Weill Cornell Medicine
Graduate School of Medical Sciences

A partnership with the Sloan Kettering Institute

Master of Science in Genetic Counseling (MSGC)

STUDENT HANDBOOK

2026

ADMINISTRATIVE OFFICES / CONTACT INFORMATION

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Master of Science in Genetic Counseling

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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 Master of Science in Genetic Counseling 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, as well as instructor assignments and curriculum, are subject to change. 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 Master of Science in Genetic Counseling Program will also be pleased to assist students in such consultations.

All academic policies shall be in effect for all settings, whether instruction is provided in person, remotely, or in a hybrid fashion combining in person and remote learning. Please contact the Master of Science in Genetic Counseling Program administration if the application of any specific policy to remote/hybrid situations remains unclear.

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

University policy actively supports equality of educational opportunity. No person will be denied admission to the Master of Science in Genetic Counseling 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. Cornell University has an enduring commitment to support equality of education and employment opportunity by affirming the value of diversity and by promoting an environment free from discrimination.

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 New York-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 seven 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 has seven Master's programs in Biomedical Imaging, Clinical & Translational Investigation, Clinical Epidemiology & Health Services Research, Computational Biology, Executive MBA/MS in Healthcare Policy and Research, Genetic Counseling, and Population Health Sciences.

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, and the Middle States Commission on Higher Education.

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 GENETIC COUNSELING (MSGC) PROGRAM

The twenty-one-month curriculum is offered through the Weill Cornell Graduate School of Medical Sciences. The Master of Science in Genetic Counseling Program is registered with the New York State Education Department and is accredited by the Accreditation Council for Genetic Counseling (ACGC). Upon successful completion, Cornell University awards graduates the Master of Science degree. Graduates are then eligible to sit for the national certification examination administered by the American Board of Genetic Counseling (ABGC) to become Certified Genetic Counselors (CGC©).

The Master of Science in Genetic Counseling Program is part of the Weill Cornell Graduate School of Medical Sciences, a partnership with Weill Cornell Medical College and the Sloan Kettering Institute, 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 GENETIC COUNSELING PROGRAM

In order to provide its students with the broadest experiences in patient care, the Medical College and Master of Science in Genetic Counseling 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. New York-Presbyterian Hospital has an extensive network of affiliate institutions that now comprise the New York-Presbyterian Healthcare Network.

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

New York-Presbyterian Hospital – Cornell

New York-Presbyterian Hospital – Queens

New York-Presbyterian Brooklyn Methodist

Memorial Sloan Kettering Cancer Center

NEW YORK-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 New York-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.

New York-Presbyterian Hospital has formed the New York-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-PREBYTERIAN QUEENS

New York-Presbyterian Queens is a 535-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. In 2015, the hospital was renamed New York-Presbyterian Queens, and it is now affiliated with the Weill Cornell Medical College.

NEW YORK-PRESBYTERIAN BROOKLYN METHODIST HOSPITAL

A voluntary, acute-care teaching hospital, New York-Presbyterian Brooklyn Methodist Hospital endeavors to provide excellent health care services in a compassionate and humane manner to the people who live and work in Brooklyn and its surrounding areas.

As a major teaching hospital, with nine graduate medical education residency programs and six fellowship programs, New York-Presbyterian Brooklyn Methodist Hospital is equipped with highly advanced medical equipment and technology. Its staff of physicians, nurses, advanced practice providers, therapists, technologists, and other dedicated employees stand behind the excellent reputation New York-Presbyterian Brooklyn Methodist Hospital has earned during the 135 years it has served the local community.

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.

Graduate School Leadership and Staff

(https://gradschool.weill.cornell.edu/team)

Dean, Weill Cornell Medicine:	Robert A. Harrington, M.D.
Dean, Weill Cornell Graduate School:	Barbara L. Hempstead, M.D., Ph.D.
Associate Dean, Academic Affairs:	Randi B. Silver, Ph.D.
Associate Dean, Program Development:	David Eliezer, Ph.D.
Assistant Dean, Student Affairs	Judith Cukor, Ph.D.
Assistant Dean for Access, Belonging, and Student Success	Yazmin Carrasco, Ph.D.
Director of Education Administration	Karla Jacome, M.S. ED
Director, Enrollment & Educational Programs	Heather DiTullio, M.S.
Assistant Director, Finance & Grants	Tatiana Belinskaya
Associate Director, Career and Professional Development	Aubrey DeCarlo, Ph.D.
Senior Grants Administrator	Anastasia Efthymiou, Ph.D.
Assistant Director, Office of Access, Belonging, and Student Success	Roxana Mesías, Ph.D.
Senior Manager, Training and Grants	Dikaury Hernandez-Guner
Admissions and Marketing Manager	Marleni Marte
Financial Coordinator	Natalia Serrano
Student Services Administrator	Clive Liew
Senior Coordinator, Academic Operations	Katrina Pearsall, MHA
Senior Administrative Specialist	Fernando Arzu
Diversity Coordinator, Office of Student Diversity	Rashain Adams
Senior Administrative Specialist	Bouchra Hannaoui
Operations Coordinator	Judith Farber, M.S.

MSGC Program Faculty and Staff	
Dean, Weill Cornell Medicine:	Robert A. Harrington, MD
Dean, Weill Cornell Graduate School:	Barbara L. Hempstead, MD, PhD
Associate Dean, Academic Affairs:	Randi B. Silver, PhD
Associate Dean, Program Development:	David Eliezer, PhD
Associate Dean, Master's Program:	Bruce Schackman, PhD
Program Chair:	Margaret Elizabeth Ross, MD, PhD, FANA
Program Director:	Shenela Lakhani, MSc, CGC, CCGC
Program Co-Medical Director:	Omar Abdul-Rahman, MD
Program Administrator:	Sergio Dominguez

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 212-746-0911. 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)	212-746-2288	
Environmental Health & Safety (fire, chemical, biological, and radiological releases)	1-646-WMC SAFE (962-7233)	any time
New York-Presbyterian Hospital-New York Weill Cornell Campus		
Security	212-746-0911	any time
Fire	212-746-FIRE (3473)	any time
Facilities Operations (facilities emergencies)	212-746-1920	
Environmental Health & Safety	646-962-7233	
Rape crisis program (emergency department)	212-746-5050	
Counseling (social work)	212-746-4320	
Switchboard	212-746-5454	any time
Administrator On Call	212-746-5020	any time
Belfer Research Building		
Front Desk-Security	646-962-6100	

WEILL CORNELL GRADUATE SCHOOL OF MEDICAL SCIENCES LEADERSHIP AND ADMINISTRATORS

Students may also contact these administrators to share any personal concerns:

Dean, WCM Graduate School of Medical Science Barbara L. Hempstead, MD, Ph.D	(212) 746-6215 blhempst@med.cornell.edu
Associate Dean (Academic Affairs) WCGS Randi B. Silver, Ph.D.	(212) 746-6340 rbsilve@med.cornell.edu
Associate Dean (Program Development) WCGS David Eliezer, Ph.D.	(212) 746-6557 dae2005@med.cornell.edu
Associate Dean (Master's Program) Bruce Schackman, Ph.D.	brs2006@med.cornell.edu
Assistant Dean (Student Affairs), WCGS Judith Cukor, Ph.D.	(212) 746-4492 juc2010@med.cornell.edu
Assistant Dean (Access, Belonging, and Student Success) WCGS	(646) 962-4937 ypc4001@med.cornell.edu

Yazmin Carrasco, Ph.D.	
Director (Education Administration) WCGS Karla Jacome, M.S.ED	(212) 746-4809 kjjacome@med.cornell.edu
Director (Enrollment & Educational Programs) WCGS Heather DiTullio, M.S.	(212) 746-6981 had4003@med.cornell.edu
Associate Director (Career and Professional Development) WCGS Aubrey DeCarlo, Ph.D.	(212) 746-6502 aul4001@med.cornell.edu
Assistant Director (Finance & Grants) WCGS Tatiana Belinskaya	(212) 746-6737 tab2017@med.cornell.edu
Assistant Director (Office of Access, Belonging, and Student Success) WCGS Roxana Mesias, Ph.D.	(212) 746-1060 rem4008@med.cornell.edu
Student Services, Administrator (International Student Services) WCGS Clive Liew	(212) 746-6565 cll4002@med.cornell.edu
GC Program Chair, WCGS M. Elizabeth Ross, MD, Ph.D.	(646) 962-6141 mer2005@med.cornell.edu
GC Program Director, Shenela Lakhani, MSc, CGC	(646) 962-7230 shl2034@med.cornell.edu

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, computers, and iPads. 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 website.

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. The report is also available on the WCGS website: https://medicaleducation.weill.cornell.edu/student-resources/sexual-misconduct-campus-security

The report contains information about all Weill Cornell Medicine residential and non-residential buildings used by students of the GCP.

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 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: https://ehs.weill.cornell.edu/

Specific fire safety topics may be found in the Fire Safety Manual: https://ehs.weill.cornell.edu/system/files/fire.pdf

During fire and other emergencies, fire alarm activations, and fire drills, all students must follow the 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: https://ehs.weill.cornell.edu/forms-resources

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.
https://ehs.weill.cornell.edu/

STANDARDS OF CONDUCT

WCGS and the Master of Science in Genetic Counseling Program requires that faculty, students, and staff abide by fundamental standards of conduct expected of the members of the MSGC Program community in their interactions with each other. Membership in the MSGC Program community for students is more than an academic commitment; it connotes a willingness by the student to act as a responsible biomedical professional. Participation in the Master of Science in Genetic Counseling 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 professional is an underlying integrity and ethical foundation that defines the tone and culture of the teacher-learner environment at the Master of Science in Genetic Counseling Program.

The 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 genetic counselor. 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 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-learning 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 MSGC 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 effective genetic counselors. Students must also assume responsibility for the integrity of the content of the academic work performed and submitted, including papers, examinations, and reports.

The institution supports the responsible and ethical use of generative AI technologies in education. Students may use AI tools only in ways that comply with course-specific requirements and institutional academic integrity policies. Students remain accountable for all submitted work and must ensure that AI use does not replace the learning, analysis, critical thinking, and skill development that assignments are intended to promote. When permitted, AI should be used as a learning aid that enhances learning, creativity, and academic growth rather than as a substitute for independent work.

Because AI use may be permitted, restricted, or prohibited depending on the course, assignment, or learning objectives, students are expected to carefully review each course syllabus and any instructor-

provided guidance regarding the acceptable use of AI tools. Students are responsible for understanding and following the AI policy established for each course. Failure to comply with course-specific AI requirements may constitute a violation of academic integrity standards.

Cornell University has established guidelines for the use of Artificial Intelligence: https://it.cornell.edu/ai/ai-guidelines

The following are examples of conduct that is not suitable for students at the MSGC 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, Snapchat, Instagram 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 MSGC Program Director. Faculty is similarly required to report a violation to the MSGC Program Director. Each student matriculated at the MSGC 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 MSGC Program is in violation of the Student Responsibilities/Honor Code or raises a question about his or her suitability to practice medicine or biomedical research, the matter will be directed to the Associate Dean of Academic Affairs for consideration and recommendation of corrective disciplinary action. The Associate Dean of Academic Affairs may request that the MSGC Program Director or his or her designee appoint an ad hoc committee of faculty to review the matter (at least one member of which will be a genetic counselor). The student involved shall receive notice from the Associate Dean of Academic Affairs for the appointment of the ad hoc committee, the membership of the ad hoc committee once assembled, and the details of the concerns under consideration by the ad hoc committee regarding the student's suitability for completion of the master's degree.

The ad hoc committee will determine the scope, manner and extent of its review, consistent with the information provided by the Associate Dean of Academic Affairs. 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 Associate Dean of Academic Affairs.

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 completion of the doctorate, the Associate Dean of Academic Affairs may accept the recommendation and conclude the process or confer with the Dean.

When the recommendation of the ad hoc committee is that the student does not satisfy the MSGC Program's standards of suitability for Master studies and should not be permitted to continue studies

at the MSGC 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 Dean. The Dean shall then review the recommendation and formulate her/his own position on the matter. The Dean 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, shall be forwarded to the Program Director, Program Chair and Dean for final action.

A student can appeal a decision of the Ad hoc Committee per the policy outlined below and, in the Code, of Legislation.

TRAINING AND LEARNING ENVIRONMENT

The Graduate School is committed to providing an environment that fosters mutual respect and the values of professionalism, ethics, and humanism in the practice of biomedical research and its application to medicine. The Graduate School has a policy of zero tolerance for mistreatment of its students, faculty, staff and guests. An environment conducive to learning requires that faculty, students and all administrative and support staff treat each other with civility, respecting each individual's views and background. Faculty, other trainees, administrators and staff must treat students fairly and respectfully in all settings where students are educated and are expected to create and maintain an academic environment conducive to the pursuit of free inquiry, academic integrity, and the respectful interchange of diverse ideas and differing viewpoints. These standards of conduct are intended to prohibit teaching and training behaviors and other practices that are discriminatory or that may undermine professionalism. The body charged with monitoring, reviewing, investigating and aiding in the resolution of mistreatment issues is the Trainer-Learner Committee (TLC). The Graduate School has a TLC; however, Master students in the Genetic Counseling Program should direct concerns to the Weill Cornell Medical College Teacher-Learner Committee, which serves a comparable function for students who have significant clinical roles. https://gradschool.weill.cornell.edu/WCGSTLC.

Students wishing to report a violation, ask a question, or seek advice may contact the TLC by emailing ***WCGSTLC@med.cornell.edu.*** When emailing the TLC, students may, if desired, request follow-up from a specific member of the TLC. Students need not provide extensive detail regarding mistreatment or potential mistreatment in the initial contact. A member of the TLC will reach out to set up a meeting, phone call or continue the conversation via email. More information on the TLC can be found online at: https://gradschool.weill.cornell.edu/WCGSTLC

Positive Learning Environment & Student Mistreatment Policy

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 they are 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 request for an investigation with the TLC. Faculty members are also required to inform the Program Director and 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.

STUDENT OMBUDSPERSON

The Student Ombudsperson Office offers a safe place where all students at Weill Cornell Medical College and Graduate School of Medical Sciences may discuss problems or issues. Concerns about situations that interfere with work, study or student life may involve a classmate, advisor, or instructor. Issues may be academic related, interpersonal conflicts, and harassment. The Ombudsperson does not take a side in disputes. The Ombudsperson treats all inquiries as confidential, as described in our Ethical Principles below. We assist students in several ways:

- Listening and discussing concerns, questions, and complaints
- Provide information on Weill Cornell Medical College policies and practices
- Provide information on how to make Weill Cornell aware of a particular problem
- Discuss and assist the student in evaluating available options
- Refer the student to the proper authority to resolve the situation
- Assist students to devise ways in which they might resolve problems with others on their own.
- While maintaining confidentiality, provide feedback to the administration (or others in authority) when a systemic issue or trend occurs

The Ombudsperson assists students in a variety of ways consistent with the WCM mission. Overall, the Ombudsperson is an advocate for fairness and equity.

The Student Ombudsperson, Dr. Henry Murray, can be reached at 212-746-6330 and hwmurray@med.cornell.edu. For more information regarding the Student Ombudsperson role, visit https://studentservices.weill.cornell.edu/student-life/student-ombudsperson

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

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 Weill Cornell Medicine, 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 Copyright Infringement Policy, please visit https://its.weill.cornell.edu/policies/50007-copyright-infringement

SEXUAL HARASSMENT

The Human Resources Department and the Office of Civil Rights and Investigations: **https://civilrights.weill.cornell.edu/** 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 PRELIMARY 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 Civil Rights and Investigations.

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 Civil Rights and Investigations be contacted (**https://civilrights.weill.cornell.edu/)** to provide advice on procedures for sexual harassment c a s e s . 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 Civil Rights and Investigation will provide assistance.

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

TITLE IX REGULATIONS

The Department of Education 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.

The Office of Civil Rights and Investigations has been designated to investigate and seek resolution of complaints of all Weill Cornell medical and graduate students, regarding prohibited acts. Students should contact: **https://civilrights.weill.cornell.edu/about-us/staff-directory**

Brittney Blakeney, JD
Executive Director, Section 1557 Coordinator
Office of Civil Rights and Investigations
575 Lexington Avenue, Suite 670
New York, NY 10022
T 646.962.9796
bsb4002@med.cornell.edu

For urgent matters, contact:

- Campus Security: (212) 746-0911
- The Title IX Coordinator Answering Service: (212) 746-9915

Further information on Weill Cornell Medicine's Title IX resources and student procedures may be viewed here: https://inclusion.weill.cornell.edu/policies/title-ix

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. Judith Cukor, Assistant Dean, Student Affairs). The incident will be reviewed and investigated, and a determination will be made as to how the allegation will be handled.

Grievance Policy - The WCGS Grievance procedure is intended to provide a mechanism through which grievances can be fully investigated and decisions rendered. It covers grievances that involve individual graduate students on issues relating to graduate education and support. Please review the WCGS Grievance Policy online here.

Ethical Conduct and Compliance Hotline - Faculty, staff and students - as well as those outside Weill Cornell Medicine - may confidentially report activities or conduct that are believed to violate a state or federal law or Cornell University policy at: www.hotline.cornell.edu or 1-866-293-3077. This includes violations of Cornell's Standards of Ethical Conduct Policy, life safety concerns, non-compliance with grants and contract requirements, financial irregularities or misreporting, violations

of applicable state or federal laws and regulations, conflicts of interest, and other related concerns. Reports may be submitted anonymously, are administered by an independent company, and will be handled promptly and discreetly. No retaliatory action will be taken against anyone for reporting or inquiring in good faith about potential violations of Cornell University's policies or for seeking guidance on how to handle suspected violations.

Sexual Misconduct and Campus Security: Weill Cornell Medical College is committed to providing an employment, education and living environment free from all acts of sexual misconduct, and will not tolerate sexual misconduct by or against students, staff, faculty, alumni or visitors. We will respond promptly and appropriately to all reports of sexual misconduct. Sexual misconduct includes, but is not limited to: sexual assault, sexual violence, sexual abuse, sexual exploitation, rape, domestic violence, sexual coercion and stalking. Sexual misconduct also covers sexual discrimination and sexual harassment. For more information, visit:
https://medicaleducation.weill.cornell.edu/student- resources/sexual-misconduct-campus-security

The NYP Weill Cornell Victim Intervention Program is an on-site organization that provides crisis intervention and support for survivors of sexual assault, relationship violence, family violence, and physical assault. For more information regarding support and campus security please go to:
https://teach.weill.cornell.edu/student-services/student-life/sexual-misconduct-campus-security

ACCESSING STUDENT SUPPORT SERVICES

Weill Cornell Graduate School is committed to providing students with comprehensive, accessible student support services. Below are guidelines for how to access the various staff who can help provide assistance and support.

STUDENT MENTAL HEALTH SUPPORT

(Mental Health Services)

Weill Cornell Medicine's Student Mental Health (SMH) Program offers students access to free, confidential mental health services by appointment. It is staffed by psychologists and psychiatrists from diverse cultural, national, and clinical backgrounds who are skilled in treating a wide range of issues. Appointments are scheduled promptly and in consideration of students' scheduling needs and preferences.

The student mental health service offers a range of services from supportive psychotherapy focused on identifying and enhancing coping skills to consultation and assessment of all psychiatric conditions and treatments including psychotherapy, psychopharmacotherapy, and neuropsychological assessment. Family and marital counseling is also available.
This is not an emergency service and students should expect communication for an appointment during regular business hours Monday-Friday.

- A student must self-refer for the Student Mental Health program and request an appointment.
- Care is confidential and is not part of the student educational record.

- All visits with clinicians are covered under the Student Health Fee - there is no separate charge unless lab tests or image studies are ordered. This is analogous to the care students received at the Student Health office.
- Clinicians have no student evaluation role within the Graduate School.

HOW TO ACCESS STUDENT MENTAL HEALTH SERVICES

To request an appointment, please send an email including your name and contact information to studentmentalhealth@med.cornell.edu. Students do not need to disclose the details of their concerns when requesting an appointment. The SMH program assistant will respond during regular business hours to schedule your appointment.
If you are in urgent need of emergency assistance during our off hours, please call 911 or go to your nearest emergency room. Help is also available by contacting the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

Program Director:
Lisa Sombrotto, MD
Vice Chair, Integrated and Collaborative Care
Department of Psychiatry
lsombrot@med.cornell.edu
For any personal or professional issues, students can contact:

Judith Cukor, Ph.D.
Assistant Dean of Student Affairs
Weill Cornell Medicine
(212) 821-0627
juc2010@med.cornell.edu

Dr. Cukor is a psychologist and will work CONFIDENTIALLY with students to assess their needs and provide the appropriate referral or ongoing support. Dr. Cukor is not a member of the graduate school faculty and is not involved in training or progression to degree.

Students who are interested in faith-based counseling can find information about spiritual and religious care resources, for various faiths, at www.nyp.org/clinical-services/pastoral-care and/or www.mskcc.org/experience/patient-support/counseling/spiritual-religious-care. Both services are open to seeing WCGS students.

For all immediate medical-related issues students should contact or visit Student Health Services, 230 East 69th Street, 646-962-6942.

OFFICE OF ACCESS, BELONGING, AND STUDENT SUCCESS

The WCGS Office of Access, Belonging, and Student Success was established in 2017 to maintain student retention and provide support to students from underrepresented groups. The goals of the office are to: (1) promote the recruitment and retention of a talented and diverse medical and graduate student body, particularly from populations underrepresented in science and medicine; (2) ensure that all students inclusive of gender, sexual, racial, ethnic, cultural, political, and religious identity and background, have a genuine sense of belonging in the WCM community; (3) help students achieve their highest potential for scholarly excellence and career advancement; and (4) engage and support community service and outreach both in medicine and science to underserved communities. WCGS and the Office of Access, Belonging, and Student Success works to ensure that students from underrepresented groups feel welcome and comfortable on campus.

For support students can contact:

Yazmin Carrasco, PhD
Assistant Dean, Access, Belonging, and Student Success
Weill Cornell Graduate School
ypc4001@med.cornell.edu

Roxana Mesías, PhD
Assistant Director, Office of Access, Belonging, and Student Success
rem4008@med.cornell.edu

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

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 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 ensure 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 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 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 Associate Dean (in the case of students), and with the 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 RIGHT 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.

DRUG SCREENING

Some fieldwork placement or fieldwork activity 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 student is required to undergo drug screening to remain in school, the student will be required to obtain and complete a Drug Screen Consent and Release Form available from Work Force Health and Safety. Workforce Health and Safety is open between 8 a.m. and 4 p.m. on business

days, and is located in the Payson House basement at 1315 York Avenue.

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 MSGC Program as needed to complete rotation applications.

Positive results will be forwarded to the Associate Dean of Academic Affairs, Dr. Randi Silver rbsilver@med.cornell.edu, or designee.

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 (212-746-5890).

Students are reminded to review the Substance Abuse Policy (which covers illicit drug and alcohol abuse) set forth in the Student Handbook and that any drug or alcohol abuse violation may impact 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:
(646) 962-6942
https://teach.weill.cornell.edu/student-services/student-life/student-health-services

Or

The Student Mental Health Service at:
(914) 997-8691
Student Health Services
Student Mental Health

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 endure 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

Program Website: https://gradschool.weill.cornell.edu/programs/genetic-counseling

MSGC 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 genetic counselor and the personal demeanor and character suitable to the practice of medicine. The MSGC Program, in line with the ACGC standards, has developed a set of regulations to govern academic achievement and fitness to be a genetic counselor. It is the responsibility of each student to be fully familiar with the MSGC 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 MSGC Program is vested with the primary responsibility for developing, interpreting, and applying these policies and procedures to MSGC 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 MSGC Program will be enforced.

The policies and procedures apply to students while matriculating as a student in the MSGC Program, when at the campus and when engaged in programs or activities related to MSGC 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 MSGC 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 MSGC Program and professional preparation; they do not and cannot anticipate every issue that may arise, either substantively or procedurally. The MSGC 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.

Competencies for the Genetic Counselors Profession

In accordance with the ACGC, the MSGC Program intends that, before graduation, a student will have demonstrated the competencies for practice described in the following sections.

Genetics and Genomics Expertise

1) Apply knowledge of **genetics** and **genomics** principles, genetic conditions, and testing technologies to the practice of genetic counseling.
    a) Demonstrate knowledge of **genetics** and **genomics** principles and concepts.
    b) Apply knowledge of **genetic** conditions to the delivery of genetics services.
    c) Demonstrate knowledge of **genetic** testing methodologies and **variant interpretation**.

Risk Assessment

2) Evaluate **personalized genetic risk**.
    a) Analyze **family history** to estimate genetic risk.
    b) Calculate risk using probability methods and risk models.
    c) Integrate clinical and laboratory data into r**isk assessment**.
    d) Order **genetic** tests guided by **client-centered risk assessment**.

Counseling

3) Promote integration of **psychosocial** needs and **client-centered** decision-making into genetic counseling interactions.
    a) Use applicable counseling skills and theories.
    b) Establish a **working alliance** with **client.**
    c) Promote **psychosocial** adaptation.
    d) Facilitate **client's** decision-making process.

Communication

4) Communicate genetics and genomics information to **clients**, colleagues, and other community partners.
    a) Tailor communication to specific individuals and audiences.
    b) Use a variety of approaches to communicate **genetics** and **genomic** information.
    c) Convey probabilities based on client's risk perception and **numeracy**.

Research

5) Synthesize the **evidence base** relevant to genetic counseling.
    a) Critically interpret data and literature.
    b) Apply data and literature considering its strengths, weaknesses, and limitations.
    c) Demonstrate knowledge of how genetic counselors engage and contribute to the **research process**.

Healthcare Systems

6) Demonstrate how genetic counselors fit within the larger **healthcare system**.
    a) Demonstrate how disparities, inequities, and systemic bias affect access to healthcare for **diverse** populations.
    b) Describe the **financial considerations** in the delivery of genetic services.
    c) Advocate for **continuity of care**.
    d) Collaborate with members of the **Care Team, clients**, and other **Community Partners**.

Professional Identity

7) Embody the values of the genetic counseling profession.
    a) Adhere to the genetic counselor **scope of practice**.
    b) Follow applicable **professional ethical codes**.
    c) Exhibit behaviors that promote an **inclusive, just, equitable**, and safe environment for all individuals and communities.
    d) Engage in self-reflective practice to promote ongoing growth and development.

To download the full ACGC Practice Based Competencies document, please click here

REQUIRED COURSES IN THE MSGC CURRICULUM

SUMMARY OF COURSEWORK AND CLINICAL REQUIREMENTS – YEAR 1

Didactic lectures and coursework are required to establish a foundation of knowledge in the instructional content of genetics and counseling to ensure students are gaining skills in the 7 domains of the practice-based competencies, as outlined by the ACGC in accordance with the ACGC accreditation standard. Clinical observations and fieldwork placements allow students to gain, apply and master skills being taught in courses.

Fall I Courses
MSGC 5001 – Human & Medical Genetics I (2.5 credits) MSGC 5003 – Practical Applications of Genetic Counseling I (2.5 credits) MSGC 5005 – Human Development/Prenatal Genetics (2 credits) MSG 5006 – Ethical Issues in Genetic Counseling and Human Subjects Research (1.5 credits) MSGC 5007 – Fundamental Concepts in Genetic Counseling I (1.5 credits)
Fall I Fieldwork Placement
MSGC 5013 – Early Patient Contact (Observation 2x/week) (3 credits)
Spring I Courses
MSGC 5002 – Human & Medical Genetics II (2.5 credits) MSCG 5004 – Practical Applications of Genetic Counseling II (2.5 credits) MSGC 5010 – Cancer Genetics (2 credits) MSGC 5008 – Fundamental Concepts in Genetic Counseling II (1.5 credits) MSGC 5009 – Molecular Methods, Variant Analysis & Bioinformatics for Clinicians (2 credits)
Spring I Fieldwork Placement
MSGC 5014 – Early Patient Contact (6 credits)
Summer Courses
MSGC 5015 – Fieldwork Placement (8.5 credits) MSGC 6001 – Master Thesis Project (1.5 credits)

Ancillary Commitments are as outlined in this handbook and/or Fieldwork Placement Guide.

Clinical requirements are outlined in the MSGC 6001, MSGC 6002 and MSGC 6003 syllabus and the Fieldwork Placement Guide.

MASTER OF SCIENCE IN GENETIC COUNSELING (MSGC)

SUMMARY OF COURSEWORK AND CLINICAL REQUIREMENTS -YEAR 2

Didactic lectures and Coursework are required to establish a foundation of knowledge in the instructional content of genetics and counseling to ensure students are gaining skills in the 7 domains of the practice-based competencies, as outlined by the ACGC in accordance with the ACGC accreditation standard. Clinical observations and fieldwork placements allow students to gain, apply and master skills being taught in courses.

Fall II Courses
MSGC 5011 – Advanced Professional Skills for Genetic Counselors (1 credit) MSGC 6002 – Master Thesis Project (2.5 credits)
Fall II Fieldwork Placement
MSGC 5016 – Fieldwork Placements (11 credits)
Spring II Courses
MSGC 5012 – Precision Medicine in the Era of Genomics (2 credits) MSGC 6003 – Master Thesis Project (3 credits)
Spring II Fieldwork Placement
MSGC 5017 – Fieldwork Placements (11 credits)

In addition to the coursework and clinical requirements listed in this chart, all GC students must satisfactorily complete and defend a written thesis.

Ancillary Commitments are as outlined in this handbook and/or the Fieldwork Placement Guide.

Clinical requirements are outlined in the syllabi for Fieldwork placements and the Fieldwork Placement Guide.

SUPPLEMENTARY EXPERIENCES

In accordance with Standard B4.1 of the ACGC Standards of Accreditation, in order to enhance a student's acquisition of the PBCs, programs must ensure that fieldwork training for students is augmented with supplemental experiences and activities. The MSGC Program at WCGS require students to complete a minimum of 5 supplementary experiences/placements before Fall II of Year 2. Please refer to the course syllabus for MSGC 5013 and MSGC 5014 for information on assessment, attendance and tracking of supplementary experiences. It is the responsibility of the student to contact the point person for each supplementary experience and arrange a time to complete the placement. Students are expected to track their supplementary experience in Typhon by completing a supplementary experience log and will be reviewed and approved by the Course Director.

Please refer to the Fieldwork Placement Guide for information on a list of supplementary experiences/placements, objectives of supplemental experiences and outcome measures.

TECHNICAL STANDARDS

All candidates for the MSGC degree must possess the intellectual ability to learn, integrate, analyze, and synthesize data. Candidates must have motor function capabilities to meet the demands of GC and the demands of total patient care. Specifically, all candidates must possess the following abilities and skills:

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.

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.

Observations: The ability to observe is required for demonstrations, visual presentations lectures and laboratories and fieldwork placements. A candidate must be able to observe patients accurately and completely, both at a distance and closely. This requires functional vision and somatic sensation and is enhanced by a sense of smell.

The administration of the MSGC Program recognizes its responsibility to present candidates for the MSGC Program Master of Science in Genetic Counseling Degree who have the knowledge and skills to function in a broad variety of clinical and/or research situations and to render a wide spectrum of patient care. The responsibility for these technical standards is primarily placed on the MSGC Program admissions committee to select entering GC students who will be the candidates for the MSGC Program Master of Science in Genetic Counseling Degree.

GUIDELINES FOR PROMOTION AND GRADUATION

The MSGC Program curriculum represents the academic standards students are required to achieve. A student must successfully complete all the academic and clinical course work before a degree will be granted.

The curriculum of the MSGC Program includes both didactic and fieldwork placements (clinical rotations). Year 1 consists primarily of classroom education and an introduction to fieldwork placements, which is comprised of two academic semesters. Summer I and Year 2 involves twelve months of clinical training, a Master thesis project and some didactic courses, over three academic semesters. Each semester's coursework and fieldwork placements build upon the subject matter and experiences in the preceding semester.

A student is expected to exhibit mastery of course objectives set by the faculty, and to complete the required courses and fieldwork placements as determined by the faculty and fieldwork supervisors. 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, Program Leadership will determine whether a student may continue in the MSGC Program. In the event Program Leadership determines a student does not satisfy these academic standards, including suitability to practice genetic counseling, the Program, in consultation with the Dean of Academic Affairs and Registrar, may recommend that student be dismissed and may no longer participate in any educational activities of the MSGC Program.

Upon the completion of each course and curricular unit, a student's performance is evaluated and recorded by the Program faculty. Program Leadership will review the ongoing progress of each student at the conclusion of each semester of the curriculum. Meetings with Program Faculty and Advisory Board will be scheduled as needed to address any concerns.

The purpose of the Guidelines for Promotion and Graduation is to detail as clearly as possible the requirements necessary to successfully complete the MSGC Program. Course work, fieldwork placements, attendance, and class participation are all considered when arriving at a final grade. In the event of poor performance or failure during the MSGC 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 MSGC Program.

2. A student who exhibits unsatisfactory performance during the MSGC Program and the student's performance will be reviewed by Program Leadership. Program Leadership will make a recommendation to the Associate Dean of Academic Affairs at WCGS, which may include dismissal, academic probation, or deceleration to a subsequent cohort of the Program so that the student may demonstrate satisfactory performance in any previously failed course. In the case of deceleration, in addition to repeating failed courses, Program Leadership may require the student to audit any course in which they received a marginally passing grade.

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.)

5. A student must successfully complete all components of every course in Year 1 of the MSGC Program before he or she can be approved for promotion to Year 2 of the MSGC Program.

6. Remedial work and re-examination may be offered, at the discretion of course directors, in consultation with the Program Director, to a student who fails a course, as provided for in these guidelines and described in the syllabus of each individual course. Please refer to section on remediation on page 52 for more information.

7. A student may remediate no more than two didactic courses. A failed course remediation will be considered unsatisfactory overall performance and is grounds for dismissal from the MSGC Program. A third course failure will not be remediated; this will be considered unsatisfactory overall performance and is grounds for dismissal from the MSGC Program.

8. During the fieldwork placements of the MSGC Program, a student must successfully pass (or remediate, when applicable) all components of each rotation and all additional Year 2 coursework and requirements. Successful completion of all rotations is necessary for graduation from the MSGC 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 *Fieldwork Placement Guide*.

10. A student may not fail and repeat (remediate) more than two rotations during the Program. A failure of a repeated (remediated) rotation will be considered unsatisfactory overall performance and is grounds for dismissal from the MSGC Program. Failure of a third rotation will be considered unsatisfactory overall performance and is grounds for dismissal from the GC Program.

11. Successful completion of all the requirements for the Master's research thesis, including a successful oral defense and submission of a final thesis document in an acceptable format, is necessary for graduation from the MSGC 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 during the MSGC Program will be reviewed and tracked by the Program Director in conjunction with the Program Chair. Student performance during fieldwork placements of the

MSGC Program will be reviewed and tracked by the Program Director in conjunction with fieldwork supervisors.

Course directors and fieldwork supervisors, in conjunction with the Program Director; 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. A letter grade 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 director.

The grading system is as follows:

Grade	Numeric Grade
Honors (H)	93%-100%
High Pass (HP)	83%-92%
Pass (P)	70%-82%
Fail (F)	Below 70%

I = Incomplete , 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 Program Director 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 grade of "F" (Fail).

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 their objective course performance, the student should seek the guidance of either the Program Director or Program Chair, 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 GC Student Grievance Policy.

Grade Rounding Policy
Rounding will only be applied when a numeric grade falls at the boundary between two letter grades. In those cases, a decimal of 0.5% or above will be rounded up to the next whole percentage, and a decimal of 0.4% or below will be rounded down. Rounding will not be applied to grades that fall clearly within a letter grade range.

STUDENT PROGRESS

When a student is having academic difficulty with a course(s) (or their overall academic performance) it is the responsibility of the student to seek advice from the Program Director. Early intervention with academic difficulties may provide a wider range of solutions and is in the student's best interest

REMEDIATION

A student who has an unsatisfactory record in a course is not considered to have a right to remediation. Rather, remediation in any of its forms (including remedial assignments, re-examination, or course repetition) is an option which may be offered to an individual student at the discretion of the MSGC Program faculty, based on the student's academic record and consideration of circumstances related to the completion of the course. Should it be determined that the only possible remediation is for the student to repeat the course, it would be necessary for them to register for an additional semester (as specific courses may be offered only once a year) and may require additional tuition cost and delayed graduation.

Didactic Courses:

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 Program Director and may consist of but is not limited to re-examination of the course work, remedial academic assignments or other tasks. In the event that the student fails 2 courses or that the failure prevents the student moving on to registration with a subsequent course, it may be necessary that the student re-take one or 2 semesters of instruction. Such a scenario would incur additional tuition charges that will be prorated to the number of semesters re-taken.

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 didactic 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.

Students 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.

Fieldwork Placements:

A failed fieldwork placement (clinical rotation) will necessitate that the student repeats the entire rotation at the conclusion of the semester (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 Fieldwork Placement Guide must be achieved before the student will receive a degree. The student is responsible for the completion of all assignments related to the repeated rotation. A repeated fieldwork placement may require extending the length of training beyond the 21-month program and would entail additional tuition cost.

Students 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 Genetic Counseling degree, students will participate in MSGC 6001, MSGC 6002 and MSGC 6003. These courses will take place throughout the Summer I and Year 2 semesters, 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 MS degree.

MS IN GENETIC COUNSELING MASTER'S THESIS GUIDELINES

Purpose: A requirement for a Master of Science degree in Genetic Counseling in the Weill Cornell Graduate School of Medical Sciences (WCGS) is the successful completion and oral defense of an independent study dissertation project encompassing an area appropriate to the theory and practice of genetic counseling. The thesis project prepares the student for participation in biomedical research as a genetic counselor. The purpose of the thesis is to give the student practical insight into the procedural steps involved in the design, implementation, and interpretation of an investigation pertinent to the student's chosen field.

Process: Through this process, the student will be able to demonstrate research competencies. These include: selection of topic, assessment of the current understanding of the problem (published studies and reviews), design of a study that would fill the existing knowledge gap, demonstration of understanding what must be in place to conduct the research, what data should be collected and what methods of interpretation should be applied. The written thesis and oral examination (thesis defense) follow the model of proposing and discussing a research grant application to the National Institutes of Health (NIH) for a 2-year research project. It is not necessary that the student should implement the study, but rather should be able to support the rationale and feasibility (based on current literature) of what is being proposed.

The project should involve formulating and testing a hypothesis or exploring a research question. For example, one could explore a series of genetic cases to illustrate a new concept or answer a specific research question. One might propose and evaluate an innovative education tool, patient screening tool, or counseling strategy. Projects could analyze and interpret existing collected data in an ongoing research project or existing database (e.g., the All of Us Research Program, UK Biobank, Million Veterans Project (MVP). Alternatively, one could propose a hypothesis driven comprehensive literature review (e.g., a meta-analysis of existing research).

Students will have completed their Human Subjects Research training in the Fall semester of Year 1 and will be introduced to concepts of human subjects protections and privacy issues as well as principles of informed consent. They should use the first year instructional material to explore areas of interest for potential project areas of interest. Independent research activities are covered in 3 courses: MSGC 6001, MSGC 6002 and MSGC 6003, that run sequentially starting in the summer term and continuing through the year 2 fall and spring semesters.

MS in Genetic Counseling Thesis Timeline

Summer Term

May 11	Course Director Meeting (Overview)
May 12-31	Independent literature review, meet with Course Director bi-weekly
June 1-Aug 15	Independent literature research, select topic for thesis, meet bi-weekly with Course Director
July 31	First draft Specific Aims due
August 1-15	Independent literature research continues, discuss potential project advisor
August 15	Finalized Specific Aims deadline, identify project advisor

Fall Term Y2

September 2	Thesis project advisor identified, meet bi-weekly with CD/advisor
October 14	Specific Aims final approval, begin outline of thesis
October15-December 15	Continue independent literature research and drafting/outlining thesis, meet with CD/advisor bi weekly
December 15	Deadline for full outline of thesis

Spring Term Y2

January 12-16	Classes begin, feedback received from CD/advisor regarding outline
January 17-March 1	Continue writing
March 1	Deadline for submission of full thesis draft
March 27	Deadline for final revisions and holding thesis committee meeting (CD, advisor, 1 additional faculty) to approve moving onto defense
March 28-April 20	Preparation and scheduling of oral defense
April 20	Deadline for successful completion of oral defense

Format: The written dissertation is modeled after an application for a 2-year grant from NIH (i.e., R21 format). The document should be formatted in single spaced, Arial 11 point font, with 0.5 inch margins top, bottom, left and right. Figures and tables should be embedded in the text. The parts consist of:

1. Title page with project title, student name, email address, name of advisors (Course Director, faculty project advisor)
2. Abstract (Project Summary) page (maximum of 30 lines)

3. Specific Aims (Limit 1 page, no more than 3 Aims, 2 is fine)
4. Research Strategy (Limit 6 pages, excluding references)

Significance
Innovation
Approach – for each Specific Aim:

- Brief rationale (what question will be answered/explored)
- Method
- Interpretation (what result(s) are expected and how would such a result be interpreted toward the overarching aim)
- Potential limitations of the approach and what alternative might be pursued if expected outcomes are not obtained

5. References (no page limit)

Thesis Oral Defense

As noted in the timeline above, your written thesis must be approved for progressing to oral defense by March 31 of Year 2. However, your thesis document may be completed and evaluated anytime before that in the Fall-early Spring, depending on when you and your Course Director and project advisor are satisfied it is ready. Your dissertation committee should consist of the INDGC course director, project advisor, and a faculty GC. When they have signed your dissertation form, you may schedule your oral defense. This is due to be filed with the Graduate School Office 30 days, but no less than 14 days, prior to defense. Thirty days is recommended to ensure the availability of the committee faculty and conference room.

The oral defense is in the form of a seminar that is open to the WCM community in which the student presents the project. This entails a slide presentation in the same format as the written document. It is recommended that students practice their presentation with fellow program students to refine their presentation and receive question feedback. This exercise is also highly beneficial to student colleagues preparing for their own dissertation seminars. Presentation should take 30, but no longer than 40 minutes, followed by a closed session with the examination committee. During the closed session, the committee questions the student on the project proposal including relevant background.

Evaluation rubrics are provided in the course description.

GUIDE FOR THESIS PREPARATION

Adapted from NIH Application Guidelines

PROJECT SUMMARY/ABSTRACT

Project Summary: The purpose of the Project Summary/Abstract is to describe succinctly every

major aspect of the proposed project. It should contain a statement of objectives and methods to be employed. It should be possible to understand the goals and importance of the application from this summary. Consider the significance and innovation of the research proposed when preparing the Project Summary.

The Project Summary must be no longer than 30 lines of text

The second component of the Project Summary is **relevance** of this research to **public health**. Use plain language that can be understood by a general, lay audience. The Project Summary should not contain proprietary confidential information.

The abstract should include:

- a brief background of the project;
- specific aims, objectives, or hypotheses;
- the significance of the proposed research and relevance to public health;
- the unique features and innovation of the project;
- the methodology (action steps) to be used;
- expected results; and
- description of how your results will affect other research areas.

Suggestions

- Be complete, but brief.
- Use all the space allotted.
- Avoid describing past accomplishments and the use of the first person.
- Write the abstract last so that it reflects the entire application.

RESEARCH PLAN (Overview)

The Research Strategy/Plan is now organized into three sections: Significance, Innovation, and Approach. The assessment of this research plan will largely determine whether or not the application is favorably recommended for degree approval.

For an application with multiple Specific Aims, the applicant may address Significance, Innovation and Approach for each Specific Aim individually, or address Significance, Innovation and Approach for all of the Specific Aims collectively.

Recommended Length: For the example below, the R21 format will be used with a maximum of 6 pages.

Content: The Research Strategy should answer the following questions:

- What do you intend to do?
- Why is this worth doing or the significance of the research? How is it innovative?
- What has already been done in general, and what have other researchers done in this field? Use

appropriate references. What will this new work add to the field of knowledge?
- What have you (and your collaborators) done to establish the feasibility of what you are proposing to do?
- How will the research be accomplished? Who? What? When? Where? Why?

Suggestions

1. Make sure that all sections are internally consistent and that they dovetail with each other. Use a numbering system, and make sections easy to find. Lead the reviewers through your research plan. One person should revise and edit the final draft.
2. Show knowledge of recent literature and explain how the proposed research will further what is already known.
3. Emphasize how some combination of a novel hypothesis, important preliminary data, a new experimental system and/or a new experimental approach will enable important progress to be made.
4. Establish credibility of the proposed principal investigator and the collaborating researchers.

RESEARCH PLAN PART 1: Specific Aims

Purpose: The purpose of the specific aims is to describe concisely and realistically the goals of the proposed research and summarize the expected outcome(s), including the impact of the proposed research will exert on the research fields involved.

Recommended Length: The recommended length of the specific aims is one page.

Content: The specific aims should cover:

- broad, long-term goals;
- the specific objectives and hypotheses to be tested;
- summarize expected outcomes; and
- describe impact on the research field.

Suggestions:

1. Generally, the Specific Aims section should begin with a brief narrative describing the long-term goals or objectives of the research project and the hypothesis to be tested. This is followed by a numbered list of the Aims.
2. List succinctly the specific objectives of the research proposed, e.g., to test a stated hypothesis, create a novel design, solve a specific problem, challenge an existing paradigm or clinical practice, address a critical barrier to progress in the field, or develop new technology.
3. Make sure your specific objectives or hypothesis are clearly stated, are testable, and adequately supported by citations and preliminary data. Be sure to explain how the results to be obtained will be used to test the hypothesis.
4. *Be as brief and specific as possible*. For clarity, each aim should consist of only one sentence. Use a brief paragraph under each aim if detail is needed. Most successful applications have 2-

4 specific aims.
5. Don't be overly ambitious. A small, focused project is generally better received than a diffuse, multifaceted project.
6. Be certain that all aims are related. Have someone read them for clarity and cohesiveness.
7. Focus on aims where you have good supporting preliminary data and scientific expertise.
8. Include a brief statement of the overall impact of the research studies.
9. This is the most important page of the entire application since it may be the only section the unassigned reviewers read to understand approach, impact, and innovation.

RESEARCH PLAN PART 2: Significance

Purpose: The Significance section should explain the importance of the problem or describe the critical barrier to progress in the field that is being addressed. Explain how the proposed research project will improve scientific knowledge, technical capability, and/or clinical practice in one or more broad fields. Describe how the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field will be changed if the proposed aims are achieved.

Recommended Length: Approximately 1-2 pages

Content: The Significance section replaces the previous Background and Significance section. It should cover:

- the state of existing knowledge, including literature citations and highlights of relevant data;
- rationale of the proposed research;
- explain gaps that the project is intended to fill; and
- potential contribution of this research to the scientific field(s) and public health.

Suggestions

1. Make a compelling case for your proposed research project. Why is the topic important? Why are the specific research questions important? How are the researchers qualified to address these?
2. Establish significance through a careful review of published data in the field, including your own. Avoid outdated research. Use citations not only as support for specific statements but also to establish familiarity with all of the relevant publications and points of view. Your application may well be reviewed by someone working in your field. If their contributions and point of view are not mentioned, they are not likely to review your application sympathetically.
3. Highlight success of your related grants and awareness of potential barriers and alternative approaches.
4. Highlight why research findings are important beyond the confines of a specific project i.e., how can the results be applied to further research in this field or related areas.
5. Clearly state public health implications.
6. Show that the objectives are attainable within the stated time frame. Include a time frame for

each specific aim.
7. Stress any innovations in experimental methods (e.g., new strategies, research methods used, interventions proposed).

RESEARCH PLAN PART 3: Innovation

Purpose: Explain how the application challenges and seeks to shift current research or clinical practice paradigms. Describe any novel theoretical concepts, approaches or methodologies, instrumentation or interventions to be developed or used, and any advantage over existing methodologies, instrumentation, or interventions. Explain any refinements, improvements, or new applications of theoretical concepts, approaches or methodologies, instrumentation, or interventions.

Recommended Length: The recommended length of the innovation section is 1/2-1 page.

Content: The innovation section should include the following:

- Explain why concepts and methods are novel to the research field.
- Focus on innovation in study design and outcomes.
- Summarize novel findings to be presented as preliminary data in the Approach section.

Suggestions

1. Describe how the application differs from current research or clinical practice paradigms.
2. Provide a careful review of the current literature to support the innovative methodologies, approaches, or concepts of your research.
3. Demonstrate familiarity with novel methodologies by citing your publications or your collaborator's publications.
4. Summarize novel findings to be presented as preliminary data in the Approach section.

RESEARCH PLAN PART 4: Approach

Purpose: The purpose of the approach section is to describe how the research will be carried out. This section is crucial to how favorably an application is reviewed.

Recommended Length: The maximum recommended length of the approach section is 3-4 pages.

Content: The research design and methods section should include the following:

- PI's preliminary studies, data, and experience relevant to the application and the experimental design;
- the overview of the experimental design;
- a description of methods and analyses to be used to accomplish the specific aims of the project;
- a discussion of potential difficulties and limitations and how these will be overcome

or mitigated;
- expected results, and alternative approaches that will be used if unexpected results are found;
- a projected sequence or timetable (work plan);
- if the project is in the early stages of development, describe any strategy to establish feasibility, and address the management of any high risk aspects of the proposed work;
- a detailed discussion of the way in which the results will be collected, analyzed, and interpreted;
- a description of any new methodology used and why it represents an improvement over the existing ones;

Suggestions

Number the sections in this part of the application to correspond to the numbers of the Specific Aims.

1. Preliminary data, or a progress report, may be included before the Specific Aims sections. Alternatively, integrate preliminary data with the methods description for each Specific Aim. Preliminary data can be an essential part of a research grant application and helps establish the likelihood of success of the proposed project.
2. Avoid excessive experimental detail by referring to publications that describe the methods to be employed. Publications cited should be by the applicants, if at all possible. Citing someone else's publication establishes that you know what method to use, but citing your own (or that of a collaborator) establishes that the applicant personnel are experienced with the necessary techniques.
3. If relevant, explain why one approach or method will be used in preference to others. This establishes that the alternatives were not simply overlooked. Give not only the "how" but the "why."
4. If employing a complex technology for the first time, take extra care to demonstrate familiarity with the experimental details and potential pitfalls. Add a co-investigator or consultant experienced with the technology, if necessary.
5. Explain how the research data will be collected, analyzed, and interpreted as well as any resource sharing plans as appropriate.
6. Develop alternative strategies for potential problems.
7. Document proposed collaborations and offers of materials or reagents of restricted availability with letters from the individuals involved.
8. Point out any procedures, situations, or materials that may be hazardous to personnel and precautions to be exercised (i.e., use of Select Agents).

HUMAN SUBJECTS

Purpose: The purpose of this section describing the involvement of human subjects is to ensure the protection of the rights and welfare of people who participate in research projects.

Recommended Length: There is no specified length, but be succinct.

Content:

Provide a complete description of the proposed involvement of human subjects as it relates to the work outlined in the Research Plan section. If an exemption has been designated on the face page, enough detail still must be provided to allow the determination of the appropriateness of the exemption. You must provide sufficient information for reviewers to determine that the proposed research meets:

1. the requirements of the DHHS regulations to protect human subjects from research risks (45 CFR Part 46);
2. NIH and NCI policy requirements for Data and Safety Monitoring for Clinical Trials, if applicable;
3. the ClinicalTrials.gov requirements, if applicable;
4. the requirements of NIH policies on inclusion of women, minorities, and children; and
5. the requirements of NIH policy on reporting race and ethnicity data for subjects in clinical research.

If the application involves the Inclusion of Women and Minorities, complete the Targeted/Planned Enrollment Table. A justification is required if there is limited representation of children, women, and minorities.

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1. Make sure that any figures, tables, graphs that come from published material are completely cited for source material.
2. Make sure all citations are complete: title, authors, book or journal, volume number, inclusive pages, year of publication.
3. Have an outside reader review the application for clarity and consistency.
4. Proofread carefully by reading aloud. Do not rely on computer "spell check" to point out mistakes.
5. Be consistent with terms, references, and form writing style.

APPEALS PROCESS FOR ACADEMIC AND CONDUCT DECISIONS

A student can appeal a decision of the Program Leadership. During the appeals process the student's status as determined by the Program Leadership 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 Program. 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 Program Leadership. 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 MSGC 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 Program Leadership, 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 Program'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 MSGC 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 MSGC 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. Any individual student may approach any member of the Program administration for individual guidance or for a personal concern. To encourage timely and confidential resolution of issues, email is not recommended. Face-to-face or phone communication is preferred.

2. 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.

4. Should the situation go unresolved, further advice may be sought by the student from the Program Chair, 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, MSGC 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 MSGC 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 Cornell University and administered through Aetna Student Health Enrollment and waiver services are managed through Gallagher Student Health & Special Risk. In brief, students who use the coordinated program will have their choice of participating physicians (many faculty members) with modest co-payments. In this program, students also have the option to go outside the Aetna network but will be required to meet a deductible and higher out-of-pocket costs. Optional dental and vision care coverage is available through separate programs at additional cost.

If a student needs to purchase additional coverage for a spouse, the student should refer to the dependent health insurance rates section of the website.

An enrollment waiver must be completed annually (deadline of June 30th) or within the first 30 days of your program start date.

STUDENT HEALTH SERVICES

Dependents under the age of eighteen are not seen in the student health center. 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, by appointment
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

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

The Director of the Student Health Center 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

STUDENTS 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, or others in the academic or research setting, Student Health Services will assist in determining appropriate restriction of duties.

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 Services 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. Laboratory reports must be in English. Noncompliance with MMR requirements within 30 days of the start of classes may result in the student's inability to attend classes per NYS Public Health Law Section 2165.

Hepatitis B: The hepatitis B vaccine will be offered to all students free of charge at 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. Lab reports must be in English. Students who are not found to be immune may need to undergo additional testing to exclude chronic infection with Hepatitis B, and/or repeat of the three-dose series.

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

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

Varicella: A positive *titer* indicating immunity or two doses of vaccine at least 30 days apart with a follow-up *titer*. Clinical history of disease is not sufficient proof of immunity for our campus. Titers 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 screening: All students matriculating on/after 7/1/2020 are required to have an interferon gamma release assay (Quantiferon or T-spot) as a baseline screen for tuberculosis as part of their student health onboarding requirements. Students with a negative baseline will have annual screening and symptom in accordance with New York State tuberculosis screening guidelines.

Students who matriculated prior to 7/1/2020 have had 2-step and annual tuberculosis skin testing performed but will be transitioned to interferon gamma release assays for yearly screens on subsequent annual health reviews.

Students with a positive interferon gamma release assay and no prior history of prior tuberculosis treatment (latent or active) will need a chest x-ray, symptom evaluation and should be offered treatment. Students with a prior history of tuberculosis treatment will need an updated x-ray, symptom review, and should be prepared to provide proof of prior treatment.

Laboratory and x-ray reports must be in English.

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. Students will undergo a pre-rotation health assessment at the beginning of the program in preparation for rotations at New York- Presbyterian Hospital and its affiliates. This must be completed prior to starting the fieldwork placements or students may be prevented from participating on the rotations.

Influenza: All students with patient contact are required to receive a flu vaccination when it is

available and if there is no medical contraindication. All other students are strongly advised to be immunized
against influenza. It is provided free of charge during the fall and early winter (assuming supplies are adequate).

SHS follows all applicable Medical College and 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. Other academic and clinical locations/affiliates may have additional requirements beyond our own that we will help students meet on a case-by-case basis.

Students with questions about medical or religious exemptions to certain vaccines should contact Student Health Services at shs@med.cornell.edu for guidance.

MEDICAL RECORDS

All medical information is documented in the campus enterprise electronic medical record and subject to all applicable local, state and federal laws with regards to medical records privacy and security. 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 should have medical records sent to the following mailing address:
Weill Cornell Medicine
Student Health Services
1300 York Ave Box 258
New York, NY 10065

SHS does not pay for records requests.

E-MAIL COMMUNICATIONS

Student Health Services sends out monthly 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 STUDENT HEALTH SERVICES 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.

STUDENT MENTAL HEALTH SERVICES

Confidential, prompt, and responsive care is the hallmark of the Student Mental Health Program. (SMHP). The service provides confidential and comprehensive evaluation and diagnosis of mental health/behavioral disorders and substance abuse problems. You may contact the SMHP directly and you do not need a referral to do so. To request an appointment, please send an email including your name and contact information to studentmentalhealth@med.cornell.edu. Access to the SMHP is included in the annual student health fee. Students receive high quality and confidential treatment, including various types of psychotherapy (individual and group therapies), pharmacotherapy, and neuropsychological assessment.

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 no cost, and (3) compliance with privacy and confidentiality regulations can be assured.

For more information, see:
https://teach.weill.cornell.edu/student-services/student-life/student-health-services

PRIVACY AND CONFIDENTIALITY

Weill Cornell Medicine Student Health Services staff follow the requirements of the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA) to ensure the privacy and confidentiality of all student medical records. Personal information collected at SHS will be used solely for treatment, payment and operations will not be disclosed to any outside parties unless legally obligated to do so.

Students are expected to activate their online patient portal to access all lab test results for tests performed at Student Health Services. Students who request laboratory results by telephone must speak to the Nurse Administrator giving their name, date of birth and identifying the specific laboratory test. Results will not be sent by e-mail.

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

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

If a needle stick injury occurs, students are encouraged to follow the specific guidelines outlined by

the policy in this Handbook. If the student wishes to preserve confidentiality, open discussions with other students, house staff and staff physicians are discouraged.

INITIAL MANAGEMENT OF NEEDLE STUICK AND BODILY FLUID EXPOSURE

All puncture wounds and other exposures to blood and body fluids should be reported immediately to Weill Cornell Medicine Student Health Services or to the NYPH-Weill Cornell Center (NYPH WCC) Emergency Department.

This policy applies to all students at the Medical College and the Graduate School of Medical Sciences

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

According to the CDC, you should be evaluated and treated within two hours for maximum benefit of therapy; therefore, this policy has been established.

INSTRUCTIONS FOR STUDENTS EXPOSED TO BLOOD OR BODILY FLUIDS

1. Wound care should be done immediately at site of accident, if possible.
   - Clean wound with soap and water.
   - Flush mucous membranes with water/saline.
   - Give other wound care as dictated by injury or accident.
2. If available, obtain:
   - patient's name and ID #;
   - HIV risks and hepatitis status, if known; and
   - names and pager numbers of the attending and/or supervising resident physicians.
3. Inform a colleague that you are returning to the Medical College or NYPH-WCC. Proceed directly to:

Full time WCM students:
Business days between 8:00a.m. and 4:00 p.m.:
Weill Cornell Student Health Services:
230 East 69th Street; 646-962-6942

Nights, weekends and holidays:
NYPH Emergency Department:

68th Street between York Ave and the East River

Taxi fares from a local affiliate for this purpose will be reimbursed by Student Health Services with submission of an original receipt.

Visiting Students:

Business days between 8:00a.m. and 4:00 p.m.:
WHS (Workforce Health & Safety): 1315-1319 York Avenue, Basement; 212-7464370

Nights, weekends and holidays:
NYPH Emergency Department: 68th Street between York Ave and the East River

4. Students seen at SHS or NYPH will undergo a post-exposure evaluation. The post-exposure confidential medical evaluation and subsequent follow-up will document the route(s) of exposure, and the circumstances under which the exposure incident occurred; identification and documentation of the source individual, post-exposure prophylaxis (when medically indicated), counseling; and evaluation of reported illnesses.

5. Students seen at NYPH must follow up with Student Health Services the next business day for reporting.

If a needle stick or exposure occurs while a student is on an away elective or rotation, (non-local hospital, or hospital setting not affiliated with the Medical College) immediate evaluation and treatment will be available within the guidelines and policies of that institution or facility, according to the patient's wishes and within the confines of his/her insurance guidelines. Students may be referred to a local emergency department. Students must contact SHS for reporting and follow-up as soon as they are able to do so.

Needlestick and body fluid incident reports are sent to Environmental Health and Safety as part of the overall campus safety plan.

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 Preclinical 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 Student Accommodations Coordinator, Devin Sullivan at des4014@med.cornell.edu for review. If documentation is insufficient to determine eligibility for disability services or appropriate reasonable accommodations, additional information may be requested. 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. Questions regarding the accomodations process may be directed to the Student Accomodations Coordinator, or to the Assistant Dean of Student Affairs.

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: WeillCornell // password: 4backup
3) You will be asked to provide an 8 digit ID number when registering and requesting backup care.

Costs

Center-based child care @ $15/child or $25/family
In-home child and/or adult/elder care @ $6/hour (minimum 4 hours)
Up to 10 days of use per calendar year

LIBRARIES

SAMUEL J. WOOD MEDICAL LIBRARY:

library.weill.cornell.edu

The Samuel J. Wood 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

SMARTDesk - https://library.weill.cornell.edu/smartdesk

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

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

SMARTDesk is open during the following hours:

- Monday - Friday 9 am - 6 pm
- Saturday 10 am - 6 pm
- Sunday 12 pm - 8 pm

Appointments are required and can be scheduled here.

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

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

Regular Library Hours: (You must present a valid ID when entering the library.)

- Monday - Thursday: 8 a.m. - 12 a.m.
- Friday: 8 a.m. - 8 p.m.
- Saturday: 10 a.m. - 8 p.m.
- Sunday: 12 p.m. - 12 a.m.

The 24/7 Study Room is only available to WCMC medical, graduate and PA students, clinical fellows, and residents.
See website (https://library.weill.cornell.edu/) for summer/holiday schedules.

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.

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 Cornell Store or Smart Desk.

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 EZproxy (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 New York-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 inter-library 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
https://www.hss.edu/education-institute/kim-barrett-memorial-library
Information (212) 606-1210
Email: medlib@hss.edu

Memorial Sloan Kettering Cancer Center Library
430 East 67th St
http://library.mskcc.org
Information (212) 639-7439
Email: asklibrarian@mskcc.org

Rockefeller University Library
1230 York Avenue
Welch Hall, 1st floor
Information (212) 327-8904
Email: markuslibrary@rockefeller.edu

Any individual who owes money to the University and/or has not returned any of the following items: I.D's., program equipment, library books, education center access card, will not be allowed to register or re-register in the University, 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.

PROGRAM SPECIFIC POLICIES AND PROCEDURES

WITHDRAWAL POLICY

Any student who chooses to withdraw from the MSGC Program must meet with the Associate Dean for Academic Affairs and submit a program withdrawal form to the Program Director and Associate Dean for Academic Affair: (https://gradschool.weill.cornell.edu/student-experience/student-forms).

STUDENT IDENTIFICATION CARDS

During orientation, the MSGC Program Office will facilitate the issuing an identification (ID) card: an I.D. for the Weill Cornell Medicine campus. The Security Department for Weill Cornell Medicine is located opposite the Starr Building entrance. Student must have this I.D. Card with them at all times.

Lost cards must immediately be reported as follows: to the Security Department on the main campus at (212) 746-0911.

COMMUNICATIONS

It is the student's responsibility to keep contact information current in the MSGC Program and Graduate School 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 MSGC Program.

Therefore, students are advised to:

- check their Weill Cornell e-mail accounts on a daily basis
- check for calendar and announcements posted through Canvas (https://medcornell.instructure.com)
- check Typhon for individual schedule of fieldwork placements

LAPTOP (PROGRAM-PROVIDED, ITS-TAGGED)

All MSGC Program students are required to use a MSGC Program-provided laptop 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.

USE OF PERSONAL LAPTOP COMPUTERS

Should a student also wish to use their own laptop computer for any purpose requiring regular 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 GC 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 policies regarding supported computers and other devices, visit the ITS website at:
https://its.weill.cornell.edu/policies/devices-supported-computers-policy

For additional information on networking policies for computers, please visit here:
https://its.weill.cornell.edu/policies/network-policy

Once enrolled, students are eligible for software discounts at:
https://its.weill.cornell.edu/guides/how-to-download-personal-software-from-onthehub

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.

DRESS CODE FOR GENETIC COUNSELING STUDENTS

It is the viewpoint of the MSGC 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 GC Program, and the profession. In the spirit of this, the Program has established a dress code for all MSGC students.

During the MSGC Program, students are expected to dress appropriately and professionally. This requires "business casual" attire in the classroom setting.

Furthermore, for all fieldwork placements in which interactions with patients and other providers can reasonably be expected (including training sessions with standardized patients), the MSGC

Program considers the following enhanced dress code as appropriate and professional:

1. Identification card with photograph facing outward; must be worn at all times.
2. 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, skirts (knee-length or longer)
   d. Closed-toe shoes, with heels < 2"
3. Tattoos must be appropriately concealed
4. Fingernails must be clean and short to allow for proper hand hygiene.
5. 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 of the MSGC Program are expected to present a neat, clean, well groomed, professional appearance at all times.

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

ASSESSMENT

In the MSGC 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 MSGC Program to determine if goals are met. These goals include preparation of genetic counseling students for fieldwork placements, transitioning to the workforce and successful completion of the national certifying exam, administered by the ABGC. The MSGC 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/Fieldwork Placement Evaluations: Students are required to complete an online evaluation of the course and instructors at the conclusion of each course. Students are required to complete an online evaluation of all fieldwork placement sites and fieldwork supervisors. Given the crucial nature of these evaluations, 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 ACGC's Standards for graduate programs in genetic counseling, students must not be used to substitute for regular clinical or administrative staff while on fieldwork placements nor may they be permitted to accept payment for services rendered in connection with the performance of their rotation.

Students must notify the MSGC 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.

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 preclinical 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 location must be approved by the Program Director 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 MSGC Program Director.

ATTENDANCE POLICIES

Students at the MSGC Program are genetic counselors in training who are expected to carry out all academic responsibilities in a professional manner. The MSGC Program has a duty to establish criteria for professional comportment as an important part of its mission to train students to become

effective genetic counselors. Students must handle absences from required program activities in a manner that reflects a standard of professional responsibility for practicing genetic counselors. 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 and exhibited unprofessional behavior may be reported to the Associate Dean for Academic Affairs.

DIDACTIC COURSE ATTENDANCE

The integrated curriculum of the MSGC Program uses many kinds of learning formats, including in-person and remote lectures, and collaborative designs. Unless specified otherwise, attendance at all course activities including remote sessions 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 MSGC Program. Makeup assignments for course work missed due to absence may be required, at the discretion of the course director. Any student exhibiting a pattern of missing class or educational activities prior to examinations will be counseled to avoid these absences; subsequent pre-exam absences will subject the student to a grade deduction or zero on the exam at the discretion of the course director, in conjunction with the Program Director.

Time-off limits: Students may miss up to five (5) excused days due to illness or other emergencies throughout each academic year. 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, Juneteenth, Independence Day, Labor Day, Thanksgiving Holiday (Thanksgiving Day and the following day), and Christmas Day.**

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 MSGC 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 MSGC Program. The MSGC Program, 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 MSGC 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 MSGC 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 MSGC 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 MSGC Program approval.

Lateness to class demonstrates unprofessional behavior. Students who arrive late for a lecture or class activity are expected to join as soon as possible with minimal disruption. Repeated lateness or unexpected absences may lead to disciplinary action as per Standards of Conduct.

FIELDWORK PLACEMENT ATTENDANCE

Fieldwork placements of the curriculum mandates the full-time commitment of the students in all patient care and didactic activities. The student's presence on-site 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 program director and/or supervisor.

Attendance on fieldwork placement rotations is mandatory. Absences must be reported to both the fieldwork supervisor and the MSGC 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 fieldwork supervisor 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 646-962-7230). Students must also e-mail the Program Director. 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 Program Director 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 fieldwork placement must be made up at the discretion of the Program Director and/or the fieldwork supervisor. Failure to notify the MSGC Program and/or supervisor 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 placement and/or semester and must be completed before a degree will be awarded.

Students must provide written documentation of the time made up signed by the fieldwork supervisor. The Program Director 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

Students may miss up to five (5) excused days due to illness or other emergencies throughout the entire fieldwork placements of the Program; students may also request up to three (3) excused personal days throughout the fieldwork rotations. Students may take no more than two (2) sick or personal days during

a single rotation. Students may not miss more than 8 excused days throughout the entire year.

Students who are out from 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 rotations.

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

Medical clearance must be provided to Student Health Services by the student and issued by a clinical provider, stating that the student is able to return to duty. Any restrictions will be evaluated according to the Disability Services Guidelines in Appendix A at the end of this document.

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

As a reminder, per the discretion of the Program Director and/or the fieldwork supervisor, 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.

PLEASE REFER TO THE MOST RECENT VERSION OF THE FIELDWORK PLACEMENT GUIDE FOR ADDITIONAL, CURRENT INFORMATION

TYPE OF ABSENCES

Generally, the MSGC 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 MSGC Program faculty prior to being absent for these reasons. Nevertheless, it is incumbent upon the student to notify the MSGC Program faculty (and supervisor) as soon as possible when these events occur so that the MSGC 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 MSGC 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 MSGC 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. MSGC 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 Program Director. Planned absences of more than two days require that the student obtain the permission of the Program Director. When a student is uncertain about whether an absence will be considered potentially excusable, the student should consult the Program Director.

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 are cleared to return to class/rotation.

Students who experience a significant illness or injury must notify the MSGC Program and report to Student Health Service (SHS) for evaluation for medical clearance prior to returning to clinical rotations.

Medical clearance must state that the student is able to return to <u>full duty</u>.

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

In the event an examination or assignment deadline is scheduled on a day of religious observance, a student unable to attend class shall be permitted the opportunity to make up an examination or to extend any assignment deadline missed. No fees of any kind shall be charged by 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 they are not being granted the full benefits of the policy and has not been successful resolving the matter with the Program Director, the student may confer with the Program Chair. In the event a student continues to believe that they are 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 Program Director 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 Program Director and/or Program Chair and prior permission to be excused from a scheduled activity is to be sought by the student in writing using the MSGC 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 MSGC 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 fieldwork placement 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, didactics, or thesis research, and may return without reapplication to the MSGC Program. A student may request and be granted a LOA from the Associate Dean of Academic Affairs. The LOA form must be approved by the program and Associate Dean prior to granting the LOA. The form can be found https://gradschool.weill.cornell.edu/student-experience/student-forms.

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 extension of their leave of absence status, will be considered to have withdrawn from the MSGC Program.

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 MSGC 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 Associate Dean of Academic Affairs grants a personal leave of absence. A personal leave enables a student to take time off, in extenuating circumstances, to address issues of a personal nature, including those related to the health and well-being of a family member or partner.

LEAVE INTITATED BY THE MSGC PROGRAM

Under certain circumstances, a student experiencing difficulty in the MSGC 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 MSGC 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 they will not be 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 they have 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 MSGC Program. Similarly, if a student has not satisfied the criteria to return, if any, and has not received an extension in writing, they 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 in the canvas calendar (medcornell.instructure.com) and/or course syllabus. Students will have the time indicated to complete the examination. There will be no extension of this time. Per the student honor code, 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 as well as testing platform (e.g., Examplify/Exam Monitor) and will not disrupt the testing environment. Any dispute of a proctor's actions will be addressed at a later time by the MSGC Program Administration.

All student belongings must be inaccessible during exam administrations. Students are to remove everything from their workspace except for an approved device (laptop) and if desired, a cleared dry erase board and marker for use as "scrap". At the completion of the exam, the student is responsible for clearing the dry erase board, and displaying it to the proctor.

No cell phones or other electronic devices (other than the laptops) are permitted within the testing environment, unless specified by the proctor.

No questions will be entertained during the exam.

In the event that a student is having a technology problem during the examination, they must alert the

proctor or designated GC program faculty immediately and inform them of the issue to work towards a resolution.

When the testing environment is a proctored classroom setting, no student may leave the room until all students have arrived for the exam. Students are not permitted to leave their seats during the exam. Once the student has completed and successfully uploaded their exam, they may leave the room. 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. Students may not return to the exam room until the remainder of the class has completed the exam.

In accordance with the MSGC Program Standards of Conduct and the ACGC 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 other 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 Program Leadership 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 the Program Director. However, students are not permitted to make notes or copies.

COURSE MATERIALS

Most course materials are available on the Learning Management System website (currently Canvas, available at https://login.weill.cornell.edu/ds/canvas/), although other platforms may be used to communicate with students. 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, it is very important that students check the Canvas course website, Typhon (while on fieldwork placements) and their Cornell e- mail daily. Students may also be contacted by telephone as necessary, particularly for late changes to courses or weather-related emergencies.

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. Students on fieldwork placements should anticipate their required working hours at each rotation site as they make appropriate plans for travel. Students should not expect to be reimbursed by the GC Program for any customary 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 https://bursar.cornell.edu.

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 Program.

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

Weill Cornell Medicine, including Weill Cornell Medical College, Weill Cornell Graduate School of Medical Sciences, and the MSGC Program, 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 scores on standardized tests (MCAT, GRE, others)
Social Security number

3. Personally Identifiable Information May Be Disclosed Without Consent:

B. PERMITTING STUDENTS TO INSPECT AND REVIEW EDUCATION RECORDS

- 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 than 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
- 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.

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.

C. 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 the in the sole

possession of the maker and are not accessible or revealed to any other person except a temporary substitute.
- Financial records of a student's parents
- 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.

D. 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 Graduate School of Medical Sciences, Office of the Registrar, 1300 York Avenue, C-114, New York, NY 10065 Telephone: (646) 962-3470

Document requests are available at: http://studentservices.weill.cornell.edu/registrar/document-requests

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.

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 (66th Street Crosstown Bus)

NON-DENOMINATIONAL

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

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 GC Program for assistance.

List of Acronyms

Acronym	Full Name
BRB	Belfer Research Building
GCP	Genetic Counseling Program
HT	Helmsley Medical Tower
MS	Master of Science
MSGC	Master of Science in Genetic Counseling
MSKCC	Memorial Sloan Kettering Cancer Center
NYPQ	New York Presbyterian - Queens
PD	Program Director
WCGS	Weill Cornell Graduate School
WCM	Weill Cornell Medicine

RECEIPT FOR PROGRAM FILES CWID:

(Must be submitted by the end of the first week of the Academic Year 1)

I have received and take responsibility for reading the document entitled:

WEILL CORNELL GRADUATE SCHOOL OF MEDICAL SCIENCES

GENETIC COUNSELING GRADUATE PROGRAM
STUDENT HANDBOOK 2026-2027

Master of Science in Genetic Counseling

_____ _____

PRINT NAME **SIGNATURE**

_____

DATE