



Weill Cornell Medicine

Graduate School of Medical Sciences

A partnership with the Sloan Kettering Institute

Master of Science in Health Sciences for Physician Assistants

STUDENT HANDBOOK

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ADMINISTRATIVE OFFICES / TELEPHONE NUMBERS

**Weill Cornell Medicine
Master of Science in Health Sciences for Physician Assistants
Physician Assistant Program**

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STUDENT HANDBOOK

All information contained in this Student Handbook is subject to change. The Weill Cornell Graduate School of Medical Sciences Master of Science in Health Sciences for Physician Assistants Program staff is here to assist any student with further clarification and/or questions regarding Weill Cornell and/or the MSHS PA Program. Although every effort has been made to insure the accuracy of the information presented herein, the PA Program is not responsible for typographical errors. Students will be notified in writing of any errors as soon as they are discovered.

PREFACE

This edition of the Student Handbook is intended to provide general guidance to students regarding the organization and policies of the University, the Medical College, the Graduate School and the MSHS PA Program. Although a good faith attempt has been made to provide accurate information, this Handbook does not constitute a complete or legally binding statement of rights and responsibilities. Policies and procedures are subject to change as well as instructor assignments and curriculum. When circumstances require assurance of completeness or validity of information, the office that is the authority on that matter should be consulted. The faculty and staff of the MSHS PA Program will also be pleased to assist students in such consultations.

University policy actively supports equality of educational opportunity. No person will be denied admission to the MSHS PA Program on the basis of any legally prohibited discrimination involving, but not limited to, race, color, creed, religion, national or ethnic origin, sex, sexual orientation, age, or disability. Weill Cornell is committed to the maintenance of affirmative action programs, which will assure the continuation of such equality of opportunity.

ABOUT THE INSTITUTION

WEILL CORNELL MEDICINE

Weill Cornell Medicine (including the Weill Cornell Graduate School of Medical Sciences and Weill Cornell Medical College, as well as the Weill Cornell Physician Organization) provides top-quality education, outstanding patient care, and groundbreaking research. The institution is renowned for its commitment to "Care. Discover. Teach." Weill Cornell Medicine has evolved in response to contemporary challenges and opportunities, while advancing steadily in its mission to improve human health, both in New York and around the world.

WEILL CORNELL MEDICAL COLLEGE

Founded in 1898, and affiliated with what is now NewYork-Presbyterian Hospital since 1927, Weill Cornell Medical College is among the top-ranked clinical and medical research centers in the country. In addition to offering degrees in medicine, Weill Cornell also has PhD programs in biomedical research and education at the Weill Cornell Graduate School of Medical Sciences, and with neighboring Sloan-Kettering Institute and The Rockefeller University, has established a joint MD-PhD program for students to intensify their pursuit of Weill Cornell's triple mission of education, research, and patient care.

Weill Cornell Medical College is divided into 24 basic science and patient care departments that focus on the sciences underlying clinical medicine and/or encompass the study, treatment, and prevention of human diseases. In addition to its affiliation with NewYork-Presbyterian Hospital, Weill Cornell Medical College and the Weill Cornell Graduate School of Medical Sciences maintain major affiliations with Memorial Sloan-Kettering Cancer Center, The Rockefeller University, the Hospital for Special Surgery, as well as with the metropolitan-area institutions that constitute NewYork-Presbyterian Healthcare Network. Weill Cornell Medical College and the Weill Cornell Graduate School of Medical Sciences are accredited by the Liaison Committee for Medical Education of the American Medical Association and the Association of American Medical Colleges.

WEILL CORNELL GRADUATE SCHOOL OF MEDICAL SCIENCES

Graduate work leading to an advanced general degree has occupied a place in the Medical College since 1912, when the degree was offered through a cooperative arrangement with the Graduate School of Cornell University. While under the Medical College, the Graduate School was always subject to the rules and regulations prevailing at the University. The departments offering graduate instruction were identified in the first announcement as the "scientific departments". In June 1950, the trustees of Cornell University entered into an agreement with the Sloan-Kettering Institute for Cancer Research whereby a new division of the Medical College, named the Sloan-Kettering Division, was created for the purpose of offering additional opportunities for graduate study toward advanced degrees, thus extending the areas of the basic sciences. This expansion of the New York City component of the Graduate School prompted the faculty of the University's Graduate School to give consideration to matters of administration, with the result that, by action of the trustees in January 1952, the Graduate School of Medical Sciences was established on the Campus of the Cornell University Medical College.

WEILL CORNELL GRADUATE SCHOOL MASTER OF SCIENCE IN HEALTH SCIENCES FOR PHYSICIAN ASSISTANTS (MSHS PA) PROGRAM

The MSHS PA Program, in its earliest model, was begun at The New York Hospital-Cornell Medical Center in 1973 as a Surgical Assistant (SA) Program for the purpose of training qualified individuals to assist in the care of the surgical patient. While the surgical focus remains strong, primary care training is provided to all students preparing them for practice in any area. The MSHS PA Program offers students an opportunity to apply the foundations of medicine learned in the classroom to patient care in a variety of practice settings by utilizing the abundant academic and clinical resources summarized below. In addition, students learn and develop skills in research allowing them to better incorporate new medical methodologies and progress into clinical practice. As a result, students participate in patient care as an integral member of the surgical/medical team.

The twenty-six month curriculum is conducted under the auspices of the Weill Cornell Graduate School of Medical Sciences. The MSHS PA Program is registered and accredited by the Accreditation Review Committee for Physician Assistant Education, Inc. (www.arc-pa.org). Upon successful completion of the MSHS PA Program, Cornell University grants a Master's of Science degree in Health Sciences for Physician Assistants and graduates are eligible to take the National Certifying Board Examination administered by the National Commission on Certification of Physician Assistants (www.nccpa.net).

The Weill Cornell Graduate School MSHS PA Program is part of the Weill Cornell Medical College and Graduate School and as such, many of the policies set forth in this document are in accordance and subject to its guidelines as well as those of Cornell University

Affiliations of Weill Cornell Graduate School of Medical Sciences Physician Assistant Program

In order to provide its students with the broadest experiences in patient care, the Medical College and MSHS PA Program are affiliated with a number of teaching hospitals that provide primary, secondary, and tertiary care to the Greater New York City community and residents of the tri-state area of New York, New Jersey and Connecticut. Many of the affiliated institutions are world-renowned leaders in their fields, and provide specialized care to patients from other states and countries.

On December 31, 1997, the New York Hospital merged with Presbyterian Hospital, a full asset merger of two world-class academic hospitals. While this merger expands the range of clinical services that patients in the New York area and beyond can access, the two principal medical schools, the Joan and Sanford I. Weill Medical College of Cornell University and the Columbia University College of Physicians and Surgeons remain separate institutions with their own curricula for their medical students. NewYork-Presbyterian Hospital has an extensive network of affiliate institutions that now comprise the NewYork-Presbyterian Healthcare Network.

Some of the affiliate institutions in which Weill Cornell Graduate School of Medical Sciences Physician Assistant students may gain aspects of their clinical training include:

NewYork-Presbyterian Hospital-Cornell
NewYork-Presbyterian Hospital-Columbia
The Allen Hospital Pavilion
NewYork-Presbyterian Hospital-Queens
NewYork-Presbyterian Lower Manhattan

Memorial Sloan-Kettering Cancer Center
The Hospital for Special Surgery
Lincoln Medical and Mental Health Center
Westchester Medical Center
Amsterdam Nursing Home

NewYork-Presbyterian Hospital - Cornell Campus

Founded in 1771 under a charter granted by King George III of England, The New York Hospital was the first hospital in the city and the second in the country. Originally built downtown, the hospital has been located adjacent to the Medical College since 1932. A nonprofit, voluntary institution maintained by The Society of the New York Hospital, it has cared for more than five million patients since its founding. Three hospitals have merged with The New York Hospital over the years: The Lying-In Hospital, the Manhattan Maternity and Dispensary, and the New York Nursery and Child's Hospital.

The New York Hospital was the first hospital in the United States to care for the mentally ill. Today, mental and emotional illnesses are treated at the Payne Whitney Psychiatric Clinic, an integral part of The New York Hospital complex, and the Westchester Division of The New York Hospital, in White Plains, New York.

In 1927, the hospital integrated with Cornell University Medical College through the establishment of The New York Hospital-Cornell Medical Center. The agreement joined the facilities of the two institutions and provided for cooperation in the advancement of patient care, medical education, and scientific research.

In April 1997, the new inpatient facility, the Maurice R. and Corinne P. Greenberg Pavilion opened. Equipped with the latest in technological advancements, this is a new 824-bed hospital, now the New York Weill Cornell Campus of NewYork-Presbyterian Hospital. There are an additional 252 beds at the Westchester Division.

Every clinical department is staffed by salaried faculty members, including the chief, who devote their full time to the service of the College and the Hospital. Other members of the faculty devote part of their time to private practices.

NewYork-Presbyterian Hospital has formed the NewYork-Presbyterian Healthcare System, a health care provider network which includes hospitals, ambulatory care sites, home care agencies and long-term care facilities in the New York metropolitan area.

New York-Presbyterian Hospital - Columbia Campus

The Columbia-Presbyterian site of the combined facility provides a 1,000-bed learning experience for Weill Cornell students. Among many world-class educational opportunities at the Presbyterian campus is "The Cardiac Care Center", the largest heart transplant program in America.

The Allen Hospital Pavilion

The Allen Hospital is located at Broadway and 220th Street. This community hospital of NewYork-Presbyterian is a world-class community hospital that offers treatment for a wide range of specialties with patient-focused care in an accessible setting. All physicians and surgeons at The Allen Hospital are Columbia doctors. These physicians serve the neighborhoods of northern Manhattan, the Bronx and parts of Westchester as well as Northern New Jersey and have developed services to meet the unique needs of patients including providing all services in Spanish to all Spanish-speaking patients and their families.

NewYork-Presbyterian Queens

NewYork-Presbyterian Queens is a 487-bed acute-care institution providing primary and tertiary care to an urban population that reflects the remarkable ethnic and cultural heterogeneity of New York. It is a major trauma center, with the largest dialysis unit on the East Coast and one of the most advanced radiotherapy services in the United States. The Hospital sponsors the 315-bed Silvercrest Extended Care Facility for the care of the chronically ill.

The Hospital has a twenty-year tradition of training students and residents in all the major clinical services. The hospital, originally named Booth Memorial Hospital, opened in 1957 as a 210-bed hospital. It rapidly expanded to meet the needs of the community and became a teaching center with affiliations to major university medical centers.

In December 1992, The New York Hospital assumed sponsorship. The name was changed to The New York Hospital Medical Center of Queens, and it is now affiliated with the Weill Cornell Medical College.

NewYork-Presbyterian Lower Manhattan Hospital

Lower Manhattan Hospital is the newest wholly owned Hospital of NewYork-Presbyterian and provides state-of-the-art healthcare services to the 750,000 people who work and live in Lower Manhattan.

As a campus of NewYork-Presbyterian, Lower Manhattan Hospital offers a comprehensive range of services to patients in a caring, culturally sensitive environment with access to all of the specialties and resources of a major academic medical center. The Hospital is affiliated with Weill Cornell Medical College and physicians are credentialed members of its faculty. Lower Manhattan Hospital is committed to pursuing clinical excellence and extending the many benefits of the Medical College's groundbreaking research programs to its patients.

The only acute care facility serving lower Manhattan, this campus is vital to meeting the health care needs of millions of residents, workers, and tourists. The Emergency Medical Services and state-of-the-art Emergency Medicine Department continue to provide outstanding care. And the Wellness and Prevention Center offers a wide range of screening and treatment programs in the areas of women's health, cardiovascular health, breast health, and preventive medicine.

Memorial Sloan-Kettering Cancer Center

Memorial Sloan-Kettering Cancer Center is the world's oldest and largest privately operated center devoted to prevention, patient care, research, and education in cancer. The prototype of the National Cancer Institute- designated comprehensive cancer centers, Memorial Sloan-Kettering has two operating organizations: Memorial Hospital, which provides inpatient care, newly expanded outpatient services, an extensive array of specialized and support services, and a broad program of clinical research; and the Sloan-Kettering Institute, with some 80 laboratories dedicated to biomedical investigation.

Programs of basic and clinical research at Memorial Sloan-Kettering aim to advance the understanding of the nature and the fundamental causes of cancer, and to improve the means for prevention, diagnosis, and treatment. The close collaboration between the Center's scientists and clinicians facilitates the rapid translation of results from the laboratory to the patient's bedside.

Originally established in 1884, Memorial Hospital has been affiliated with the Medical College since 1914. Many staff members of Memorial Hospital and Sloan-Kettering Institute hold faculty appointments either in the Weill Cornell Medical College or in the Graduate School of Medical Sciences, which offers doctoral degree programs through the Sloan-Kettering Division.

The Hospital for Special Surgery

The Hospital for Special Surgery (HSS), founded in 1863 by the New York Society for the Relief of the Ruptured and Crippled, was the first institution in the United States dedicated to the treatment of orthopedic conditions. Today it is a leader in the fields of orthopedics, rheumatology, and sports medicine. Affiliation with The New York Hospital-Cornell Medical Center began in 1949.

The 160-bed hospital cares for more than 6,000 inpatients a year, and receives over 85,000 outpatient visits annually to HSS physicians and in more than 30 subspecialty clinics. It performs 25% of all joint replacement surgery in New York City. The hospital also maintains the School of Practical Nursing, an Osteoporosis Center, the International Center for Orthopedics and Rheumatology, and the country's only hospital-based computer-aided design and manufacturing facility for the custom design of artificial joints.

In addition to patient care and medical education, the hospital's research division investigates the causes and prevention of orthopedic and rheumatic diseases, and develops improved treatment of these diseases. HSS operates one of only 13 Multipurpose Arthritis Centers (MAC) in the country, and is a recipient of one of only two SCOR (Specialized Center of Research) grants for the study of lupus.

Lincoln Medical and Mental Health Center

Lincoln Medical and Mental Health Center is a 498 bed acute care hospital providing care for the predominantly Latino residents of the South Bronx, an area with the highest incidence of asthma and of tuberculosis in New York City. Lincoln is a member of the New York City Health and Hospitals Corporation and is one of eleven public hospitals serving the metropolitan New York community.

Lincoln is best known for operating the busiest emergency room in New York City. With over 170,000 visits, it may even see more visits than any other emergency room in the nation. Staffed by fulltime emergency medicine physicians, Lincoln also has an excellent emergency medicine residency training program. It is a level-one trauma center with a surgical fellowship in critical care.

In addition to the acute care services provided by the emergency room, Lincoln offers a broad array of primary care and specialty services for adult and pediatric patients, with 400,000 outpatient visits per year. Lincoln has a Comprehensive Care for Patients with Asthma Clinic, serving over 3,000 patients annually.

Amsterdam Nursing Home

Amsterdam Nursing Home is a 409 bed skilled nursing facility situated on the Upper West Side of Manhattan, near Columbia University. The facility is known as a center of excellence, providing short-term rehabilitation as well as long-term care. Affiliations with New York-Presbyterian Weill Cornell Medical School, Hospital for Special Surgery, Memorial Sloan Kettering Palliative Care Program, and Visiting Nurse Service of New York Hospice enable Amsterdam Nursing Home to provide the highest quality of clinical care in a most compassionate manner.

Clinical needs and leisure time pursuits are considered to be equal in importance to each resident's well being. This philosophy is evident throughout Amsterdam. Interdisciplinary teams that include attending physicians, nurse practitioners, physical therapists, occupational therapists, speech and language therapists, licensed professional nurses, certified nursing assistants, social workers and therapeutics recreational therapists work together to coordinate, design and deliver individualized world class care and treatment.

Other Facilities

The MSHS PA Program utilizes many other facilities throughout the metropolitan area. The locations are spread through the five boroughs and give the Physician Assistant student exposure to a wide variety of patient populations.

MSHS PA Program Faculty and Staff

Dean:	Gary Koretzky, M.D., Ph.D.
Associate Dean:	Randi B. Silver, Ph.D.
Chair:	Katherine A. Hajjar, M.D.
Program Director:	Gerard J. Marciano, Ed.D., PA-C
Medical Director:	Sandip Kapur, M.D.
Associate Program Director/ Director of Research:	Gary J. Bouchard, Ph.D., PA-C
Director of Preclinical Education:	William J. Ameres, M.S., PA-C
Director of Clinical Education:	Davide M. Volpe, MPAS, PA-C
Director of Assessment:	Maria E. Compote, M.D., MPH & TM
Faculty:	David S. Reed, MPH, PA-C
Faculty:	Shari A. LeFauve, M.S., PA-C
Senior Administrative Assistant:	Patricia Diane Ryke
Administrative Secretary:	Alexis Blount
Administrative Secretary:	Ann Worrell
Receptionist:	Rose Jackowski

EMERGENCIES, SAFETY, AND SECURITY

Reporting Crimes, Emergencies, and Suspicious Behavior

Incidents of crime and other serious emergencies which require immediate assistance and which occur on the Medical College campus should be reported to the New York City Police Department (“NYPD”) by dialing 911 and NewYork-Presbyterian Hospital Security (“NYPH Security”) at (1-212-74)6-0911. Reports may be made on a confidential basis.

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

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

Additionally, students should report any crimes or other security concerns involving the Medical College and its students that occur off campus to NYPH Security. Such information assists the Medical College with reporting and notification requirements that help ensure the safety of the Medical College community.

Additional Emergency Contacts

Medical College		
Engineering & Maintenance (facilities emergencies)	(1-212-74)6-2288	
Emergency repairs in campus housing	(1-212-74)6-1001	Monday-Friday, 9AM-5PM
	(1-212-74)6-1009	other times
Environmental Health & Safety (fire, chemical, biological, and radiological releases)	1-646-WMC-SAFE (962-7233)	any time
NewYork-Presbyterian Hospital-New York Weill Cornell Campus		
Security	(1-212-74)6-0911	any time
Fire	(1-212-74)6-FIRE (3473)	any time
Facilities Operations(facilities emergencies)	(1-212-74)6-1920	
Environmental Health & Safety	(1-212-74)6-1926	
Rape crisis program (emergency department)	(1-212-74)6-5050	
Counseling (social work)	(1-212-74)6-4320	
Switchboard	(1-212-74)6-5454	any time
Administrator On Call	(1-212-74)6-5020	any time
575 Lexington Avenue		
Front Desk	1(212) 755-3526	

Medical College Administrators

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

Associate Dean (Student Affairs) Dana Zappetti, MD	(1-212-74) 6-1058
Senior Associate Dean (Education) Barbara L. Hempstead, MD	(1-212-74) 6-1050 In an emergency, Dean Hempstead may also be reached at: 212-746- 2195 or 646-217-9461
Associate Dean (Graduate School) Randi B. Silver, PhD	(1-212-74) 6-6340 6-5006
Program Director (PA Program) Gerard J. Marciano, PA-C, Ed.D.	1-646-962-7277

PA Program Faculty-on-Call: On weekends and in the evenings, the Program office has voice mail. In case of an emergency *outside of normal PA Program office hours*, please call the Program Director at 917-544-5625 or the Associate Program Director at 732-668-4192.

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

Emergency Alerting

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

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

In an emergency, the Medical College will notify students using the Emergency Notification System (ENS). The ENS can send simultaneous notifications to all students or select groups via email, cell phone, and text messaging.

All students are responsible for ensuring their contact information is accurate in the ENS. Further information and instructions to update contact information are at <https://emergency.weill.cornell.edu/UpdateWCA> Persons may also receive emergency alerts from New York City by registering for Notify NYC at <http://nyc.gov/notifynyc>

Suspicious Behavior

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

- A person running and looking about furtively, as if he or she were being watched or chased.
- A stranger carrying property at an unusual hour or location, especially if the items are stereo equipment, office machinery, or a locked bicycle.
- A person going door-to-door in an office or residential building.

- Any person forcibly entering a locked vehicle or building.
- Transactions being conducted from vehicles, especially near schools or parks.
- A person or persons sitting in a parked car and closely scanning the area.
- A person exhibiting unusual mental or physical symptoms.
- Unusual noises, including gunshots, screaming, sounds of fighting, barking dogs, or anything suggesting danger or illegal activity.

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

Crime Prevention Tips

- Keep yourself, your residence, your office, and your car safe by incorporating safe behavior into your daily routine.
- When you leave your room or office, even for a moment, always keep your doors and windows locked.
- Never leave your purse, wallet, book bag, notebook computer, or other property unattended, even for a moment.
- Be careful when people stop you for directions or money. Always reply from a distance; never get too close to the car or the person. If you feel uncomfortable about someone near you, go somewhere with people around and call the police or NYPH Security.
- If you are out after dark, use only well-lit routes and travel in groups when possible. Avoid construction areas, particularly sidewalks shadowed by scaffolding.
- Walk with the appearance of confidence. Make eye contact with passersby, and keep a firm grip on your property.
- Have keys ready so you can quickly get into your car or home.
- Although it seems courteous to open doors for others, especially persons carrying groceries or packages, do not open doors for strangers.

Campus Security Report

In addition to the information contained above, The Medical College and Graduate School of Medical Sciences annually distribute a campus security report to all students and employees containing descriptions of policies and procedures for reporting crimes and emergencies and campus crime data. The report lists telephone numbers and contact information for security in campus facilities and residences. Policies and procedures for handling sex offenses and programs for victims are also described.

On request, prospective and current students and employees can receive the report from the Admissions Office or the Office of Human Resources. The report is also available at: http://weill.cornell.edu/education/student/stu_campus_sec.html

The specific campus security report for the MSHS PA Program at 575 Lexington Avenue is available at http://gradschool.weill.cornell.edu/sites/default/files/2015_campus_security_report_and_fire_safety_report.pdf

Campus crime statistics can be accessed at <https://ope.ed.gov/campussafety>. The Advisory Committee on Campus Security will also provide upon request all campus crime statistics as reported

to the United States Department of Education.

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

Fire Safety

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

Most areas in Medical College buildings are monitored by an early warning fire detection system and protected by fire sprinklers. Upon the activation of any fire sprinkler or fire detection or alarm-initiating device, there is an audible and visual indication throughout the building that the fire alarm has activated, while simultaneously notifying the NYC Fire Department of the potential fire emergency. Students must respond to all fire alarm activations and assume that each activation is a real fire emergency. Ignoring a fire alarm activation is against Medical College and NYC guidelines governing fire alarm activation response.

Every student is responsible for following guidelines governing Fire Prevention including controlling the accumulation of trash and other combustibles, complying with the Medical College “No Smoking” policy; following guidelines prohibiting the use of unapproved open flames such as candles, canned cooking fuels, and propane gas; and using caution when heating and cooking food such as using microwaves and toasters.

Fire Safety Rules

Students must follow all Medical College requirements and guidelines related to fire safety and fire prevention. Students may access this information on the Environmental Health & Safety website at: <http://weill.cornell.edu/ehs/>

Specific fire safety topics may be found in the Fire Safety Manual: <http://intranet.med.cornell.edu/ehs/FIRE.pdf>

During fire and other emergencies, fire alarm activations, and fire drills, all students must follow instructions of Medical College employees.

Residential Fire Safety Plans

Students should be familiar with their Residential Fire Safety Plan specific to their building. Residential Fire Safety Plans are distributed to all incoming students living in Medical College residential buildings. Plans are updated annually and re-distributed to residents during National Fire Prevention Week in November. Residential Fire Plans are also available on the EHS web site: <http://weill.cornell.edu/ehs/manuals.htm>

Tampering with Fire Alarms and Malicious Alarm Activations

Tampering with fire safety equipment such as fire extinguishers, or fire protection system devices including smoke detectors and sprinkler heads is unlawful and subject to disciplinary action by the Medical College.

Transmission of a false fire alarm is punishable as a Class A Misdemeanor under New York State Penal Law § 240.50. Violators of this law will also be subject to disciplinary action by the Medical College.

Fire Safety Procedure

If you discover fire or visible smoke, immediately:

- Follow R.A.C.E. procedure:
 - R – Remove yourself from the affected area and provide assistance to others requiring it.
 - A – Activate the fire alarm by pulling the red fire alarm manual pull station located next to each fire exit. Shout “Code Red” to alert other occupants
 - C – Confine/contain smoke by closing doors as you leave the area
 - E – Evacuate using the safest/shortest route of travel to the fire exit
- All students should know the location of at least two fire exits on their floor and the shortest path of travel.
- Never use an elevator during a fire emergency.
- Once outside the building, move away from the building’s entrance to allow Fire Department responders to enter.
- Follow instructions of Environmental Health & Safety, Security, and Housing personnel.

Questions

Direct questions concerning fire safety to Environmental Health & Safety. See directory in this handbook.

575 Lexington Avenue

In the event of a fire alarm, obey all commands.

If there is a fire in your office building when you are on the premises during the off hours:

- Evacuate the area if you discover smoke or fire
- Immediately activate the building’s fire alarm
- Then call the fire department
- Feel a door before opening it, if it is hot, do not open it
- Close, but do not lock, all doors behind you
- Do not turn back for any personal belongings
- Do not use elevators
- Finally, always remember that smoke rises – so keep low!!!
- Know at least two exits on your floor

STANDARDS OF CONDUCT

The MSHS PA Program requires that faculty, students, and staff abide by fundamental standards of conduct expected of the members of the MSHS PA Program community in their interactions with each other. Membership in the MSHS PA Program community for students is more than an academic commitment; it connotes a willingness by the student to act as a responsible medical professional. Participation in the MSHS PA Program community by faculty is more than instructing the next generation of medical professionals; it is a commitment to serve as mentor and role model of the standards of the medical profession. Inherent in the concept of a medical professional is an underlying integrity and ethical foundation that defines the tone and culture of the teacher-learner environment at the MSHS PA Program.

The MSHS PA Program's standards of conduct also enable students to begin to encounter and wrestle with the difficult moral and ethical questions that arise continuously throughout one's career as a physician assistant. In this capacity the standards of conduct promote and define expected behaviors, challenge unprofessional behaviors, and educate students, as well as faculty, to confront these challenges.

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

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

Student Responsibilities/Honor Code

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

The following are examples of conduct that is not suitable for students at the MSHS PA Program and is subject to disciplinary action (including but not limited to verbal warning, written warning, probation, suspension or dismissal):

- knowingly or carelessly representing the work of others as one's own;
- lying, cheating, or falsification of records whether personal or patient-related;
- using or giving unauthorized assistance in any academic work;

- restricting the use of material used to study in a manner prejudicial to the interest of other students;
- purposely misleading or giving false information to another student;
- posting of confidential, inappropriate, unauthorized or copyrighted information (including but not limited to, photos, images, text, audio, video, or lecture materials) on the Internet (including but not limited to: StudyBlue or similar crowdsourced learning platforms, LinkedIn, Facebook or similar social media, web logs (“blogs”), and others);
- otherwise committing a breach of academic and/or professional integrity;
- repetitively or egregiously failing to fulfill the professional requirements and responsibilities of a clinical rotation;
- committing an act of physical abuse or violence of any kind;
- disorderly and/or obscene conduct on campus or in the hospital facility or its affiliates;
- bullying (including but not limited to verbal, physical force or the use of electronic technology) which deliberately seeks to harm or humiliate another student, faculty, lecturer, administrative staff or patient;
- obstructing, harassing or interfering with teaching, Program administration or patient care; including the use of information and communication technologies as a means of intimidation, harassment or unwarranted interruption;
- having repeated unexcused absences, late arrivals or early departures from a required course, rotation or end of rotation activities;
- failing to respond in a timely way to communications (phone calls, emails or other correspondence) from the administration, faculty, course leadership or their representatives;
- failing to comply with directive given by supervision authority;
- unauthorized entry to or use of Weill Cornell or hospital facilities or its affiliates;
- theft of or negligent damage to Weill Cornell or hospital property or its affiliates;
- use, possession or distribution of controlled substances on campus or in the hospital facilities or its affiliates;
- unauthorized use and/or possession of alcoholic beverages in the hospital or Weill Cornell facilities or its affiliates;
- inappropriate use of the Weill Cornell seal, logo, name, symbol or facsimile.

A student, or group of students, knowing of any situation in which a violation of any of the standards of conduct set forth above may have occurred is responsible for providing any such information in

writing to the MSHS PA Program Director. Faculty is similarly required to report a violation to the MSHS PA Program Director. Each student matriculated at the MSHS PA Program shall be bound by standards of conduct described above and shall be presumed to be familiar with the above provisions.

When a student's conduct while matriculated at the MSHS PA Program is in violation of the Student Responsibilities/Honor Code or raises a question about his or her suitability to practice medicine, the matter will be directed to the Committee on Promotion and Graduation for consideration and recommendation of corrective disciplinary action. The Committee on Promotion and Graduation may request that the MSHS PA Program Director or his or her designee appoint an ad hoc committee of faculty to review the matter. The student involved shall receive notice of the Committee on Promotion and Graduation's request for the appointment of the ad hoc committee, the membership of the ad hoc committee (at least one member of which will be a Physician Assistant) once assembled, and the details of the concerns under consideration by the ad hoc committee regarding the student's suitability for the practice of medicine.

The ad hoc committee will determine the scope, manner and extent of its review, consistent with the information provided by the Committee on Promotion and Graduation. The student shall have the right to appear before the ad hoc committee in order to present his or her position on the claims raised and his or her continued suitability. The student may be accompanied by an advisor (such as a family member, faculty member and/or counsel) who may assist the student but will not be a participant in the proceeding before the ad hoc committee; the student will remain responsible for acting on his or her behalf in the process. The ad hoc committee will forward its determination as to the student's suitability to the Committee on Promotion and Graduation.

When the recommendation of the ad hoc committee is to permit a student to continue with his or her studies based on a finding that the student continues to meet the standards of suitability for the practice of medicine, the Committee on Promotion and Graduation may accept the recommendation and conclude the process. The Committee on Promotion and Graduation retains the right to add its own recommendation to the recommendation of the ad hoc committee.

When the recommendation of the ad hoc committee is that the student does not satisfy the MSHS PA Program's standards of suitability for the practice of medicine and should not be permitted to continue studies at the MSHS PA Program, then the recommendation, together with the academic records, factual determination, including any recommendations for sanctions (which shall include a brief statement explaining the sanctions), as well as any other materials the ad hoc committee deems appropriate, shall be forwarded to the Committee on Promotion and Graduation. The Committee on Promotion and Graduation shall then review the recommendation, and formulate its own position on the matter. The Committee on Promotion and Graduation has the discretion to rely on the record created by the ad hoc committee or to reopen the process to gather additional information. The student shall have an opportunity to submit whatever information he or she believes is relevant to the consideration. The recommendations of the ad hoc committee, and the Committee on Promotion and Graduation, shall be forwarded to the Program Director, Department Chair and Dean for final action.

A student can appeal a decision of the Committee on Promotion and Graduation per the policy outlined below (*Appeal Process for Academic and Conduct Decisions*)

Teaching-Learning Environment

The MSHS PA Program is committed to providing an environment that fosters mutual respect and the values of professionalism, ethics, and humanism in the practice of medicine. An environment conducive to learning requires that faculty, students and administrative and support staff treat each other with civility. Faculty must treat students fairly and with respect in all settings where students are educated and maintain an academic environment conducive to the pursuit of free inquiry, academic integrity and the advancement of patient care. The standards of conduct set forth below are intended to prohibit teaching and other practices that are discriminatory, generally offensive and that undermine professionalism, without limiting appropriate teaching techniques and styles that advance and stimulate the educational environment.

Examples of conduct that is *not* appropriate include:

- verbally abusing a student, including belittling and/or humiliating a student, or speaking disparagingly about a student's economic or cultural background, gender, sexual orientation or preference, race or religion;
- exploiting students in any manner, including requesting that students perform personal errands or directing students to perform a large number of routine hospital procedures on patients not assigned to the student, particularly where performing the procedures interferes with a student's attendance at educational activities such as teaching rounds and classes;
- intentionally singling out a student for arbitrary or selective treatment;
- pressuring a student to perform medical procedures for which the student is insufficiently trained;
- interfering with a student's need to attend properly to a potentially serious health problem, including not permitting a student to leave a hospital unit or operating room to seek attention for a needle stick injury or a splash with bodily fluids; or
- committing an act of physical abuse or violence of any kind.

Faculty shall educate and advise students about the specific standards that govern professional conduct in a rotation, a course or in a hospital setting, and, by his or her own conduct, set an example of the standards expected of the student.

If a student believes that a faculty member has violated the standards of conduct, the student may file a written request for an investigation with the Program Director. The Program Director, who shall serve as the student's advocate, will notify the Chairperson (as well as the Chairperson of the involved faculty member's department, as appropriate) of the complaint. Together with the Senior Associate Dean and Chairperson, the Program Director will investigate any such complaints. The Chairperson and the Senior Associate Dean, as the case may be, are committed to establishing the facts fairly and promptly and will respect the rights and confidentiality of the involved parties. Students who wish to come forward and report inappropriate behavior on the party of a faculty member may do so without fear of retaliation or reprisal. The Senior Associate Dean and the Chairperson of the relevant faculty member's department will take prompt action, normally within ten days from the written request for an investigation, in resolving the matter.

Faculty members are also required to inform the Program Director and Senior Associate Dean, in writing, of any alleged violation by a faculty member of the standards of conduct outlined above. Faculty members, upon appointment to the Faculty, shall be bound by the standards of conduct set forth in this section and shall be presumed to be familiar with its provisions.

Guidelines for Use of Computers, Network Systems and Electronic Communications

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

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

Users of Weill Cornell Medicine computers, tablets, and network systems shall respect:

- the privacy of other users' information, whether or not the information is securely protected;
- the ownership and intellectual property rights of proprietary and commercial software, including not using unauthorized copies of software even where the software may not be copy protected;
- the finite capacity of a computer system and limitations of use so as not to interfere unreasonably with the activity of other users;
- procedures (posted in computer facilities and/or online) established to manage use of the computer system;
- the rights of others not to be harassed, intimidated, or otherwise receive intrusive or inflammatory information through the computer system; and
- the Medical College's policies regarding the use of computers as specified by the Information Technologies and Services (ITS) at <http://weill.cornell.edu/its/policy/>.

Copyright Infringement

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

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

At the Medical College, the unauthorized distribution of copyrighted materials is also a violation of the standards of conduct, and may result in disciplinary action up to and including expulsion. Students are advised that this restriction pertains to any and all lecture materials including printed

handouts, electronic media such as PowerPoint presentations, and any audio/video recordings of lectures or laboratories. **These are the intellectual property of the author and/or Weill Cornell Medicine and shall not be distributed in any form to any other recipients. Failure to respect intellectual property rights as defined herein may jeopardize a student's good academic standing in the Program and may result in disciplinary action.**

For additional information on the Medical College Copyright Infringement Policy, please visit <https://its.weill.cornell.edu/policies/1107-copyright-infringement-policy>.

SEXUAL HARASSMENT

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

What is Sexual Harassment?

Sexual harassment in the academic environment or in the workplace can threaten a person's academic performance or economic livelihood. The Medical College defines sexual harassment as:

- Unwelcome sexual advances, requests for sexual favors, and other verbal and physical conduct of a sexual nature constitute sexual harassment if:
 - submission to such conduct is made either explicitly or implicitly a term or condition of employment or academic status;
 - submission to, or rejection of, such conduct by a person is used as the basis for an employment decision or an academic decision affecting that person; or
 - such conduct has the purpose or effect of substantially interfering with a person's work or academic performance or of creating an intimidating, hostile, or offensive working or learning environment.

Sexual harassment is sex discrimination and is therefore illegal.

Dealing with Sexual Harassment Preliminary Action

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

- **Say no** to the harasser. Ignoring the situation seldom will make it go away. If you have difficulty speaking about the situation, write the harasser a note describing the incident that you found offensive and request that it not happen again. Keep a dated copy of the message.
- **Keep a record of what happened and when it took place.** If others were present, include their names in the record. Keep a log of any conversations or actions pertaining to the incident(s).
- **Find out whether other students or co-workers have been harassed.** Together complaints are in a stronger position to deal with the situation and the offender.
- **Seek support from a close friend or trusted associate.** Sharing your feelings and experiences can help you cope with that often is a very difficult, frustrating situation.

If the harassment does not stop, consider discussing the matter with the harasser's supervisor or department chairperson, or with staff members in the Human Resources Department or the Office of Equal Opportunity.

Complaint Procedures

If a supervisor, administrator, faculty member or counselor receives a complaint or inquiry about sexual harassment, it is imperative that the Human Resources Department or Office of Equal Opportunity be contacted to provide advice on procedures for sexual harassment cases. Discussions with staff members of that office will help ensure the effective handling of the complaint and reestablish a working or learning environment free of harassment by taking immediate and appropriate action.

Any student or employee of the Medical College who suspects that he or she has experienced sexual harassment, as defined herein, should report the incident. If the reporting person wants to discuss the incident, consider ways in which to deal personally with the situation, or seek a formal remedy for an instance of sexual harassment, the Human Resources Department and the Office of Equal Opportunity will provide assistance.

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

TITLE IX REGULATIONS

The Department of Health, Education, and Welfare has recently promulgated regulations implementing the provisions of Title IX of the Education Amendments of 1972, prohibiting discrimination on the basis of sex in education programs and activities. The Medical College is subject to and in compliance with the statute and regulations. The regulations nevertheless require that you be informed of their provisions and these are summarized below:

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

For employees, the regulations likewise prohibit any act or policy that has the effect of treating members of one sex differently from the other. Specifically, the regulations prohibit discrimination in recruiting and hiring, promotion, job classification and assignment, wage and salary rates, fringe benefits, and granting leaves of absence. Pregnancy, childbirth, or conditions relating to pregnancy must be treated as temporary disability for purposes of sick leave or other leave of absence plans. An individual may not be denied employment or otherwise discriminated against because of pregnancy or conditions related thereto.

Dr. Dana Zappetti, Associate Dean of Student Affairs, has been designated to investigate and seek resolution of complaints of students and staff, respectively, regarding prohibited acts. An individual having a complaint should submit it in writing to the appropriate person. Complaints are subject to grievance procedures available to faculty, students, and non-academic staff.

BIAS AND HATE RELATED CRIMES

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

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

Hate/bias crimes have received renewed attention in recent years, particularly since the passage of the federal Hate/Bias Crime Reporting Act of 1990 and the New York State Hate Crimes Act of 2000 (Penal Law Article 485).

Hate crimes are criminal activity motivated by the perpetrator's bias or attitude against an individual victim or group based on perceived or actual personal characteristics, such as their race, religion, ethnicity, gender, sexual orientation, or disability.

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

Penalties for Hate/Bias-Related Crime

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

Reporting a Hate/Bias-Related Crime Incident

An individual who believes that she or he has been a target of a bias-related crime is encouraged to immediately report an incident to NYPH Security, the Senior Associate Dean, and the Affirmative Action Officer (in Weill Cornell Medical College's case this would be Dr. Dana Zappetti, the Associate Dean of Student Affairs). The incident will be reviewed and investigated, and a determination will be made as to how the allegation will be handled.

Availability of Counseling and Other Support Services

Counseling and personal support is available to victims of hate/bias-related crime through the Student Affairs Office at 110 Olin Hall. Another source of assistance is through the Victims Assistance Center located at 100 Centre Street, Room 231. The Center is open Monday through Friday, 8:00 a.m. to 8:00 p.m., and Saturdays and Sundays, 9:00 a.m. to 5:00 p.m. The staff can be reached at 212-335-9633.

MEMBERS OF THE MEDICAL COLLEGE COMMUNITY WHO POTENTIALLY REPRESENT A HAZARD TO THE PUBLIC AND TO THE MEDICAL COLLEGE

Two broad considerations underlay the preparation of these guidelines:

1. An awareness that the Medical College, so far as possible, should try to protect patients, students, and employees, and to protect its mission in education and research, from any harm that may come to them because of any action or condition of a student or employee.
2. An awareness that the identification of a person as a potential hazard to other people or to the institution may seriously jeopardize his career and his relation to other people, and that, therefore, every effort must be taken to protect the rights of this person, and to insure that any findings, and any actions based upon these findings, are grounded on demonstrable evidence.

The Nature of “Potential Hazards”

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

1. Hazards arising from the impaired ability of a person to perform his medical, educational, or other professional activities, including hazards arising from (a) neurological disease or degeneration, (b) emotional or psychological disorders, (c) the use of drugs or medications, and (d) the presence of physical handicaps resulting from illness or injury.
2. Hazards arising from a person's carrying a contagious disease.
3. Hazards arising from the behavior of a person, including a) behavior regarded by patients and by the public as alarming, threatening, bizarre, hostile, or otherwise inconsistent with the duties and responsibilities of the person, and b) behavior that is disruptive for working groups, medical treatment, or educational processes.

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

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

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

Identification and Reporting of Potential Hazards

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

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

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

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

Initiation Of Action

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

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

Informing the Person Involved

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

Informing the Administration of the Medical College

After considering the information available in the case, the Program Director, Department Chairman or other administrator at that level will report this information along with any comments that he believes to be appropriate to the Dean (if a member of the academic staff is involved); to the Senior

Associate Dean (if a student is involved); or to the Associate Dean (Human Resources or Senior Director, Human Resources) (if any non-academic Cornell employee is involved).

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

Investigation of Potential Hazards

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

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

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

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

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

Decision as to Whether a Potential Hazard Exists

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

As a part of the effort to determine whether or not a potential hazard does exist, and to initiate the

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

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

Confidentiality

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

Protection of the Rights of the Individual

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

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

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

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

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

Actions to Be Taken

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

SUBSTANCE ABUSE POLICY

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

Statement on Illegal Drugs and Substances

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

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

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

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

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

Statement on Drug and Alcohol Abuse

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

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

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

Drug-Free Workplace Policy and Statement

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

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

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

Sanctions

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

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

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

Sanctions can include severe criminal penalties such as fines and/or imprisonment. The severity of the penalty depends upon the nature of the criminal act and the identity and amount of the drug involved. Examples of legal sanctions under Federal and New York laws:

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

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

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

Alcohol: It is illegal in New York:

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

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

DRUG SCREENING

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

Procedure

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

In the event a rotation or elective site requires drug screening, but does not provide on-site testing, the Medical College has established a contract with an outside vendor who will provide testing to meet these requirements. Students will be required to obtain and complete a Drug Screen Consent and Release Form for the vendor (available at Academic Affairs and Student Health) and report to the vendor’s specimen collection center to submit a urine sample. *Students must make those arrangements, and provide the specimen with sufficient time for the vendor to provide clearance documentation to the Medical College.* The cost of this testing is included in your Student Health fee. Students requiring testing more frequently than once a year will be responsible for additional fees – you will be advised at SHS at the time of your request. The cost of testing is currently expected to be under \$40.

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

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

Students with a positive drug screen will have an opportunity to consult with a Medical Review Officer (MRO) provided by the vendor, to verify whether there is a valid medical explanation for the screening results. If after review by the MRO there is a valid medical explanation for the screening result, the vendor will notify the Medical College of a clear (negative) test. If, after review by the MRO there is not a valid medical explanation for the positive screen, then the test results will stand and will be treated as a positive result as outlined below.

Handling of Results

All results from the outside vendor will be forwarded to the Director of Student Health.

Negative results will be forwarded to the MSHS PA Program as needed to complete rotation applications.

Positive results will be forwarded to the Program Director and the student will be required to have an administrative consultation with one of our mental health physicians.

Health Risks

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

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

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

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

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

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

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

Counseling and Treatment

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

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

The Employee Assistance Program (EAP) is a short-term counseling and referral service for drug and alcohol abuse as well as other employee concerns. Through the EAP, eligible employees and their dependents may obtain free counseling for substance and alcohol abuse issues which affect them and their families. EAP counselors will assess each case and may make a referral to an appropriate internal program or outside agency best suited to address the rehabilitation needs. EAP counselors

will also assist in determining how Cornell health insurance will be helpful in covering costs. The Academic Staff Handbook and Employee Handbook contain further information about the Employee Assistance Program. An EAP counselor can be contacted by calling (1-212-74)6-5890.

Students are reminded to review the Substance Abuse Policy (which covers illicit drug and alcohol abuse) set forth in the Student Handbook and that any drug or alcohol abuse violation may impact on a student's fitness or suitability for advancement. Professional staff and advisors are available to assist and direct students to internal and outside programs. Students may also obtain assistance by contacting the Weill Medical College Student Health Service at 746-1450 or the Student Mental Health Service at (1-212-74)6-5775.

Institutional Review

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

No Smoking

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

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

Students seeking to quit smoking may contact the Student Health Service to receive information about and referrals to smoking cessation programs.

ACADEMICS

MSSH Physician Assistant Students at the Graduate School are required to complete a rigorous academic program that will enable them to demonstrate a mastery of the substantive fields of study, the technical skills of a physician assistant and the personal demeanor and character suitable to the practice of medicine. The MSSH PA Program has developed a set of regulations to govern academic achievement and fitness to be a physician assistant. It is the responsibility of each student to be fully familiar with the MSSH PA Program's academic requirements and standards, the regulations in this document and the procedures that guide the application of these policies to students.

The faculty of the MSSH PA Program is vested with the primary responsibility for developing, interpreting, and applying these policies and procedures to MSSH Physician Assistant students. In conjunction with the Weill Cornell Graduate School and Medical College administrators, the faculty considers how to assist a student who is not meeting the academic standards and the manner in which the policies of the MSSH PA Program will be enforced.

The policies and procedures apply to students while matriculated as a student in the MSSH PA Program, when at the campus and when engaged in programs or activities related to MSSH PA Program studies and professional experiences even if away from campus.

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

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

Objectives for the Educational Program for Physician Assistant Student Competencies

Competencies for the Physician Assistant Profession: Preamble

In accordance with the National Commission on Certification of Physician Assistants (NCCPA), Accreditation Review Commission for Education of the Physician Assistant (ARC-PA), the Physician Assistant Education Association (PAEA), and the American Academy of Physician Assistants (AAPA), the MSSH PA Program intends that, before graduation, a student will have demonstrated the following competencies for practice.

The PA profession defines the specific knowledge, skills, and attitudes required; and provides educational experiences as needed in order for physician assistants to acquire and demonstrate these competencies.

Competency: Medical Knowledge

Medical knowledge includes the synthesis of pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion, and disease prevention. Physician assistants must demonstrate core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care in their area of practice. In addition, physician assistants are expected to demonstrate an investigative and analytic thinking approach to clinical situations. Physician assistants are expected to understand, evaluate, and apply the following to clinical scenarios:

- evidence-based medicine
- scientific principles related to patient care
- etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions
- signs and symptoms of medical and surgical conditions
- appropriate diagnostic studies
- management of general medical and surgical conditions to include pharmacologic and other treatment modalities
- interventions for prevention of disease and health promotion/maintenance
- screening methods to detect conditions in an asymptomatic individual
- history and physical findings and diagnostic studies to formulate differential diagnoses

Competency: Interpersonal and Communication Skills

Interpersonal and communication skills encompass the verbal, nonverbal, written, and electronic exchange of information. Physician assistants must demonstrate interpersonal and communication skills that result in effective information exchange with patients, patients' families, physicians, professional associates, and other individuals within the health care system. Physician assistants are expected to:

- create and sustain a therapeutic and ethically sound relationship with patients
- use effective communication skills to elicit and provide information
- adapt communication style and messages to the context of the interaction
- work effectively with physicians and other health care professionals as a member or leader of a health care team or other professional group
- demonstrate emotional resilience and stability, adaptability, flexibility, and tolerance of ambiguity and anxiety
- accurately and adequately document information regarding care for medical, legal, quality, and financial purposes

Competency: Patient Care

Patient care includes patient- and setting-specific assessment, evaluation, and management. Physician assistants must demonstrate care that is effective, safe, high quality, and equitable. Physician assistants are expected to:

- work effectively with physicians and other health care professionals to provide patient-centered care
- demonstrate compassionate and respectful behaviors when interacting with patients and their families
- obtain essential and accurate information about their patients

- make decisions about diagnostic and therapeutic interventions based on patient information and preferences, current scientific evidence, and informed clinical judgment
- develop and implement patient management plans
- counsel and educate patients and their families
- perform medical and surgical procedures essential to their area of practice
- provide health care services and education aimed at disease prevention and health maintenance
- use information technology to support patient care decisions and patient education

Competency: Professionalism

Professionalism is the expression of positive values and ideals as care is delivered. Foremost, it involves prioritizing the interests of those being served above one's own. Physician assistants must acknowledge their professional and personal limitations. Professionalism also requires that PAs practice without impairment from substance abuse, cognitive deficiency or mental illness. Physician assistants must demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements. Physician assistants are expected to demonstrate:

- understanding of legal and regulatory requirements, as well as the appropriate role of the physician assistant
- professional relationships with physician supervisors and other health care providers
- respect, compassion, and integrity
- accountability to patients, society, and the profession
- commitment to excellence and on-going professional development
- commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- sensitivity and responsiveness to patients' culture, age, gender, and abilities
- self-reflection, critical curiosity, and initiative
- healthy behaviors and life balance
- commitment to the education of students and other health care professionals

Competency: Practice-Based Learning and Improvement

Practice-based learning and improvement includes the processes through which physician assistants engage in critical analysis of their own practice experience, the medical literature, and p. 4 Competencies for the PA Profession other information resources for the purposes of self- and practice-improvement. Physician assistants must be able to assess, evaluate, and improve their patient care practices. Physician assistants are expected to:

- analyze practice experience and perform practice-based improvement activities using a systematic methodology in concert with other members of the health care delivery team
- locate, appraise, and integrate evidence from scientific studies related to their patients' health
- apply knowledge of study designs and statistical methods to the appraisal of clinical literature and other information on diagnostic and therapeutic effectiveness
- utilize information technology to manage information, access medical information, and support their own education
- recognize and appropriately address personal biases, gaps in medical knowledge, and physical limitations in themselves and others

Competency: Systems-Based Practice

Systems-based practice encompasses the societal, organizational, and economic environments in which health care is delivered. Physician assistants must demonstrate an awareness of and responsiveness to the larger system of health care to provide patient care that balances quality and cost, while maintaining the primacy of the individual patient. PAs should work to improve the health care system of which their practices are a part. Physician assistants are expected to:

- effectively interact with different types of medical practice and delivery systems
- understand the funding sources and payment systems that provide coverage for patient care and use the systems effectively
- practice cost-effective health care and resource allocation that does not compromise quality of care
- advocate for quality patient care and assist patients in dealing with system complexities
- partner with supervising physicians, health care managers, and other health care providers to assess, coordinate, and improve the delivery and effectiveness of health care and patient outcomes
- accept responsibility for promoting a safe environment for patient care and recognizing and correcting systems-based factors that negatively impact patient care
- apply medical information and clinical data systems to provide effective, efficient patient care
- recognize and appropriately address system biases that contribute to health care disparities
- apply the concepts of population health to patient care

Adopted 2012 by ARC-PA, NCCPA, and PAEA Adopted 2013 by AAPA

Retrieved from: <http://www.nccpa.net/Uploads/docs/PACompetencies.pdf>

Required Courses In the MSHS PA Curriculum

Pre-Clinical Year

Semester I

PAS6000 Physician Assistant Seminar
PAS6010 Medical Interviewing
PAS6040 Anatomy
PAS6060 Biochemistry
PAS6110 Surgical Aspects in Primary Care
PAS6210 Fundamentals of Primary Care & Clinical Medicine I

Semester II

PAS6020 Physical Diagnosis I
PAS6050 Physiology
PAS6080 Pharmacology
PAS6120 General Surgery
PAS6220 Fundamentals of Primary Care & Clinical Medicine II
PAS6300 Obstetrics and Gynecology

Semester III

PAS6030 Physical Diagnosis II
PAS6070 Pathology
PAS6400 Pediatrics
PAS6600 Psychiatry
PAS6130 Surgical Specialties
PAS6230 Fundamentals of Primary Care & Clinical Medicine III
PAS6500 Emergency Medicine
PAS6700 Biostatistics
PAS6800 Epidemiology

**Clinical
Year**

Core Rotations

PAS7010 Internal Medicine I
PAS7020 Internal Medicine II
PAS7030 General Surgery I
PAS7040 General Surgery II
PAS7060 Primary Care
PAS7070 Pediatrics
PAS7080 Obstetrics and Gynecology
PAS7090 Emergency Medicine
PAS7100 Geriatrics
PAS7110 Psychiatry

Elective and Selective Rotations (PAS8010-PAS8050)

Four (4) Elective rotations - students may choose from the available sites at NewYork Presbyterian Hospital-Weill Cornell Campus and Affiliates.

One (1) Selective rotation – students select a primary care-based rotation assigned or approved by the Director of Clinical Education

Elective External and International Electives are allowed with permission from the MSHS PA Program Administration and the University Counsel. Such electives are considered a privilege and may not be permitted for students who have demonstrated a lack of professionalism. Only students in good standing will be allowed to participate in these electives.

Research

One additional course, PAS8000 Research Methodology and Application, begins during the orientation week for clinical rotations and continues throughout the clinical phase of the program. Lectures are typically given during scheduled end of rotation meetings.

TECHNICAL STANDARDS

All candidates for the Physician Assistant (PA) Certificate of Completion and Master of Science in Health Sciences degree must possess the intellectual ability to learn, integrate, analyze and synthesize data. They must have functional use of the senses of vision, hearing, equilibrium, and taste. Their exteroceptive (touch, pain, temperature) and proprioceptive (position, pressure, movement, stereognosis, and vibratory) senses must be sufficiently intact to enable them to carry out all activities required for a complete PA education. Candidates must have motor function capabilities to meet the demands of PA education and the demands of total patient care.

Specifically, all candidates must possess the following abilities and skills:

Observation: The ability to observe is required for demonstrations, visual presentations in lectures and laboratories, laboratory evidence and microbiological cultures, microscopic studies of microorganisms and tissues in normal and pathological states. A candidate must be able to observe patients accurately and completely, both at a distance and closely. This ability requires functional vision and somatic sensation and is enhanced by a sense of smell.

Communications: A candidate should be able to speak, hear, and observe patients in order to elicit information, perceive non-verbal communications, and describe changes in mood, activity and posture. The candidate must be able to communicate effectively and sensitively with patients including not only speech but also reading and writing. Communication in oral and written form with the health care team must be effective and efficient.

Motor: A candidate should have sufficient motor function to elicit information from patients by palpation, auscultation and percussion, as well as carry out diagnostic maneuvers. A candidate should have motor function sufficient to execute movements reasonably required to provide general care and emergency treatment to patients. Such skills require coordination of gross and fine muscular movements, equilibrium and sensation.

Intellectual-Conceptual, Integrative and Quantitative Abilities: Problem solving is a critical skill demand of PAs and this requires all these abilities. The candidate must also be able to comprehend three-dimensional relationship and the spatial relationship of structures.

Behavioral and Social Attributes: A candidate must have the emotional health, to fully use his/her intellectual ability, to exercise good judgment, complete all responsibilities, and attend to the diagnosis and care of patients. A candidate must be able to develop mature, sensitive and effective relationships with patients and colleagues. A candidate must be able to tolerate physical and emotional stress and continue to function effectively. A candidate must possess qualities of adaptability, flexibility and be able to function in the face of uncertainty. He/she must have a high level of compassion for others, motivation to serve, integrity, and a consciousness of social values. A candidate must possess sufficient interpersonal skills to interact positively with people from all levels of society, all ethnic backgrounds, and all belief systems.

The administration of the MSHS PA Program recognizes its responsibility to present candidates for the MSHS PA Program Master of Science in Health Sciences for Physician Assistants Degree and Certificate of Completion who have the knowledge and skills to function in a broad variety of clinical situations and to render a wide spectrum of patient care. The responsibility for these technical standards is primarily placed on the MSHS PA Program admissions committee to select entering PA students who will be the candidates for the MSHS PA Program *Master of Science in Health Sciences for Physician Assistants Degree and Certificate of Completion*.

GUIDELINES FOR PROMOTION AND GRADUATION

The MSHS Physician Assistant Program curriculum represents the academic standards students are required to achieve. A student must successfully complete all of the academic and clinical course work before a certificate of completion or degree will be granted.

The curriculum of the MSHS PA Program is divided into two phases. The first phase consists of ten months of classroom education (pre-clinical), which is comprised of three academic semesters. Each semester's coursework builds upon the subject matter and experiences in the preceding semester. The second phase involves sixteen months of clinical training, which is comprised of 15 four-week clinical rotations over three academic semesters.

A student is expected to exhibit mastery of course objectives set by the faculty, and to complete the required courses and rotations as determined by the faculty. A student's progress is assessed and monitored on an on-going basis. If a student does not demonstrate an acceptable level of proficiency or has not made timely progress toward the satisfactory completion of the curricular requirements, the Committee on Promotion and Graduation will determine whether a student may continue in the MSHS PA Program. In the event the Committee on Promotion and Graduation determines a student does not satisfy these academic standards, including suitability to practice medicine (see pp. 18-22), the Committee may recommend that student be dismissed and may no longer participate in any educational activities of the MSHS PA Program.

Upon the completion of each course and curricular unit, a student's performance is evaluated and recorded by the Program faculty. The Committee on Promotion and Graduation will meet at the conclusion of each semester of the curriculum to review the ongoing progress of each student. Additional meetings will be scheduled as needed to address any additional concerns.

The purpose of the Guidelines for Promotion and Graduation is to detail as clearly as possible the requirements necessary to successfully complete the MSHS PA Program. Course work, attendance, and class participation are all considered when arriving at a final grade. In the event of poor performance or failure during the pre-clinical or clinical phases of the MSHS PA Program, the following general principles will be applicable:

1. Any student who, in the judgment of the faculty, lacks suitability to enter the medical profession, may, pursuant to the Standards of Conduct and/or the Guidelines for Promotion and Graduation, be dismissed from the MSHS PA Program.
2. A student who exhibits unsatisfactory performance during either the pre-clinical or clinical phase may be dismissed from the MSHS PA Program.
3. A student must successfully complete all of the course work of one semester before he or she can be approved for promotion to the next semester.
4. A student will have access to a process of appeal in cases where a denial of academic advancement or dismissal from Weill Cornell is in question (See Appeals Process.)

Pre-clinical Phase:

5. A student must successfully complete all components of every course in the pre-clinical phase of the MSHS PA Program before he or she can be approved for promotion to the clinical phase of the MSHS PA Program by the Committee on Promotion and Graduation.
6. Remedial work and re-examination may be offered, at the discretion of course leadership, to a student who fails a course, as provided for in these guidelines and described in detail in the syllabus of each individual course.
7. A student may remediate no more than two pre-clinical courses. A failed course remediation will be considered unsatisfactory overall performance and is grounds for dismissal from the MSHS PA Program. A third failure will be considered unsatisfactory overall performance and is grounds for dismissal from the MSHS PA Program.

Clinical Phase:

8. During the clinical phase of the MSHS PA Program, a student must successfully pass all components of each rotation and all additional clinical-year coursework and requirements. Successful completion of all rotations is necessary for graduation from the MSHS PA Program.
9. A failing grade in any rotation may necessitate that the student repeat (remediate) the entire rotation. The determination of a Failing grade in a rotation is delineated in the *Clinical Year Syllabus*.
10. A student may not fail and repeat (remediate) more than two rotations during the clinical phase. A failure of a repeated (remediated) rotation will be considered unsatisfactory overall performance and is grounds for dismissal from the MSHS PA Program. Failure of a third rotation will be considered unsatisfactory overall performance and is grounds for dismissal from the MSHS PA Program.

Research Core:

11. Successful completion of all the requirements for the Master's research thesis is necessary for graduation from the MSHS PA Program.

GRADING

Individual course syllabi should be consulted for the level of performance required for successful completion of that course. Successful completion of a course includes but is not limited to course work, maintaining professionalism, attendance, punctuality and other criteria as stated in each course syllabus.

Student performance for the pre-clinical phase of the MSHS PA Program will be reviewed and tracked by the Director of Pre-Clinical Education in conjunction with the student's Academic Advisor. Student performance for the clinical phase of the MSHS PA Program will be reviewed and tracked by the Director of Clinical Education.

The Director of Pre-Clinical Education, in conjunction with the course instructors; and the Director of Clinical Education, in conjunction with the rotation preceptors; determine the student's final grade in each course after evaluation of the student's performance in all aspects of the course work, including results of examinations. The grade of Honors, High Pass, Pass or Fail will be recorded on the student's final transcript. The grade of Pass (P) or Fail (F) is used for specific courses as identified by the course coordinator.

The grading system is as follows:

H = Honors (93-100)

HP = High Pass (83-92)

P = Pass (70-82)

F = Fail (below 70)

I = Incomplete

R = Remediation Required

W = Withdrawal

AU = Audit

In addition, the interim grade "Incomplete" may be assigned to any course in which the performance is otherwise satisfactory but the student has not completed a component or activity that the Director of Pre-Clinical Education or Director of Clinical Education has agreed that the student may complete at a subsequent agreed upon date. If the student does not complete the activities by the specified date, the grade of "Incomplete" will become a "Fail" and the policies for failed courses will apply.

In the event that a student does not satisfactorily complete the requirements of a course, that student will receive a Failing grade.

Students may seek clarification about a grade for an examination, performance based assessment, or a final course grade that does not seem consistent with the student's view of his or her performance. If the student believes that there is a credible basis to assert that the grade received does not reflect his or her objective course performance, the student should seek the guidance of either the Director of Pre-Clinical Education or Director of Clinical Education, as appropriate. In the event resolution of the matter cannot be achieved between the applicable Director and the student, the student may appeal the decision per the PA Student Grievance Policy.

STUDENT PROGRESS

Advisors to Students

Each student is assigned an Academic Advisor from among the core faculty. This Academic Advisor will be the same throughout the student's entire education at the MSHSA PA Program. They are cognizant of the unique needs of the students in this Program and are a valued resource in both the pre-clinical and clinical phases. A list of Academic Advisors is provided, in writing, early on in the pre-clinical phase.

Students will be required to meet with their Advisor at the mid-point of each semester of the pre-clinical phase and twice during the clinical phase. The students are also required to meet with their Advisor after failing an exam during the pre-clinical phase. In addition students are encouraged to contact their Advisor throughout their education at the MSHS PA Program with any concerns.

Student academic and professional difficulties will be evaluated by the Director of Pre-Clinical Education or Director of Clinical Education, and the Program Director as early as possible so that appropriate strategies for improvement may be offered to the student.

When a student is having academic difficulty with a course(s) (or his/her overall academic performance) during either the pre-clinical or clinical phase, it is the responsibility of the student to seek advice from his/her Academic Advisor at the MSHS PA Program. Early intervention with academic difficulties may provide a wider range of solutions and is in the student's best interest.

During the Pre-Clinical phase of the curriculum, in the event of mid-semester unsatisfactory performance, the Director of Pre-Clinical Education will notify the student, the Academic Advisor and the Program Director in writing (a copy of such correspondence will be placed in the student's file). The Academic Advisor will then meet with the student and outline a plan to address the deficiencies in the student's performance as well as to help them improve. A student who continues to have academic difficulty may be referred to the Program Director.

During the Clinical phase of the curriculum, in the event of mid-rotation unsatisfactory performance, the Director of Clinical Education will notify the student, the Academic Advisor and the Program Director in writing (a copy of such correspondence will be placed in the student's file). The Director of Clinical Education will then meet with the student and outline a plan to address the deficiencies in the student's performance as well as to help them improve. A student who continues to have academic difficulty may be referred to the Program Director.

Academic Counseling and Tutoring

The MSHS PA Program provides academic counseling and/or tutoring or supplemental support to students who have academic difficulty. Some students need to enhance their study skills in general; others benefit from one-on-one tutoring sessions on specific course material and others need targeted knowledge enhancement. These services may be a part of the individualized plan outlined by the Academic Advisor for students with unsatisfactory performance. Alternatively, students may request these services by contacting their Academic Advisor or the Director of Pre-Clinical Education, Director of Clinical Education, or Program Director where appropriate.

Remediation

Remedial work, re-examination or repetition of a course are not to be regarded as a right for a student who has an unsatisfactory record in a course, but are options which may be offered to individual students, in the judgment of the MSHS PA Program faculty, based on the student's academic record and consideration of circumstances related to the completion of the course.

Pre-clinical phase:

During the pre-clinical phase, a student who fails a course may be offered the opportunity to remediate such course (unless this failure is the third failure whereby the above Guidelines for Promotion and Graduation will apply). Remediation is coordinated in conjunction with the Director of Pre-Clinical Education and may consist of but is not limited to re-examination of the course work, remedial academic assignments or other tasks.

Remedial work, including re-examination, for courses in which a student has not received a passing grade will ordinarily be offered at times which do not conflict with regularly scheduled academic activities.

Remedial work and any re-examination needed in pre-clinical phase courses will be scheduled within two weeks after the end of the semester and may require completion within the first week of the subsequent semester. A course failure in the third semester must be remediated prior to the beginning of the clinical rotations.

Students of the pre-clinical phase who successfully remediate a course will be given a grade of Pass. Students who do not successfully repeat remediate will receive a Failing grade for the course. A failing grade for a remediated course is considered unsatisfactory performance and grounds for dismissal, and the policy above will apply.

Clinical phase:

A failed clinical course (rotation) will necessitate that the student repeat the entire course (rotation) at the conclusion of the clinical phase (unless this failure is the third failure whereby the above Guidelines for Promotion and Graduation will apply). Successful completion of the repeated (remediated) rotation as defined in the Clinical Year Syllabus must be achieved before the student will receive a certificate of completion or degree. The student is responsible for the completion of all assignments related to the repeated rotation.

Students of the clinical phase who successfully repeat (remediate) a rotation will be given a grade of Pass. Students who do not successfully repeat (remediate) a rotation will receive a Failing grade for the course (rotation). A failing grade for a repeated (remediated) rotation is considered unsatisfactory performance and grounds for dismissal, and the policy above will apply.

Research

As part of the Master of Science in Health Sciences for Physician Assistant Degree, students will participate in PAS8000 Research Methodology and Application. This course will take place throughout the clinical year, culminating with the successful defense of a Master's thesis.

All students must successfully complete and defend a Master's research thesis under the guidance of a Weill Cornell Graduate School approved thesis committee and electronically submit an approved final draft of the thesis in advance of published WCGS deadlines. Students are required to complete all components of this course as indicated by the course syllabus in order to be eligible for the certificate of completion and the MSHS degree.

Appeals Process for Academic and Conduct Decisions

A student can appeal a decision of the Committee on Promotion and Graduation. During the appeals process the student's status as determined by the Committee on Promotion and Graduation will remain in effect until finalization of the appeals process. This appeal must be made in writing by the student within ten (10) working days of the Program Director's written notification to the student of the decision of the Committee on Promotion and Graduation. The Program Director will then appoint an ad hoc committee to consider the appeal ("Appeal Committee") whose membership will not include any member of the Committee on Promotion and Graduation. The members of this committee will be made up of faculty from the Weill Cornell Medical College and Graduate School

of Medical Sciences, including at least one core MSHS PA Program faculty member. The student shall receive at least seven (7) days advance written notice of the date, time and place of the appeal meeting with the Appeal Committee. Prior to the meeting, the student may submit a written response to the Appeal Committee regarding his/her performance. The student shall have access to his/her educational file and may appear before the Appeal Committee with an advisor or legal counsel if he/she so wishes. Any such advisor or counsel shall be an observer of the proceeding but may not participate in or speak at the Committee meeting. After the Appeal Committee has rendered a final decision, it will notify the Program Director who will notify the Program Chair and Associate Dean of the Graduate School of Medical Sciences. Prompt written notification to the student by the Program Director will follow.

Financial Aid Guidelines for Academic Progress

Satisfactory academic progress is reviewed for each student receiving financial aid from Weill Cornell at the end of every payment term. If a student exhibits unsatisfactory academic performance as determined by the Committee on Promotion and Graduation, he or she receives notification in writing from the Program Director, which includes a Financial Aid warning for the subsequent payment term. If a student fails to make satisfactory progress after a warning period, then s/he is placed on probation and is ineligible for subsequent financial aid payment. Under this circumstance, a student may be offered an individual academic plan in accordance with the Committee's criteria to re-establish satisfactory progress and is permitted to receive financial aid for an additional payment term. Failure after warning and probation period may be grounds for academic dismissal.

STUDENT GRIEVANCE POLICY

It is a principle of the MSHS PA Program that the standards outlined above will be maintained within the Program in order to foster academic excellence and professional integrity. To achieve this, the students must know the expectations and standards of the MSHS PA Program, understand how these will be applied and be familiar with the grievance process.

The grievance process should be applied as follows:

Informal Procedure:

1. Five (5) representatives will be elected within the pre-clinical phase, with one representative selected by students from each of the advisory groups. It is the responsibility of this panel of class representatives to be the liaison between the Program administration and the entire student body. Students are encouraged to utilize their class representatives when a problem arises.
2. Any individual student may approach any member of the Program administration for individual guidance or for a personal complaint. To encourage timely resolution of issues, email is not recommended. Face to face or phone communication is preferred.
3. Students may seek advice from the Program Director about unresolved matters or responses that the student considers unsatisfactory.

Formal Procedure:

The Program will invoke formal procedures to address unresolved matters and in those circumstances where an informal process is not realistic. The formal process is as follows:

1. The student should draft a letter describing in detail the student's grievance addressed to the Program Director. The student should explain what occurred, when it occurred, and how it affected him/her. In the letter the student must provide as much information as possible with supporting documentation. Students should be sure to indicate what resolution he/she may be seeking as a remedy.
2. In consultation with the faculty involved, the Program Director, has discretion to request documents and relevant information that would be needed to conduct a full and fair assessment of the situation.
3. After investigating the complaint, the Program Director will respond to this letter with a formal written resolution in a timely manner.
3. Should the situation go unresolved, further advice may be sought by the student from the Chair of the Program, the Associate Dean or the Dean of the Graduate School of Medical Sciences.

No set policies or procedures can anticipate every issue or situation and circumstances at times require alternations and/or adaptations. While maintaining a program commitment to these policies and applying them fairly, the Weill Cornell Graduate School for Medical Sciences, MSHS PA Program does, however, reserve the right to modify policies and/or procedures at times as it may deem necessary.

Reserved Rights/Changes to Policy

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

STUDENT HEALTH

The Medical College is dedicated to providing the finest medical care to its students. The following summary highlights the Student Health Service and the Student Injury and Sickness Insurance Plan.

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

Student Health Service

All students must participate. The mandatory fee for the student health service 2017-2018 is \$1,300.00 a year, and cannot be waived. Dependents under the age of eighteen are not seen in the SHS. With the Medical College's plan for families, dependents under the age of eighteen are fully covered for all care if they are seen by participating pediatricians.

The SHS Medical Director is the primary care provider for all full-time, matriculated students. In conjunction with a registered nurse, all non-emergency medical problems and preventive care are managed at the SHS. After hours and on weekends, coverage is provided by on-call physicians for emergencies. The SHS coordinates all activities related to health care in the ambulatory and hospital settings. The SHS Medical Director determines the need and appropriateness of referrals to specialists/subspecialists and should be consulted for referrals.

LOCATION: 230 E 69th St (between 2nd and 3rd Aves)
New York, NY 10021

Telephone: (646) 962-6942

Hours: Currently: 8:00 am- 12 noon and 1:00 - 4:00 pm, Monday - Friday

After Hours: Urgent/Emergency Care - Physician-on-Call Service

To reach the doctor on call after hours, dial the answering service at (646) 962-6942. If urgent medical care is needed, the physician will direct the student to NewYork-Presbyterian Hospital.

Services Available at SHS

Services rendered within the confines of the Student Health Center are done at no additional charge beyond the SHS Fee (with the exception of a limited number of vaccines). Anything outside of our four walls will be billed to insurance.

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

- evaluation and management of common conditions in primary care, “sick visits”.
- chronic disease management

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

Student Health Services and Attendance

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

Student Injury and Sickness Insurance Plan

The Medical College's Student Injury and Sickness Insurance Plan is specifically tailored to meet the needs of our students. The cost for student coverage in 2016 - 2017 is \$3,500. If a student needs to purchase additional coverage for a spouse, a child or a family (the student plus 2 or more dependants), the student should contact the Office of Student Affairs for the cost of coverage. In-network benefits include no deductibles or co-insurance, low co-pays, access to the United Healthcare Choice Plus Network, a \$1 million dollar maximum coverage benefit per sickness/injury, a prescription plan, national and international hospital care, out-of-area emergency care, and other benefits. Out of network care is available but requires a \$500.00 deductible and students will be responsible for 30% of usual and customary charges to an out-of-pocket maximum of \$3,700.00/individual. Optional dental and vision care coverage is available through separate programs at additional cost.

Information about our student insurance plans is available through the website of our broker, Gallagher Student Health at www.gallagherstudent.com/WCMC.

While all students must participate in the SHS, participation in the Medical College's health insurance plan is optional, but the student must provide evidence of being enrolled in a comparable insurance plan in order to waive participation in the Medical College's plan. Students with other health insurance policies are responsible for determining the specific benefits, limitations and differences of their policies from the Medical College plan as well as filling out required forms and settling financial issues with their insurance company. These students may also be limited in their choice of specialist referral depending on which of the Weill Cornell faculty participate in their specific insurance plan. Health insurance is a complex matter with stark and

subtle differences among policies. Before waiving participation in the Medical College plan, students should carefully review the eligibility, coverage, payment, and restriction features of individual, parent's, or spouse's insurance plan.

Criteria for Waiving Participation in the Student Injury and Sickness Insurance Plan

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

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

An enrollment waiver must be completed annually. For more information, contact the Office of Student Affairs. A waiver form can be completed at www.gallagherstudent.com/WCMC.

Referrals to Specialists/Subspecialists

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

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

Students are responsible for arranging the appointment and for handling billing and charges.

Medical Emergencies

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

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

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

Immunizations and Other Health Requirements

Measles, mumps, and rubella: New York State Public Health Law requires you to be immune to measles, mumps and rubella. Our institution requires demonstration of proof of immunity by serologic titer. Any student who is not immune by titer (e.g. negative, inconclusive or equivocal) will require boosters. There is no fee for *required* vaccines given at SHS. Titers will be drawn at Student Health for all incoming students who have not provided lab reports prior to matriculation, and billed to your insurance within the first two months of the academic year. If you are allergic to any of the vaccines or vaccine components, you will need to provide documentation from a physician not related to you. There is no “moral objection” permissible for vaccination for health care workers. If you have had titers drawn previously, provide copies of the lab reports to the Student Health Service in addition to your immunization record. Neither documentation of being “immune” without actual lab reports nor clinical history of disease is sufficient proof of immunity. Noncompliance may result in the student's inability to attend classes.

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

Meningitis: New York State Public Health Law requires all college and university students to complete a meningitis information response form. It acknowledges that you have received information about meningococcal meningitis and the availability of a vaccination. You are not

required to have the vaccination. However, the vaccine is available at SHS at a fee of \$110.00. If you did not receive information on meningococcal meningitis or the response form in your SHS pre-matriculation information packet, please contact the SHS.

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

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

Tetanus–diphtheria (Td) or tetanus–diphtheria–acellular pertussis (Tdap): Completion of the childhood series, and a booster within the last 10 years. If you have received Td greater than 2 years ago, we will recommend a new booster with Tdap to confer additional protection against pertussis (whooping cough).

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

Periodic health assessments: A completed history and physical examination should have been performed prior to your matriculation. If it is incomplete, such student may be asked to be evaluated at SHS, or restricted from classroom activities, or both. Clinical students will undergo a pre-rotation health assessment at the end of their pre-clinical years in preparation for rotations at NewYork-Presbyterian Hospital and its affiliates. This must be completed prior to starting the clinical rotations or students may be prevented from participating on the rotations.

Influenza: It is strongly encouraged for students in the health professions, and students in the clinical years will be required to document accepting or declining the vaccine. It is provided free of charge during the fall and early winter (assuming supplies are adequate). It is recommended that students be immunized because the illness would affect the rotations as well as the CEE.

SHS follows all applicable Medical College and NewYork-Presbyterian Hospital Policies and Procedures. We will notify you of any additional screenings, vaccinations, or policies that may be recommended after the printing of this edition.

Policy for Management of Students, Faculty and Staff Following a Needlestick or Body Fluid Exposure

Human Immunodeficiency Virus (HIV), the cause of AIDS, as well as Hepatitis B and C can be transmitted to anyone exposed to blood, other body fluids or tissues containing these viruses. The risk of HIV infection following percutaneous exposure to blood infected with HIV is approximately 0.3% overall; the risk from mucous membrane or non-intact skin exposure is approximately 0.1%. The risk of Hepatitis B transmission following a percutaneous exposure is 2- 40% and of Hepatitis C transmission, 3-10%. Other factors in addition to the route of exposure may influence transmission risk such as titer of virus in the source material, volume of infected material involved and viability of the virus.

Out of concern for its workers, patients and visitors, and in response to the OSHA Bloodborne Pathogen Standard, the following policy and guidelines for the management of blood or body fluid exposure have been established at The NewYork-Presbyterian Hospital-Weill Medical College.

Policy

All puncture wounds and other exposures to blood and body fluids should be reported immediately by MSHS PA Program students to the Student Health Service (SHS) at (646) 962-6942 or the NYP Emergency Room so that the exposure can be documented and appropriate preventive measures initiated. In accordance with the CDC recommendations and guidelines students should be evaluated and treated within 2 hours of the exposure. Please follow these steps as quickly as possible.

Students must also notify the MSHS PA Program. All students are permitted to use taxi service for transportation to the SHS or NYP Emergency Room. Original taxi receipts must be submitted to the MSHS PA Program for reimbursement.

An exposure is defined as contact by: 1) needlestick or sharp puncture wound; 2) open cut, burn or abrasion contaminated by body fluids or tissues (blood, blood products, bloody fluids, semen, CSF, amniotic fluid, menstrual discharge, pleural, peritoneal, pericardial fluid, inflammatory exudates, any other body fluid or tissue contaminated with blood); 3) splash to mucous membranes (e.g. eye or mouth) with such materials; or 4) Any other type of exposure to blood or body fluid that is of concern to the student.

Wound Care should be done immediately at site of accident when possible:

- Clean wound with soap and water
- Flush mucous membranes with water/saline
- Bleed wound gently
- Give other wound care as dictated by injury or accident

Inform your preceptor that you are returning to Weill Cornell Medical College-New York Presbyterian Hospital and immediately return.

If possible obtain: Patient name, ID#, HIV risks, hepatitis status if known, as well as the name and pager of the attending and/or supervising resident physicians. Complete an incident report as directed.

Since maximum benefit of therapy may occur with prompt treatment, the following policy has been established:

1. Between 8:00 a.m. to 4:00 p.m. on business days, the student will report to SHS. During nights, weekends or holidays, the student will report to the NYP Emergency Room (NYP ER) for immediate evaluation and treatment. Students should follow up with the SHS on the next business day.
2. Initial treatment for Hepatitis exposure will depend on the student's antibody status. Further referral to a Hepatologist may be necessary in some instances
3. Follow-up treatment for all exposures will be provided by SHS, or by an appropriate infectious diseases specialist within the confines of the student's insurance policy and according to the student's wishes.
4. If the source patient is known HIV positive, the appropriate medications required will be offered to the student. The student will be counseled and HIV testing recommended.
5. If the source patient is in a high-risk group, the student will be counseled, HIV testing recommended and HIV post-exposure prophylaxis (HIV PEP) offered if appropriate.
6. When the student reports an exposure, a questionnaire will be completed to determine how the exposure occurred and whether protective equipment was in use. All exposure questionnaires will be reviewed with student, the student's input regarding prevention sought, and the student counseled about needlestick prevention. Needlestick questionnaire results will be analyzed in an aggregate fashion (without specific identifiers) and may be presented to the WCMC AIDS Committee, Environmental Health Services (EHS) and other appropriate sources.
7. If a needlestick or exposure occurs while a student is on an away elective, (hospital setting not affiliated with Weill Medical College) immediate evaluation and treatment will be available within the guidelines and policies of that institution or facility, according to the patient's wishes and within the confines of his/her insurance guidelines. Follow-up treatment for exposures will be given in SHS of The Weill Medical College of Cornell University.
8. Diagnostics
 - A. A Hepatitis B surface antigen (HBsAg) and other appropriate blood work will be ordered on the source patient if it is not known.
 - B. A Hepatitis B surface antibody (HBsAb) will be ordered on the student if it is not known.
 - C. A Hepatitis C antibody (HCV Ab) and/or PCR will be ordered on the source patient and the student.
 - D. If the student was exposed to an HIV infected patient or patient at high- risk for HIV infection, the student will be counseled on the issues of consenting to HIV antibody testing. The student will also be counseled on general risk-reducing measures. If the student consents to HIV testing, a baseline HIV antibody will be obtained and repeated at 6 weeks, 3 months, 6 months and up to 12 months post-exposure. HIV PEP will be offered if appropriate.
 - E. The NYP HIV Counselors will be contacted to perform HIV testing on the source patient if the HIV status is unknown, **BUT THE PATIENT'S PRIMARY PHYSICIAN (ATTENDING/RESIDENT) MUST INFORM THE PATIENT OF THE INCIDENT AND IMPENDING TESTING BEFORE THE COUNSELORS CAN CONTACT THE PATIENT.**

Note: Initial and subsequent lab testing will be billed to your insurance carrier.

9. Counseling

- A. Immediate counseling will be provided by SHS or the NYP ER. Among the issues to be discussed are the nature/severity of exposure, and if indicated, a discussion of HIV prophylaxis. Stressors may be identified at this time, which the clinician will utilize to advocate counseling. In addition, the issues of confidentiality, HIV testing, Hepatitis B prophylaxis, safe sex and deferral from blood donation will be discussed.

10. Hepatitis and Tetanus Prophylaxis

- A. Information and counseling will be given regarding the benefits, side effects and potential risks regarding Hepatitis B Immune Globulin (HBIG) and the Hepatitis B Vaccine.
- B. Hepatitis B Immune Globulin (HBIG) 0.06ml/kg IM will be offered to students exposed to a source patient who is HBsAg positive or at high risk for Hepatitis B (HBs Ab positive students who are considered immune do not need either HBIG or Hepatitis B vaccine).
- C. Tetanus immunization 0.5cc IM will be offered if the student has not received booster or series within the past 5-10 years, pending the nature of the exposure.
- D. Hepatitis B Immune Globulin shall be offered in 1 month if the student declines the Hepatitis B vaccine and when source patient is HBsAg positive.

11. HIV Prophylaxis

The Center for Disease Control has made provisional recommendations for the use of multiple drugs for chemoprophylaxis after occupational exposure to HIV (5). Zidovudine (ZDV), a reverse transcriptase inhibitor, is the only agent for which data support the efficacy of postexposure prophylaxis (6). In HIV infected patients, combination therapy with the nucleosides ZDV and lamivudine (3TC), has greater antiretroviral activity than ZDV alone, and is active against many ZDV resistant strains without signs of increased toxicity. Even greater antiretroviral effects are noted with the addition of a protease inhibitor, which significantly decreases the viral load in HIV, infected patients. The recommendations for HIV postexposure prophylaxis through The New York - Presbyterian Hospital guidelines, have been adapted from the Center for Disease Control recommendations (5). They are based on risk assessment of the exposure including the type of exposure (percutaneous, mucous membrane, skin) and contributory risk factors (e.g., source material, device). For exposures with the highest risk for HIV transmission, a more aggressive postexposure regimen is recommended including all three drugs. Postexposure prophylaxis should be initiated promptly, preferably within 1-2 hours postexposure, and up to 2 weeks after exposure, though the interval after which there is no benefit from prophylaxis is undefined. SHS will utilize the regimen currently recommended by NYPH at the time of the incident. Students will be provided up to 4-days of PEP at no charge to them pending initial results. If additional medication will be required, students will be provided prescriptions and will be responsible for any pharmacy charges and copays.

12. Confidentiality

All medical and other hospital records pertaining to the HCW's exposure will be kept confidential in accordance with applicable New York State law. In this regard, the student should know that recently enacted legislation has provided special, more stringent confidentiality for all "HIV-related information" (which includes even the mere fact that someone received HIV testing). The provisions

of this new confidentiality law will be strictly adhered to so that any "HIV-related information" which may pertain to the student will be protected from disclosure in accordance with this law. SHS staff will review additional components of the laws surrounding HIV testing, including partner notification.

The following measures have been initiated to ensure confidentiality of medical records in the student health service:

1. Confidentiality of every student medical record will be adhered to by the student health service staff. All HIV test results are kept in separate, locked files and are maintained at Student Health by the Nurse Administrator and Medical Director.
2. Specific HIV related information will not be given by telephone.
3. Laboratory tests are usually performed by The New York Hospital service laboratories. This is true of HIV antibody tests, as well. The name, address, medical record number is required to be used. Reports of all testing done by the SHS remains in that office and is not shared with any office or sent with NYH Medical Records. Certain test results can be sent to consultants at the student's request.
4. Requests for student medical information by any individual or organization outside of the health service will be directed to the student health physician. Unless so required by law, no medical information will be released without the approval of Medical Director of Student Health, the office of Legal Affairs and the student.
5. If a needlestick injury occurs, students are encouraged to follow the specific guidelines outlined in the policy. If the student wishes to preserve confidentiality, open discussions with other students, housestaff and staff physicians are discouraged.

Medical Records

Records generated at SHS are not released to any other party without a signed, written release of confidential medical information. Immunization records are provided free to the student while they are still attending WCMC.

A charge may be assessed on medical records and immunization records after a student has graduated. Students with chronic medical conditions or complex medical backgrounds wishing to coordinate care at SHS may request outside medical records be sent to Weill Cornell Student Health Service using the contact information above. SHS does not pay for outside record requests.

E-Mail Communications

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

Guidelines and Limitations for the Use of E-mail

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

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

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

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

- General questions
- Appointment reminders
- Routine follow-up

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

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

Mental Health Service

Coordinator: Richard Friedman, M.D.
 Location: NYPH - Baker 11 - Room 1154
 Hours: by appointment only
 Phone: (212) 746-5775

Confidentiality, prompt and responsive care are the hallmarks of the Mental Health Program. The Student Mental Health Program provides confidential and comprehensive evaluation and diagnosis of mental health/behavioral disorders and substance abuse problems. You may contact the SMHP directly and you do not need a referral to do so. If ongoing behavioral/mental health treatment is required, you may be referred to a member of the Student Mental Health team to receive high quality and confidential treatment, including various types of psychotherapy, pharmacotherapy, or both.

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

Mental Health insurance plans are quite variable in the number of visits allowed and the charges. Weill Cornell's plan enables students to have up to 30 in-network visits/year with co-payments. If out-of-network, there is a deductible and co-payments. **IF YOU DO HAVE OTHER HEALTH INSURANCE, BE SURE TO READ THE RULES, RESTRICTIONS AND FEE SCHEDULE BEFORE YOU SELF-REFER.**

Privacy and Confidentiality

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

Students who request laboratory results by telephone must speak to the Nurse Administrator giving their name, date of birth and identifying the specific laboratory test. Results will not be e-mailed.

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

Requests for student medical information by any individual or organization outside of the Health Service will be directed to the Student Health physician. Unless so required by law, no medical information will be released without the approval of the Student Health physician, the Office of Legal Affairs, and the student.

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

The Americans with Disabilities Act (ADA)

Students with disabilities who would like more information about the process for requesting disability services are encouraged to meet with the Director of Pre-Clinical Education or with the Program Director.

The American with Disabilities Act (ADA) as amended in 2008 defines a disability as a physical or mental impairment that substantially limits one or more major life activities. More information about Cornell's procedures for students with disabilities can be found at the Cornell University Office of Student Disability Services website, <http://sds.cornell.edu/>

Any student with a documented disability who is requesting disability service must submit current and comprehensive documentation from a licensed professional to the Director of Pre-Clinical Education or the Program Director for review. If documentation is insufficient to determine eligibility for disability services or appropriate reasonable accommodations, the Director of Pre-Clinical Education or Program Director may request additional information. As many accommodations require advance notice to arrange, students must submit their requests well in advance of the accommodation. A minimum of two weeks is usually necessary.

Childcare

Program Overview: Bright Horizons' back-up care programs provide a safety net for those days when regular dependent care arrangements fall through. The *Back-Up Care Advantage Program* supplements, rather than replaces, these arrangements and is a comforting emergency alternative when you need it the most.

Bright Horizons' Center-Based Child Care Network: The *Back-Up Care Advantage Program* provides your child with access to high-quality back-up care programs at Bright Horizons child care centers located close to your home or work, when your child's regular care arrangements have fallen through. The age groups primarily served at our centers include infant -- Pre-K. Additional age groups including school age may be supported at various locations across the country.

Extended Network Center Based Child Care: You have the option to use one of our extended network child care locations close to your home or work in the event you are unable to identify a suitable Bright Horizons' Community Child Care Center to meet your child's needs. You can take comfort in knowing our network of child care centers meets established standards of quality for accreditation or state licensing, including developmentally appropriate curriculum, appropriate health and safety policies, teacher-to-child ratios, and teacher qualifications.

In-Home Care: You also have access to Bright Horizons' nationwide network of high-quality childcare providers qualified to provide your child with a safe and secure in-home care experience. Personal care assistants, home health aides, and nannies commonly provide care in a child's home.

In-Home Mildly Ill Care: Mildly ill in-home care is available when your child is injured or suffering from a common, short-term non-contagious illness or shows symptoms of an illness. It does not matter whether your child is an infant, toddler, preschool-aged, school-aged, or a teenager. Bright Horizons Family Solutions knows the concern you have about the quality of care your child needs to feel better and has built a nationwide network of home health care professionals to provide your family with confidence that your child's health care needs are being met while you are at work.

Adult/Elder Care: Back-up adult care is also available in your home or the home of your adult relative. Providers can assist in caring for your family member who requires homemaker or companion services (such as household tasks, cooking, shopping and laundry), personal care services (such as help with dressing, bathing and toileting), or even medical care (such as the administration of medication, dressing and wound care, and blood pressure and diabetes monitoring). Non-medical adult care is provided by sitter companions, personal care assistants, and home health aides. Medical care is provided by certified nursing assistants (CNAs), licensed practical nurses (LPNs), or registered nurses (RNs) depending on the medical skill level needed.

Self-Care: Self-care is available in the event an employee is in need of assistance. Restrictions on utilization are the same as for any other adult/elder care request and counts against the employees available usages for the contract period.

To sign up:

- 1) Go to <http://www.backup.brighthorizons.com>
- 2) Login with username: Weill Cornell // password: 4backup

3) You will be asked to provide an 8 digit ID number when registering and requesting backup care

MD/PhD & PhD students: this is the employee number is found on your stipend stubs

Medical students: AAMC number

PA students: this is your EIN number (available from the PA Program Administrative Secretary)

Costs

Center-based child care @ \$15/child or \$25/family

In-home child and/or adult/elder care @ \$6/hour (minimum 4 hours)

10 uses per calendar year

LIBRARIES

Weill Cornell Medical Library library.weill.cornell.edu

The Weill Cornell Medical Library (located just inside the 1300 York Avenue lobby) is the principal information resource of the Weill Cornell Medical College and Graduate School of Medical Sciences of Cornell University and the NewYork-Presbyterian Hospital/Weill Cornell Medical Center.

Composed of the Samuel J. Wood Library and the C.V. Starr Biomedical Information Center, the library is committed to ensuring effective retrieval and use of information to create new knowledge and improve health.

Basics

Circulation Desk – Open seven days a week. Stop by with your ID to register for Library borrowing privileges, check out a wireless laptop, or receive help with creating a PPMS account. Phone: 6-6050.

Information Desk – Open Monday-Friday, 10am-5pm. Information specialists perform free mediated searches and answer reference questions. Call 6-6055, send a request anytime to infodesk@med.cornell.edu, or use the “Ask a Reference Question” or chat reference links on our website.

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

Tri-Cat Catalog – The shared online catalog of Weill Cornell Medical College, Rockefeller University (material no longer available) and Memorial Sloan-Kettering Cancer Center. It lists not only the print holdings but also has direct links to electronic books and journals. You can limit your searching to “WCMC E-Resources only.”

Hours

Monday - Friday – 7 am - midnight

Saturday – 9 am - 8pm

Sunday – 12 noon – 12 midnight

See website for summer and exam hours and holiday closings.

Computers and Wireless

1. *Desktops* – All computers are fully networked and have Microsoft Word, PowerPoint, and Excel. Computers located downstairs in the Computer Room also have EndNote & SAS.
2. *Wireless networks* – ITS tagged laptops use WMC Secure. For guest access, use WMC Guest Services.
3. *Laptop checkout* – Check out a wireless laptop from the Circulation Desk for use while in the Library.

Printing & Photocopying (PPMS)

In order to pay for printing and photocopying, you need to set up a PPMS account – \$1.00/color, \$0.10/black and white.

Library Etiquette

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

Food and drinks limited to the Commons. Drinks in spill-proof mugs are allowed throughout the Library.

You can purchase a Library spill-proof mug at the Circulation Desk – just \$5.00.

Services

Classes – Free classes are offered each semester, such as Unleash the Power of Google and EndNote Basics.

Request a consultation – Our Education & Outreach department provides customized orientations, library tours, help with literature searching and clinical & community outreach services.

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

Electronic Resources

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

E-books

Over 12,000 titles, including the *Current Protocols* series, *Current Medical Diagnosis and Treatment* and *Harrison's*. Search for e-books by limiting to e-books in the search toolbar.

E-Journals

Over 9,500 titles. Link to these journals from Tri-Cat or the e-Journals link from our website.

Popular databases

PubMed – premier clinical literature database; links to a host of biomolecular resources from NCBI.

UpToDate – a practical clinical reference, contains the equivalent of 40,000 pages of original, peer-reviewed text which provides specific, practical recommendations for diagnosis and treatment

AccessMedicine – suite of resources for clinical practice and education

Other databases

MD Consult – full-text access to selected medical texts, medical journals, practice guidelines, drug information, patient handouts, and CME materials

MedU – virtual patient case sessions

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

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

VisualDX – enter patient findings and create a differential diagnosis

Remote Library Access

EZproxy is a service that allows Weill Cornell's current faculty, students, staff and NewYork-Presbyterian/Weill Cornell's residents and fellows to remotely access the library's subscribed (paid) electronic content such as e-journals, e-books, and other e-resources while off-campus. For more information, visit <https://library.weill.cornell.edu/about-us/remote-access-to-library-resources>

GET IT button

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

Bibliographic management tools

EndNote Web and RefWorks, both web-based products, are free of charge for all members of the WCMC community; users must be inside the network to activate their account. EndNote is a client-based application and must be purchased by the individual user.

Neighboring Libraries

As registered users of Weill Cornell Medical Library, you also have courtesy privileges at the Hospital for Special Surgery (HSS), Memorial Sloan-Kettering Cancer Center (MSKCC), and Rockefeller University (RUL) libraries. Information about hours and access is available at the Weill Cornell Medical College Library Circulation Desk. You can also call or visit each library for further information.

Hospital for Special Surgery Library

541 East 70th St 8th Floor Main Building

<http://www.hss.edu/Professionals/Academic-Training/The-Kim-Barrett-Memorial-Library/>

Information 212- 606-1210 or via email at medlib@hss.edu

Memorial Sloan Kettering Cancer Center Library

430 East 67th St

<http://library.mskcc.org>

Information 212-639-7443

Rockefeller University Library

1230 York Avenue

Welch Hall, 1st floor

PROGRAM SPECIFIC POLICIES AND PROCEDURES

TUITION, FEES AND REFUND POLICY

Tuition is currently \$28,124 per academic year; increases should be anticipated. The total tuition due is divided into two payments within each academic year. The program academic years are as follows:

03/6/2017 – 01/31/2018
02/01/2018 – 09/30/2018
10/01/2018 – 05/31/2019

(*Exact Date of Graduation tentative)

If a student has pending financial aid, finance charges are waived and tuition will be deducted as the disbursement of loan money arrives.

Please note that this tuition cost is set for the academic year 2017-2018 for the first year entering PA students and tuition is subject to change on a yearly basis.

Reimbursement for withdrawal is as follows: If a student withdraws during the first week of didactic classes a \$500.00 administrative fee is assessed.

Withdrawal during the 2-4th week: 70%,
Withdrawal during the 5-8th week: 50%,
Withdrawal during the 9-12th week: 25%,
13th week and beyond: No refund.

Prior to Reimbursement all College property and/or equipment must be returned.

This tuition reimbursement policy holds for each academic year. Please note there are three academic years during the program (10 months, 8 months, and 8 months) for a total of 26 months.

Any individual who owes money to the University and/or has not returned any of the following items: clinic plate, I.D's., program equipment, library books, beeper, copy card, education center access card, will not be allowed to register or re-register in the University, receive a transcript of his or her record, have his or her academic credits certified, be granted a leave of absence, apply for or retain student housing, receive their certificate of completion or degree.

FOUR WEEKS PRIOR TO GRADUATION:

- 1) All outstanding fees owed to the University must be paid by cashier's check.
- 2) All requests for reimbursement must be submitted.

All students must make appropriate arrangements for settlement of all financial obligations to Weill Cornell including but not limited to tuition, housing, equipment and library fees as well as the return of pagers and ID badges prior to graduation.

WITHDRAWAL POLICY

Any student who chooses to withdraw from the MSHS PA Program must submit a letter to the Program Director requesting "withdrawal in good standing". A student may withdraw in good standing if the following conditions are met:

1. All financial obligations to Weill Cornell are met or approved arrangements have been made to satisfy any and all obligations.
2. A student must write a formal detailed letter to the Program Director, outlining reasons for withdrawal.
3. A formal exit interview has been conducted by a member of the Program Administrative staff.
4. All pre-clinical or clinical coursework, up to the date of request of withdrawal, must be complete and/or in good standing.
5. Upon presentation to the Committee for Promotion and Graduation a formal decision to grant a student a "withdrawal in good standing" will be made. The Committee for Promotion and Graduation reserves the right to deny a "withdrawal in good standing" if a student does not fulfill all of the conditions listed. A student who withdraws from the Program is subject to re-application.

STUDENT IDENTIFICATION CARDS

During orientation, the MSHS PA Program Office and Security Department will issue students two (2) identification (ID) cards: an I.D. for the Weill Cornell Medical College Campus and an I.D. for the 575 Lexington Avenue building. The Security Department for the main campus is located opposite the Starr Building entrance. The Program office assists with the issuance of the 575 Lexington Avenue I.D. Student must have both these I.D. Cards with them at all times.

Lost cards must immediately be reported as follows: Both cards, if lost/stolen, must be reported to the Program office at (646) 962-7277; the Weill Cornell I.D. must be reported to the Security Department on the main campus at (212) 746-0911. The 575 Lexington Avenue I.D. must be reported to the MSHS PA Program Office.

The 575 Lexington Avenue I.D. will allow access to the building, student facilities and building elevators. Student hours for access to the MSHS PA Program Student Center are as follows: Monday through Friday 8:00 am – 10:00 pm, Saturday and Sunday 9:00 am – 3:00 pm. If lost or stolen students are required to pay for replacement of these I.D.'s through the MSHS PA Program office.

COMMUNICATIONS

It is the student's responsibility to keep contact information current in the MSHS PA Program files. This includes: name changes, address, all telephone numbers, emergency contacts, etc.

Students will be issued a Weill Cornell e-mail account. This is the only acceptable format for exchange of electronic information between the student and the MSHS PA Program.

Therefore, students are advised to:

- check their Weill Cornell e-mail accounts on a daily basis
- check the MSHS PA Program bulletin board outside the Program classroom on a daily basis
- check for announcements posted through Canvas (<https://medcornell.instructure.com>)
- check for clinical announcements in EXXAT

Hospital Pagers

During the clinical phase of the training program, NewYork-Presbyterian Hospital pagers will be loaned to students. Students are expected to carry their pagers at all times during the clinical phase of the Program. To page: dial (212) 74[6-6700], follow the instructions and dial the intended page number, your extension number, and #. To answer a page, dial the call back number. Only hospital telephone extensions with a "6" prefix are accessible from outside the institution. Telephone extensions with a "2" prefix are only accessible from within the institution. If a pager is lost or stolen students are required to pay for the replacement through the MSHS PA Program office.

iPad (Program-Provided, ITS-tagged)

All MSHS PA Program students are required to use a PA Program-provided iPad throughout their training. These will be necessary to enable Weill Cornell library access as well as completion of course work including online examinations and instructor/course evaluations. iPads may not be available at orientation but will be distributed to students at the earliest opportunity. Upon completion of all degree requirements of the PA Program, the iPad may be retained by the graduate.

Use of Personal Laptop Computers

Should a student also wish to use *their own laptop computer*, for any purpose requiring access to the Weill Cornell Medicine network, the device must be compliant with published minimum requirements and must be “tagged”. The Office of Information Technologies and Services (ITS) will be “tagging” and performing mandatory encryption of each PA student’s laptop computer as requested. These steps will permit students to securely and wirelessly connect to the Weill Cornell Medical College (WCMC) Network.

For information regarding computer requirements, visit the ITS website at:

<http://weill.cornell.edu/its/computing/hardware/supportedcomputers/compminreqs.html>

For additional information on networking policies for computers, please visit here:

<http://weill.cornell.edu/its/network>

Students are eligible for software discounts including Microsoft products (such as Microsoft Office) at www.WeillCornell.onthehub.com once they are enrolled.

TEXTBOOKS

Prior to the start of each semester, students will be provided with an up-to-date listing of required textbooks for that semester. Many titles will be available online through the Weill Cornell Medical Library site.

MEDICAL INSTRUMENTS

Prior to beginning the Physical Diagnosis course, the faculty will discuss in detail the diagnostic equipment required by the MSHS PA Program. At that time, students will have access to selected vendors in order to purchase the required medical equipment. This equipment will be used early in the curriculum and must be received within the first month of classes.

DRESS CODE FOR PHYSICIAN ASSISTANT STUDENTS

It is the viewpoint of the MSHS PA Program that professionalism stems not only from how we dress for the people we serve but also the manner in which we carry ourselves. Your attire should represent the Weill Cornell Medicine community, the PA Program, and the profession. In the spirit of this, the Program has established a dress code for all MSHS physician assistant students.

During the pre-clinical and clinical phases of the MSHS PA Program, students are expected to dress appropriately and professionally. This requires “business casual” attire in the classroom setting. Furthermore, the MSHS PA Program considers the following enhanced dress code as appropriate and professional for all clinical settings in which interactions with patients and other providers can reasonably be expected:

1. Identification card with photograph facing outward; must be worn at all times.
2. Short white jacket (purchased at WCMC book store; red WCGS patch will be provided by the MSHS PA Program). The patch is to be placed on the upper left arm, two inches from the shoulder.
3. Clothing: Clean, appropriately sized (not too tight, not too loose), neat, ironed, and well cared for:
 - a. Collared shirt and tie (men)
 - b. Blouse, tailored shirt, or sweater (women); dresses and tops must have sleeves
 - c. Dress pants, colored or khaki trousers, slacks, knee-length skirts
 - d. Closed-toe shoes, with heels < 2"
4. Scrubs: only while on services at New York Presbyterian Hospital and on various rotation sites, when required. Scrubs are not to be worn outside of these environments.

(Please Note: Green scrubs are prohibited in certain areas. Read the section titled *OR Green Scrub Policy*.)

5. Tattoos must be tastefully concealed
6. Nails: appropriately groomed (fake nails are prohibited)
7. Piercings: should not interfere with patient care or infection control policies

Examples of Unacceptable Attire in Clinical Settings:

- Denim Shirts;
- Denim pants (jeans) of any color
- t-Shirts (any type with or without writing)
- Open toe shoes (sandals), flip-flops
- Sweat pants and sweat shirts, cargo pants, shorts, Capri pants, leggings
- Low-cut and/or tight-fitting blouses, shirts, sweaters and tops including tank tops

**Students will be required to wear abbreviated clothing during the *Physical Diagnosis Skill Sessions and Practice Groups* (this would consist of a sports bra for the women, T-shirts for men and gym shorts for both the men and women).

Lab Jackets

Short White lab jackets are required to be worn during all clinical experiences in the pre-clinical phase and on all clinical rotations. Students of the MSHS PA Program are expected to present a neat, clean, well groomed, professional appearance at all times. In addition, in a clinical setting, students shall dress in a manner that is distinctive from the hospital house staff and attending staff that will readily identify them as students.

Failure to adhere the above dress code may result in disciplinary action.

OR Green Scrub Policy

Effective February 10, 1992, the following regulations were issued by the President of NewYork-Presbyterian Hospital regarding NewYork-Presbyterian Hospital Operating Room Greens:

1. The wearing of green scrubs is prohibited in non-patient care areas, including the Medical College library, cafeteria, and laboratories.
2. The wearing of "greens" by all personnel in non-surgical patient care areas or special care areas is prohibited.
3. The wearing of green scrubs outside of the medical center, or to enter or exit the medical center, is strictly prohibited.
4. The name and departments of personnel/students exiting or entering wearing "greens" will be obtained by the security staff, and forwarded to the Operating Room Committee for further disciplinary action.

ASSESSMENT

In the MSHS PA Program's continuing efforts to maintain quality education our program utilizes many assessment tools. These include surveys and performance evaluations. Matriculated students, recent graduates and alumni provide an opportunity for the MSHS PA Program to determine if goals are met. These goals include preparation of pre-clinical students for clinical rotations and clinical students for clinical practice and the National Certifying Examination. The MSHS PA Program is also able to consider the ever-changing environment in which healthcare is delivered. To best anticipate the future needs of students and practitioners alike.

Course/Instructor/Clinical Rotation Evaluations: Students are required to complete an online

evaluation of the course and instructors at the conclusion each course. Given the crucial nature of this evaluation, transcripts may be withheld pending course/instructor evaluation completion to ensure a good response rate.

Graduate Surveys: Graduates are contacted and requested to complete an online survey to better identify the job market and challenges facing our Graduates as well as their preparedness for practice, the National Certifying Examination and related fields such as administrative, research and education.

SERVICE WORK

In order to maximize the clinical learning environment and to adhere to the ARC-PA, Inc.'s (Accreditation Review Committee on Education for the Physician Assistant, Inc.) Accreditation Standards for Physician Assistant Education Guidelines, students must not be used to substitute for regular clinical or administrative staff while on clinical rotations nor may they be permitted to accept payment for services rendered in connection with the performance of their rotation.

Students must notify the MSHS PA Program office immediately should they be put in such a position, or have any questions or other concerns.

In addition, any student considering engaging in gainful employment or already doing so during their time in the program must make the Program Director aware of this. The appropriateness of such employment will be reviewed by the Program Director with the student in light of the student's personal academic history.

LIABILITY INSURANCE

Weill Cornell provides general liability insurance for all students while they are acting within the scope of their duties in an academic program of approved medical instruction (A student may elect to purchase additional liability insurance through the American Academy of Physician Assistants at personal expense, but this is not required).

Note that the insurance afforded to a student does not apply to damage to property owned, rented to, or under the care, custody and control of the student. It is advised that students obtain personal property coverage (which may be available as part of a homeowner's or renter's policy) for equipment, instruments and other property purchased by a student and utilized during pre-clinical and clinical instruction.

Coverage afforded by the University's professional liability policy covers students for on-site and approved off-site locations. Approved off-site locations would include rotations at affiliated hospitals and clinics.

Student rotations at a non-affiliated off-site locations must be approved by the Director of Clinical Education and University Counsel prior to the commencement of the rotation.

Any incident, either actual or alleged, which you have knowledge of must be reported immediately to the MSHS PA Program office. If you have any questions about the liability insurance policy, please call the MSHS PA Program office.

ATTENDANCE POLICIES

Students at the MSHS PA Program are physician assistants in training who are expected to carry out all academic responsibilities in a professional manner. The MSHS Program has a duty to establish criteria for professional comportment as an important part of its mission to train students to become effective physician assistants. Students must handle absences from required program activities in a manner that reflects a standard of professional responsibility for practicing physician assistants. When a student does not attend a required session, and has not provided in advance an appropriate request for permission or explanation of the absence, the absence will be considered unexcused.

Pre-Clinical Attendance

The integrated curriculum of the MSHS PA Program in the pre-clinical phase uses many kinds of learning formats, including lectures and collaborative designs. Unless specified otherwise, attendance at all course activities including lectures is mandatory. Several of the components promote active learning by requiring students to work collaboratively in the educational process. In collaborative learning structure, student attendance will often contribute to the student's academic mastery of that component.

Students are required to attend and participate fully in all scheduled educational activities throughout the pre-clinical phase of the MSHS PA Program. Makeup assignments for course work missed due to absence may be required, at the discretion of the Director of Pre-Clinical Education. Any student exhibiting a pattern of missing class or educational activities prior to examinations will be subject to a grade deduction or zero on the exam.

Time off limits: Students may miss up to five (5) excused days due to illness or other emergencies throughout the entire pre-clinical phase. Students may take no more than two (2) sick or personal days during a single semester. A half day excused absence is recorded as a full day taken.

Holiday/Vacation Time off

The following holidays are recognized by Weill Cornell Medicine: **New Year's Day, Martin Luther King, Jr. Holiday, Presidents' Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, Christmas Day.** Additional scheduled time off will be delineated in a Student Calendar to be distributed, by cohort, to each matriculating class at orientation.

Students are not permitted to miss classes prior to a scheduled holiday or vacation. Students are expected to be at their classes until released by the lecturer. In certain instances, students may be excused by 3:00 pm on the day prior to the start of the holiday and will be notified by the MSHS PA Program. Otherwise, students are expected to be in class as normally scheduled. Students are not permitted to miss the first day back from a scheduled holiday or vacation. As such, students are expected to make all travel arrangements to ensure this requirement. Students are advised to leave themselves one extra travel day in case of travel delays and/or cancellations.

Students should not assume that the class is canceled unless specifically notified by the MSHS PA Program office. The MSHS PA Program office, when aware of cancellation, will notify students as expeditiously as possible. If an instructor does not arrive within 20 minutes of the scheduled start time, a member of the class should contact the MSHS PA Program for further assistance. Students should not contact instructors independently.

If a student will be absent, arrive late, or depart early for any reason, the MSHS PA Program must be notified by telephone and/or e-mail in at least two hours prior to class start. If a student is subject to an extended absence (two or more consecutive days), the student must submit a written note from a suitable authority explaining the absence. If an absence is anticipated, an *Absence Form* must be submitted to the MSHS PA Program office one week prior to taking time off. No request for time off should be considered authorized until a copy has been returned to the student indicating MSHS PA Program approval.

Lateness to class demonstrates unprofessional behavior. Students who come in late should sit in the reception area until cleared to enter the classroom by faculty, so as to not interrupt class activity. Repeated lateness or unexpected absence may lead to disciplinary action as per Standards of Conduct.

Clinical Attendance

The clinical phase of the curriculum mandates the full time commitment of the students in all patient care and didactic activities. The student's presence on the clinical floors of the hospital is critical to the learning experience because it provides opportunities to observe and to participate in acute medical management decisions. Students are required to attend all lectures, rounds, case presentations, conferences, clinical, on-call periods, and other experiences as designated by the clinical coordinator and/or preceptor.

Attendance on clinical rotations is mandatory. Absences must be reported to both the preceptor and the MSHS PA Program office by 9:00 am. Any time missed on a rotation must be made up. Attendance at all end of rotation meetings is mandatory. Unexpected absences must be reported verbally to both a) the supervising clinical preceptor at least 8 hours prior to the scheduled start of the shift as well as b) the Program office by 9:00 am (messages may be left on 646-962-7277). Students must also e-mail the Director of Clinical Education. Requests for planned absences must be made in writing (*Absence Request* forms are available on-line in the learning management system) a minimum of 2 weeks prior and submitted to the Director of Clinical Education for approval. However students are encouraged to submit Absence Requests as far in advance as possible. Requests that are submitted late may be denied.

Any time missed (no matter the reason) on a clinical rotation must be made up at the discretion of the Director of Clinical Education and/or the clinical preceptor. Failure to notify the MSHS PA Program and/or preceptor of absences or failure to make up the missed days will result in the necessity of repeating two days for each missed day. Time may be made up during vacations or at the end of the clinical year and must be completed before a certificate of completion or a degree will be awarded. Students must provide written documentation of the time made up signed by the preceptor. The Director of Clinical Education must be made aware of when the time is being made up.

Students must attend the rotation on the day prior to the End of Rotation meeting. Students who fail to do so will lose five (5) points from their overall grade for the rotation. If this subsequent loss of points results in a failure of the rotation, the rotation must be made up as outlined below

Time off limits: Students may miss up to five (5) excused days due to illness or other emergencies throughout the entire clinical phase; students may also request up to three (3) excused personal days throughout the entire clinical phase. Students may take no more than two (2) sick or personal days during a single rotation. Students may not miss more than eight (8) excused days throughout the

entire clinical phase of the program.

As a reminder, per the discretion of the Director of Clinical Education and/or the clinical preceptor, students may be required to make up any time missed during a rotation, no matter the cause. Missed days that are made up will not count towards the total allowable excused absences.

In the event of an extended absence (more than five (5) days missed in any given clinical rotation) the student will be required to repeat the entire rotation at the end of the clinical year. Students who anticipate an extended absence should discuss their situation with the Director of Clinical Education to make appropriate arrangements for making up time missed prior to the absence. Excessive absenteeism and tardiness may be grounds for dismissal from the MSHS PA Program per the Standards of Conduct.

*****PLEASE REFER TO THE MOST RECENT VERSION OF THE CLINICAL SYLLABUS/GUIDELINES FOR ADDITIONAL, CURRENT INFORMATION*****

Types of Absences

Generally, the MSHS PA Program recognizes that emergent absences due to illness, personal emergency or family emergency are not under the control of students and that it may be impossible for students to consult with the MSHS PA Program faculty prior to being absent for these reasons. Nevertheless, it is incumbent upon the student to notify the MSHS PA Program faculty (and preceptor) as soon as possible when these events occur so that the MSHS PA Program may be assured of the student's well being and may make plans with the student for the resumption of regular activities. Such events are not to be confused with other absences, which can be anticipated and planned for in advance (e.g., major family events or celebrations, professional off-campus events, employment interviews). Only through proper notification and/or permission (see below) will these latter types of absences be considered "excused" absences by the MSHS PA Program Office.

Absences without proper notification, including planned absences without prior request for permission, are considered "unexcused absences". Such absences may result in sanctions that may include, but are not limited to, receiving a zero grade for the activity missed, or if serious, receiving a failing grade in the course or rotation.

Some voluntary absences are not considered reasonable by the MSHS PA Program. Actions such as purchasing tickets for travel or engaging in other elective activities on course instruction days are not acceptable practice. Students who engage in such conduct must assume full responsibility for whatever ramifications in their performance assessment result from their actions, as described above, since these actions result in unexcused absences. MSHS PA Program faculty are not required to administer make-up examinations, equivalent or extra sessions to accommodate these voluntary unexcused absences.

Time Frame Expectations

In general, the time frame for an absence is expected to be no more than two consecutive days (including a Friday-Monday sequence). Emergent absences expected to last no more than two days require the student notify the Director of Pre-Clinical Education or the Director of Clinical Education. Planned absences of more than two days require that the student obtain the permission of the Director of Pre-Clinical Education or the Director of Clinical Education. When a student is uncertain about whether an absence will be considered potentially excusable, he or she should consult their Academic Advisor.

Students who are out from classes or rotations more than two (2) consecutive days due to illness must submit a medical provider's note stating that they were seen and may return to class/rotation.

Students who experience a significant illness or injury must notify the MSHS PA Program and report to Student Health for evaluation for medical clearance prior to returning to clinical rotations.

Medical clearance must state that the student is able to return to full duty.

JURY DUTY

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

A student who receives a jury duty notice from New York County and cannot make the dates assigned because he or she is scheduled for a class, rotations, or elective, should call the number provided on the jury notice, explain that you are a student, and offer another two week period during which you would be able to serve. The student may be asked to go to the court clerk to discuss your situation in person. There is no guarantee that students will be allowed to postpone jury service, but one's willingness to make oneself available during the next break or vacation may aid the request. Students, who repeatedly postpone jury service, eventually will be required to serve, regardless of their academic schedule.

RELIGIOUS OBSERVANCES

Weill Cornell recognizes that the members of its community, including students, observe a variety of religious faiths and practices. Few of the various religious days of observance are part of Weill Cornell's holiday calendar. However, the MSHS PA Program recognizes and respects the religious beliefs and practices of its students and seeks to accommodate them reasonably within the requirements of the academic schedule. As a result, Weill Cornell will not penalize a student who must be absent from a class, examination, study or work requirement for religious observance. Students who anticipate being absent because of religious observance must request permission for the absence from the Director of Pre-Clinical Education or the Director of Clinical Education as appropriate. (See Attendance Standards). These requests should be made as early as possible in advance of an anticipated absence of a day, days or portion of a day. In the clinical phase of the program, it is expected that these request be made prior to the beginning of the first rotation. In all cases, students should make arrangements to make up all missed days and assignments.

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

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

No adverse or prejudicial effect shall result to any student who takes advantage of the provisions of

this policy. If a student believes that he or she is not being granted the full benefits of the policy, and has not been successful resolving the matter with the Director of Pre-Clinical Education or the Director of Clinical Education, the student may confer with the Program Director. In the event a student continues to believe that he or she is not receiving the benefits of this policy, the student may file an appeal under the appeal provision of the grievance policy.

Finals Week – in the event that a religious holiday falls during finals week, students are advised to speak with the Director of Pre-Clinical Education as soon as possible to make alternative arrangements such as taking the examination during vacation week. All final examinations must be completed prior to the start of subsequent semester.

Request and Notification

In general, absences are excused at the discretion of the Director of Pre-Clinical Education and the Director of Clinical Education, and prior permission to be excused from a scheduled activity is to be sought by the student in writing using the MSHS PA Program *Absence Form*. Students must ask for permission individually for themselves; students may not request permission for absences on behalf of other students. Emergent absences require notification and planned absences require both notification and permission in order to be considered excused.

In the process of permitting an excused absence, the MSHS PA Program administration will determine how the appropriate faculty or clinical preceptor are to be notified and the role of the student in this process. In any discussion of a requested absence, the student must include an explicit discussion of:

- The reason for the absence
- The student's plan to acquire the information missed, including making up time missed from clinical rotations
- The arrangement by the student for coverage of all clinical or course responsibilities
- The student's arrangements to identify and notify all faculty, house staff, and students affected by this absence
- The time frame of the absence

LEAVE OF ABSENCE POLICY

A Leave of Absence (LOA) is an approved specified period of time in which a student is excused from rotations or didactics and may return without reapplication to the MHS PA Program. A student may request and be granted a LOA from the MSHS PA Program, if the following conditions are met:

1. The student must be in good academic standing as judged by the Committee for Promotion and Graduation.
2. A student must write a formal detailed letter to the Program Director, detailing the request for the LOA.
3. The LOA must be for a legitimate reason, as judged by the Program Director and the Committee for Promotion and Graduation, i.e. personal, financial, illness, etc.

A LOA is granted by the Committee for Promotion and Graduation on the recommendation of the Program Director and is only for the requested and approved period of time and cannot be extended without the student repeating the formal procedure outlined above.

The leave of absence does not relieve the student of the obligation to comply with the policies and procedures of the MSHS PA Program, including but not limited to, those standards governing course remediation and repetition, completion of academic work and time frames for completion of the MSHS PA Program curriculum.

A student on LOA is responsible for the fee schedule that is in effect upon their return to the MSHS PA Program. Taking a leave of absence also may have implications for student loan deferment/repayment status, housing, health coverage, or financial aid eligibility. Prior to applying for a leave of absence, students should discuss their individual circumstance with the Office of Financial Aid to ensure that loans and financial aid are not adversely affected by the leave.

Students on leave may also be charged other fees to continue to receive MSHS PA Program benefits or services.

Students who do not return to full-time status at the end of an approved leave, and who have not applied for and been approved for continuation of their leave of absence status, will be considered to have withdrawn from the MSHS PA Program. Under certain circumstances, a student who wishes to return from a leave may have to satisfy previously set conditions for rematriculation.

Types of Leaves

Medical

A medical leave of absence is granted by the Program Director upon the recommendation of the student's treating physician and/or an administrative physician consultant appointed by the MSHS PA Program. The purpose of the medical leave is to enable students to seek treatment for a health-related condition that interferes with the student's ability to undertake the curriculum or that poses a threat to the health and safety of the student or others. The term of the leave is for a period of time based upon the recommendation of the treating physician and/or administrative physician consultant. The leave may be extended based upon the recommendation of the treating physician and/or an administrative physician consultant. To apply for a medical leave, a student must meet with the Program Director who can provide the student with the name of an administrative physician consultant as needed.

Personal

The Program Director grants a personal leave of absence. A personal leave enables a student to take time off, in extenuating circumstances, to address issues of a personal nature, including those related to the health and well being of a family member or partner.

Leaves Initiated by the MSHS PA Program

Under certain circumstances, a student experiencing difficulty in the MSHS PA Program may be permitted, or required, to take a leave of absence as discussed above in the Standards of Conduct.

Return to Studies from Leaves of Absence

At the time a leave of absence is granted, the MSHS PA Program determines the length of the leave and the conditions, if any, for a return from the leave of absence. Extensions of a leave of absence

are not automatic, even if within the time frame permitted for the category of leave.

A student who determines that he or she is not returning at the time scheduled for a leave to end should consult with the Program Director as early as possible before the scheduled return date. This will enable a student to learn whether or not an extension of the leave of absence can be granted, or if the student needs to make other arrangements.

Similarly, if conditions have been set for a student's eligibility to return from a leave, the student should demonstrate, in a timely fashion to the Program Director, that he or she has satisfied the rematriculation requirements.

If a student does not return from a leave at the conclusion of the set time period, and has not received an extension in writing, the individual will be deemed to have withdrawn from the MSHS PA Program. Similarly, if a student has not satisfied the criteria to return, if any, and has not received an extension in writing, he or she will be deemed to have withdrawn. No further action will be necessary to finalize the withdrawal.

Examination Policy

All examinations will start promptly at the time indicated. Students will have the time indicated to complete the examination. There will be no extension of this time. Students may not reproduce the contents of any examination by any means. Examination proctors are responsible for the maintenance of a controlled testing environment. During the testing period, students will abide by the instructions of the proctor and will not disrupt the testing environment. Any dispute of a proctor's actions will be addressed at a later time by the MSHS PA Program Administration.

Students are to leave all belongings outside of the classroom during the exam administrations. They are to remove everything from the desk except for an approved device (iPad or laptop) and if desired the dry erase board and marker. Dry erase boards and markers will be available in the front of the classroom. If desired, the student must pick them up prior to the start of the exam. At the completion of the exam, the student is responsible for cleaning it, and showing it to the proctor prior to replacing it in the storage bin.

No cell phones or other electronic devices (other than the iPads or laptops) are permitted inside the exam room.

No student may leave the exam room until all students have arrived for the exam. Students are not permitted to leave their seats during the exam.

No questions will be entertained during the exam.

In the event that a student is having a technology problem during the examination, they must raise their hand and inform the proctor immediately. The student must inform the proctor of the reason for this irregularity.

Once the student has completed and successfully uploaded their exam, they must immediately close their laptop and exit the room. Students may not return to the exam room until the remainder of the class has completed the exam.

Students who have finished the exam are reminded to be respectful of their classmates and be as quiet

as possible while the exam is in progress.

In accordance with the MSHS PA Program Standards of Conduct and the NCCPA policies, students are reminded of the following:

Students are not to discuss the test with other students:

- This includes sharing exam questions or general subject matter,
- Students are not to seek information about the exam prior to its administration from other students,
- Students are not to copy answers from another students during the exam,
- Students are not to make notes during the exam or copying or memorizing or reproducing test items,
- Students are not to steal exam materials,
- Students are to refrain from any behavior that may cast doubt on the exam results.

Students who are found to be in violation of these guidelines will be brought before the Committee on Promotion and Graduation in accordance with the policy outlined above in the Standards of Conduct.

Access to Examination Answers, Grades, and Student Assessment Forms

Students may review their exams by appointment with their Academic Advisor or the Director of Pre-Clinical Education, or Director of Clinical Education. However, students are not permitted to make notes or copies.

Course Materials

Many course materials are available on the Learning Management system website, usually Canvas (<https://medcornell.instructure.com>), although Blackboard Coursesites may be used to communicate with students prior to matriculation and also throughout the clinical phase. Materials can be downloaded for viewing and annotation for personal use only. Hardcopies of some student handouts may be provided in class at the discretion of the lecturer.

Communications to Students

To keep apprised of schedule changes, room assignments, exam information, and other course announcements, is very important that students check the MSHS PA Program bulletin boards, the Canvas course website, and their Cornell e-mail daily. Students may also be contacted by telephone or pager as necessary, particularly for late changes to courses.

Student Transportation

Transportation is the responsibility of each individual student. Recommended routes of travel are provided. Additional transportation policies and procedures are specifically provided with course materials. Clinical students should anticipate their required working hours at each clinical site as they make appropriate plans for travel. Students should not expect to be reimbursed by the PA Program for any travel expenses.

STUDENT RECORDS

It is the policy of the Medical College to protect information contained in student records from unauthorized disclosure and to comply with the provisions of the Family Education Rights and Privacy Act of 1974 (FERPA) and regulations thereunder. The policy extends to students the right to inspect and review their education records and provides students the right to request that their record be amended if the student believes that the record contains inaccurate or misleading information or if it violates the student's privacy rights. If a student believes the Medical College has failed to comply with the requirements of FERPA, a student may file a complaint with the United States Department of Education. The full Cornell University Policy on Access to Student Information can be found at http://www.dfa.cornell.edu/cms/treasurer/policyoffice/policies/volumes/governance/upload/vol4_5.pdf.

A. Releasing Education Records

Education records may be released in person or in writing to an inquirer, and only with the written and signed consent of the student, except when FERPA authorizes disclosure without consent as indicated below.

1. Directory Information

The following information about each student is considered public directory information, and may be released or disclosed without a student's consent. However, a student may elect to have his/her directory information withheld by completing Information Non-Disclosure Statement and submitting it to the Weill Cornell. The Non-Disclosure form must be on file with the Program office within ten days of the start of the academic calendar (spring semester).

- Name
- Date and place of birth
- The most recent previous educational institution attended
- Major fields of study
- Degrees and awards received
- Honor society memberships
- Extracurricular activities
- Dates of attendance
- Local address and telephone number

The Medical College reserves the right to release such directory information as evaluated on a case-by-case basis.

2. **Personally Identifiable Information**

The following information is considered personal information of each student and will not be released or disclosed except with a student's signed, written consent, or as provided herein:

- Grades and academic standing
- Evaluations
- Financial aid information
- Undergraduate record and MCAT score
- Social Security number

3. **Personally Identifiable information may be disclosed without consent:**

- to students who request an opportunity to inspect their education records;
 - to members of the faculty and other Weill Cornell officials with legitimate need to know;
 - to institutions at which a student seeks to enroll;
 - to specific federal and state officials, as provided by law;
 - in connection with a student's application for, or receipt of financial aid;
 - to organizations conducting studies for, or on behalf of, educational institutions or agencies, for the purpose of developing, validating, or administering predictive tests, administering student aid programs and improving instruction, if such studies are conducted in a manner which will not permit personal identification of students or their parents by persons outside the organization doing the study and such information will be destroyed when no longer needed for the purpose for which it is conducted;
 - to courts, government agencies, and others in compliance with a judicial order or lawfully issued subpoena, provided that an effort is made to inform the student by telephone or mail before complying with the subpoena or order;
 - to accrediting organizations in order to carry out their accrediting function; and
 - to the parents of a dependent student as defined in the Internal Revenue Code.
- to appropriate parties in a health or safety emergency if knowledge of this information is necessary to protect the health and safety of the student or other individuals.
4. Anyone who releases education records must maintain the name of the party making the request, any additional party to whom it may be re-released, and the legitimate interest the party had in requesting or obtaining the information. A student may inspect this record of requests.

B. Permitting Students to Inspect and Review Education Records

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

- Records of instructional, supervisory, and administrative personnel which are in the sole possession of the maker and are not accessible or revealed to any other person except a temporary substitute.
- Financial records of a student's parents

- Medical and counseling records available only to those participating in the student's treatment.
- Letters of recommendation placed in the student's education record prior to January 1, 1975 or with respect to which a student has waived right of access.
- Education Records connected with an application to attend the Medical School if that application was denied or the applicant never attended the Medical School.

Such privileged information will not be disclosed to students, except that with respect to medical records, a student may have a physician or other appropriate professional review the record.

Faculty and staff members are deemed to have a legitimate need for privileged information contained in a student's education record when such information is required: (1) for purposes of evaluations or recommendations; (2) for purposes of any internal or external action or proceedings affecting the student or the institution with respect to the student, including proceedings to amend or correct an education record. Custodians of the records and members of their immediate staffs have right of access at all times.

Faculty and staff members are defined as all members of the Medical College Faculty, the executive and administrative officers of the University and the Medical College, including from the Office of University Counsel, and members of their professional staffs, and outside professionals working on a matter with any of the named categories of Medical College employees.

PROCESS FOR INSPECTING RECORDS AND AMENDMENT OF RECORDS

A request by a student to review and inspect the records and information relating directly to him or her shall be in writing, addressed to the custodian of records, signed by the student and thereafter retained in the record folder. Requests for inspection will be honored as soon as practicable, but in no event later than forty-five (45) days from the date of receipt of the request.

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

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

After conclusion of the investigation and hearing, the faculty or staff member conducting the same

shall submit a written report and recommendation to the Program Director, based solely on the evidence presented. The Program Director will thereafter notify the student in writing as to whether or not the record will be amended. If the record is not to be amended, the student shall have the opportunity to place in the record a written statement commenting on the information, which was sought to be corrected, and/or setting forth reasons for disagreeing with the decision not to correct the file. If the record is to be amended, the Program Director shall instruct that the record be amended accordingly and inform the student of the amendment in writing.

C. Custody and Location of Records

Student education records are maintained in the following offices and requests for inspection should be addressed to those offices:

General records - including disciplinary records, are maintained in either the office of the Program or the Program Director.

Departmental records - maintained in the Office of the Associate Dean (Weill Cornell Graduate School of Medical Science) or the Program Director.

Financial records - maintained in the Office of Student Accounting or the Program.

REQUEST FOR TRANSCRIPTS

Any student or graduate may request (in writing) that a transcript of his/her record be mailed to accredited hospitals and to educational or other recognized institutions as credentials in support of an application for a position or promotion. All transcripts are marked "confidential" and carry the instruction that they are not to be turned over to the candidate. This rule exists to avoid possible loss and fraudulent use of an official document of Weill Cornell. Students or alumni may send their requests to Weill Cornell Medical College, MSHS, PA Program, *A Surgical Focus*, 575 Lexington Avenue, Suite 600, New York, NY 10022. Telephone: (646) 962-7277. A small fee is charged for graduates.

STUDENT LIFE

Life in New York City

New York is one of the world's great cities. The Upper East Side of Manhattan is a comfortable, convenient and generally safe residential neighborhood. Students have easy access to an unparalleled range of cultural and recreational activities including art, music, theater, cinema, sports, and dining. Most of these activities are within walking distance or easily reached by public transportation. As a result, few students require an automobile. All students are to assume full responsibility for housing, meals, telephone service, transportation, parking facilities, books, equipment, and other living expenses.

Housing Policy

1. At this point in time the MSHS PA Program is unable to guarantee housing for students. This is due to the limited nature of housing for all students of Weill Cornell. Every effort is made to secure on-campus housing for interested students. The Program has calculated the housing portion of the student tuition and fees budgeted to reflect current on-campus pricing. Budget adjustments can be made as needed for students living in off-campus housing.
2. All Program Housing applications must be submitted to the MSHS PA Program office, not the Housing Office. For incoming students, housing applications will be accepted until May 1st, at which time the final prioritization will be determined.
3. The priority list for students is determined by the Program Director, not the Housing office.
4. Incoming students are prioritized for Housing based upon the distance they have traveled to come to the MSHS PA Program. Using the address on the CASPA Application, the distance is calculated by the Program staff using Mapquest.com or another similar web-based software.
5. After any initial housing placements have been completed, applications will be prioritized based upon the order in which they are received.
6. Any student initially refusing housing will be given lowest priority should they request housing at a later time, irrespective of their start date, anticipated date of completion, or any other factor.
7. These policies apply to both single and family housing.
8. Once accepted into any of Weill Cornell's housing facilities the Housing Office of Weill Cornell determines the regulations for occupants.

Religious Institutions

The following is a list of some places of worship within walking distance:

CATHOLIC

St. Catherine of Sienna, 69th Street, btw. First and York Avenues
St. Jean Baptiste, Lexington Avenue btw. 75th and 76th Streets.
St. Vincent Ferrer, East 66th Street and Lexington Avenue
Cathedral of St. Patrick, 460 Madison Avenue (at 50th Street)
St. John the Evangelist Parish, 348 E. 55th Street, NY NY 10022

JEWISH

Shaaray Tefila (Reform), East 79th Street at Second Avenue
Park East Synagogue (Orthodox), East 67th Street between Third and Lexington Avenues
Central Synagogue, 123 East 55th Street
East 55th Conservative Synagogue, 308 East 55th Street

PROTESTANT

Bethany Memorial Reformed Church, East 67th St. and First Avenue
Epiphany Episcopal Church, East 74th Street and York Avenue
Jan Hus Presbyterian Church, East 74th Street between First and Second Avenues
Christ Church United Methodist, East 60th Street and Park Avenue
Trinity Baptist Church, East 61st Street at Second Avenue
Heritage Baptist Church, 8th Avenue at 36th Street
Holy Trinity Lutheran Church, 3 West 65th Street at Central Park West (Use 66th Street Crosstown Bus)

NON-DENOMINATIONAL

NewYork-Presbyterian Hospital Chapel (Cornell Campus)
Lobby of the 68th Street Entrance
Schedule of services posted at that location

STUDENT ELECTIONS

Under MSHS PA Program administrative direction, student elections are held approximately six (6) weeks into the didactic phase. All officers must be in good academic standing and may maintain their post per the approval of the Committee on Promotions and Graduation. Any student who does not meet Weill Cornell standards will be asked by the Program Director to vacate their post. The decision of the Committee is final.

The offices voted on are as follows:

- A panel of Class Representatives, as liaisons to the MSHS PA Program administration. One representative from each advisory group will be selected by the students of the group to serve on this panel. For the purposes of recognition as a student society by the Student Academy of the AAPA, two of these representatives may also be named Student Society President and Vice-President)
- One Audio-Visual Representative
- One Classroom Maintenance Representative
- One Pantry Maintenance Representative
- One representative to the Student Academy of the AAPA Assembly of Representatives
- One representative to the Student Society of NYSSPA

Program Committees

Student participation on program and schoolwide committees will be determined by the MSHS PA Program faculty. Students must be in good academic standing throughout the duration of their matriculation; otherwise, their appointment can be revoked. Every effort will be made to minimize the impact of committee involvement with academic classes and rotations. Students who find participation on a committee is interfering with their academic performance should discuss their situation with the Director of Pre-Clinical Education or Director of Clinical Education to determine if continued participation is advisable.

Students are encouraged to join the Student Academy of the American Academy of Physician Assistants (AAPA, at www.aapa.org), New York State Society of Physician Assistants (NYSSPA, at www.nysspa.org), and the American Academy of Surgical Physician Assistants (AASPA, at www.aaspa.com).

Weill Cornell Medicine Directory

Students may search for faculty and staff contact information via the Weill Cornell Medicine directory, which is accessible online at <https://directory.weill.cornell.edu/>. If any difficulty is encountered in locating this information, students should contact the PA Program for assistance.