his NBME shelf examination was in the 90th percentile. Joseph's overall performance was excellent to outstanding, and he has earned a grade of High Pass for his pediatric clerkship.

### Surgery

Grade: Honors

Comments: Joseph was a truly outstanding surgical clerk. Attendings and residents alike praised his enthusiasm, dedication to patient care, and ability to work as part of a team. His attending mentor wrote that Joseph was "an extremely smart, logical student who should make a very competent clinician." His fund of knowledge was demonstrated by his score on the NBME Subject examination earning the 80th percentile. He earned the grade of Honors.

### SCHOLARLY WORK

These citations are compiled by the Medical School Research Office, from the information students enter into the Portfolio. Each citation is verified by the MSRO.

#### Research Projects - Project Number 1

**Title:** Risk Factors for Diabetes Type 2 Among an Urban Youth.

**Mentor:** Humphrey McMaster, MD, MPH

**Abstracts resulting:** Student J., Jennings D., McMaster H. Risk Factors for Diabetes Type 2 Among an Urban Youth. American Society of Pediatric Endocrinology Annual Meeting, Nashville TN, April 2013; Poster presentation.

**SUMMARY**

Mr. Joseph Student has successfully completed all of the requirements of the MD program to date and his overall performance, as determined by a measure of academic performance, leadership, community service and extracurricular activities, and research, has been **Outstanding**.

Static for all students, except name is particular to each student's MSPE. Descriptor word is particular to each student based on which quartile of the class they fall into.

Sincerely,

**Student Affairs Faculty Advisors:**

Gail Shust, MD

Craig Katz, MD

Sharon Edwards, MD

Roberto Posada, MD

Meredith Grossman, MD

Alicia Hurtado, MD

**Administration:**

David Muller, MD  
Dean, Medical Education  
Marietta and Charles C. Morchand Chair in Medical Education

Peter Gliatto, MD  
Associate Dean for Undergraduate Medical Education and Student Affairs  
Associate Professor, Medical Education & Medicine

Karen Zier, PhD  
Associate Dean, Medical Student Research  
Professor, Medical Education & Medicine

Shashi Anand  
Assistant Dean, Curricular and Student Affairs

**APPENDIX A**  
Comparative Performance in First and Second Year Courses  
Icahn School of Medicine at Mount Sinai  
New York, NY

Static for all – list of courses for year 1 & 2.

The following is a list of pre-clinical courses taken by students in the Class of 2015:

**Year 1**

Art & Science of Medicine  
Introduction to Emergency Medicine  
Embryology  
Molecules & Cells  
Gross Anatomy  
Clinical Epidemiology  
Histology  
Physiology  
Immunology  
General Pathology  
Medical Microbiology  
Bench to Bedside

**Year 2**

Art & Science of Medicine 2  
Medical Genetics and Genomics  
Musculoskeletal Pathophysiology  
Cardiovascular Pathophysiology  
Brain & Behavior  
Pharmacology  
Hematology Pathophysiology  
Gastrointestinal-Liver Pathophysiology  
Dermatology Pathophysiology  
Obstetrics and Gynecology Pathophysiology  
Endocrine Pathophysiology  
Pulmonary Pathophysiology  
Renal/Genitourinary Pathophysiology

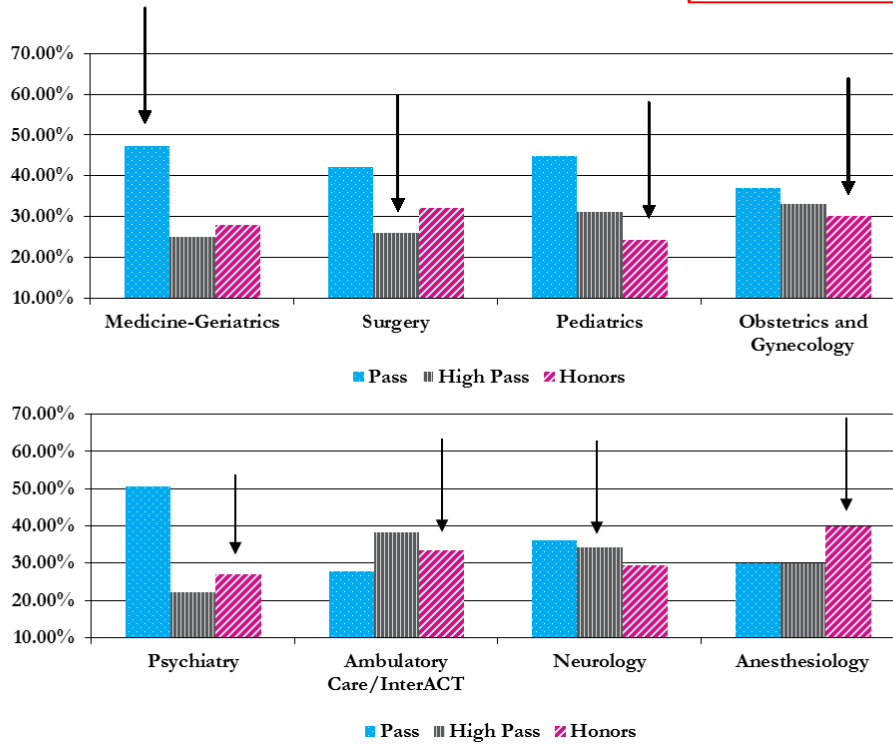
All courses are Pass/Fail and therefore comparative performance data is not available.

Some students are considered exempt from certain courses, or took other courses required from those listed for their degree programs. Please refer to this student's transcript for a detailed and complete list of courses.

**APPENDIX B**

Comparative Performance in Core Clinical Clerkships  
Icahn School of Medicine at Mount Sinai  
New York, NY

A graph for each clerkship indicating percentage of honors/high pass/pass/fail of the class and indicating the student's grade.



Note: Appendix B was created using grades from the cohort who took the clerkship curriculum from July 2013 – June 2014.

If there is no arrow indicated, the grade was not available at the time of the creation of the MSPE in the fall of 2014.

**APPENDIX C**  
Professional Attributes  
Icahn School of Medicine at Mount Sinai  
New York, NY

Narrative including the school's required competencies; Commendations (formerly known as positive professional development forms) are included here. A student will be notified prior to review that the Commendation will be added in. Disciplinary action will also be added here, and student will be aware prior to creation of MSPE that it will be entered in.

**Icahn School of Medicine at Mount Sinai has an established Code of Conduct to guide the behavior of our students. By graduation, we expect the following competencies for professional behavior:**

- Establish productive and collegial relationships with others: patients and their families, colleagues and the community. Demonstrate outstanding communication skill.
- 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. Show collegiality, compassion, and cooperation within a team.
- Strive for empathy and altruism toward patients, members of the Icahn School of Medicine community, and society.
- Appreciate and apply ethical principles such as honesty, integrity, and cultural sensitivity.
- Recognize personal and professional limitations and have the ability to seek help.
- Acquire and value lifelong learning habits; practice accountability.
- Apply principles of effective time management.

**The student has met or exceeded all of the competencies outlined as above.**

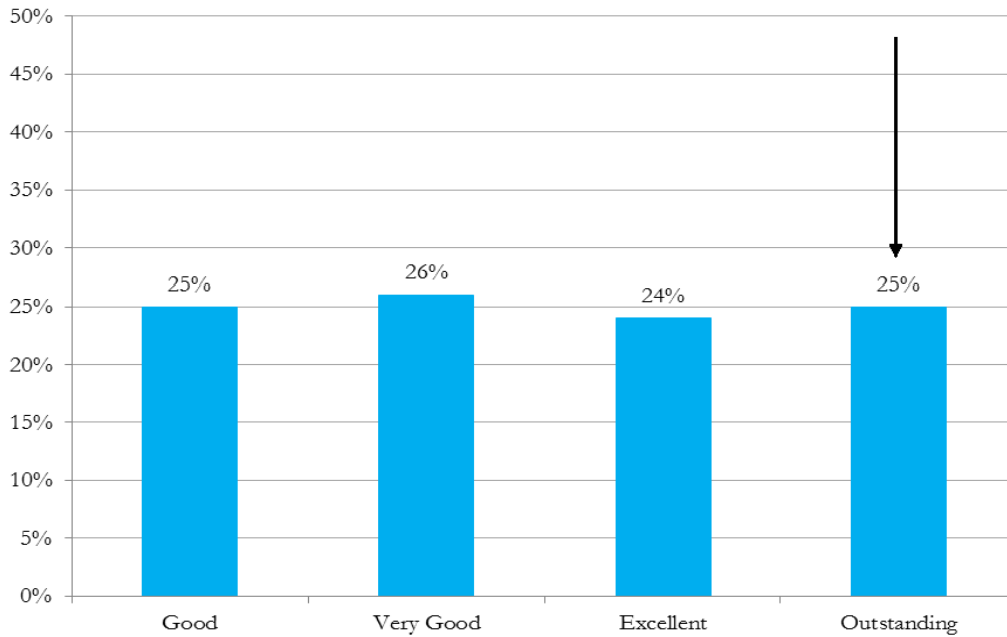
**COMMENDATION OR COMMENT MANDATED BY PROMOTIONS COMMITTEE  
ENTERED HERE**



**Appendix D**

Comparative Performance: Overall Comparative Performance  
Icahn School of Medicine at Mount Sinai  
New York, NY

This is a requirement of the AAMC format; the student's quartile is determined by committee, using the following criteria: USMLE Step I score, Gold Humanism Honor Society, clerkship grades, research activities and/or publications, school leadership and community service. Grades in year 1 and 2 are strictly pass/fail and are not part of the scoring system.



The qualifier in Summary Statement for the Class of 2014 (outstanding, excellent, very good and good) corresponds with quartiles that have been determined by a quantitative system that takes into consideration the USMLE Step I score, Gold Humanism Honor Society, clerkship grades in year 3, research activities and/or publications, school leadership and community service. Grades in year 1 and 2 are strictly pass/fail and are not part of the scoring system.

**APPENDIX E**

Medical School Information Page  
Icahn School of Medicine at Mount Sinai  
New York, NY

Description of school curriculum and requirements – static for all

**Special programmatic emphases, strengths, mission/goal(s) of the medical school:**

The mission of the Icahn School of Medicine at Mount Sinai is to train outstanding physicians and scientists who are prepared to enter society as informed advocates and activists, able to advance science and clinical care, and capable of promoting change.

Special characteristics of the medical school's educational program:

- Active, small group and team-based learning opportunities that encourage collective problem-solving and peer teaching in Years 1 and 2
- Course content that is thematically integrated with clinical learning experiences
- From Year 1, early and meaningful clinical exposure including partnering with patients to better understand their health care experiences
- Numerous opportunities for mentored basic, translational or clinical research with world class faculty and the ability to enroll in joint degree programs
- A strong emphasis on service learning and urban primary care through our student run free clinic for the East Harlem community
- Flexible scheduling during Years 3 and 4 including the option of adding a scholarly research year
- Exposure to pioneering clinical experiences such as home-based care, palliative care and an integrated longitudinal clerkship
- Use of state-of-the-art simulation and standardized patient experiences for feedback and assessment of learning
- Medical missions to raise awareness and address the health care needs of our global community

**Average length of enrollment (initial matriculation to graduation) at the medical school:**

3 Years 9 Months

**Description of the evaluation system used at the medical school:**

Years One and Two: Pass/Fail  
Years Three and Four: Required Clerkships: Honors/High Pass/Pass/Fail  
Years Three and Four: Electives: Honors/Pass/Fail

**Medical school requirements for successful completion of USMLE Step 1, 2: (check all that apply):**

USMLE Step 1:

USMLE Step 2ck and cs

<input checked="" type="checkbox"/> Required for Promotion	<input type="checkbox"/> Required for Promotion
<input checked="" type="checkbox"/> Required for graduation	<input checked="" type="checkbox"/> Required for graduation
<input type="checkbox"/> Required, but not for promotion/graduation	<input type="checkbox"/> Required, but not for promotion/graduation
<input type="checkbox"/> Not required	<input type="checkbox"/> Not required

**Medical school requirements for successful completion of Objective/Observed Structured Clinical Evaluation (OSCE) at medical school. OSCEs are used for (check all that apply):**

<input checked="" type="checkbox"/> Completion of course	<input type="checkbox"/> Completion of clerkship
<input checked="" type="checkbox"/> Completion of third year	<input checked="" type="checkbox"/> Graduation

**Utilization of the course, clerkship, or elective director's narrative comments in composition of the MSPE. The narrative comments contained in the attached MSPE can best be described as (check one):**

Reported exactly as written  
 Edited for length or grammar, but not for content  
 Edited for content or included selectively

**Utilization by the medical school of the AAMC "Guidelines for Medical Schools Regarding Academic Transcripts." This medical school is:**

Completely in compliance with Guidelines' recommendations  
 Partially in compliance with Guidelines' recommendations  
 Not in compliance with Guidelines' recommendations

**Description of the process by which the MSPE is composed at the medical school (including number of school personnel involved in composition of the MSPE):**

Information is compiled from a student's portfolio, academic records and evaluations. The Associate Dean for Medical Student Research contributes the research section. Each student meets individually with his or her Faculty Advisor to review each section of the MSPE for accuracy and completeness. The Associate Dean for Undergraduate Medical Education and Student Affairs oversees the final MSPE.

**Students are permitted to review the MSPE prior to its transmission:**









Yes  
 No


# Department of Medical Education – Leadership, Faculty, and Staff

The Department of Medical Education encompasses Undergraduate Medical Education (MD program), Graduate Medical Education and Continuing Medical Education. Below you will find key faculty and staff who focus on the MD training program.




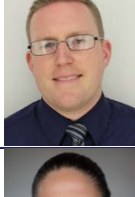
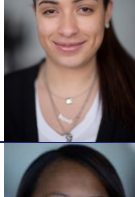
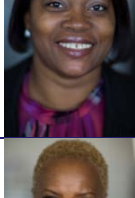


\*MD Program Leadership Team



## Administration

	<b>David Muller, MD*</b> Dean for Medical Education	Dr. Muller sets the vision, mission and direction of medical education programs through the recruitment, development and support of faculty and students.	<a href="mailto:david.muller@mssm.edu">david.muller@mssm.edu</a> Annenberg 13-30
	<b>Michelle Sainte*</b> Associate Dean for Academic Administration	Ms. Sainte oversees the administrative and financial divisions of the Medical Education Department otherwise known as people, money, and space. She is also responsible for staffing the department and acting as a liaison to departments throughout the institution.	<a href="mailto:michelle.sainte@mssm.edu">michelle.sainte@mssm.edu</a> Annenberg 13-30
	<b>Suzanne Garfinkle, MD</b> Director, Academy for Medicine and the Humanities	Dr. Garfinkle directs the Academy for Medicine and the Humanities which develops curriculum and student events to help recognize and inspire curiosity about humanity for medical students and physicians.	<a href="mailto:suzanne.garfinkle@mssm.edu">suzanne.garfinkle@mssm.edu</a> Annenberg 13-30
	<b>Brendan Bullen</b> Associate Director of Administration	Mr. Bullen is responsible for managing the financial and personnel operations, and supporting the day-to-day operations of the Department of Medical Education.	<a href="mailto:brendan.bullen@mssm.edu">brendan.bullen@mssm.edu</a> Annenberg 13-30
	<b>Jeanne Bernard</b> Marketing Manager	Ms. Bernard oversees the visual content and the streamlining of messaging produced by the Department of Medical Education. She works with students and faculty to identify and promote programs and initiatives within the MD Program to prospective and current students, staff and faculty.	<a href="mailto:jeanne.bernard@mssm.edu">jeanne.bernard@mssm.edu</a> Annenberg 13-30
	<b>Jennifer Galindo</b> Front Desk Receptionist	Ms. Galindo is the Front Desk Receptionist of the Department of Medical Education. She serves as a liaison between students and staff as the first point of contact.	<a href="mailto:jennifer.galindo@mssm.edu">jennifer.galindo@mssm.edu</a> Annenberg 13-30
	<b>Barbara Luna</b> Executive Assistant to the Dean for Medical Education	Ms. Luna assists Dr. Muller, manages his schedule and supports special projects.	<a href="mailto:barbara.luna@mssm.edu">barbara.luna@mssm.edu</a> Annenberg 13-30
	<b>Steven O'Brien</b> Business Coordinator	Mr. O'Brien coordinates student reimbursements and payroll for faculty and staff in the Department of Medical Education.	<a href="mailto:steven.o'brien@mssm.edu">steven.o'brien@mssm.edu</a> Annenberg 13-30

	<b>Julie Pozo-Cepeda</b> Special Events Coordinator	Ms. Pozo-Cepeda coordinates student special events and activities, such as the Mount Sinai Achievement Ceremony and Graduation.	<a href="mailto:julie.pozo-cepeda@mssm.edu">julie.pozo-cepeda@mssm.edu</a> Annenberg 13-30
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## Office of Admissions

	<b>Valerie Parkas, MD*</b> Senior Associate Dean of Admissions	Dr. Parkas oversees the admissions and recruitment strategies that support the goals and mission of ISMMS.	<a href="mailto:valerie.parkas@mssm.edu">valerie.parkas@mssm.edu</a> Annenberg 13-90
	<b>Jessica Reid-Adam, MD</b> Faculty Coordinator	Dr. Reid-Adam works closely with the Associate Dean of Admissions on the day-to-day operations of admissions and recruitment in the medical school. She is particularly involved in broadening diversity in our incoming medical school class. She also has an active practice as a pediatric nephrologist.	<a href="mailto:jessica.reid-adam@mssm.edu">jessica.reid-adam@mssm.edu</a> Annenberg 13-90
	<b>Jessica Maysonet</b> Assistant Director of Admissions	Ms. Maysonet manages all phases of the application process including prospective students' visits and interviews, and prospective student acceptances.	<a href="mailto:jessica.maysonet@mssm.edu">jessica.maysonet@mssm.edu</a> Annenberg 13-90
	<b>George Schreiner</b> Assistant Director of Admissions - Non-Traditional Programs	Mr. Schreiner is responsible for the daily admissions-related work including recruitment, data management, tracking and matriculation of the applicants accepted into the FlexMed program.	<a href="mailto:george.schreiner@mssm.edu">george.schreiner@mssm.edu</a> Annenberg 12-05
	<b>Sheila Abreu-Nunez</b> Admissions Coordinator	Ms. Abreu-Nunez responds to inquiries from prospective students for all programs regarding application procedures. She coordinates prospective students' visits and interviews.	<a href="mailto:sheila.abreu-nunez@mssm.edu">sheila.abreu-nunez@mssm.edu</a> Annenberg 13-90
	<b>Deborah Alleyne</b> Admissions Coordinator	Ms. Alleyne provides critical support for all initiatives relating to the recruitment and admission of medical and graduate students.	<a href="mailto:deborah.alleyne@mssm.edu">deborah.alleyne@mssm.edu</a> Annenberg 13-90
	<b>Diane Bailey</b> Admissions Coordinator	Ms. Bailey coordinates all phases of application processing including transcripts, data entry, and communication with applicants.	<a href="mailto:diane.bailey@mssm.edu">diane.bailey@mssm.edu</a> Annenberg 13-90
	<b>Chandni Chopra</b> Admissions Coordinator	Ms. Chopra coordinates and supports the application process for prospective students.	<a href="mailto:chandni.chopra@mssm.edu">chandni.chopra@mssm.edu</a> Annenberg 13-90


	<b>Jackie Chudow</b> Pre-Enrollment Coordinator - Non-Traditional Programs	Ms. Chudow advises FlexMed students on fulfilling pre-matriculation requirements. She tracks their progress, and collaborates with Admissions, Enrollment and Student Affairs to ensure a smooth transition to the Icahn School of Medicine.	<a href="mailto:jacquelyn.chudow@mssm.edu">jacquelyn.chudow@mssm.edu</a> Annenberg 12-05
	<b>Roland Pinzon</b> Recruitment Coordinator	Mr. Pinzon develops and implements recruitment and marketing strategies for the Office of Admissions	<a href="mailto:roland.pinzon@mssm.edu">roland.pinzon@mssm.edu</a> Annenberg 12-05

## Center for Anatomy & Functional Morphology


	<b>Jeffrey Laitman, PhD</b> Director of the Center for Anatomy and Functional Morphology	Dr. Laitman is Course Director of the Year 1 Structures course and the Director of the Center of Anatomy and Functional Morphology. He also directs the Anatomical Gift Program.	<a href="mailto:jeffrey.laitman@mssm.edu">jeffrey.laitman@mssm.edu</a> Annenberg 12-90
	<b>Ki-Mark Mak, PhD</b> Associate Professor	Dr. Mak teaches in the Year 1 Structures course.	<a href="mailto:kimark.mak@mssm.edu">kimark.mak@mssm.edu</a> Annenberg 12-90
	<b>Anthony Pagano</b> Clinical Instructor	Dr. Pagano teaches in the Year 1 Structures course.	<a href="mailto:anthony.pagano@mssm.edu">anthony.pagano@mssm.edu</a> Annenberg 12-90
	<b>Joy Reidenberg, PhD</b> Professor	Dr. Reidenberg is a Professor of Medical Education and teaches in the Year 1 Structures course.	<a href="mailto:joy.reidenberg@mssm.edu">joy.reidenberg@mssm.edu</a> Annenberg 12-90
	<b>Tarin Rivera</b> Program Coordinator	Ms. Rivera directly assists Dr. Jeffrey Laitman and coordinates the Anatomical Gift Program.	<a href="mailto:tarin.rivera@mssm.edu">tarin.rivera@mssm.edu</a> Annenberg 12-90
	<b>Phyllis Shaw, PhD</b> Associate Professor	Dr. Shaw is an Associate Professor of Medical Education and teaches in the Year 1 Structures course.	<a href="mailto:phyllis.shaw@mssm.edu">phyllis.shaw@mssm.edu</a> Annenberg 18-20
	<b>Torrence Wilson</b> Administrative Assistant	Mr. Wilson assists with the Anatomical Gift Program.	<a href="mailto:torrence.wilson@mssm.edu">torrence.wilson@mssm.edu</a> Annenberg 12-90





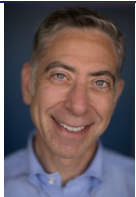

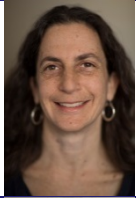
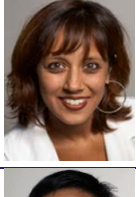
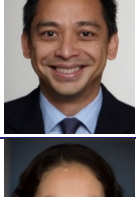
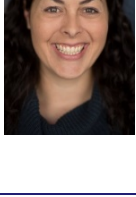
## Center for Excellence In Youth Education

	<p><b>Alyson Davis, MSW</b> Program Manager</p>	<p>Ms. Davis manages day-to-day operations in the CEYE. She supervises CEYE program/teaching assistants, instructors, and curriculum consultants, who provide support in program implementation. In addition, Ms. Davis supports the CEYE Advisory Council, medical and graduate student-led outreach groups, and works with other related education pipeline efforts throughout the Icahn School of Medicine.</p>	<p><a href="mailto:alyson.davis@mssm.edu">alyson.davis@mssm.edu</a> Annenberg 12-36</p>
	<p><b>Erin Page, MPH</b> Program Assistant</p>	<p>Ms. Page supports the Lloyd Sherman Scholars Program in her role as CEYE Program Assistant. By assessing systematic barriers and reinforcing core social justice principles, she hopes to enhance youth development programs.</p>	<p><a href="mailto:erin.page@mssm.edu">erin.page@mssm.edu</a> Annenberg 12-36</p>



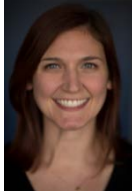



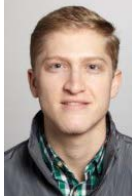
## Center For Multicultural & Community Affairs

	<p><b>Gary Butts, MD*</b> Chief Diversity &amp; Inclusion Officer for the Mount Sinai Health System and Director of CMCA</p>	<p>Dr. Butts is a leader in developing and fostering diversity and inclusion initiatives in the Mount Sinai Health System. Dr. Butts is also Senior Associate Dean for Diversity Programs, Policy and Community Affairs and a Professor of Medical Education, Pediatrics and Preventive Medicine.</p>	<p><a href="mailto:gary.butts@mssm.edu">gary.butts@mssm.edu</a> Annenberg 21-70</p>
	<p><b>Ann-Gel Palermo, MPH, DrPH*</b> Associate Director of Operations</p>	<p>Dr. Palermo is primarily responsible for overseeing day-to-day activities and the implementation of programs and activities that ensure the successful graduation of minority medical students. She also manages the recruitment, training, and retention of minority faculty to equip them for success in academic medicine. Dr. Palermo is also an Assistant Professor in Medical Education and Pediatrics.</p>	<p><a href="mailto:ann-gel.palermo@mssm.edu">ann-gel.palermo@mssm.edu</a> Annenberg 21-70</p>
	<p><b>Carmen Duran-Santos</b> Executive Assistant to the Director of CMCA</p>	<p>Ms. Duran-Santos manages the administrative operations of the CMCA and is the assistant to CMCA Director Gary Butts, MD.</p>	<p><a href="mailto:carmen.duran-santos@mssm.edu">carmen.duran-santos@mssm.edu</a> Annenberg 21-70</p>
	<p><b>Sherria McDowell, MPH</b> HCOP Program Manager</p>	<p>Ms. McDowell is the Project Manager of the HCOP NERA MedPrep program and works on other related special projects.</p>	<p><a href="mailto:sherria.mcdowell@mssm.edu">sherria.mcdowell@mssm.edu</a> Annenberg 21-70</p>
	<p><b>Edward Poliandro, MD</b> Director of Culture Diversity in Medicine Program</p>	<p>Dr. Poliandro is responsible for coordination and integration of Culture and Medicine initiatives and implementation of new initiatives for high school/collegiate programs, medical students, residents, and faculty. He is also the Chair, Northeast Regional Consortium for Cross Cultural Medical Education.</p>	<p><a href="mailto:edward.poliandro@mssm.edu">edward.poliandro@mssm.edu</a> Annenberg 21-70</p>


## Office of Curricular Affairs

	<b>Reena Karani, MD, MHPE *</b> Senior Assoc. Dean for Undergrad Medical Education & Curricular Affairs; Director, Institute for Medical Education	Dr. Karani is Professor of Medical Education, Geriatrics and Palliative Medicine, and Medicine. Dr. Karani provides leadership and direction of all medical student educational experiences.	<a href="mailto:reena.karani@mssm.edu">reena.karani@mssm.edu</a> Annenberg 13-32
	<b>Shashi Anand*</b> Assistant Dean of Curricular and Student Affairs	Ms. Anand oversees the Curricular and Student Affairs teams. Her primary goal is to ensure that student programming runs smoothly and efficiently to ensure an optimum learning environment for students and faculty. She is also the Co-Director of InFocus 5, 6, & 7.	<a href="mailto:shashi.anand@mssm.edu">shashi.anand@mssm.edu</a> Annenberg 13-30
	<b>David Bechhofer, PhD</b> Co-Director of Curriculum	Dr. Bechhofer serves as Co-Director of the Curriculum along with Dr. Rainier Soriano. Dr. Bechhofer is Professor of Pharmacology and Systems Therapeutics and Medical Education and oversees the Year 1 course Molecular, Cellular, and Genomic Foundations.	<a href="mailto:david.bechhofer@mssm.edu">david.bechhofer@mssm.edu</a> Annenberg 19-98
	<b>Robert Fallar, PhD</b> Director, Assessment and Evaluation; Assistant Director, IME	Dr. Fallar oversees assessment and evaluation for the medical school. He is responsible for monitoring the performance and continuous evaluation of the curriculum. As Assistant Director of the IME, he supports faculty development and recognition of educational scholarship.	<a href="mailto:robert.fallar@mssm.edu">robert.fallar@mssm.edu</a> Annenberg 13-30
	<b>Beverly Forsyth, MD</b> Medical Director - Morchand Center; Director of Student Electives	Dr. Forsyth is the Director of Student Electives and Medical Director of the Morchand Center for Clinical Competence. She is available for questions related to designing Nexus courses and electives, how to sign up for electives, etc.	<a href="mailto:beverly.forsyth@mssm.edu">beverly.forsyth@mssm.edu</a> Annenberg 13-30
	<b>Yasmin Meah, MD</b> Director of Service Learning; Medical Director of the East Harlem Health Outreach Partnership (EHHOP); InterACT Program	Dr. Meah is Program Director and Chief Attending Physician for the EHHOP, Clerkship Director of the Interclerkship Ambulatory Care Tract (InterACT), and Director of Service Learning.	<a href="mailto:yasmin.meah@mountsinai.org">yasmin.meah@mountsinai.org</a> Center for Advanced Medicine 17 East 102 St. 6th Fl.
	<b>Rainier Soriano, MD</b> Co-Director of Curriculum and Director of Education Technology	Dr. Soriano serves as the Co-Director of the Curriculum along with Dr. David Bechhofer and is also the Director of Educational Technology at the Icahn School of Medicine. In addition, he is the Co-Course Director of InFocus 5, 6, & 7.	<a href="mailto:rainier.soriano@mssm.edu">rainier.soriano@mssm.edu</a> Annenberg 10-14
	<b>Tami Williams</b> Clinical Curriculum Manager	Ms. Williams coordinates the various aspects of the clinical curriculum. She works closely with the clerkship directors and coordinators to ensure appropriate communications and adherence to policies and procedures. Ms. Williams oversees the compliance requirements for students at the Icahn School of Medicine at Mount Sinai and its partnering sites.	<a href="mailto:tami.williams@mssm.edu">tami.williams@mssm.edu</a> Annenberg 13-40
	Curriculum Manager	The Curriculum Manager manages the Office of Curriculum Support. The office supports the faculty leadership responsible for courses in the Years 1 and 2 of medical school. The Curriculum Manager manages priority course needs, class schedules, and time-sensitive projects.	






	<b>Julia Fiore</b> Site Coordinator – Mount Sinai St.Luke’s Roosevelt	Ms. Fiore supports students who rotate at Mount St. Luke’s and Mount Sinai Roosevelt ensuring their clinical rotations.	<a href="mailto:julia.fiore@mssm.edu">julia.fiore@mssm.edu</a> Annenberg 13-40
	<b>Sabino Galassi</b> Year 2 Course Coordinator	Mr. Galassi supports the Year 2 course directors and teaching faculty. He also supports students enrolled in Year 2 courses.	<a href="mailto:sabino.galassi@mssm.edu">sabino.galassi@mssm.edu</a> Annenberg 13-40
	<b>Megan Sacco</b> InFocus and Milestone Coordinator	Ms. Sacco supports InFocus programming across all four years. In addition, she oversees student milestone tracking.	<a href="mailto:megan.sacco@mssm.edu">megan.sacco@mssm.edu</a> Annenberg 13-40
	<b>Jeanneth Persaud</b> Compliance & Visiting Student Coordinator	Ms. Persaud coordinates electives for foreign visiting students.	<a href="mailto:jeanneth.persaud@mssm.edu">jeanneth.persaud@mssm.edu</a> Annenberg 13-30
	<b>Jennifer Reyes</b> Administrative Coordinator of Clinical Curriculum	Ms. Reyes provides administrative support for the clinical curriculum in Years 3 and 4 and is responsible for management of Compass 2, and InFocus 5, 6, and 7.	<a href="mailto:jennifer.reyes@mssm.edu">jennifer.reyes@mssm.edu</a> Annenberg 13-40
	<b>Jennifer Rosari</b> Year 1 Course Coordinator	Ms. Rosari supports the Year 1 course directors and teaching faculty. She also supports students enrolled in Year 1 courses.	<a href="mailto:jennifer.rosari@mssm.edu">jennifer.rosari@mssm.edu</a> Annenberg 13-40
	<b>Peter Zweig</b> Program Coordinator, Clinical Curriculum	Mr. Zweig serves as a coordinator for student educational programs in Ambulatory Medicine and Family Medicine. He provides support managing the day to day operations of clinical curriculum for third-year medical students.	<a href="mailto:peter.zweig@mssm.edu">peter.zweig@mssm.edu</a> Annenberg 13-30
	Evaluations and Assessment Coordinator	The Evaluation Coordinator is responsible for student, course, and educator evaluations across all four years of medical school. The Evaluation Coordinator obtains, tracks, monitors, and summarizes data from the Icahn School of Medicine’s online evaluation system and through focus groups and interviews.	Annenberg 13-30
	ASM Coordinator	The ASM Coordinator manages the logistics of the Art and Science of Medicine courses. S/he ensures that the courses run smoothly, oversees the logistics of small groups and clinical sites, and administratively supports faculty development efforts for the course.	Annenberg 13-30
	Clinical Coordinator	The Clinical Coordinator manages the clinical site logistics of the Year 1 and 2 courses of Art and Science of Medicine and the Longitudinal Clinical Experience as well as sites for Years 3 and 4.	

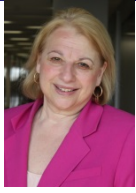



## Disability Services



	<p><b>Mary Olsen, MSW</b> Medical Education Disability Officer</p>	<p>Ms. Olsen works with all Icahn School of Medicine at Mount Sinai students in both the School of Medicine and the Graduate School to facilitate equal access for students with disabilities by coordinating reasonable accommodations through a variety of support services.</p>	<p><a href="mailto:mary.olsen@mssm.edu">mary.olsen@mssm.edu</a> 19 East 98th St. 3rd Fl.</p>
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## Educational Support






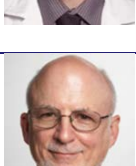
	<p><b>Steven Yuen</b> Laboratory &amp; Technology Manager</p>	<p>Mr. Yuen manages lab sessions, technology in all rooms, and special compliance materials needed.</p>	<p><a href="mailto:steven.yuen@mssm.edu">steven.yuen@mssm.edu</a> Annenberg 12-33</p>
	<p><b>Eddie Lugo</b> Lab Support Coordinator</p>	<p>Mr. Lugo coordinates the Lab sessions for Year 1 and 2 Courses. He ensures all lab sessions have the materials needed.</p>	<p><a href="mailto:eddie.lugo@mssm.edu">eddie.lugo@mssm.edu</a> Annenberg 12-90</p>
	<p><b>Herman Supoyo</b> Lab Technician</p>	<p>Mr. Supoyo ensures all technology in lecture, lab, and small group rooms are running properly. He also coordinates lecture recordings.</p>	<p><a href="mailto:herman.supoyo@mssm.edu">herman.supoyo@mssm.edu</a> Annenberg 12-90</p>


## Office of Enrollment Services (Registrar & Financial Aid)

	<p><b>Joy Colelli*</b> Senior Director of Enrollment Services and Student Information</p>	<p>Ms. Colelli oversees the Offices of Admissions, Registrar, Bursar, Insurance and Financial Aid for the Department of Medical Education and the Graduate School. She partners with various offices in Medical Education to provide comprehensive student support.</p>	<p><a href="mailto:joy.colelli@mssm.edu">joy.colelli@mssm.edu</a> Annenberg 12-70</p>
	<p><b>Dale Fuller</b> Director of Student Services</p>	<p>Mr. Fuller is the Director of Financial Aid and Student Services. He is available to discuss financial aid.</p>	<p><a href="mailto:dale.fuller@mssm.edu">dale.fuller@mssm.edu</a> Annenberg 12-70</p>
<p><b>Nelson Pe</b> Registrar</p>		<p>Mr. Pe oversees the registration, degree audit, and transcript and document requests.</p>	<p><a href="mailto:nelson.pe@mssm.edu">nelson.pe@mssm.edu</a> Annenberg 12-70</p>
	<p><b>Kamila Bryson</b> Assistant Registrar</p>	<p>Ms. Bryson coordinates electives for Icahn School of Medicine students and visiting students. She also helps students with registration, degree audit, transcripts, and document requests.</p>	<p><a href="mailto:kamila.bryson@mssm.edu">kamila.bryson@mssm.edu</a> Annenberg 13-30</p>
	<p><b>Leonara Dasu</b> Student Loan Coordinator</p>	<p>Ms. Dasu coordinates Student Health Insurance and Student Loans.</p>	<p><a href="mailto:leonara.dasu@mssm.edu">leonara.dasu@mssm.edu</a> Annenberg 12-70</p>



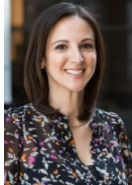
	<b>Lillian Negron</b> Financial Aid Coordinator	Ms. Negron coordinates Scholarship Processing and Financial Aid Loans.	<a href="mailto:lillian.negron@mssm.edu">lillian.negron@mssm.edu</a> Annenberg 12-70
	<b>Phillip Parke</b> Bursar	Mr. Parke oversees the billing for student tuition.	<a href="mailto:phillip.parke@mssm.edu">phillip.parke@mssm.edu</a> Annenberg 12-70
	<b>Luke Phillips</b> Associate Registrar	Mr. Phillips supports the registration processes for the medical and graduate students.	<a href="mailto:luke.phillips@mssm.edu">luke.phillips@mssm.edu</a> Annenberg 12-70

## Global Health

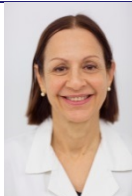


	<b>Natasha Anandaraja, MD</b> Director of the Global Education Program of the Arnhold Global Health Institute	Dr. Anandaraja is the Director of the Global Education Program of the Arnhold Global Health Institute and a faculty member in the Icahn School of Medicine at Mount Sinai's Masters in Public Health Program. Dr. Anandaraja is also an Assistant Professor of Pediatrics and Medical Education.	<a href="mailto:natasha.anandaraja@mssm.edu">natasha.anandaraja@mssm.edu</a> Annenberg 13-30
	<b>Jessica Batista</b> Program Assistant	Ms. Batista assists with day-to-day operations of the Global Education Program such as arranging internal and external meetings. She also coordinates travel for foreign collaborators and ISMMS faculty.	<a href="mailto:jessica.batista@mssm.edu">jessica.batista@mssm.edu</a> Annenberg 13-48
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	<b>Sigrid Hahn, MD</b> Associate Director	Dr. Hahn is faculty advisor to the student groups Medical Students Making Impacts, and Surveillance and Action against Injury and Violence.	<a href="mailto:sigrid.hahn@mssm.edu">sigrid.hahn@mssm.edu</a>
	<b>Nils Hennig, MD</b> Associate Director	Dr. Hennig is the Director of the Master of Public Health Program at the Icahn School of Medicine at Mount Sinai and Associate Director of the Mount Sinai Global Health Center. He oversees the education of a new generation of skilled and dedicated public health professionals.	<a href="mailto:nils.hennig@mssm.edu">nils.hennig@mssm.edu</a> CAM 17 E.102nd St 5th Fl.
	<b>Braden Hexom, MD</b> Faculty	Dr. Hexom is an emergency medicine physician and instructor at the Icahn School of Medicine. Dr. Hexom is currently working with the Global Health Center and other collaborating institutions to provide support in the rebuilding of the medical education system in post-war Liberia.	<a href="mailto:braden.hexom@mssm.edu">braden.hexom@mssm.edu</a>
	<b>Ramon Murphy, MD</b> Associate Director	Dr. Murphy co-founded and is Associate Director of the Mount Sinai Global Health Training program. He is Professor of Clinical Pediatrics and Director of Uptown Pediatrics, a practice serving the community.	<a href="mailto:ramon.murphy@mssm.edu">ramon.murphy@mssm.edu</a>

	<p><b>Jonathan Ripp, MD</b> Associate Director</p>	<p>Dr. Ripp works and mentors trainees in assessing the health needs of disadvantaged populations in rural Brazil and Ethiopia, in establishing health education programs in Native American communities in North Dakota and immigrant populations along the US-Mexico border. He helps oversee a curriculum dedicated to the promotion of humanism and idealism in medicine.</p>	<p><a href="mailto:jonathan.ripp@mountsinai.org">jonathan.ripp@mountsinai.org</a> Center for Advanced Medicine 17 E.102nd St 6th Fl.</p>
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## Institute for Medical Education

	<p><b>Reena Karani, MD, MHPE*</b> Senior Assoc. Dean for Undergrad Medical Education &amp; Curricular Affairs; Director, Institute for Medical Education</p>	<p>Dr. Karani is Professor of Medical Education, Geriatrics and Palliative Medicine, and Medicine. Dr. Karani oversees the Curriculum and Assessment and Evaluation for the four years of MD program. In addition, she is the Director of the Institute of Medical Education provides faculty development across the health system and supports medical education scholarship and research.</p>	<p><a href="mailto:reena.karani@mssm.edu">reena.karani@mssm.edu</a> Annenberg 13-32</p>
	<p><b>Robert Fallar, PhD</b> Director, Assessment and Evaluation; Assistant Director, IME</p>	<p>Dr. Fallar oversees the assessment and evaluation. He is responsible for monitoring the performance and continuous evaluation of the curriculum. As Assistant Director of the IME, he supports faculty development and recognition of educational scholarship.</p>	<p><a href="mailto:robert.fallar@mssm.edu">robert.fallar@mssm.edu</a> Annenberg 13-30</p>
	<p><b>Margaret Suppa</b> Manager, Institute for Medical Education</p>	<p>Ms. Suppa manages the Institute for Medical Education's membership, events, and programs in order to foster the development of faculty and scholarship.</p>	<p><a href="mailto:margaret.suppa@mssm.edu">margaret.suppa@mssm.edu</a> Annenberg 13-30</p>




## Medical Student Research Office

	<p><b>Karen Zier, PhD</b> Associate Dean for Medical Student Research</p>	<p>Dr. Zier develops scholarly programs and integrates them into the medical education curriculum to encourage critical thinking, creativity, and life-long learning. She directs PORTAL (Patient-Oriented Research Training and Leadership), a 5-year MD/MSCR program, the Summer Research Scholars Program, the Distinction in Research Track, and the Scholarly Year Program.</p>	<p><a href="mailto:karen.zier@mssm.edu">karen.zier@mssm.edu</a> Annenberg 13-30</p>
	<p><b>Christina Wyatt, MD, MSC</b> Associate Director for Medical Student Research</p>	<p>Dr. Wyatt is an Associate Professor of Medicine in the Division of Nephrology and the Associate Director of the Medical Student Research Office. Dr. Wyatt co-directs scholarly programs for medical students along with Dr. Zier.</p>	<p><a href="mailto:christina.wyatt@mssm.edu">christina.wyatt@mssm.edu</a> Annenberg 23-74</p>
	<p><b>Grace Oluoch, MBA</b> Program Coordinator</p>	<p>Ms. Oluoch coordinates the Medical Student Research Day, Research projects, and Scholarly Year.</p>	<p><a href="mailto:grace.oluoch@mssm.edu">grace.oluoch@mssm.edu</a> Annenberg 12-18</p>












	<b>Alecia Williams</b> Program Coordinator	Ms. Williams co-coordinates the Medical Student Research Day, Research projects, Scholarly Year and research milestones.	<a href="mailto:alecia.williams@mssm.edu">alecia.williams@mssm.edu</a> Annenberg 12-18
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## Morchand Center for Clinical Competence

	<b>Beverly Forsyth, MD</b> Medical Director - Morchand Center; Director of Student Electives	Dr. Forsyth is the Director of Student Electives and Medical Director of the Morchand Center for Clinical Competence. She is available for questions related to designing nexus courses and electives, how to sign up for electives, etc.	<a href="mailto:beverly.forsyth@mssm.edu">beverly.forsyth@mssm.edu</a> Annenberg 13-30
	<b>Terry Sommer</b> Director of the Morchand Center	Ms. Sommer oversees all activities at the Center, which provides Standardized Patient training experiences for over 2500 trainees. Ms. Sommer directs a variety of training video using SPs and she leads workshops in listening and communication using theater techniques.	<a href="mailto:terry.sommer@mssm.edu">terry.sommer@mssm.edu</a> Annenberg 13-98
	<b>Alexis Medina</b> Program Assistant	Ms. Medina facilitates all administrative matters at The Morchand Center.	<a href="mailto:alexis.medina@mssm.edu">alexis.medina@mssm.edu</a> Annenberg 13-98

## Office of Student Affairs

	<b>Peter Gliatto, MD*</b> Senior Assoc. Dean for Undergrad Medical Education and Student Affairs	Dr. Gliatto leads and directs the support, development, and advocacy of medical students.	<a href="mailto:peter.gliatto@mssm.edu">peter.gliatto@mssm.edu</a> Annenberg 13-30
	<b>Shashi Anand*</b> Assistant Dean of Curricular and Student Affairs	Ms. Anand oversees the Curricular and Student Affairs teams. Her primary goal is to ensure that student programming runs smoothly and efficiently to ensure an optimum learning environment for students. She is also the Co-Director of InFocus 5, 6, & 7.	<a href="mailto:shashi.anand@mssm.edu">shashi.anand@mssm.edu</a> Annenberg 13-30
	<b>Sharon Edwards, MD</b> Faculty Advisor	Dr. Edwards is an Associate Professor of Pediatrics. She is currently the Director of the Mount Sinai Pediatric School-Based Health Centers which provide comprehensive care to children in East Harlem. She is the Vice Chair for Diversity Initiatives in the Department of Pediatrics and a Faculty Advisor. She provides academic, personal, and career guidance from orientation through graduation. The advisors are available to offer support, information, and referrals to department-specific mentors, as well as guide students through the career planning process.	<a href="mailto:sharon.edwards@mountsinai.org">sharon.edwards@mountsinai.org</a> Annenberg 4-06

	<p><b>Meredith Grossman, MD</b> Faculty Advisor</p>	<p>Dr. Grossman is an Assistant Professor of Pediatrics and sees patients at the Faculty Practice. Dr. Grossman is also a Faculty Advisor. She provides academic, personal, and career guidance from orientation through graduation. The advisors are available to offer support, information, and referrals to department-specific mentors, as well as guide students through the career planning process.</p>	<p><a href="mailto:meredith.grossman@mssm.edu">meredith.grossman@mssm.edu</a> Kravis Children's Hospital</p>
	<p><b>Alicia Hurtado, MD</b> Faculty Advisor</p>	<p>Dr. Hurtado is an Assistant Professor in the Department of Psychiatry. She is currently the Associate Medical Director of the World Trade Center Mental Health Program at the Icahn School of Medicine at Mount Sinai and a Faculty Advisor. She provides academic, personal, and career guidance from orientation through graduation. The advisors are available to offer support, information, and referrals to department-specific mentors, as well as guide students through the career planning process.</p>	<p><a href="mailto:alicia.hurtado@mssm.edu">alicia.hurtado@mssm.edu</a> 345 E. 102nd St.</p>
	<p><b>Craig Katz, MD</b> Faculty Advisor; Director of Professional Development</p>	<p>Dr. Katz is an Associate Clinical Professor of Psychiatry and Medical Education. He holds the positions of Director of Professional Development and Faculty Advisor. He provides academic, personal, and career guidance from orientation through graduation. The advisors are available to offer support, information, and referrals to department-specific mentors, as well as guide students through the career planning process.</p>	<p><a href="mailto:craig.katz@mssm.edu">craig.katz@mssm.edu</a> Annenberg 13-30</p>
	<p><b>Roberto Posada, MD</b> Faculty Advisor</p>	<p>Dr. Posada is an Associate Professor of Pediatrics and Medical Education and serves as the Director of the Pediatric/Young Adult HIV Program at Mount Sinai's Jack Martin Fund Clinic, Director of the Pediatric Infectious Diseases Fellowship Program, and Co-Course Director of the Medical Microbiology Course for the Icahn School of Medicine. He is also a Faculty Advisor. He provides academic, personal, and career guidance from orientation through graduation. The advisors are available to offer support, information, and referrals to department-specific mentors, as well as guide students through the career planning process.</p>	<p><a href="mailto:roberto.posada@mssm.edu">roberto.posada@mssm.edu</a> Annenberg 17-92b</p>
	<p><b>Gail Shust, MD</b> Faculty Advisor</p>	<p>Dr. Shust works as an inpatient infectious diseases consultant and also sees patients in the pediatric HIV clinic. She is also a Faculty Advisor, providing academic, personal, and career guidance from orientation through graduation. The advisors are available to offer support, information, and referrals to department-specific mentors, as well as guide students through the career planning process.</p>	<p><a href="mailto:gail.shust@mssm.edu">gail.shust@mssm.edu</a> Annenberg 17-92c</p>
	<p><b>Jillian Aristegui</b> Student Affairs Manager</p>	<p>Ms. Aristegui oversees student academic problems including family or personal issues, life events, medical concerns, student life concerns, and need for a leave of absence. She supports students, faculty, and staff in the areas of student support, events, processes, and projects.</p>	<p><a href="mailto:jillian.aristegui@mssm.edu">jillian.aristegui@mssm.edu</a> Annenberg 13-30</p>

	<b>Pamela Bryndal</b> Program Coordinator	Ms. Bryndal coordinates the residency application process, career planning services, and general Student Affairs questions.	<a href="mailto:pamela.bryndal@mssm.edu">pamela.bryndal@mssm.edu</a> Annenberg 13-30
	<b>Deidra McKoy</b> Program Assistant	Ms. McKoy supports programming, processes and initiatives for Student Affairs. She is available to answer questions about student support.	<a href="mailto:deidra.mckoy@mssm.edu">deidra.mckoy@mssm.edu</a> Annenberg 13-30

## Student Health & Mental Health Office

	<b>Lori Zbar, MD</b> Director of Student Health	Dr. Zbar oversees the Student Health team.	<a href="mailto:lori.zbar@mssm.edu">lori.zbar@mssm.edu</a> Center for Advanced Medicine 17 E 102 St, 4th Floor Room D4-246
	<b>Jeffrey Newcorn, MD</b> Psychiatrist, Director of Student Mental Health	Dr. Newcorn oversees the Student Mental Health team.	<a href="mailto:jeffrey.newcorn@mssm.edu">jeffrey.newcorn@mssm.edu</a>
	<b>David DeLaet, MD</b> Student Health Staff Phy212-659-8705sician	Dr. DeLaet is part of the Student Health team. He currently practices primary care medicine at the Internal Medicine Associates Practice and is an Associate Clinical Professor of Medical Education.	<a href="mailto:david.delaet@mountsinai.org">david.delaet@mountsinai.org</a> Center for Advanced Medicine 17 E 102 St, 4th Floor Room D4-246
	<b>Elizabeth Garland, MD</b> Student Health Staff Physician	Dr. Garland is part of the Student Health team.	<a href="mailto:elizabeth.garland@mssm.edu">elizabeth.garland@mssm.edu</a> Center for Advanced Medicine 17 E 102 St, 4th Floor Room D4-246
	<b>Sarah Hodulik, MD</b> Psychiatrist, Student Mental Health	Dr. Hodulik is part of the Student Mental Health team.	<a href="mailto:sarah.hodulik@mountsinai.org">sarah.hodulik@mountsinai.org</a>
	<b>Evan Leibu, MD</b> Psychiatrist, Student Mental Health	Dr. Leibu is part of the Student Mental Health team. In addition he is part of the Student Health and Wellness Program at Mount Sinai.	<a href="mailto:evan.leibu@mssm.edu">evan.leibu@mssm.edu</a>
	Clinical Coordinator for the Student Health Center	Oversees the administration of Student Health.	Center for Advanced Medicine 17 E 102 St, 4th Floor Room D4-246