The Guide is not a comprehensive statement of all policies and procedures, nor does it preclude the implementation of changes in the Seton Hall-Hackensack Meridian School of Medicine (SOM) policies or procedures. Changes to SOM policies, procedures, or requirements will be communicated in updates at class meetings, in emails, on the SOM web site, or in information memos. Important information about graduation requirements, as well as process and procedures for scheduling clerkships, workshops, and special programs, will be distributed to, or discussed with the class at appropriate times through electronic mailings, class meetings, workshops, and bulletin postings. Students are expected to read and/or attend meetings to familiarize themselves with requirements and modifications that may impact their training.

Please keep this Guide as a reference to which you can refer as needed. Questions about policies, requirements, and procedures may be directed to the Office of Student Affairs and Wellbeing.
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1 Welcome and Overview

Message from the Dean

It is my greatest pleasure to welcome you to Seton Hall-Hackensack Meridian School of Medicine. You have joined an incredible profession, one that offers enormous opportunity to benefit our community, the nation, and indeed all of humankind, as well as incredible personal and professional satisfaction and accomplishment.

Our profession has been, and remains, uplifting and inspirational, defined by a powerful triad of aspirational outcomes: Healing is an honor, curing is a relief, and preventing is a victory. For centuries, healing has defined the medical profession, but with advances in science and the advent of globalization, this focus has been shared with curing and prevention. Advances in technology allowing visualization, elimination, rearrangement and/or substitution at the molecular level have enabled therapies unimagined merely a few decades earlier. Increasingly, these substantial technological advances are enabling us to deliver therapeutic regimens ideally tailored to an individual’s genetic and biologic profile.

As exciting as our extant capabilities are, you are entering the profession of medicine at a time when it can become so much more for all persons within a community, across a nation, and around the globe. Armed with our substantial biomedical and behavioral proficiency, physicians and medical professionals can meaningfully engage with any and all of these social units. The same global access that enables the spread of disease in a manner never before imagined makes it equally possible to deliver therapeutic approaches for virtually any disease to all places on the planet.

As incredible and exciting as this potential is, it is not enough; this potential is limited by its current reality and by its vision. Herein lies your greatest opportunity to better the lives of humankind.

At local, national, and global levels, treatment and preventive resources are not uniformly accessible to all populations, and in general are less likely to be available to those individuals, communities, and countries with fewer resources — and greater needs. These limitations could be overcome, at least in part, by more effectively working with our professional partners in health assessment and care, and policy and economics. Our ability to tailor a treatment to individuals based on personal genetic and biologic markers is extraordinary and powerful; however, by including relevant environmental realities within this personalization we will greatly increase the impact and reality of personalized care. Each patient is a person, and within each community are many people. Each of these people has hopes and dreams. As physicians seeking to help our patients maximize their potential, we must understand their aspirations and anxieties, and the context of the environment in which they live.

Healing, curing, and preventing offer tremendous value to any society. But despite their power, these three actions fall far short of delivering to a society what it most needs: maximizing the potential of all people. This last responsibility — or honor — of physicians is the least discussed, as to date it has been the least developed. The time to focus on the intersection of the individual and his/her community and their health and wellbeing — thereby both encompassing and exceeding healing, curing, and prevention, has arrived. It is the intention of our medical school to train tomorrow’s physicians so that they can deliver on all aspects health and wellbeing, thereby fulfilling the goal of our profession: maximizing the God-given potential for every person, wherever they may reside.
Accordingly, at Seton Hall-Hackensack Meridian School of Medicine your training will occur not only in the clinics and hospitals, but in large part in the community. You will spend more time in the community than you will in lecture halls. Your learning partners — indeed your teachers — will not only be other medical students, but also other allied health students and students from a wide range of disciplines, including engineering, epidemiology, law, theology, and the behavioral sciences.

Healing is an honor, curing is a relief, preventing illness is a victory, maximizing the potential of all persons is a triumph for humankind. As graduates of Seton Hall-Hackensack Meridian School of Medicine, each of you will make a difference in individual lives, in today’s society, and in the world going forward.

I look forward to accompanying you as you embark on this journey that will lead you and the lives you touch to wonderful places and heights.

Bonita Stanton, MD
Founding Dean, Seton Hall-Hackensack Meridian School of Medicine
President, Academic Enterprise, Hackensack Meridian Health
Professor of Pediatrics

Vision Statement
Each person in New Jersey, and in the United States, regardless of race or socioeconomic status, will enjoy the highest levels of wellness in an economically and behaviorally sustainable fashion.

Mission Statement
The physicians we train, in their delivery of the highest quality care to all patients, will:

- Act on their understanding that context, community, and behavior drive wellbeing;
- Embrace and model our professional and our university’s Catholic roots of reverence for the human condition and life, empathy toward suffering, excellence in medical care, humility in service, and servant leadership;
- Continue to serve and learn from the engagement of socioeconomically diverse and underrepresented minority populations among students, faculty, staff, and community;
- Integrate lifelong learning and inquiry into their practice; and
- Work in communion with scholars and practitioners of other disciplines to integrate their perspectives, experiences, and tools.

Our Approach
Our curriculum is designed to effectively and efficiently meet the Vision, Mission, and school’s Educational Program Objectives. Instead of the traditional distinction between the basic science and clinical curriculum, basic science content is presented in its clinical context with clear medical relevance. Students learn within an integrated curriculum in a team-oriented, collaborative environment. We utilize the best components of different evidence-based teaching methods, and structure our foundational curriculum explicitly to give students what they need to thrive in the modern, technically demanding, clinical setting.
The Human Dimension
Central to the curriculum is a longitudinal curricular thread called the Human Dimension. Through immersive and longitudinal experiences, students come to understand the role of community and context in health and wellbeing, as well as the role of the physician in all elements that contribute to promoting health and preventing disease.

Competency Based Education
We employ a competency-based curriculum that ensures our graduates thrive as interns on day one of residency. These learning outcomes are assessed frequently to ensure all students are acquiring the scientific knowledge, clinical skills, and humanistic attitudes they need. In addition to robust clinical skills training early, our clerkship curriculum emphasizes ambulatory-based care, where most medical care is provided nationally.

A Unique 3+1 Curriculum
Our unique curriculum utilizes evidence-based teaching methods to promote effective and efficient student learning, always placing medicine and related scientific knowledge in the context of the patient and community. It standardizes learning outcomes through the core curriculum while providing each student with the opportunity to individualize their fourth year based on their needs and interests.

All students will participate in a three-year core curriculum, meeting rigorous, standardized learning outcomes. This is complemented in the fourth year by an individualization of the medical school experience – an option unlike any program in the country. Students work with faculty advisors to develop a uniquely customized curriculum designed to maximize each student’s professional development. Students are able to choose from a variety of options, including dual degrees, research-intensive concentrations, clinical immersion, global health electives, community-based projects, innovation programs, and entry into residency, among other possibilities. This fourth year provides our students with a self-directed, truly personalized medical school experience.
### 2018-2022 Academic Calendar

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<td>Human Dimension Immersion &amp; Orientation</td>
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<td>First Day of Molecular &amp; Cellular Principles (MCP)</td>
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<td>2018</td>
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<td>2018</td>
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<td>2018</td>
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<td>JAN 1-3</td>
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<td>I2C Reflection &amp; Assessment Week</td>
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Updated 6/22/18
### 2018-2022 Academic Calendar

#### 2018 Cohort

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*Updated 6/22/18*
| JUL '21 | 30 | Last Day of Clerkship Block E |
| AUG | 2 | First Day of Clerkship Block F |
| | 13 | Last Day of Clerkship Block 4 |
| | 16 | First Day of Clerkship Block 5 |
| SEP | 6 | Labor Day – No Instruction |
| | 10 | Last Day of Clerkship Block F |
| | 13 | First Day of Clerkship Block G |
| OCT | 8 | Last Day of Clerkship Block 5 |
| | 11 | First Day of Clerkship Block 6 |
| | 22 | Last Day of Clerkship Block G |
| | 25 | First Day of Clerkship Block H |
| NOV | 24-26 | Thanksgiving Break – No Instruction |
| DEC | 3 | Last Day of Clerkship Block 6 |
| | 3 | Last Day of Clerkship Block H |
| | 6-31 | **STEP 1 and VACATION** |

**2022**

| JAN | 1-14 | **STEP 1 and VACATION** |
| | | Martin Luther King, Jr. Day – No Instruction |
| | 17 | Advanced Clinical Rotation (AC) / First Day AC1 |
| | 18 | Last Day AC1 |
| | 30 | First Day AC2 |
| FEB | 13 | Last Day AC2 |
| | 14 | First Day AC3 |
| | 21 | President’s Day – No Instruction |
| | 27 | Last Day AC3 |
| | 28 | First Day AC4 |
| MAR | 13 | Last Day AC4 |
| | 14 | First Day AC5 |
| | 27 | Last Day AC5 |
| | 28 | First Day AC6 |
| APR | 10 | Last Day AC6 |
| | 11 | First Day AC7 |
| | 24 | Last Day AC7 |
| | 25 | First Day AC8 |
| MAY | 8 | Last Day AC8 |
| | 9 | First Day AC9 |
| | 22 | Last Day AC9 |
| | 23 | First Day of Phase 3 (4 year) |
| | 29 | **Tentative Commencement:** 2018 COHORT (4 year) / 2019 COHORT (3 year) |

Updated 6/22/18
## 2018 Cohort Academic Calendar

### 2018

| JUL  | 9       | First Day of SOM Curriculum                                      |
| 9-20 |        | Human Dimension Immersion & Orientation                          |
| 23   |        | First Day of Molecular & Cellular Principles (MCP)               |
| SEP  | 3       | Labor Day – No Instruction                                      |
| 10-14|        | MCP Reflection & Assessment Week                                 |
| 17   |        | First Day of Structural Principles (SP)                          |
| NOV  | 5-9     | SP Reflection & Assessment Week                                  |
| 12   |        | First Day of Immunity, Infection, & Cancer (I2C)                |
| 21-23|        | Thanksgiving Break – No Instruction                             |
| DEC  | 24-31  | Winter Break – No Instruction                                    |

| JAN  | 1-3    | Winter Vacation – No Instruction                                 |
| 2020 |        | Martin Luther King, Jr. Day – No Instruction                    |

| FEB  | 3      | Last Day of Clerkship Block A                                   |
| 14   |        | Last Day of Clerkship Block 1                                   |
| 17   |        | President’s Day – No Instruction                                |
| 18   |        | First Day of Clerkship Block 2                                  |
| MAR  | 13     | Last Day of Clerkship Block B                                   |
| 16   |        | First Day of Clerkship Block C                                  |
| APR  | 8      | Last Day of Clerkship Block 2                                   |
| 9-17 |        | Spring Vacation – No Instruction                                |
| 20   |        | First Day of Clerkship Block 3                                  |
| MAY  | 1      | Last Day of Clerkship Block C                                   |
| 4    |        | First Day of Clerkship Block D                                  |
| 25   |        | Memorial Day – No Instruction                                   |

| JUN  | 12     | Last Day of Clerkship Block 3                                   |
| 12   |        | Last Day of Clerkship Block D                                   |
| 15   |        | First Day of Clerkship Block 4                                  |
| 15   |        | First Day of Clerkship Block E                                  |
| JUL  | 1-4    | Summer Break – No Instruction                                   |
| 29-30|        | Summer Break – No Instruction                                   |

| AUG  | 3      | First Day of Clerkship Block F                                  |
| 14   |        | Last Day of Clerkship Block 4                                   |
| 17   |        | First Day of Clerkship Block 5                                  |

| SEP  | 7      | Labor Day – No Instruction                                      |
| 11   |        | Last Day of Clerkship Block F                                   |
| 14   |        | First Day of Clerkship Block G                                  |
| OCT  | 9      | First Day of Clerkship Block 5                                  |
| 12   |        | Last Day of Clerkship Block 6                                   |
| 23   |        | Last Day of Clerkship Block G                                   |
| 26   |        | First Day of Clerkship Block H                                  |

| NOV  | 25-27  | Thanksgiving Break – No Instruction                            |
| DEC  | 4      | Last Day for Clerkship Block 6                                  |
| 4    |        | Last Day for Clerkship Block H                                  |
| 7-31 |        | STEP I and VACATION                                             |

### 2019

| JAN  | 1      | Winter Break – No Instruction                                   |
| 21   |        | Martin Luther King, Jr. Day – No Instruction                    |

| FEB  | 1-5    | TDH Reflection & Assessment Week                                |
| 8    |        | First Day of Homeostasis & Allostasis (HA)                      |
| 18-26|        | Spring Break – No Instruction                                   |

| MAY  | 27     | Memorial Day – No Instruction                                   |
| 24-28|        | HA Reflection & Assessment Week                                 |

| JUN  | 1-12   | Summer Break – No Instruction                                   |
| 8    |        | First Day of SOM Curriculum                                     |
| 8-19 |        | Human Dimension Immersion & Orientation                         |
| 15   |        | First Day of Nutrition, Metabolism & Digestion (NPMU)           |

| SEP  | 2      | Labor Day – No Instruction                                      |
| 3-6  |        | NMD Reflection & Assessment Week                                |
| 9    |        | First Day of Neurosciences & Behavior (NB)                      |

| OCT  | 28-31  | NB Reflection & Assessment Week                                 |
| NOV  | 1      | NB Reflection & Assessment Week                                 |
| 4-8  |        | Vacation Break – No Instruction                                 |
| 11   |        | First Day of Transitional Clerkship                            |
| 27-29|        | Thanksgiving Break – No Instruction                            |

| DEC  | 6      | Last Day of Transitional Clerkship                             |
| 9    |        | First Day of Clerkship Block 1                                  |
| 9    |        | First Day of Clerkship Block A                                  |
| 23-31|        | Winter Vacation – No Instruction                                |

### 2020

| JAN  | 1-3    | Winter Vacation – No Instruction                                 |
| 20   |        | Martin Luther King, Jr. Day – No Instruction                    |

| FEB  | 3      | Last Day of Clerkship Block A                                   |
| 14   |        | Last Day of Clerkship Block 1                                   |
| 17   |        | President’s Day – No Instruction                                |
| 18   |        | First Day of Clerkship Block 2                                  |
| MAR  | 13     | Last Day of Clerkship Block B                                   |
| 16   |        | First Day of Clerkship Block C                                  |

| APR  | 8      | Last Day of Clerkship Block 2                                   |
| 9-17 |        | Spring Vacation – No Instruction                                |
| 20   |        | First Day of Clerkship Block 3                                  |

| MAY  | 1      | Last Day of Clerkship Block C                                   |
| 4    |        | First Day of Clerkship Block D                                  |
| 25   |        | Memorial Day – No Instruction                                   |

| JUN  | 12     | Last Day of Clerkship Block 3                                   |
| 12   |        | Last Day of Clerkship Block D                                   |
| 15   |        | First Day of Clerkship Block 4                                  |
| 15   |        | First Day of Clerkship Block E                                  |
| JUL  | 1-4    | Summer Break – No Instruction                                   |
| 29-30|        | Summer Break – No Instruction                                   |

| AUG  | 3      | First Day of Clerkship Block F                                  |
| 14   |        | Last Day of Clerkship Block 4                                   |
| 17   |        | First Day of Clerkship Block 5                                  |

### 2021

| JAN  | 1-15   | STEP I and VACATION                                             |
| 18   |        | Martin Luther King, Jr. Day – No Instruction                    |

| FEB  | 1      | First Day AC2                                                  |
| 14   |        | Last Day AC2                                                   |
| 15   |        | President’s Day – No Instruction                                |
| 16   |        | First Day AC3                                                  |
| 28   |        | Last Day AC3                                                   |

| MAR  | 1      | First Day AC4                                                  |
| 14   |        | Last Day AC4                                                   |
| 15   |        | First Day AC5                                                  |
| 28   |        | Last Day AC5                                                   |
| 29   |        | First Day AC6                                                  |

| APR  | 11     | Last Day AC6                                                   |
| 12   |        | First Day AC7                                                  |
| 25   |        | Last Day AC7                                                   |
| 26   |        | First Day AC8                                                  |

| MAY  | 9      | Last Day AC8                                                   |
| 10   |        | First Day AC9                                                  |
| 23   |        | Last Day AC9                                                   |
| 25   |        | First Day of Phase 3 (4 year)                                   |

### 2022

| MAY  | 29     | Tentative Commencement (3 year)                                 |
| 30   |        | Tentative Commencement (4 year)                                 |

| 11   |        | Last Day of Clerkship Block F                                   |
| 14   |        | First Day of Clerkship Block G                                  |

| JUL  | 9      | Last Day of Clerkship Block 5                                   |
| 12   |        | Last Day of Clerkship Block 6                                   |
| 23   |        | Last Day of Clerkship Block G                                   |
| 26   |        | First Day of Clerkship Block H                                  |
## 2019 Cohort Academic Calendar

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Key Contacts: TBD
Admissions

Admissions Philosophy

Our communities, along with the Seton Hall Hackensack-Meridian School of Medicine and the medical profession, are best served by an admissions process that results in the selection of a multi-talented and diverse student body. The Admissions Committee, when choosing the class, considers the personal characteristics and life experiences of applicants, along with academic credentials such as grade-point average and Medical College Admissions Test scores.

Using a holistic approach when screening and evaluating applicants, we seek a class that represents diversity in all forms, which includes, but is not limited to, academic excellence, interests, experience, research, community service, volunteer activities, underrepresentation in medicine, and socioeconomically-disadvantaged applicants. Applicants who bring exceptional qualities, skills, and diverse life experiences to the educational community and the practice of medicine will be highly considered. Admission to the School of Medicine will be granted to those applicants who have the potential to make the most significant contributions to society as members of the medical profession.

Personal Attributes:

The School of Medicine will consider all of the applicants’ attributes, and in particular those who demonstrate:

- Emotional Intelligence
- Resilience
- Servant leadership
- Intellectual pursuit
- Integrity
- Passion for the field of medicine

Skill sets that include self-motivation, adaptability, and initiative, along with evidence of personally responsibility and accountability, are essential. Those having excellent written and oral communication capabilities, and evidence of team management skills will also be sought out.

The applicant should have those persons writing letters of recommendation discuss these factors and speak to their general academic ability and other relevant personal qualities and characteristics, such as career goals, cultural and educational background and experiences, moral character, leadership qualities, commitment to community service, and the ability to think and act independently and as part of a team.

Premedical Education/Requirements:

- All applicants must have completed a minimum of 90 semester hours of course work at the time of application at an accredited college or university in the United States, Canada, or the United Kingdom. Applicants are expected to complete their bachelor’s degree before matriculation.

- Course Requirements
  - Three semesters of humanities that must be from at least two different disciplines.
  - Two semesters of both biology with laboratory and general inorganic chemistry with lab.
  - Two additional semesters with laboratory from other acceptable sciences.
One semester each of
- English composition
- Literature
- Mathematics

Complete course requirements, recommendations, and further information can be found on the Seton Hall-Hackensack Meridian website in the Admissions section.

MCAT Requirements:
The Medical College Admission Test (MCAT) is required of all applicants. All applicants must present scores from tests taken no later than September 30th of the year before matriculation and no earlier than four years before application.

Information regarding the MCAT and registration materials is available from MCAT Registration, phone: 202-828-0600, https://students-residents.aamc.org/applying-medical-school/taking-mcat-exam/

AP Credit:
The Seton Hackensack-Meridian School of Medicine will accept AP credit if the undergraduate institution awarded credit toward graduation and those credits appear on the applicant’s official transcript.

Method of Application
The Seton Hackensack-Meridian School of Medicine will not participate in the American Medical College Application Service (AMCAS) sponsored by the Association of American Medical Colleges (AAMC) for its inaugural class of students.

Applications will be available beginning February 18th, 2018 and must be submitted no later than May 1st, 2018 for enrollment in our inaugural class. Students are selected and notified of their acceptance on a rolling admissions basis beginning April 10th, 2018; therefore, early application is advantageous. All applicants will be required to pay a non-refundable application processing fee unless granted a fee waiver.

Technical Standards:
The technical standards for the SOM are based on the essential cognitive, emotional, and physical demands required to succeed in the School’s curriculum, and the ability to perform as a successful physician. These standards are collectively proposed and are commensurate with AAMC publications, Section 504 of the Rehabilitation Act of 1973, and the American Disabilities Act of 1992. The SOM recognizes that certain minimum technical standards must be present in candidates for admission, retention, graduation, and the practice of medicine to ensure that individuals do not constitute a direct threat to the health or safety of themselves, patients, or others. The curriculum of the SOM has been designed to provide a general professional education leading to the medical doctor degree and to prepare undifferentiated students to enter graduate medical training in a wide variety of medical specialties and subspecialties. All candidates for admission to, and all current students at the SOM –
herein after designated as candidates for the M.D. degree - should possess sufficient intellectual capacity, physical ability, emotional and psychological stability, interpersonal sensitivity, and communication skills to acquire the scientific knowledge, interpersonal and technical competencies, professional attitudes, and clinical abilities required to pursue any pathway of graduate medical education, and to enter the independent practice of medicine. All candidates should be aware that the academic and clinical responsibilities of medical students may, at times, require their presence during day, evening, and nighttime hours, seven days per week. Candidates should be able to tolerate physically- taxing workloads and to function effectively under stress. Therefore, achievement of specific technical standards in six core domains (general functions, communication, cognitive ability, observation, motor, behavioral/social attributes) are necessary for admission, progression, and graduation from any clinical program in the SOM.

While the SOM fully complies with Section 504 of the Rehabilitation Act of 1973 and of the Americans with Disabilities Act of 1992, it also acknowledges that certain minimum technical standards must be present in candidates for admission, retention, and graduation. Those individuals who would constitute a direct threat to the health or safety of themselves, patients, or others are not considered suitable candidates for admission or retention in medical school. Therefore, the SOM has established the following technical standards for admission to, retention in, and graduation from the M.D. program:

- All candidates for admission must fulfill the minimum requirements for admission, and all candidates for the M.D. degree must complete all required courses and clerkships.
- All candidates for admission and all candidates for the M.D. degree should possess sufficient physical, intellectual, interpersonal, social, emotional, psychological, and communication qualities as outlined below:

General Functions:
Candidates should possess the personal qualities of integrity, empathy, concern for the welfare of others, interest, and motivation. They should possess the emotional and psychological health required for the full use of their intellectual abilities; the exercise of good judgment; the prompt completion of all responsibilities associated with the diagnosis and care of patients; and the development of mature, sensitive, and effective relationships with patients, patients' families, and professional colleagues. They must be able to adapt to changing environments, to be flexible, and to function in the face of ambiguities inherent in the clinical situation. Candidates should be able to accurately and consistently perceive, integrate, and interpret visual, hearing, smell, and touch sensations in order to gather significant information needed to effectively evaluate patients. The candidate must have the capability to communicate and to receive information, and to accurately interpret such, verbally, nonverbally, and in writing. They must be able to respond promptly to urgent situations occurring during clinical education experiences to preserve the health and safety of patients, clients, visitors, staff, or others in health care settings. The candidate should not interfere with the capabilities of other members of the health care team to appropriately provide care to patients.

Communication:
The candidate must have the ability to effectively communicate verbally, non-verbally, and in writing, with a wide variety of individuals and groups. This includes the ability to elicit, receive, and accurately interpret information from others; to collect, document, and convey relevant information to others; to understand and use health care terminology; and to comprehend and follow directions and instructions.
The candidate must be able to read, write, comprehend, and speak the English language, and to communicate accurately and effectively with patients, significant others, health care workers and other professionals in health care settings, as well as with instructors, supervisors, classmates, and various health or educational team members in both clinical and classroom settings. In addition, the candidate must be able to document accurately in patient records, present information in a professional and logical manner, and appropriately provide patient counseling and instruction to effectively care for patients or clients and their families.

Cognitive Ability:
The candidate must have the capacity to develop and refine critical thinking and problem-solving skills that are crucial for safe and effective medical practice. These processes involve capabilities to measure, quantify, calculate, question, analyze, conceptualize, reason, integrate, and synthesize information in order to make timely decisions reflecting sound clinical judgment and to take appropriate clinical actions. Candidates must additionally be able to find and utilize research-based evidence; to learn from other individuals; to comprehend, integrate, and apply new information; to make sound clinical decisions; and to communicate outcomes verbally and in writing. Candidates should be able to make measurements, calculate, and to reason; to analyze, integrate, and synthesize data to problem-solve and ultimately make logical diagnostic and therapeutic judgments. Candidates should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures. Candidates should be able to integrate rapidly, consistently, and accurately all data received by whatever sense(s) employed.

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

Motor:
The candidate must have gross and fine neuro-motor capability and dexterity, with sufficient coordination, to perform thorough physical examinations utilizing techniques including inspection, palpation, percussion, auscultation, and/or other diagnostic maneuvers; perform or assist with procedures and treatments; use syringes and needles; administer medications by oral, otic, ophthalmic, rectal, and parenteral routes; implement other therapeutic interventions including but not limited to sterile procedures, isolation, airway maintenance, cardiopulmonary resuscitation, operation of diagnostic and therapeutic medical equipment, the application of pressure to stop bleeding, the suturing of simple wounds to assist in surgical procedures and in the performance of simple obstetrical maneuvers. Such actions require coordination of both fine and gross muscular movements and equilibrium. Candidates should have sufficient exteroceptive sense (touch, pain, and temperature), propioceptive sense (position, pressure, movement, stereognosis, and vibratory), and motor function
to carry out the requirements of the physical examination. The candidate must have both physical and mental endurance to adapt to extended periods of sitting, standing, moving, and physical exertion required for safe performance in clinical and classroom settings. The candidate must be capable of moving within and between clinical treatment environments without compromising the safety of others.

Behavioral And Social Attributes:
The candidate must possess the capacity to communicate effectively, respectfully, and with cultural competency, with all individuals he/she encounters, and to demonstrate behaviors associated with compassion, respect and concern for others, integrity and ethical comportment, sound clinical judgment, and accountability for his/her responsibilities and actions. They must be able to accept the supervision of an instructor and/or preceptor, to accept constructive criticism or feedback, and to modify behavior based on feedback. The candidate must demonstrate critical thinking in making sound clinical judgments, have the capacity for flexibility, and demonstrate the ability to adapt quickly to rapidly-changing situations and environments and/or to uncertain circumstances. They must have the capacity to correctly judge when assistance is required and seek appropriate assistance in a timely manner. The candidate must be able to function cooperatively and efficiently with others, and must have the capacity to develop and utilize conflict resolution processes when necessary. Candidates should possess the personal qualities of integrity, empathy, concern for the welfare of others, interest, and motivation. They should possess the emotional and psychological health required for the full use of their intellectual abilities, the exercise of good judgment, and the prompt completion of all responsibilities associated with the diagnosis and care of patients. As medical education involves exposure to a wide variety of stressful situations, the candidate must be able to function effectively in stressful situations in both the classroom and clinical settings.

In evaluating candidates for admission, it is essential that the integrity of the curriculum be maintained, that those elements deemed necessary for the education of a physician be preserved, and that the health and safety of patients be maintained. While compensation, modification, and accommodation can be made for some disabilities on the part of candidates, they must be able to perform the duties of a student and of a physician in a reasonably independent manner. The use of a trained intermediary would result in mediation of a candidate's judgment by another person's powers of selection and observation. Therefore, the use of trained intermediaries to assist candidates in meeting the technical standards for admission, retention, or graduation is not permitted.

The SOM will consider for admission any candidate who has the ability to perform, or to learn to perform, the skills and abilities specified in these technical standards. Candidates for the M.D. degree will be assessed at regular intervals not only on the basis of their academic abilities, but also on the basis of their non-academic (physical, interpersonal, communication, psychological, and emotional) abilities to meet the requirements of the curriculum and to graduate as skilled and effective medical practitioners.

Admissions Office:
You may contact the Admissions Office at 973-999-9999, obtain information at www.shu.edu/medicine/admissions, or email us at shuadmissions@shu.edu with any questions.
The Basics for all Students

Access and Identification Card
Student identification and access cards for the Health and South Orange campuses are issued at orientation. These cards are required to enter exterior doors and pass through the hallway security doors between the Health Sciences complex and allow access after hours. “After-hours” is between 6 p.m. and 7 a.m., Monday through Friday, all day on Saturday and Sunday, and on SOM-observed holidays.

It is very important that students do not lose their identification/access card. If it is lost or stolen, please contact the Student Affairs Office for replacement information.

Address or Name Changes

Please be sure to follow both of the steps below:

1) Fill out the Address or Name Change form available in the Student Affairs and Wellbeing Office. Please note, for a change in name, official documentation of the change (i.e. a copy of your driver’s license or marriage license) must be provided with this form.
2) Contact the Registrar for information about name changes with the University Registrar’s Office: Reminder: When there is a name change, the photo identification badge must also be updated.

Communication and Class Meetings

Ongoing communication between students and various offices within the SOM is essential to providing program and activity information in a timely manner and to enable new initiatives and issues of concern to be shared and discussed. Routine, planned sessions are scheduled within curricular time throughout the year, which includes class meetings and town halls.

Class meetings occur regularly with agendas on pertinent topics related to the student’s year in school. Requests from students for information on topics of interest are also welcome. Examples of topics presented range from extracurricular or research activities, preparation for USMLE exams, clerkship scheduling, presentations on Phase 3 options, and updates on student affairs and curriculum programs. Town halls occur regularly, with agendas developed based on student input of issues of interest and/or concern. They are co-led by students presenting the topics, with support from the appropriate SOM office as needed.

In addition, the Office of Student Affairs and Wellbeing meets monthly with class representatives to develop programs or projects of interest to students, assist with the Transitions curriculum and/or current issues of concern, and propose agendas for town hall meetings.
Disability and Health Insurance

Disability Insurance
All SOM students will be enrolled in a required disability insurance plan with annual premiums, which are added as a fee to tuition.

The disability coverage includes the option to continue coverage during residency. Health Insurance

The state of New Jersey requires all full-time students attending an institution of higher education in the state to be covered by health insurance. All SOM students will be automatically enrolled in the SHU graduate student Health Insurance coverage. Students will be billed for this insurance, added as a fee to tuition. The Health insurance plan will be available online.

Seton Hall University requires all students covered by another health insurance plan to complete a waiver form indicating other coverage. Once this form is submitted, the Bursar will adjust the student’s bill accordingly. This waiver must be resubmitted each academic year. Eligible students may enroll dependents during the open enrollment period.

Academic Promotion: Advancement Within and Between Phases

Each student’s progress toward achievement of the SOM’s competencies, as well as academic performance, is evaluated through both formative and summative assessments as described in the Phase 1 and Phase 2 Assessment and Grading Policies. A comprehensive evaluation of each student’s performance will be conducted by the Student Performance Review Committee (SPRC) at the following academic checkpoints to determine the student’s preparedness for the next Phase/component of the curriculum:

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

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

Single Standard for Graduation

The School of Medicine has a single standard for graduation of all students. The following are required for graduation from the School of Medicine with the M.D. degree.
Competency and course/clerkship/Advanced Clinical Rotation Requirements

Upon graduation, students are required to have demonstrated competence in all SOM competencies, including achievement of professionalism standards. For each competency, a set of milestones defines the expected progress throughout medical school toward achieving competence.

Students must successfully pass all required courses, clerkships, and Advanced Clinical Rotations.

Block OSCEs

Block Objective Structured Clinical Exams (OSCEs) are standardized clinical examinations using trained Standardized Patients and simulation. Students will take two high stakes and two moderate stakes Block OSCE examinations according to the following schedule:

- Phase 1: End of the first academic year (moderate stakes)
- Phase 1: End of phase (high stakes)
- Phase 2: Midpoint of clerkship year (moderate stakes)
- Phase 2: End of clerkship year (high stakes)

Block OSCEs will include a combination of standardized patient encounters, task-based and high-fidelity simulations, electronic medical record use, and other clinical skills (e.g., communication skills, providing a patient hand-off).

Students will receive a score of “Meets Expectations,” “Meets Expectations with Recommendations,” or “Does Not Meet Expectations.” Students must receive a score of “Meets Expectations” or “Meets Expectations with Recommendations” in all clinical skill domains to successfully pass the Block OSCE, and move to the next curricular Phase/component.

Does Not Meet Expectations

Students who receive a score of “Does not Meet Expectations” will be required to meet with the Director of Clinical Skills to review their performance on the Block OSCE. The student will also be required to meet with his/her academic advisor and/or the Director of Student Success to develop a remediation plan, which must then be approved by the Director of Clinical Skills.

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

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

Meets Expectations with Recommendations

Students who receive a score of “Meets Expectations with Recommendations” will be required to meet with the Director of Clinical Skills to review their performance on the Block OSCE. The student will also be strongly advised to meet with his/her academic advisor and the Director of Student Success to develop a remediation plan.
**USMLE Requirements**

Students are expected to take and successfully pass USMLE Step 1 and Step 2 (CK and CS) according to the specific timelines described below. Students are allowed up to three attempts to pass each exam.

USMLE Step 1: Students must take and successfully pass USMLE Step 1. Students must pass USMLE Step 1 to progress into Advanced Clinical Rotations. If students receive notification that they did not pass USMLE Step 1 during a rotation they may be allowed to complete their rotation, and then will leave the SOM curriculum until they have successfully taken and passed USMLE Step 1.

USMLE Step 2: Students must take and successfully pass USMLE Step 2 (CK and CS) before starting Phase 3 of the curriculum, including before graduating. Depending on the composition of the student’s Individualized Learning Program (ILP) this deadline may be extended until December 31 of the student’s fourth year of enrollment at the SOM with the approval of the Office of Medical Education.

**Individualized Learning Plan (ILP)**

Students are required to develop an Individualized Learning Plan (ILP) in collaboration with their Academic Advisor. The ILP describes the student’s planned schedule for completion of the USMLE Step 1 and USMLE Step 2, schedule for Advanced Clinical Rotations, and plan for Phase 3 of the SOM curriculum. All conditions and components of the ILP must be successfully met for the student to graduate.

**Time for Completion of Required Components; Leave of Absence Policy**

All components of the medical education program listed as required for graduation from the SOM must be completed within a six-year period, unless granted an extension at the discretion of the Office of the Dean.

**Request for a Leave of Absence**

For a variety of reasons, it may become necessary for a student to take a leave of absence from his/her medical education. It is appropriate under such circumstances that the student presents all available information and details of the situation to the Assistant Dean for Student Affairs & Wellbeing. The Assistant Dean for Student Affairs & Wellbeing will review and discuss the situation with the Associate Dean of Medical Education.

The Assistant and Associate Deans will make a recommendation to the Dean regarding the granting of a leave of absence to any student who requests a leave, inform the Dean regarding the academic standing of the student at the time of the student’s request for a leave, and make recommendations to the Dean regarding a student’s return from a leave of absence to full-time student status. According to School of Medicine regulations, a student will be considered as being in good academic standing if he or she had an overall 2.000 grade point average at the conclusion of the prior semester and had passing grades in all courses in the current semester at the time of the request for a leave of absence. A student who leaves the school in good academic standing and returns will not be considered as repeating the semester or year. A student who leaves the school not in good academic standing and returns will be considered as repeating the semester or year. Any student granted a leave of absence is assigned a grade of I (Incomplete) or W in all courses or clerkships in which he or she was enrolled.

In that a leave of absence relieves the student of usual academic responsibilities in the School of Medicine, the Assistant and Associate Deans reserve the right to recommend to the Dean that a leave of absence be granted with stated conditions, stipulations, and/or contingencies that are in the best interest of the student, will serve to document the student’s ability to return to full-time student status.
at the conclusion of the leave of absence, and/or will preserve the integrity of the School of Medicine curriculum.

Procedure
Each student who requests a leave of absence will meet with the Assistant Dean for Student Affairs & Wellbeing to discuss the process and to review statements and professional opinions that the student believes will support a request for a leave of absence. The Assistant Dean will guide the student through the process.

The Dean will inform each student in writing of the decision regarding a leave of absence and of the process of review in the dean’s decision.

No leave of absence will be granted for a period of time exceeding 12 consecutive months. Any student taking a leave of absence for more than 16 weeks during Phase 2 clerkships of the medical curriculum may be required to complete the entire set of required clerkships in sequence upon a return to full-time student status.

Except under extraordinary circumstances, the School of Medicine will grant only one leave of absence to any student during his or her medical education.

Return from Leave of Absence
The Assistant Dean for Student Affairs & Wellbeing and Associate Dean of Medical Education reserve the right to require a meeting with a student prior to his or her return from a leave of absence in order to document the ability to resume full-time student status in the School of Medicine. At this meeting, the student may submit such statements and/or professional opinions that the student believes will support the contention that he or she is prepared to resume full-time student status. The Assistant and Associate Deans will review the statements and professional opinions presented by the student in making its recommendations to the dean about the student’s return from a leave of absence, but such statements or opinions presented by the student are not binding.

The School of Medicine reserves the right to require a student to undergo an independent evaluation by a psychoeducational specialist or physician mutually agreeable to the student and the School of Medicine prior to the student’s return from a leave of absence to full-time student status.

Administrative Leave
During the course of a student’s medical education it may become necessary for the student to be placed on administrative leave. A student may be placed on administrative leave due to academic, personal, and/or professional reasons. The Assistant Dean for Student Affairs & Wellbeing or the Associate Dean of Medical Education, in consultation with the Dean, may place a student on administrative leave.

Any student who is unsuccessful on a first or second attempt at Step 1 of the United States Medical Licensing Examination (USMLE) may be placed on administrative leave according to the policies and procedures for promotion and graduation.
Withdrawal
Occasionally a student may decide to withdraw from the School of Medicine without an approved leave of absence. All withdrawals will be made in accordance with Seton Hall University policies if the student is to receive a tuition refund and have the proper grades recorded on the transcript. The School of Medicine uses the University schedule for refunds for any student who is dismissed or who withdraws.

Examination Review Policy
After every Phase 1 course, students are provided with the opportunity to attend a scheduled examination review session for multiple choice question (MCQ), essay, and laboratory examinations. During this time, students are permitted to review their exams and compare their answers with ideal answers.

Course and Block OSCE exams can be reviewed through videotape and checklist review, must be scheduled with Course Directors, and must be conducted in the presence of a clinical faculty member.

Additionally, students can meet individually with Course Directors to review any aspect of examination performance. Students must contact the Course Director to schedule an individual review.

To maintain the integrity of summative examinations, all examination reviews will be conducted in a secure environment. Students are not permitted to duplicate, receive, or distribute examination questions or answers. Violations of this policy are considered a breach of the Student Code of Conduct.

The School of Medicine reserves the right to discontinue review sessions if these policies are violated or examination integrity is otherwise compromised.

Grade Appeal Policy
Grades are generated by the relevant director according to the relevant grading policy and rubric. Should there be a disagreement about a grade, students have the right to appeal the grade. All appeals must be initiated by the completion of a Grade Appeal Form. Grades will be changed only if, according to the process described here, one of the following conditions apply related to the initial grade assignment:

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

Grade appeal will be conducted according to the following guidelines:

1. Within 10 days of the posting of the grade, the student must complete a Grade Appeal Form and bring the disagreement to the attention of, and meet with, the director to discuss the disagreement. The director may request that any faculty preceptors involved in evaluating the student be present at this meeting. It is generally expected that the disagreement will be resolved through discussion between the student and the director.
2. If the discussion between the student and the director does not resolve the issue, or if the director is unavailable, the student may appeal to the Chair of the sponsoring department, in writing, within five days of the notification of the decision of the director.
3. The Chair will have 10 days to investigate the appeal and notify the student of his/her decision in writing.
4. The student has the right to appeal the decision of the Chair by contacting in writing the Associate Dean of Medical Education within five days of notification from the Chair.
5. The Associate Dean of Medical Education will have 10 days to investigate the appeal and notify the student of his/her decision in writing.
6. The student has the right to appeal the decision of the Associate Dean of Medical Education by contacting the Dean in writing within five days of notification from the Associate Dean of Medical Education.
7. The Dean will have 10 days to investigate the appeal and notify the student of his/her decision in writing. The decision of the Dean is final.

Liability and Malpractice Coverage for Medical Students
SOM students are provided with liability coverage from the beginning of New Student Orientation until graduation. Students are defined as those who are engaged in approved educational activities. Once the student receives the M.D. degree, he/she is no longer enrolled and thus no longer has SOM liability coverage.

Email, Computers and Online Resources
Student Email Addresses and Accounts
As part of the pre-orientation, onboarding process for the SOM, accepted applicants will be provided a SOM email account and asked to provide a preferred mailing address. This email must be used for all communication related to medical school programs and activities. The SOM will use your official SOM email and preferred mailing address as the primary point of contact by faculty and administration. Thus, it is imperative to check the SOM email daily and keep your mailing address current.

Important SOM Email Protocol
Do not Auto-Forward: Medical students will have HEALTH SYSTEM ACCESS and may not auto-forward SOM email from the SOM email servers, or store confidential data on these servers. Doing so risks exposing HIPAA-protected data. This restriction includes both publicly available computing services and the SOM-provided cloud-based services. SOM IT audits for this auto-forward feature, and violators are subject to corrective action.

SOM Listservs
Throughout medical school, students will receive most information through email or referral to the Web. Therefore, this mode of communication should become part of your routine. The SOM IT Services creates an administrative Listserv for each entering class. Students are automatically subscribed to the appropriate listserv. This administrative listserv is intended for official notices from the SOM, course chairs, and student organizations. Students may not unsubscribe from the administrative listserv. In addition, a separate Auxiliary Listserv is created for each class for non-academic activities, such as housing notices, books for sale, etc. Students are subscribed automatically to the appropriate Auxiliary Listserv at the beginning of each academic year, but students may unsubscribe from the list.
Email Etiquette for Both Listservs:
Remember to respond individually to the person initiating the email message, i.e. do not “reply all” to a Listserv message that includes everyone enrolled in the Listserv on the reply. Personal replies are appropriate and only for the individual requesting the information. Email replies that include the entire class create an excessive number of irrelevant emails for all and are a misuse of student and faculty time. Help control the volume of emails by sending only relevant, briefly-stated information to the class lists. Chain letters (even charitable-sounding ones) should not be forwarded to any class list. The student body, faculty, and staff come from a broad spectrum of beliefs and opinions, so be careful that your email message is clear and will not be misinterpreted by other members on the list. Humor is especially vulnerable to misunderstanding in this setting.

Online Learning Environment:
The Offices of Medical Education and Student Affairs and Wellbeing have created webpages to provide information on SOM events, curricular information, and important timelines. The Student Guide, Official Calendar of Events, and other resources are also available on our website.

Appropriate Use of Curriculum Resources:
The SOM faculty and Office of Medical Education put a tremendous amount of effort into gathering and creating learning resources for students’ use during medical school. These resources include written syllabus content, lecture PowerPoint slides, websites, articles, videos, etc. These materials are shared with SOM students electronically for personal use as part of the SOM’s medical education program. They are not intended to be shared outside of the SOM community. Additionally, materials should not be shared between different SOM classes. Redistribution or reposting of material created by others without their permission is a serious violation of U.S. copyright law. Students found to be engaging in this type of redistribution or sharing activity will be referred to the Student Performance Review Committee (SPRC) for breach of professionalism standards.

Recording of Educational Sessions by Students
As a general rule, due to the active methodologies utilized at the SOM, educational sessions are not audio or videotaped. In some very specific circumstances, sessions may be recorded and released to students.

Students are permitted to audio and/or video record educational sessions at the SOM under the following conditions:

- Recordings are used strictly for personal use and are not shared with others
- Permission is obtained from the faculty member leading the educational session before the recording occurs
- Recordings are not distributed or posted on any media site unless written consent is obtained from the faculty members involved

Laptop Requirements:
Computers are an essential part of the medical education program. The SOM requires all students to have laptops and mobile devices. Students are strongly encouraged to have a sufficiently recent model laptop with the following specifications:
Although netbooks have been used successfully by some students for day-to-day use in class, they are not recommended as a replacement for a laptop computer. Likewise, Apple iPads and similar devices may be useful, but should not be considered a laptop replacement.

Please note that, aside from these requirements and recommendations, the choice of laptop is an individual matter that should be made at one’s own discretion. Please be aware that regardless of choice of Macintosh or Windows PC, sometimes there will be minor compatibility issues if faculty or classmates are using a different platform. The SOM strives to be as platform-neutral as possible in its selection of technologies for medical student education.

These minimum hardware requirements will allow you to install any software required by the School of Medicine. The SOM will inform you during Human Dimension & Orientation Weeks regarding specific software that needs to be installed.

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

Please note that, aside from these requirements and recommendations, the choice of laptop is an individual matter that should be made at one’s own discretion. Please be aware that regardless of choice of Macintosh or Windows PC, sometimes there will be minor compatibility issues if faculty or
classmates are using a different platform. The SOM strives to be as platform-neutral as possible in its selection of technologies for medical student education.

**Wireless Access**
Wireless access is available in all areas of the building. Computers located in the Health Campus Library or in the Medical Student Lounge can be used to access email messages.

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

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

**Data Stewardship and Protected Health Information:**
The SOM requires training for all medical students to learn how to properly safeguard confidential information and comply with standards for personal accountability for data stewardship. Students are required to watch a web-based training video and review, sign, and return (upload into their individual CastleBranch Account) a Privacy, Confidentiality, and Information Security (PSICA) form. For current medical students, training must be completed annually by October 1st; for incoming students, training must be completed before orientation.

As representatives of the SOM, medical students are personally, professionally, ethically, and legally responsible for their actions. It is essential to safeguard data (electronic or paper) that is used or accessed that is confidential (protection of data required by law) and that is restricted (considered protected by either contract or best practice, including research data).

**Professionalism and the Learning Environment**
The SOM is committed to providing a working and learning environment that is free from unlawful discrimination, harassment, and retaliation, and is inclusive and welcoming to all individuals. In realizing this goal, it is important that we treat each other with dignity, acceptance, and mutual respect. We are enriched educationally, spiritually, and socially by the diversity of our students, faculty, and employees.

**Professionalism**

**SOM Statement on Professionalism**
Medical professionalism forms the foundation of the relationship between the physician and society. Encompassed within this framework are the ethical and moral principles that guide interaction of the physician with patients, the medical profession, and the health care system. The principles of professionalism should pervade all of our activities in medicine, including patient care, education, administration, and scholarship.

The SOM Statement on Professionalism was adapted from the Charter on Medical Professionalism, a joint project of the American Board of Internal Medicine, American College of Physicians-American
Society of Internal Medicine, and the European Federation of Internal Medicine. It was further informed by the SOM’s Competencies and Program Level Objectives.

Responsibility to Patient:
Honesty: Physicians must ensure that patients are completely and honestly informed before the patient has consented to treatment and after treatment has occurred. While patients may not be involved in every minute decision about medical care, they must be empowered to decide on the overall course of therapy. Physicians should also acknowledge that in health care, medical errors that injure patients do sometimes occur. Patients should be informed promptly if medical errors occur, and these errors should be reported and analyzed to provide the basis for appropriate prevention and improvement strategies.

Patient Confidentiality: Earning the trust and confidence of patients requires that appropriate confidentiality safeguards be applied to disclosure of patient information. This commitment extends to discussions with persons acting on a patient’s behalf when obtaining the patient’s own consent is not feasible. Physicians recognize, however, that their commitment to patient confidentiality must occasionally yield to overriding considerations in the public interest.

Maintenance of appropriate patient-physician relationship: Given the inherent vulnerability and dependency of patients, certain relationships between physicians and patients must be avoided. In particular, physicians should never exploit patients for any sexual advantage, personal financial gain, or other private purpose.

Maintenance of trust: Trust is foundational to the patient-physician relationship, and provides a platform onto which appropriate and informed decisions can be made by the patient. This is especially crucial in consideration of the vulnerable state that patients are often in. It is the responsibility of the physician to actively build and maintain this trust by demonstrating attention to all aspects of medical professionalism.

Advocacy and altruism: In his/her role as an advocate, the physician must consistently support the medical and social needs of the patient to the best of his/her ability. This advocacy must be carried out in an unselfish manner, and self-interest should not interfere in the care provided to a patient.

Humility: Physicians should be cognizant of the limits of their knowledge and abilities, while consistently striving to improve. Humility helps the physician let go of certainty and provides greater control to the patient in decision-making.

Sensitivity and responsiveness to diversity: Respect for others, regardless of their demography, abilities or philosophy, is central to being a humanistic physician. The physician must be aware of the diversity of the patient population and be able to see beyond his/her own life to show empathy for all types of patients.

Responsibility to Profession:
Maintenance of professional competence: Physicians must be committed to lifelong learning and be responsible for maintaining the medical knowledge, and clinical and team skills necessary for the provision of quality care.

Identifying and managing conflict of interest: Medical professionals have many opportunities to compromise their professional responsibilities by pursuing private gain or personal advantage.
Physicians have an obligation to recognize, disclose to the general public, and appropriately address conflicts of interest that arise in the course of their professional duties and activities.

Creation, use and application of scientific knowledge: Much of medicine’s contract with society is based on the integrity and appropriate use of scientific knowledge and technology. Physicians have a duty to uphold scientific standards, to promote research, and to create new knowledge and ensure its appropriate use. The profession and its practitioners are responsible for the integrity of this knowledge, which is based on scientific evidence and physician experience.

Role-modeling: By virtue of their position, physicians act as role models to their colleagues, trainees, and patients. It is their responsibility to be mindful of this aspect of their practice, to reflect on the attitudes and behaviors that they exhibit, and to facilitate discussion in an atmosphere of respect. This includes maintenance of personal wellbeing (mental, emotional, and physical) so as to best serve others.

Responsibility to System, Community and Society:
Improving access to care: Healthcare systems must provide a uniform and adequate standard of care. Physicians must individually and collectively strive to reduce barriers to equitable health care. Within each system, the physician should work to eliminate barriers to access based on education, laws, finances, geography, and social discrimination. A commitment to equity entails the promotion of public health and preventive medicine, as well as public advocacy on the part of each physician, without concern for the self-interest of the physician or the profession.

Improving quality of care: Physicians must be dedicated to continuous improvement in the quality of health care. This commitment entails not only maintaining clinical competence but also working collaboratively with other professionals to reduce medical error, increase patient safety, minimize overuse of health care resources, and optimize the outcomes of care. Physicians must actively participate in the development of better measures of quality of care and the application of quality measures to assess routinely the performance of all individuals, institutions, and systems responsible for health care delivery. Physicians, both individually and through their professional associations, must take responsibility for assisting in the creation and implementation of mechanisms designed to encourage continuous improvement in the quality of care.

Just distribution of resources: While meeting the needs of individual patients, physicians are required to provide health care that is based on the wise and cost-effective management of limited clinical resources. They should be committed to working with other physicians, hospitals, and payers to develop guidelines for cost effective care.

Student Code of Conduct
As medical students, we are professionals and will strive to act as such. We recognize that the behavior and attitudes of individual medical students reflect on our classmates, our school, our profession, and ourselves. We will endeavor to nurture an environment of mutual respect, and fulfill our academic and professional obligations to the standard that is expected by our peers, professors, and supervisors.

We will endeavor to uphold the following tenets of professionalism, including:
- Treat all patients, classmates, faculty, staff, medical specialists, and health care team members with respect and consideration, without regard to gender, age, race, religion, ethnicity, class, or sexual orientation.
- Adhere to the highest standard of integrity and honesty in all professional relationships, including those with pharmaceutical and industry representatives.
- Protect patient confidentiality.
- Dress appropriately, including wearing a clean white coat and/or appropriate identification during all anticipated patient contact.
- Have a strong work ethic and positive attitude toward our responsibilities.
- Fulfill responsibilities assigned to us with careful consideration of consequences to both patients and colleagues.
- Appropriately prepare for class, the clinic, or the hospital to optimize our learning and contributions to better patient care.
- Assist others.
- Respect that faculty have devoted their time to teaching medical students in lectures, small groups, clinics, and hospitals.
- Consult with those more knowledgeable when necessary.
- Follow all published and oral instructions regarding assignments, examinations, and special accommodations, and seek clarification from responsible parties when ambiguities are present.
- Show respect in all oral, written, and electronic communications, including patient presentations, written documents, course evaluations, and test question challenge forms.
- Remain calm, courteous, and mature in the face of adversity.
- Avoid inappropriate behavior.
- Be accountable for our actions.
- Seek feedback and advice from mentors.
- Maintain the highest standard of safety.
- Be punctual and reliable.

The Medical Student Code of Conduct (MSCC) is planned as a broad outline of standards within which each student is expected to exercise his/her own judgment (provided it is within the scope of a reasonable member of the medical community), and pledge that he/she will honor and adhere to the principles stipulated therein. Ultimately, professionalism is a lifelong endeavor and a constant process of improvement. At some point our actions may not coincide with all interpretations of professionalism. Therefore, if a potential violation occurs and it is within reason, we hope to provide constructive feedback instead of promoting a culture of punishment and blame. In this way, we hope to mimic the
actual practice of medicine that promotes learning from our mistakes, once again within reason, so that we can ultimately better serve our patients in the future.

This code is a living, breathing document and thus is to be interpreted given the factual circumstances of each incident. Each medical student has the responsibility to present himself/herself in a professional manner, regardless of the context. This includes public and private settings. Social media (any form of electronic communication through which users share information, ideas, personal messages, and other content) is to be treated akin to all other communication and behavior standards expected of SOM medical students. For further guidance, please see the Social Media Guidelines document.
Student Assessment Recusal Policy

Any faculty providing medical or psychiatric/behavioral care to a medical student must recuse himself/herself from contributing to that student’s summative assessment, final grade, and/or promotion decisions in any element of the SOM curriculum. Medical student privacy is to be preserved at all times. The faculty physician and the medical student are advised to immediately contact the appropriate Clerkship/Course Director and/or Dean for Student Affairs and Wellbeing should the potential for this conflict of interest arise.

Policy on Preventing Student Mistreatment and Promoting a Positive Learning Environment

AAMC Statement on the Learning Environment (aamc.org/learning environment):

“We believe that the learning environment for medical education shapes the patient care environment. The highest quality of safe and effective care for patients and the highest quality of effective and appropriate education are rooted in human dignity. We embrace our responsibility to create, support, and facilitate the learning environment shared by our patients, learners, and teachers. In this environment, our patients witness, experience, and expect a pervasive sense of respect, collegiality, kindness, and cooperation among health care team members. This includes all professionals, administrators, staff, and beginning and advanced learners from all health professions. This includes research as well as patient care environments. We affirm our responsibility to create, support, and facilitate a learning environment that fosters resilience in all participants. It is our responsibility to create an atmosphere in which our learners and teachers are willing to engage with learning processes that can be inherently uncomfortable and challenging. We affirm our commitment to shaping a culture of teaching and learning that is rooted in respect for all. Fostering resilience, excellence, compassion, and integrity allows us to create patient care, research, and a learning environment that are built upon constructive collaboration, mutual respect, and human dignity.”

The SOM is committed to maintaining an environment in which there is mutual respect between student, teacher, and peers. Behavior that is abusive or mistreats students or others in the learning environment is prohibited. Examples of inappropriate behaviors are:

- Physical punishment or physical threats;
- Sexual harassment;
- Discrimination based on race, color, creed, religion, national origin, gender, sex, age, marital status, disability, public assistance status, veteran’s status, or sexual orientation;
- Repeated episodes of psychological punishment of a student by a particular superior (e.g., public humiliation, threats and intimidation, removal of privileges);
- Grading used to punish a student rather than evaluate objective performance;
- Assigning tasks for punishment rather than to evaluate objective performance;
- Requiring the performance of personal services;
- Taking credit for another's work;
- Intentional neglect or intentional lack of communication.
Resources for counseling, advice and informal resolution concerns, problems, questions, and complaints may be discussed without fear of retaliation, with anyone in a supervisory position within the medical school community, including a faculty member, lab director, course director, residency training director, division chief, department head, dean or director. The assistance provided may include counseling, coaching, or direction to other resources at the medical school.

Students are encouraged to report possible sexual, racial, or ethnic discrimination, including harassment, to the Office of Equal Opportunity and Affirmative Action.

Professional Behavior and Expectations for the Teacher-Learner Relationship

Responsibilities of the Faculty

Ensuring excellence in the achievement of learning of knowledge, skills, attitudes, and critical thinking necessary for the practice of medicine to the next generation of physicians.

- We strive for excellence and to provide the best possible educational experiences.
- We will prepare thoroughly for teaching by providing current information and concepts from our discipline and by identifying gaps in current knowledge.
- We will continuously ensure and improve the quality of our teaching through the ongoing development of our skills as educators and by responding to feedback from both peer and students’ evaluations.
- We know and comply with national and institutional policies, and ensure that our expectations of students and ourselves are consistent with those policies.
- We will provide timely and constructive feedback to our learners and exhibit the highest standards of professional behavior.
- We will model honesty and integrity in all academic efforts, including teaching, research, and patient care. We respect and value the intellectual property of others and use resources fairly.
- We will clearly state the learning and behavioral expectations, assessments, and opportunities for each course or experience and understand how these lead to the competency requirements of the educational program.
- We will seek learning opportunities in any and every interaction with our students.

Ensuring a respectful and exemplary learning environment for students, faculty, residents, colleagues, and patients.

- We respect our peers, students, and patients as unique individuals, without regard to race, religion, age, gender, sexual orientation, disability, or national origin. We acknowledge that we have responsibilities as members of a collegial community, sharing knowledge and assisting peers in their quest to achieve professional and personal goals.
- We will demonstrate respect for students and learning by starting and concluding teaching sessions on time, and by cultivating an atmosphere of mutual respect for patients and learning.
We will make every effort to know our students as unique individuals, listen to their concerns, respond to them promptly, exercise concern for their wellbeing, and treat them with compassion.

We will personally ensure a culture of patient and learner safety. We will take personal responsibility for our actions, including errors and near-errors by full disclosure and analysis of need for change to prevent future similar events.

We will foster our students’ practice and discernment of professional ethics by assigning tasks that are appropriate for their phase of learning, level of clinical responsibility, and status as students. If an assignment conflicts with the personal ethics of a student, we will attempt to resolve the conflict in a manner that respects the student while placing priority on the wellbeing of the patient.

When planning and conducting educational activities, we will recognize our students’ needs for personal time, and adequate rest and relaxation.

We will display the highest standards of professional conduct when interacting with patients, colleagues, faculty, and staff.

Responsibilities of the Students

Participating in ongoing, lifelong learning in the continuously evolving field of medicine.

- We are responsible for gaining the skills and knowledge needed to fulfill our current and future professional responsibilities as physicians.
- We will respect and appreciate the teaching role of the faculty and understand that the curriculum is designed to ensure our future competence as physicians. With continuous quality improvement in mind, we accept the responsibility to provide constructive evaluation of our courses and teachers.
- We will work effectively in teams, respecting the contributions of all members, assuming our fair share of responsibility, and performing leadership tasks with a sense of service to others.
- We will acknowledge and seek help when an assigned task is beyond our level of skill. If an assigned task conflicts with personal ethics, we will discuss this with the supervising physician/course director and seek a resolution that places priority on the interests of the patient.
- We will practice the habit of critical reflection, acknowledging gaps in our understanding, recognizing our limitations, and striving for continuous self-improvement.
- We will provide and create a culture of patient safety. We will take personal responsibility for our actions, including errors and near-errors, by full disclosure and analysis of need for change to prevent future similar events.

Attaining and displaying the highest levels of professional conduct and attitudes, as well as the skills and knowledge of the discipline of medicine.
- We will dedicate the time and energy needed to accomplish our professional responsibilities.
- We will display the highest standards of professional conduct when interacting with patients, colleagues, faculty, and staff.
- We respect our peers, patients, and faculty as unique individuals, without regard to race, religion, age, gender, sexual orientation, disability, or national origin. We acknowledge that we have responsibilities as members of a collegial community, sharing knowledge and assisting peers in their quest to achieve professional and personal goals.
- We will attend all required learning sessions and demonstrate respect for our faculty and peers by arriving on time and complying with all specific expectations defined by the faculty, including wearing attire that is appropriate for the setting.
- We will practice honesty and integrity in all academic endeavors, including assessments, research efforts, and patient care entries. We also respect the intellectual property of others and use resources in a way that demonstrates that respect.

**Responsibilities of the Medical School**

*Supporting exemplary learning and performance in our students’ academic, clinical, and professional training.*

- We strive for excellence in medical education in the areas of curriculum management, admissions, financial aid, student services, and educational resources [including facilities and technology support].
- We strive to promote the highest quality learning by providing the resources needed to enhance the educational experiences of faculty and learners.
- We strive to keep faculty and students current on national and institutional policies and procedures.
- We strive to involve students and faculty in the development of educational programs, policies, and procedures.
- We strive for continuous improvement in the educational program based on data received from students, faculty, and current research in medical education.
- We strive to facilitate the development of medical educators and learners by providing opportunities that advance competencies in teaching and learning.
- We strive to recognize the efforts and accomplishments of our faculty and students.

*Respecting all students, residents, colleagues, patients, and faculty as individuals and in the roles they serve.*

- We will encourage an atmosphere that is respectful and supportive of every individual regardless of gender, race, religion, age, sexual orientation, disability, or national origin.
We strive to promote a learning environment that responds to the needs and recognizes the contributions of all individuals.

Managing Student Mistreatment
Seton Hall University and Seton Hall Hackensack-Meridian SOM are committed to maintaining an environment in which there is mutual respect between student, teacher, and peers. Behavior that is abusive or mistreats students or others in the learning environment is prohibited.

Examples of inappropriate behaviors are:
- Physical punishment or physical threats
- Sexual harassment
- Discrimination based on race, color, creed, religion, national origin, gender, age, marital status, disability, public assistance status, veteran status, sexual orientation, gender identity, or gender expression
- Repeated episodes of psychological punishment of a student by a particular superior (e.g., public humiliation, threats and intimidation, removal of privileges)
- Grading used to punish a student rather than evaluate objective performance
- Assigning tasks for punishment rather than to evaluate objective performance
- Requiring the performance of personal services
- Taking credit for another's work
- Intentional neglect or intentional lack of communication

Resources for Counseling, Advice and Informal Resolution
Concerns, problems, questions, and complaints may be discussed without fear of retaliation with anyone in a supervisory position within the medical school community, including a faculty member, lab director, course director, residency-training director, division chief, department head, dean, or director. The assistance provided may include counseling, coaching, or direction to other resources at the medical school. Students are encouraged to report possible sexual, racial, or ethnic discrimination, including harassment, to the Office of Equal Opportunity and Affirmative Action.

Reporting Concerns
The SOM encourages students and faculty to report concerns. Individuals may use whichever method they are most comfortable with to report concerns.

1. Direct reporting to the Assistant Dean of Student Affairs and Wellbeing;
2. Report to any course, clerkship, chair, or supervising faculty member;
3. Report using the EthicsPoint system (phone and internet, identified or anonymous options see below);
4. Report using the HMH’s phone/internet-based compliance/event reporting system;
5. Report in the evaluations described above (course, clerkship, faculty); and
6. Report in related items on the annual program improvement survey.

EthicsPoint is a confidential reporting service for Seton Hall University. Anyone can report or use the EthicsPoint service (students, faculty, staff, university and non-university):
- Incidents of discrimination, harassment, or retaliation should be reported regardless of the actor’s identity or position. Thus, an individual who believes that he/she has
experienced conduct that violates the university Policy Against Discrimination, Harassment, and Retaliation or who has concerns about such matters should immediately provide a complaint detailing the conduct to his/her supervisor, Human Resources, the Director of EEO Compliance or through Ethics Point at https://secure.ethicspoint.com/domain/media/en/gui/17614/index.html, or call tollfree 1-888-236-7522 to register a complaint.

- Complaints of sexual assault should be reported to the Director and/or Deputy Title IX Coordinators.

- Any supervisor or manager who receives or becomes aware of a complaint implicating this policy must immediately report the complaint to the appropriate dean or director.

- An individual does not have to be the recipient of discrimination or harassment to report a violation, but employees should know that prompt reporting facilitates a timely investigation. All employees, faculty, and students are expected to cooperate in harassment and discrimination investigations.

- Anonymous reporting is available with this service. You do not have to report your name.

- EthicsPoint will restrict the person mentioned in your report from access to the report information.

- A document or documents that support your report can be uploaded or attached to your report.

- When reporting, it is helpful to provide all details regarding the alleged violation, including witnesses and any other information that could be valuable in the evaluation and ultimate resolution of the situation.

- When you submit a report, you will be issued a report key. Write down this information. You will be asked by EthicsPoint to use your report key along with the password of your choosing to return to EthicsPoint through the website or hotline in five to seven business days. By returning in five to seven business days, you will have the opportunity to review any follow-up questions or submit more information about the incident.

The Office of Student Affairs and Wellbeing will track and perform preliminary investigations of concerns and then forward to the appropriate dean or department for resolution. Outcome data will be included in the school’s program improvement strategies and reports.

SOCIAL MEDIA
The scope and implications of an internet presence is broad and can affect you personally (residency interviews, employment, promotion, legal exposure) and professionally (social contract, institutional and professional integrity). The concept of intended audience no longer pertains: Once something is posted on the internet, the audience is anyone and everyone, its presence is permanent, that information (photograph, comment, posting, personal information) is no longer in your control. Please
make informed choices with regard to your online presence and encourage your colleagues to do the same.

All students, faculty and staff are responsible for knowing and abiding by the SOM Social Media Policy.

**Transportation and Clinical Placements:**
A variety of clinical agencies are utilized for student clinical placements. Every attempt is made to provide a variety of clinical placements to allow students to care for and interact with diverse patient populations. Students must be prepared to travel to sites that may not have access to public transportation. It is the student’s responsibility to arrange travel to and from clinical sites. In addition, the student must be prepared to travel in adverse weather conditions and at various times of the day.

Parking passes will be available at the IHS campus and South Orange campuses and will be honored at both campuses, as well as, most HMH clinical sites.

**Compliance Guidelines**
To maintain status as a student in good standing, all matriculated medical students must maintain compliance in the following areas:

- immunizations,
- annual PPD test,
- criminal background clearance,
- drug screening,
- Basic Life Support,
- HIPAA compliance and security agreement,
- universal precautions,
- fitness for duty,
- financial obligations,
- continuing to meet the technical standards and
- all academic and professionalism performance standards,
- achieving passing performance on the required Observed Structured Clinical Examinations (OSCE) and
- United States Medical Licensing Examinations (USMLE Steps one and two (medical knowledge and clinical skills components)).

All students, including those in Phase 3 and fourth-year year degree or certificate programs, and those on approved expansion/leave of absence, are expected to maintain compliance.

**Compliance Requirements to be Completed Upon Matriculation**
The following compliance requirements must be completed to begin medical school:

- Immunizations (Measles, Mumps, Rubella, Hepatitis B, Tetanus-Diphtheria-Pertussis, Varicella; TB-screening <PPD or IGRA>; Influenza)
- Criminal background clearance
- Drug screening clearance
- Request for Criminal History Information Self-Disclosure, Consent, and Release of Information form
- SOM Technical Standards Certification
- Basic Life Support (BLS) or CPR Certification
- SOM HIPAA Training
- SOM Data Stewardship Training
- SOM Privacy, Confidentiality and Data Security Agreement form
- Universal Precautions Training

**Continued Compliance**

Students are expected to track their own compliance due dates and update items requiring renewal before the six-week block in which they expire in their individual account in the Castlebranch online verification and background system. To ensure that all students are in compliance and able to participate in clinical educational activities and related volunteer activities, the Office of Student Affairs and Wellbeing monitors compliance and notifies students when they need to update their status. Students who do not respond to notification of non-compliance are removed from enrolled clinical coursework until they have updated their status appropriately. Non-compliance may impact the release of financial aid and may result in an extended enrollment if clinical coursework needs to be dropped and rescheduled.

<table>
<thead>
<tr>
<th>Compliance Requirement</th>
<th>Standard Timeframe</th>
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</thead>
<tbody>
<tr>
<td>Tuberculin Skin Testing (PPD) and Influenza</td>
<td>Annual</td>
</tr>
<tr>
<td>Data Stewardship Training/PCISA form</td>
<td>Annual</td>
</tr>
<tr>
<td>Criminal Background Check (CBC)</td>
<td>TBD by Clinical site</td>
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<tr>
<td>Request for Criminal History Information</td>
<td>TBD by Clinical site</td>
</tr>
<tr>
<td>Self-Disclosure, Consent, and Release of Information forms</td>
<td>One time</td>
</tr>
<tr>
<td>BLS/CPR Training</td>
<td>Two years</td>
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</tbody>
</table>

More information is available on the SOM’s website

**Criminal Background Check**

Students are required to complete a criminal background check as a part of the admissions process and, once matriculated, periodically thereafter. There are two portions to the background check. The first portion is the national criminal background check that is completed online for a fee through the school’s third-party vendor, CastleBranch screening and verification service. Section 4.3.7 of the Academic Affiliation Agreement by and between Seton Hall University, Hackensack Meridian Health and Seton Hall – Hackensack Meridian School of Medicine requires that students complete and maintain a current national criminal background check. The second portion is the SOM Request for Criminal History Information, Consent, and Release of Information form.
Each portion of the background check is only valid for a limited time. All students, including students on a leave of absence, are responsible for periodically completing both portions of this requirement as needed.

Students will be required to meet with the Assistant Dean for Admissions (pre-matriculation) or the Assistant Dean for Student Affairs and Wellbeing (post-matriculation) to discuss any discrepancies that are found in the background check. Depending on the severity of the crime, the student may not be allowed to continue in medical school.

**Basic Life Support for Healthcare Providers**

Students must be certified in CPR at the level of Basic Life Support (BLS) for Healthcare Providers (American Heart Association-approved training). BLS cards expire every two years, and students are responsible for keeping their certification current throughout their medical school training. Students must provide a copy of the current certification in their CastleBranch account. Students are also responsible for keeping the original certification card(s) available and for maintaining this documentation in their own personal files.

The American Heart Association has a course locator function that students can use to find a class in a geographic area convenient to them. Renewal courses will also be offered at the Nutley Campus, and scheduling information will be available on the SOM website.

**HIPAA Compliance Certification and SOM Privacy, Confidentiality, and Information Security Agreement**

All students are required to complete the HIPAA training and sign a Privacy, Confidentiality, and Information Security Agreement form before matriculation. Additional HIPAA training may be required by other clinical training sites. If a student does not complete the required training, he/she will not be permitted in a patient care setting.

Examples of violations of the security/confidentiality agreement include, but are not limited to, blogging or posting on social media information about patient interactions, looking at a patient’s records for which the student is not responsible, leaving a workstation unlocked and unattended, forwarding email to a non-SOM email account, etc. All infractions are taken seriously and will be referred to Student Performance Review Committee.

The HIPAA training and the Privacy, Confidentiality, and Information Security Agreement forms are available in the CastleBranch online verification and screening system.

**Immunizations and Annual Tb Screening**

**Immunizations**

Documentation of compliance for the following immunizations is required of all medical students before matriculation. All medical students must maintain compliance with these requirements throughout their tenure in the medical school program, even while in a non-clinical segment of the curriculum or on a leave of absence. If reported as non-compliant, the student will not be allowed to train in patient care settings. In situations in which a specific vaccination is contraindicated, CastleBranch staff will advise students on the appropriate documentation to obtain from their health care provider.
Medical students will not be allowed to begin or continue patient contact unless documentation of compliance with all requirements, including the annual tuberculosis screening, has been confirmed by CastleBranch as approved. Students are responsible for uploading and obtaining approval of all immunization documentation, including annual PPD results and influenza documentation in their individual CastleBranch Account. It is the student’s responsibility to confirm that their documentation has been received, approved, and their status listed as compliant.

**MMR:** MEASLES (RUBEOLA); MUMPS; and RUBELLA (GERMAN MEASLES)

**MEASLES (RUBEOLA):** Two doses of measles-containing vaccine (Measles, Measles-Rubella, or Measles-Mumps-Rubella) regardless of birthdate, OR a positive antibody titer. The vaccine doses must have been received after 12 months of age and at least one month apart. They must also have been live virus vaccines received after January 1st, 1968, given without Immune Globulin.

**MUMPS:** Two doses of mumps-containing vaccine OR a positive antibody titer. The vaccine doses must have been received after the age of 12 months and at least one month apart. Mumps alone must have been live virus vaccine received after January 1st, 1980.

**RUBELLA (GERMAN MEASLES):** One (1) dose of rubella-containing vaccine after 12 months of age OR a positive antibody titer.

**HEPATITIS B:** Three (3) doses of vaccine AND a positive Hepatitis B surface antibody titer meet the requirement. Other documentation (such as laboratory evidence of history of disease) may also be accepted.

**TETANUS-DIPHTHERIA-PERTUSSIS:** Primary childhood (verbal or documented history acceptable) or adult series with DtaP/ DTP/DT/Td AND a booster with Tdap since June 2005. If there is documentation of a valid contraindication to receiving Tdap, then Td must have been received within the last 10 years.

**VARICELLA:** Two (2) doses of varicella-containing vaccine given after 12 months of age and at least one month apart OR a positive antibody titer.

**INFLUENZA:** Annual influenza vaccination is required by the SOM. The CDC guidelines recommend the vaccine in order to protect staff, patients, and family members, and to decrease healthcare worker absenteeism.

Please note that while the student may choose to obtain any of the required immunizations or tuberculosis screening from a current health care provider, the student will still need to upload all documentation into the CastleBranch system. Detailed immunization information outlining requirements is included in the pre-orientation materials sent to matriculating students.

If there are any questions regarding the above information, please contact the Office Student Affairs and Wellbeing.

If an international health experience is planned, students should contact Student Health Services for a list of recommended immunizations. Please note, if a student’s PPD will expire during the anticipated travel period, the PPD must be completed before departure for the student to remain in good standing.
**Tuberculosis Screening**

A two-step PPD is required before starting classes. Students will also receive a PPD skin test at the time of orientation as defined by the school’s program. This will satisfy the requirements for a “two-step test” and will place all students due for their annual PPD at the same time. A single IGRA (interferon gamma release assay) blood test result from the last year may be submitted as a substitute for negative TB skin testing.

**HISTORY OF DOCUMENTED POSITIVE TB TEST:** Students with a history of documented positive TB testing must provide documentation of the positive test, a negative chest x-ray report, and description of treatment received. Those who have not completed prophylactic treatment must provide documentation of a chest x-ray taken within one year before the start of their health sciences program. Please note: History of BCG is not a contraindication to TB skin testing. Those without documentation of a positive TB test should be tested unless they can show documentation of having completed prophylactic treatment. Chest x-rays are not accepted as substitutions for TB testing.

All students with a history of positive TB test must complete a TB symptom review at admission and yearly thereafter. The admission symptom review is found at the bottom of the second page on the Required Immunizations Form. The annual symptom review is completed by returning to this website and completing the online TB Symptom Survey Form in the individual CastleBranch account.

**Universal Precautions:**

As students enter patient care settings, it is important for students to establish common sense habits to protect themselves and their patients from the spread of infectious agents. The commonly used term for the methods used is Universal Precautions – universal in that one uses these precautions with all patients, not just those with known or suspected infectious disease. The agents associated with many infectious diseases are transmitted by superficial physical contact; others require intimate contact with blood or other body substances (Hepatitis B and C, HIV).

All students enrolled in the SOM must complete the school’s program on universal precautions. The purpose of this program is to ensure that students have been informed of the appropriate handling of blood, tissues, and body fluids during medical school. Opportunities for training in universal precautions is included as part of a required pre-orientation online session, all clinical courses and experiences, and all required clerkships. As part of professional development, students are responsible for incorporating these into routine practice while in patient care situations, and for being certain they understand what is available at each hospital.

The following precautions are to safeguard both students and patients, and are appropriate for the level of patient contact you will have starting in Phase 1 of the curriculum:

- **Immunizations:** See above section on immunizations.

- **Routine hand washing:** Hand washing is performed frequently to protect both patients and health care workers. Hands are washed before touching patients, performing invasive procedures, and eating; hands are also washed after glove use, working with bodily substances, using the toilet, and the computer. Skin is a natural barrier to infectious agents, and products that protect and promote skin integrity can be used. Establish the habit now of hand washing when entering a patient’s room, before touching the patient, when leaving, and before eating.
Additional precautions that may be required in specific clinical settings include:

- **Barrier Protection:**
- Gloves are worn for anticipated contact with all body substances and are changed between patients and sometimes between contact with different sites on the same patient.
- Gowns and/or plastic aprons are used to cover areas of the skin or clothing that are likely to become soiled with body substances.
- Facial barriers, including masks, glasses/goggles and face shields are worn whenever splashing or splatter of body substances into the mouth, nose, or eyes is likely to occur. Specialized masks and individual respiratory devices are also used for certain airborne diseases such as meningococcal meningitis and tuberculosis.
- Other barriers such as hair covers, shoe covers, and boots may be used when extensive exposure to body fluids may occur. (e.g., cystoscopy, vaginal delivery, multiple trauma).
- Sharps management: Sharps management refers to safe use of sharp agents such as needles, scalpel blades, etc. Dispose of them in appropriate rigid, impervious containers, and learn to handle them safely.

**Needlestick Protocol**

Students need to know what to do in case of a body substance exposure, including through a needle stick. Each student is provided with a card that provides instructions on how to receive appropriate counseling and prophylactic treatment in the event of contact with blood, tissue, or body fluids. This card is provided through the Office of Student Affairs and Wellbeing when the student enters the SOM, and again when entering Phase 2 of the curriculum.

Information on the card is as follows:

**Blood/Body Fluid Exposure**

1. DO NOT PANIC! Needle stick and other types of exposures are common, and risks can be appropriately mitigated
2. Time matters (!) so proceed swiftly as follows.
3. Remove all soiled clothing.
4. Wash wounds and skin with soap and water (>5 minutes)
5. Flush mucous membranes copiously with water (>2 minutes)
6. Write down the following information on “source patient”: Name, hospital or clinic number, date of birth, and patient location.
7. Notify supervising physician that you need to report to employee health (or, after hours, report to the facility’s Emergency Department or nearest Emergency Department).
6. Report to Employee Health/Emergency Department for blood/body fluid exposure for:
   a. Risk assessment of exposure
   b. Baseline laboratory work
   c. Employee health evaluation of “source” patient
d. Institution of post-exposure prophylaxis (PEP) if appropriate (within one to two hours of exposure).

Health Requirement and Compliance Resources
TBD – Will be available to all students upon matriculation, and will be included in the syllabi for all required clinical experiences

Drug and Alcohol Use and SOM Policy on Drug Screening Clearance
The SOM prohibits the unlawful possession, use, or distribution of illicit drugs and alcohol on its property or as part of any of its activities. Violating these policies or failing to successfully comply with the Drug Screening Compliance requirement may lead to sanctions, including dismissal from the SOM under the applicable general code of conduct, even if the use occurred outside of work hours and otherwise in accordance with state law. See the university’s Drug and Alcohol Abuse Policies for more information. [http://www13.shu.edu/offices/student-life/community-standards/dfsca.cfm](http://www13.shu.edu/offices/student-life/community-standards/dfsca.cfm).

It is important for medical students to be aware of both the SOM policy and how health care facilities/clinical affiliates handle positive results on drug screening. Thus, medical students may face negative consequences for a positive THC screen or other illicit drug.

Objective Structured Clinical Examination (OSCE)
Students must successfully complete the summative Block OSCE (multi-station OSCE, including SP interactions; task; and high-fidelity simulations). These will be administered twice during Phase 1: at the end of the first academic year and at the end of Phase 1.

USMLE Requirement
Students are expected to take and successfully pass USMLE Step 1 and Step 2 (CK and CS) according to the timeline described below. Students are allowed up to three attempts to pass each exam. Any failure of a USMLE exam must be reported to the student’s Academic Advisor before rescheduling the examination.

- **USMLE Step 1:** Students must take and successfully pass USMLE Step 1. Students must pass USMLE Step 1 to progress into Advanced Clinical Rotations. If students receive notification that they did not pass USMLE Step 1 during a rotation they may be allowed to complete their rotation, and then will leave the SOM curriculum until they have successfully taken and passed USMLE Step 1.

- **USMLE Step 2:** Students must take and successfully pass USMLE Step 2 (CK and CS) before starting Phase 3 of the curriculum, including before graduating. Depending on the composition of the student’s Individualized Learning Plan (ILP), this may be extended until December 31 of the student’s fourth year of enrollment at the SOM, with the approval of the Office of Medical Education.

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

In the case that a student is reported as having the potential to place a patient at risk for one of the reasons described above, the Assistant Dean for Student Affairs and Wellbeing will meet with the student and those involved in observing the student’s behavior as necessary to assess the situation. Anyone who observed the student’s behavior of concern, or who otherwise has pertinent information concerning the behavior, will be asked to provide a written statement that details their observations. If in the Assistant Dean’s best judgment the student may pose a risk to patient care or safety, or to students, faculty, or others, the student will be withdrawn from the courses, clinical setting, and/or extracurricular program in which he/she is enrolled and may be placed on a leave of absence until referral and evaluation by Counseling and Psychological Services (CAPS) or Student Health Services (SHS). CAPS or SHS may clear the student to resume participation in the academic program if they find the student poses no risk to patient care or safety, or to others in the educational community, and can return to the curriculum and medical school setting. If CAPS or SHS find the student may pose a risk to patient care or safety, they will recommend and oversee a course of evaluation and treatment, and make the decision on whether to endorse the student to return if appropriate.

The student will be advised of his/her right to due process should the student wish to challenge the appropriateness of being removed from patient contact, the educational setting, and/or appropriateness of CAPS/SHS referral. The student’s request for a review will be presented to the Student Performance Review Committee according the Committee’s guidelines for managing student reviews.
Support and Resources

Academic Advising
The SOM has a very intensive Academic Advising system that begins prior to Orientation with an introductory survey. Students will meet their advisor during orientation and begin a series of required advising sessions to help each student:

1. Customize their curriculum and career exploration experiences
2. Draft and refine the Individualized learning Plan ILP
3. Assist with goal setting and tracking around the core competencies;
4. Connect students with faculty mentors (make hyperlink to that page/section);
5. Connect Students with campus, Seton Hall University, Hackensack Meridian Health Network and Community resources;
6. Assist with Scheduling and the residency application and matching process;
7. Advisors will also help link students to Specialty Mentors to explore specialties of interest and career options.

Advisors are not routinely involved in teaching or assessment activities (not teaching in Phase 1 or any of the required clerkships), and will work with the student through all three phases of the academic program. Students will meet with their Academic Advisors at least quarterly, and a summary of these meetings will be kept in the educational management software/student portfolio. The student and his/her Academic Advisor are responsible for the generation of the Individualized Learning Plan. These plans will also be available in the educational management system/student portfolio, along with the timelines for completion and planning.

Counseling and Psychological Services (CAPS)
The Counseling and Psychological Services (CAPS) offer a range of services to help students and their spouse/partner cope with the demands of life in medical school. Services offered through CAPS are free of charge and completely confidential.

The medical student counselors are licensed, experienced mental health professionals. None are involved in direct evaluation or grading of students.

Counseling is completely confidential. Limited counseling records are securely kept by the counselor and are not part of a student’s academic file. Information about students who are seeking counseling is never shared with faculty, deans, or administrative staff unless the student signs a written release of information and asks his/her counselor to do so. The medical student counselors may receive information about students who are being reviewed by the Student Performance Review Committee, but counselors never share information with the committee or the Assistant Dean for Student Affairs and Wellbeing. If a student believes it is in his/her interest to have his/her counselor share information with the Student Performance and Review Committee or the Assistant Dean for Student Affairs and Wellbeing, the student may sign a Release of Information to allow them to do so.
Students at the Health campus may call, email, or drop by to schedule an appointment directly with a counselor. Drop-ins are always welcome if a counselor is available. Students may opt to use CAPS on the South Orange campus as well.

CAPS provides triage/crisis evaluations with referrals, individual, couples and family counseling, and psychiatric evaluations and medication management services to medical students enrolled in the SOM. CAPS is open Monday through Friday from 9 a.m. to 5 p.m., with on-call coverage at all times through the Seton Hall Public Safety Department for behavioral health or psychiatric emergencies after business hours.

Disability Support Services and Educational Accommodations
The SOM is committed to ensuring that students have equal access through reasonable accommodations for their documented disability to educational programs and facilities. To achieve this goal, the SOM works closely with the university’s Office of Disability Services for Students to assist students in making the transition to the medical school environment and in identifying accommodations that will support their success in the program.

The Office of Disability Services for Students is the entry point for both students with previously documented disabilities to request accommodations due to the effects of the disability and students who may benefit from requesting an assessment related to difficulty in current coursework at a level not previously experienced. The office is also available to assist students with temporary disabilities, such as those stemming from accident or illness.

Process for Requesting and Receiving Accommodations
Students who wish to request accommodations should contact the university’s Disability Services for Students as early as possible to start the process for documenting the disability and determining eligibility for services. It is the student’s right, as well as responsibility, to disclose that he/she has a disability and to request the approved accommodations in a timely manner. The SOM encourages students with disabilities to work with the Office of Disability Services for Students as soon as they know they have a need for accommodation due to a disability, as accommodations may not be implemented without office approval, and arrangements cannot be made retroactively.

Seton Hall University coordinates reasonable accommodations and services for undergraduate, graduate, and professional students with documented disabilities in compliance with Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, the Americans with Disabilities Act Amendments of 2008, and the New Jersey Law against Discrimination (NJLAD).

Any student who requires accommodations related to preparation for or attending class should contact the Office of Disability Support no later than July 1 of each academic year.

The deadline for submitting applications (including reports from physicians, psychologists and other professionals) to Disability Support Services to establish eligibility for accommodations on exams by the first day of each semester, or as sooner if available. This deadline ensures that the documentation review process will be completed and accommodations in place in time for final exams.

Exceptions will be considered on a case-by-case basis for students who sustain temporary or sudden injuries after the deadline.
In addition, students who do not meet the deadline are not precluded from applying for accommodations for a subsequent Phase.

If you have previously submitted documentation demonstrating a disability and the office has determined that accommodations are necessary, this deadline does not apply. Those students who have already received or have been notified that they will be receiving accommodations need to complete this form for each Phase they are enrolled in the SOM.

You may contact DSS at (973) 313-6003 or visit their website for more information http://www.shu.edu/offices/disability-support-services/.

Temporary Impairment or Disability
Students may suffer from acute conditions or injuries that require accommodation. The Assistant Dean of Student Affairs and Wellbeing, in consultation with the Office of Disability Support, may grant reasonable accommodations for such circumstances. If the impairment is known sufficiently in advance of exams, students should apply for such accommodations by the enumerated deadline for the Request for Special Accommodations form in that semester. A request for accommodations due to temporary impairment should be supported by a physician’s documentation.

For more information, contact the Office for Disability Support Services for Students as follows:
Disability Support Services (DSS)
Phone: 973-313-6003
Fax: 973-761-9185
DSS@shu.edu
http://www.shu.edu/offices/disability-support-services-index.cfm

United States Medical Licensing Examination (USMLE) Accommodations
In addition to the academic program within the SOM, a student may find that accommodations are needed when taking the National Board of Medical Examiners’ subject examinations used as the final for courses and the United States Medical Licensing Examinations, of which Step 1 and Step 2-CK and CS are required for graduation. A mechanism to request an accommodation is available through the National Board of Medical Examiners. It includes an application from the student, submission of complete documentation, which may take time to compile, and certification of the disability from the Office of Student Affairs and Wellbeing that includes documentation of accommodations given in medical school.

Financial Aid
General advice on financial aid, questions about the aid awarded, and assistance with understanding the impact of indebtedness are among some of the important issues covered by the Office of Financial Aid. Please note that email messages are the primary method of communication to remind students of
deadlines or to request information that needs immediate action. The SOM’s website lists resources on budgets, planning, important deadlines, loan and debt management, etc.

On-Line Assessments and Resources
All students will be required to complete the online self-assessment Learning and Study Strategies Inventory (LASSI) during the second course of Phase 1, which assesses students’ awareness of and use of learning and study strategies. LASSI identifies strengths and potential weaknesses as a learner, and offers strategies for improvement. The scales on Anxiety, Attitude, Concentration, Information Processing, Motivation, Selecting Main Ideas, Self-Testing, Study Aids, Test Strategies, and Time Management are related to the components of strategic learning: skill, will, and self-regulation. Students will receive reports of their individual performance for increased awareness, and to identify focused areas for self-improvement at their first meeting with their Academic Advisor (first meetings will be scheduled during orientation). The Academic Success Program website also encourages students to engage in other optional self-assessments.

The SOM’s Careers in Medicine program is designed to be used in tandem with the AAMC Careers in Medicine® (CiM) site, which provides general career advising information for medical students. Guidance and support for this program are provided by the Student Affairs Office and specialty mentors.

Mentors

2. Physician Mentors and Other Content Experts: One of the strengths of our school is the tremendous clinical and academic resources of our parent institutions. In the case of physician mentors, HMH currently has 6500 physicians in 160 locations throughout New Jersey. Over 200 participated in the planning committees for the SOM. Over 600 (“1st wave”) / 900 (“current wave”) have already applied for faculty appointments in the first phases of faculty recruitment. These physicians and their eagerness to participate and shape the future of medicine, will be used to the fullest extent possible and are an equally important component of informed decision making and apprenticeship professional identity formation support and guidance. An overview of the types and assignment of physician mentors is described in detail below.

a. Affinity Mentoring Program: (Required each student must identify or will be paired with at least one faculty member within the first 6 months of attendance (introductory events will be held during orientation and in August and September of year one. The office of student affairs will also have a directory of physicians wishing to be affinity mentors and the characteristics that they are passionate about and or the basis for pairing with a student. The intent of this type of mentorship is to support wellbeing, and general professional identify formation based on similar backgrounds, skills or interests (such as first generation physicians, ethnic, racial, socioeconomic, gender, sexuality, advocacy, future practice setting, hobbies, alumni, etc.). Mentors will work with a very limited number of students (1:1 ideal and not to exceed 1:5). It is recommended that mentor student pairs maintain at least informal monthly contact and in order for the student to be in compliance and faculty member to receive credit (CME?/ promotion/ rvu/ other?) they must submit a “Mentor Update” documentation every 6 months. Affinity mentors are also expected to help students arrange for additional services and experiences that they feel are helpful for the students development (attend a particular clinic, observe a procedure, try
an activity, attend an event) and are to update the advisor if they feel additional services or interventions are necessary for their student wellbeing or professional identify formation.

b. Research and Scholarly Activity Mentoring Program: This type of mentor is the only form of mentorship in the SOM programs that is optional. Physicians or other content experts (PhD, demonstrated research or scholarly activity expertise) will be paired based on a student’s interest in pursuing research, academic careers and or specialties requiring additional scholarly activity in order to be competitive candidates for GME positions. The pairing process for this type of mentor will be based on student interest in a particular research area or specialty. Once a mentee is assigned a research scholarly activity plan will be developed and incorporated into the student’s individualized learning plan. This research/ scholarly activity plan will detail the student’s project, frequency of meetings and other timeframes and goals for completion such as submitting an abstract by a certain date, presenting at a local, regional or national meeting, selecting and scheduling advanced clinical rotations or elective experiences, Phase 3 planning, etc. Plans that significantly alter a student’s overall ILP will require approval of the Associate Dean for Research and the student promotion and review committee.

c. Specialty Mentoring Program: The primary focus of this type of physician mentor is to assist our students in identifying, exploring and achieving their desired career goals/ path. These mentors are practicing physicians that have first- hand, in-depth/ current, knowledge of their specific field of medicine. Their primary responsibility is to help our students make the most informed career decisions. Each student will be paired with one or more Specialty Mentor(s) to assist them in making the best specialty choice for their particular career goals and interests. Students may opt to be paired with Specialty Mentor(s) at any point in Phase 1. All students will be required to work with at least one specialty mentor and will be assigned one if they have not selected one by the first quarter of Phase 2. Students electing to enter residency for their Phase 3 option will be connected with a Specialty Mentor no later than the second half of Phase 1.
Students may select Specialty members from their clinical experiences and rotations or be connected to physicians from virtually any specialty by their Academic Advisors. The office of Student Affairs and Wellbeing will have a directory of available physicians by specialty. Specialty Mentors can assist with exploring lifestyle and practice settings, as well as guidance on competitiveness and “goodness of fit”. Specialty mentors are expected to help with questions about lifestyle and compensation, and provide guidance on choosing rotations and clinical experiences to best explore areas of interest. They will assist students in; and how to best plan and prepare for the interview process, the National Residency Matching Program, as well as, considerations for early entry into residency training, specialty and subspecialty training options, combined training programs, away rotations and other topics related to planning for a career in a specific field of medicine. Specialty mentors are also expected to assist with academic or life challenges as needed. They are also expected to refer to the student’s advisor if they have concerns about wellbeing and or academic success for the provision of additional services and follow-up. Faculty mentors will be paired on a recommended 1:1 basis and will not exceed a ratio of 1:5. The recommended frequency of meetings or other informal contact is on a monthly basis and Mentors must complete the “Mentor Update” form/documentation at least every 6 months.

**Student Conference Funding Process:**

An announcement detailing the funding available and application process is made annually at the beginning of the academic year. Groups or individuals who know in advance that they will be attending a conference or sending a representative to a regional or national meeting should submit an application no later than the August 1 to be considered for funding prioritization. Applications are reviewed by the Office of Student Affairs and Wellbeing and MSA members according to the prioritization guidelines detailed below. Funding decisions are made by the end of September each year. If funding has not been exhausted after the September notifications, a second call for funding applications will be sent with a due date of early November. Applications for funding made after the travel has occurred will not be considered.

**Student Conference Travel Funding**

Medical students are encouraged to pursue various extracurricular opportunities and to present their research or represent the SOM at regional and national meetings. Any medical student in good standing may be eligible to apply for up to $350 in travel expenses to assist students.

Partnering with the Office of Student Affairs and Wellbeing, the Medical Student Association (MSA) has created an application and evaluation process for disbursement of available financial assistance for conference-related travel expenses.

**Student Conference Funding Process:**

An announcement detailing the funding available and application process is made annually at the beginning of the academic year. Groups or individuals who know in advance that they will be attending a conference or sending a representative to a regional or national meeting should submit an application no later than the August 1 to be considered for funding prioritization. Applications are reviewed by the Office of Student Affairs and Wellbeing and MSA members according to the prioritization guidelines detailed below. Funding decisions are made by the end of September each year. If funding has not been exhausted after the September notifications, a second call for funding applications will be sent with a due date of early November. Applications for funding made after the travel has occurred will not be considered.
Funding priority will be given to students as follows:

- Student attending a national conference as a representative of an organization active at the SOM.
  - Student attending a national conference of a national Student Interest Group (SIG), representing the SOM, who is or is pursuing a national leadership position in the SIG.
  - Student attending a national conference of a national SIG, representing the SOM on behalf of the SIG’s local chapter, and delivering an oral presentation at the conference.
  - Student attending a national conference of a national SIG and representing the SOM on behalf of the SIG’s local chapter.
- Individual students delivering an oral presentation at a professional organization’s conference.
- Individual students delivering a poster presentation at a professional organization’s conference.

Members of SIGs whose members have not received SOM travel funding in the academic year for a SIG-related conference will have priority over SIGs whose members have already received travel funding in the same academic year.

Students requesting funds under the priority status above are able to receive SOM travel funding only once during their tenure in the SOM medical student program.

If the date of the conference conflicts with required coursework or examinations, students should not expect to be excused from coursework. However, the faculty leadership is willing to consider requests for absences for acceptable, documented reasons and to allow modifications in the student’s schedule if possible. Such requests, however, must be made well in advance of the date of the absence.

More information is available on the Student Conference Travel website.

Student Conference Funding Application:
The web-based application requires that the following fields be completed:

- One paragraph response to each of two questions:
  - Why are you interested in going to this conference?
  - How will information learned at this conference be reported to the SOM community?
- Proof that funding has been sought from a national office, principal investigator (PI), departmental funding, or other source if applicable. This may be in the form of a signature from a PI or Departmental Chair. Additional sources of funding support may include the following:
  - National office of a Student Interest Group (SIG)
  - Departmental funding
  - PI of project
  - Local chapter of specialty
• Travel details and estimated cost.
• Clear details of the reimbursement process and timeline, i.e. receipts must be submitted 10 business days after the last day of the conference for prospective applications and 10 days after the application for retrospective applications.
• A stipulation that reimbursement is contingent upon submission of receipts and a written report that shares the participant’s experiences and conveys what was learned; the report will be posted to the MSA website.

Student Extracurricular Service Learning Funding Requests
The SOM has established a fund to help facilitate student participation in Service Learning. This information will be shared at the beginning of each academic year.

Reimbursement Requirements:
Reimbursement is contingent upon submission of receipts and a written report that shares the participant’s experiences and conveys what was learned; the report will be posted to the MSA website.

The written report is to serve as an in-depth overview and summary of what was achieved and/or learned at the conference, and should be written in a manner reflective of this. Students will benefit most from a full account of meetings and/or sessions attended and any knowledge garnered therein. Students should write about what was learned and how this knowledge will be applied to the current student experience. For example, what salient “take-away” points should be shared? A bulleted recap of sessions attended is not sufficient to fulfill this goal.

Receipts and required report must be turned in no later than 10 business days after the conference has ended (for prospectively approved applications) or application approval (for retrospectively approved applications) to be reimbursed.

Student Health Services

The Student Health Services center is located at the South Orange Campus and is open Monday through Friday, 8:45 a.m. to 4:45 p.m., and Saturdays from 8:30 a.m. to 12:30 p.m. The current staff includes:

The Health Services staff focuses on preventive care and the treatment of acute illnesses and injuries. While the center can handle most needs, students with more serious disorders requiring hospitalization, laboratory, diagnostics, or specialist care will be referred accordingly. The Health Services Center will offer most services, at no charge to all students including evaluation by a physician or nurse practitioner, some medication and treatment, and/or referral of illnesses or injuries. A summary of the services provided is available on the website. [https://www13.shu.edu/offices/health-services/](https://www13.shu.edu/offices/health-services/)

Health Services staff offer certain lab testing and immunizations with no out-of-pocket expense to the student.
Non-urgent health care will also be available at the Health campus. Hours and services, as well as a listing of Urgent Care Centers and resources near the Health Campus Physicians who are Hackensack Meridian Health faculty and who provide health care services to students will not be involved in the evaluation or promotion of any student for whom they have provided services. Students who require immediate medical attention outside the hours of the health center will be directed to local urgent and emergency care centers.

Health Insurance
As students are required to have health insurance through either SHU or equivalent coverage, they have a variety of options for health services both through SHU’s Student Health Services Center or numerous community-based provider options.
See http://www.shu.edu/health-services/insurance.cfm
Transitions Curriculum:
The Office of Student Affairs and Wellbeing will offer a series of group and one-on-one sessions to help students prepare for transitions in their medical training. These sessions will focus on areas such as:

- Adjusting to Medical School,
- Managing Competing Demands,
- A Day in the Life/Meet the Specialists introductory sessions with different specialty experts,
- The Clerkship Scheduling Process,
- Identifying and Working with a Specialty Mentor,
- Planning for Phase 3,
- Preparing Your CV,
- Interviewing Techniques,
- Budgeting and Planning for the Interview Season,
- Preparing For and Applying Through Electronic Residency Application System,
- The National Ranking and Match Program,
- Preparing for Duty Hours and Sleep Hygiene for Physicians, and
- Entry to Residency and Pre-Residency Boot Camps for all graduates.

As noted below, specific training and support will be provided to students whose Phase 3 selection is entry into residency after Phase 2.

Tutoring Services
Initially, tutoring options will be provided by the SHU Office of Student Affairs, utilizing staffing from the South Orange Campus as appropriate, as well as the individual module and course directors. Tutoring options by upper-class students will be available as the school matures.

Wellness Committee Programs
The Wellness Committee is comprised of students and faculty interested in promoting healthy behaviors, managing stress, and preventing burnout. Workshops and wellness activities on a variety of topics, including Practicing Mindfulness, Yoga, Massage, Team Building, Sleep Hygiene, Nutrition, and Integrating Feedback and Evaluation, will be offered. Information about these events and other wellness tips can be found in periodic email updates and on the SOM website.

Workshops
Workshops are routinely offered to all SOM students at the Health Campus by existing content experts from Seton Hall University and Hackensack Meridian Health in areas such as study skills, time management, test-taking strategies, identification and management of emotional and physical stress,
organizational skills, and adapting to the stress and demands of a rigorous medical school curriculum. Monthly calendars of events will be posted on the website and posted/displayed in common areas at the Health Campus. Email notifications will also be used to promote these events, and when possible, video recordings of the event will be posted in the learning management software for anytime access.

Opportunities to Contribute/Be Involved in Shaping the School

Admissions
Student participation in the admissions process is essential to recruiting the best candidates. Students who are interested in being part of the Admissions Committee should complete the form available through the SOM Admissions Office at the beginning of each academic year. The committee appointment extends throughout the student’s tenure in school as long as the student remains in good academic standing and can participate in at least 10 interviews per year.

Curriculum Committees
There are several ways to become involved in the decision-making process that will shape and improve the SOM: serve on one of the curriculum committees, course and program evaluations, provide feedback in mid-course focus groups, or provide feedback as an individual. There are curriculum committees for each phase of the curriculum comprised of course directors, students, education deans, teaching faculty, and professional staff. If you are interested in participating in one of these committees, please contact the Office of Student Affairs and Wellbeing to complete the appropriate form at the beginning of each academic year. Each Phase 1 class elects a Medical Education Committee (MEC) representative who will serve as the representative for that class for three to four years. If a class’ elected MEC representative graduates after the three-year Core Curriculum, a new election will take place to identify a new representative for that class. Student members of the MEC, Phase 1, and Phase 2 committees will each serve a four-year term, and will be encouraged to be active members of the committees. However, they will have a vote only in years two through four of their term. One alternate student member will also be elected by each class, and can attend MEC meetings with the voting member, but can vote only if the voting member is not able to attend the meeting.

Special Committees and Ad Hoc Committees
From time to time, the SOM will establish special or ad hoc committees to study a current, relatively-focused issue and to offer recommendations. Students will be informed by email when these special committees are being formed. Students interested in serving on this type of committee should complete the form attached to such announcements.

Medical Student Association (MSA)
The MSA is a student organization of elected representatives from the entire student body responsible for overseeing student activities. The MSA is considered the “umbrella” organization for student activities and organizations to which the Dean’s Office turns for student input on the learning
environment, and educational issues and concerns that arise throughout the year. MSA representatives are selected during the first year for each entering class. Some responsibilities of the MSA include nomination and election of student members for SOM committees, developing educational and community initiatives, the funding of student organizations, the planning of various social events, addressing student concerns, and the organization of tours for medical school applicants. Serving as an MSA class representative provides unique opportunities not only to interact with students from other classes but also with the Dean’s Cabinet and administrative directors. The amount of commitment that the MSA asks is minimal: one meeting per month and one lunch meeting per quarter with the deans.

Student Interest Groups and Organizations
There are several regional and national organizations in which all students are invited to serve. These include the AAMC’s Organization of Student Representatives (OSR), the American Medical Association – Medical Student Section (AMA- MSS), the Gold Humanism Honor Society, and associated state medical societies. Other organizations on which students may serve as representatives include the American Medical Women’s Association (AMWA), American Medical Student Association (AMSA), American Holistic Medical Student Association (AHMSA), Student National Medical Association (SNMA), and Physicians for Social Responsibility (PSR). For further information on student organizations, please talk to one of the MSA officers or representatives, or the Office of Student Affairs and Wellbeing.

Process for Establishing Student Interest Groups
Before a student group can be officially recognized and use campus facilities, members are required to apply for recognition as an officially sponsored student group. Students must complete a new organization application, including an outline of the structure of the organization with names of officers, bylaws, its purpose, and any affiliation with a national organization. Approval of new student groups is conducted by the MSA. Questions regarding the process should be directed to the Office of Student Affairs and Wellbeing.

NOTE: In addition to the above, any new student organization that wishes to provide volunteer services of any kind must complete the approval process provided on the SOM website.

Wellness Committee Programs
The Wellness Committee is comprised of students and faculty interested in promoting healthy behaviors, managing stress and preventing burnout. Workshops and wellness activities on a variety of topics will be offered, including Practicing Mindfulness, Yoga, Massage, Team Building, Sleep Hygiene, Nutrition, and Integrating Feedback and Evaluation. Information about these events and other wellness tips can be found in periodic email updates and the SOM website.

Health Care Professional Responsibility and Reporting Enhancement Act
The Health Care Professional Responsibility and Reporting Enhancement Act requires New Jersey health care entities licensed pursuant to P.L. 1971, c. 136, N.J.S.A. 26:2H-1 et seq. to report health care professionals licensed or certified by the New Jersey Division of Consumer Affairs or are certified by the Department of Health and Senior Services who are employed by, under contract to, render professional services to, or have clinical privileges granted by that health care entity, or who provide such services pursuant to an agreement with a health care services firm or staffing registry, to notify the New Jersey Division of Consumer Affairs, Health Care Professional Information Clearing House Coordinator
regarding the health care professional’s conduct relating to impairment, incompetence, or professional misconduct that relates to patient safety and whom the health care entity has taken action against.

A health care professional shall file a report with the Health Care Professional Information Clearing House Coordinator if that health care professional is in possession of information that reasonably indicates that another health care professional has demonstrated an impairment, gross incompetence, or unprofessional conduct that would present an imminent danger to an individual patient or to the public health, safety, or welfare of the patient.

http://www.njconsumeraffairs.gov/Pages/hcreporting.aspx

Our Curriculum

OVERVIEW OF THE CURRICULUM:

Our Educational Vision Drives the Curricular Structure

Our goal is to graduate physicians who are humanistic, socially responsible, collaborative members of the health care system, and who provide the highest quality patient-centered care to all people. Our graduates will be highly skilled in biomedical, behavioral, social, and population sciences. These goals drive all elements of curricular design.

Throughout the curriculum, there is no distinction between the basic science and clinical curriculum. Rather, basic science content will be presented in its clinical context with clear medical relevance. Students will learn within an integrated curriculum in a team-oriented, collaborative environment that mirrors the clinical world in which they will practice.

Central to the curriculum is a course called the Human Dimension. Through immersive and longitudinal experiences, students come to understand the role of community and context in health and wellbeing, as well as the role of the physician in all elements that contribute to promoting health and preventing disease.

Our educational program utilizes competency-based, standardized learning outcomes, with an opportunity for students to individualize their fourth year experience based on their own professional and developmental needs and goals.
Phase 1: The Fundamentals

The courses of Phase 1 (fundamentals) are:

The Human Dimension
Human Dimension- Phase 1: A three-year long course composed of two sequential elements (one in Phase 1 and one in Phase 2) the Human Dimension starts at the beginning of Phase 1. Beginning with an
immersive community-based experience, pairs of students will be matched to five families in the community and will pay specific attention to three domains of health: social, psychological, and medical.

Activities in this course include meeting with patients and families in various settings, meeting with a faculty mentor and peers, and participating in small- and large-group teaching sessions. A Capstone project at the end of Phase 2 develops out of student experiences in this course.

Core to the Mission and Vision of the SOM is the concept that all physicians need to understand the role that community and context play in health outcomes. This includes societal problems and social determinants of health. It is precisely because of the importance of these factors that we have developed this central and longitudinal element of the curriculum titled the Human Dimension. Students will be matched with groups of families and communities from the very beginning of the medical school curriculum. They will meet with, learn, and begin to understand their patients’ and families’ context and circumstance. They will participate in the patients’ interactions with the medical world, and will assist the patients in navigating the medical system.

Students will also talk with patients and screen them for social needs that are impacting their lives. Students will be trained in this screening, and will be given resources and access to information about resources so that they can help patients’ access services that may be available to them.

This experiential and service learning curriculum will be integrated with the content students learn in the Phase 1 and Phase 2 curricula. The Phase 1 curriculum will be structured using patient presentations that will serve as the framework for the content taught in each week. This integrated approach will emphasize the critical role that all these fields play in human health and disease.

In the Human Dimension curriculum, students will learn principles of public health and population health, as well as the social determinants of health. Examples of the societal problems that will be covered in the curriculum include housing lack/instability, lack of transportation, food access, immigration problems and lack of access to entitlement programs, and family-systems issues.

The Sciences/Skills/Reasoning courses will progress from foundational material to systems-based courses:

**Foundational Courses:**

7.1.2.1 Molecular & Cellular Principles:
An eight-week course that introduces students to fundamental concepts in genetics, molecular biology, genetics/epigenetics, immunology, pathology, and pharmacology.

7.1.2.2 Structural Principles:
An eight-week course that introduces students to fundamental concepts in anatomy, histology, and medical imaging.

**System Courses:**

**Immunity, Infection & Cancer:**
An 11-week course that builds upon the fundamental principles of the immune system that are presented in Molecular and Cellular Principles. The essential role of the immune system in
maintaining health as well as disease states resulting from its dysfunction is addressed. The focus on immunity provides a natural home for concepts in rheumatology and dermatology. Fundamental concepts in infectious disease and microbiology will also be included in this course, although many specific pathogens are addressed in other courses. The end of this course transitions into major concepts in neoplasia, spanning the implications of this suite of pathologies from the molecular to the social/systems levels. As is the case for pathogens, specific types of neoplasias are addressed in subsequent courses.

The Developing Human:
This eight-week course addresses growth and development from a cellular level to an organismal one, focusing on advanced concepts in genetics, and the reproductive, endocrine, and hematologic systems. The continuum of human development and its various stages are included in this course, incorporating concepts in pediatrics and geriatrics.

Homeostasis & Allostasis:
This 11-week course focuses on the structure and function of the cardiac, pulmonary, and renal systems in maintaining internal physiologic equilibrium in the body. The concept of allostasis, or the process of achieving homeostasis, is included in the course as recognition of the concept that internal physiology stability is achieved only through alteration in physiology in light of both predictable and unpredictable events (“stability through change”). The idea of allostasis is extended from the cellular and organ-system level up into the societal context of the patient.

Nutrition, Metabolism & Digestion:
This eight-week course focuses on the structures and processes required for metabolism, presented in the context of the digestive system. Biochemistry and normal and defective metabolic pathways (and the resulting disease states) are a major component of this course, building upon content from the Foundational Courses. Nutrition is a longitudinal curricular thread, but has a concentration within this course.

Neurosciences & Behavior:
This eight-week course addresses the structure and function of the central and peripheral nervous system, from the cellular to the societal level. In light of the emerging understanding of the biologic basis of psychiatric disease, neuroscience and psychiatry are presented in an integrated fashion.

Features of Foundational and System Courses:
- Formative assessment throughout the course with a summative assessment block at the end of each course
- Integration of content in the biomedical, behavioral, social, and population sciences
- Inclusion of appropriately timed training in clinical skills and clinical reasoning
- Student participation in longitudinal clinical placements to reinforce classroom training in clinical skills and clinical reasoning
Clinical Skills and Clinical Reasoning training will be integrated throughout the Phase 1 curriculum. It will include clinical skills workshops (physical examination, physical diagnosis, communication skills, etc.), Standardized Patient Sessions, Simulation (task-based and high-fidelity), longitudinal outpatient clinical placements, and other inpatient and outpatient clinical teaching.

The content taught in the Human Dimension and in the Foundational and Systems courses will be integrated with training in clinical skills and clinical reasoning. For example, in one week a student might be learning anatomy of the heart, cardiac physical examination, pathophysiology, and treatment of Cardiovascular Disease, and might develop a food map of their family’s neighborhood to identify the sufficiency of healthy food sources and safe exercise facilities.

Phase 1 Attendance Policy

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

The SOM may grant approved time off for specific reasons, including:
- Conferences, if the student is presenting, is an officer in an organization, or other situations by special permission
- Religious observances
- Jury Duty
- Medical appointments (although students are highly encouraged to plan their medical care around scheduled curricular activities whenever possible)

To be granted approved time off, students must complete a Time-Off Request Form, available from the SOM website. Requests for conferences and religious observances must be submitted at least eight weeks before the scheduled absence. Requests for jury duty and medical appointments must be submitted as soon as the student is aware of the activity.

Students are responsible, in consultation with the Course Director, for making up the content of any sessions that are missed, both excused and unexcused.

Students who either fail to report absences or have two unexcused absences in a single course or have three unexcused absences in Phase 1 must meet with the Assistant Dean of Student Affairs and Wellbeing to discuss the SOM’s expectations of attendance and punctuality, and to develop an action plan as appropriate.

If a student has four to five unexcused absences in Phase 1, he/she may lose his/her lottery position for selection of clerkship rotations. If a student has six or more absences in Phase 1, the matter is brought to the Student Performance Review Committee.

Phase 1 Grading and Assessment

In Phase 1, curricular objectives are assessed through multiple methods, both formative and summative. All assessments are linked to the SOM’s Educational Program Objectives, competencies, milestones, and
EPAs, as well as to course-specific learning objectives. Whenever the teacher-learner interaction permits, students will be provided with narrative assessment of his/her performance (see Narrative Assessment Policy).

**Formative Assessment:**
- Formative MCQs (all Phase 1 courses except Human Dimension, weekly)
- Formative short essays (all Phase 1 courses except Human Dimension, every two to three weeks)
- Formative Laboratory Practical (structural principles only)
- PBL facilitator formative assessment (verbal and written, frequency varies by course)
- TBL peer formative assessment (all Phase 1 courses except Human Dimension, one per course)
- Large-group sessions - Audience Response System (all Phase 1 courses except Human Dimension, frequency varies by course)
- Clinical skills small-group facilitator formative assessment (all Phase 1 courses except Human Dimension, frequency varies)
- Clinical skills small-group peer assessment (all Phase 1 courses except Human Dimension, frequency varies)
- Clinical skills - Formative OSCE/Simulation/SP assessment (All Phase 1 courses except Human Dimension, at least once per course)
- Clinical Placement preceptor formative assessment verbal and written, all organ-System/Discipline-Based courses, frequency varies by course)
- Human Dimension formative case study presentation/write-up (one out of three in Human Dimension-Phase 1 is entirely formative)
- Human Dimension mentor formative assessment verbal and written (frequency varies by course)
- NBME Customized Exams

**Summative Assessment:**
- End of course NBME-style MCQ exam (all Phase 1 courses except Human Dimension)
- End of course short-essay exam (all Phase 1 courses except Human Dimension)
- End of course laboratory practical exam
- PBL facilitator summative assessment (during Structural Principles, The Developing Human, Neurosciences & Behavior courses)
- TBL peer summative assessment (all Phase 1 courses except Human Dimension)
- TBL IRAT/GRAT scores (all Phase 1 courses except Human Dimension)Clinical skills - Summative OSCE assessment (during Structural Principles, Homeostasis & Allostasis, Neurosciences & Behavior)
- Clinical Placement - preceptor summative assessment (during The Developing Human, Nutrition, Metabolism & Digestion)
- Human Dimension - Phase 1 – Two case study presentations/write-ups summative assessments (end of Human Dimension - Phase 1)
- Human Dimension - Phase 1 mentor summative assessment (end of Human Dimension - Phase 1)
- Block OSCEs - Two block OSCEs. These will be high-stakes examinations during which students will be required to demonstrate minimum competence to move forward in the curriculum (end of Year 1 and end of Phase 1)

Grading:
Each of the summative components of the final course grade are evaluated using a specific rubric. Grades of “Meets Expectations,” “Meets Expectations with Recommendations,” or “Does Not Meet Expectations” are assigned for each component of the final course grade. Students must either “Meet Expectations” or “Meet Expectations with Recommendations” in all summative components to receive a grade of “pass” for the course. The final grade for each course in Phase 1 is either “pass” or “fail.”

Phase 1 Scheduled Time Policy
During the Phase 1 curriculum, students will be actively learning large amounts of material, and will spend the majority of class time applying and using that information. This will require students to perform preparatory work before they come to class, so that they are ready to participate in in-class activities. Preparatory work will be assigned by the faculty leading the TBL and large-group sessions, and will be generally self-directed in the case of PBL sessions.

- Students will have no fewer than three, and no more than four half days of unscheduled time during each week of Phase 1 of the curriculum.
- The maximum amount of scheduled activity cannot exceed 24 hours per week (average number of hours per week for a course).
- A maximum of 16 hours per week can be assigned as independent learning (either as pre-work or follow-up work; average number of hours per week for a course)

The course co-directors will monitor, and modify if necessary, so that the content and work for each week is in compliance with this policy.

Course directors or faculty members who would like to schedule required activities during otherwise unscheduled time must present a proposal to the Phase 1 Curriculum Subcommittee for approval. The request will be judged on the basis of the educational value of the proposed activity.

Compliance with this policy is monitored by the Associate Dean of Medical Education.

Students will be asked on their standardized end-of-course evaluations if there was sufficient time to complete their preparatory work, and if this policy was followed. Results of those evaluations will be distributed according to the SOM’s evaluation and assessment plan, including to the Phase 1 Curriculum Subcommittee and the MEC.

Phase 2 IMMERSION
Components of Phase 2 (Immersion):

1. Required Clinical Clerkships
   a. Transitional Clerkship (four weeks)
   b. Internal Medicine (eight weeks)
   c. Surgery (eight weeks)
   d. Family Medicine (eight weeks)
   e. Pediatrics-Obstetrics/Gynecology (12 weeks)
   f. Psychiatry-Neurology/Physical Medicine and Rehabilitation (12 weeks)
   g. Emergency Medicine incorporated into Surgery, Internal Medicine, Family Medicine, and Pediatrics.

2. Ten weeks for USMLE Step 1 and Step 2 preparation and vacation

3. Required Sub-Internship (four weeks)

4. Required Critical Care Selective (two weeks)

5. Eight weeks of electives

6. Human Dimension - Phase 2

Phase 2 Attendance Policy
In the case of an emergent health care need or unanticipated emergency involving immediate family members, absences will be excused. If possible, the absence should be reported via email to the Office of Student Affairs and Wellbeing, the Clerkship Director, and the Site Director/primary preceptor in advance of the start of the scheduled activity. In addition, the student is responsible for notifying his/her team or supervisor.

The SOM may grant approved time off for specific reasons, including:
- Conferences, if the student is presenting, is an officer in an organization, or other situations by special permission
• Religious observances
• Jury Duty
• Medical appointments (although students are highly encouraged to plan their medical care around scheduled curricular activities whenever possible)
• Residency Interviews

To be granted approved time off, students must complete a Time Off Request Form, available from the SOM website. Requests for conferences and religious observances must be submitted at least eight weeks before the scheduled absence. Requests for jury duty and medical appointments must be submitted as soon as the student is aware of the activity.

Students who either fail to report absences or have two unexcused absences in a single clerkship or have three unexcused absences in Phase 2 must meet with the Assistant Dean of Student Affairs and Wellbeing to discuss the SOM’s expectations of attendance and punctuality, and to develop an action plan as appropriate.

If a student has four or more unexcused absences in Phase 2, the matter is brought to the Student Performance Review Committee.

Phase 2 Grading and Assessment
The overarching philosophy of the SOM is a program of competency-based assessment for learning. Students will receive frequent, high-quality feedback that will help guide their individual learning, progressive development, and achievement of milestones, competencies, and Entrustable Professional Activities (EPAs). Students will also receive robust feedback data on their progression toward achievement on nationally required examinations.

The student assessment program at the SOM is designed to meet the following goals:
• Provide ongoing feedback to students about their learning
• Promote and foster the Mission of the SOM
• Determine that students have attained by graduation the knowledge, skills, and attitudes at a level of mastery necessary to provide high-quality patient care
• Advance students toward achievement of the milestones, competencies, and EPAs of the SOM
• Prepare students to excel on USMLE licensing exams

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

Formative Assessment:
• Mid-Clerkship Review: During all clerkships and sub-internships in Phase 2, students will receive formal feedback at the midpoint of the rotation. All clinical preceptor feedback will
be delivered utilizing competency-based assessment tools and narrative comments, and will be compared to a student’s self-assessment of his/her performance. All required clerkships and sub-Internships will utilize the same mid-clerkship review form and structure. This will include:

- Student self-assessment
- Clinical Feedback and Evaluation Tool - the same evaluation tool that will be used for end-of-clerkship clinical evaluation
- Narrative comments on strengths and areas for improvement
- Review of required clinical experiences and student level of involvement
- Students will meet with their primary preceptor or site director to review their mid-clerkship feedback, discuss the student’s goals for the rotation set at the beginning of the rotation with any modifications, as well as develop an action plan for the rest of the rotation (e.g., how to address areas that need improvement, how to obtain deficient required clinical experiences)
- The Clerkship/Sub-Internship Director will then review all students’ mid-clerkship review forms

- Real-time Feedback in the Clinical Setting: In addition to formal mid-clerkship review feedback, students will receive robust real-time feedback in their clinical settings. This will be promoted and prioritized through focused faculty, resident, and student development centered around the use of the One Minute Learner – a tool that promotes and structures a proactive conversation between a learner and teacher in the clinical setting discussing roles, expectations, and feedback.

Additional faculty and resident development will be focused on specific clinical settings and specific educational needs (e.g., the challenging learner, bedside teaching).

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

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

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

Summative Assessment:
- End-of-clerkship NBME subject examination when available
- OSCE including Standardized Patients for all clerkships; high-fidelity and task simulators as appropriate
Clinical Feedback and Evaluation Tool -- the same evaluation tool that was used during the mid-clerkship review

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

Clerkship and Sub-Internship Grading:

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

Additionally, to pass students must:

1. Have an overall clinical evaluation or professionalism score above the minimum competency level [for clerkships and sub-internships].

2. Have a shelf exam score above the fifth percentile equated percent score for the first quartile of the academic year of the most recent year’s data available at the start of the clerkship year [for clerkships].

Phase 2 Duty Hours Policy

The Seton Hall-Hackensack Meridian SOM adopts the duty hour regulations followed by the Graduate Medical Education programs sponsored by Hackensack Meridian Health. These regulations comply with the Accreditation Council of Graduate Medical Education (ACGME) 2011 Duty Hour Standards.

- Duty hours are limited to a maximum of 80 hours per week, averaged over a four-week period;
- Students must be scheduled a minimum of one day free of duty every week (when averaged over two weeks);
- Students must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty;
- Up to a three-hour transition period is allowed following a 24-hour on-call assignment. The transition period is not intended for the assignment of new patient care activities, but it can be used to complete assignments, transition patient care and for rounds/Grand Rounds.

In unusual circumstances, students, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.

Under those circumstances, the student must:

- Appropriately hand over the care of all other patients to the team responsible for the patient's continuing care; and
- Inform the Clerkship Director, who should determine the appropriate time for the student to return to the hospital.

- Students should have 10 hours, and must have eight hours, free of duty between scheduled duty periods;
- Students must have at least one 24-hour period of non-working time provided for each week. Non-working time is defined as time away from training or any patient care activities;
- Students must not be scheduled for in-house call more frequently than every fourth night;
- Students are expected to record their hours;
- Compliance with this policy is monitored by the Associate Dean of Medical Education.

**Procedures for Addressing Violations:**

Duty hour violations can be reported at any time to the Associate Dean of Medical Education. In the event of a duty hour violation, the Associate Dean of Medical Education, or his/her designee, will investigate the circumstances of the violation to determine if the violation represents a systemic problem or a situation unique to the student. If the investigation reveals a problem in the system, the Associate Dean of Medical Education will make changes in the system to rectify the problem. If the investigation reveals a situation unique to the student, the Associate Dean of Medical Education will discuss the situation with the student and his/her supervisors, and counsel them, as necessary, to prevent further violations.
Phase 3 is a customized phase that starts after the three-year Core Curriculum. Phase 3 goals are general, as it is by design an individualized program, the goals unique to each student. Specifically, the goals of Phase 3 are to maximize the student’s capacity to personalize his/her ability to carry out the Mission and goals of the SOM at the individual level:

- Act on the understanding that context, community, and behavior drive wellbeing
- Model reverence for the human condition, empathy toward suffering, excellence in medical care, and humility in service
- Serve and learn from underrepresented members of the community
- Demonstrate a form of lifelong learning
- Work with an interprofessional team

To achieve these goals, Phase 3 options include dual degrees/certificates, focused experience programs, research-intensive concentrations, and entry into residency programs. Master’s and certificate programs are housed in schools and colleges at SHU, as well as the Stevens Institute of Technology, and are responsible for defining degree requirements, course content, learning objectives, and assessment methods. All programs are designed to be completed in one year. Focused experience, be it in community, global, or clinical setting, will require students to work closely with clinical advisors to identify the nature of the experience aspired to, and to define the curricular content necessary to achieve the goal. Similarly, as outlined in Standard 3.2(a), research-intensive concentrations will require students to develop objectives for their scholarly investigations in partnership with research mentors who will work with students to design curricular content appropriate to their goals and interests. Entry into residency after Phase 2 will enable students to immediately engage in their lifelong career pursuit.

All students will be required to successfully complete all elements of their Individualized Learning Program to graduate from the SOM.

Students who choose to enter residency for their Phase 3 will only be able to enter residency programs within the Hackensack Meridian Health Network. This will be an option for students going into any field for which there is a residency within the HMH Network.

Students who do not graduate after three years will be required to have as part of their Individualized Learning Program:

1. A longitudinal clinical experience
2. A pre-internship Bootcamp Selective

Phase 3 Dual Degrees/Certificates Options as of 4/18

Seton Hall University:

School of Health and Medical Sciences
- Graduate Certificate in Healthcare Administration
- Graduate Certificate in Global Health Management
- Graduate Certificate in Population Health
- Graduate Certificate in Practice Management
Immaculate Conception Seminary and School of Theology
- Graduate Certificate in Christian Spirituality

School of Diplomacy
- Executive Master’s degree in International Affairs with focus on Global Health and Human Security or Post-Conflict State Reconstruction and Sustainability

Stillman School of Business
- Master’s in Business Administration

College of Arts and Sciences
- Graduate Certificate in Jewish-Christian Studies
- Master’s degree in Microbiology; Neurosciences; or Biochemistry

School of Law
- Graduate Certificate in Health & Hospital Law
- Graduate Certificate in Pharmaceutical & Medical Device Law and Compliance
- Graduate Certificate in Intellectual Property Law

Stevens Institute of Technology
- Master’s in Bioengineering

HMH Residency Program Options as of 04/18

Hackensack University Medical Center
- Emergency Medicine,
- Internal Medicine,
- Urology,
- Pediatrics
- Anesthesia,
- Obstetrics and Gynecology,
- Surgery (ACGME accreditation pending)

Jersey Shore University Medical Center
- Internal Medicine,
- Obstetrics and Gynecology,
Mountainside Hospital
  - Internal Medicine,
  - Family Medicine

Palisades Medical Center
  - Internal Medicine,
  - Family Medicine,
  - Surgery (ACGME accredited)
  - Dermatology (AOA accredited, ACGME accreditation pending)

Ocean Medical Center
  - Family Medicine,
  - Psychiatry
  - Internal Medicine (ACGME accreditation pending)

Raritan Bay Medical Center
  - Internal Medicine

JFK Medical Center
  - Family Medicine,
  - Physical Medicine and Rehabilitation,
  - Neurology

Early Entry into Residency (EER)

Timeline for Class Graduating in 2021
  - September 2019 – Town Hall meeting with class explaining details of EER.
  - December 15 – February 17, 2020 – Application period
  - March 2020 – Interviews and selection of EER students
  - April, 2020 – Students notified of EER decision
  - September 2020 – Second EER application window for open positions
We anticipate that the continuum of medical education is changing and additional opportunities for early entry into GME programs nationwide will occur in the future. At this time, students in the EER program at the Seton Hall-Hackensack Meridian School of Medicine must apply to a Hackensack Meridian Health or SH-HMH SOM sponsored program.

Program directors and chairs will determine how many positions in a program will be available to the EER students; all programs will make at least one position available. A list of available programs with number of available positions will be available to the students prior to the opening of the application process.

Students will participate in the National Residency Matching Program (NRMP) and would be guaranteed a match in the HMH or SH-HMH SOM program if they ranked this program first. This process will be cleared with NRMP.

Students considering EER will have the ability to submit a specialty preference in the clerkship (Phase 2) lottery such that their EER specialty would occur early in their Phase 2 schedule.

In September 2020, there will be a second EER window to apply for an HMH or SH-HMH SOM residency. Students will be supplied with a list of residency positions that remain available to our students. All eligibility criteria (in terms of academic performance) will apply to this second window.

Students would be allowed to voluntarily withdraw from the program or switch to another residency with open positions before December 2020. If they switch, they would re-apply and interview with the new specialty/department/location.

**To apply to EER, students must:**

Pass all Phase I courses without remediation.

* Submit an application letter which specifies what specialty at which specific location they are applying for and an essay which details why they are choosing this specialty, why they think it is a good fit for them and any credentials they have that have led them to this specialty (e.g., research, clinical experiences).

* Students will interview with their student advisor (who will review with EER director) as well as the program director and clinical chair of the department that they are applying to.

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

**To remain in the EER program, students must:**
* Maintain the highest standards of professionalism.

* Demonstrate exemplary performance in all Phase 2 courses. Simply passing Phase 2 courses would not be considered “exemplary”.

All shelf exams must be passed.

* USMLE Step 1 must be passed prior to the submission of the match list and Steps 2CK and 2CS must have been taken by the end of the 3rd year or the student must stay for the 4th year.

An EER Committee (make-up TBD) will make recommendations to the Dean about whether the EER students’ performance meets the criteria to stay in the program. A process for appealing these decisions will be developed.

There will be a section of the SOM website devoted to the EER program which will contain a section on available programs, number of positions, a description of the programs and content information for the program director. It will also contain information about EER eligibility, application process and requirements.

Phase 3 Duty Hours Policy

The Seton Hall-Hackensack Meridian SOM adopts the duty hour regulations followed by the Graduate Medical Education programs sponsored by Hackensack Meridian Health. These regulations comply with the Accreditation Council of Graduate Medical Education (ACGME) 2011 Duty Hour Standards.

- Duty hours are limited to a maximum of 80 hours per week, averaged over a four-week period;
- Students must be scheduled a minimum of one day free of duty every week (when averaged over two weeks);
- Students must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty;
- Up to a three-hour transition period is allowed following a 24-hour on-call assignment. The transition period is not intended for the assignment of new patient care activities, but it can be used to complete assignments, transition patient care, and for rounds/Grand Rounds.

In unusual circumstances, students, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.

Under those circumstances, the student must:

- Appropriately hand over the care of all other patients to the team responsible for the patient's continuing care; and
- Inform the Clerkship Director, who should determine the appropriate time for the student to return to the hospital.

- Students should have 10 hours, and must have eight hours, free of duty between scheduled duty periods;
o Students must have at least one 24-hour period of non-working time provided for each week. Non-working time is defined as time away from training or any patient care activities;
o Students must not be scheduled for in-house call more frequently than every fourth night;
o Students are expected to record their hours;
o Compliance with this policy is monitored by the Associate Dean of Medical Education.

Procedures for Addressing Violations:

Duty hour violations can be reported at any time to the Associate Dean of Medical Education. In the event of a duty hour violation, the Associate Dean of Medical Education, or his/her designee, will investigate the circumstances of the violation to determine if the violation represents a systemic problem or a situation unique to the student. If the investigation reveals a problem in the system, the Associate Dean of Medical Education will make changes in the system to rectify the problem. If the investigation reveals a situation unique to the student, the Associate Dean of Medical Education will discuss the situation with the student and his/her supervisors, and counsel them, as necessary, to prevent further violations.

The Student Performance Review Committee (SPRC)

The Student Performance Review Committee (SPRC) is charged with reviewing and discussing the academic standing of all enrolled students, including addressing deficits in academic performance and allegations of student breaches in professional behavior at the Seton Hall-Hackensack Meridian School of Medicine.

The SPRC also makes recommendations to the Dean regarding a course of action for students who do not meet expectations in any aspect of the SOM curriculum, including allegations of student breaches in professional behavior.

The SPRC shall meet at least four times per year (quarterly), including after the completion of each course/clerkship and high-stakes examination, and more frequently as needed to fulfill its responsibilities. When needed, the committee shall make recommendations to the Dean regarding a course of action such as academic probation, psychological or other testing, leave of absence or dismissal from the SOM.

The SPRC will have 15 members. The voting members shall include eight faculty members elected from the faculty-at-large according to the rules of the Nominations and Elections Committee, and five faculty members appointed by the Dean. The Assistant Dean of Student Affairs and Wellbeing and the Associate Dean of Medical Education are ex-officio, non-voting members of the SPRC. All elected and appointed members serve three-year renewable terms. The SPRC is chaired by a committee member elected by the committee, and serves a three-year term. The committee will elect a chair one year before the end of the current chair’s term. Chairs can run for future terms.

The Student Professionalism Subcommittee

The Student Professionalism Subcommittee (SPS) is composed of 11 members: five faculty appointed by the Dean, one J.D./Ph.D./M.D. ethics expert, two basic science faculty, three psychiatrists, four Internal Medicine/Pediatrics/Family Medicine faculty members, and five other public health or medical
professionals; three faculty elected by the Faculty Assembly; and three student members (one from first-, second-, and third-year classes). The chair is elected by the members of the committee, and serves a three-year term. The committee will elect a chair one year before the end of the current chair’s term. Chairs can run for future terms.

The SPS is charged with evaluating and addressing student breaches of professionalism. The committee will prioritize student breaches as minor, moderate, or major, and recommend actions related to the breach. Prioritization is conducted by a subgroup of the SPS called the Rapid Response Team (RRT), which is comprised of the five members of the subcommittee appointed by the Dean (J.D./Ph.D. ethics expert, basic science Ph.D., psychiatrist, pediatrician, public health professional). Procedures of the SPS are described below.

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

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

Criteria for advancement will include adherence to the Student Code of Conduct and Statement on Professionalism. Students must also pass all required courses, clerkships, advanced clinical rotations, and high-stakes examinations in each curricular Phase/component to advance to the next Phase/component.

Procedure for Academic Remediation
If a student fails a course, clerkship or ACR, remediation is required. Remediation cannot occur while a student is actively participating in another course/clerkship.

If a student fails a Phase 1 course and successfully remediates it, the grade on his/her transcript will change from “Fail” to “Pass.”

If a student fails a Phase 2 clerkship, the failing grade and the remediated grade will appear on the student’s transcript. If a student fails only a single clerkship, and the failure was caused solely by a failing shelf examination grade, only the remediated grade will appear on the student’s transcript. If a student fails a clerkship for any reason other than a failing shelf examination grade, or subsequently fails an additional clerkship for any reason, all grades (initial and remediated) will appear on the student’s transcript.

Students have two opportunities to remediate a course, clerkship, or Advanced Clinical Rotation. Failure to remediate a course, clerkship, or Advanced Clinical Rotation after two remediation attempts is grounds for dismissal from the SOM.
The Student Performance Review Committee (SPRC) will determine if the student can successfully remediate within his/her existing curricular schedule, or if the student’s curricular schedule needs to be modified. This determination will be made at a minimum at the following academic checkpoints:

- After conclusion of two fundamentals courses of S/S/R
- Advancement from the end of the first academic year to the second academic year (both within Phase 1)
- Advancement from Phase 1 to Phase 2
- Advancement from clerkships to Advanced Clinical Rotations
- Advancement from Phase 2 to Phase 3

The SPRC does not determine whether a student passes or fails any curricular element; that is determined according to a scoring rubric applied by the relevant faculty member. The SPRC reviews recommendations from the relevant faculty member(s) regarding remediation for students not meeting expectations, and ultimately makes the final remediation and/or action plan.

In Phase 1, if a student fails remediation or fails more than two courses (even if the initial failure(s) were successfully remediated), the student will be required to repeat the entire academic year.

The student is provided, in writing, the decision of the SPRC within 10 days of its being convened.

**Procedures for Evaluation and Remediation of Student Professionalism Standards**

Any breach in professional behavior as defined in the SOM’s Student Code of Conduct or Standards of Professionalism may result in disciplinary action against the student. Students are held to the standards of altruism, accountability and responsibility, excellence, duty, honesty and integrity, and respect for others at all times. The following procedural guidelines apply for any faculty member, student, or other individual who believes that a student has acted unprofessionally by, for example, cheating on an examination; plagiarizing someone else’s work; falsifying data; abdicating ethical responsibility; behaving abusively toward another student, preceptor, faculty/staff member, or patient; or irresponsibly communicating verbally or in writing, including in emails, social networking sites, or other web-based forums. The above is not an exhaustive list, but rather illustrative examples of unprofessional behavior.

Allegations of student breaches in professional behavior can be reported through EthicsPoint or submitted directly to the SPS. The EthicsPoint reporting system is accessible 24 hours a day, seven days a week and can be accessed via phone or internet. EthicsPoint reports related to breaches in student professionalism standards will be forwarded to the Rapid Response Team. The members of the RRT will independently rank the alleged breach as minor, moderate, or major. As described in the Role and Procedures for the SPS, breaches ranked as minor or moderate will be addressed internally by the RRT. Major breaches will be referred to the full Student Professionalism Subcommittee.

The full SPS will address major and/or repeated moderate breaches in student professionalism, and will provide recommendations for action to the SPRC.

The SPRC reviews information from the SPS, and can speak with the student and other individuals involved as needed. The SPRC will then make a final decision regarding remediation and/or action plan.

The SPRC notifies the student, in writing, of its decision within 10 days of its being convened. Adjudication could result in dismissal of the allegation, a formal reprimand, failure in a course or clinical
experience with subsequent required remediation, suspension, or expulsion from the School of Medicine.

If remediation is not successful (defined as a repeated allegation of breach in professional behavior), the matter is again brought to the SPS, and may be brought to the SPRC, with the same outcome options described above. If this second allegation is not dismissed, then noting of the first and the second breach appears in the student's permanent record.

Procedures for Appeal of SPRC Actions

A student has the right to appeal any decision of the SPRC. All appeals must be submitted to the Dean by the student in writing and within 10 days of receiving the SPRC's decision. The Dean may elect to:

1. take no action, allowing the SPRC's report and penalty imposed to stand;
2. refer the appeal to the SPRC for reconsideration;
3. modify the penalties and/or decisions of the SPRC; or
4. empanel an ad hoc appeals committee of three to five faculty members of the SOM who have no role in the assessment of the performance of the student to examine the issue and/or decision, and advise the Dean on possible action.

If the Dean elects to empanel an ad hoc appeals committee, the student must submit to the committee a written statement delineating an argument supporting his or her appeal. The ad hoc appeals committee shall have the authority to investigate the matter fully and to request material from the student, the faculty/staff member involved, and the SPRC. In all cases, the ad hoc appeals committee's recommendation will be given to the Dean, who will make the final decision of action. The Dean's decision in all such matters is final.

At any time that a student appears in front of the SPRC, the student may have an adviser of his/her choice from within the faculty of the SOM present, but that adviser may not address the committee.

Next Steps: Residency Applications, Recommendation Letters, and Other Credentials

Electronic Residency Application Service (ERAS)
NOTE: Most specialties and the military use the Electronic Residency Application Service (ERAS)

https://students-residents.aamc.org/attending-medical-school/how-apply-residency-positions/applying-residencies-eras/

Ophthalmology and Plastic Surgery use the San Francisco Match. The San Francisco Match’s Central Application Service (CAS) distributes complete applications to programs electronically. The use of CAS is mandatory for both programs and applicants.

In general, students need to provide the following information and credentials as part of the residency application process:
Curriculum Vitae (CV):
Many students develop a curriculum vita or resume whether or not it is requested by the residency program. It is a good exercise for organizing basic information, educational background, and major accomplishments.

Personal Statement:
This document conveys the student’s passion and commitment for the discipline, and may also identify what he/she seeks in a residency program. Make sure this is your statement and not copied from a commercial preparation site.

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

Medical Student Performance Evaluation (MSPE):
The preparation of this document is overseen by the Office of Medical Education. It provides an overall assessment of medical school performance, including quotations from evaluations, including ICM, required clerkships, and clinical electives for which evaluations have been received before the Office of Student Affairs and Wellbeing MSPE completion deadline. It also includes information on the status of completion of the OSCE and USMLE graduation requirements, and highlights of activities and contributions to the school or community.

Official SOM Transcript:
The transcripts for residency application will include all grades received through the end of June.

USMLE Transcript:
Residency programs require an official transcript of performance from the National Board of Medical Examiners (NBME) on USMLE Step 1, Step 2-CK, and Step 2-CS. The request to the NBME is managed by the student through ERAS.

Interview:
All programs require an interview. This is the student’s opportunity to learn more about the residency program, the environment of the training site, and the city or town in which the program is located. It also provides an important opportunity for the residency program director, current residents, and staff to see if the student is a good fit for their program.

Overview of Residency Training
The various types of residencies are diagrammed in the figure below. The length of each bar is the period of years of training required for certification by the various specialty boards. These are unofficial assignments derived from published materials and are offered only for information. Students should consult the current AMA Directory for the official requirements.

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

Note: In addition to the above, there are a number of combined specialty programs that begin in the first year. Examples of these are medicine/pediatrics, medicine/psychiatry, pediatrics/psychiatry/child psychiatry, psychiatry/family practice. Others can be found in the AMA directory of approved residency programs.

Search for residencies and fellowships from more than 10,000 programs with FREIDA Online®, the AMA Residency and Fellowship Database™.


Any questions related to residency selection and the application process should be directed to the Office of Student Affairs and Wellbeing.
Licensure and Specialty Board Certification
To practice medicine, physicians must be licensed by the state(s) in which they see patients. While most states require very similar information, some have more stringent requirements regarding curricular credits in certain areas, acceptable levels of scores on licensing examinations, and reports on personal and professional conduct. All states require successful completion of all parts of the licensure examination and at least one year of postgraduate (residency) training.

The SOM’s academic program is structured to provide an education that meets faculty's expected standards for the attainment of the Doctor of Medicine degree from this institution. The SOM is a Liaison Committee on Medical Education-accredited institution. Its graduates in general do not have difficulty meeting state licensure curricular requirements. Questions about state licensing requirements or procedures should be directed to the licensing board of the state in which there is an interest in practicing.

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

Matching Services
The National Resident Matching Program® (NRMP®)
The Match® is a private, non-profit organization established in 1952 at the request of medical students to provide an orderly and fair mechanism for matching the preferences of applicants for U.S. residency positions with the preferences of residency program directors. In addition to the annual Main Residency Match® that encompasses more than 42,000 applicants and 30,000 positions, the NRMP conducts Fellowship Matches for more than 60 subspecialties through its Specialties Matching Service® (SMS®).

To match health care professionals to graduate medical education and advanced training programs through a process that is fair, efficient, transparent, and reliable. To provide meaningful and accessible Match data and analysis to stakeholders.

NRMP Matches use a computerized mathematical algorithm to align the preferences of applicants with the preferences of program directors to produce the best possible outcome for filling training positions available at U.S. teaching hospitals.

http://www.nrmp.org/

The American Urological Association (AUA)
The AUA has overseen the Urology Residency Match Program (a.k.a. Urology Match) for residency positions. Annually, the Urology Residency Match consists of approximately 350 highly-competitive applicants that apply for nearly 235 positions that are virtually filled. During the last 10 years, the AUA has expanded its services to fellowship matches, including pediatrics, urologic oncology, andrology, endourology, and male reconstruction.
The information provided on the Urology Residency Match process will assist candidates with this critical step in their urologic education and future career.

http://www.auanet.org/education/urology-and-specialty-matches.cfm

The San Francisco Match
Ophthalmology and Plastic Surgery use the San Francisco Match.

https://www.sfmatch.org/
# Course Catalog

## Phase 1 Courses

<table>
<thead>
<tr>
<th>Subject</th>
<th>Course Number</th>
<th>Title</th>
<th>Credits</th>
<th>Schedule Type</th>
<th>Department</th>
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<tr>
<td>MDHC</td>
<td>7100</td>
<td>Human Dimension I</td>
<td>4</td>
<td>LLF</td>
<td>MSCI</td>
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<td>MDSR</td>
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<td>MDSR</td>
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<td>MDSR</td>
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<td>Neurosciences - Behavior</td>
<td>8</td>
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### Subject Code Definitions

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<thead>
<tr>
<th>Subject</th>
<th>Description</th>
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<tr>
<td>MDHC</td>
<td>Human Dimension - Clinical Skills</td>
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<tr>
<td>MDSR</td>
<td>Sciences, Skills, Reasoning</td>
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### Schedule Type Definitions

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<th>Description</th>
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<tr>
<td>LLB</td>
<td>Combined Lecture and Lab</td>
</tr>
<tr>
<td>LLF</td>
<td>Lecture, Lab and Field</td>
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### Department Definitions

<table>
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<th>Department</th>
<th>Description</th>
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<tbody>
<tr>
<td>MSCI</td>
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