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ACADEMIC CALENDAR OF THE SCHOOL OF MEDICINE

2011-2013 (Including Religious Holidays)

Dates	Vertical Design Topic Areas
July 25 – July 29, 2011	Orientation
August 1 – September 28, 2011	From the Person to the Professional: Challenges, Privileges and Responsibilities (CPR)
August 1 – December 22, 2011	Structure I
August 1 – December 22, 2011	Patient, Physician and Society I
September 5, 2011	Labor Day (holiday)
September 26-28, 2011	CPR Reflection, Integration and Assessment
September 29-30, 2011	Rosh Hashanah (holiday)
October 3 – December 22, 2011	The Biological Imperative
October 7, 2011	Yom Kippur (holiday)
October 14, 2011	White Coat Ceremony
November 24 – November 25, 2011	Thanksgiving Break
December 19-22, 2011	BI Reflection, Integration and Assessment
December 23, 2011 – Jan. 1, 2012	Winter Break
January 2 – March 22, 2012	Continuity and Change: Fueling the Body
January 2 – June 21, 2012	Structure I
January 2 – June 21, 2012	Patient, Physician and Society I
January 16, 2012	Martin Luther King Jr. Day (holiday)
February 20, 2012	President's Day (holiday)
March 19-22, 2012	FTB Reflection, Integration and Assessment
March 23, 2012	Assessment Holiday
March 26 – June 21, 2012	Continuity and Change: Homeostasis
April 6, 2012	Good Friday (holiday)
April 9 – April 13, 2012	Spring Break
May 28, 2012	Memorial Day (holiday)
June 18-21, 2012	Homeostasis Reflection, Integration and Assessment
June 21, 2012	Last Day of Year One
June 22 – September 3, 2012	Summer Break
September 4 – December 20, 2012	Interacting with the Environment (Start of Year Two)
September 4 – December 20, 2012	Structure II
September 4 – December 20, 2012	Patient, Physician and Society II
September 26, 2012	Yom Kippur (holiday)
November 22 – November 23, 2012	Thanksgiving Break
December 17-20, 2012	IE Reflection, Integration and Assessment
December 21, 2012 – January 1, 2013	Winter Break
January 2 – March 28, 2013	The Human Condition
January 2 – March 28, 2013	Structure II
January 2 – March 28, 2013	Patient, Physician and Society II
January 21, 2013	Martin Luther King Jr. Day (holiday)
February 18, 2013	President's Day (holiday)
March 25-28, 2013	HC Reflection, Integration and Assessment

March 29, 2013	Good Friday
April 1 – June 28, 2013	Transition Period
April 8-12, 2013	Spring Break
May 27, 2013	Memorial Day (holiday)
June 28, 2013	Last Day of Year Two
July 1 – July 5, 2013	Summer Break

WELCOMES

Welcome from Hofstra University President, Stuart Rabinowitz
 Welcome from North Shore-LIJ Health System President, Michael Dowling
 Welcome from Hofstra University School of Medicine in partnership with North Shore-LIJ Health System
 Dean, Lawrence G. Smith, MD
 Welcome from Assistant Dean for Student Affairs

Welcome from Hofstra University President, Stuart Rabinowitz



The establishment of a new medical school brings new research and cutting-edge scholarship to our campus, provides our region with better health care resources and allows Hofstra University's standing in the international academic community to continue to grow. Our partnership with a renowned institution such as the North Shore-LIJ Health System will ensure that the Hofstra School of Medicine will have excellent clinical training and extensive resources from the outset.

I hope you enjoy and find fulfillment as you continue your studies. I urge you to take advantage of all that Hofstra offers. We are excited to have a Medical School and look forward to seeing you on campus.

Sincerely,
 Stuart Rabinowitz
 President, Hofstra University

Welcome from North Shore-LIJ Health System President, Michael Dowling

In our partnership on a medical school with Hofstra University we hope to further enhance the North Shore-LIJ Health System's ability to recruit nationally renowned physicians and researchers, which will help bolster the quality of health care on Long Island and enhance the region's standing as an epicenter for



Welcome from Hofstra University School of Medicine in partnership with North Shore-LIJ Health System Dean, Lawrence G. Smith

Students,



Hofstra University in Partnership with North Shore-Long Island Jewish Health System is ready to be a national leader in Medical Education and we are excited you are joining us on this journey. We won't build a medical school that looks like old ones, we can identify what works and then create a unique medical school on Long Island—one of the most ethnically diverse, immigrant-rich communities in the world—and set a precedent for the future in medical training. We hope you are as excited as we are to begin this journey.

I hope you take advantage of this unique opportunity and look forward to being on this journey with you.

Lawrence G. Smith
Founding Dean, Hofstra University in partnership with LIJ Health

Welcome from Assistant Dean for Student Affairs

COMMITTEES OF THE SCHOOL OF MEDICINE

Each standing committee gives continuous attention to the general subject matter entrusted to it and makes recommendations for changes in those areas as it may deem desirable. The responsibilities of each committee are described below. The listing is not intended to preclude interest of one committee in problems that are also within areas of concern of other committees.

- **Faculty Council** – The Faculty Council’s responsibility is to consider all academic and other significant matters related to the faculty and the operation of the School of Medicine as well as the academic community. Defined by its broad faculty membership, the Council ensures representation of the faculty in the operation of the School of Medicine. The Council recommends to the Dean candidates for at-large appointments other standing committees. The Council is composed of one to five representatives per department and six at-large members elected by the faculty. Terms of service are staggered three-year terms, with up to one renewal (excluding officers). Eligibility for reappointment after one-year lapse.
- **Dean’s Cabinet** – The Cabinet, appointed by the Dean, provides the Dean with advice and recommendations regarding the operations of the medical school. It is composed of representatives of all interests, including Department Chairs, research leaders, the President of the Faculty Council, administrative representatives from Hofstra University, North Shore-LIJ Health System and community representatives.
- **Curriculum Committee** – The Curriculum Committee makes recommendations to the Dean on all matters related to the four-year curriculum. Faculty (12), students two (2), and two (2) members from the faculty-at-large (selected by the Faculty Council) comprise the Committee.
- **Admissions Committee** – With the input from the Dean’s Cabinet on overall policy, the Admissions Committee develops and reviews annually the criteria for admission, screens and reviews applications, and interviews, ranks and selects applicants in accordance with the priorities set by the School of Medicine. Chaired by the Assistant Dean for Admissions, the Admissions Committee is composed of basic and clinical science faculty, as well as non-physician representatives.
- **Student Advancement Committee** – The Committee makes recommendations to the Dean on all matters related to student affairs and remediation. It is composed of all integrated course and clinical experience directors, four at-large faculty, two 4th-year medical students (eventually), and one chief resident.
- **Faculty Appointments and Promotions Committee** – The Committee makes recommendations to the Dean on all matters related to faculty appointments and promotions that are brought to the Committee in accordance with the procedures set forth in the School of Medicine Faculty Bylaws. It is composed of a chair and 12 members of the faculty at the rank of Professor appointed by the Dean.
- **Committee of Combined Chairs** – The Committee considers and advises the Dean on strategic planning related to education, research and patient care. The chairpersons of all science and clinical departments of the School of Medicine comprise the Committee.
- **Grievance Committee** – The Committee hears such matters as may be referred to it by the Dean regarding non-student complaints about a faculty member. Five faculty members at the rank of Professor, appointed by the Dean, comprise the Committee. The Committee is chaired by a Professor outside the department of the involved faculty member. The Committee will include one faculty representative from the University’s Standing Grievance Committee.

- **Student Council** – The Council considers all matters related to the operation of the School of Medicine and the academic community. Composed of student representatives elected from each class, at-large members elected by the entire student body, and other student representatives as may be appropriate so that all pre-doctoral degree programs are represented, the Council makes recommendations through its Steering Committee to the Dean, who may refer such recommendations to the appropriate faculty committee for review and recommendation.

THE STORY OF THE CREATION OF THE SCHOOL OF MEDICINE

In 2006 the Association of American Medical Colleges, citing population increases, a doubling of the number of citizens over the age of 65 between 2000 and 2030, and an aging physician workforce, recommended that medical school enrollment be increased by 30% by 2015. By this time, the University and the Health System each had reached a rapid-growth stage of development at which collaborating to develop a nationally renowned medical school became a highly attractive and advantageous endeavor. Aligned in their visions for their institutions, Hofstra University President Stuart Rabinowitz and North Shore-LIJ Health System President and CEO Michael Dowling began to discuss the advantages of collaborating to create an innovative and outstanding school of medicine.

History of Hofstra University and the History of the North Shore-LIJ Health System

History of the University

Founded in 1935 as a college affiliated with New York University (NYU), Hofstra separated from NYU in 1939 and was granted an absolute charter a year later. With the approval of the New York State Board of Regents, Hofstra became Long Island's first private university in 1963. In 1966, the Board of Regents authorized Hofstra to offer doctoral degree and, in 1973, Hofstra was granted a Phi Beta Kappa charter. Today, almost 13,000 students – with 300 undergraduate and graduate programs from which to choose – learn from more than 500 full-time faculty on a 240-acre campus. Hofstra faculty members are leading scholars in their disciplines. Students can choose from over 2,150 courses within 150 undergraduate and 160 graduate programs.

The University, since its inception and central to its mission and core values, has committed itself to excellence in teaching grounded in the liberal arts. At Hofstra, teaching is intertwined with research and scholarship. Indeed, the teaching and mentoring of students is informed and enhanced by the faculty's scholarship and publications. This commitment extends to the University's graduate programs. Today's Hofstra professors have many awards and accomplishments to their credit. Ninety percent of the full-time faculty holds the highest degrees in their field. From Pulitzer Prizes to Guggenheim Fellows, from National Endowment for the Humanities to National Science Foundation grant recipients, the faculty pursues excellence in their academic disciplines while maintaining a commitment to teaching and mentoring their students.

In addition to the new School of Medicine, Hofstra University comprises the following schools: the College of Liberal Arts and Sciences, Frank G. Zarf School of Business, School of Communication, School of Law, School of Education, Human and Health Services, Honors College, School for University Studies and New College. What started out as a commuter campus of approximately 15 acres in 1935 has become a University with 37 residence halls on 240 acres of grounds that constitute a registered arboretum.

History of the North Shore-LIJ Health System

The North Shore-Long Island Jewish Health System, Inc. (North Shore-LIJ Health) was formed in 1997 with the merger of North Shore Health System and Long Island Jewish Medical Center. With a service area encompassing Long Island and metropolitan New York, North Shore-LIJ Health has become the nation's third-largest nonprofit, secular healthcare system and one of the country's largest clinically integrated healthcare networks. North Shore-LIJ Health has more than 1,200 full-time faculty physicians, 6,000 community physicians and more than 1,200 residents and fellows on its medical staffs, and it serves a patient base of more than five million people residing in urban and suburban communities, representative of a broad spectrum of racial and socio-economic diversity. North Shore-LIJ Health and its constituent entities annually care for 233,000 inpatients, provide 112,000 ambulatory surgery procedures, over 22,000 deliveries, approximately 453,000 emergency department visits, over one million ambulatory care visits to its full-time faculty, and over 500,000 home health visits.

North Shore-LIJ Health's commitment to education and learning extends beyond its undergraduate and graduate professional teaching programs. In 2001, North Shore-LIJ Health established the Center for Learning and Innovation (CLI) to provide continuous learning opportunities for staff in acquiring the knowledge and skills necessary to support the health system's strategic and patient care goals. The Patient Safety Institute, established in 2007, promotes safety and quality among its healthcare professionals, the Center for Advanced Learning's Bioskills Center, which opened in 2008, provides innovative, advance surgical training.

The Health System's commitment to disease-oriented translational and clinical research is also strong and extensive. The Feinstein Institute for Medical Research, the research arm of the North Shore-LIJ Health System, ranks in the top 6th percentile of all research institutions that receive funding from the National Institutes of Health. The Feinstein Institute currently has more than 100 investigators with 45 laboratories organized into ten Centers of Excellence. The Feinstein Institute is home to leaders in innovative translational and clinical research who receive national and international peer recognition for their scholarship and mentorship through honors, awards, and publications in the leading high impact biomedical journals.

Development of the School of Medicine

In October 2007 the two institutions announced the intent to establish the Hofstra University School of Medicine *in partnership with* North Shore-LIJ Health System. This unique partnership brought together two outstanding Long Island institutions, ensuring that the medical school would have excellent clinical training opportunities, research records and academic infrastructure from the outset. Hofstra, with its distinguished schools of law, business, liberal arts and sciences, communication, and education and human and health services, provided its accomplished faculty and an existing admissions and student services infrastructure, as well as a beautiful campus with room for a new medical education building and residence hall. North Shore-LIJ Health System, as one of the largest integrated health systems in the nation, provided a first class group of hospitals, health care facilities and research institutions, and some of the nation's most respected physicians and researchers.

On March 27, 2008, with the approval of their respective boards, Hofstra University and North Shore-LIJ Health System entered into a formal agreement to establish the Hofstra University School of Medicine *in partnership with* North Shore-LIJ Health System, the first allopathic medical school in Nassau County and

the first new medical school in the New York metropolitan area in more than 35 years. After extensive consideration with the assistance of prominent medical school search firms, Dr. Lawrence Smith, nationally recognized for his visionary leadership in medicine and medical education, was appointed as Founding Dean of the School of Medicine. Dr. Smith also serves, and will continue to serve, as Executive Vice President and Physician-in-Chief of the North Shore-LIJ Health System, thus ensuring a unified effort in creating and sustaining a successful partnership, as well as seamless integration of classroom and clinical experiences.

THE MISSION, VISION, AND ESSENTIAL VALUES OF THE SCHOOL OF MEDICINE

MISSION

The School of Medicine, in a culture of community, scholarship, and innovation, is dedicated to inspiring diverse and promising students to lead and transform medicine for the betterment of humanity.

VISION

Hofstra University School of Medicine aims to establish itself as a revered institution of higher medical education by means of accomplishing the following visionary objectives:

- To be a premier “Millennial Medical School”
- To be a major contributor to the redefining of medical education
- To have positively changed the University, North Shore-LIJ Health and the community
- To have improved the health of the region

ESSENTIAL VALUES

Our values must guide and shape the development of our school. It is our commitment to these values that will distinguish us and insure that our curriculum appropriately addresses the needs of our learners and provides the experiences and mentorship necessary for the transformation of our students into caring and excellent physicians who embody, and will be recognized by, these values in their professional lives. The following 10 essential values will guide the Hofstra School of Medicine:

Community – We will establish a culture of community that will have a transformative role in the health of the public. We are committed to educating future physicians to embrace responsibility for the health of their communities, and to be activists who advocate at the local, regional, and national level for the best care for patients and their community. Fulfilling this value will be an important metric by which we will demonstrate our success as an institution.

Scholarship - We embrace a culture of broadly defined scholarship and excellence, supported by academic recognition of and investment in our faculty and students. We will establish and nurture this culture by aligning the goals of our school with those of our faculty and students. Our students will learn how to inextricably link their scholarly work with their success as physicians.

Innovation - We will actively encourage collective, creative energy that, when used wisely, will move our institution forward. We will promote and reward creativity, leadership, and the courage to experiment. We will be intolerant of those who accept the status quo. We will foster a learning climate that intentionally pushes people out of their comfort zone and encourages a willingness to experiment. We will embrace change and cultivate creative tension in the spirit of progress and improvement.

Learning – We value as preeminent the process and complexity of learning and will organize our school as a learning community that respects and supports the individual learning needs of our students to ensure their success. We value learning over teaching and will continuously seek to develop the skills necessary for our faculty to nurture the learning of our students and the entire community. We will celebrate the involvement of our students as they help shape the future health of our community. Our learning community will be a respectful, inclusive, collaborative environment where students, faculty and university learn and grow together.

Humanism - We recognize that only through a comprehensive understanding and appreciation of the human condition will we successfully develop and nurture a culture and community of physicians who will care for themselves, their patients, and their colleagues with compassion, tolerance, respect and empathy. This commitment to a curriculum that recognizes, teaches, and rewards humanism enables us to support a culture and environment truly dedicated to healing and promoting health.

Diversity - We are committed to creating and supporting a diverse and inclusive learning community. We will foster a personal understanding of cultural and religious differences so that we may recognize the role of bias and prejudice emanating from these differences. We believe that an inclusive learning community that promotes diverse patient care experiences and supportive reflection will strengthen the ability to fully recognize and value the strengths of diversity in our community.

Professionalism - We are committed to fostering the personal transformation of our students into physicians through a thoughtful and appropriate admissions process, a careful mentoring program, an appropriate reward system and a curriculum embedded in the student doctor-patient relationship. We believe that the virtues and behaviors that characterize a good doctor will redefine the personal identity of each student. We believe this transformation is a learned, continual process that must be thoughtfully designed, evaluated, and role-modeled to be successful.

Patient Centered - “Putting the patient first” is the organizing principle of the school. This value will create a culture of trust that fosters safe, high quality, ethically principled, humanistic care, and we welcome transparency and public evaluation of our standards and outcomes. In all decisions that require prioritization, the patient’s best interest will always be the core principle. Our ability to truly “put patients first” while being just stewards of our society’s resources emanates from this trust.

Reflection - We are committed to embedding in all our learning experiences the time and skills necessary to consciously examine, interpret and understand the thoughts and feelings that emanate from intense patient encounters. Through this process of mentored self-reflection and assessment, we ensure the development of a true learning and professional community capable of nurturing the transformation from student to physician.

Vision - We will foster the courage and intellectual climate to see beyond “what is,” and we develop the leaders to take us there. We pledge an unwavering commitment to prepare, adapt and lead our school and community toward achieving the goal of transforming health care for the betterment of humanity.

DEGREE PROGRAMS AND ADMISSION

Degree Programs Admission

Degree Programs

In addition to the MD Degree, the School of Medicine will offer an MD/PhD program through Hofstra University in conjunction with the Elmezzi Graduate School of Molecular Medicine of the Feinstein Institute and an MD/MPH program in conjunction with the Hofstra University School of Education, Health and Human Services. Both joint degree programs are being targeted for enrollment concurrent with the School's charter class. The School of Medicine Admissions Committee will evaluate students for admission to these programs in collaboration with the Elmezzi Graduate School and the School of Education, Health and Human Services, respectively. Applicants will be required to be independently accepted by both schools to become candidates for either the MD/PhD or MD/MPH program.

Admission

All applicants must complete a bachelor-level degree from an accredited college or university prior to matriculation into the MD program. While it does not require a specific set of undergraduate courses in the natural sciences, the School of Medicine recommends that candidates complete the course work listed below. Non-traditional candidates who may be lacking in one or another of the areas listed below but who have extraordinary post-graduate experience (especially in a scientific and/or clinical setting) are encouraged to apply.

The School of Medicine believes that the study of medicine is enriched by contact with other intellectual disciplines; therefore, it seeks students with a diverse blend of educational backgrounds. A background in liberal arts courses that have required a student to read broadly, write extensively, and present oral arguments on topics such as history, literature, philosophy, religion, political science, anthropology, psychology, and/or sociology is highly recommended.

Recommended course work includes, but is not limited to:

- One year of college Biology with Lab
- Chemistry, to the level of organic or biochemistry
- One year of college Mathematics, preferably including Statistics
- One year of college Physics
- English Literature or Equivalent, including Writing

Additional coursework in embryology, cell biology, ethics, molecular biology and genetics is recommended, but not required, for admission.

Applicants in *all* majors who possess a bachelor's degree from an accredited institution are encouraged to apply. More important than the study of a specific subject matter is the candidate's ability to demonstrate both a passion for and success in his/her academic pursuits.

The School will participate in the American Medical College Application Service (AMCAS). The review of completed AMCAS applications will begin in July for the class entering the fall of the following year. The deadline for receipt of the AMCAS application will be December 1st. Students will be notified via email within two weeks of the School's receipt of a verified application from AMCAS. At this time, they also will receive instructions regarding how to complete and submit the School's supplemental (also known as secondary) application.

Application materials will include:

- A complete AMCAS Application, including: Medical College Admission Test (MCAT) scores not older than three years at the time of application and official transcripts from all post-secondary schools attended.
- A premedical committee report. If the student's school does not have a premedical committee, students may submit three individual letters of recommendation: two letters from individual professors (at least one in science) and one letter from a non-academic (included with the AMCAS application).
- A completed Supplemental Application, including: essay responses to questions posed. Essay prompts will aim to help identify a student's understanding of the medical profession, unique interests and experiences that contribute to a broad range of diversity in the class, and personal and leadership qualities, including perseverance through adversity (included in the Supplemental Application).
- A \$125.00 application fee. Students who are eligible for an AMCAS fee waiver/reduction through the Association of American Medical Colleges (AAMC) Fee Reduction Program may request a waiver/reduction of the School's application fee (included with the supplemental application).

Applicants are responsible for ensuring that all supplementary application materials arrive at the Office of Admissions. A deadline for completed applications will be established each year.

Application Review and Invitation to Interview

Once the Office of Admissions receives a completed application, including all supplemental materials, it will notify the applicant via email and will begin to review the application materials.

Each completed application will be screened for attainment of minimum academic achievement requirements on a rolling basis by staff members in the Office of Admissions. Applications demonstrating minimum academic achievement will then be reviewed by members of the Admissions Committee for non-academic applicant attributes, including healthcare and non healthcare-related interests, volunteer and work experiences, extracurricular activities, earned honors and awards, travel experiences, hobbies, and other factors as deemed appropriate by the Admissions Committee, to determine those applicants who will be invited for interview. The School of Medicine anticipates receiving many more applications than there are available positions, so every applicant will not be interviewed. The School will only interview those applicants who are the best match for the program and exemplify the high standards of the School of Medicine. The Committee will determine competitiveness for admission based on aptitude and suitability for a career in medicine.

The Office of Admissions will invite selected applicants for an interview. Candidates will be asked to respond within two weeks with their acceptance of a specific interview date. At that time, the candidate will be sent the details of the interview day, along with information about travel and housing options. After the first class matriculates, housing with current students will be available at the candidate's request. Interviews will be scheduled from mid-September through spring.

Interview Day

The interview will be scheduled as a day-long program starting with a casual continental breakfast with several faculty members and/or current medical students. The applicant will have two 45-minute personalized structured interviews with members of the Admissions Committee; one of the interviewers may be a current medical student. In addition to the Admission Committee members, other faculty, students, and alumni may participate in applicant interviews. While these individuals will conduct interviews and score and comment on candidates after the interview process, they will not be part of the group making admissions recommendations or decisions. Each interviewer will complete a candidate evaluation to be considered along with other admissions materials.

In addition to the structured interviews, the interview day will include a tour of the medical school facility and the opportunity to sit in on a class in progress. There will also be a presentation on student life by the Assistant Dean for Admissions and/or current students, along with a presentation on financial aid, followed by respective question and answer sessions. Lunch will be served, allowing time for the applicants to mingle with each other as well as with School of Medicine students, faculty and staff.

Admission Selection and Notification

In selecting applicants for admission, the Committee will consider, among other criteria:

- Undergraduate and graduate academic performance and GPA
- Rigor of undergraduate study, including the university and academic major
- Honors and awards
- MCAT scores
- Extracurricular activities including community service, leadership roles and unique accomplishments
- Capacity to contribute diversity to the educational environment
- Employment and research experience
- Demonstrated commitment to a future career in medicine
- Personal statement describing his/her personal, educational and social backgrounds, and response of the applicant to personal challenges
- Character traits including honesty, integrity, leadership, team work, empathy, maturity, emotional stability, creativity and self-direction
- Ability to communicate with others
- Perseverance through adversity

It is in the best interest of the community, as well as the educational environment of the School of Medicine, for the Admissions Committee to strive to select an entering class whose members represent a broad range of diverse experiences, backgrounds and interests. This diversity may include but is not limited to:

- Ethnic and racial background
- Socio-economic background
- Educational background
- Professional background
- Geographic background
- Interests in different medical specialties
- Interests in working with underserved populations of patients

The selection criteria used by the Admissions Committee for admission decisions will be determined by the philosophy and the mission of the School of Medicine. This philosophy will be disseminated to applicants and the School of Medicine community through pre-admissions materials, including brochures and websites.

The School of Medicine will use a rolling admissions process, with the first offers of admission to be extended no sooner than October 15th. Class size will be limited to 40 new students for fall 2011, and will grow by no more than 20 students per year until reaching a maximum class size of 100. The Admissions Committee will meet regularly throughout the interview season. At the meeting, a Committee member will present each recently interviewed applicant to the Committee for general discussion, followed by the completion of an anonymous scored quantitative ballot by each Committee member. Based upon his/her quantitative ballot score, each applicant will be designated as accepted, wait-listed, or rejected. Accepted and wait-listed applicants will be ordered in a priority list, based upon the quantitative Admissions Committee score.

The Office of Admissions will send acceptance packets to the admitted students with a request that the applicant respond within three weeks with his/her enrollment decision. Matriculation is accomplished by the student sending a letter of acceptance and a deposit of \$100 to the School of Medicine. The deposit will be applied to the first-year tuition and will be refundable until May 15. Matriculation will become official only after the student has completed admission requirements and has met the technical standards for admission and proven to be drug-free through examination by the North Shore-LIJ Employee Health Services. Applicants placed on the wait list will be updated regularly. Applicants denied admission will be immediately notified via written correspondence.

EXPENSES AND FINANCIAL AID

Tuition
 Tuition Rebate and Refund Policy
 Financial Aid
 Scholarships

Tuition

Total planned **tuition and fees** for entering in-state and out-of-state students

	2010-2011
In-state	\$42,000
Out-of-state	\$42,000

Tuition Rebate and Refund Policy

Tuition will be charged twice annually; it will be split between a date set prior to the beginning of classes and at the beginning of the January session. If a student finds it necessary to withdraw from the School of Medicine, the student must apply in writing to the Assistant Dean for Student Affairs for permission to withdraw. The student may be entitled to tuition remission. The amount of remission diminishes as the student's attendance at the School of Medicine lengthens. Upon recommendation from the Dean,

the University will refund tuition based on either the beginning of classes or the date the second tuition installment is due (except for the admissions deposit submitted by incoming first-year students) according to the following schedule:

- 100% tuition refund for withdrawal prior to the first week of classes
- 100% tuition refund for withdrawal during the first week of classes
- 75% tuition refund for withdrawal during the second week of classes
- 50% tuition refund for withdrawal during the third week of classes
- 25% tuition refund for withdrawal during the fourth week of classes
- 0% tuition refund for withdrawal thereafter

This schedule complies with federal regulations of the U.S. Department of Education. A copy of these regulations will be kept on file in the Office of Student Affairs. A student who withdraws during any semester without the approval of the Dean is not entitled to remission of tuition and will automatically receive a failing grade in all courses. A student who withdraws from the School of Medicine is not entitled to return and must reapply for admission if he or she is interested in returning. Readmission is not guaranteed. If the student is readmitted, the School of Medicine may accept or reject any or all of the previously earned credits.

Students who receive federal financial aid and do not complete at least 60% of the enrollment period for which they are charged are subject to the return of Title IV funds as per a calculation based on percentage attendance.

Funds must be returned to Title IV programs in the following order:

1. Unsubsidized Federal Loan Program
2. Subsidized Federal Loan Program
3. Federal Perkins Loan Program
4. Any other Title IV program
5. Other federal, state, private or institutional sources

Students who believe that circumstances warrant an exception from published policy may appeal to the Assistant Dean for Student Affairs. Such exceptions will be considered in cases of illness associated with medical conditions not present upon enrollment and/or death and/or involuntary call to military service.

During a planned Leave of Absence (LOA) a student will be charged a small matriculation fee, and any prepaid tuition will be applied upon the student's return.

Financial Aid

All Medical School applicants will be eligible to apply for financial assistance. The Financial Aid office at Hofstra University and the dedicated School of Medicine Financial Aid Officer will assist all students and applicants through this process. Students will be required to meet with the Financial Aid officer throughout the year to discuss their assistance packages as well as attend educational courses on debt management which will be offered through the student affairs office.

Scholarships

The School of Medicine will specifically raise funds for need-based scholarships. Scholarship fundraising is one of the clearly identified goals of the \$125,000,000, 10-year Joint Development Campaign for the School of Medicine. A minimum of 20% of the annual funds raised through this campaign will be set aside for student scholarships and the remainder will seed the School's endowment. Should there be a shortfall in funds either raised each year for scholarships or obtained through endowment interest, the University and the Health System have committed to provide and budgeted for sufficient funds to cover 20% of the tuition costs of the student body.

ENROLLMENT FOR 2011–2012

FACILITIES

Libraries
Computing Facilities
Center for Learning and Innovation
Simulation Training Facilities

Libraries

Health Sciences Library

School of Medicine Facility, North Campus

Library resources dedicated to medical students only will be located in the Health Sciences Library in the temporary School of Medicine. This interim facility will include Reference/Circulating collection of 300-500 books, a service desk to provide access to the collection and to serve as a point of contact with students and faculty and a location for document delivery and information services. Computer workstations are available for access to electronic information sources. The library area provides wireless connectivity throughout and power outlets spaced for individual and group study, and two group study rooms for 8 students each. All electronic resources will be available 24/7 from both on campus and off campus through the library's website.

North Shore University Hospital: Daniel Carroll Payson Medical Library

300 Community Drive

Manhasset, NY 11030

Telephone (516) 562-4324

HOURS: Monday to Friday, 8 a.m. to 6 p.m.

A North Shore-LIJ Health System ID is required to use the Daniel Carroll Payson Medical Library (DCPML). Certain services are offered only to NSUH, Glen Cove, CECR, North Shore-LIJ Health, and North Shore-LIJ Research Institute registered users. The collection contains 3,800 journal titles, 3,700 monographs, and 420 media programs. Hundreds of biomedical, scientific, psychological, and

business databases are available for those who require comprehensive literature reviews or research on non-medical topics.

LIJ Health Sciences Library (C Level, Schwartz Research Building)

Long Island Jewish Medical Center
270-05 76th Avenue
New Hyde Park, NY 11040
Hours: Monday to Friday, 8:30 a.m. - 6:30 p.m.
Phone: (718) 470-7070
Email: medlib@lij.edu

Zucker Hillside Health Sciences Library (1st Floor, Littauer Building)

The Zucker Hillside Hospital
P.O. Box 38
Glen Oaks, NY 11004
Hours: Monday to Friday, 9 a.m. - 5 p.m.
Phone: (718) 470-8090
Email: medlib@lij.edu

The Health Sciences Library is an integrated system that includes libraries at the Long Island Jewish Medical Center and The Zucker Hillside Hospitals. All employees of Long Island Jewish Medical Center, attending physicians on staff, students participating in current clinical rotations, and authorized volunteers are eligible for library privileges. The library is open to the public for use of on-site collections and access to consumer health online and print resources including authoritative consumer health web sites.

The LIJ Library subscribes to over 600 online or print journals and maintains an on-site collection of 20,000 books and journal volumes covering all medical specialties, nursing, and health care administration. The Zucker Hillside Library specializes in psychiatry, and psychology, with over 140 journal subscriptions and a collection of 16,000 books and journal volumes.

Joan and Donald E. Axinn Library, South Campus

<http://www.hofstra.edu/Library/index.html>

The Joan and Donald E. Axinn Library, the main 11-story library building located at the south end of the Unispan across Hempstead Turnpike, houses the circulating book and the journal collections, the Harold E. Yuker Reference Library, and the John W. Wydler Government Documents Depository. The main floor contains a cafe and a 24 hour study area. The library contains over one million volumes and over 4,000 journals. Access to online information databases is available throughout the library via a wireless network and wired workstations. Collections/services relevant to the faculty and students of the School of Medicine include, but are not limited to:

Film and Media Library

025 Memorial Hall (Lower Level)
516-463-5986
http://www.hofstra.edu/Library/libaxn/libaxn_media.html

The Film and Media Library is located in the lower level of Memorial Hall and houses a collection of approximately 7,000 non-print items, primarily VHS and DVD videos. Holdings can be

searched through the online catalog or through a print catalog available in the Film and Media Library. In-house facilities for the utilization of materials include a screening room, two small-group viewing rooms, and carrels for individual use of all formats represented in the collection. Production services include audio and video editing, and duplication (subject to copyright restrictions). Videos are delivered daily (as needed).

Government Documents

201 Axinn Library (2nd Floor)
516-463-5972

http://www.hofstra.edu/Library/libaxn/libaxn_libdepts_docs_index.html

Hofstra University received its designation as a federal depository library in 1964. Since then a very fine collection of materials, both current and archival, has been built. The federal depository library has extensive holdings in the following areas: congressional committee hearings, Public Laws, the Congressional Record and its predecessor titles, Foreign Relations of the United States, the Census back to 1790, the Smithsonian Ethnology series and Supreme Court opinions. In September 1998, the University also became a New York State Depository Library amassing a collection of thousands of documents, all of which are fully accessible through the Library's online catalog.

Special Collections

036 Axinn Library (Lower Level, East Wing)
516-463-6411

<http://www.hofstra.edu/Library/libspc/index.html>

Special Collections is comprised of three different areas: The Rare Books and Manuscripts collections which consists of books brought together by a collector or items brought together because of a particular theme; University Archives which focuses on the history of the University; and the Long Island Studies Institute which contains information about the history of Long Island.

Deane Law Library

122 Hofstra University
516-463-5898

<http://law.hofstra.edu/Library/>

The Library's primary goal is to support the curriculum and research needs of the faculty and students of the School of Law. The Library collection comprises approximately 534,000 print and microform volumes, as well as an expanding number of electronic resources. Its holdings include statutes, codes and case law for all state and federal jurisdictions; a comprehensive collection of English language legal periodicals; treatises; encyclopedias; digests; citators; looseleaf services; comparative and international legal materials; and selected foreign legal materials. Additionally, the Library serves as a selective depository for U.S. government publications.

Computing Facilities

The School of Medicine's temporary facility will have wireless access throughout the entire building. In addition, there will be space in the library with stationary computers available for use by the School of Medicine students. In addition, there will be study areas available in both the medical school building as well as the medical student residence hall. Medical students will also have access to the university wide wi-fi and computer labs for all enrolled students.

http://www.hofstra.edu/StudentServ/CC/SCS/index_SCS.cfm

Center for Learning and Innovation

Center for Learning and Innovation (CLI)

1979 Marcus Avenue, Suite E-130

Lake Success, NY 11042

(516) 396-6150

<http://www.northshorelij.com/NSLIJ/cli>

The Center for Learning and Innovation promotes a culture dedicated to excellence, innovation, teamwork, and continuous change. Through continuous learning opportunities, employees are assisted in the development of knowledge, attitude, and skills necessary to support the North Shore-LIJ Health System's strategic and business goals.

The Center for Learning and Innovation is a nationally recognized leader in workforce development, a model provider of continuous organizational learning, and a driver of system-wide cultural change.

Simulation Training Facilities

Bioskills Education Center

450 Lakeville Road

Lake Success, NY 11042

(718) 470-7724

<http://www.northshorelij.com/NSLIJ/bioskills>

This 6,200 square foot facility, like the Patient Safety Institute, supports training objectives as well as faculty and student scholarship. With its advanced video, endoscopic, imaging, and interventional capabilities and its robust frozen cadaveric specimen procurement program, the Bioskills Center provides a high-fidelity environment in which: 1) the effects of simulation training on achievement of learning objectives and on patient outcomes can be studied; and 2) new interventional approaches can be studied in pilot fashion and developed into full-scale research programs.

Patient Safety Institute of the Center for Learning and Innovation (CLI)

1979 Marcus Avenue, Suite E137

Lake Success, NY 11042

(516) 396-6250

PSI@nshs.edu

<http://www.northshorelij.com/NSLIJ/The+Patient+Safety+Institute>

The PSI, part of the CLI, features a human simulation lab that includes PC-based interactive, virtual reality technology, digitally-enhanced mannequins. Full-scale patient simulators help a wide variety of healthcare practitioners and students to diagnose and manage clinical problems without risk to real patients.

Training scenarios at PSI can replicate situations in multiple medical environments including a critical care unit, emergency department or operating room. Acute medical situations are planned, rehearsed, reviewed and studied, leading to a direct improvement in a healthcare professional's performance in life-saving situations.

The Institute is able to create new and realistic methods of learning. Using a computer, trained instructors in control rooms with one-way mirrors can manipulate the patient simulators to mimic virtually any medical scenario - a stroke, heart attack, smallpox, or trauma. All simulations are video recorded and reviewed during post-scenario debriefings. The mannequins look and feel real and are anatomically correct. Clinicians can take vital signs; insert intravenous lines and practice inserting breathing tubes, as well as perform many medical procedures.

CURRICULUM

General Overview
First 100 Weeks
Second 100 Weeks
Course Descriptions
Elective Options

General Overview

Organizing Principles for First 100 Weeks of Study

Planning for the School's curriculum, to be offered over four years (200 weeks), encompasses consideration and integration of the School's ten core values, eight core competencies, five curriculum "drivers", and institutional learning objectives. During the initial planning process, the core planning team focused on the curricular structure of the First 100 Weeks (86 weeks of instruction). The curricular structure of the Second 100 Weeks (82 weeks of instruction) have been drafted, but will be refined as part of the School's ongoing curriculum planning and evaluation process and influenced by the implementation and outcome of the First 100 Weeks curriculum. In addition, the Health System's current affiliation with two local medical schools and their established clerkship curricula will be used to inform the School's clinical curriculum in the Second 100 Weeks.

The First 100 Weeks is an integrated curriculum with six vertical courses inclusive of both science and clinical content. This integration merges normal (health), abnormal (disease) and intervention (pharmacology and therapeutics) across all body systems. The First 100 Weeks also include two longitudinal courses, Structure and Patient, Physician and Society, each of which is divided into two, year-long segments. The Structure course integrates normal and abnormal anatomy, embryology, histopathology and imaging, and does so synchronously with the six vertical courses. Similarly, Patient, Physician and Society is an integrated course with two components: 1) a longitudinal clinical experience, along with additional structured clinical immersions, bursts and demonstrations that will complement the vertical course content ; and 2) horizontal theme content areas, including communication skills, physical diagnosis, and professionalism, as well as the curriculum "drivers" (defined below), including continuum of care, decision making and uncertainty, social context/responsibility, quality and effectiveness, and scientific discovery, that will be introduced in the vertical courses through the context of the learning cases and addressed throughout the clinical curriculum. These horizontal themes and drivers are woven throughout the four year curriculum. There will be ample time for personalized experiences, including opportunities during the first summer, for in depth pursuit of individual interests, such as research, community service work or international health.

The Second 100 Weeks is also an integrated curriculum inclusive of both clinical and science content. It is structured around a series of advanced clinical experiences, which will include clerkship experiences in required disciplines, in both inpatient and ambulatory settings. These will be followed by four required sub-internships in medicine, critical care, emergency medicine and a fourth, selected discipline. These advanced clinical experiences during the Second 100 Weeks will include learning objectives that continue to address and encompass all of the horizontal themes and drivers of the First 100 Weeks. They will also incorporate structured exercises that ensure a continual intertwining of science and

clinical medicine throughout the four years of the educational program in order that students can successfully apply that science in the context of patient care. A student's elective choices during the Second 100 Weeks will be made with the guidance of his/her Society Master. These choices will balance an individual student's career interests with assessment of and, if necessary, attention to, the level of his/her competency-based skills development prior to the beginning of postgraduate training.

The "drivers" of the curriculum play a critical role in the development of the School's longitudinal horizontal themes in the curriculum and in the ongoing learning experiences of the students. A "driver" is a force largely beyond an individual's control that exerts pressure on the evolution of medical practice and thus must be dealt with constructively in the curriculum. For example, societal drivers are the social developments that are indicative of changes in the way people view the world and the relative importance they place on the various costs, values and benefits in daily life. An example of a major societal driver is the need to promote and ensure safety. An example of a technological driver is the increasing need for speed and efficiency, and resultant advances in computer performance, automation and robotics. An example of an environmental driver is global warming and the need to understand and slow its progression. An example of a scientific driver is the explosive discoveries in molecular genetics, "driving" physicians and patients to view health risk and disease probability in a totally new way.

There are many "drivers" affecting medicine, and the School has identified five with key importance for the curriculum. By directly addressing and responding to these drivers, the School aims to create a curriculum that will positively and effectively prepare its students to address them.

The five drivers identified are:

1. The Continuum of Care
2. Decision Making and Uncertainty
3. Social Context/Responsibility
4. Quality and Effectiveness
5. Scientific Discovery

The definitions of these drivers are included below:

The Continuum of Care: The care of the patient across the continuum - from wellness through illness and among acute, chronic and episodic interactions with the medical community - in an integrated, comprehensive, and patient-centered manner is increasingly necessary and will continue to be driven by many growing societal forces.

Decision Making and Uncertainty: The scientific and technological advances that can potentially aid in diagnostics and therapeutics and the dissemination of information, though developed in large part to reduce uncertainty and improve decision making accuracy, are paradoxically contributing to the growing burden and importance of properly addressing decision making and functioning confidently under uncertainty in the context of patient-centered care.

Social Context/Responsibility: As the population grows in complexity, number, and diversity, in the context of ever increasing societal and economic pressures and in an environment of ever increasing global demand and competition for limited resources, these forces place increasing pressures on health care delivery and promotion and maintenance of wellness.

Quality and Effectiveness: Although the definition and scope of quality in medicine and provision of health care remain under debate, effective and safe physician performance and behavior require more than simply possessing knowledge and technical ability. It is increasingly important that physicians demonstrate that they “do” rather than just “know or show how.”

Scientific Discovery: As the scientific basis of health and disease expands exponentially, the need for scientific rigor and lifelong application of new knowledge to patient care and the translation of that knowledge from the bench to the bedside will continue to grow in importance as a major driver in health care and medical education. The School’s curriculum is designed to ensure that science is learned, applied, and retained in the delivery of health care. Fostering a spirit of inquiry will be core to the School’s success in this domain.

Having identified, defined and acknowledged the importance of these “drivers,” the School of Medicine has specifically designed its curriculum to address these forces and positively and effectively prepare its students for the future delivery of health care. While the School cannot, by definition, significantly alter these “drivers,” it can develop its curriculum to ensure that its students are well prepared to address each of these important forces.

The curriculum and learning experiences that address these “drivers” form important horizontal themes across all four years of curriculum and are woven into the vertical courses. Through its curricular development, mapping and assessment processes, the School will continually monitor its learning experiences to ensure that these drivers are present and assessed in the both horizontal and vertical blocks of the First 100 Weeks and in the clinical and basic science experiences of the Second 100 Weeks. In addition, the longitudinal clinical experience throughout the four years will incorporate attention to these drivers and consideration of their effects on patient care outcomes. The Society Masters also will address these drivers during their review of the students’ experiences.

First 100 Weeks

The School of Medicine has 10 courses and a Transitions Block in the first 100 weeks of the curriculum. The goals and content areas of each of the 10 courses are described below in the section on Course Descriptions.

Our curriculum includes:

Six vertical courses:

1. From the Person to the Professional: Challenges, Privileges and Responsibilities -
Includes a complete EMT curriculum and introduces physical diagnosis and communication skills in the expanded context of that curriculum. In addition, during this time block, students are introduced to the following content areas, which will be continued in an integrated fashion throughout the remaining weeks of the First 100 Weeks curriculum: decision making, professionalism, population health, pharmacology and structure (anatomy, histology, histopathology, imaging)
2. The Biologic Imperative -
Cell and molecular biology, cell and tissue histology, endocrinology, genetics, embryology, reproductive systems and hematology
3. Continuity and Change: Fueling the Body -
Metabolism, nutrition, gastroenterology
4. Continuity and Change: Homeostasis -

- Cardiology, pulmonary, nephrology
5. Interacting with the Environment -
Microbiology, immunology/host defense, inflammation, toxicology, vascular biology
 6. The Human Condition -
Cognition, emotion, voluntary/involuntary activity, musculoskeletal system

Four horizontal courses:

1. Structure I and II -
Anatomy, histology, histopathology, imaging
2. Patient, Physician and Society I and II
 - a. Patient-Centered Care (initial clinical experiences and the skills of an effective doctor-patient relationship)
 - b. Population Health (didactic, community, and clinical experiences focused on professional and societal issues)

Transitions Block:

1. USMLE Step I preparation/exam
2. Integration of scientific principles; clinical reasoning and decision making, advanced diagnostics and therapeutics embedded in science principles; diagnostic reasoning; and evidence based medicine approaches to therapeutics
3. Comprehensive assessment, including peer- and self-assessment, and performance assessment through OSCEs and simulation exercises
4. Preparation and planning for advanced clinical experiences, research and electives.

There are four primary initial clinical experiences in the First 100 Weeks: longitudinal experiences, demonstrations, bursts and immersions. The following are brief definitions, explanations and examples of each of these experiences:

1. Longitudinal Experience

A “longitudinal experience” is a “continuity” experience that is connected over time. The “experience” is defined as more than two clinical encounters separated from each other by either a change in venue and/or a time span of more than one month. A longitudinal experience is intended to span the time in a patient’s health continuum from pre-diagnosis, through diagnosis, management, and post-treatment follow-up of a clinical problem, until emergence of the next clinical problem (“whole illness episodes”). It also is intended to expose students to the ongoing management of acute and chronic disease, as well as disease prevention and wellness across the continuum of care. A major educational objective and key component of the longitudinal experience is the opportunity for “continuity of relationship” building in multiple domains, including student-patient, student-mentor, student-interprofessional, student-student, and student-community.

Students will have a weekly four-hour block of time during which they will have longitudinal continuity clinics with community physicians in multiple disciplines. Each student will be precepted by a minimum of five clinical faculty, including a generalist, surgeon, pediatrician, obstetrician/ gynecologist and psychiatrist (a “pod”, as described in ED-13). In this setting, students will develop patient panels and have meaningful patient care responsibility. Students will also have complementary opportunities for longitudinal patient experiences in a number of

other venues, including home care, hospice, school clinics, naturally occurring retirement communities (NORCS), and community outreach programs.

2. **Demonstrations** - A demonstration is an experience usually provided in a group format that focuses on a set of learning objectives that can be accomplished in a time span of a few hours to one day. The intent of a demonstration is to efficiently provide a brief learning forum that accomplishes a single learning objective or group of objectives. Demonstrations tend to be more passive and less focused on individual patient care, but very effective in creating a learning environment in particular venues.
3. **Bursts** - A burst is a clinical experience that focuses on a single learning objective or group of learning objectives in a single clinical venue over a period of one to three days. The intent of a burst is to provide the continuity, depth, and active learning necessary to accomplish the learning objective without inefficiency or excess.

Students will have burst experiences in labor and delivery, community experiences, a single patient hospice or rehabilitation admission, and a medical or surgical procedure. Many patient encounters during their experiences with clinical preceptors will fall into this category.

4. **Immersion**s - An immersion is an experience that requires a continuous active learning process, usually in a single clinical discipline or associated disciplines, and usually lasting more than a half day. The EMT experience would fit into this category. The intent of an immersion experience is to provide students with the necessary depth and time in an activity to achieve a particular set of learning objectives and prepare them for experiences to come. Immersions provide settings in which students can attain a level of comfort with situated learning that cannot be accomplished adequately in a shorter, less intense experience. Immersions allow students to develop the confidence necessary to move from the periphery to the core of the learning environment and are particularly useful for initial exposure to a complicated learning situation, such as the surgical operating suites or acute inpatient psychiatry.

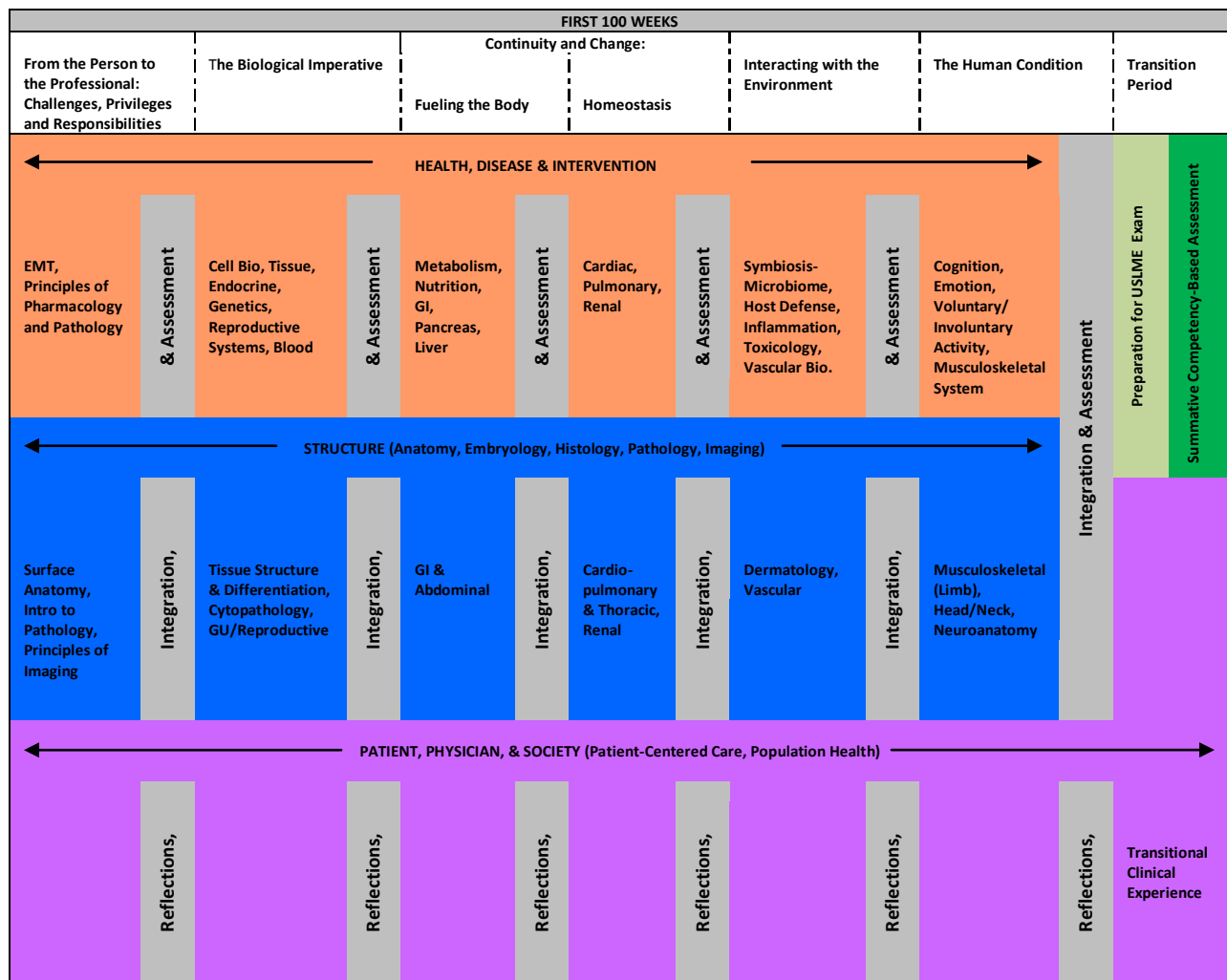
Students will have immersion experiences in emergency medicine and inpatient psychiatry, in surgical operating suites and intensive care units, and on ambulance runs. These experiences will better prepare students to enter and perform in these venues when they are encountered in latter experiences during their education.

The pedagogical strategy through which science and clinical knowledge will be integrated during the First 100 Weeks is through case-based sessions entitled, PEARLS (Patient-Centered Explorations in Active Reasoning, Learning and Synthesis). The School of Medicine developed PEARLS to ensure that students developmentally acquire the skills to solve clinical problems by critically evaluating and applying basic and clinical scientific knowledge to socially contextualized patient care. PEARLS will be a core component of all of the vertical courses in the First 100 Weeks. The Assistant Dean for Medical Education – Case Development will provide oversight and serve as a resource for faculty in the development of the PEARLS cases.

Each of the PEARLS cases will address a subset of the vertical course learning objectives. PEARLS cases are specifically constructed to prepare students to learn the key concepts of biomedical science embedded in real patient cases. Essential principles of PEARLS include:

- Challenging students to develop the higher cognitive levels of analysis, synthesis and evaluation (best phrased as “how” or “why”, rather than “what”);
- Identifying what is needed to move students to the next level of understanding;
- Providing a bridge for linking pre-existing knowledge to new knowledge;
- Encouraging students to look at each case from multiple perspectives: science, clinical thinking, prevention, population health, etc.; and
- Requiring that all members of the student group identify learning objectives, research information relevant to those learning objectives between sessions, and discuss/explain the results of that inquiry at the following student-led session, with the faculty facilitator present for guidance.

PEARLS cases, although linked to the content of the vertical courses, are intentionally contextualized to raise questions that encompass learning objectives of the two horizontal courses of the First 100 Weeks, Structure and Patient, Physician and Society. In this way, they thoroughly integrate all aspects of the curriculum and provide the structural framework around which the other learning sessions of the curriculum are constructed.



Curriculum Master

The organizing principles for medical education are presented in a unique and dynamic manner at Hofstra University's School of Medicine in partnership with North Shore-LIJ Health, as academic scientific knowledge is applied to clinical practice during every phase and year of study, rather than following the traditional medical school model of saving most of the clinical work for the final two years of study. The six organizing principles for scientific education are as follows:

Course Descriptions

Course title:	From the Person to the Professional: Challenges, Privileges, and Responsibilities
Sponsoring department or unit:	Science Education
Name of course director:	Patrick Gannon, PhD and Thomas Kwiatkowski, MD

From the Person to the Professional: Challenges, Privileges and Responsibilities (C.P.R.) is a course constructed upon the framework of the New York State Department of Health (NYSDOH) Emergency Medical Technician (EMT) curriculum. However, to better suit it to its central role within the first course of a medical school curriculum, the EMT curriculum has been intentionally reshaped beyond its more traditional learning methods and expanded in its depth of content to include more advanced scientific and clinical concepts and the basic principles of pharmacology. Additionally, topics from each of the two horizontal courses, Structure and Patient, Physician, and Society, are introduced and thematically integrated throughout the course.

The centrality of the EMT curriculum is essential to meeting the goal of early transformation, within the first weeks of medical school, of students from medical bystanders to active participants in meaningful patient encounters. Students learn to assess patients with a wide variety of medical, traumatic and behavioral problems, and they learn appropriate cognitive, non-cognitive and interventional skills that require them to continually wrap science and clinical medicine together in their approach to the patient. They learn how to interact effectively with patients of all ages and social backgrounds and with teams of health care professionals, both in the field and in hospital settings. At the conclusion of this course, students sit for the New York State EMT certification examination, which will then allow them to function independently as EMTs in the community.

The basic principles of pharmacokinetics and pharmacodynamics are introduced in this course and practically applied to elements of the expanded EMT curriculum. Areas of emphasis include the autonomic nervous system and its application to patient evaluation, cardiac resuscitation and shock, as well as the pharmacology of toxicologic emergencies.

As the first course in a learner-centered curriculum, this course bears responsibility for familiarizing students with the pedagogies they will encounter and use throughout the educational program. Specific sessions utilize case-based learning, team-based learning (TBL), simulation, standardized patients and actual patients in the field, as well as self-directed learning.

Aligned, complementary elements of the horizontal Structure course (which includes anatomy, embryology, histology, pathology and imaging) and Patient, Physician and Society course (which includes both Patient-Centered Care and Population Health) are intentionally and thematically woven, matrix-style, into the fabric of this course, both through contextualized choices for the patients and situations presented in the PEARLS

cases and through focused, dedicated, small, medium and large group sessions in which students explore these interrelated threads in more depth in their own right. The students' first exposure to topics such as communication, physical diagnosis, professionalism, the continuum of care, decision-making and uncertainty, quality and effectiveness, social context and responsibility, and scientific discovery occurs through the alignment of the Patient, Physician, and Society course with this first vertical course.

Course Goals

At the end of From the Person to the Professional: Challenges, Privileges, and Responsibilities, the student will:

- 1) Function as a licensed Emergency Medical Technician (EMT).
- 2) Use a patient-centered approach to obtain a history and perform a normal physical examination.
- 3) Use critical appraisal skills to evaluate the medical literature, support clinical decision-making and address uncertainty.
- 4) Describe the principles, values and norms that lead to appreciation of the ethical and humanistic aspects of the medical profession.
- 5) Understand the role of physicians in addressing health and disease issues from a population health perspective, including the consideration of gender and cultural biases.
- 6) Connect the practical skills they acquire with the basic structural organization of the whole body, as revealed through surface to deep anatomy, and basic systems imaging, pathology and histology.
- 7) Relate features of normal and abnormal patient histories and physicals to basic mechanisms of cell injury, inflammation and repair.
- 8) Understand the basic principles of pharmacology and apply them to autonomic function and toxicology.
- 9) Apply the pedagogical principles of case-based, group, team-based and self-directed learning.

Organization of Course:

PEARLS (Patient-centered Explorations in Active Reasoning, Learning & Synthesis), a form of case-based learning, are introduced in this course, and learning objectives for the cases are aligned with weekly themes. These are complemented by a variety of teaching formats, including large and medium group lectures/discussions, small group learning sessions, and small groups for clinical demonstrations, bursts and immersions. Self-directed learning and team-based learning sessions are integrated into each week to emphasize individual accountability, clinical reasoning, and group problem-solving. Throughout the curriculum, clinical correlations map directly back to the basic science content, which includes web-based instruction. Horizontal theme content is integrated throughout.

Weekly Themes:

- 1) The Clinical Thinker: Approaches to Contextual Learning
- 2) Saving Lives
- 3) Fight or Flight
- 4) Emergencies Large and Small
- 5) A Delicate Balance
- 6) Healing the Broken Body
- 7) The Brain and its Friends and Neighbors
- 8) The Cycle of Life
Reflection, Integration, and Assessment

Course title:	The Biologic Imperative
Sponsoring department or unit:	Science Education
Name of course director:	Keith Metzger, PhD; Ellen Miller, MD; and Jeffrey Lipton, MD, PhD

The Biologic Imperative focuses on the fundamental scientific and clinical principles (non-metabolic) that describe the requirements for humans to perpetuate their existence through growth and reproduction. This course includes essential concepts in genetics, molecular and cell biology, human development, and cancer biology with a focus on presentation of biomolecular science in a clinically relevant context. Additionally, the course covers normal and abnormal development, function, and pharmacologic interventions that can restore or approximate functions of the endocrine, urogenital and hematologic systems when they are altered by disease. Aligned, complementary elements of the horizontal Structure course (which includes anatomy, embryology, histology, pathology and imaging) and Patient, Physician and Society course (which includes both Patient-Centered Care and Population Health) are intentionally and thematically woven, matrix-style, into the fabric of course, both through contextualized choices for the patients and situations presented in the PEARLS cases and through focused, dedicated small, medium and large group sessions in which students explore these interrelated threads in more depth in their own right.

Course Goals

At the end of The Biologic Imperative, the student will:

- 1) Demonstrate knowledge and understanding of core concepts in genetics, molecular and cell biology, human development, and oncogenesis, as well as the ability to integrate this knowledge and understanding with gross, microscopic, and radiologic structure and with clinically related topics in medicine.
- 2) Demonstrate knowledge of basic clinical concepts in oncology, teratology, endocrinology, urology, gynecology, and hematology as well as basic science structural and functional concepts related to these clinical specialties. This will include normal structural/functional relationships in addition to epidemiology, etiology, pathophysiology, diagnosis, strategies for intervention, and basic treatment of abnormal conditions.
- 3) Demonstrate emerging critical thinking skills in solving common clinical problems in oncology, teratology, endocrinology, urology, gynecology, and hematology.
- 4) Recognize the influence of biopsychosocial factors in the context of the clinical topics of the course.

Organization of Course:

PEARLS (Patient-centered Explorations in Active Reasoning, Learning & Synthesis), a form of case-based learning, are introduced in this course, and learning objectives for the cases are aligned with weekly themes. These are complemented by a variety of teaching formats, including large and medium group lectures/discussions, small group learning sessions, and small groups for clinical demonstrations, bursts and immersions. Self-directed learning and team-based learning sessions are integrated into each week to emphasize individual accountability, clinical reasoning, and group problem-solving. Throughout the curriculum, clinical correlations map directly back to the basic science content, which includes web-based instruction. Horizontal theme content is integrated throughout.

Weekly Themes:

- 1) Fundamentals of the Genome
 - 2) Aneuploidy & Imprinting
 - 3) The Cell Cycle
 - 4) Cell Signaling
 - 5) Hormone Responsive Cancers
 - 6) Milestones of Reproductive Development
 - 7) Endocrine Orchestration
 - 8) Adrenal Function and Sexual Differentiation
 - 9) Life Blood: Bone Marrow and Beyond
 - 10) Life's Blood: When Things Go Wrong
 - 11) Life's Blood in Action
- Reflection, Integration, and Assessment

Course title:	Continuity and Change: Fueling the Body
Sponsoring department or unit:	Science Education
Name of course director:	Patrick Gannon, PhD and Barbara Sherry, PhD

The primary topics within this course include biochemistry, metabolism, nutrition, normal and abnormal gastrointestinal function, and mechanisms by which function may be restored or approximated when it is altered by disease.

The nutrition section discusses the micronutrients (vitamins and minerals) and macronutrients (carbohydrates, proteins and lipids) required for human health. The metabolic consequences of malnutrition and obesity are presented in the context of disorders.

The biochemistry component has two major threads. The first of these is protein structure and function in which proteins are considered, both as structural components of cells and tissues, and as enzymes. The second thread is metabolism - the transformations of small molecules –which includes mechanisms of catabolism and anabolism.

Functions of the gastrointestinal tract in health and disease are integrated in the gastroenterology section of the course. Study of the normal physiology of these organ systems and their roles in ingestion and processing of food is integrated with exploration of the mechanisms by important diseases disrupt gastrointestinal function.

As in the other vertical courses, aligned, complementary elements of the horizontal Structure course (which includes anatomy, embryology, histology, pathology and imaging) and Patient, Physician and Society course (which includes both Patient-Centered Care and Initial Clinical Experience) are intentionally and thematically woven, matrix-style, into the fabric of course, both through contextualized choices for the patients and situations presented in the PEARLS cases and through focused, dedicated small, medium and large group sessions in which students explore these interrelated threads in more depth in their own right.

Course Goals

At the end of Continuity and Change: Fueling the Body, the student will:

- 1) Understand the basic concepts and principles of fuel metabolism in human cells and organs at the system, organ, cellular, and molecular level.
- 2) Know basic principles of nutrition and appreciate their relevance in disease prevention and treatment.
- 3) Understand lipid, glycogen, and protein metabolism and utilize this knowledge to recognize and understand the disease states that result from defects in each of these biochemical pathways.
- 4) Utilize background knowledge of GI tract structure, physiology and biochemistry to enhance appreciation of the interplay of digestion of proteins, fats and carbohydrates with absorption and secretion in response to ingestion of food.
- 5) Understand the endocrine and exocrine functions of the pancreas.
- 6) Understand how inflammation, obstruction, and neoplasm can impact the functioning of digestive organs.
- 7) Understand the integral role played by the liver and biliary system and how infectious, toxic, metabolic, and neoplastic diseases can affect other organ systems.

Organization of Course:

PEARLS (Patient-centered Explorations in Active Reasoning, Learning & Synthesis), a form of case-based learning, are introduced in this course, and learning objectives for the cases are aligned with weekly themes. These are complemented by a variety of teaching formats, including large and medium group lectures/discussions, small group learning sessions, and small groups for clinical demonstrations, bursts and immersions. Self-directed learning and team-based learning sessions are integrated into each week to emphasize individual accountability, clinical reasoning, and group problem-solving. Throughout the curriculum, clinical correlations map directly back to the basic science content, which includes web-based instruction. Horizontal theme content is integrated throughout.

Weekly Themes:

- 1) Food to Fuel: Nuts and Bolts of Nutrition
 - 2) The Flow of Energy
 - 3) Proteins in Your Life: It's Not Just the Amino Acid Sequence
 - 4) Fuel Beyond the Baseline: When Stress Hits the Nutrients
 - 5) The Obesity Pandemic
 - 6) Diabetes, Diet and the Gastrointestinal System
 - 7) Recipes for Digestion and Indigestion: Propelling the Food Forward
 - 8) Eating and Drinking through Life: The Liver as a Metabolic Machine
 - 9) Liver and Disease
 - 10) Allergic to Yourself and Others: Nutrition and Energy Balance
 - 11) Bugs and Drugs: Impact of Infection on GI Function
- Reflection, Integration, and Assessment

Course title:	Continuity and Change: Homeostasis
Sponsoring department or unit:	Science Education
Name of course director:	Patrick Gannon, PhD, Stacey Rosen, MD, and Sandeep Jauhar, MD, PhD

This course presents an integrated molecular physiological and clinical approach to how the body recruits and aligns the cardio-respiratory and renal systems to maintain vascular stability, ensure oxygen delivery, and sustain water and electrolyte balance in health and when perturbed by disease. Mechanisms by which abnormal function may be restored or approximated when altered by disease also are presented. Aligned, complementary elements of the horizontal Structure course (which includes anatomy, embryology, histology, pathology and imaging) and Patient, Physician and Society course (which includes both Patient-Centered Care and Population Health) are intentionally and thematically woven, matrix-style, into the fabric of course, both through contextualized choices for the patients and situations presented in the PEARLS cases and through focused, dedicated small, medium and large group sessions in which students explore these interrelated threads in more depth in their own right.

Course Goals

At the end of Continuity and Change: Homeostasis, the student will:

- 1) Understand the principles of cardiac physiology and electrophysiology and the mechanisms by which cardiac function is maintained in health and in disease.
- 2) Understand the principles of respiratory physiology and the mechanisms by which pulmonary gas exchange is maintained in health and altered in disease.
- 3) Understand the principles of renal physiology and the mechanisms by which the internal environment is preserved in health and disease.
- 4) Predict interrelationships among all three of these organ systems when any or all of them are disturbed.
- 5) Design pharmacological or other interventions to restore or approximate normal physiology when components of these three systems are altered or disrupted.

Organization of Course:

PEARLS (Patient-centered Explorations in Active Reasoning, Learning & Synthesis), a form of case-based learning, are introduced in this course, and learning objectives for the cases are aligned with weekly themes. These are complemented by a variety of teaching formats, including large and medium group lectures/discussions, small group learning sessions, and small groups for clinical demonstrations, bursts and immersions. Self-directed learning and team-based learning sessions are integrated into each week to emphasize individual accountability, clinical reasoning, and group problem-solving. Throughout the curriculum, clinical correlations map directly back to the basic science content, which includes web-based instruction. Horizontal theme content is integrated throughout.

Weekly Themes:

- 1) Heart, Lungs, and Kidneys: A Dynamic Trio
- 2) Circulation
- 3) Spring Break

- 4) Electrical Stability and Instability: Cardiac Wiring
- 5) Ischemia
- 6) Normal and Abnormal Pumping: Cardiopulmonary Hemodynamics
- 7) Gas Exchange
- 8) Control and Mechanics of Breathing
- 9) Acid-Base Balance
- 10) Function of the Nephron
- 11) Salt and Water Balance
- 12) Reflection, Integration, and Assessment

Course title:	Interacting with the Environment
Sponsoring department or unit:	Science Education
Name of course director:	Betty Diamond, MD and Joanne Willey, PhD

Interacting with the Environment addresses two interconnecting themes: 1) the immune system and its dual functional role in removing endogenous debris and protecting against exogenous pathogens; and 2) the diversity of the microbial world with which the human organism interacts, and the beneficial and pathogenic outcomes of these interactions. Each theme will be developed within the context of mechanisms that promote health, underlie disease, and can be exploited to restore or approximate normal function when it is altered by disease.

The course begins with an overview of the cellular and molecular elements of the immune system which control and prevent infectious diseases and are linked to other pathologies, including autoimmune diseases and immunodeficiencies. Interactions of the immune system with the nervous system, endocrine system and other aspects of normal physiology are stressed.

The course provides an overview of the microbial world. Students become acquainted with the diversity of microbes and their roles as both commensals and agents of infectious disease. In addition, the human microbiome and the emerging role of microbes in human health and homeostasis are discussed. This initial introduction to immunology and infection is followed by a closer examination of the major features of the immune response. In addition, students revisit cancer biology (already introduced in The Biological Imperative course) with regard to the role of infectious agents in carcinogenesis, the role of immune surveillance in preventing malignancy, and the link with inflammation

Immunity to infectious agents are the focus of the second half of the course. Students learn how to recognize viral, bacterial, fungal, and parasitic infections, and gain an understanding of innate and adaptive immune responses to these infectious agents. Special emphasis is placed on understanding triggers of reactivation and druggable targets during latency and reactivation.

The course concludes with an evaluation of public health. This includes a review of vaccine development and delivery and infection control. In addition, infections in the developing world, as well as infections associated with overcrowding, dirty water, and contaminated food, are explored. Finally, the roles and responsibilities of the physician in reporting infectious disease, controlling epidemics, and responding to potential bioterrorism threats are discussed.

As in the other vertical courses, aligned, complementary elements of the horizontal Structure course (which includes anatomy, embryology, histology, pathology and imaging) and Patient, Physician and Society course

(which includes both Patient-Centered Care and Population Health) are intentionally and thematically woven, matrix-style, into the fabric of course, both through contextualized choices for the patients and situations presented in the PEARLS cases and through focused, dedicated small, medium and large group sessions in which students explore these interrelated threads in more depth in their own right.

Course Goals

At the end of Interacting with the Environment, the student will:

- 1) Understand the immune system throughout the human life span, the clinical manifestations of infectious and immunologic diseases, and best practices used to treat infectious and autoimmune disease.
- 2) Understand the diverse interactions between microbes and the human host which support or prevent human disease.
- 3) Appreciate the biological mechanisms of the immune system and identify the elements of immune response mechanisms that predispose individuals to develop infections and autoimmune disease.
- 4) Display understanding of methods used to identify and assess microbial and immune-induced disease.
- 5) Display knowledge of microbial-host interactions and antigen-host interactions to address public health issues relating to infections and immune mediated diseases.
- 6) Understand how other systems in the body, such as the nervous system and endocrine system, modulate immune responses.

Organization of Course:

PEARLS (Patient-centered Explorations in Active Reasoning, Learning & Synthesis), a form of case-based learning, are introduced in this course, and learning objectives for the cases are aligned with weekly themes. These are complemented by a variety of teaching formats, including large and medium group lectures/discussions, small group learning sessions, and small groups for clinical demonstrations, bursts and immersions. Self-directed learning and team-based learning sessions are integrated into each week to emphasize individual accountability, clinical reasoning, and group problem-solving. Throughout the curriculum, clinical correlations map directly back to the basic science content, which includes web-based instruction. Horizontal theme content is integrated throughout.

Weekly Themes:

- 1) Immune System 1a
- 2) Immune System 1b
- 3) Immune System 2a
- 4) Immune System 2b
- 5) Microbial World
- 6) Immune Responses to Microbial Exposure
- 7) Change and Homeostasis
- 8) Aberrant Responses 1
- 9) Aberrant Responses 2
- 10) Response to Altered/Foreign Tissues
- 11) Bacteria
- 12) Viruses
- 13) Public Health

14) Reflection, Integration, and Assessment

Course title:	The Human Condition
Sponsoring department or unit:	Science Education
Name of course director:	Keith Metzger, PhD, Ronald Kanner, MD, and John Kane, MD

The Human Condition provides an integrated presentation of those aspects of our lives that make us uniquely human. The major topics in this course include normal and abnormal musculoskeletal, special sensory, and neuropsychiatric functions, all presented in the clinical context of health and disease, and with attention to the mechanisms by which function may be restored or approximated when it is altered by disease

The musculoskeletal portion of the course concentrates on **the physical movers of the body**, including bone, muscle, joints, limbs, and clinical medicine related to these structures. The first focus is on skeletal biology in the context of metabolic and deposition bone disease, as well as orthopedics and fracture healing. Skeletal muscle is the second major focus of this part of the course, and this includes principles of muscle structure and physiology, primarily presented through examination of muscular dystrophies and myopathies. Finally, these components are examined in the larger functional context of gait, gait dysfunction, and sports medicine.

The next section of the course focuses on the **neurological means of controlling these movers**, including central nervous system control of the peripheral body. Also included is an examination of the normal and abnormal spine and spinal cord transitions to fundamental topics in neuroscience, ranging from neurocytology to synaptic physiology to CNS development. Additionally, pain medicine and basic principles of nervous system dysfunction and evaluation are addressed.

The special senses section includes basic science and clinical topics related to our unique ability to **physically perceive our environment**. Normal and abnormal functions of vision, hearing, balance, sinuses and olfaction, and speech are considered.

The largest component of the course is the neuropsychiatric section, which focuses on how we **process information mentally and respond behaviorally**. Neurologic disorders are generally presented by etiologic category (including disorders of motor, vascular, traumatic, neoplastic causation) or by symptom (e.g., dementia, headache, hypotonia). The approach to psychiatric function and illness begins with basic principles of psychiatry and human mental development, and transitions into specific groups of psychiatric disorders, presented both from a clinical diagnostic and interventional perspective and with attention to what is known about the underlying pathophysiology of these disorders.

As in the other vertical courses, aligned, complementary elements of the horizontal Structure course (which includes anatomy, embryology, histology, pathology and imaging) and Patient, Physician and Society course (which includes both Patient-Centered Care and Initial Clinical Experience) are intentionally and thematically woven, matrix-style, into the fabric of course, both through contextualized choices for the patients and situations presented in the PEARLS cases and through focused, dedicated small, medium and large group sessions in which students explore these interrelated threads in more depth in their own right.

Course Goals

At the end of The Human Condition, the student will:

- 1) Demonstrate knowledge of core concepts in musculoskeletal biology and neuroscience, and integrate this knowledge with clinically oriented topics in medicine.
- 2) Demonstrate knowledge of basic clinical concepts in orthopedics, pain medicine, physiatry, sports medicine, clinical neurology, ophthalmology, otolaryngology, and psychiatry as well as basic science concepts related to these clinical specialties. This will include normal structure/function in addition to epidemiology, etiology, pathophysiology, diagnosis and basic treatment of abnormal conditions.
- 3) Demonstrate emerging critical thinking skills in problem solving of common clinical problems in orthopedics, pain medicine, physiatry, sports medicine, clinical neurology, ophthalmology, otolaryngology and psychiatry.
- 4) Recognize the influence of biopsychosocial factors in the context of the clinical topics of the course.

Organization of Course:

PEARLS (Patient-centered Explorations in Active Reasoning, Learning & Synthesis), a form of case-based learning, are introduced in this course, and learning objectives for the cases are aligned with weekly themes. These are complemented by a variety of teaching formats, including large and medium group lectures/discussions, small group learning sessions, and small groups for clinical demonstrations, bursts and immersions. Self-directed learning and team-based learning sessions are integrated into each week to emphasize individual accountability, clinical reasoning, and group problem-solving. Throughout the curriculum, clinical correlations map directly back to the basic science content, which includes web-based instruction. Horizontal theme content is integrated throughout.

Weekly Themes:

- 1) Structure of the Physical Framework
- 2) Building on the Bones
- 3) Mover of the Movers: Spine
- 4) Moving the Parts
- 5) Foundations of Neuroscience
- 6) Special Senses: Auditory, Vestibular and Visual Systems
- 7) Headache and Taste
- 8) Subcortical Structure and Function
- 9) Cortex
- 10) The Neuropsychiatric Basis of Mood, Anxiety and Psychosis
- 11) Clinical Psychiatry: Disorders and Treatments
- 12) Reflection, Integration, and Assessment

Course title:	Structure I & II
Sponsoring department or unit:	Science Education
Name of course director:	Keith Metzger, PhD and William Rennie, MD

Structure is a two- part, horizontal course that spans the first 100 weeks of the curriculum. It includes normal and abnormal anatomy, embryology, histology, histopathology, gross pathology and imaging, with topics and their presentations tightly interwoven, matrix-style, with those of the sequential vertical courses. The content of Structure I and II presented here is organized by the vertical course/ time block within which

the content lies. The overall goal of this approach is for students to develop strong, linked structural/functional constructs that promote understanding of how health is maintained and disease develops.

During the first time block, in which *From the Person to the Professional: Challenges, Privileges and Responsibilities* is presented, Structure I includes an overview of both systemic and regional anatomy, providing students with a basic understanding of organ systems and structural connections within the body. As in the other parts of the course, gross anatomy is presented in integrated laboratory sessions alongside relevant gross/ histological pathology, normal histology, embryology, and imaging. These laboratory sessions are supplemented by additional didactic sessions where required. Sessions coordinate with weekly themes and include surface anatomy, as well as introductory pulmonary, cardiovascular, abdominal, pelvic, HEENT, musculoskeletal and neuromuscular/ CNS structure and physical diagnosis learning objectives.

The components of Structure I during the time block of *The Biologic Imperative* focus on fundamental concepts of histology, histopathology, and embryology, in addition to content related to other topics in the vertical course. These include general pelvic and GU structure (presented alongside reproductive endocrinology, urology, and gynecology), endocrine structure and blood histology and histopathology.

The final portions of Structure I are integrated with the two vertical Continuity and Change courses, *Fueling the Body* and *Homeostasis*. During *Continuity and Change: Fueling the Body*, normal and abnormal gastrointestinal structure is presented in working sessions that relate gastrointestinal micro-, macro-, and radiological anatomy and pathology to both the normal physiology of health and the perturbed physiology of disease. This organizational principle continues as Structure I moves forward into *The Continuity and Change: Homeostasis* time block and links cardiovascular, pulmonary and renal structure with function and dysfunction.

Structure sessions will be explicitly organized to promote inquiry and exploration of the interfaces among structure, function and clinical medicine. Specific examples of such clinically oriented laboratory sessions include: 1) examination of the gross pathology, histopathology and imaging related to obstructive and restrictive pulmonary disease alongside normal pulmonary morphology, accompanied by prediction of the changes in pulmonary function tests expected as a consequence of these two disease processes; and 2) demonstration of the pathological effects of hypertension on the kidney, heart, and vasculature.

Structure II begins simultaneously with the *Interacting with the Environment* course. During this time period, Structure laboratory sessions focus on the gross pathologic and histopathologic effects of microbial, inflammatory, immunologic and integumentary diseases. Students also gain hands-on and simulated experience in performance, interpretation and evaluation of selected biomedical techniques, such as antibody and complement assays, nucleic acid based diagnostics, hemagglutination, flow cytometry and gram stains.

The final portion of the Structure II curriculum is integrated with *The Human Condition*. The topics of Structure II during this time block are wide-ranging, but focus on musculoskeletal and neural biology. Bone and muscle are presented from a cellular to a gross structural level, including clinical gross anatomy of the limbs, spine, head and neck. Students revisit concepts of CNS structure which were introduced previously in the curriculum, and develop these further at a more refined level. As before, clinically oriented laboratory sessions challenge students to link structure and function to explain normal and abnormal motion, gait, cognition, sensation and behavior.

Course Goals

At the end of Structure I, the student will:

- 1) Understand the relevance of normal and abnormal gross and microscopic anatomical structure in a clinical context.
- 2) Recognize key linkages between structure and function at the cellular, tissue and organ levels.
- 3) Understand the role of imaging modalities in the diagnosis of disease related to the endocrine, genitourinary, gastrointestinal, cardiovascular, and pulmonary systems, and interpret fundamental imaging studies of these systems.
- 4) Correlate pathology on a cellular level with gross organ pathology for major diseases of the endocrine, genitourinary, gastrointestinal, cardiovascular and pulmonary systems, and relate this back to normal histology and gross anatomy.
- 5) Understand early embryologic development, as well as development of the endocrine, genitourinary, gastrointestinal, cardiovascular, and pulmonary systems, and relate specific defects in developmental processes to congenital pathologies.

At the end of Structure II, the student will:

- 1) Apply principles of gross anatomy, histology, and pathology to solve clinical problems.
- 2) Understand the role of imaging modalities in diagnosis related to infectious diseases and disorders of the musculoskeletal and nervous systems, and interpret fundamental imaging studies of these systems.
- 3) Correlate pathology on a cellular level with gross organ pathology for major diseases of the musculoskeletal and nervous systems, and relate this back to normal histology and gross anatomy.
- 4) Understand embryologic development of the nervous system, limbs, head, and neck, and relate specific defects in developmental processes to congenital pathologies.

Organization of Course:

The primary sessions of the Structure I course are laboratories that meet on a weekly basis. Activities in laboratories vary depending upon the topic being learned, but involve dissection, prosection, virtual microscopy, examination of imaging studies, small group bioskills sessions, and mini-lectures by clinical specialists. In general, each laboratory session includes a number (4-6) of stand-alone stations, each of which have discrete learning objectives. Additional teaching formats that are utilized outside of laboratory sessions include lectures, small group sessions, and self-directed learning modules.

Weekly Laboratory Themes:

Structure I in *From the Person to the Professional: Challenges, Privileges and Responsibilities*:

- 1) Observation and Correlation
- 2) Introduction to Pulmonary Structure (with PD)
- 3) Introduction to Cardiovascular Structure (with PD)
- 4) Introduction to Abdominal and Pelvic Structure (with PD)
- 5) HEENT: Linking Structure, Function and Diagnosis (with PD)
- 6) Introduction to Musculoskeletal Structure (with PD)
- 7) Introduction to Neuromuscular/CNS Structure (with PD)
- 8) Problem-Based Dissection
- 9) Reflection, Integration, and Assessment

Structure I in *The Biologic Imperative*:

- 1) Pelvic Structure I

- 2) Pelvic Structure II
- 3) Cell Lineages and Cancer
- 4) Structure of Metastatic Potential
- 5) Cancer Problem Solving – Emphasis on the Pelvis
- 6) Female Reproductive Structure
- 7) Endocrine Structure
- 8) Problem-Based Structure
- 9) Bone Marrow, Blood Smear and Leukemia
- 10) Structure of Lymph Nodes and Lymphoma
- 11) Problem-Based Structure Presentations
- 12) Reflection, Integration, and Assessment

Structure I in *Continuity and Change: Fueling the Body*:

- 1) Reintroduction to the Foregut
- 2) Reintroduction to the Midgut
- 3) Reintroduction to the Hindgut
- 4) Problem-Based Structure
- 5) Gall Bladder and Pancreas: Function, Dysfunction and Interventional Structure
- 6) The Structure of Diabetes
- 7) Upper GI: Function, Dysfunction and Interventional Structure
- 8) The Portal System
- 9) The Liver: Function, Dysfunction and Interventional Structure
- 10) Small and Large Bowel: Function, Dysfunction and Interventional Structure
- 11) Problem-Based Structure Presentations
- 12) Reflection, Integration, and Assessment

Structure I in *Continuity and Change: Homeostasis*:

- 1) Structure of the Heart, Lungs and Kidney
- 2) Normal and Abnormal Vascular Structure
- 3) Heart: Part I (Valves and Myocardium)
- 4) Heart: Part II (Conduction and Circulation)
- 5) The Cardiopulmonary System: Systems Interplay and Procedures
- 6) Problem-Based Structure
- 7) Normal and Abnormal Pulmonary Structure
- 8) Renal Structure I
- 9) Renal Structure II
- 10) The Structure of Hypertension
- 11) Problem-Based Structure Presentations
- 12) Reflection, Integration, and Assessment

Structure II in *Interacting with the Environment*:

- 1) Skin Rashes and Testing
- 2) Integumentary Tumors
- 3) Immunologic Laboratory Techniques
- 4) Week 4: No Structure Session
- 5) Problem-Based Dissection
- 6) Joints, Joint Fluid and Crystals
- 7) Inflammation: Response to Foreign Tissue

- 8) Stains, Cultures & Smears: Bacterial Pathology
- 9) Viral, Parasitic, and Fungal Pathology
- 10) Looking Ahead: Head and Neck Overview I
- 11) Looking Ahead: Head and Neck Overview II
- 12) Reflection, Integration, and Assessment

Structure II in *The Human Condition*:

- 1) Skeletal Structure: Cell to Bone
 - 2) Upper Limb: Shoulder, Arm, Cubital Region/ Skeletal Muscle Structure
 - 3) Upper & Lower Limbs: Forearm/Hand, Hip/Thigh
 - 4) Lower Limb: Knee to Foot
 - 5) Re-Introduction to Neuroanatomy and Osseous Surround of the CNS
 - 6) Cranial Nerves and Autonomics of the Head/Neck
 - 7) Pharynx/Larynx/Neck, Oral Cavity & Face
 - 8) Brain Anatomy I: Overview & Rhombencephalon
 - 9) Brain Anatomy II: Mesencephalon
 - 10) Brain Anatomy III: Prosencephalon
 - 11) Problem-Based Dissection
- Reflection, Integration, and Assessment

Course title:	Patient, Physician, and Society
Sponsoring department or unit:	Science Education
Name of course director:	Samara Ginzburg, MD and Nick Fitterman MD

The Patient, Physician and Society (PPS) course is organized into two segments, PPS I and PPS II, distributed over the First 100 Weeks of the curriculum. The course has two components, Patient-Centered Care and Population Health which, together, encompass learning objectives related to the horizontal curricular themes (Communication, Professionalism and Physical Diagnostic Skills) and curricular “drivers” (Continuum of Care, Decision Making and Uncertainty, Social Context/ Responsibility, Quality and Effectiveness, and Scientific Discovery).

As part of the Patient-Centered Care component, students participate in a longitudinal initial clinical experience (ICE) that occurs in selected community outpatient and inpatient facilities of the Health System. This experience affords students direct, meaningful patient responsibilities while learning to apply scientific, social, and behavioral patient care principles as they progressively build clinical skills.

In ICE, students develop longitudinal relationships with preceptors and selected patients. The preceptors represent the five core disciplines: general medicine (internist or family physician), surgery, pediatrics, obstetrics and gynecology, and psychiatry. Site Directors select patients who allow students to experience clinical conditions that evolve over the First 100 Weeks. These include, for example, a pregnant woman; a newborn; a pediatric patient; an elder patient with common chronic conditions; a patient requiring surgery for a new diagnosis of cancer; an individual referred for an emotional or behavioral problem; patients with chronic problems including vascular, functional and metabolic disorders, and neurologic conditions; and patients requiring nursing home or other extended care and rehabilitation. Students develop close longitudinal relationships with approximately 12 patients during the First 100 Weeks.

These longitudinal patient experiences are supplemented by additional opportunities to participate in episodic care of patients in the same clinical settings. These non-longitudinal shorter experiences, “Demonstrations, Bursts, and Immersions (DBIs)”, are intended to complement the longitudinal ICE and designed to be tightly coordinated temporally with the integrated science curricular content and themes.

Course Goals

At the end of Patient, Physician, and Society, the student will:

1. Experience meaningful patient encounters in the context of community based clinical practices.
2. Build longitudinal relationships with patients, preceptors, and peers.
3. Participate in first encounters with patients with as yet undifferentiated clinical conditions.
4. Participate in the care of clinical conditions that evolve over the First 100 Weeks.
5. Integrate, both intellectually and practically, the horizontal theme and driver learning objectives in their evolving approaches to the care of individual patients and of populations.

Organization of Course:

For the longitudinal ICE, students are divided into small pods of 5-8 learners and assigned to a community hospital site. Each individual student is assigned to five, discipline-specific, physician faculty/ preceptors. One half day per week, each student participates in caring for patients with his/ her preceptors primarily in ambulatory settings, but occasionally in inpatient and other community settings as well. This weekly ICE experience affords students the critically important opportunity to participate in first encounters with patients with as yet undifferentiated clinical conditions. An on-site director supervises the experiences of each pod of students and preceptors.

These longitudinal patient experiences are complemented by shorter, non-longitudinal experiences, “Demonstrations, Bursts, and Immersions (DBIs), intended to complement the longitudinal ICE and designed to be tightly coordinated temporally with the integrated science curricular content and horizontal themes. The PEARLS cases around which the First 100 Weeks curriculum pivots are intentionally contextualized with patients and situations that introduce elements of the PPS curriculum. Students explore these interrelated threads in more depth and in their own right through focused and dedicated small, medium, and large group sessions.

Weekly Themes:

The themes for PPS are drawn from and aligned with the vertical course content including the PEARLS cases of the First 100 Weeks. During the curriculum development process, the vertical course objectives and the horizontal theme and driver objectives were overlaid, matrix-style, to determine the optimal places in the curriculum for integrated exploration of vertical and horizontal course objectives and how best to contextualize the PEARLS cases to reflect those learning opportunities. In their longitudinal ICE, students are assigned actual patients with clinical conditions based on aligned vertical course learning objectives, and they continue to follow these patients as members of their evolving panel. This defines the selection of the longitudinal patients and clinical conditions. For example, during the time period of *The Biologic Imperative*, each student establishes a relationship with a new prenatal patient, follows the pregnancy to delivery, and participates in post-partum care and care of the child. As the vertical courses sequentially unfold, students add the types of patients mentioned above to their longitudinal patient group.

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Second 100 Weeks

Description of second 100 weeks (Advanced Clinical Experience)

Year #3

1. Four 12 week clerkships and a 2 week comprehensive assessment
 - a. 12 weeks: 8 weeks medicine and 4 weeks medical selective

- b. 12 weeks: 8 weeks surgery and 4 weeks surgical selective
- c. 12 weeks: 6 weeks pediatrics and 6 weeks obstetrics and gynecology, with integrated experiences across the disciplines
- d. 12 weeks: 4 weeks neurology, 4 weeks psychiatry, and 4 weeks family medicine
- e. 2 weeks: Comprehensive Assessment

Year #4

- 1. Ten 4-week blocks
 - a. 4 Sub-internships
 - i. Medicine
 - ii. Critical care
 - iii. Emergency medicine
 - iv. Second Medicine or another selected and approved clerkship
 - b. 4 elective clerkships
 - c. 2 career development blocks

Clerkship Experiences: 50 Weeks									
12 weeks		12 weeks		12 weeks		12 weeks			2 wk
8	4	8	4	6	6	4	4	4	2
Medicine	Medicine Selective	Surgery	Surgery Selective	Pediatrics	OB/GYN	Neurology	Psychiatry	Family Medicine	Comprehensive Assessment
← CLINICAL CONTINUITY →									
← RESEARCH & SCHOLARSHIP →									
← SCIENCE →									

Preparation for Residency: 40 Weeks									
4 weeks	4 weeks	4 weeks	4 weeks	4 weeks	4 weeks	4 weeks	4 weeks	4 weeks	4 weeks
Medicine Sub-Internship	Elective	Emergency Medicine Sub-Internship	Elective	Career Development	Critical Care Sub-Internship	Elective	Selective Sub-Internship	Career Development	Elective
← CLINICAL CONTINUITY →									
← RESEARCH & SCHOLARSHIP →									
← SCIENCE →									

Elective Options

DEPARTMENT OF ANESTHESIOLOGY

Anesthesiology Elective at LIJ Medical Center

The four-week elective in Anesthesiology provides the student with clinical experience under the supervision of an attending anesthesiologist, principally in the Operating Room, the Post Anesthesia Care Unit (Recovery Room) and the Obstetrical Suite. For the student, emphasis is placed on pre-operative evaluation and preparation of patients of anesthesia and surgery, including choice of anesthetic agents and techniques; airway management, with special attention to recognition and treatment of respiratory obstruction, including mask ventilation, laryngoscopy and tracheal intubation; physiologic alterations relating to surgery, anesthesia and the patient's baseline medical condition; pharmacology of the drugs used by anesthesiologists and common techniques in regional anesthesia, such as spinal anesthesia, epidural anesthesia, epidural anesthesia and brachialplexus block.

Students will report daily to the Elective Preceptor who will make appropriate operating room assignments, as well as guide and advise the students throughout the elective.

In addition to clinical activities, the student is required to attend and participate in weekly departmental conferences, including Journal Club, Morbidity and Mortality as well as the Mortality Conference and didactic lectures each morning at 7 AM.

Anesthesiology Elective at North Shore University Hospital

This elective is designed to offer an in-depth introduction to Anesthesiology for fourth-year students. Each participant will work closely with an attending Anesthesiologist. Special emphasis will be placed on clinical skills with progressive responsibility assigned to each student. To meet the individual's clinical needs, a wide

exposure to the sub-specialty areas including obstetric, pediatric, neurosurgical and cardiovascular anesthesia will be available. A lecture series reviewing applicable physiology and pharmacology will be included.

DEPARTMENT OF CARDIOLOGY

Cardiovascular Disease Elective at LIJ Medical Center

The LIJ Cardiology Elective is a structured program designed to introduce the student to a wide range of experiences in clinical Cardiology. Daily ECG reading sessions with a staff cardiologist familiarize the student with an approach to the independent interpretation of this examination. The student evaluates and helps to manage patients in the coronary care unit. A weekly Cardiology ambulatory out-patient clinic exposes the student to the common (and not-so-common) presentation and ambulatory management of cardiac conditions. The student attends various didactic conferences during the rotation. The student is also familiarized with invasive and non-invasive cardiac examinations and will learn the indications and basic interpretation of echo-cardiograms, cardiac catheterization and cardiac electrophysiology.

Cardiovascular Disease Elective at North Shore University Hospital

Clinical Cardiology Update

This course offers a combination of didactic and tutorial teaching with patient exposure and experience in all the areas of cardiology, including CCU, Electrophysiology, Cath Lab, Echo, Stress Lab, Nuclear Cardiology and Open Heart Surgery.

Clinical Cardiology Research

This elective provides the student with an opportunity to join an active clinical cardiology research group. The student will participate in ongoing research protocols designed to quantify the magnitude of acute myocardial infarction in man. These systems include: 1) CK-MB washout curves; 2) ejection fraction, as determined by radioisotopic techniques; 3) thallium-201 myocardial perfusion scintigrams; and, 4) ultra-high data-rate cardiac digital subtraction. Algorithms are run on two computer systems: one PDP 11/60 and a VAX 11/780 with dual memory. The VAX involves bench microelectronic research. Assessment of coronary artery reperfusion following acute myocardial infarction will be performed on the above systems.

DEPARTMENT OF DENTAL MEDICINE

Dental Medicine Elective at LIJ Medical Center

Chief of Dentistry

The goal of this elective is to give the participant understanding and practical experience in hospital dentistry. The student will be integrated into a general practice Resident curriculum, receiving instruction in hospital protocols and patient management. The student will become familiar with the special needs of the medically compromised, psychologically impaired and developmentally disabled patient.

The participant will have the opportunity to perform/observe a variety of dental procedures in the out-patient, Emergency Room and Operating Room environment.

The student will attend seminars and conferences and have Emergency Room assignments. At the completion of the elective, the student will provide a report of his observations and experiences in the hospital in the form of a daily log.

Dental Medicine Elective at North Shore University Hospital

Externship in Dentistry at North Shore University Hospital

This elective is offered to senior dental students with assignments running a minimum of four weeks to a maximum of six weeks. Externship assignments begin each year in July and run through April.

Externs attend rounds, lectures, seminars, treatment planning sessions and literature and case review sessions with the residents. They accompany the on call resident to the Emergency Room and to in-house emergencies and consults. In addition, they observe dental cases treated in the OR and Ambulatory Surgery Center and are given experience in the admission, care and discharge of patients admitted to the dental service. Externs assist dental residents in the care of their patients in the dental clinic in every dental specialty as well as in the care of the medically complex and special needs patients. The knowledge and skills gained during this experience provides externs with a greater understanding and enhanced perspective of hospital dentistry.

Dental Oral and Maxillofacial Surgery Elective at LIJ Medical Center

This elective is designed to give the student experience in common ambulatory and in-patient oral surgery procedures. Students will gain experience in the management of emergencies through the Emergency Room assignments with the Oral and Maxillofacial Surgery Residents. They will be given the opportunity to observe complex oral surgery procedures to obtain greater understanding of the inter-relationships of oral diseases and systemic diseases and to participate in the perioperative evaluation and management of patients. The student will attend rounds, conferences and seminars and they will also be assigned to the Out-patient Department and to the Operating Room. The student will also participate in selected activities representing a variety of ongoing clinical and didactic programs such as the Departmental Grand Rounds. The student will have regularly scheduled nights and weekends on call.

Dental Oral Pathology Elective at LIJ Medical Center

This elective is a course in applied Oral Pathology with emphasis on case studies, seminars, conferences, literature review, attendance of the Head and Neck Conference, participation in review of clinical consultations as well as participation in selected activities representing a variety of ongoing clinical and didactic programs, such as the Departmental Grand Rounds and research activities at the clinical and laboratory levels.

Dental Pediatric Dentistry Elective at LIJ Medical Center

Students will receive extensive training in pediatric dentistry through clinical experience and seminars during their elective. A majority of the didactic components of the program will be through pediatric dental and orthodontic seminars, treatment planning sessions and literature review conferences. Clinical curriculum includes:

1. Clinical practice in pediatric dentistry
2. Preventive, interceptive and comprehensive training in orthodontics, including exposure to patients with significant dentofacial deformities
3. Behavior management techniques and exposure to oral and parenteral conscious sedation on an out-patient basis
4. Dental care for the developmentally disabled
5. Management of trauma to the head and neck
6. Ambulatory and in-patient management including operating room experience
7. Emergency Room exposure

The student will learn to apply various behavior management techniques in the course of providing dental care for the well child and to learn to select the appropriate modalities of management for the child with

mental retardation and/or associated developmental disabilities. Many of these special patients require pharmacologic management in the ambulatory or in-patient setting. The student will participate in pre-operative preparation, treatment of patients under general anesthesia and post-operative management. Students will also be introduced to orthodontic evaluation, treatment planning and therapy as part of the pediatric dental experience. The major goals and objectives of this pediatric dental medicine elective are to gain an appreciation for the scope and diversity of pediatric dentistry. Through clinical experiences and a well defined didactic component, the student will be introduced to hospital dentistry and the management and treatment of the pediatric dental patient.

DEPARTMENT OF EMERGENCY MEDICINE

Emergency Medicine LIJ

During your four week stay, come prepared to care for plenty of ill patients. Come prepared to meet resident and attending physicians dedicated and excited to teach our specialty. Ready yourself because we want to show you what emergency medicine is all about. We love what we do, and we hope you will too.

Medical Student Conferences and Didactics:

- Daily morning conference beginning at 7:45 am in mini-conference room
- Meet with Teaching Attending at 9:00 am daily (Monday-Friday)
- Wednesday resident conferences 7:30 - Noon in large conference room
- Wednesday workshops following Resident Conference
- Suture, Splinting, EKG, Radiology workshops

ACLS provided free of charge based upon availability 36 clinical hours per week including nights and weekends.

The student will be responsible for the management of their assigned patients including disposition, under the supervision of the ED attending and a senior resident.

Emergency Medicine at North Shore University Hospital

In our Level 1 Adult and Pediatric Emergency Department you will assume the role of an intern. Since we have a very busy department with acuity that is well above the national average (39% admission rate) you will have ample opportunity to experience emergency critical care management of very sick patients as well as participate in emergency procedures. You will have ample opportunity to conduct ultrasound scans with our Ultrasound Department and see pediatric patients in our Pediatric ED.

Pediatric Emergency Medicine at North Shore University Hospital

Pediatric Medicine at North Shore University Hospital has a newly renovated Pediatric ED, as well as a dedicated pediatric critical care/trauma resuscitation room. Students will be directly involved in the management of a wide variety and acuity of pediatric illness and injury. Focus is placed on the organized approach and evaluation of the pediatric patient, as well opportunities to perform an array of pediatric techniques and procedures.

Emergency Medicine Ultrasound at North Shore University Hospital

North Shore University Hospital has a very active ultrasound department, with 7 fellowship trained attendings and 4 fellows. Rotators spend their days scanning with the fellows and attending the ultrasound conferences. Focus is placed on basic and advanced ED ultrasounds, including FAST exams, RUQ ultrasounds, DVT scans and aorta scans. In addition, students are involved in formal didactic sessions as well as weekly tape review of all scans conducted the previous week.

Emergency Medicine Toxicology at North Shore University Hospital

The ED at North Shore University Hospital has a toxicology fellowship with 2 fellows per year. The clinical experience includes bedside teaching and emergency medicine consults at North Shore University Hospital, learning to take care of the acutely poisoned patient in the Emergency Department and on the wards. The poison control center experience occurs at the Long Island Poison Control Center and the New York Poison Control Center, where one learns public health aspects of toxicology, the role of a regional poison center, pre-hospital phone consultation and management and hospital consultations of common poisonings

DEPARTMENT OF MEDICINE

Practicum in Biostatistics

The Feinstein Institute for Medical Research

Students will observe and participate in the operations of a biostatistics department in an academic medical center. Students will take part in consulting sessions with research investigators, helping to design research studies; assist in data analysis and attend didactic lectures and journal clubs. Students may be asked to assist with data-entry or computer-programming tasks that will help them better understand the day-to-day activities of a research project. Students are expected to spend a considerable amount of time in self-study of a biostatistics textbook.

Pre-approval by sponsor is required for this elective rotation.

Endocrinology/Diabetes Medical Student Elective at LIJ Medical Center

The elective in endocrinology is designed to introduce the student or resident to basics concepts of adult endocrinology. The major teaching approach is a clinical, patient-based method, as opposed to a classroom review of topics. There are several components to the rotation:

1. In-patient clinical service
2. Out-patient clinical service
3. Formal didactic sessions including noon conference
4. Endocrine subspecialty conference
5. Medical grand rounds
6. Reading assignments

The endocrine service is a combined program at North Shore-LIJ. The primary clinical and teaching base for the rotation is the in-patient service. Rounds are made daily on new consultations and all patients followed by the service. The rotator will generally see the patients first; attending rounds will then be made to supervise care and for teaching. Attending rounds will be made by the full-time divisional faculty on a rotating basis and the schedule of rounds will be adjusted as needed. The LIJ endocrine clinic is held on Friday from 1:00-3:00 pm, at 410 Lakeville Road, and the North Shore clinic on Thursdays from 9:00-10:30 am, 4th floor Levitt. Full participation by students and residents is required. The out-patient endocrine faculty practice is an integral part of the rotation, as many common endocrine disorders are only encountered in this setting. It is therefore a key teaching component for the rotation. New office patients and select follow-up visits should be seen with the attending; the amount of time for out-patient activities will depend on the level of activity of the in-patient service. Rotators will also round with the diabetes nurse educator and nutritionist in the out-patient setting.

Students and residents are expected to participate in scheduled endocrine conferences while on rotation. Regular conferences are Tuesday noon at 2800 Marcus Avenue, and Friday at 8:00 am at LIJ. The Tuesday conference is literature review of a selected clinical topic based on a case encountered while on service.

Students and residents on rotation will be asked to give at least one conference while on the service. During Journal club a review of a recent article from the medical literature will be attached to the out-patient clinics. Weekly didactic sessions are taught by the faculty, on topics such as interpretation of thyroid function tests. Additional conferences, such as the Long Island Clinical Endocrine and the New York Thyroid Club, will be occasionally added to the schedule.

Forest Hills Internal Medicine Elective

The objective of this elective is to offer the student a broad educational experience in clinical medicine in a structured program of enhanced responsibility with close support from the faculty and sponsors. Students are an important part of the health care team, and they are expected to actively participate in all aspects of care of patients, including order writing, making decisions about testing and management, performing indicated procedures and communication with patients and their families. The student is expected to participate in all house staff activities, including director rounds, work and attending rounds, grand rounds, mortality conference, ECG and x-ray conference, as well as daily (noon) core curriculum conferences. In addition to reviewing pertinent articles related to the students' patients, the sponsors offer sessions to discuss a modified core curriculum of internal medicine. Students are assigned to a house staff team to share an intern slot on a floor in the Department of Medicine. Students work closely with and are supervised by their second-year resident and teaching attending. When on call, they alternate admission with the intern on their team. Service size will be closely monitored and will not exceed five patients. The rotation is designed to offer students maximum flexibility in designing their own clinical experience. Two half-day ambulatory sessions per week are also incorporated. These may include general medical clinic, a practitioner's office.

Gastroenterology Elective at LIJ Medical Center

A four-week elective in Gastroenterology is offered at LIJ. The student will be exposed to multiple gastroenterology procedures including upper and lower endoscopy, percutaneous gastrostomy tube (PEG) insertions, liver biopsy, ERCP, as well as other procedures. The student will also consult on patients with the full spectrum of GI pathology. Ongoing subspecialty combined conferences with Pathology and Radiology are offered. Students will also rotate through the out-patient GI Hepatology clinics at LIJ and Queens Hospital Center. Close supervision will be provided by the GI Fellows, full time and private attendings. Students will prepare and participate in discussions on key publications and presentations at Grand Rounds. A folder of required reading on the various organs in the GI tract will be available.

Clinical Gastroenterology and Liver Diseases at North Shore University Hospital

This elective offers an opportunity for students to fully participate in an active Gastroenterology service. Under the supervision of the full-time attending staff, fellows and residents, the student will function as an integral part of the consultative team. This includes participation in daily work rounds and clinical conferences in gastroenterology and liver diseases. The student will be introduced to various topics, including gastrointestinal neoplasia, inflammatory bowel disease, the work up and management of liver diseases and nutritional disorders. An opportunity to observe all endoscopic procedures and participate in the performance of flexible sigmoidoscopy will be provided. A variety of ongoing clinical research projects is available for student participation during the time of the elective. In addition, special arrangements will be considered to continue this involvement on a part-time basis when the elective is completed.

Geriatric Medicine Elective at LIJ Medical Center

Students have direct patient care interactions and responsibilities (in-patients and out-patients) under the supervision of geriatricians. Responsibilities include admission histories and physical examinations, ward rounds, interdisciplinary team meetings (geriatrician, physiatrist, psychiatrist, nurses, social worker,

therapists, dietitians, patients and families) and the performance of routine diagnostic and therapeutic procedures. Emphasis is placed on the total coordinated care of geriatric patients including their medical, psychiatric, rehabilitation, social, emotional and economic problems.

An opportunity to learn basic skills in Geriatric Medicine is offered to fourth-year students. Students will work with attendings on the geriatric consultation service, evaluate patients in the hospital's long-term care facility and see patients in the out-patient Geriatric Assessment Program. Emphasis will be placed on understanding the age-related pathophysiology involved in common clinical conditions seen in the elderly population

Geriatric Medicine at North Shore University Hospital

An opportunity to learn basic skills in Geriatric Medicine is offered to fourth-year students. Students will work with attendings on the geriatric consultation service, evaluate patients in the hospital's long-term care facility and see patients in the out-patient Geriatric Assessment Program. Emphasis will be placed on understanding the age-related pathophysiology involved in common clinical conditions seen in the elderly population.

Clinical Geriatric Research

This elective provides the student with an opportunity to participate in a clinical research project in Geriatric Medicine. Areas of ongoing research include Vitamin B-12 deficiency in the aged, pharmacokinetic studies of psychotherapeutic medications and the treatment of osteoporosis. Students may elect to develop their own projects or may collaborate in existing areas of study. An elective in Geriatric Medicine is a prerequisite for this program. Students participating in research under this heading must submit an "Independent Course" form describing the specific project with which they will be involved in order to receive academic and AREA 1 credit for participation.

Hematology and Oncology Elective at LIJ Medical Center

This four-week elective will provide an opportunity to make diagnoses of various Hematology/Oncology disorders. The student will become an active member of the Division which consists of the attending on service, Fellow and Medical Residents rotating through the Division. The student will be exposed to both in-patient and out-patient care of the patients and will become familiar with most hematological and oncological techniques and treatment approaches. He will also attend Grand Rounds, Lectures, Morphology Sessions and Tumor Boards.

Hematology and Oncology Elective at North Shore University Hospital

Clinical Hematology

The objective of this elective is to give students experience in the diagnosis and treatment of hematologic disorders. Students will be encouraged to assume an active role as participants in the evaluation of patients with anemia, coagulation disorders, leukemia and lymphoma. The technique of bone-marrow aspiration and biopsy will be taught, with ample opportunity to perform the procedure. The proper interpretation of the peripheral smear and bone-marrow aspirate will be emphasized via individual instruction. An understanding of current applications of cytogenetics, cytochemical staining, cell-surface markers and electron microscopy in the evaluation of hematologic malignancies will be achieved by direct experience in their utilization. Active participation in divisional conferences, Journal Club, Morphology Conference and daily teaching rounds will be encouraged. All instruction will be provided by our fellows and by our full-time hematologists/oncologists.

Clinical Oncology

Current concepts in the diagnosis, clinical and pathologic staging, and management of various types of malignant diseases will be stressed. Students will actively participate in the multidisciplinary approach to the cancer patient. Clinical exposure will be available in the many subspecialties related to Oncology, including principles of Surgical Oncology, pathological correlations, radiological techniques for diagnosis and treatment, isotopic procedures and standard and experimental chemotherapy programs. Programs to meet the psychiatric and social needs of these patients and their families will also be observed. In-patient and out-patient (including clinic and private practice) follow up will be available. Active participation in various work and teaching rounds and conferences will be encouraged.

Clinical Externship in Academic Internal Medicine and Oncology in the Office Setting

This externship offers clinical exposure to both office-practice internal medicine and clinical oncology. Student participation will be available in ongoing clinical research projects

Hospice and Palliative Care Elective at North Shore University Hospital

The Palliative Medicine Program provides exposure in the following areas:

- The Hospice and Palliative Medicine Approach to End of Life Care
- Alleviating Psychological and Spiritual Pain in the Terminally Ill
- Assessment and Treatment of Pain in the Terminally Ill
- Management of Selected Non-pain Symptoms in the Terminally Ill
- Communication Skills
- Ethical and Legal Decision Making When Caring for the Terminally Ill
- The Hospice/Palliative Medicine Approach to Caring for Patients with HIV/AIDS, CHF, COPD, Dementia, Stroke, Coma and Multiple Organ Failure in the ICU
- The Approach to Caring for Pediatric Patients with Life Limiting Illness

Infectious Disease Elective at LIJ Medical Center

A four-week (or longer, if arranged) elective in Infectious Diseases is offered at LIJ. A full-time attending conducts rounds each day with members of the House team (a Fellow, one or more House Officers, one or more medical students and a pharmacokineticist). During the elective, the student will be supervised by both the Infectious Diseases Fellow and the attending.

Clinical Experience

In-patients: The in-patient consultations encompass a wide variety of problems in clinical Infectious Diseases. Approximately 100-110 new patients are evaluated by the Infectious Diseases Services monthly. These are divided among the members of the clinical team. Students are expected to fully evaluate each patient and develop a plan. Each case is presented to the clinical team. These cases provide the basis for both informal and formal teaching.

During Attending Rounds a variety of topics are discussed, including antibiotic usage, basic infectious disease problems such as pneumonia, endocarditis, sexually transmitted diseases, AIDS, infections in compromised patients, meningitis and many others. These patients are seen daily by the student until the infectious disease problem is resolved. Each patient is discussed daily with the attending. X-rays, CT scans and MRI's are reviewed with attending radiologists.

Conferences

Conferences are held each week for members of the clinical teams.

These include:

A guest of national prominence invited to speak once a month. These lecturers are chosen for their ability as a speaker as well as for the nature of the topic discussed. Case conferences are held twice a month. The Infectious Disease Fellows present interesting cases at these conferences and discuss specific aspects of each case. In general, an overview of each topic is discussed. Journal Club is held once a month.

Long Island Infectious Diseases Society (LIIDS) — students are invited to attend this monthly meeting (held from 5:30 to 7:30 PM at LIJ) at which various hospitals on Long Island present interesting cases as "unknowns." These conferences are not only interesting but educational.

Microbiology

Pertinent aspects of Microbiology are discussed on a daily basis. Gram Stains, cultures, parasitology specimens and other interesting laboratory aspects are reviewed and discussed.

Reading in Infectious Diseases

A reading list will be provided for those in the elective. This includes basic textbooks and some of the more important contributions in the Infectious Diseases literature. In addition, students are encouraged to do independent reading on topics related to patients they are seeing and other topics of interest. Periodically, students will be given pertinent articles to supplement their basic reading.

Infectious Disease Electives at North Shore University Hospital

Infectious Disease and Immunology

This elective enables the student to obtain clinical experience in Infectious Diseases. Students will be expected to participate in clinical Infectious Disease rounds, assume direct patient responsibility (including physical examinations, history-taking and daily follow-up visits) and participate in weekly Infectious Disease conferences. In this experience, students also will have the opportunity to learn salient clinical bacteriology, virology, retrovirology and parasitology.

AIDS and Human Retrovirology

Students can elect to participate on the AIDS service to learn about clinical AIDS and human retrovirology. Students wishing to participate in the service will participate in the in-patient AIDS and HIV clinic two times a week. They go to the AIDS and Infectious Disease conferences. Students will not be expected to start intravenous lines or draw blood on HIV-infected patients. Proper safe methods of caring for HIV-infected patients will be taught.

Nephrology Elective at LIJ Medical Center

The Nephrology Division is responsible for diagnosis, follow-up and treatment of renal, electrolyte and hypertensive problems. Medical students who rotate through Nephrology are exposed to a wide variety of pathologic material. Students are assigned individual consults' but receive one-to-one supervision from both an attending physician and a Fellow. A strong emphasis is placed on teaching. There are daily teaching rounds which are supplemented with a weekly clinical conference, bi-monthly renal clinic, bi-monthly Journal Club and renal Grand Rounds.

The facilities and activities of the Nephrology Division is broad and varied. There are four full time nephrologists on the LIJ staff. In addition, we have a research facility on campus including a full time research scientist. Electron microscopy and immunofluorescence are routine on all biopsies. Acute and

chronic hemodialysis are performed at LIJ and at a large satellite dialysis center. A large chronic ambulatory peritoneal dialysis program also provides care for patients with renal disease. Students are encouraged to become familiar with clinical and bench research programs, which are in progress and available.

Learning cannot be complete without direct patient responsibility. Students will be encouraged to examine and follow patients independently in the Renal and Hypertension Clinics. Attendings, Residents and Fellows will be present and review all material with students, but only after an initial student evaluation and/ or at the student's request. This will be reviewed in detail by the Pulmonary Fellows and Attendings. He/she will also be provided with the opportunity to present specific cases and literature review at rounds. The student will also be able to attend the out-patient chest and sleep disorders clinic.

Nephrology Elective at North Shore University Hospital

The objective of this elective is to offer the student an educational experience in nephrology. Rotating students are incorporated into the nephrology in-patient consultation team. They are expected to actively participate in all aspects of patient care, including initial consultation and subsequent care of patients on the consultation service. Students work closely with and are supervised by a nephrology fellow as well as an attending nephrologist. During the rotation the students are expected to participate in the Division of Nephrology and Hypertension's daily educational conferences.

Pulmonary and Critical Care Elective at LIJ Medical Center

Supervision of the course is by experienced full time chest physicians with broad clinical and research interests. The Pulmonary Medicine Elective allows the student to participate as sub-intern under the direct supervision of Pulmonary Fellows and Critical Care Attendings. There is an excellent and wide variety of patient populations as well as a comprehensive teaching program. This includes ward rounds, Pulmonary Grand Rounds and specific teaching conferences in Physiology, Pathology, Radiology, Sleep Disorders and Respiratory Care strategies. The student can also participate in a hands-on manner in specialized Pulmonary Diagnostic techniques. These include spirometry, arterial blood gases, fiberoptic bronchoscopy, thoracocentesis and pleural biopsies and invasive cardiac monitoring.

The student is completely integrated into the consult service and is expected to perform complete histories and physical examinations as well as review pertinent laboratory and radiological data. This will be reviewed in detail by the Pulmonary Fellows and Attendings. He/she will also be provided with the opportunity to present specific cases and literature review at rounds. The student will also be able to attend the out-patient chest and sleep disorders clinics.

Pulmonary and Critical Care Elective at North Shore University Hospital

The elective in Pulmonary Medicine is intended to provide the student with a solid knowledge base and understanding in the fields of pulmonary physiology, chest X-ray interpretation and pulmonary and critical care consultation. Pulmonary physiological topics covered in this elective include pulmonary function test interpretations with emphasis on the flow volume loop, lung volumes and diffusion capacity, cardiopulmonary interactions that include the effects of mechanical ventilators on cardiovascular hemodynamics, the physiology of the pleural space and the understanding and assessment of gas exchange abnormalities.

In addition, the physiology of the respiratory muscular pump is reviewed especially as it pertains to patients in respiratory failure. The basic review of the chest X-ray oriented to the medical student and a house officer is also taught, and the Division has a collection of 100 excellent teaching cases to be reviewed in didactic setting. Patients on the pulmonary service provide the back bone for teaching the art of consultation with

focus upon physical examination and differential diagnosis. The Pulmonary Division also has a conference schedule in which the fellows participate regularly at presenting recent clinical and scientific studies. In addition, there are regularly scheduled chest X-ray conferences, pulmonary pathology conferences and a joint conference with the faculty of the other health system hospitals that serve as a clinical case review forum. The respiratory care unit serves as a resource for teaching ventilation management, weaning and palliative care. At all times, the student is regarded as an integral part of the pulmonary consultative service and is encouraged to participate in formal presentations as well.

Rheumatology Elective at North Shore University Hospital

This elective will provide the student with clinical experience in rheumatology. Under the supervision of the faculty, the student will participate in the evaluation and treatment of patients receiving care in the Arthritis Center, the Systemic Lupus Erythematosus Treatment Center and the in-patient service. Didactic instruction, as well as attendance at the Division's conferences and the Department of Medicine's teaching conferences will provide additional experience. A detailed review of the particular area of interest will be expected as well.

Fourth-Year Subinternship in Medicine

The fourth-year subinternship in Internal Medicine is offered at both Long Island Jewish Medical Center and North Shore University Hospital. During this rotation students participate fully in the team management of patients admitted to the hospital. They are supervised by the team resident and by a senior internist from the LIJMC faculty. They have weekly didactic sessions with one of the course directors and weekly bedside clinical skills sessions with an experienced internist.

Fourth-Year Subspecialty Elective Rotation Long Island Jewish Medical Center offers four-week electives in all subspecialties of medicine.

DEPARTMENT OF OBSTETRICS / GYNECOLOGY

Obstetrics and Gynecology at LIJ Medical Center

This Clinical Clerkship can be tailored to the medical student's interest and can emphasize Obstetrical Management, Labor and Delivery, Gynecologic Surgery and/or Ambulatory OB/GYN. The medical student will be exposed to a large and varied tertiary clinical volume, with excellent "hands-on" experience, as well as a broad didactic program. In the Obstetrics portion of the Clinical Clerkship the student will learn standards of normal antenatal care as well as diagnosis and management of high risk factors affecting the mother and/or the fetus. Patients will be followed through labor, delivery and the postpartum period.

During the Gynecology portion of the Clerkship the students will have the opportunity to participate in the complete range of gynecologic operative procedures. There is a busy OB/GYN clinic each day and students will learn how to perform a complete gynecologic evaluation for a wide range of gynecologic problems. If desired, students can become involved in ongoing departmental research programs.

Gynecologic Oncology at Long Island Jewish

The major objective of this Clerkship is for the student to develop basic clinical skills for the prevention, diagnosis and management of female genital cancers. An individualized working schedule will be made for each student. The schedule consists of a multidisciplinary Gynecologic Oncology Conference, daily bedside discussion, rounds of gynecologic cancer patients with the gynecologic oncologists, work-up and personal follow-up of patients with a variety of gynecologic neoplasms, operative experience by assisting at cancer surgery, involvement in the ambulatory gynecology clinic, detection of precursor stages of cervical cancer

through colposcopy, review of pathology with the gynecologic pathologist and exposure to research, if desired.

Maternal/Fetal Medicine at North Shore University Hospital

This fourth-year perinatal elective is designed to acquaint the student with high-risk obstetrics in the environment of a tertiary perinatal referral center. The course is one month in duration. Exposure to obstetrical ultrasound and antenatal testing, obstetrical high-risk consultations and high-risk maternal transports. Rotations through the high-risk clinic, the maternal/fetal medicine private offices, the high-risk in-patient service, the antepartum testing unit and the labor and delivery rooms. Opportunities are available for participation in clinical research studies.

Minimally Invasive Gynecologic Surgery at North Shore University Hospital

This elective, available from August through December, will span four weeks. The student's time will be divided amongst minimally invasive surgical cases (both in the ambulatory and main operative room), the postoperative care of in-patients undergoing minimally invasive surgery and the Laparoscopic Surgery Training Laboratory. Students will participate in the Department of OB/GYN residency didactic program and the laparoscopic lecture series sponsored by the Section of Minimally Invasive Surgery in the Department of Surgery. A brief presentation on an area of interest in Minimally Invasive Surgery be made at the conclusion of the rotation.

Gynecologic Oncology at North Shore University Hospital

This elective in Gynecologic Oncology will be offered all year. The assignment will encourage involvement in all activities of the Gynecologic Oncology Service. Emphasis will be placed on pre-treatment evaluation of patients, modalities of therapy available (surgery, radiotherapy and chemotherapy) and the principles on which the choice of treatment is made. During the rotation, students will have the opportunity to see all types of GYN malignancies. The student will have the opportunity to participate in Team Rounds and also become part of the Surgical Team. In addition to in-hospital care, the student also will be exposed to office management of gynecologic oncology patients. Students will be encouraged to attend all Grand Rounds held at North Shore University Hospital (Manhasset) and also will have the opportunity to attend formal and informal didactic sessions with direct emphasis on various aspects of gynecologic oncology.

Reproductive Endocrinology/Urogynecology at North Shore University Hospital

This elective will permit students to spend two weeks on Reproductive Endocrinology and two weeks on Urogynecology. In Reproductive Endocrinology, the student will participate in the diagnosis and treatment of infertility and other female reproductive tract disorders. The student will also be involved in office hours, the operating room, in-vitro fertilization procedures and the Andrology and Embryology laboratories.

Urogynecology is a sub-specialty of Obstetrics & Gynecology involving care of women with specialized pelvic floor disorders such as urinary and fecal incontinence, pelvic prolapse (descent of the female organs), chronic pain of the bladder and vulva, evaluation of urinary tract infections and hematuria, and evaluation and treatment of sexual dysfunction. The two-week portion in this rotation would include two operative days with each of the three urogynecology attending physicians. Every attempt would be made for the rotating student to observe a combination of laparoscopic, abdominal and transvaginal surgical procedures. The remaining four days will be an office experience with the attending physicians to see how the out-patient evaluation and treatment of the above disorders are structured. In addition, the rotating student will have an opportunity to shadow our nurse practitioners and physician's assistants to observe the counseling and physical therapy, which are essential for treating our patients.

General OB/GYN at North Shore University Hospital

During this four-week elective, available from September through May, the student will be an integral part of the office based faculty practice of our five full-time generalist staff. The student will participate in office hours, surgery and on-call labor room activities.

DEPARTMENT OF OPHTHALMOLOGY

Ophthalmology Elective at North Shore-LIJ Health System

Elective students can expect to acquire an overview of the specialty of Ophthalmology and to develop basic clinical skills needed to assess patients with eye problems. The medical student will have a chance to observe and evaluate ophthalmic disease in both in-patients and out-patients. Attendance at specialty clinics in Cornea, Neuro-Ophthalmology and Retina, Pediatrics, Oculoplastics and Glaucoma is strongly encouraged. An opportunity is also given to observe various surgical procedures in ophthalmology, including cataract surgery, vitreoretinal surgery, glaucoma surgery, strabismus surgery and oculoplastic surgery. The medical student is allowed to attend all of the resident lectures.

An elective rotation, completed under the direction of Dr. Vivien Boniukat at the Queens Hospital Center, includes the following:

- A defined faculty supervisor
- An opportunity to discuss and fashion an elective program consistent with each medical student's needs
- Opportunities to develop clinical skills under resident and faculty supervision and to exercise their skills when competence has been demonstrated
- Scheduled tutorials with the faculty supervisor and, when appropriate, with other faculty members
- Research study of a clinical topic and presentation of findings at a clinical conference
- Evaluation of the student by faculty and residents that will be forwarded to the Dean's office of his/her medical school

In order to maximize your time with us we encourage you to click the link below and read as much as possible, as this will compliment your time in our clinic. By the end of the month with us, you should be able to complete each of the goals discussed below. This may seem intimidating but the learning curve is very steep and you will surprise yourself at the end of the month how much you have learned. The outline should serve as a skeleton to focus your reading. Our residents will be more than happy to go over any of these topics and more.

We do not accept elective students during the month of July.

DEPARTMENT OF ORTHOPAEDIC SURGERY

Orthopaedics Elective at LIJ Medical Center

This elective offers students a broad educational experience in all aspects of orthopaedic surgery. Students are valuable members of our healthcare team and are given the opportunity to participate in patient care activities with the house staff and allied health professionals. They are required to attend grand round conferences, ambulatory clinic sessions, rounds and any educational programs that are offered when they are on site. Students work closely with the residents and are supervised by the residents as well as the faculty. Students are offered the opportunity to take in house calls with the resident on call. In addition to floor work, the medical students participate in the operative cases for the service. We make every effort to

accommodate special interests of our medical students.

Orthopaedic Surgery Subinternship at North Shore University Hospital

This elective period is designed to familiarize the student with the management of the patient with fractures and other in-hospital orthopedic conditions from admission through rehabilitation. The student will be exposed to all aspects of the care of the orthopedic patient. Weekly trauma conferences are scheduled and are devoted to the practical and scientific aspects of trauma with particular emphasis on the radiology of fractures and trauma.

DEPARTMENT OF PATHOLOGY

Pathology Elective at North Shore-LIJ Health System

An Elective Clinical Clerkship in Pathology is available for fourth-year medical students to explore disciplines to consider for solidifying their professional career plans. We make this a one-month experience and assign the student to various sections of about one week each. The student shadows a Pathology Resident or Pathologist's Assistant on the assigned rotation and may observe all lab activities and procedures. The student is expected to attend various conferences, fulfill reading assignments, observe the performance of autopsies and participate in slide reviews. A special project may be assigned. A formal written evaluation will be furnished for the student's medical school.

Cytopathology at North Shore-LIJ Health System

A Clinical Clerkship in Cytopathology is available for fourth-year medical students to explore disciplines to consider for solidifying their professional career plans. The student shadows the Cytopathology Fellow and/or a Pathology Resident on the Cytopathology Rotation and may observe all lab activities and procedures. The student is expected to attend various conferences, fulfill reading assignments, observe the performance of fine needle aspirations and participate in slide reviews. A formal written evaluation will be furnished at the student's medical school. An elective rotation in Cytopathology is available for applicants currently enrolled in a Pathology Residency Program. The objective of this elective is to offer the Pathology resident a broad educational experience in Cytopathology in a structured program, working along with the Cytopathology Fellow and faculty. The resident is expected to participate in all housestaff activities, including attending conferences, fulfilling reading assignments, observing the performance of fine needle aspirations, performing slide reviews, reviewing the slide study sets and taking a pre-rotation and post-rotation exam. All outcomes will be reported in a formal written evaluation to the resident's home Program Director.

DEPARTMENT OF PEDIATRICS

Fourth-Year Electives

Elective Clinical Clerkships are offered to fourth-year medical students in all divisions of the Department of Pediatrics throughout the year. Most Clerkships can accommodate from one to two students for any given period. Sub-internships are also offered. A minimum of four weeks is required for most Clerkships. Attempts are made to accommodate the student's first choice for Clinical Clerkship. This is not always possible due to the number of applicants for some Clerkships. Students are urged to apply at least five months in advance. More details about each clerkship offered and contact information can be found at:

<http://www.northshorelij.com/NSLIJ/Residency+and+Fellowship+Programs>

Note: We do not offer observerships.

PEDIATRIC ADOLESCENT MEDICINE

The division offers a comprehensive experience in ambulatory and inpatient adolescent medicine. The student will have an opportunity to work with physicians and other members of an interdisciplinary health team including nurse clinicians, nutritionists, social workers and psychologists. The student will be expected to take an appropriate medical/social/sexual history from the adolescent with emphasis on communicating skills, confidentiality and parent-adolescent relationships. The student will become adept at performing a complete physical examination, including pelvic examination, and become knowledgeable about various disease entities in the adolescent including sexually transmitted diseases, eating disorders, other nutritional aberrations and common emotional afflictions of the adolescent population. Variations in normal growth and development both physically and psychosocially, will be stressed. The student will learn about the effects of chronic illness on the adolescent, including issues of body image and coping with and reaction to various types of chronic disease. The student will also have an opportunity to see normal adolescents in school and ambulatory settings.

Pediatric Allergy - Immunology

The clinical clerkship is designed to expose the student to the clinical aspects of the normal immune system, primary and secondary immunodeficiency, asthma and clinical aspects of Bone Marrow Transplantation. The student will acquire skills in history taking, complete physical examinations and diagnoses of childhood immunology and allergic diseases. The student will participate in the differential diagnosis, laboratory work-up and evaluation of patients with recurrent infections, recurrent fever or unknown systemic disease. The student will learn and understand the concepts of cell mediated and humoral immunity and mechanism of host defense. He/she will observe and learn basic immunologic lab tests including NBT, lymphocyte proliferation assays and quantitative immunoglobulins. The student will attend clinics as well as participate in and attend research conferences, Journal Clubs and teaching rounds. Participation in a clinical research project or limited laboratory basic science project will be encouraged.

PEDIATRIC CARDIOLOGY

The division offers comprehensive, state-of-the-art diagnostic and therapeutic services for patients with cardiovascular disease from the fetal period through young adulthood. The elective exposes students to all aspects of the specialty with participation in daily rounds in the Pediatric and Neonatal Intensive Care Units (including post-operative cardiac patients), and various pediatric wards. Participation in the Cardiology consultation service is an integral part of the educational experience. The student will become knowledgeable in the examination and management of children with congenital heart disease and acquired heart disease (e.g. cardiomyopathies, Kawasaki disease, rheumatic heart disease, endocarditis). They will become familiar with the technique as well as the interpretation of the cardiac studies performed on children, including ECG/telemetry, chest X-rays, echocardiogram, exercise stress tests, catheterizations and open heart surgical procedures. The student is also given the opportunity to examine and assess children with significant underlying congenital and acquired heart disease in the outpatient setting. The outpatient experience provides the student with the opportunity to evaluate cardiac murmurs under the supervision of an attending physician. Participation in didactic lectures, Journal Clubs and joint Cardiology-Cardiothoracic Surgery conferences is also an integral component of the elective.

Pediatric Critical Care Medicine

The rotation occurs in the 20-bed Pediatric Intensive Care Unit at the Children's Hospital. Teaching and work rounds are held daily with House staff, Critical Care fellows and attendings. Students are assigned

individual patients and expected to review the medical history and perform the physical examination. The students will discuss the daily management, write orders (countersigned by house staff), discuss the laboratory and radiological studies deemed appropriate and participate in some of the invasive procedures performed on their patients. The student will participate in didactic seminars and lectures as well as case conferences related to various topics in Critical Care Medicine, such as cardiovascular failure, respiratory failure and the overall management of critically ill pediatric patients. The student is also expected to participate in the daily radiology rounds wherein imaging studies performed on ICU patients are reviewed by the Pediatric Radiology faculty.

Developmental and Behavioral Pediatrics

The elective is designed to increase the student's understanding of normal and abnormal patterns of development. After reviewing the "normal" development process through the infant, pre-school and school-age years, clinical emphasis will focus on the major developmental disabilities. Students will participate in the pediatric evaluation of young children with suspected delays in cognitive, language, social and/or motor development. Students will learn how to assess neurodevelopmentally premature and term babies for signs of developmental delay and/or neuromotor impairment. At the other extreme, students will become familiar with the learning and attention problems experienced by some school-aged children. In addition to participating in the developmental pediatric evaluation of both inpatients and outpatients of various ages, the student will observe the role of various essential non-medical disciplines (psychology, speech/language therapy, occupational therapy, physical therapy). Students will be expected to give a short presentation on a related topic of interest. Beyond the core material, course content can be altered to reflect a particular student's area of interest.

Pediatric Emergency Medicine

The elective introduces the student to the discipline in a busy Emergency Department with a high level of acuity, a varied patient population and case mix. In Pediatric Emergency Medicine, the student acts as the primary physician for patients with acute medical, surgical, psychiatric and traumatic conditions. The student is expected to perform the patient history and physical examination, formulate a differential diagnosis, undertake a laboratory and/or radiological evaluation as deemed appropriate after discussion with the attending on duty. Interpretation of the laboratory and radiological studies are emphasized. Also, patient plans for discharge to home with follow-up, or admissions to the hospital. The student learns the basic principles of and gains hands-on experience with such techniques such as airway management, resuscitations, arrhythmia management and patient stabilization. The student also participates in the daily didactic sessions, case presentations and Mock Codes in the Emergency Department. Experience in procedures such as suturing, and splinting are also available. An Emergency Medicine manual is distributed at the beginning of the rotation that responds to the needs of the student.

Pediatric Endocrinology

The object of the elective is to teach the student the basic principles in the diagnosis and treatment of endocrine disorders in infancy, childhood and adolescence. Disorders include diabetes mellitus, delayed or precocious puberty, short or tall stature, hypothyroidism, hyperthyroidism, adrenal deficiency, hypocalcaemia and others. The largest clinical experience will be gained from outpatients in the Endocrine and Diabetes clinics. Additional experience will be gained from inpatients admitted for management of newly diagnosed diabetes mellitus, diabetic ketoacidosis and a variety of other endocrine disorders. The student will present for discussion, cases he/she has seen, including history, physical examination, differential diagnosis, selection of appropriate investigation and plan of management. The student will prepare a selected endocrine topic for presentation at a divisional conference. The opportunity is also available to participate in growth hormone, thyroid hormone, adrenal and gonadal stimulation tests.

Introduction to various assay techniques in the Pediatric Endocrine Laboratory (peptide hormone, steroid hormone and glycosylated hemoglobin) is available.

Pediatric Gastroenterology and Nutrition

The rotation will encompass both inpatient and outpatient services, with exposure to common GI complaints as well as complex nutritional and gastrointestinal disorders. The student will become familiar with the field via readings, observation and participation in the management of inpatients and provides the opportunity for interaction with outpatients who have inflammatory bowel disease, malabsorptive and various functional problems of the gastrointestinal tract. Students will attend GI and Nutrition Service rounds on the Intensive Care and medical units and will present the history, physical examination, appropriate investigations and management plan for these inpatients. Students have the opportunity to participate in procedures such as sigmoidoscopy, endoscopy and intestinal biopsy as they are indicated during the course of the division's clinical activity. The student is given specific reading assignments to round out the information which is taught during the elective period. The results of clinical follow-up studies and of reading assignments are subjects of discussions with faculty at schedule divisional conferences.

Ambulatory Pediatrics

The program is designed to provide experience with the full range of ambulatory pediatric problems. The student will acquire skills in history-taking and the physical examination of children, become acquainted with the steps in the development of a diagnosis and differential diagnosis in a wide range of pediatric diagnoses in an ambulatory setting. He/she will acquire specific didactic information in selected areas of pediatric subspecialties in the outpatient clinics. The course will offer experience in the General Pediatric Clinic and in a variety of pediatric subspecialty clinics, depending upon the individual student's desires. Patients seen in the General Pediatric Clinic include those with the full gamut of problems from anticipatory guidance and primary care to developmental delay, acute illness, behavior issues, child abuse and complex multispecialty issues. Rotations to the following outpatient clinics are available: Allergy, Cardiology, Cleft Palate, Cystic Fibrosis, Endocrinology, Gastroenterology, Hematology-Oncology, Human Genetics, Learning Disability, Neonatology, Nephrology, Neurology, Ophthalmology, Orthopedics-Sports Medicine, Psychiatry, Surgery and Urology. Experience in the Walk-in Urgicenter can also be provided. The schedule is flexible and can be adjusted to meet the individual student's needs.

Inpatient Pediatrics

An in-depth experience will be provided for students who will act as acting interns on the Medical Unit at the Children's Hospital. The student will follow the intern on-call schedule. The student will acquire skills in history taking and physical examination of children, become acquainted with the steps in the development of a diagnosis and differential diagnosis in a wide range of pediatric diagnoses and will acquire certain procedural skills in children. Selected patients will be assigned in rotation with the interns and an effort will be made to ensure that the case load does not become burdensome so that ample time will be available to attend ongoing House staff teaching sessions and permit time for reading and study. The student will perform the initial history and physical examination and perform indicated procedures under supervision. He/she will plan the investigations and treatment of his/her patients under the supervision of an attending physician and senior residents and present the patient on daily work and teaching rounds with the Unit Chief. The student will attend daily attending rounds, weekly professional rounds, Journal Clubs, multidisciplinary case conferences and Grand Rounds. A modified elective program in Inpatient Pediatrics can also be arranged.

Pediatric Hematology - Oncology

The elective is designed to expose the student to Clinical Hematology and laboratory techniques required

for hematological diagnosis. The student will acquire skills in history taking and physical examination in children with a wide variety of hematologic and oncologic diseases and will become acquainted with the management of these diseases. The program will include work-up of hematologic patients and planning their investigations and treatment. The student will become acquainted with and gain experience in bone marrow aspiration and morphology of peripheral blood and bone marrow. A teaching microscope is available for this purpose. Results and interpretation of basic hematologic and biochemical tests (complete blood count, blood smear, coagulation studies, hemoglobin electrophoresis, Coombs test) will be emphasized. He/she will participate in the daily Hematology clinic, Transfusion Clinic, ward rounds on the inpatient Hematology-Oncology unit and will assume direct responsibility for patients, with supervision by divisional attendings and fellows. Oncology patients will be seen and examined in the outpatient clinic and the inpatient Hematology-Oncology and Bone Marrow Transplantation units. Students will attend the weekly Tumor Board meeting where a multidisciplinary approach to oncology patients is presented. The student will be encouraged to carry out a small clinical or laboratory research project.

Pediatric Human Genetics

The elective will provide an experience in the clinical and cytogenetic activities in the Division of Human Genetics. The student will evaluate inpatients and outpatients for possible genetic disorders; this will include obtaining a clinical history and pedigree, performing a physical examination, planning a diagnostic work-up and arranging follow-up evaluations. The student will be expected to review the literature on interesting clinical problems and to present the case at weekly conference sessions. The student will also participate in genetic counseling, prenatal diagnosis and will attend specialized genetic clinics including the Marfan Clinic, the MDA Clinic, the Craniofacial/Cleft Clinic and the Hemophilia Clinic. There will be extensive on-site exposure to Cytogenetic Laboratory methods including the application of fluorescent in-situ hybridization. The student will also be introduced to the diagnosis and management of inborn errors of metabolism. Emphasis will be placed on the understanding of the patterns of inheritance and the ability to apply them to specific disorders for the purpose of genetic counseling, and the ability to recognize chromosomal and common dysmorphism syndromes.

Pediatric Infectious Diseases

The student becomes an integral part of the team in the Division of Infectious Diseases. The team evaluates a wide variety of patients with problems such as fever of unknown origin, Kawasaki disease and common, serious infections such as meningitis and osteomyelitis as well as less common infections, and infections in children with impaired host defenses. The student will see new patients and follow-up on them daily, evaluate microbiologic data and read articles relevant to their cases. Teaching rounds are conducted on a daily basis. Outpatients are also seen for consultation (including children with suspected Lyme disease) and follow-up. Objectives for the elective include: to further the development of the thoughtful and organized approach to patients with complaints related to infectious diseases; to gain familiarity with the clinical presentation, etiologic agents, diagnostic studies and management of patients with serious bacterial and viral infections; to learn the antimicrobial spectrum of activity, indications for usage and adverse effects of commonly-used antibiotics; to interpret antibiotic susceptibility data provided by the Microbiology Laboratory. The student will present a short discussion on a topic of interest at one of the divisional conferences at the end of the rotation.

Neonatal Intensive Care Unit

The student will be a member of a team of residents, fellows and attendings who provide 24-hour care of ICU newborns. The student examines patients assigned to the team on a daily basis, and enter progress notes in the patient charts. Orders may be written by the student and counter-signed by the pediatric resident. Procedures may be performed by the student under direct supervision. The student will make daily

work rounds with the team and will participate in attending rounds and teaching sessions. The student will be on-call every fourth night with a member of the team and during this period the team will cover the well-newborn nursery, labor and delivery and the NICU. The student will be informed of ongoing clinical studies and participate in these if appropriate.

Newborn Nursery and Labor & Delivery

The elective provides clinical experience in the term well-newborn nursery (NBN) and in the Labor & Delivery Room (LDR). The student will be assigned to a team consisting of a full-time neonatal attending, neonatal fellow and newborn pediatric resident. Daily teaching rounds are made in the NBN. When called to the LDR for the attendance at the delivery of a potentially high-risk newborn, the team will perform an immediate assessment of the perinatal problems of the mother and her newborn. Neonatal resuscitation, when indicated, will be instituted; an assessment of the newborn in the LDR will be performed; and a decision for admission to the NBN, transitional nursery or neonatal intensive care unit (NICU) will be made. On admission a complete physical examination of all the newborns in the NBN will be performed and recorded. Any abnormal findings will be discussed with the supervisory physicians and the assigned pediatrician will be informed of any symptom or sign. If no assigned pediatrician is identified, the neonatal staff will function as the primary physician. Daily examination of the newborn will be performed and noted in the chart, and visits to the mother are mandatory. Discharge examination of the newborn and instruction to the mother is given for those patients assigned to the neonatal staff. Attendance at teaching rounds in the NICU is recommended. Every fourth night on call will be in the NICU with the resident team member.

Pediatric Nephrology

The student will be exposed to Clinical Nephrology, including simple laboratory techniques. He/she will work-up patients with renal diseases admitted to the Children's Hospital. The student will also be given the opportunity to be the first to see patients for whom consultations are requested of the Division of Nephrology. This will include patients with renal problems as well as other problems related to the specialty of Pediatric Nephrology such as hypertension and fluid, electrolyte and acid-base problems. The student will be given the opportunity to plan and implement investigation and management under attending supervision. The student will be exposed to the preparation and performing of percutaneous renal biopsies. Material will be made available to the student to become familiar with the histology of various renal disorders and he/she will personally examine the histology of various renal disorders and of patients biopsied. The student will participate in all the clinical activities of the division including the care of hospitalized and ambulatory patients, and attendance at Nephrology conferences. Interested students will be given the opportunity to become familiar with the principles and problems of hemo-dialysis.

Pediatric Neurology

The elective offers the student the opportunity to participate in the diagnostic work-up and ongoing care of patients with a broad variety of disorders of the nervous system. The student will be involved in both the inpatient and outpatient facilities. The outpatient clinics offer the student exposure to seizure disorders, headaches, neuromuscular disorders, mental retardation, learning disabilities and rehabilitation, as well as a wide variety of less common conditions. The inpatient experience provides the student with the opportunity to investigate the more seriously ill or complicated patients and to learn about neurodiagnostic procedures such as electroencephalography (EEG), evoked potentials, vestibular testing, CT scan and MRI. The student will learn to elicit a complete history, perform a detailed neurological examination, and formulate a differential diagnosis and management plan for each patient. Daily teaching rounds are held and there are weekly conferences in Neurology, Neuroradiology, Neuropathology and EEG. The student is expected to attend, and prepare, for the conferences and to learn to perform basic diagnostic procedures such as lumbar puncture and skin biopsy.

Pediatric Neurosurgery

This elective offers a Clinical Clerkship for which the educational objective is to familiarize the students with the surgical aspects of the neurological sciences. The students are instructed in neurological history-taking and clinical examination and have an opportunity to observe neurosurgical procedures. In addition, the students will have lectures in various neurosurgical subjects including management of head trauma, spinal trauma, cerebral vascular disease and brain tumors. The students will also attend Neuropathology Conferences and Neurosurgery Grand Rounds.

Pediatric Orthopedic Surgery

The elective emphasizes the principals of identifying and managing conditions unique to the growing child, neuromuscular conditions as well as developmental, acquired, metabolic and traumatic disorders will be covered. The elective is for one month. The student will experience inpatient, outpatient and operating room exposure. Attendance at daily rounds, conferences and case presentations is expected.

Pediatric Otolaryngology

The goal and objectives of this Clerkship are to acquaint the student with the problems of Otolaryngology, Rhinology and Laryngology. Basic examination skills will be stressed including otoscopy and indirect laryngoscopy. The student will be given the opportunity to examine patients in the general clinic and in the special otology and Head and Neck Clinics. Acquaintance with the otologic microscope will be gained as well as audiometric principals stressed. The student will also be introduced to the use of a flexible fiber optic endoscope as well as sinus endoscopy. The student will participate with the Resident staff at Grand Rounds, Journal Club radiology conferences and the Voice Clinic. There will be the opportunity to examine the work-up patients and to go to the Operating Room to assist in various surgical procedures. There will also be the opportunity to observe new techniques in the use of carbon dioxide laser surgery, photodynamic therapy, endoscopic sinus surgery and intricate otologic surgery.

Pediatric Pathology

The student will be exposed to perinatal and pediatric autopsy material as well as surgical specimens obtained from children under the age of 18. This rotation will include exposure to a variety of interdisciplinary conferences in the Schneider Children's Hospital.

Pediatric Pulmonology and Cystic Fibrosis

The rotation in Pediatric Pulmonology and Cystic Fibrosis provides a comprehensive understanding of pediatric pulmonary disorders in the in-patient and outpatient settings. The student will be supervised in taking a complete history and performing a pertinent physical examination to differentiate the normal child from one with respiratory distress and disease. Developmental pulmonary physiology and pathophysiology are used to formulate a differential diagnosis and management plan for children with acute and chronic respiratory disorders. A pediatric pulmonary reading list and compilation of review articles are given to the student at the beginning of the clerkship. The rotation includes bedside in-patient rounds wherein children with breathing problems are assessed and monitored. Outpatient rotations in pulmonary clinics, the CMF Center for Childhood Asthma, and Cystic Fibrosis Clinic are mandatory. Students participate in interdisciplinary meetings where medical and nursing staff, nutritionists, social workers and psychologists contribute to the management and assessment of children with Cystic Fibrosis. Attendance at weekly journal clubs conducted by Allergy and Pulmonology attendings at the asthma center is encouraged. Through didactic lectures and discussions, the student will learn the indications, limitations, and interpretation of laboratory techniques used to assess the child with breathing problems such as radiographs, CT scans, pulmonary function tests, flexible bronchoscopy, bronchoalveolar lavage, and sweat

tests. During the rotation, the student will become familiar with pharmacological agents and mechanical techniques used to treat acute and chronic respiratory disease.

Pediatric Rheumatology

The elective program provides the student with experience in the comprehensive diagnostic and therapeutic services provided for patients with Rheumatologic diseases. These include such diversified problems as Systemic Lupus Erythematosus, Scleroderma, Mixed Connective Tissue Disease, Rheumatic Fever, Rheumatoid Arthritis, Henoch-Schönlein Purpura, Kawasaki Disease, Fibromyalgia and Lyme Disease. The student will learn how to interpret tests of autoimmunity. The experience will include care of inpatients and outpatients with rheumatologic disorders. The outpatient experience includes three clinics weekly. During these clinics the student will learn about the operations of the multidisciplinary team consisting of a Pediatric Rheumatologist, nurse-clinician, and physical therapist, coordinated to deliver comprehensive care to the child and his/her family.

Pediatric Surgery

This elective includes rounds at the Schneider Children's Hospital discussion of the pediatric surgical patients including laboratory data and X-rays and scrubbing on pediatric surgical cases in the Operating Room. During office hours, Tuesdays and Fridays, from 2-5 pm, the student may examine pre- and post-operative cases and listen to the discussions between the parents and the surgeons. Students may attend weekly pediatric surgical conferences.

Pediatric Urology

This elective is flexible to the individual requirements of the student. The Department has an active program in general adult and pediatric Urology. We have a busy service with Urological Surgery performed every day, ESWL and clinics. Students see patients with the fulltime attending staff in the offices and in the Hospital. All students will participate in Grand Rounds and Journal Club and will have the opportunity to examine, work-up and assist in the operative and non-operative care of patients under the supervision of the fulltime and voluntary attending staff. Students have an opportunity to schedule a research rotation for lab research.

DEPARTMENT OF PHYSICAL MEDICINE & REHABILITATION

Physical Medicine & Rehabilitation Elective at LIJ Medical Center

The objective of these electives is for the student to gain a broad educational experience in Physical Medicine and Rehabilitation (PM&R) by working in various clinical out-patient and in-patient settings. Students are an important part of the PM&R team and are expected to become fully involved with our program at the various clinical sites. Electives are available at Long Island Jewish Hospital, North Shore University Hospital, Southside Hospital and Glen Cove Hospital and at related out-patient offices. At Long Island Jewish Hospital the student attends sessions at our out-patient center to learn about a wide variety of musculoskeletal and neurologic disabilities. The student will also become familiar with physical therapy treatments and the rehabilitation of the sub-acute rehabilitation population.

The experience at Southside Hospital emphasizes in-patient rehabilitation on a general in-patient unit and an in-patient brain injury unit. The student will participate in weekly team conferences and follow up clinics. They will have the opportunity to observe electrodiagnostic studies and interventional spine procedures.

Glen Cove hospital is home to the internationally known [Orthopedic & Rehabilitation Institute](#) that features state-of-the-art programs in joint replacement and an all-inclusive spine program, as well as rehabilitative treatment in neurological disorders.

A minimum of four weeks attendance is recommended in order to participate in all aspects of the course, though requests for shorter electives will be considered.

Podiatry Elective at LIJ Medical Center

Clerkships are available from July through April. One month is suggested, although two- or three-week visits can be arranged if availability permits. All accepted students will be permitted to scrub cases at approved facilities and function to assist the residents in daily activities and rotations. A clinical power point presentation is required before completing the clerkship. (Topics subject to approval by faculty.)

DEPARTMENT OF PSYCHIATRY

Adult Psychiatric Day Program

This elective allows a student to become acquainted with the structure and function of a day treatment program and with the clinical management issues involved for patients in treatment with this modality. A student participating in this elective has the opportunity to become familiar with the various components of day treatment and develop an expertise in modalities which are likely to become increasingly important and more highly utilized in psychiatry.

Evaluation Center

The Evaluation Center functions as a combination psychiatric crisis intervention and brief psychotherapy service as well as the place where all new admissions to The Zucker Hillside Hospital In-patient Service have their initial work-up. As a psychiatric crisis service, the Evaluation Center provides professional consultation to the LIJ Emergency Room during the day. The Center also evaluates patients who come in without an appointment.

Medical Clinic

With the ever increasing recognition of the interface that can occur between medical and psychiatric illnesses, our Department offers a month-long elective based in the Medical Clinic at The Zucker Hillside Hospital. The student participates in the following activities:

- Primary medical care of both hospitalized and ambulatory patients with psychiatric disorders
- Medical consultation directed at the interface of Medicine and Psychiatry (e.g., medical causes of behavioral disorders)
- Clinical conferences involving Psychiatry, Neurology and Medicine

During this elective, the student is taught how to differentiate between psychiatric and medical conditions, proper diagnostic evaluation procedures and how to recognize drug interactions between psychotropic medications and drugs used to treat medical conditions. The student also gains expertise in the medical effects and side effects of specific psychotropics and other therapies (e.g., ECT), medical contraindications to their use and appropriate ways in which to follow psychotropic use in medically complicated patients.

Child and Adolescent Psychiatry

The Division of Child and Adolescent Psychiatry offers electives for medical students in in-patient, out-patient, consultation-liaison and research settings. Interested students join the Division staff in the

evaluation and treatment of mentally ill children and adolescents. Special opportunities for learning through the use of one-way mirror psychotherapy and assessment clinics are available.

Geriatric Psychiatry

The broad-based goal of this program is in-depth exposure to the rapidly developing field of Geriatric Psychiatry. Medical students participate in a wide range of clinical activities at diverse sites, including a 20-bed geriatric psychiatry in-patient unit, a comprehensive geropsychiatry out-patient clinic, a geriatric psychiatric day hospital, community-based and home care programs and a long-term care facility. They have exposure to ongoing research initiatives in late-life depression and dementia, tardive dyskinesia, brain imaging and psychiatric health care delivery in nursing homes. Students participate in structured educational activities that include clinical case conferences, family conferences, geropsychiatry journal club and didactic curriculum.

Inpatient Psychiatry

The medical student rotates on one of the in-patient service units and has primary responsibility for the care of assigned cases. This includes the history and physical, psychiatric examinations, laboratory evaluations, diagnostic assessment, biopsychosocial formulations, and treatment plans for newly admitted patients. The student receives individual supervision from an attending physician and works alongside PGY-I or PGY-II residents. Part of the experience involves participation in didactic seminars, educational conferences in psychopharmacology and movement disorders, as well as clinical cases involving Neurology, Medicine and Psychiatry. Depending on the student's interest, this rotation can include time spent in the Hillside

Neurology at The Zucker Hillside Hospital

Students participating in this elective have the opportunity to work with the Hillside neurologist evaluating psychiatric patients on the in-patient services and in the out-patient clinics who have comorbid neurologic presentations. This enables students to experience the interactions and interfaces between psychiatric and neurologic disorders.

Research

The Zucker Hillside Hospital is a Clinical Research Center sponsored by the National Institute of Mental Health. Current research activities include more than 50 on-going clinical studies within the Department of Psychiatry, in collaboration with other departments in the Medical Center and with the active involvement of the Department's two basic Neuroscience Laboratories. Clinical research studies focus on specific diagnostic categories including schizophrenia, tardive dyskinesia, affective disorders, anxiety disorders, dementia and childhood disorders (e.g., hyperkinetic impulse disorders, learning disabilities and affective disorders). Types of studies range from long-term naturalistic outcome designs to control acute and maintenance pharmacologic treatment trials as well as intensive cross-sectional biologic assessment protocols. A wide-ranging project in psychobiology focuses on longitudinal studies of first episode, recent onset schizophrenia. A Geropsychiatry group focuses on characterization and treatment of severe behavioral disturbances and depression in the elderly.

Specialized assessment methods used by the Department include clinical neurochemistry, neuroendocrinology, neuropsychology, psychophysiology and brain imaging using magnetic resonance imaging, computed tomography, single photon emission tomography and positron emission tomography. The Electroencephalography Laboratory has evoked potential and an all-night polysomnography capability. The Psychobiology Laboratory has staff and facilities to conduct pharmacologic probe tests and collection of biologic fluids including: CSF, blood and urine. A state-of-the-art video facility allows for on-site and remote

recording of biologic assessment procedures, clinical interviewing and staff training.

Consultation-Liaison Psychiatry

Consultation-Liaison Psychiatry is a unique discipline within the field of psychiatry which combines knowledge of medical illnesses, psychotherapy and psychopharmacology with an ability to forge liaisons within the medical community. This field is perfect for the psychiatrist who has an interest in psychotherapy, psychopharmacology and also enjoys working within a general hospital setting. The goal of this elective is to acquaint the medical students with the field of CL psychiatry and help them to become comfortable with the role of the psychiatrist within the general hospital.

Substance Abuse/Community Psychiatry

This elective exposes students to comprehensive substance abuse treatment and to patients in varying degrees of recovery from this type of psychiatric illness. Students may choose to join clinical teams from a variety of community-based and hospital based programs. With nine separate sites to select from and the opportunity to work at different sites simultaneously, a meaningful experience can be fashioned to suit almost any interest and educational need. Electives may be of variable length depending on a student's interest.

Psychotherapeutic Modalities

Students will become acquainted with the principles of dynamically oriented psychotherapy and other psychotherapeutic modalities. Intake evaluations, biopsychosocial formulations and implementation of initial treatment plans will provide the core of the clinical experience. On-going intensive individual supervision and preceptorships comprise the supervisory component of the rotation. Didactics will include reading tutorials with individual mentors, as well as participation in psychotherapy classes and case conferences.

Flexible Elective

In recognition of the fact that students may wish to pursue more than one specific area of interest, we offer an elective that may be tailored to the individual interests and needs of the student. A variety of combinations are possible, integrating material from the menu of different electives that are offered at The Zucker Hillside Hospital (Adult Psychiatry Day Program, Evaluation Center, Medical Clinic, Geropsychiatry, Child and Adolescent Psychiatry, In-patient Psychiatry, Research Psychiatry, Consultation-Liaison Psychiatry, Substance Abuse/Community Psychiatry, Behavioral Neurology and Psychotherapeutic Modalities). For example, a student may choose to have a core experience in Adult In-patient Psychiatry that is also supplemented by the Evaluation Center or the Medical Clinic. Perhaps half-time Day Hospital Programs and half-time Medical Clinic would be another student's choice. Each student works with the Director of Medical Student Education to develop a unique elective experience.

DEPARTMENT OF RADIOLOGY

Diagnostic Radiology Elective at LIJ Medical Center

A general orientation of the multiple aspects of Diagnostic Imaging is offered. Under the supervision of the course director, students (a minimum of four) may rotate through the 11 subspecialty sections of the department or concentrate on one aspect of imaging. Attendance at daily departmental conferences, multidisciplinary conferences, Resident Journal Club and teaching conferences is also expected. On the first day of the rotation, medical students are given books for the clerkship, a conference schedule designed specifically for them and a departmental orientation. At the end of the clerkship, a short presentation of an unknown interesting case is required. Learning takes place in various venues, at the reading board with the

attending during case review, in didactic conferences aimed at the medical student level and in case conferences for the radiology residents.

Nuclear Medicine Elective at North Shore-LIJ Health System

The objective of this elective is to offer the student a broad educational experience in all aspects of diagnostic and therapeutic nuclear medicine. The student is expected to participate in all daily activities, including morning rounds, basic science, clinical lectures and journal club. Students work closely with and are supervised by the senior residents and attending nuclear physicians.

DEPARTMENT OF SURGERY

General Surgery

Sub-Internship in General Surgery-Long Island Jewish Medical Center

Students are given broad exposure to diagnosis of the surgical patient including pre- and post-operative care and management of complications. The students are under the supervision of the resident and attending staff. Their program includes history and physical examinations, routine diagnostic and therapeutic ward procedures, scrubbing in the operating room and participation in the post-operative care. These activities are closely supervised in order to maximize their educational benefit. Students attend scheduled departmental conferences and have daily seminars on previously assigned topics. They are also encouraged to do in-depth analysis of specific subjects in surgery to broaden their exposure. They attend morning and evening House Staff rounds and are on call for emergencies every third night. A full-time attending is designated as the preceptor and holds frequent conferences to guide the student and evaluate his or her progress.

The interpersonal relationship of doctor and patient is emphasized and the importance of empathy and psychological support of the patient is stressed. The result is a core of knowledge and an understanding of surgical practice on which the student can build a solid base for further work in the field of Surgery.

Sub-Internship in General Surgery - North Shore University Hospital

During this elective, the student will be assigned as a sub-intern on the general surgical services. Particular stress will be placed on the pre- and post-operative evaluations and management of surgical patients; ample operative experience is provided. Student will attend and participate in departmental teaching conferences.

Sub-Internship in Minimally Invasive Surgery North Shore University Hospital

This elective offers training in the skills laboratory and clinical experience in a variety of laparoscopic procedures. Weekly departmental conferences and office experience are offered.

Neurosurgery at LIJ Medical Center

Four-week medical student clerkships are offered to third- and fourth-year medical students. The clerkship exposes students to the full breadth of the residency training experience, including morning rounds, surgical cases and clinical conferences. Although not required, students benefit from taking in-house call with the resident on call, where they are exposed to emergent as well as routine admissions and surgical procedures. Students are expected to deliver a presentation at our grand rounds at the conclusion of their clerkship on a topic of their choosing. Clerkships are available both at North Shore-Manhasset and at Long Island Jewish Medical Center.

Plastic and Reconstructive Surgery Long Island Jewish Medical Center

This elective introduces the student to the basic principles and techniques of Reconstructive and Aesthetic

Surgery including the multidisciplinary diagnostic planning and treatment of burns. The student will attend and participate in the General Plastic Surgery Clinic and the Hand Surgery Clinic. The student will observe and scrub on operative procedures performed on the Plastic Surgical Service. Admissions are seen by the students who make presentations on rounds to the attending plastic surgeon. Attendance at Cleft Palate and Head and Neck Tumor Conferences is also encouraged.

Plastic and Reconstructive Surgery North Shore University Hospital

This elective is presented to introduce the student to the field of Plastic and Reconstructive Surgery. The student will be exposed to a large variety of in-patient and out-patient plastic and reconstructive surgical conditions. Opportunity to participate in the operative experience of numerous plastic surgeons will be available. Regular conferences with the plastic surgical attendings will be scheduled.

Vascular Surgery Long Island Jewish Medical Center

This four-week clinical experience provides a deeper exposure to Peripheral Vascular Surgery for medical students after they have completed their required Clerkship in Surgery. Patient exposure is accomplished through rounds on the in-patient service and attendance at the very busy Peripheral Vascular Clinic. Physiologic evaluation of the patients' vascular disease is stressed via the non-invasive Vascular Laboratory where the student will observe, perform and interpret both arterial and venous studies performed in a clinical setting and correlate them, where appropriate, with angiographic findings. The student will participate in vascular operations performed on the service including the management of arterial, venous and lymphatic disease of both the upper and lower extremities.

Sub-Internship in Vascular Surgery North Shore University Hospital

This elective is designed to provide the student with exposure to the diagnosis and management of all aspects of peripheral vascular disease. During this rotation, the student will learn about the medical and surgical management of peripheral arterial occlusive disease, venous disease, carotid artery disease and abdominal aortic and peripheral aneurysms. The student will learn about the role of non-invasive vascular testing and learn to interpret angiograms. The student will also participate in daily rounds with the surgical house staff and vascular fellow to learn about pre- and post-operative care of vascular patients. Participation in the operating room will provide exposure to a variety of vascular surgical procedures, including peripheral bypass procedures, carotid endarterectomy, resection of abdominal aortic aneurysms, amputations and hemodialysis access procedures. In addition, participation in faculty office hours will provide exposure to the out-patient management of vascular diseases. A weekly vascular conference with out-patient management of vascular diseases. A weekly vascular conference with the attendings and surgical house staff provides additional opportunities for learning about peripheral vascular disease.

DEPARTMENT OF UROLOGY

Urology Elective (ADULT) at LIJ Medical Center

Medical students are welcome to participate in an unparalleled experience as clinical clerks for a four-week rotation. The Department of Urology at North Shore-LIJ Medical Center provides a unique environment for students to learn about the field of urology. The Department provides state of the art medical and surgical care in all aspects of adult and pediatric urology. Our faculty represents international leaders with expertise in uro-oncology, neurourology/continence, stone disease, pediatrics, minimally invasive surgery, infertility and inflammatory diseases. Students will be exposed to all aspects of urologic practice including laparoscopic, open, image guided and endoscopic surgery, as well as office-based practice. State-of-the-art equipment is available including the Da Vinci surgical system, laser technology, surgical imaging systems, lithotriptors and ablative energy sources. The Department is part of the largest health system in the area,

providing a tremendous volume of varied clinical cases.

The medical student elective is divided between the two campuses, Long Island Jewish (LIJ) Medical Center and North Shore Manhasset. Time will be allocated on the adult rotations of both campuses where students will be integrated into the clinical team and have independent supervised direct patient care responsibilities. Interested students can also spend time on pediatric urology at the Schneider Children's Hospital at the LIJ campus. Students will have the opportunity to interact with patients under the tutelage of attending staff in the office and hospital setting. Students will experience personal didactic sessions with faculty as well as participate in system wide conferences such as Grand Rounds and Journal Club. There are ample opportunities to participate in research projects and achieve publications.

DEPARTMENTS AND FACULTY

Anesthesiology	Ophthalmology
Science Education	Orthopedic Surgery
Cardiology	Otolaryngology
Cardiovascular and Thoracic Surgery	Pathology and Laboratory Medicine
Dental Medicine	Pediatrics
Emergency Medicine	Physical Medicine and Rehabilitation
Medicine	Psychiatry
Molecular Medicine	Radiation Medicine
Neurology	Radiology
Neurosurgery	Surgery
Obstetrics and Gynecology	Urology

Anesthesiology

Chair

John DiCapua, MD, Associate Professor

Faculty

Associate Professors

Kenneth Abrams, MD*
John DiCapua, MD

Assistant Professors

Cristian Bartoc, MD
Sandy Bartolotta, MD
David Berger, MD
Christopher Campese, MD
Jeffrey Cantele, MD
Douglas Carras, MD
Andrew Chilicki, MD
Brett Danzer, MD
Philip Devine, MD
Thomas Eide, MD
Paul Epstein, MD
Richard Finn, MD
Madalina Gecui, MD

David Glatt, MD
Mark Glick, MD
Richard Grieco, MD
Bruce Hammerschlag, MD
Michael Hanania, MD
David Hersch, MD
John Iammatteo, MD
Steven Johnson, MD
Ariel Jurmann, MD
Richard Krauss, MD
Jonathan Leiderman, MD
Dave Livingstone, MD
Claudio Lumermann, MD
Joseph Marino, MD
Avraham Markowitz, MD
Michael Meyers, MD
Charles Militana, MD
Dominic Nardi, MD
Sheldon Newman, MD
Greg Palleschi, MD

Leo Penzi, MD
Raymond Pesso, MD
Alan Rachleff, MD
Luis Rivera, MD
Joseph Russo, MD
Beatrice Saldana-Ferretti, MD
Edward Sceppa, MD
Gerald Schiff, MD
Henry Shih, MD
Richard Siegenfeld, MD

John Singer, MD
John Stamotos, MD
Alan Strobel, MD
Nalin Sudan, MD
Ross Taff, MD
Peter Walker, MD
James Walsh, MD
Steven Weintraub, MD
Kevin Whitrock, MD

*Appointment in Science Education and Anesthesiology

Cardiology

Chair

Stanley Katz, MD, Professor

Faculty

Professor

Stanley Katz, MD

Associate Professors

Joseph Diamond, MD
Stephen Green, MD
Lawrence Ong, MD
Stacey Rosen, MD

Assistant Professors

Erick Altman, MD
Burak Arkonac, MD
Stuart Beldner, MD
Rohan Bhansali, MD
Loukas Boutis, MD
Jean Cacciobauda, MD

Salvatore Cavaleri, MD
Sanjay Doddamani, MD
Regina Druz, MD
Rajiv Jauhar, MD
Barry Kaplan, MD
Saaron Laighold, MD
Alexander Lee, MD
Paul Maccaro, MD
Amgad Makaryus, MD
Donna Marchant, MD
Bruce Rutkin, MD
David Slotwiner, MD
Kent Stephenson, MD
Valentin Suma, MD
Eleni Vavas, MD
Christos Vavasis, MD
Abbey Wolf, MD

Cardiovascular and Thoracic Surgery

Chair

Alan Hartman, MD, Associate Professor

Faculty

Professor

Michael Graver, MD

Associate Professor

Rick Esposito, MD
Michael Hall, MD
Alan Hartman, MD
Samuel Scheinerman, MD

Sheel Vatsia, MD

Assistant Professor

Lawrence Glassman, MD
Robert Kalimi, MD
Robert Palazzo, MD
Jaime Yun, MD
David Zeltsman, MD

Dental Medicine

Chair

Ronald Burakoff, DMD, MPH, Professor

Faculty

Professors

Ronald Burakoff, DMD, MPH
Michael Lessin, DDS

Clinical Professor

Stephen Sachs, DDS

Clinical Associate Professor

Salvatore Ruggiero, DMD, MD

Assistant Professors

Robert Kelsch, DMD
Robert Kosinski, DMD
William Stewart, DDS

Clinical Assistant Professor

Steven Kerpen, DMD

Emergency Medicine

Chair

Andrew Sama, MD, Professor

Faculty

Professors

Kumar Alagappan, MD
Thomas Kwiatkowski, MD
Andrew Sama, MD

Gerard Brogan, MD
Gino Farina, MD
Joseph Lamantia, MD
David Lee, MD
William Rennie, MD
Robert Silverman, MD

Associate Professors

Assistant Professors

Pamela Arsove, MD
Barbara Barnett, MD*
Helen Bloch, MD
Keith Cardell, MD
Michael Cassara, MD
Gar Chan, MD
Gerardo Chiricolo, MD
Christopher Contino, MD
Jason D'Amore, MD
Robert Gochman, MD
Jacob Goertz, MD
Dario Gonzalez, MD
Benjamin Greenblatt, MD
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Phillip Hubel, MD
Douglas Isaacs, MD
Bradley Kaufman, MD
Patrick Ko, MD
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William Krief, MD
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Michael Locurto, MD

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Christopher Raio, MD
Shyambhai Rao, MD
Lara Reda, MD
Joshua Rocker, MD
Zhanna Roit, MD
Gary Rudolph, MD
Annabella Salvador, MD
Lorne Sherman, MD
Arlene Silverio, MD
Todd Slesinger, MD
Philomena Thomas, MD
Phillip Underwood, MD

* Appointment in Emergency Medicine and Medicine

Medicine

Chair

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David Battinelli, MD
Daniel Budman, MD
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Nicholas Chiorazzi, MD
Betty Diamond, MD
Richard Furie, MD
Richard Gralla, MD
Robert Greenwald, MD
Mark Jarrett, MD, MBA
Stephan Kamholz, MD
Jill Karpel, MD
Irwin Klein, MD
Peter Manu, MD *
Joseph Mattana, MD
Paul Mayo, MD
Ernesto Molmenti, MD**
Alan Multz, MD
Kanti Rai, MD ***
Mark Rosen, MD
Lawrence Scherr, MD
Carol Singer, MD
Pravin Singhal, MD
Lawrence Smith, MD
Miriam Smith, MD
Harry Steinberg, MD
Vincent Vinciguerra, MD
Gisele Wolf-Klein, MD

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Alan Fein, MD
Myles Gombert, MD
Seymour Katz, MD
Howard Kerpen, MD
Lionel Mailloux, MD

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Madhu Bhaskaran, MD
Jeremy Boal, MD

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Thomas Chaly, PhD
Saima Chaudhry, MD
Rubin Cohen, MD
Linda Efferen, MD
Marcia Epstein, MD
Bruce Farber, MD
Paul Gitman, MD
Bruce Goldner, MD
JoAnne Gottridge, MD
Ronald Greenberg, MD
Mark Hoffman, MD
Edward Hotchkiss, MD
Jonathan Kolitz, MD
Shu Liu, MD, PhD
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Bhoomi Mehrotra, MD
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Jack Rubenstein, MD
Mayer Sagy, MD
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Effie Singas, MD
Arunabh Talwar, MD
John Wagner, MD
Steven Walerstein, MD
Joseph Weiner, MD *

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Aaron Gindea, MD
Paul Margulies, MD
Damion Martins, MD
Amy Mastrangelo, MD
Guy Mintz, MD
John Morrison, MD
Lora Weiselberg, MD

Assistant Professors

Lori Attivissimo, MD

Sandy Balwan, MD
Maria-Louise Barilla-LaBarca, MD
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Charles Chu, PhD
Rejandra Damle, PhD
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Craig Devoe, MD
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Lori Katinas, MD
Neeraj Kaushik, MD
Malvina Khozina, MD
Angela Kim, MD
Seth Koenig, MD
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Yehuda Lebowicz, MD
Grace Lee, MD
Pauline Leong, MD
Gita Lisker, MD
James Lolis, MD

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Michael Pourfar, MD
Milo Queri, MD
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David Rosman, MD
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Barbara Tommasulo, MD
Stuart Weinerman, MD
Deyun Yang, MD
Janet Zolli, MD

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Patrick Cavanaugh, MD
Kenneth Cohen, MD
Susan Fitzmaurice, MD
Jason Freeman, MD
Genya Frid, MD
John Garofalo, MD
Richard Gould, MD
Seymour Huberfeld, MD
Ram Jadonath, MD
Lawrence Kanner, MD
Geraldine Lanman, MD
Kathleen McCabe, MD
Susan Mirkinson, MD
Steven Orshan, MD
Marius Pessah, MD
Daniel Reinharth, MD
Mitchell Robbins, MD

Gilbert Rosenblum, MD
Suhail Shah, MD
Mark Siegelheim, MD
Richard Stechel, MD

Emeritus Professor

Simmy Bank, MD

- * Appointment in Medicine and Psychiatry
- ** Appointment in Surgery and Medicine
- *** Appointment in Medicine and Molecular Medicine
- **** Appointment in Emergency Medicine and Medicine

Molecular Medicine

Chair

Bettie M. Steinberg, PhD, Professor

Faculty

Professors

Yousef Al-Abed, PhD*
Anne Davidson, MD*
Peter Davies, PhD**
David Eidenberg, MD***
Peter Gregersen, MD*
Percio Gulko, MD*
Martin Lesser, PhD
Thomas Rothstein, MD, PhD*
Barbara Sherry, PhD*
Bettie Steinberg, PhD****
Marc Symons, PhD*****
Kevin Tracey, MD*****

Ping Wang, MD*****

Associate Professors

Cynthia Aranow, MD*
Edmund Miller, PhD*****

Assistant Professors

Giovanni Franchin, MD, PhD
Meggan MacKay, MD*
Phillipe Marambaud, MD***

- *Appointment in Molecular Medicine and Medicine
- **Appointment in Molecular Medicine and Psychiatry
- ***Appointment in Molecular Medicine and Neurology
- ****Appointment in Molecular Medicine and Otolaryngology
- *****Appointment in Molecular Medicine and Neurosurgery
- *****Appointment in Molecular Medicine and Surgery
- *****Appointment in Molecular Medicine, Medicine, and Surgery

Neurology

Chair

Ronald Kanner, MD, Professor

Faculty

Professors

Lydia Eviatar, MD*
Andrew Feigin, MD**
Ronald Kanner, MD
Richard Libman, MD
Joseph Maytal, MD*

Clinical Professor

Alan Ettinger, MD

Associate Professors

Marc Gordon, MD
Jeffrey Nelson, MD
S. Vishnubhakat, MD

Assistant Professors

Karen Blitz-Shabbir, MD
Jeffrey Katz, MD
Paul Mattis, MD
Martin Niethammer, MD
Michael Pourfar, MD
Dennis Thornton, MD

*Appointment in Neurology and Pediatrics
**Appointment in Neurology and Molecular Medicine

Neurosurgery

Chair

Raj Narayan, MD, Professor

Faculty

Professors

Raj Narayan, MD
Michael Schulder, MD

Obstetrics and Gynecology

Chair

Adiel Fleischer, MD, Associate Professor

Faculty

Professors

Burton Krumhoz, MD
John Lovecchio, MD
David Rosenfeld, MD

Associate Professors

Huai Liang Feng, MD
Adiel Fleischer, MD
Avner Hershlag, MD
Victor Klein, MD
Andrew Menzin, MD
Jill Rabin, MD
Burton Rochelson, MD
Gerald Scholl, MD

Clinical Associate Professors

Stuart Bednoff, MD
Howard Kraft, MD
Kusum Vasudeva, MD

Assistant Professors

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Heather Appelbaum, MD
Russell Atkin, MD
Micheline Chu, MD
Matthew Cohen, MD
Brian Cooperman, MD
Fred Fabiano, MD
Benjamin Goldman, MD
Helen Greco, MD
Francine Hippolyte, MD
Leah Kaufman, MD
Kazanuri Kuno, MD
Mary Leong, MD
Dawnette Lewis, MD
Lawrence Lind, MD
Natalie Meiorowitz, MD
Valerie Muoio, MD

Deepak Nanda, MD
Michael Nimaroff, MD
Michele Powers, MD
Viswanathan Ravishankar, MD
Jeanne Rohan, MD
Victor Rosenberg, MD
Antoinette Sakaris, MD
Jalpa Shah, MD
Michelle Smith-Levitin, MD
Seth Stern, MD
Allen Toles, MD
Nidhi Vohra, MD
Jill Whyte, MD
Harvey Winkler, MD

Clinical Assistant Professor

Leonard Benedict, MD
David Bergman, MD
Robert Bernstein, MD
Anthony Bozza, MD
Timothy Brown, MD
Arthur Cohen, MD
Sharon Beans, MD
Dean Dobbin, MD
Gholamali Farahani, MD
Wendy Fried, MD
Jonathan Herman, MD
P. F. Hirjibehedin, MD
Jessica Jacob, MD
Monique DeFour Jones, MD
Glenn Kaufman, MD
Joseph Koka, MD
Lawrence Korn, MD
Mitchell Kramer, MD
Eileen Krim, MD
Laura Kuperman, MD
Jonathan Kusnitz, MD
Teresa Lazar, MD
Craig Linder, MD
Susan Maloney, MD
Harvey Marchbein, MD
Michael Mesbah, MD
Michael Napoli, MD

Winston Paley, MD
Chang Park, MD
Henry Prince, MD
Jordan Pritzker, MD
Terry Rifkin, MD
Lewis Rosenberg, MD
David Rothbaum, MD
Hal Rothbaum, MD
George Seaman, MD
Steven Seidman, MD
Stephen Senreich, MD
Edward Shamoun, MD
Evan Shapiro, MD
Bruce Shulman, MD
Eskandar Simhaee, MD

Ronda Snowden, MD
Khalil Solaimanzadeh, MD
Solaima Soukkary, MD
Frances Stern, MD
Richard Taubman, MD
Cindy Tobin, MD
Richard Trongone, MD

Instructors

Neeraj Desai, MD
Monica Sood, MD
Hima Tam Tam, MD

Ophthalmology

Chair

Ira Udell, MD, Professor

Faculty

Professors

Samuel Packer, MD
Steven Rubin, MD
Ira Udell, MD

Clinical Professors

Mark Stein, MD

Associate Professors

Vivien Boniuk, MD
David FASTERBERG, MD
Sylvia KODSI, MD
Howard POMERANZ, MD

Clinical Associate Professors

Stanley Berke, MD
Robert Malkin, MD
Arnold Prywes, MD
Kenneth Rosenthal, MD
Bruce ZAGELBAUM, MD

Assistant Professors

Vincent Deramo, MD
Phillip Ferrone, MD
Barry Golub, MD
Avinash Pandey, MD
Juan Romero, MD
Brett Rosenblatt, MD
Eric Shakin, MD
Jeffrey Shakin, MD
Carolyn Shih, MD

Clinical Assistant Professors

Joseph Blanco, MD
Michael Boxer, MD
John Brennan, MD
Gary Chubak, MD
Barry Drucker, DO
Martin Fox, MD
Michael Gold, MD
Leslie Goldberg, MD
Lewis Gordonson, MD
Kenneth Graham, MD

Cyrus Kahn, MD
Jodi Luchs, MD
James Maisel, MD
Alan Marks, MD
Maury Marmor, MD
Barry Pinchoff, MD
Leslie Shapiro, MD
Arnold Stein, MD
Edward Stroh, MD
Joel Weintraub, MD
Jeffrey Willig, MD

Orthopedic Surgery

Chair

Stanley Asnis, MD, Associate Professor

Faculty

Clinical Professors

David Dines, MD
John Handelsman, MD

Associate Professors

Stanley Asnis, MD
Daniel Grande, PhD
Nicholas Sgaglione, MD
Jeffrey Silber, MD

Clinical Associate Professor

Lewis Lane, MD
Assistant Professor

David Godfried, MD

Clinical Assistant Professors

Richard Bochner, MD
Maury Harris, MD
Baron Lonner, MD
Jahanshah Roofeh, MD
Jeffrey Shapiro, MD
Peter Stein, MD
Neil Watnik, MD

Otolaryngology

Chair

Allan Abramson, MD, Professor

Faculty

Professors

Allan Abramson, MD
Mark Shikowitz, MD

Associate Professors

Douglas Frank, MD
Andrea Vambutas, MD*
Gerald Zahtz, MD

Assistant Professors

Elliot Goldofsky, MD
Prajoy Kadkade, MD
Angelo Reppucci, MD
Lynn Spivak, PhD

Clinical Assistant Professors

Moshe Ephrat, MD
Michael Gordon, MD
John Kang, MD
B. Todd Schaeffer, MD

*Appointment in Otolaryngology and Molecular Medicine

Pathology and Laboratory Medicine

Chair

James Crawford, MD, Professor

Faculty

Professors

James Crawford, MD
Leonard Kahn, MD

Associate Professor

Tawfiqul Bhuiya, MD
Judith Brody, MD
John Fantasia, DDS*
Peter Farmer, MD
Saul Teichberg, PhD

Assistant Professors

Shaza Al Atassi, MD
Jela Bandovic, MD
Elsje Barendswaard, MD
Cynthia Bevis, MD, MBA
Loring Bjornson, PhD

Dwayne Breining, MD
Frank Breuer, MD
Theresa Chan, MD
Qiang Chen, MD
Sheng Chen, MD, PhD
Rubina Cocker, MD
Gerald Davydov, ????
Morris Edelman, MD
Michael Esposito, MD
Alexander Fuchs, MD
Parul Gheewala, MD
Ibrahim Hitti, MD
Peihong Hsu, MD
Marina Ionescu, MD
Vandana Jhaveri, MD
Urvashi Kapoor, MD
Larisa Koifman, MD
Yi Li, MD
James Louie, MD, MBA
Yvonne Lue, PhD

Nora Morgenstern, MD
Mansoor Nasim, MD, PhD
Jeffrey Posen, MD
Farifteh Rahmanou, MD
Rachel Robbins, MD
Dieter, Schapfel, MD
Mudnia Sheikh, MD
Silvat Sheikh-Fayyaz, MD

Chandrika Sreekantaiah, PhD
Gary Stone, MD
Chiara Sugrue, MBA, MS
Farnaz Tahmasebi, MD
Tony Wang, MD
Patricia Wasserman, MD
Albert Yeh, MD
Xinmin Zhang, MD

*Appointment in Pathology and Laboratory Medicine and Dental Medicine

Pediatrics

Chair

Fredrick Bierman, MD, Professor

Faculty

Professors

Fredrick Bierman, MD
Vincent Bonagura, MD*
Martin Fisher, MD
Joyce Fox, MD
Philip Lanzkowsky, MD
Jeffrey Lipton, MD, PhD*
Richard Schanler, MD
Phyllis Speiser, MD, MBA
Howard Trachtman, MD*

Graeme Frank, MD
Robert Koppel, MD
Johnson Liu, MD
David Meryash, MD
Vincent Parnell, MD, PhD**
Michael Pettei, MD
Susan Schuval, MD
Andrew Steele, MD
Toba Weinstein, MD

Associate Professors

Stephen Barone, MD
Barbara Eberhard, MD

Assistant Professors

Michael Grosso, MD
Andrew Hong, MD***
Morris Rabinowicz, MD
Sara Vaiselbuh, MD

* Appointment in Pediatrics and Molecular Medicine

** Appointment in Pediatrics and Cardiovascular & Thoracic Surgery

***Appointment in Pediatrics and Surgery

Physical Medicine and Rehabilitation

Chair

Adam Stein, MD, Associate Professor

Faculty

Associate Professor

Adam Stein, MD

Craig Rosenberg, MD
Matthew Shatzer, DO

Assistant Professors

Jeffrey Beer, MD
Elana Belkin, MD
Joy DeGuzman, MD
Shaheda Quraishi, MD

Clinical Assistant Professors

Dale Alexander, MD
Hilary Berlin, MD
Jason Lipetz, MD
Renat Sukhov, MD

Psychiatry

Chair

John Kane, MD, Professor

Faculty

Professors

Barbara Cornblatt, PhD*
Terry Goldberg, PhD
Judith Jaeger, PhD, MPA
John Kane, MD*
Sandra Kaplan, MD
Todd Lencz, PhD*
Delbert Robinson, MD
Ratna Sircar, PhD
Samuel Siris, MD

Clinical Professors

Arthur Rifkin, MD
Stephen Saravay, MD
Maurice Steinberg, MD

Associate Professors

Cathy Budman, MD
Christoph Correll, MD
Peter D'Amico, PhD
Robert Dicker, MD
Marc Gordon, MD

Blaine, Geenwald, MD
Rosalind Hoffman, MD
Vivian Kafantaris, MD
Bruce Levy, MD
Anil Malhotra, MD*
Alan Mendelowitz, MD
Georgios Petrides, MD
Richard Pleak, MD
Mark Russ, MD
Angela Scicutella, MD
Jeffrey Selzer, MD
Serge Sevy, MD
Suzanne Sunday, PhD
Philip Szeszko, PhD*
Joseph Weiner, MD*

Assistant Professors

Mahendra Airen, MD
Bienvenida Austria, MD
Joseph Blader, PhD
Lee Geisen, PhD
Adarsh Gupta, MD
Laura Herman, MD

Charles Jin, MD
Seneda Kacila, MD
Lyudmila Karlin, MD
Izchak Kohen, MD
Jeremy Koppel, MD
Elisse Kramer, PhD
Neil Kremen, MD
Victor Labruna, PhD
Sol Lee, MD
Stewart Lipner, PhD
Charles Nnadi, MD
Steven Ross, MD
Ema Saito, MD
Adnan Sarcevic, MD
Joseph Scroppo, PhD
Steven Snyderman, MD

David Straker, MD
Richard Terenzi, PhD
Dennis Thornton, MD
Elihu Turkel, PhD
Tina Walch, MD

Clinical Assistant Professors

Joel Block, PhD
Dominick Gadaleta, MD
Carol Garbarino, MD
Howard Green, MD
Joyce Rydzinski, MD
Sylvan Schaffer, PhD
Bradford Tepper, MD

*Appointment in Psychiatry and Molecular Medicine

Radiation Medicine

Chair

Louis Potter, MD, FACR, Professor

Faculty

Professor

Louis Potters, MD, FACR

Associate Professor

John Del Rowe, MD

Assistant Professors

John Ames, MD

Beatrice Bloom, MD
Yijan Cao, MD
Jane Fox, PhD, DABR
Abolghassem Jamshidi, PhD, DABR
Lucille Lee, MD
May Lim, MD, MPH
David Schwartz, MD
Phillip Vigneri, DO

Radiology

Chair

Mitchell Goldman, MD, Associate Professor

Faculty

Professors

Kuldeep Bhargava, PhD
Lawrence Davis, MD
Arfa Khan, MD
James Naidich, MD
Christopher Palestro, MD
Micha Ziprkowski, MD

Associate Professors

Mitchell Goldman, MD*
Janet Hoffman, MD
Edward Wind, MD

Assistant Professors

Eran Ben-Levi, MD
Karen Black, MD
Jarett Burak, MD
Brian Burke, MD
Drew Caplin, MD
Jeanne Choi-Rosen, MD
Jesse Chusid, MD
Lee Collins, MD
Helise Coopersmith, MD
Catherine D'Agostino, MD
Adam Evans, MD
Barak Friedman, MD
Eric Gandras, MD
Julie Gershun, MD
Craig Greben, MD

Gregory Grimaldi, MD
John Hines, MD
Joshua Hofman, MD
Alan Johnson, MD
Barry Kanzer, MD
Loretta Lawrence, MD
Tracy Lee, MD
Jack Levenbrow, MD
Igor Lobko, MD
Suzanne McElligot, MD
Jason Naidich, MD
Vinh, Nguyen, MD
Kenneth Nichols, MD
Shital Patel, MBBS
John Pellerito, MD
Daniel Putterman, MD
Navid Rahmani, MD
Josephine Rini, MD
Victor Scarmato, MD
Avi Setton, MD
Priya Shah, MD
Rakesh Shah, MD
David Siegel, MD
Chris Sung, MD
Anna Thomas, MD
Maria Tomas, MD
Sunita Trikha, MD
Gene Tronco, MD
Robert Villani, MD
Louisa Viola, MD
Daniel Walz, MD
Craig Warshall, MD
Robin Warshawsky, MD
Rona Woldenberg, MD

*Appointment in Radiology and Obstetrics and Gynecology

Science Education

Chair

Patrick Gannon, PhD, Professor

Faculty

Professors

Patrick Gannon, PhD
Joanne Willey, PhD

Associate Professors

Kenneth Abrams, MD, MBA*
Alan Cooper, PhD
Alice Fornari, EdD, RD

Assistant Professors

Julie Agris, PhD, JD, LLM
Jeffrey Kraut, MBA
Keith Metzger, PhD
Debra Rand, MS
June Scarlett, MSC, MPH
Carolyn Snipe, MA

*Appointment in Science Education and Anesthesiology

Surgery

Chair

Gene Coppa, MD, Professor

Faculty

Professors

Gene Coppa, MD
Stephen Dolgin, MD
Juan Madariaga, MD
Ernesto Molmenti, MD*
Alex Stone, MD

Clinical Professors

John Chang, MD

Associate Professors

Nelson Rosen, MD

Clinical Associate Professors

Louis Auguste, MD
William Doscher, MD
Randall Feingold, MD
Richard Strauss, MD

Assistant Professors

Luz Angel, MD
Matthew Bank, MD
Rafael Barrera, MD
Frank Caliendo, MD
Charles Conte, MD
George Denoto, MD

Dominick Gadeleta, MD
Richard Glick, MD
Andrew Hong, MD**
Paul Katz, MD
Mark Kissin, MD
Louis Kurtz, MD
Lyle Leipziger, MD
John Platz, MD
John Procaccino, MD
John Ricci, MD
Mihai Rosca, MD
David Sammett, MD
Samuel Soffer, MD
Marie Ward, MD
Weng-Lang Yang, PhD

Clinical Assistant Professors

Rashme Chardavoyne, MD
Marie Chen, MD
Sanford Dubner, MD
Alan Freedman, MD
Daniel Galvin, MD
Douglas Held, MD
Karen Kostroff, MD
Frederick Lukash, MD
Eugene Rubach, MD
David Schwartz, MD
Marc Sher, MD
Robert Swersky, MD

*Appointment in Surgery and Medicine
**Appointment in Pediatrics and Surgery

Urology

Chair

Louis Kavoussi, MD, Professor

Faculty

Professors

David Chan, MD
Louis Kavoussi, MD
Arthur Smith, MD
Robert Waldbaum, MD

Zeph Okeke, MD
Lee Richstone, MD
Joph Steckel, MD
Manish Vira, MD
Gary Weiss, MD

Associate Professors

Bruce Gilbert, MD, PhD
Robert Moldwin, MD

Clinical Associate Professor

Lane Palmer, MD

Assistant Professors

STUDENT ADVISEMENT

Office of Student Affairs
Society Masters
National Residency Matching Program (NRMP) and Post Graduate Education Process

Office of Student Affairs

The academic advising system will be managed by the Office of Student Affairs under the leadership of the Assistant Dean for Student Affairs. The Assistant Dean will oversee several services, including programs related to study skills, time management, and career development; tutorial services for students; and coordination of the Society Master mentoring and advising system.

Society Masters

The Society Masters are full-time, senior clinical faculty members in the School of Medicine to whom incoming students will be individually assigned. The Society Master will serve as that student's mentor and academic adviser longitudinally for the duration of the student's undergraduate medical education. Society Masters will be selected by the Dean in consultation with the Senior Associate Deans for Education and Academic Affairs. Society Masters will have no role in evaluation or promotion of their student advisees, and will serve as mentor/adviser to between 10 and 20 students from each of the four classes.

The Society Master also will be responsible for assigning each student a faculty adviser whose professional experience is aligned with the student's potential future career interest. Faculty advisers will assist students with specialty-specific advising.

The Office of Student Affairs will maintain a master list of faculty available to serve as faculty advisers in every discipline. This list will be updated periodically with input from the Society Masters. A student may change his/her adviser or Society Master at any time due to either evolving career interests or conflict. Change requests will be managed by the Assistant Dean for Student Affairs.

The Office of Student Affairs will provide Society Masters and faculty advisers with training to develop the skill set necessary to effectively aid students in their academic, career and personal decisions. Expectations of Society Masters and faculty advisers will be clearly articulated during these training sessions as well as through periodic communications. The Office of Student Affairs will also convene periodic meetings of Society Masters and faculty advisers to discuss current advising issues as well as address any concerns that arise during their advising sessions.

The design of the curriculum includes weekly formative assessments which will become part of a student's portfolio. Students who are academically at risk will be identified via these formative assessments by the faculty preceptor and then brought to the attention of the course director. The course director, in coordination with the Office of Student Affairs, may offer students tutoring support. The student's Society Master will also review the student's portfolio for signs of academic difficulty. At the end of each block, results of the summative assessments will be compiled by the Office of Assessment and Educational Research, and student performance results, including issues of academic difficulty, will be reviewed by the Student Advancement Committee.

- Career and residency counseling will be organized and supplied through the Office of Student Affairs. The School of Medicine is committed to providing students with the resources necessary to make the best possible career and residency match decisions. All students will be assigned a Society Master upon entrance into the School of Medicine. The Society Masters will assist students with selection of a faculty adviser based upon students' respective career and research interests and planned application to residency programs. The Office of Student Affairs will maintain a list of advisers from every clinical department who are knowledgeable about and available for career and residency program advice. All advisers will be full-time faculty in the School of Medicine. Students may seek additional advisers from the wider physician pool of local community physicians or physician leadership of the local medical societies (i.e., the New York State Medical Society). The Office of Student Affairs will run training workshops for advisers to prepare them for their advising roles.
- The Assistant Dean for Student Affairs and the Office of Student Affairs staff will support the advising needs of all students, Society Masters, and faculty advisers. For first year students, the Office will provide orientation sessions specific to the AAMC's Careers in Medicine website, which students will access for resources pertaining to specialty selection and residency application. The Office will also use the information provided on the Careers in Medicine website as a reference when building its own programs and resources. In addition, students will learn about various specialties through their initial clinical experiences (ICE) during the first 100 weeks of training. In their longitudinal ICE, students will function in pods of attending physicians, and in the burst and immersion ICE, they will learn, alongside faculty and residents, to directly apply and inextricably link their science and clinical learning objectives. In combination, these experiences will allow exposure to multiple specialties early in their medical education.

Throughout the four years, a variety of student-run specialty interest groups (i.e. Surgical Interest Group, Pediatric Interest Group) will facilitate interaction and dialogue with relevant specialty physicians. The Office of Student Affairs will work with these interest groups to organize the specialty panels as well as sessions on residency application-related topics.

National Residency Matching Program (NRMP) and Post Graduate Education Process

In August all fourth year students register for the National Residency Match Program. Students may withdraw later only if they are accepted into an Armed Forces residency program or if they decide to postpone entering into a PGY-1 residency. The following tentative calendar gives an idea of the way in which the NRMP process unfolds during the student's fourth year.

January-August:	Students meet with Assistant Dean for Student Affairs for "Medical Student Performance Evaluation (MSPE)" interview.
July-October	Residency applications are completed and submitted.
November 1	MSPEs are submitted to hospital program directors as requested by students.
December-January	Interview months. Students interview at hospital programs.
3 rd week in February	Student rank order lists are due at NRMP; also hospital rank order lists.

STUDENT SUPPORT SERVICES

Emergency/Urgent Service Contact Information
 Student Health Services
 Hofstra University Health and Wellness Center
 Student Tutoring
 Ombuds Person/Office
 Services for Students with Disabilities (SSD)
 Student Financial Planning

Emergency/Urgent Service Contact Information

***Please note that when using on-campus phones to dial off campus, always press 9 first.**

****Please note that when using campus phones to call other campus numbers, always press 3 first followed by the last four digits of the phone number.**

*****Please note that unless otherwise stated, all phone numbers are in the 516 area code**

Public Safety Department, on campus phone number (police, fire or medical)	463-6789
Public Safety Department off-campus phone number (for information)	463-6606
North Shore-LIJ Health Center for Emergency Medical Services (24 hrs)	719-5000
Center For Disease Control (CDC) 24 Hour Emergency Hotline	(888) 448-4911
Hofstra University Health and Wellness Center	463-6745
Hofstra University Student Counseling Services	463-6791
Hofstra University Help Desk/Tech Support	463-7777
North Shore-LIJ Health Help Desk/Tech Support	(718) 470-7272
Security Services (Public Safety Department)	463-6606

Student Health Services

Psychological counseling, and related mental health support services are offered to all students enrolled in the School of Medicine through Hofstra University's Student Counseling Services. Services are intended to assist medical students with emotional difficulties, personal adjustment concerns, facilitating meaningful personal growth, and helping students to attain their fullest educational development. Services include the following:

- Individual and group counseling, including short-term counseling interventions, which generally emphasize cognitive-behavioral and evidence-based strategies, which are administered by a staff of licensed psychologists and intern psychologists enrolled in Hofstra University's APA accredited doctoral programs in psychology.
- Consultation and referral
- Psycho-educational programs

Student Counseling Services is located on the South Campus, within a ten minute walk from the medical school, and within fifteen minutes from residential housing. When the office is closed, students have access to on-call crisis counseling for Campus-based mental health emergencies.

All services are provided in a professional atmosphere and regarded as confidential. Furthermore, policy prohibits health professionals who provide psychiatric/psychological counseling or other sensitive health services to medical students, from having any involvement in the academic evaluation or promotion of the students receiving those services. In fact, counseling staff are prohibited from participation in the medical education program.

Hofstra medical students seeking psychiatric or psychological counseling, or other sensitive behavioral health services, may receive those services from a broad array of network providers, as would any employed physician in the North Shore-LIJ Health. The Physicians Resource Network (PRN) serves as a free triage designed to pair individuals with the most appropriate resources in the community. The PRN has the following advantages:

PRN maintains a continuously updated list of behavioral professional resources within the community, including those professionals who are knowledgeable and skilled in addressing the needs of health care professionals. PRN service has been particularly successful in handling the needs of North Shore-LIJ Health's interns, residents, and fellows, who are generally faced with extraordinary personal and institutional demands.

Services and confidentiality provided by PRN meet HIPAA (state and federal) standards applicable to mental health and substance abuse services. Since the service is free of charge, participants are afforded an extra layer of privacy, as no electronic billing records are generated by PRN.

Policy prohibits staff members of PRN from being involved in decisions involving a medical student's academic evaluation or promotion.

Students have full access to North Shore-LIJ Health's main PRN office, which is housed in a professional medical office building in Manhasset, NY. Also, if deemed necessary, PRN will maintain an office more proximate to the medical school to foster easier access to students.

Hofstra University Health and Wellness Center

Hofstra University Health and Wellness Center
Republic Hall, North Campus
(516) 463-6745
www.hofstra.edu/StudentAffairs/StudentServices/welctr/index.html

The Hofstra University Health and Wellness Center is available to all students. Presently, during the academic year, the hours of operation are:

Monday through Friday	9:00 A.M. - 7:45 P.M.
Saturday and Sunday	10:00 A.M. - 5:45 P.M.
Intersession and summer:	
Monday through Friday	9:00 A.M. - 4:45 P.M.

During the hours when the Health and Wellness Center is unavailable, all Hofstra University Public Safety officers are certified first responders and will assist any student in need of medical services.

If a SOM student should need services when they are in proximity to any of the North Shore-LIJ Health facilities, those services would be covered under their benefit program. If the need for services were as a result of workplace illness or injury, they are covered by North Shore-LIJ Health, as it does for all employees. The proper Worker's Compensation notification protocols must be followed.

Further, as their health program covers situations requiring emergency room services, physicals, and well-women's exams, to the extent any medical school student desired more privacy, they would be able to access their selected doctor for these services.

Student Tutoring

The Student Advancement Committee will regularly review the academic and clinical performance of each medical student. In the early to mid part of each instructional module, students performing at an unacceptable level will be contacted by the module director to determine whether there is a need for remediation with a tutor, or other special help is warranted. Students performing at the unacceptable level will be required to take a tutor, and are provided with the necessary remediation, as assessed by the module director and the student.

Ombuds Person/Office

The mission of the Student Ombudsperson at Hofstra University is to provide students with an independent, impartial and confidential resource to help achieve a just and equitable solution to their problem. In this capacity, the Student Ombudsperson serves as an advocate for fairness of outcomes, not as an advocate for students or the University. In seeking to prevent problems as well as respond to them, the Student Ombudsperson acts as an agent for change by investigating complaints, evaluating administrative policies and procedures, and recommending modifications where appropriate. Consult the Ombudsperson Web page:

http://www.hofstra.edu/StudentAffairs/StudentServices/Ombud/ombud_mission.html for frequently asked questions and how to reach/consult with the Ombudsperson.

Services for Students with Disabilities (SSD)

Services for Students with Disabilities (SSD)

212 Memorial Hall, South Campus

(516) 463-7075

<http://www.hofstra.edu/StudentAffairs/stddis/index.html>

SSD arranges academic accommodations and provides support for students with physical, learning and/or psychological disabilities. In order to access services, students must first formally disclose their disability by registering with the office, and then must submit appropriate documentation for review. Staff members are available to help students with the registration process, and then will work with students to determine which accommodations are appropriate for their needs at the college level.

Student Financial Planning

Medical students will be provided with assistance and counseling regarding all aspects of meeting their educational costs. Financial counseling will begin with preparation for medical school admission, financial aid application processing, aid disbursement, debt management/repayment of loans, and budgeting. A system of counseling is being developed that will provide one-on-one counseling for debt management, as well as workshops and other group presentations throughout the four years of the program. Due to the potential level of indebtedness of medical students, personal financial counseling will be provided by the Director of Financial Aid and outside professionals (as deemed appropriate) to assist the students with developing and managing their budgets, including debt management. The goal of these one-on-one and group sessions will be to promote sound financial management skills and decrease indebtedness.

Each student borrower will be required to participate in an entrance counseling session(s) to increase his or her awareness of the conditions and consequences of borrowing. Annually, the Office of Financial Aid will provide each student with an individualized summary of his/her medical school debt. Annual and semi-annual sessions on varied financial topics will be conducted as appropriate, and an exit counseling session will be required for any student borrower upon graduation. In addition, North Shore-LIJ Health System's Center for Learning and Innovation (CLI) currently offers programs on financial planning and debt management to faculty, staff and residents. Building upon the success of these programs, CLI will expand and tailor its offerings to the medical student audience. Students will also have access to the resources developed by the AAMC FIRST project, which will be linked to the Office of Financial Aid's website.

To assess the effectiveness of financial aid counseling and services and to inform the continued development of programs of interest to the students, the School of Medicine will conduct a survey of student services at the end of each year. When available, the AAMC Graduation Questionnaire results will be utilized to monitor trends in student satisfaction with financial aid counseling services. These exit interviews will be analyzed annually to identify ways to improve the efficiency of and students' satisfaction with the services.

RESOURCES

Academic/Education Services

- Teaching Resources
- Office for Student Research Opportunities/Support
- Faculty Research and Scholarship Support
- Junior Faculty Mentorship Procedures

Campus Life

- Student Housing
- Dining Options
- Recreation/Athletic Facilities
- Parking/Campus Safety
- Campus Resources
- Banking
- Infant & Child Care Center
- Campus Shuttle Services and Schedules

Academic/Educational Services

Teaching Resources

Center for Teaching and Scholarly Excellence (CTSE)

200 West Library Wing
(516) 463-6221
<http://www.hofstra.edu/Faculty/CTSE/index.html>

The primary purpose of the CTSE is to promote and encourage excellence in teaching, learning, research, publication, and other scholarly pursuits through a variety of academic activities. The CTSE is a resource for the Hofstra community. Some of the CTSE's initiatives and programs include: (a) review and recommendations for Special Teaching Leaves (sabbaticals); (b) new faculty mentoring program; (c) workshops, symposia, presentations, and informal discussion sessions; (d) individual and group consultation; (e) serving as a resource for materials and methodology related

to teaching and research; (f) acquainting faculty and administration with innovations and research related to teaching, learning and research; (g) facilitating the introduction, implementation and evaluation of instructional innovations; (h) facilitating joint research activities of Hofstra faculty members from disparate disciplines; and (i) providing blind and confidential peer review of finished manuscripts and works-in-progress by faculty members outside the writer's own department.

Faculty Computing Services (FCS)

215 McEwen Hall

(516) 463-6894

FCSHelp@Hofstra.edu

Faculty Computing Services exists to help faculty develop and implement educational solutions in their courses. Some of the services offered by Faculty Computing Services include:

- **Training:** FCS Staff members are available to work with faculty on how to use a wide variety of software programs, electronics, and other teaching tools. Contact FCS to make your appointment or simply stop by the Faculty Support Center anytime.
- **Blackboard:** Blackboard is a powerful tool for organizing course materials and increasing communication between faculty and students. FCS will show faculty the ins-and-outs of using Blackboard in their courses.
- **Classroom technical support:** FCS is here to help with any issues or special requests you have while teaching in a technology-enhanced classrooms.
- **Instructional Design Services:** The possibilities are endless when you incorporate technology into your courses. We can help you develop customized media materials and 'learning objects' to enhance your students' comprehension of challenging course material.
- **Discipline-specific instructional technology:** FCS Staff are here to help you explore the universe of instructional technology. We can find solutions for specific projects or present a menu of what's currently available for your discipline or department.
- **Equipment Loans:** You can borrow digital still and video cameras, audio recorders, microphones and other electronic equipment for use in your course projects.
- **Hofstra TeachToolsWiki:** A Self-Help Wiki for Faculty – This wiki provides online assistance for faculty for all things related to Instructional Technology. It is organized to efficiently get faculty to just the information needed.

Classroom Equipment

Faculty need to log in to the University network on any in-class computer that you intend to use. Most technology-enhanced classrooms also have a laptop hookup, if you intend to bring your own laptop. The Help Desk can only resolve password problems, therefore, make sure that your Hofstra network account is working before using it in a technology-enhanced classroom. If you need assistance with logging in or your password, contact the Help Desk for help.

Faculty Computing Services installs and maintains all classroom audio-visual equipment (everything electric in the room except the computer).

If you have an emergency problem with the equipment in your classroom, you can solve many computer problems immediately by using the eHelp Desk services which will be available from our sister department, the Help Desk. If you have trouble finding or using an application on the computer, this would be the place to get help. In addition, Faculty Computing Services staffs a Classroom Emergency Hotline at 463-6894 which you can call at any time. We can solve some projector problems remotely and immediately. In addition **we can send a technician to help you in your classroom.** Please be aware that it may take 10-15 minutes to reach you and troubleshoot a problem in your classroom. It is up to you whether you wish to take that time out of your class or move on if we cannot help you solve the problem immediately over the phone.

If you DO have a problem, however, we encourage you to report it to us, as that may be what prevents the next instructor from having the same problem. We resolve most classroom equipment problems within a business day.

Office for Research Opportunities/Support (Student)

Opportunities for Scholarship

Basic and Translational Research - The Feinstein Institute for Medical Research, the research arm of North Shore-LIJ Health, is composed of over 100 investigators who study the pathogenesis of human diseases. Through its Clinical Translational Science Center, Feinstein forms the nucleus around which the research endeavors of the School of Medicine, Hofstra University, North Shore-LIJ Health, community-based research groups, and industry coalesce, thereby providing medical students with not only multiple research opportunities, but also cross-disciplinary scholarly mentorship.

Clinical Research - The Feinstein Institutional Review Board oversees more than 1,100 human research studies which enroll approximately 10,000 subjects annually. These studies include early- and late-phase, investigator-initiated, clinical investigations, as well as industry-sponsored studies. The North Shore-LIJ Health is a founding member of the Biomedical Research Alliance of New York (BRANY), a research alliance of 5 academic medical centers in the New York metropolitan area. Founded in 1998, BRANY is now a national organization that serves as a clearing house for industry-sponsored clinical studies. Since 1998, almost 1000 industry-sponsored trials have been conducted at North Shore-LIJ Health, with 230 trials currently active at this time. Therefore, there are multiple opportunities for medical students to participate in these studies under faculty mentorship.

Health Services Research - The goal of health services outcomes and effectiveness research is to examine the impact of the organization, financing, and management of health care services, in regards to access, delivery, cost, outcomes, and quality. The Krasnoff Quality Management Institute of North Shore-LIJ Health is an organization of professionals with extensive expertise in quantitative and qualitative methods of data analysis. The Institute also offers educational programs in quality management, performs clinical program evaluation, and supports quality research. In combination with the health care policy research portfolio of the faculty of Hofstra University's School of Education, Health and Human Services (EHHS), the resources of the Quality Management Institute constitute a rich environment for mentored student scholarly activity in health services research.

Community-Based Research - Community is another core value of the School of Medicine. Because we are committed to educating future physicians who will embrace responsibility for the health of their communities, service learning has been incorporated into the educational program from the very beginning. Some students, however, may choose to expand their service learning into a formal, community-based scholarly project. There are ample opportunities for those students to pursue mentored community-based research through, the Hofstra School of Education, Health and Human Services at Hofstra, the multiple community-based partnerships of North Shore-LIJ Health, and the Institute for Health Care Disparities at Nassau County Medical Center (NUMC). Medical students have the opportunity to work with faculty on community-based research in such areas as prenatal care, health screening, hypertension, and obesity.

Availability and Funding of Research Time

Students have the summer following their first year of medical school to engage in research full-time. Over that period, the student can be supported by a small stipend. However, students also

have dedicated self-directed learning time throughout the first two years of medical school, and in block intervals, students can also engage in research full-time in the second half of the educational training program. Research experiences may receive elective credit following: 1) approval of a brief, written description of the proposed project, signed both by the student and the mentor; 2) submission to, and approval by the student's Society Master and the Senior Associate Dean for Academic Affairs, of a substantive, written report of the results of that work; and 3) narrative evaluation of the student's performance by the mentor, and of the mentor's performance by the student. Those students who complete a significant piece of scholarly work are eligible for graduation with Distinction in Research. A subcommittee of the Student Advancement Committee determines whether a particular student will graduate with this honor.

Students also have the opportunity to extend their educational program by one additional year to conduct research if they so choose. Should a student select this option, he or she pay a small matriculation fee to maintain medical student enrollment status, but tuition will not be required. The student initiates this option through the Associate Dean for Student Affairs, and the process of evaluation and approval are the same as those described above for research elective credit.

Recognition of Scholarship as a Core Value

The School of Medicine, through the Office of Academic Affairs, will institute an annual Scholarship Day during which students present and discuss the results of their scholarly work with their fellow students, faculty, and other members of the community. The day's program includes poster and oral presentations, recognition of those graduating with Distinction in Research, and a reception to which all students, faculty, research staff, and community participants are invited. This day serve to further enhance the culture of scholarship within the School of Medicine and highlight the value placed upon it.

Research and Scholarship Opportunities/Support (Faculty)

Introduction

The School of Medicine embraces a culture of scholarship that will distinguish it as a leader in medical education. Accordingly, the School is committed to providing an environment that richly supports the scholarly inquiry and productivity of its faculty. To meet the expectation of faculty scholarship, the School will provide ample and robust opportunities for both formal and informal mentorship in support of faculty development.

The School defines scholarship broadly and inclusively. Research is in-depth investigation designed to acquire new knowledge or reach a new level of understanding; investigation must be accompanied by scholarship to meet those ends. The School of Medicine will recognize and promote five facets of scholarship: 1) discovery; 2) integration; 3) application; 4) engagement; and 5) teaching. That is, the School will foster scholarly activity that: 1) advances knowledge; 2) connects knowledge across disciplines; 3) applies the outcomes of discovery and integration to consequential problems; 4) links the resources of academic institutions with the needs of the greater communities they serve; and 5) links knowledge and understanding with learning, so that the academic enterprise continually regenerates itself and fulfills its mission and responsibility to society. Under this paradigm, the School of Medicine will promote and nurture scholarly activity in basic and molecular biomedical science, cross-disciplinary translational medicine, clinical outcomes and effectiveness research, community- and population-based health care delivery strategies, and innovative medical education.

The School of Medicine has, between North Shore-LIJ Health and Hofstra University, a robust complement of resources already in place to support high quality faculty scholarship across the continuum from basic biomedical science through patient- and population-centered inquiry to

innovative medical pedagogy. These programmatic resources are designed to assist faculty in the development, funding, and implementation of their scholarly work and in publication of the results of that work.

Programs available to faculty in support of development of their scholarly activities include:

Center for Teaching and Scholarly Excellence (CTSE)

200 West Library Wing

(516) 463-6221

<http://www.hofstra.edu/Faculty/CTSE/index.html>

The primary goal of the CTSE is to promote faculty excellence in teaching, learning, research, publication and other scholarly activities. The CTSE offers the following in support of faculty scholarship: 1) formal workshops and symposia, as well as informal discussion sessions, on new and established research, teaching, and learning resources, methodologies and technologies; 2) mentoring program for new and established faculty; 3) clearinghouse to facilitate joint scholarly activities among faculty from disparate disciplines; 4) blind or open peer review of finished or in-progress manuscripts, presentations and grant proposals; 5) individual and group consultations to assess strengths and address deficiencies in scholarship; 6) facilitation of application of quantitative methodology to scholarly inquiry; 7) review and recommendation of candidates requesting sabbatical leave.

Feinstein Institute for Medical Research

Boas Marks Pavilion

North Shore University Hospital

350 Community Drive

Manhasset, NY 11030

516-562-FIMR

feinstein@nshs.edu.

<http://www.feinsteininstitute.org/Feinstein/Feinstein+HomePage>

The Feinstein Institute for Medical Research is part of North Shore-LIJ Health. The Institute's mission is to move quickly from the bench into patient care so that discoveries today can equal hope for tomorrow. Feinstein fosters an environment where members can collaborate to explore and discover the basis of disease in order to transform the future practice of medicine. The Institute's strategic plan is to identify and support outstanding investigators to pursue their discoveries in disease pathogenesis, molecular and genetic diagnosis, and development of innovative therapeutics. The Feinstein continues to expand its impact and scope to advance scientific leaders and their discoveries in immunology, neuroscience, psychiatric disease, and cancer. The Feinstein's peer reviewed scientific publication *Molecular Medicine*, a widely read open access publication, is an important vehicle for distributing and disseminating knowledge created at the Feinstein, and from other laboratories at the world's leading institutions.

The Feinstein Institute for Medical Research provides a comprehensive infrastructure for its state-of-the-art clinical and translational research programs, including:

Office of Grants and Contracts (OCG): Biomedical Research

350 Community Drive

Manhasset, NY 11030

(516) 562-3106

<http://www.feinsteininstitute.org/Feinstein/ogc>

This is the School of Medicine's office for pre-award administration of research funding. Its mission is to: 1) promote access to extramural funding for research projects and programs; 2) provide assistance to investigators in procuring research funding; and 3) provide administrative oversight for those efforts. Its mission is articulated through four goals: 1) identify and disseminate funding opportunity information; 2) assist investigators in the development and submission of grant and contract applications; 3) educate the research community about policies, procedures and regulations that impact the development, submission and acquisition of research funding; and 4) oversee awards to assure appropriate stewardship. The Office of Grants and Contracts also offers an annual multi-session course designed to help young faculty become more proficient in the preparation and competitive in the submission of grant proposals.

General Clinical Research Center (GCRC) Pilot Grant Program

<http://www.feinsteininstitute.org/Feinstein/General+Clinical+Research+Center>

Investigators who wish to conduct pilot clinical studies to collect data for subsequent external grant applications can apply to the GCRC for support. Following evaluation and approval of the grant by an advisory committee, the GCRC provides all of its facilities, including core laboratories, at no cost to investigators. This support includes required technical assistance and materials used by the study. Facilities available include statistical and bioinformatics support, laboratory assays including polymerase chain reaction (PCR), quantitative PCR, enzyme-linked immunosorbent assays (ELISA), flow cytometry, microscopy, gene chip analysis, tissue banking, magnetic resonance imaging (MRI) and positron emission tomography (PET). The GCRC will also provide payment for needed assays at other facilities if they are not available through the existing cores.

Novel and Pilot Project Program

This program of the Feinstein Institute supports pilot grant projects prior to their external funding. Applications are solicited annually and reviewed by the Scientific Advisory Committee, which functions as a study section to select the most meritorious projects for funding. All applicants are provided with written feedback from the reviews, a process which, in itself, is a valuable scholarly resource.

Office for Translation of Clinical Innovations

This program provides full thickness technology transfer services. The office supports: 1) web-based intake and registration of invention disclosures, facilitating early assessment for mission relevance and commercial potential by its Intellectual Property Evaluation Team; 2) structuring of detailed developmental plans for select inventions with significant potential for commercialization; 3) preparing and applying for patents; and 4) assistance with identification of funding and partnerships with commercial organizations. New programs in development include: 1) Technology Maturation Small Grant Funds and Product Development Loans to bridge the funding gap as early commercialization milestones are achieved; and 2) "outsourcing" of early clinical trial opportunities to sister institutions best suited to conduct the required studies resulting from the School of Medicine's intellectual property, thus obviating potential financial conflicts of interest while facilitating clinical research and product development.

General Clinical Research Center (GCRC)

<http://www.feinsteininstitute.org/Feinstein/General+Clinical+Research+Center>

Alliance Clinical Translational Science Center (Alliance CTSC)

The GCRC delivers to faculty a specialized, centralized, intellectually stimulating environment with the infrastructure needed to develop and implement all phases of patient-centered research, including core laboratories, patient encounter facilities and skilled nursing. Bringing these groups face-to-face in a centralized facility not only includes patients in the medical discovery process, but also facilitates scholarly activities through the exchange of ideas, collaboration and intellectual growth among varied groups of faculty, including laboratory scientists, physician-researchers, and biostatisticians. The GCRC directly supports development of scholarly activities through its core facilities, including biostatistical consultation and support, molecular biological and immunological core laboratory services, and imaging capacity. The GCRC also supports development of scholarly activity through its annual core seminar series in research methodologies, basic molecular biology, biostatistics and the ethics of human investigation. These courses, as well as the new certificate, master, doctoral, postdoctoral and K12 research training programs of the Alliance CTSC, are important resources for School of Medicine faculty interested in training in and pursuing translational and clinical investigation.

Novel Resources Program Core

This is a set of four core programs designed to facilitate translational and clinical research. It includes:

- Biorepository <http://www.feinsteininstitute.org/Feinstein/Biorepository>
- Tissue Donation Program
<http://www.feinsteininstitute.org/Feinstein/Tissue+Donation+Program>
- Normal Control Research Registry capable of allowing selection and recall of control subjects by genotype, demographics, or other characteristics
- BioGene Bank linked to a network of clinical databases <http://www.biogenebank.org/>

Biomedical Informatics Program Core

<http://www.feinsteininstitute.org/Feinstein/Biomedical+Informatics>

The goal of this resource is to assist in the design, development, and maintenance of cohesive, secure, and usable databases and interfaces for information transfer between clinical electronic records and research environments.

Office of the Institutional Review Board (IRB)

350 Community Drive, 4th Floor

Manhasset, NY 11030

(516) 562-3101

irb@nshs.edu

<http://www.feinsteininstitute.org/Feinstein/irb/>

The IRB provides regulatory knowledge and support for the conduct of research involving human subjects. It also provides support services for compliance with regulations governing human subject protections in clinical research.

Office of Technology Transfer

350 Community Drive

Manhasset, NY 11030

(516) 562-3404

<http://www.feinsteininstitute.org/Feinstein/Technology+Transfer>

The Office of Technology Transfer is a service department that works with investigators within The Feinstein Institute for Medical Research and North Shore-LIJ Health System to secure patent protection for their inventions. The office then facilitates commercial interactions, accelerating the development of basic and clinical research discoveries into products and services that will have an impact on human health and disease.

Patient Safety Institute of the Center for Learning and Innovation (CLI)

1979 Marcus Avenue, Suite E137

Lake Success, NY 11042

(516) 396-6250

PSI@nshs.edu

<http://www.northshorelij.com/NSLIJ/The+Patient+Safety+Institute>

This state-of-the-art facility supports human simulation training and investigation of the specific effects of simulated environmental training on patient outcomes and resource utilization.

Bioskills Education Center

450 Lakeville Road

Lake Success, NY 11042

(718) 470-7724

<http://www.northshorelij.com/NSLIJ/bioskills>

This 6,200 square foot facility, like the Patient Safety Institute, supports training objectives as well as faculty and student scholarship. With its advanced video, endoscopic, imaging, and interventional capabilities and its robust frozen cadaveric specimen procurement program, the Bioskills Center provides a high-fidelity environment in which: 1) the effects of simulation training on achievement of learning objectives and on patient outcomes can be studied; and 2) new interventional approaches can be studied in pilot fashion and developed into full-scale research programs. The unique resources of the Bioskills Education Center support implementation of scholarship in surgical and other interventional educational methodology, skills acquisition, and development/application of new technologies for patient care.

Center for Learning and Innovation (CLI)

1979 Marcus Avenue, Suite E-130

Lake Success, NY 11042

(516) 396-6150

<http://www.northshorelij.com/NSLIJ/cli>

The training programs of the CLI offer a rich array of data collection and analysis courses, presentation and writing skills workshops, project and team management courses, and core management/leadership development programs designed to nourish continued, productive scholarly activity.

Office for Community Engagement

This office serves as a bidirectional, centralized hub site through which: 1) community participants can identify, access and partner with investigators in the School of Medicine to design new translational and clinical research programs; and 2) investigators can access skilled study coordinators, databases of potential normal control and disease-specific research subjects, and interface with a collaborative clinical practice and community partner referral network.

Junior Faculty Mentorship Procedures

Formal mentoring for junior faculty begins upon appointment to the faculty of the School of Medicine. Each department chair will be responsible for pairing each new assistant professor with a senior faculty mentor in his/her Department. This mentor will guide the junior faculty member in developing a professional career plan that includes the teaching, research and service components of being a member of an academic medical community. As the career trajectory of each junior faculty evolves, additional mentors may be identified and incorporated into a mentorship team. Faculty mentees will be encouraged to review their annual self-assessments with their mentor(s) and to collaboratively design the individualized development plan whose continual tracking constitutes part of the annual review process. Mentors, however, serve no role in evaluation of their mentees. Assignment of mentors with members and the effectiveness of the mentorship relationship will be specifically evaluated as part of each annual faculty review. Because service as a mentor is viewed as an essential responsibility of the School's senior faculty, the quality and effectiveness of the mentorship relationship will constitute a portion of the annual review of not only junior, but also senior members of the faculty. The success of the program will be re-evaluated annually by the Senior Associate Dean for Academic Affairs with the assistance of faculty annual review data compiled by the Assistant Dean for Knowledge Management and the Office of Assessment and Educational Research. These data will be shared with each Department Chair and used to inform modifications in the quality and effectiveness of the School's faculty career development program.

Faculty enrolled in the master, doctoral, and K12 career development programs in translational and clinical research also will be mentored by an interdisciplinary translational research mentorship team. Composed of at least three faculty members of the Academy of Translational Investigators, each mentorship team will track the progress of each trainee in achieving the competencies of his/her training program and assist in developing and guiding each trainee's career development plan.

Campus Life

Student Housing

Office of Residential Programs
244 Student Center, North Campus
(516) 463-6930

Graduate Hall

The Graduate Residence Hall is Hofstra University's newest residence hall opening for Graduate and Law students as of Fall 2008. This new 5-story residential facility will offer apartment/suite style living and will be located on the North Campus, between Constitution and Alliance Halls. Each suite will have multiple bedrooms, with shared common spaces, kitchenettes and bathrooms. The Graduate Residence Hall will house single occupied bedrooms within three basic suite types: four bedroom suites, three bedroom suites, and 2 bedroom suites. Each common area will include a couch, love seat, and coffee tables. The kitchenettes will be comprised of a stove top burner, refrigerator, microwave, and kitchen table with chairs. For additional information Insert our PDF link here.

Residence Hall Common Amenities

While there are a number of different living areas available on the Hofstra campus, each residence hall has similar common amenities. Each residence hall has laundry, study and kitchen facilities in a common area within the building. The Graduate Residence Hall also has an exercise room available

on each floor, and is WiFi accessible. In addition, there is a large meeting space located on the first floor of the building. Residence hall rooms are supplied with a bed, dresser, wardrobe or closet, desk, chair and wastebasket for each individual student. Each room is also equipped with a phone, cable and computer port.

Dining Options

Dining Plans

Dining services offer flexible meal plans that fit your busy schedule and stay within your budget. With a variety of locations and convenient hours, you can connect, refuel, and save time and money with one of our meal plan options. All purchases made with your meal plan are sales tax-free.

Level A

This plan provides you with 1,865 points that can be used at any of the 20 on-campus dining locations.

Cost per semester: \$1,865

Suggested Weekly Usage: \$116

Average per day: \$16.57

Level B:

This plan provides you with 1,760 points that can be used at any of the 20 on-campus dining locations.

Cost per semester: \$1,760

Suggested Weekly Usage: \$110

Average per day: \$15.71

Level C:

This plan provides you with 1,630 points that can be used at any of the 20 on-campus dining locations.

Cost per semester: \$1,630

Suggested Weekly Usage: \$102

Average per day: \$14.57

Level D:

This plan provides you with 1,445 points that can be used at any of the 20 on-campus dining locations.

Cost per semester: \$1,445

Suggested Weekly Usage: \$90

Average per day: \$12.85

Level E:

This plan provides you with 1,325 points that can be used at any of the 20 on-campus dining locations.

Cost per semester: \$1,325

Suggested Weekly Usage: \$83

Average per day: \$11.85

Level F:

This plan provides you with 720 points that can be used at any of the 20 on-campus dining locations.

Cost per semester: \$720

Suggested Weekly Usage: \$45

Average per day: \$6.43

Commuter Meal Plan Level G:

This plan provides you with 375 points that can be used at any of the 20 on-campus dining locations.

Cost per semester: \$375

Level G is only available to non-resident students.

After you have selected and purchased one of the plans, the plan is activated on your HofstraCard, which is similar to a debit card. All campus dining locations accept the HofstraCard. All declining balance plans come with a predetermined number of points (dollars). One point is equivalent to one dollar. Points are deducted from the proper account each time a purchase is made. Points are non-refundable. To open a meal plan or add money to an existing plan, please contact the HofstraCard Office, Student Center room 104, (516)463-6942.

Fall semester points may be used from Monday, July 25th through (insert January date here)Unused fall semester points are carried over to the spring semester provided you purchase the same plan as the fall semester or one of higher value. Spring semester points may be used from Saturday, January 23, 2010 through)Sunday, July (date here). All unused points are forfeited at that time.

Designated dining locations may be closed during holidays or when classes are not in session. All meal plans are tax-exempt.

University Dining Locations

NORTH CAMPUS

School of Medicine

In addition to the Hofstra University campus dining options there will be a Medical School site specific dining option which will be located in the School and available from 7am –

SONDRA AND DAVID S. MACK STUDENT CENTER

Student Center Café

HOURS

Monday to Thursday: 7:30 a.m. to 9 p.m.

Friday: 7:30 a.m. to 8 p.m.

Saturday: 10 a.m. to 8 p.m.

Sunday: 11 a.m. to 8 p.m.

phone: (516) 463-6662

Choices include American Kitchen home style food; vegan, vegetarian and organic food; Pan Asia authentic Chinese food; Sushi made to order; Charcoal's Grill; Panini and wraps made to order; self-service salad bar; and more than 100 varieties of beverages. At the Cheezy-Mac station create your own mac and cheese; Crazy Crepes; and a variety of "grab-n-go" food. The "Juice Event," open nightly until 11p.m., offers fresh squeezed juices, wheatgrass shots; hand rolled pretzels and an old fashioned ice cream bar.

California Pizza Kitchen

HOURS

Monday - Friday 11am - 2am
Saturday & Sunday 12pm - 2am
Delivery: Sunday - Thursday 8pm - 1am by calling (516) 463-6595
Eli's Kosher Kitchen (Glatt-Kosher)
HOURS
Monday - Thursday 11:00am - 8:00pm
Friday 11:00am - 3:00pm

Pura Vida

HOURS
Monday to Thursday: 8 a.m. to 11 p.m.
Friday and Saturday: 8 a.m. to 3 p.m.
Sunday: 9 a.m. to 2 p.m.
phone: (516) 463-4077
Offers organic coffee, cappuccino, latte and healthy smoothies, "Lighter by Choice" sandwiches and a selection of fresh baked low-fat muffins, scones and pastries. This not-for-profit organization sells only Fair Trade coffee, donating its resources to build schools, libraries, and fund scholarships for needy children

Rathskellar (Lower Level)

HOURS
Monday to Friday: 11 a.m. to 3 p.m.
phone: (516) 463-6662
Rathskellar offers a full line of grilled fare, burgers, chicken, a full-service deli, fresh baked goods and pre-packaged salads and fresh fruit.
Taro13 (Fresh made-to-order sushi, salads and bubble tea)
HOURS
Monday - Thursday 11am - 8pm
Friday 11am - 3pm

NETHERLANDS COMPLEX – Oak Street

The Netherlands

HOURS
Monday to Friday: 7:30 a.m. to 11 p.m.
Saturday: 10 a.m. to 8 p.m.
Sunday: 11 a.m. to 8 p.m.
phone: (516) 463-2962
Offers a traditional salad bar; comfort foods such as meat loaf, rotisserie chicken and homemade pot pies; burgers, steaks and gourmet sandwiches; and a variety of healthy snacks.

Convenience Store

HOURS
Monday to Friday: 9 a.m. to Midnight
Saturday: 10 a.m. to Midnight
Sunday: 11 a.m. to Midnight

Java Connect featuring Seattle's Best Coffee

HOURS
Monday to Friday: 7:30 a.m. to 11 p.m.
Saturday: 9 a.m. to 9 p.m.

Sunday: 9 a.m. to 9 p.m.

Subway

HOURS

Monday to Friday: 8 a.m. to 10 p.m.

Saturday: 10 a.m. to 8 p.m.

Sunday: 11 a.m. to 8 p.m.

HOFSTRA USA

Dutch Treats

HOURS

Open 24 hours a day, 7 days a week

phone: (516) 463-5135

Kate & Willie's

HOURS

Sunday to Thursday: 5 p.m. to 2 a.m.

Friday and Saturday: 5 p.m. to 9 p.m.

Saturday and Sunday Brunch: Noon to 4 p.m.

Dinner from 5 to 11 p.m. with table service

Late-night menu from 11 p.m. to 2 a.m.

phone: (516) 463-5132

DAVID S. MACK HALL

University Club

Breakfast, Monday to Friday: 7:30 a.m. to 9:30 a.m. (reservations required)

Lunch, Monday to Friday: 11:30 a.m. to 2:30 p.m. (reservations recommended)

Phone: (516) 463-6648

SOUTH CAMPUS

Axinn Library Café (Main Level)

HOURS

Monday to Thursday: 8 a.m. to midnight

Friday: 8 a.m. to 9 p.m.

Saturday: 10 a.m. to 10 p.m.

Sunday: 11 a.m. to 11 p.m.

phone: (516) 463-7036

Breslin Kiosk

Breslin Hall, South Campus

HOURS

Monday to Thursday: 8 a.m. to 8 p.m.

Friday: 8 a.m. to 2:30 p.m.

phone: (516) 463-4754

Café Bistro at Bits & Bytes

Memorial Hall, South Campus

HOURS

Monday to Thursday: 7:30 a.m. to 9 p.m.

Friday: 7:30 a.m.-3 p.m.

phone: (516) 463-6669

Cyber Café

Hagedorn Hall, South Campus

HOURS

Monday to Thursday: 8 a.m.-9 p.m.

Friday: 8 a.m. to 3 p.m.

phone: (516) 463-2652

Hofstra Deli

California Avenue, South Campus

HOURS

Monday to Thursday: 7:30 a.m.-9 p.m.

Friday: 7:30 a.m. to 5 p.m.

Saturday: 8:30 a.m. to 3 p.m.

phone: (516) 463-5064

Starbucks at Café on the Quad

Roosevelt Quad, South Campus

HOURS

Monday to Thursday: 7:30 a.m. to 8:30 p.m.

Friday: 8 a.m. to 5 p.m.

phone: (516) 463-6536

Starr Café

Main Level, C.V. Starr Hall, South Campus

HOURS

Monday to Thursday: 7:30 a.m. to 9 p.m.

Friday: 7:30 a.m. to 3 p.m.

phone: (516) 463-3664

Recreation/Athletic Facilities

Recreation Center

<http://www.hofstra.edu/StudentAffairs/StudentServices/RecCenter/index.html>

Athletic Facilities

http://www.gohofstra.com/ViewArticle.dbml?DB_OEM_ID=22200&KEY=&ATCLID=3714052

Parking/Campus Safety

Mack Public Safety & Information Center

(Corner of Hempstead Tpk. and California Ave.)

www.hofstra.edu/StudentAffairs/PublicSafety/index.html

publicsafety@hofstra.edu

Parking Regulations

http://www.hofstra.edu/StudentAffairs/PublicSafety/pubsaf_parking.html

Campus Safety http://www.hofstra.edu/StudentAffairs/PublicSafety/pubsaf_resources.html

Emergency Response Plan

<http://www.hofstra.edu/StudentAffairs/PublicSafety/emproc/index.html>

Campus Resources

Bookstore

Sondra and David S. Mack Student Center, North Campus (Atrium)

(516)463-6654

Consult the bookstore's Web page for their hours of service

<http://hofstra.bncollege.com/webapp/wcs/stores/servlet/BNCBHomePage?storeId=22561&catalogId=10001&langId=-1>

Hair/Nails Salon (HX Salon)

Sondra and David S. Mack Student Center, Suite 266

(516) 463-SNIP

http://www.hofstra.edu/StudentAffairs/StudentServices/stsv_hxsalon.html

The HX Salon is a full-service (see Web page for services and fees) salon. If a service is not listed on the Web page or a special request is needed, contact the salon. All salon stylists and nail technicians are New York State-licensed cosmetologists. Consult the Web page for the salon's hours.

Post Office (full service)

Sondra and David S. Mack Student Center (Lower-level)

Banking

ATM Locations on Campus

Chase ATM (David S. Mack Student Center, Atrium-Left of the entrance to the bookstore)

TD Bank ATM (David S. Mack Student Center Student Center, Atrium)

Nassau Educators Federal Credit Union (NEFCU)

ATM, Axinn Library/Unispan Entrance (near vending machines)

ATM, Sondra and David S. Mack Student Center (opposite the entrance to the bookstore)

Citibank ATM (Axinn Library/Unispan Entrance (near vending machines)

TD Bank

Sondra and David S. Mack Student Center, Atrium

Consult the bank's Web page for their services (including ATM):

http://www.hofstra.edu/StudentAffairs/StudentServices/stsv_td_bank_afs.html,

as well as their hours of service:

http://www.hofstra.edu/StudentAffairs/StudentServices/stsv_td_bank.html.

Infant & Child Care Center

The Diane Lindner-Goldberg Child Care Institute (CCI)

The Institute offers a quality early education program for infants, toddlers and preschoolers. The Child Care Institute (CCI) is licensed and accredited by The National Association for the Education of Young Children (NAEYC). The program focuses on the child's total development - social, emotional, cognitive and physical. The program offers developmentally appropriate activities for children ages 8 weeks to 5 years, providing opportunities for hands-on, integrated learning. Children are grouped according to age and ability. The child-to-staff ratio meets and exceeds those required by New York State licensing and NAEYC standards for excellence in care.

The CCI is open year-round, Monday through Friday, from 7:30 a.m. to 5:30 p.m. Nutritious breakfast, lunch and snacks are provided. Enrollment is year-round, and is open to the Hofstra Community and families living or working on Long Island. DSS subsidy and scholarship programs may be available for those that meet income eligibility guidelines.

DIRECTOR:

DONNA TUDDA, M.S., E.C.E.

(516) 463-5194

[Send an E-Mail](#)

Campus Shuttle Services and Schedule

Hofstra University operates two courtesy buses for the convenience of the Hofstra community. The bus schedule is designed to give optimum service to the members of the Hofstra community who may have need for transportation around the campus, to the Hempstead and Mineola Train Stations, and to other designated locations. The current schedules for the Hofstra Campus Shuttle and Train Schedules are available from the following Web addresses:

Train Shuttle (Monday through Friday):

http://www.hofstra.edu/pdf/about/infocenter/infocenter_shuttle_train_mf_0908.pdf

Train Shuttle (Saturday and Sunday):

http://www.hofstra.edu/pdf/about/infocenter/infocenter_shuttle_train_ss_fall.pdf

Campus Shuttle (Monday through Friday):

http://www.hofstra.edu/pdf/about/infocenter/infocenter_shuttle_campus_mf_fall.pdf

Weekend Shopping and Entertainment Shuttle:

http://www.hofstra.edu/pdf/about/infocenter/infocenter_shuttle_shopping_ss_fall.pdf

Campus Map

http://www.hofstra.edu/pdf/about/infocenter/infocenter_print_campusmap.pdf

Travel Directions

Using GPS?

Most GPS units allow you to select or search for Hofstra University in the Points of Interest section. If you need an address for navigation, use:

900 Fulton Avenue
Hempstead, NY 11550

Getting Here By Car

From New York City: From the Queens Midtown Tunnel, continue on the Long Island Expressway (I-495) East to exit 38, Northern State Parkway East, to the Meadowbrook Parkway South (exit 31A) ... Stay on the Meadowbrook Parkway until Exit M4 (sign reads "Hempstead" and "Coliseum") ... Follow "From All Points," below.

From southern New Jersey, southeast Pennsylvania, Maryland, Washington, D.C., and Virginia: Take N.J. Turnpike to Exit 13 ... Follow Route 278 to Verrazano-Narrows Bridge ... Take left exit off bridge onto the Belt Parkway East ... Take that to Exit 25A (Southern State Parkway East - the Belt Parkway splits, stay left) ... Take that to Exit 22N (Meadowbrook Parkway North) ... Stay on the Meadowbrook Parkway until Exit M4 (sign reads "Hempstead" and "Coliseum") ... Follow "From All Points," below.

From northwestern New Jersey, northern Pennsylvania, and the Middle States: Take either Interstate 78, Interstate 80, US Route 22, New Jersey Route 4, or New Jersey Route 17 to the George Washington Bridge ... Proceed over the bridge to the Cross Bronx Expressway onto the Throgs Neck Bridge ... Follow directions from Throgs Neck Bridge, detailed below.

From Upstate New York: Take New York Thruway over the Tappan Zee Bridge to Cross Westchester Expressway (Interstate 287) ... Stay on the Expressway to the New England Thruway ... Proceed south on the Thruway to Throgs Neck Bridge ... Follow directions from Throgs Neck Bridge, detailed below.

From New England: Proceed south to New England Thruway (Interstate 95) and take this to the Throgs Neck Bridge ... Follow directions from Throgs Neck Bridge, detailed below.

From the Throgs Neck Bridge: Take Cross Island Parkway (first exit over the bridge on right) to the Grand Central Parkway East (Exit 29, exit forks - stay left) ... Grand Central Parkway will become the Northern State Parkway East, follow to Exit 31A (Meadowbrook Parkway South) ... Take the Meadowbrook Parkway to Exit M4 (sign reads "Hempstead" and "Coliseum") ... Follow "From All Points," below.

From eastern Long Island: Take the Northern State Parkway West, to the Meadowbrook Parkway South (Exit 31A) or take the Southern State Parkway West to the Meadowbrook Parkway North (Exit 22N) ... Stay on the Meadowbrook Parkway until Exit M4 (sign reads "Hempstead" and "Coliseum") ... Follow "From All Points," below.

From John F. Kennedy Airport: Take the Belt Parkway East to Exit 25A (Southern State Parkway East) ...

Take that to Exit 22N (Meadowbrook Parkway North) ... Stay on the Meadowbrook Parkway until Exit M4 ... Follow "From All Points," below.

From LaGuardia Airport: Take the Grand Central Parkway East ... This will become the Northern State Parkway East ... Follow this to Exit 31A (Meadowbrook Parkway South) ... Take the Meadowbrook Parkway to Exit M4 (sign reads "Hempstead" and "Coliseum") ... Follow "From All Points," below.

From MacArthur Airport: Take Veterans Memorial Highway South to Sunrise Highway West to the Southern State Parkway West ... Take that to Exit 22N, then take Meadowbrook Parkway North to Exit M4 ... Follow "From All Points," below.

From All Points: From Exit M4 of the Meadowbrook Parkway you will be on Route 24 West (Hempstead Turnpike) ... Stay on 24W for about one mile ... Pass Nassau Coliseum ... Hofstra University is on both sides of Hempstead Turnpike ... You will see three overhead walkways ... For the North Campus Main Entrance, make the first right after the first overhead walkway. For the Admissions Center, make a left at the light just after the second walkway ... The Office of Admissions is in Bernon Hall, the first building on your left as you enter the parking lot. Welcome to Hofstra!

Getting Here By Rail Road

From New York City: The Long Island Rail Road provides regular commuter service from Pennsylvania Station in New York City to the Hempstead station, which is less than two miles from Hofstra's campus ... Pennsylvania Station is located at 34th Street and 8th Avenue, below Madison Square Garden. Take the Long Island Rail Road East on the Hempstead Branch to the final stop "Hempstead." Depending on the day and time, a complimentary blue Hofstra bus may be waiting at the station to take visitors and students to the Hofstra campus. The bus makes several stops on campus. Otherwise, just take a taxi for a short 5-minute trip to the Hofstra campus.

[Click here for complete Long Island Rail Road information and schedules](#)

Getting Here By Bus

Long Island Bus provides public bus service serving Hempstead, Hofstra University, Nassau University Medical Center, Levittown, Farmingdale, Melville, Sunrise Mall, Babylon, via Hempstead Turnpike. [Click here for N70/71/72 Schedule.](#)

[Click here for complete Long Island Bus information and schedules](#)

NORTH SHORE-LIJ HEALTH SYSTEM MAPS AND TRAVEL DIRECTIONS

Maps

LIJ Campus Map

<http://www.northshorelij.com/NSLIJ/LIJ+Campus+Map>

Zucker Hillside Hospital Campus Map

http://www.northshorelij.com/cs/Satellite?c=eHA_Content_C&cid=1228242771625&pagename=NSLIJ%2FCentral_Template#Campus_Map

Travel Directions

Web link to driving directions:

<http://www.northshorelij.com/cs/Satellite%3Fc%3DPage%26cid%3D1228242619903%26ehapubname>

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HONORS AND AWARDS

White Coat Ceremony
Graduation with Distinction
Teacher of the Year

White Coat Ceremony

The White Coat Ceremony signifies the beginning of your career as a medical student. This ceremony creates a psychological, intellectual, and ethical contract for the profession and promotes empathy in the practice of medicine from the very start of medical training. During the ceremony, you will be brought to the stage and “cloaked” in your first white coat. The white coat—the mantle of the medical profession—is a hands-on experience that underscores the bonding process. It is personally placed on your shoulders by individuals who believe in your ability to carry on the noble tradition of doctoring. It is a personally delivered gift of faith, confidence and compassion.

Students at Hofstra School of Medicine in Partnership with North Shore – LIJ Health System will participate in their white coat ceremony at the end of the first 9 weeks of medical school, after “From the Person to the Professional: Challenges, Privileges and Responsibilities” because we believe students have begun to learn and live by the values of the School of Medicine and have begun the transition “from the person to the professional.”

Graduation with Distinction

Those students who complete a significant piece of scholarly work are eligible for graduation with Distinction in Research. A subcommittee of the Student Advancement Committee determines whether a particular student will graduate with this honor. The annual Scholarship day’s program includes recognition of those graduating with Distinction in Research.

POLICIES

Academic Honesty
Academic Promotion and Graduation
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Appropriate Treatment of Medical Students in the Educational Setting
Bloodborne Pathogen Control Plan
Code of Professional Responsibility For Faculty
Conflict of Interest and Recusal Policy
Detecting and Preventing Fraud, Waste and Abuse
Disability Insurance
Drug-Free and Alcohol-Free Work-Place Policy
Equal Educational Opportunity and Student Nondiscrimination Policy
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Family Leave Policy
Gift Policies
Grade Appeal Process

Grading Policies
Grievance/Conflict Resolution Process
Harassment Policy
Health Insurance Portability and Accountability Act (HIPAA)
Intellectual Property Policy
Leave of Absence (LOA) Policy
Malpractice Insurance
Medical Student Work Hours
Required Immunizations
Research Policies
Responsibilities of All Hofstra Computer and Network Users
Rights and Responsibilities of Hofstra University Community Members
Sexual Assault Policy and Response Program
Smoke-Free Environment Policy
Statement of Professionalism
Student Advancement Appeal Process
Teacher-Learner Compact
Technical Non-Academic Standards
Transportation Policy
United States Medical Licensing Examination (USMLE) Requirement(s)

Academic Honesty

The Policy on and Procedures regarding Academic Honesty

Statement of Principles

A University is a community of faculty, students and administrators dedicated to the pursuit of learning and to the creation of new knowledge. Every individual in this community has an obligation to uphold its intellectual standards, which alone make education worthwhile. It is the responsibility of all members of the academic community to not only share knowledge, but also to communicate and act in a manner that demonstrates understanding of, and respect for, the process by which knowledge is produced. Individual analysis and synthesis, as well as independent evaluation by students of others' work, are vital components of all forms of graduate study, including the study of medicine. Therefore, students embrace active roles in their own education, and each student bears responsibility for his or her work. Anyone who refuses to accept this responsibility both misses the point of his or her education and proves unworthy of it. A student who commits any act of academic dishonesty, including knowingly helping another student to commit such an act, rejects such responsibility and may forfeit the right to remain a member of the academic community, particularly if he or she is unwilling or unable to recognize the seriousness of the offense and fails to demonstrate such recognition by abstaining from further violation of academic honesty.

Individuals learn and contribute to the body of knowledge and understanding by reviewing work already done and using it as the basis for generating new hypotheses, making new observations, and drawing new conclusions. Though the processes of learning and scholarship are collaborative, one's achievements in those processes are assessed on the basis of one's individual contributions. Therefore, academic honesty requires carefully distinguishing one's own work from that of others. Each individual must fully acknowledge when, where, and how his or her work refers to or depends upon that of others. This requires carefully delineating the boundary between one's work and the work of others.

The academic community assumes that work of any kind is done entirely, and without assistance, by the individual whose name it bears. If joint work is assigned, then the product is expected to be wholly

the work of those whose names it bears. If the work contains facts, ideas, opinions, discoveries, words, or other elements found in sources, these must be fully and appropriately acknowledged according to a prescribed format. In general terms, the conventional format consists of a bibliographic list of sources coupled with footnotes or parenthetical citations that serve to identify the precise derivation of each idea, fact, paraphrase, or quotation that comes from another's work.

Guidelines

It is particularly important for students to understand that it is not enough to identify the source of quoted material; it also is necessary to indicate when one is paraphrasing material found in a source. Thus, the use of others' ideas as well as their words requires acknowledgement. Standard guides for these matters include: Style and Format: The CBE Manual for Authors, Editors, and Publishers; the MLA Handbook for Writers of Research Papers; and the Chicago Manual of Style.

Violations

Any violation of these principles constitutes academic dishonesty. It is critical for students to avoid even the appearance of dishonesty. In simplest terms, academic dishonesty refers to using unauthorized assistance or making false representations in work submitted for academic credit or knowingly helping others to use unauthorized assistance or make false representations in such work. Academic dishonesty includes, but is not limited to, the following offenses.

A. Violations Regarding Examinations

1. Obtaining unauthorized information concerning an examination and/or giving such information to another student
2. Communicating with anyone, other than a designated proctor, during an examination
3. Reading or copying another student's responses during an examination
4. Possessing and/or consulting unauthorized materials or tools during an examination
5. Without proper authorization, beginning an examination before the prescribed time or continuing to work on it after the prescribed time
6. Failing to submit all examination materials at the conclusion of an examination, or removing examination materials from the room without authorization
7. Having another person take an examination in one's place
8. Submitting work produced with unauthorized collaboration or assistance

B. Violations Regarding Plagiarism

1. Copying or substantially copying someone else's words without both citing the author of the quotation and using quotation marks or an indented block quotation
2. Paraphrasing someone else's words or work without citing the source
3. Using paid "research services"
4. Copying from another's paper, computer disk, or web-based work
5. Submitting work produced with unauthorized collaboration or assistance

C. Other Violations

1. Submitting the same or significantly similar work for credit in more than one course without the consent of the involved faculty members
2. Falsifying experimental or clinical data
3. Using computer programs or data without proper authorization or acknowledgement
4. Making one's own academic work available to others for presentation as the recipients' own

Procedures for Addressing Violations

- A. The names of all students involved in academic dishonesty issues shall be held confidential.
- B. Any question of academic dishonesty should first be addressed through discussion between the student and the instructor. The faculty member must explain the nature of the alleged

- offense, inquire into the student's knowledge of its character and seriousness, ascertain the student's motivation, and consider any relevant information the student wishes to provide.
- C. When, after discussing the alleged offense with the student or making a good-faith effort to do so, a faculty member determines that a violation of academic honesty has occurred, the instructor shall determine the penalty (if any) within the context of the course, and provide both the student and the Senior Associate Dean for Academic Affairs, within ten days of determining that such a violation has occurred, with a written description of the nature of the violation, the rationale for the penalty (if any), and the student's right to appeal.
 - D. Students who commit a second violation of academic honesty shall be subject to suspension or dismissal from the School of Medicine.

Procedures for Review and Appeal

- A. A student has the right to appeal a charge of academic dishonesty, the grade resulting from the charge, or a suspension/dismissal decision. The student can appeal on the following grounds: a) the evidence does not adequately prove that the students violated academic honesty; b) the penalty imposed was not appropriate, reasonable, or just; c) proper procedures for addressing academic honesty issues were not followed.
- B. If a student chooses to appeal, he or she must do so, in writing, to the Senior Associate Dean for Academic Affairs within ten days of receipt of the written description of the violation and action taken. The dean may elect to:
 - 1. take no action, allowing the faculty's member's report and penalty imposed to stand
 - 2. mediate between the student and the faculty member
 - 3. Convene the Student Disciplinary Committee to examine the charge, penalty and/or decision

The Student Disciplinary Committee shall be composed three School of Medicine faculty members, a faculty chair, a representative from Student Affairs and three students, with no representative from the class of the involved student (first year?). The student must submit to the committee a written statement delineating an argument supporting his or her appeal. The committee shall have the authority to investigate the matter fully and to request material from the student and the faculty member(s) involved. The Committee shall review the case de novo, presuming innocence of the student. It shall determine whether: a) the evidence adequately proves that the student violated academic honesty; b) the penalty imposed was appropriate, reasonable and just; and c) proper procedures were followed. The student may have an advisor of his or her choice from within the University present at his or her meeting with the Committee, but that adviser may not address the Committee. In all cases, the Student Disciplinary Committee's decision shall be conveyed, in writing, to the student who initiated the appeal, the faculty member involved, the Senior Associate Dean for Academic Affairs, and the Dean.

Academic Promotion and Graduation

The standards and procedures for evaluation, advancement, and graduation of medical students are aligned with the structure of the integrated approach to medical education in the School of Medicine. Each student's progress toward achievement of the educational goals and objectives of the School is evaluated in a formative as well as summative manner on a regular basis throughout the four years of the educational program. Advancement follows comprehensive evaluation of each student's performance in a particular medical educational year to determine that student's preparedness for the next year of medical study. In order to graduate, students must receive at least a "Pass" grade in all required elements of the curriculum. Part of the comprehensive evaluation prior to advancement entails documentation of each student's adherence to the technical non-academic standards and the standards of professionalism, as described in the Student Handbook.

Any breach in professional behavior, as defined in the School of Medicine's Professionalism Statement, may result in academic/disciplinary action against the student. Students will be held to these standards of altruism, accountability, responsibility, excellence, duty, honesty, integrity, and respect for others at all times. The following procedural guidelines apply for any faculty member, student, or other individual who believes that a student has acted unprofessionally by, for example, cheating on an examination, plagiarizing someone else's work, falsifying data, behaving abusively toward another student, preceptor, professor or other staff member, or irresponsibly communicating verbally or in writing, including in emails, social networking sites or other web-based forums.

All unprofessional behavior must be reported to the Office of Student Affairs. The Office may resolve the issue or refer the issue to the Student Advancement Committee within 10 days of reporting the alleged offense. The Committee will adjudicate the incident and notify the student, in writing, of its decision within 10 days of its being convened. Adjudication could result in dismissal of the allegation, a formal reprimand, failure in a course and subsequent remediation, suspension, or expulsion from the School.

A student will have the right to appeal any decision of the Student Advancement Committee. All appeals must be made to the Dean within 10 days receipt of the Committee's decision. The Dean may elect to:

1. take no action, allowing the committee's report and penalty imposed to stand;
2. modify the penalties and/or decisions of the committee; or
3. empanel an Ad Hoc Appeals Committee to examine the charge, penalty, and/or decision.

The Ad Hoc Appeals Committee shall be composed of three to five faculty members of the School of Medicine. The student must submit to the committee a written statement delineating an argument supporting his or her appeal. The committee shall have the authority to investigate the matter fully and to request material from the student and the faculty member(s) involved. The student may have an adviser of his or her choice from within the University present at his or her meeting with the Committee, but that adviser may not address the Committee. In all cases, the Ad Hoc Committee's decision shall be conveyed, in writing, to the student who initiated the appeal, the faculty member involved, and the Dean. The Dean's decision in all such matters is final.

Alcohol/Drug Policy

STATEMENT ON DRUGS AND ALCOHOL

DRUGS

Standard of Conduct

Possession, use and/or distribution of unprescribed and/or illegal controlled substances, prescribed medical drugs that were unlawfully obtained or are being unlawfully or abusively used, and related paraphernalia are strictly prohibited on any area of campus. In addition, the abusive or unlawful use of over-the-counter drugs is strictly forbidden. Any violation of this policy is also considered a violation of the Student Conduct Codes.

University Sanctions

Students who possess, use and/or distribute illegal drugs, prescribed medical drugs that were unlawfully obtained or are being unlawfully used, or drug paraphernalia on Hofstra University property will be subject to a minimum sanction of disciplinary warning and mandatory attendance at an educational seminar. Repeat offenders may face more severe penalties, including automatic suspension and/or removal from the residence halls. Students who distribute controlled substances or

possess such substances with the intent to distribute will be subject to a minimum sanction of suspension from the University and could face expulsion from the University.

Local, State and Federal Laws

In addition to sanctions imposed by the University, drug violations may be referred to the appropriate external authorities. Under local, state and federal laws, such as the New York State Penal Law and the Federal Controlled Substance Act, violations as specified above may result in penalties ranging from fines through imprisonment. A list of penalties for federal drug offenses can be found on the U.S. Drug Enforcement Administration's Web site at dea.gov/agency/penalties.htm. If a student is convicted of a drug-related offense under local, state or federal law, financial aid will be revoked for a specified period of time.

Health Risks

The health risks caused by drug use vary depending on the drug involved. Studies have shown that marijuana contributes to sterility in men, destroys brain cells and leads to diseases associated with cigarette smoking. The use of cocaine or any cocaine-based substance may cause heart failure, erratic behavior, personality changes, birth defects, loss of appetite, paranoia and mood swings. The use of drugs without a doctor's supervision may also cause serious health difficulties. In addition, the abuse of any substance can adversely affect relationships, employment, academic and athletic performance and self-esteem.

Treatment

The University provides confidential counseling services to students. Student Counseling Services is located at the Saltzman Community Services Center and can be reached at **(516) 463-6793**. Student Counseling Services personnel will provide referrals to both in- and outpatient treatment facilities in the vicinity of Hofstra.

ALCOHOL

Standard of Conduct

Possession, distribution, use and/or consumption of alcohol by students under 21 years of age is strictly prohibited on campus. The operation of a motor vehicle by a driver who is legally impaired or intoxicated (reckless driving) is also prohibited. In addition, consumption of alcohol and/or possession of open containers of alcohol by any student in public areas, such as hallways, lounges, parking lots, the Mack Student Center, athletic fields and at athletic events without express authorization from the Dean of Students Office is not permitted. No alcohol is permitted at Greek rush events. When alcohol is authorized to be served at an event on campus, no person shall be sold or served alcohol who a) is or appears to be intoxicated, or b) is under the legal drinking age of 21. When alcohol is authorized to be served at an event on campus, nonalcoholic beverages and food must also be made available. Any violation of this policy is also considered a violation of the Student Conduct Codes.

University Sanctions

Students who violate any of the above alcohol regulations will be subject to a minimum penalty of a disciplinary warning. Subsequent offenses will result in more serious action. Please refer to Hofstra University's *Community Standards*.

Local and State Laws

In addition to sanctions imposed by the University, alcohol violations may be referred to the appropriate external authorities. Under local and state laws, such as the New York State Penal Law, Vehicle and Traffic Law, and Alcoholic Beverage Control Law, violations may result in penalties ranging from fines through suspension of a driver's license and possible imprisonment.

Health Risks

Use of alcohol may result in mood changes, impulsive actions, loss of judgment and loss of

coordination. Excessive use of alcohol may cause heart damage, liver damage, damage to the digestive tract, cancer, brain damage, mental disorders, loss of sexual function, blood disorders and birth defects. Also, long-term alcohol use may affect relationships, employment, academic and athletic performance, and self-esteem. Students will be held completely responsible for any violation of University policy while under the influence of alcohol.

Treatment

The University provides confidential counseling services to students. Counseling Services is located at the Saltzman Community Services Center and can be reached at **(516) 463-6793**. Student Counseling Services personnel will provide referrals to both in- and out-patient treatment facilities in the vicinity of Hofstra. The foregoing is provided in compliance with section 1213 of the Higher Education Act of 1965, as amended by the Drug-Free Schools and Communities Act Amendments of 1989 [20 U.S.C. 1145g].

Appropriate Treatment of Medical Students in the Educational Setting

The Hofstra University School of Medicine *in partnership with* North Shore-LIJ Health System strives to provide an educational environment that supports rational discourse, diversity of views, and open inquiry and expression between teachers and medical students. As articulated in the School's value of *Learning*,

"We value as preeminent the process and complexity of learning and will organize our school as a learning community that respects and supports the individual learning needs of our students to ensure their success. We value learning over teaching and will continuously seek to develop the skills necessary for our faculty to nurture the learning of our students and the entire community. We will celebrate the involvement of our students as they help shape the future health of our community. Our learning community will be a respectful, inclusive, collaborative environment where students, faculty and university learn and grow together."

To achieve excellence in education, patient care, research and service, the School recognizes that frank feedback to students and constructive criticism regarding student performance are necessary. To ensure that feedback and criticism are delivered in a manner appropriate to a strong, mutually respectful teacher-learner relationship, the School has adopted a Teacher- Learner Compact. All faculty members, residents and students must sign a statement committing to uphold this compact as a condition of their appointment to the faculty or graduate programs or upon matriculation in the School of Medicine.

TEACHER LEARNER COMPACT

Preparation for a career in medicine demands the acquisition of a large fund of knowledge and a host of special skills. It also demands the strengthening of those virtues that undergird the doctor/patient relationship, and sustain the profession of medicine as a moral enterprise. This Compact serves both as a pledge and as a reminder to teachers and learners that their conduct in fulfilling their mutual obligations is the medium through which the profession inculcates its ethical values.

GUIDING PRINCIPLES

DUTY: Medical educators have a duty not only to convey the knowledge and skills required for delivering the profession's contemporary standard of care, but also to inculcate the values and attitudes required for preserving the medical profession's social contract across generations.

INTEGRITY: The learning environments conducive to conveying professional values must be suffused with integrity. Students learn enduring lessons of professionalism by observing and emulating role

models who epitomize authentic professional values and attitudes.

RESPECT: Fundamental to the ethic of medicine is respect for every individual. Mutual respect between learners, as novice members of the medical profession, and their teachers, as experienced and esteemed professionals, is essential for nurturing that ethic. Given the inherently hierarchical nature of the teacher/learner relationship, teachers have a special obligation to ensure that students and residents are always treated respectfully.

COMMITMENTS OF FACULTY

- We pledge our utmost effort to ensure that all components of the educational program for students and residents are of high quality.
- As mentors for our student and resident colleagues, we maintain high professional standards in all of our interactions with patients, colleagues, and staff.
- We respect all students and residents as individuals, without regard to gender, race, national origin, religion, or sexual orientation; we will not tolerate anyone who manifests disrespect or who expresses biased attitudes towards any student or resident.
- We pledge that students and residents will have sufficient time to fulfill personal and family obligations, to enjoy recreational activities, and to obtain adequate rest: we monitor and, when necessary, reduce the time required to fulfill educational objectives, including time required for “call” on clinical rotations, to ensure students’ and residents’ well being.
- In nurturing both the intellectual and the personal development of students and residents, we celebrate expressions of professional attitudes and behaviors, as well as achievement of academic excellence.
- We do not tolerate any abuse or exploitation of students or residents.
- We encourage any student or resident who experiences mistreatment or who witnesses unprofessional behavior to report the facts immediately to appropriate faculty or staff: we treat all such reports as confidential, and do not tolerate reprisals or retaliations of any kind.

COMMITMENTS OF STUDENTS AND RESIDENTS

- We pledge our utmost effort to acquire the knowledge, skills, attitudes, and behaviors required to fulfill all educational objectives established by the faculty.
- We cherish the professional virtues of honesty, compassion, integrity, fidelity, and dependability.
- We pledge to respect all faculty members, and all students and residents as individuals, without regard to gender, race, national origin, religion, or sexual orientation.
- As physicians in training, we embrace the highest standards of the medical profession, and pledge to conduct ourselves accordingly in all of our interactions with patients, colleagues, and staff.

Relationship between the Teacher-Learner Compact and Student Mistreatment

The goal of the Teacher-Learner Compact is to support an educational environment in which students, residents and faculty members learn in a productive, mutually respectful manner.

Inappropriate treatment of medical students violates the principles of the Teacher-Learner Compact.

Examples of inappropriate treatment include, but are not limited to:

- Comments or actions that berate, humiliate, or intimidate
- Intellectual bullying
- Deliberate, repeated exclusion from reasonable learning venues
- Non-objective grading and assessment of performance
- Requests for performance of personal services
- Assignment of punitive tasks
- Physical threats or actions of any kind.

These examples exclude constructively and sensitively delivered performance feedback which, although sometimes discouraging, is critical for educational progress and professional development.

Procedures for Addressing Allegations of Student Mistreatment

The School of Medicine has defined, formal procedures for reporting and investigating allegations of student mistreatment. Students may report perceived incidents of mistreatment through one of the following mechanisms:

- As part of the formal course evaluations. These reports will be compiled by the Office of Assessment and Educational Research and shared with the course director. The course director will be responsible for sharing and discussing reports of unprofessional behavior with the faculty member or resident.
- Through the student course liaisons. The course liaisons will be responsible for reviewing the allegation with the appropriate course director or with the Assistant Dean for Student Affairs.
- Through direct conversation with their Society Master or the Assistant Dean for Student Affairs.
- Through the School of Medicine Ombudsman.

Once an incident has been reported, the course director, Society Master, or Assistant Dean for Student Affairs will approach the involved faculty member. If they are unable to resolve the issue, or if the issue arises again, it will be presented to the Senior Associate Dean for Academic Affairs who, working with the faculty member's Department Chair, can either resolve the issue or empanel an ad hoc committee to investigate the allegation and make a recommendation for subsequent action to the Dean.

Bloodborne Pathogen Control Plan

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

PURPOSE

THIS PLAN IS A TEACHING TOOL DESIGNED TO EDUCATE PERSONNEL ABOUT INFECTION CONTROL IN THE WORKPLACE. THE FOCUS SHALL BE ON OCCUPATIONAL TRANSMISSION OF BLOODBORNE DISEASES. THIS EXPOSURE CONTROL PLAN SHALL BE AN INTEGRAL PART OF THE INFECTION CONTROL PROGRAM.

SCOPE

THIS PLAN APPLIES TO ALL EMPLOYEES WHO COULD BE EXPOSED TO BLOOD AND OTHER POTENTIALLY INFECTIOUS MATERIAL AS A RESULT OF PERFORMING THEIR JOB DUTIES.

GOAL

TO LIMIT OCCUPATIONAL EXPOSURE TO BLOOD AND OTHER POTENTIALLY INFECTIOUS MATERIALS BY PROVIDING A SAFE AND HEALTHFUL WORK ENVIRONMENT, THEREBY MINIMIZING THE RISK OF INFECTION TO EMPLOYEES, PATIENTS, AND VISITORS IN ACCORDANCE WITH OSHA STANDARD 29 CFR 1910.1030, OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS.

REFERENCES

Department of Labor, OSHA 29CFR 1910.1030. Occupational Exposure to Bloodborne Pathogens. Federal Register 1991;56:64004-182.

Department of Labor, OSHA 29 CFR 1910. Occupational Exposure to Bloodborne Pathogens; Needlesticks and Other Sharps Injuries. Federal Register 2001;66:5318-25.

Centers for Disease Control and Prevention, U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV, Recommendations for Post exposure Prophylaxis. MMWR 2001;50:RR-11.

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- EMPLOYEES WITH NO EXPOSURE TO BLOOD OR BODY FLUID
- HEPATITIS B VACCINATION DECLINATION FORM

I – GENERAL

Occupational Safety and Health Administration, Bloodborne Pathogens Standard, codified as 29 CFR 1910.1030, pertains to employees in facilities who could be "reasonably anticipated" to come in contact with blood or other potentially infectious material. Employees face a significant health risk because they may contact bloodborne pathogens as the result of occupational exposure to blood and other potentially (OPIM) infectious materials. The purpose of the standard is to reduce occupational exposure to Hepatitis B virus (HBV), Human Immunodeficiency Virus (HIV) and other pathogens that can be transmitted to employees in their workplace. This Exposure Control Plan outlines the facilities efforts to decrease the occupational risk of acquiring a bloodborne disease. The best approach to accomplish this is to avoid accidental exposure or unprotected contact with these materials in your work place. This is done with training and the correct use of protective equipment such as gloves, outerwear, eye, mouth and nose protection. When these precautions are used, work with hazardous materials can be safely achieved.

This exposure control plan identifies tasks and procedures as well as job classification where occupational exposure to blood occurs without regard to protective clothing and equipment. All employees potentially at risk shall meet specific training requirements that are job/task specific. This exposure plan can be obtained upon his/her request within 15 days. The plan can be obtained from the Safety Officer, Infection Control Practitioner, or the Department Head who shall keep this plan accessible to all staff. The Chairman of the Infection Control Committee and the Safety Committee will review it at least annually. Updates, changes, and revisions shall be made, presented and approved by the Infection Control Committee, Safety Committee, and Performance Improvement Coordinating Group and then submitted to the Medical Board.

II - HOSPITAL'S INFECTION CONTROL PROGRAM

Since it is possible to become infected through a single exposure, opportunities for exposure must be prevented to the greatest degree possible. This goal can be achieved by developing an infection-control program that identifies tasks that may result in exposure and prescribes precautions that can be taken to minimize exposure risks. In addition, the Infection Control Program focuses on infections that contributes to increased morbidity and mortality. The program utilizes research and experience to prevent and control infections. The Infection Control Committee discusses, makes decision and establishes policies for infection control. The committee's primary function is to be the hospital's advocate for prevention of infections. The chairman of the committee is a physician who has specialized training in hospital epidemiology. The responsibility for carrying out decisions and policies is placed upon the various clinical and supportive services. The Infection Control Practitioner, who has received a certificate from the Certification Board of Infection Control, is responsible for surveillance and evaluation of control efforts. Refer to the Infection Control Manual for various protocols that interrupt disease transmission and prevention.

III - TRAINING

Training shall be given to all employees who, as the result of performing their job duties, could be "reasonably anticipated" to come in contact with blood and other potentially infectious materials. The Infection Control Practitioner at General Orientation shall give an initial training session monthly. Additional training specialized according to responsibilities or prior to performing a new exposure prone task/procedure shall be given during area orientation sessions. After the initial training session all employees shall receive yearly training by the designated area/department trainer or the Infection Control Practitioner. Education and Training or Infection Control Practitioner shall train the area

trainer. The training shall emphasize prevention. The minimal training program elements are:

- A general discussion of bloodborne diseases, emphasizing epidemiology, symptoms of each disease, modes of transmission.
- An explanation of the appropriate methods for recognizing tasks and other activities that involve exposure to blood or other potentially infectious materials.
- An explanation of the use, limitations, and methods that will prevent or reduce exposure including: engineering controls, work practices, and personal protective equipment.
- Use of Standard Precautions to comply with provisions for worker protection.
- Explanation of work practices, engineering controls, and protective garments to minimize/eliminate risk.
- An explanation of the reasons for selecting personal protective equipment.
- An explanation of the proper use, location, handling, decontamination, and disposal of personal protective equipment.
- Handling procedures for sharps, specimens, laundry, and regulated medical waste.
- Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- An explanation of the procedures to follow up if an exposure incident occurs. Include the method of reporting the incident and the medical follow up to be made available.
- Explain the hazardous communication labels and signs that are in place on containers and around workstations.
- An explanation of the Exposure Control Plan and how to obtain a copy of the written plan. The plan includes a copy of the regulation.
- Provide an opportunity for interactive questions and answers with the person conducting the training session.
- The director of each department shall maintain records of all educational training.

IV - EPIDEMIOLOGY, SYMPTOMS, MODES OF TRANSMISSION OF BLOODBORNE DISEASES

While Human immunodeficiency virus and hepatitis virus are specifically identified in this Exposure Control Plan, the terms bloodborne pathogen or bloodborne disease includes any pathogenic microorganism that is present in human blood or other potentially infectious material (OPIM) that can infect and cause disease in persons who are exposed to blood containing the pathogen.

Human immunodeficiency virus (HIV) - HIV, the virus that causes acquired immunodeficiency syndrome (AIDS), attacks and destroys the immune system (CD4 helper cells), leaving the individual unable to fight off many disease-producing organisms. In the early stages of HIV, there are no symptoms. As the disease progresses, the individual may develop recurrent fevers, diarrhea, weight loss, swollen lymph glands and yeast infections. When the CD4 cells drop below 500 or the individual develops an indicator disease, such as Pneumocystis pneumonia, oropharyngeal candidiasis, Kaposi Sarcoma, etc., the diagnosis of AIDS is made.

HIV is transmitted through sexual contact, exposure to infected blood or blood components and vertically (prenatal from mother to neonate). Infectious materials include semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and body fluid visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. They also include any unfixed tissue or organ other than intact skin from a human (living or dead) and human immunodeficiency virus (HIV) - hepatitis B (HBV) - containing culture medium or other solutions, as well as blood, organs or other tissues from experimental animals infected with HIV or HBV. Although HIV has been isolated

in the above fluids, the modes of transmission in the healthcare setting are: puncture exposure, injury by a needle or other sharp object; mucous membrane exposure, exposure of mouth, nose, or conjunctiva; and open wound exposure, contamination of open incisions, abrasions, or lacerations by infectious fluids.

Hepatitis: hepatitis is used for up to five strains (A, B, C, D, E) that are clinically similar diseases but are etiologically and epidemiological distinct. Hepatitis A (formerly called infectious hepatitis) and Hepatitis E are primarily transmitted via the fecal-oral route. Hepatitis B, C and D are bloodborne pathogens and Hepatitis B and C have been associated with nosocomial transmission.

Hepatitis B: the hepatitis B virus (HBV) causes Hepatitis B infection which multiplies in the liver and causes hepatic dysfunction. HBsAg is found on the surface of the virus, it can be detected in serum 30-60 days after exposure to HBV. Another antigen, hepatitis Be antigen (HBeAg), may be detected in samples of persons with acute or chronic HBV infection. The presence of HBeAg correlates with high infectivity. The incubation period of hepatitis B is long (45-160 days; average - 75), and the onset of acute disease is generally insidious. Clinical symptoms and signs include anorexia, malaise, nausea, vomiting, abdominal pain, jaundice, skin rashes, arthralgias, and arthritis. The case-fatality rate for reported cases is approximately 1.4%. A variable proportion of individuals infected with HBV will become chronically infected with the virus. The HBV carrier is central to the epidemiology of HBV transmission. The risk of developing chronic infection is age-dependent with infants having a 90% chance of developing chronic infection when infected at birth. Carriers and persons with acute infections have the highest concentrations of HBV in blood and serous fluids. A lower concentration is present in other body fluids, such as saliva and semen. Transmission occurs via percutaneous or permucosal routes, and infectious blood or body fluids can be introduced at birth, through sexual contact, or by contaminated needles. Infection can also occur in settings of continuous close personal contact (such as in households or among children in institutions for the developmentally disabled), presumably via unapparent or unnoticed contact of infectious secretions with skin lesions or mucosal surfaces. Transmission of infection by transfusion of blood or blood products is rare because of routine screening of blood for BsAg and because of current donor selection procedures. Transmission of HBV from infected health-care workers to patients is uncommon but has been documented during types of invasive procedures. HBsAg-positive health-care workers need not be restricted from patient contact unless they have been epidemiological associated with HBV transmission. Rather, they are educated about the potential mechanisms of HBV transmission. The modes of transmission for hepatitis B are similar to those of HIV. The potential transmission of hepatitis B is greater than for HIV. Both have been transmitted in occupational settings only by percutaneous inoculation or contact with open wound, non-intact skin, or mucous membrane to blood, blood-contaminated fluids, or concentrated virus. The probability that infection will occur in a susceptible host after parental exposure to blood ranges from 6% - 30%. The risk of HIV following a needle stick exposure to blood from a patient known to be infected with HIV is approximately 0.3%. Protection measures against transmission are the primary focus.

Delta Hepatitis: The delta virus (also known as hepatitis D virus (HDV) is a defective virus that causes infection only in the presence of active HBV infection. Infection may occur as either coinfection with HBV or superinfection of an HBV carrier, each of which usually causes an episode of clinical acute hepatitis. The estimated incubation period for HDV super infection is approximately two to eight weeks while the incubation for co-infection is similar to HBV. Coinfection usually resolves, whereas super infection frequently causes chronic HDV infection and chronic hepatitis. Both types of infection may cause fulminant hepatitis. Routes of transmission are similar to those of HBV. Since HDV cannot exist alone, HBV vaccination will protect you from both HBV and HDV.

Hepatitis C: Like HBV, hepatitis C virus (HCV) poses an occupational risk to the HCW. Hepatitis C is the agent responsible for most cases (up to 40%) of parenterally transmitted non-A, non-B

hepatitis. HCV has epidemiologic characteristics similar to those of HBV although the symptoms are usually milder and most children are asymptomatic. About 85% develop chronic HCV with 70% developing chronic liver disease. HCV can be transmitted by large or repeated exposures to blood. Groups at high risk of acquiring this disease include transfusion recipients, parenteral drug users, and dialysis patients. Health care workers must adhere to standard precautions and use appropriate barriers to minimize risk of transmission. At present, there is no vaccine available to prevent HCV infection. Antiviral drugs, i.e. interferon and ribavirin, have been approved for treatment of chronic HCV.

Summary of Hepatitis A-E

Type	Mode of Transmission	Vaccine	Recommendations
B	Parenteral/Sexual Vertical	Yes	in addition to Standard Precautions -pre-exposure immunization -post-exposure prophylaxis (vaccine &/or Hepatitis B immune globulin (HBIG)
C	Parenteral/Sexual Vertical	No	-baseline/follow-up testing -no post-exposure
D	Concurrent infection with Hepatitis B	HBV vaccine	-same as HBV
E	Fecal-Oral	No	-improve sanitation -Ig for travelers may not protect

OTHERS - Pathogenic microorganisms can also cause disease such as Malaria, Syphilis, Babesiosis, Brucellosis, Leptospirosis, arboviral infection, relapsing fever, Creutzfeld-Jakob, adult T-cell lymphoma (caused by HTLV-I), HTLV I associated myelopathy, diseases associated with HTLV II, and viral hemorrhagic.

V - METHODS OF REDUCING EXPOSURE

An exposure is defined as percutaneous or mucous membrane exposure to blood or body fluids of any patient, including needle or other sharp stick or cut, blood splash on an open cut or wound, or splash to mouth or eyes. Employees incur risk of infection and illness each time they are exposed to blood or other potentially infectious materials. Therefore, interrupting the modes of transmission reduces and may eliminate employee exposure incidents to bloodborne pathogens. A means of decreasing exposures is to determine exposure prone activities and staff that perform those tasks/procedures.

When individuals at risk and procedures are identified, preventative measures can be taken. Preventing exposure incidence requires education of the select group to the following exposure reducing methods: (*) Standard Precautions, which considers all patients potentially infectious with a bloodborne pathogen and stresses adherence to particular infection control precautions. (*) Use of engineering controls in certain work situations. (*) Use of work practices and altering the task to decrease risk of exposure. (*) Use of select personal protective equipment to prevent skin/mucous membrane contamination. (*) Purpose of housekeeping and cleaning schedules. (*) Procedures for cleaning and caring for equipment. (*) Purpose of laundry practices. (*) Immunization of staff with the hepatitis B vaccine. (*) Post exposure evaluation plan/follow-up program.

HANDWASHING - Handwashing is primarily the mechanical removal of dirt and the reduction of microorganisms by sudsing, friction, and rinsing with running water. It is frequently called the single most important measure to reduce the risks of transmitting microorganisms from one person to another or from one site to another on the same patient. These guidelines are intended to reduce

carriage of pathogens on the hands. Antimicrobial handwashes are available to employees as well as the alcohol based hand gel. Refer to the Hand Hygiene Protocol.

STANDARD PRECAUTIONS - Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals. Standard Precautions apply to:

- Blood
- All body fluids, secretions and excretions, except sweat, whether or not they contain visible blood
- non-intact skin
- mucous membranes

Standard precautions shall be used when caring for all patients, especially in settings where the risk of blood exposure is increased. All staff potentially at risk of blood and/or body fluid exposure shall observe the following. The uses of barrier techniques (gloves, mask, gown, goggles, etc.) to prevent skin or mucous membrane exposure.

Basic principles for PPE selection:	Gloves	Gown	mask	goggles
Examining mouth, genitalia, rectum	X			
Blood drawing	X			
Contact with non-intact skin	X			
Direct contact with excreta	X	XX		
Endoscopy/bronchoscopy	X	XX	XX	XX
Surgical procedures in the OR	X	* XX	XX	XX
Minor surgery with minimal bleeding (Bedside, clinic, or office)	X			
Handling soiled instruments	X			
Cleaning soiled instruments	X	XX	XX	XX

X - Always

XX - Only when soiling is likely

* - Exception by procedure, i.e. microsurgery

ENGINEERING CONTROLS

Engineering design plays an important role in the management of biohazards. The goal for engineering controls is the prevention of healthcare worker exposure to infection or injury by controlling worker exposure to the infectious or biohazardous agent. This is done by the following methods:

- The use of primary containment devices is the preferred method for the control of biohazards. worker exposure is controlled by utilizing a primary barrier. An example is handwashing facilities that are accessible to employees.
- Splash guards
- Leak proof, puncture-resistant containers for used needles and other contaminated sharp items.
- Racks near each patient room to hold personal protective equipment or at a known designated area for personal protective equipment.
- Needle safety devices, i.e. safety butterfly, retractable lancet, IV connecting sets without needles, a device that covers a needle after use, and plastic capillary tubes.
- Active and passive safety devices are introduced based on the facility's needle stick injuries.
- Non-managerial employee input is solicited by a Sharps Safety questionnaire to those employees that have direct patient care. The questions asked: Can you indicate any work practice controls and/or engineering controls (i.e. sharps safety devices, instruments, equipment) that could further reduce your exposure to blood and/or body fluid, needle sticks and other sharps injuries? The same question appears and is asked on weekly Hazardous Surveillance Rounds and the individual unit/department Environmental Self-Audit. All responses are correlated and analyzed for

engineering and work practice improvements.

- The following checked items are those currently in the facility. The other devices are available and may be considered at a later date based on needle stick and other sharp related injuries. The devices will be prioritized based on risk factors for needle stick. Introduction of a new product will follow the protocol outlined by the Products Standardization Committee.

Type of device Manufacturer	Purpose	Type of feature	Available
Winged needle- Butterfly - BD	Phlebotomy Infusion	Active	Yes
Vascular access systems BD changed to Abbott 06/01	Administer fluids, medications	Active	Yes
Blood gas syringe - Simms - Portex	Obtain arterial blood for analysis	Active	Yes
Hemodialysis access device	Device used to connect the dialysis machine to the patient	Active	Yes
Lancet - BD	Use to obtain a small amount of blood.	Passive	Yes
Phlebotomy Needle - Simms - Portex	Use for phlebotomy procedures.	Active	Yes
IV catheter stylet - Autogard IV catheter	Access device for an IV administration	Active	Yes
Glass items for laboratory testing	Blood/body fluid collection device	Glass products were converted to plastic	Yes
Syringes with retractable needle/ Blunt tipped needles	Use for skin injections or phlebotomy procedures.	Passive insulin syringes	Yes
Scalpel blades	Make an incision	Active	Yes

- Structure of the Products Committee
In an effort to standardize and institute the used throughout the North Shore-Long Island Jewish Health System and thereby reduce percutaneous injuries and associated bloodborne pathogen exposure, a Health System-side initiative has been undertaken. Part of the impetus for the initiative is a revised OSHA compliance directive on the Bloodborne Pathogen Standard, which requires the use of sharps safety devices and proper work practices to reduce injuries/ exposures. The goal is to eliminate the use of devices that can be replaced with a safe effective alternative when available. Engineering controls shall be periodically examined and maintained or replaced to ensure effectiveness. The methodology for the initiative is as follows:
 - Conduct multi-disciplinary meetings with North Shore-Long Island Jewish Health System representatives from Materials Management, Infection Control, Employee Health Services, Risk Management and Safety Services to develop a plan of action.
 - Collect needlestick /sharp object related injury data from facilities throughout the Health System.
 - Review devices and procedures associated with sharp object injuries, based on data analysis.
 - Establish risk-based priorities for sharps safety devices.
 - Research the availability; cost and appropriateness of devices on the market that would mitigate established risks.

- Utilize Product Standardization Committee Process for new products.
- Conduce pilot studies of devices to test efficacy and assure Health System needs are met.
- Procure devices selected based on performance and associated Health System criteria.
- Train/Educate employees on proper work practices and use of sharps safety devices.
- Monitor (track) sharp object injury occurrences.
- Evaluate sharp object injury data quarterly to determine effectiveness of new products.
- Report results at facility specific and Health System Safety Committee meetings as well as the Joint Conference Professional Affairs Environment of Care Committee.
- Continue to investigate new and available products and educate /train staff as necessary to address trends, patterns or concerns associated with percutaneous injuries.
- The Health System Safety Committee and the Joint Conference Professional Affairs Environment of Care Committee are monitoring progress of the Sharps Safety initiative.
- Remember: The most frequent route of infection for Bloodborne transmission is by accidental needlestick, contamination of the mucous membranes, or through broken, abraded or irritated skin. Use of appropriate caution and maximum protection to prevent such contact shall minimize transmission.

WORK PRACTICE CONTROLS - Work practice controls are alterations in the manner in which a task is performed in an effort to reduce the likelihood of a worker's exposure to blood or potentially infectious materials. Examples are:

- Accessible handwashing facilities; if not accessible, antiseptic toiles or hand cleansers should be used.
- Hands will be washed as soon as possible and soiled with blood or body fluid.
- Coding Regulated Medical Waste.
- Decontaminating equipment before reuse.
- Labeling contaminated equipment before servicing.
- Placing all specimens in a well constructed container when transporting a specimen; a secondary container or protective package shall be used if outer container is soiled.
- Always take care to minimize the formation of droplets, splatters, splashes, aerosols and spills of blood or body fluids.
- All expirations or body parts shall be placed in a fluid resistant body bag prior to transport.

It is also necessary to routinely wash hands after the removal of gloves.

- Handwashing - A vigorous rubbing together of all surfaces of lathered hands for at least 10 seconds, followed by a thorough rinsing under a stream of water or using an alcohol waterless hand gel, which should remain on the hands for at least fifteen seconds and allowed to air dry.
 - Replacing examination gloves when visibly soiled, torn, or punctured, or when their integrity is compromised.
 - No recapping, re-sheathing, bending, or clipping needles. When needles have to be recapped it must be accomplished with the use of a mechanical device or a one-handed technique.
- Disposable syringes and needles (including self-sheathing needle products), scalpel blades, and other sharp items are placed in puncture-resistant containers for disposal; the containers shall be located as close as practical to the use area. On psychiatric or pediatric units, containers should be locked if one is used by a healthcare worker is brought to the site and removed by the employee upon leaving.
- Sharp containers must be placed at a height, which allows employees to see if the container needs to be replaced.

- Observe Standard Precautions, treating all blood and certain body fluids as if infectious.
- Sharp broken items such as broken glassware shall be reported immediately to Environmental Service or be cleaned by a designated individual with a brush and dust pan and placed in a puncture resistant container.
- All disposable material contaminated with gross blood or body fluids shall be considered potentially infectious and disposed in a red plastic bag.
- Contaminated reusable equipment and instruments shall be disinfected and sterilized between each patient/resident use.
- Use mouthpieces, resuscitation bags, or other ventilation devices for resuscitation.
- Never pipette by mouth. Always use pipetting aids.
- Employees with exudative lesions or weeping dermatitis shall refrain from all direct patient care and from handling equipment until the condition resolves.
- A nurse shall be involved in the evaluation of products to assess procedural safety features and compare the item(s) to what is presently being used in the hospital.
- All PPEs are removed immediately, or as soon as possible when soiled and upon leaving the work area, placed in an appropriately designed area or container for washing, decontamination, or disposal.
- Using a protective covering i.e., plastic wrap, aluminum foil, or imperviously backed absorbent paper, to protect items or surfaces from contamination.
- Eating and drinking in areas separate from contaminated areas. Never eat, drink, apply cosmetics, or handle contact lenses in patient care areas or where specimens are processed or tested. Use only designated employee lounge facilities for these functions.
- Food and drink items shall be kept separate from refrigerators, freezers, shelves, or countertops where blood or other potentially infectious materials are present.
- Pneumatic tube transport shall have proper packaging of specimens.
- Employees who open biohazard carriers must wear gloves when removing specimens from the tube system carrier to protect them from possible contamination with leakage. These employees shall be trained in decontamination of the carrier tube system. All precautions for manual transport of specimens also apply to automated transport of specimens (containerization and logging/labeling).
- Elimination of hand-to-hand instrument passing in the operative areas by establishing a neutral zone or safe zone on the sterile field, no touch technique.
- Always place used needles and other sharp objects, (e.g. scalpel blades, lancets, slides, etc.) into a puncture resistant sharps container. Never bend or attempt to resheath needles
- Use caution when cleaning used instruments, disposing of used needles and handling sharp instruments after procedures.
- Preventing accidental injury with contaminated sharps can minimize the risk of exposure to bloodborne pathogens. Aside from extreme care when handling any sharp, the following procedures should be followed.
- Avoid recapping of needles.
- Dispose of needles directly into a puncture resistant container.
- Do not change needles after blood cultures are drawn.
- In emergency situations an individual should be designated for managing the used needles.
- During invasive procedures, the passing of a sharp object from one individual to another should be done using a neutral zone and announcing the object presence/location.
- Use vacutainer for blood draws.
- Assign a single individual to be responsible for managing sharps disposal during CPR situations.
- Use personnel protective equipment as appropriate.
- If any accident occurs, (i.e. puncture, cut, contact with skin, mucous membrane, splash, etc.), wash affected area with large volumes of water. Report immediately to your supervisor and to ED for immediate medical evaluation.

- Never store food in laboratory work areas or in refrigerators where specimens, medications or reagents are stored. Never use laboratory glassware for food or beverages.
- Always cover the top of vacutainer tubes (or other specimen tubes) with a gauze pad or paper towel while removing the stopper (wearing gloves). Gently loosen the tip to relieve the vacuum and then turn stopper while pulling it. The gauze pad should not be allowed to become soaked with blood and is to be discarded in biohazard waste after use.
- Always hold specimens away from eyes and face. If specimen splatters on face, in eyes, or on exposed skin, wash the area thoroughly or flush eyes immediately and notify Supervisor.
- Never centrifuge uncovered tubes of specimens (blood, urine, sputum) or flammable liquids.
- Never accept specimens in containers with gross external contamination. If the sample must be processed, always clean outside of container with fresh 0.5% sodium hypochlorite and place in container in plastic bag. Always use gloves and wash hands after handling.
- **PERSONAL PROTECTIVE EQUIPMENT (PPE)** - Engineering and work practice controls shall be used to eliminate and minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment at no cost to the employee, shall also be used. Personal protective equipment is specialized clothing or equipment used by workers to protect them from direct exposure to blood or other potentially infectious material. PPE shall be available in appropriate size and accessible locations and must be used properly. The following listed PPEs shall be selected based on the task performed and the degree of exposure.
 - **TYPES:**
 - **MASKS, EYE PROTECTION, AND FACE SHIELDS** - Shall be worn if there is the possibility of exposure whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated. Items such as goggles or glasses with side shield, or chin face shields shall be worn if there is reasonably anticipated exposure of eyes, nose, or mouth. Prescription glasses shall be used as protective eyewear as long as they are equipped with side shields that are permanently affixed. If protective eyewear is chosen over the use of a face shield, the eyewear must be worn in combination with a mask to protect the nose and mouth.
EXEMPTION: During microsurgery, when it is not reasonably anticipated that there would be any splattering, a surgeon would not be required to wear eye protection while observing surgery through the microscope.
 - **GLOVES** - Single use gloves shall be worn if you or the patient/resident has broken skin, for all invasive procedures, internal examinations, whenever you handle risky fluids or tissue, whenever handling soiled materials and equipment, cleaning up spills of blood or potentially infectious materials. For non-patient care activities utility gloves may be used and decontaminated for reuse if the integrity of the glove is not compromised.
 - **GOWNS, APRONS, AND OTHER PROTECTIVE BODY CLOTHING** - Appropriate protective clothing such as, but not limited to gowns, laboratory coats, or other garments are indicated when contamination of clothing is likely. The type depends on the task and degree of exposure anticipated (fluid-proof/fluid-resistant).
 - **SURGICAL CAPS, HOODS, and SHOE COVERS** - When gross contamination of the head or feet can be reasonably anticipated, surgical caps or hoods and shoe covers are required.
- **PROPER USE, REMOVAL, HANDLING, DECONTAMINATION, AND DISPOSAL OF PPE:**
 - The mechanism for repairing, replacing, reprocessing protective barriers and clothing. If the employee's own personal clothing or employee-owned uniform becomes contaminated during the course of work, the employee shall remove the soiled clothing item, place in a plastic bag and bring to the Laundry Department or area that manages soiled linen. The garment shall be cleaned by the facility's laundry or sent for cleaning and returned to the employee. Laundry shall wash the item and supply the employee with a replacement item that is stored in the

area for employee use post exposure.

- Avoid spilling, splashing or open aerosolization of human blood or body fluids. Wear gloves, and protective garments when handling human materials. Use additional safeguards (face and eye protection) when required.
- Always wear goggles and mask or a faceshield whenever you are apt to be splattered by blood or body fluids.
- A laboratory coat intended to serve as the protective clothing must be removed prior to leaving the work area. In some situations it would not be practical to remove the protective clothing unless it becomes contaminated. For example, if a phlebotomist's lab coat is serving as protective clothing, it would not need to be removed unless it becomes contaminated.
- Always remove laboratory coats and other protective equipment immediately before leaving the work area and place in an appropriate designated area or container for storage, washing, decontamination, or disposal.
- Disposable gloves shall be changed when they become contaminated, torn, or punctured, and hands must be washed after gloves are removed. If an employee is allergic to the latex, vinyl gloves will be available.
- Employees are not required to change PPE when traveling from one area to another providing the connecting hallway is also considered a work area.
- Limited exemption from PPE is based on situations in which use of PPE would prevent the proper delivery of healthcare or public safety services, or would pose an increased hazard to the personal safety of the worker, e.g. patient sudden hemorrhage, putting the patients' life in jeopardy. An employee's decision not to use PPE is to be made on a case-by-case basis and must have been prompted by legitimate and truly extenuating circumstances.
- Always wear gloves when handling patients and/or specimens. If gloves are worn for prolonged periods, change gloves occasionally to prevent moisture accumulation on skin or hands. Always wash hands before and after wearing gloves.
- Always place dirty gloves in appropriate disposal container and wash hands after removing gloves. Remove gloved carefully; avoid creating aerosols with fluids accumulated).
- Always remove and discard contaminated gloves before handling telephones, doorknobs, etc.
- Always change gloves if there is visible contamination with blood or body fluids, or if physical damage occurs. Discard in appropriate biohazard container.

HOUSEKEEPING PRACTICES:

- The work site shall be maintained in a clean and sanitary condition.
- Each department shall determine and implement an appropriate written schedule for:
 - cleaning based on the type of soil present and tasks/procedures being performed in the area.
 - discarding of contaminated sharps/needles.
 - handling regulated waste.
- All equipment and work surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
- Initial clean up of contaminated areas with blood and other potentially infectious material shall be done. Then an approved hospital disinfectant that is an EPA-registered hospital approved EPA tuberculocidal solution or a solution that has a claim that it is effective against hepatitis B and HIV. Labeling instructions regarding the amount of disinfectant and the length of time it must remain wet on the surface must be followed.
- Imperiously backed absorbent coverings shall be used to cover equipment and environmental surfaces. It shall be removed and replaced as soon as feasible following overt contamination or at the end of the work shift, if they may have become contaminated during the shift.
- All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood

of becoming contaminated with blood or other potentially infectious fluids shall be inspected and decontaminated on a regularly scheduled basis or as soon as feasible upon visible contamination.

- Broken glassware that may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps.
- Employees will not place their hands into containers whose contents include reusable sharps contaminated with blood or OPIM (e.g. employees must not reach into sinks with soapy water into which sharp instruments have been placed. An appropriate control would be a strainer basket to hold instruments with forceps to remove them.)
- Cleaning blood spills:
 - Notify appropriate personnel of a blood spill if required.
 - PERSONAL PROTECTION: Cleanup should always be done wearing protective gloves and gowns.
 - CLEANING PROCEDURE: A large contaminated area shall be cleaned using a disposable chux. Blood and other potentially infectious material must be thoroughly cleaned from surfaces and objects before application of a hospital approved EPA tuberculocidal solution or a solution that has a claim that it is effective against hepatitis B and HIV.
 - CONTACT TIME: Leave surfaces wet for 10 minutes or allow to air dry.
 - DISPOSAL OF INFECTIOUS MATERIAL: Blood, body fluids, cleaning materials and clothing shall be deposited in a red bag designated for infectious waste.
 - Blood spill kits or refer to Blood Spill Protocol.
- **CLEANING AND CARING FOR EQUIPMENT** - There are three distinct levels of patient care equipment, each of which requires a different level of cleaning/decontamination.
 - NON-CRITICAL EQUIPMENT - are items that come in contact with intact skin. These are items such as stethoscopes and blood pressure cuffs. This level of equipment requires cleaning with a disinfectant. Refer to Protocol Sterilization.
 - SEMI-CRITICAL EQUIPMENT - are objects that come in contact with mucous membranes or with skin that is not intact. This includes respiratory and anesthesia equipment, endoscopes, etc. This level of equipment requires high-level disinfection or sterilization. Refer to High-Level Disinfection.
 - CRITICAL EQUIPMENT - are items that enter sterile tissue or the vascular system. This includes surgical instruments, needles, urinary catheters, etc. This level of equipment requires sterilization. Refer to Disinfection of Patient Care Equipment.
 - Equipment, which may become contaminated with blood or other potentially infectious materials, shall be examined prior to servicing or shipping and shall be decontaminated as necessary. When it is not possible to decontaminate such equipment prior to shipping, at least partial decontamination, such as flushing lines and wiping the exterior, must be accomplished. A readily observable label shall be attached to the equipment stating which portions remain contaminated.
- **LAUNDRY PRACTICES:**
 - Laundry practices also assist in preventing transmission. Laundry that is contaminated shall be bagged at the location where it was used and shall not be sorted or rinsed in patient areas.
 - All linen is considered to be potentially infectious, shall be handled as little as possible, and be handle with gloves and any other appropriate PPE in order to prevent or reduce contact exposure to blood and OPIM.
 - The linen shall be placed and transported in bags that prevent seepage.
 - The bags shall be placed in impervious transport containers.
 - Staff involved with the reprocessing of laundry shall wear gloves, gown, and mask when handling soiled linen.
 - Laundry areas must have sharps containers easily accessible because of possible incidence of needles being mixed with laundry.

- If blood or other potentially infectious fluids penetrate a garment, the garment will be removed immediately or as soon as feasible. Clothing items will be laundered by the facility.

VI - HEPATITIS B VACCINE - EFFICACY, SAFETY, METHODS OF ADMINISTRATION:

Since 1982, a safe effective vaccine manufactured from human plasma has been made available. The vaccine is recommended as pre-exposure prophylaxis for persons at high or moderate risk of HBV infection. In July 1986, the U.S. Food and Drug Administration licensed a genetically engineered HB vaccine. This available yeast-derived vaccine provides an alternative to the plasma-derived vaccine for almost all groups at risk for HBV infection. The recombinant HB vaccine is comparable to that of the plasma derived product. When given 3 doses of recombinant HB vaccine, induced antibodies are produced in over 95% of the healthy adult's 20-39 years of age. The recombinant vaccine, like the plasma-derived vaccine, produces a somewhat lower antibody response in older adults than in younger adults. Because only the portion of the HBV viral genome that codes for the surface coat of the virus (HBsAg) is present in the recombinant yeast cells, no potentially infectious viral DNA or complete viral particles can be produced. Reported side effects are 17% experience soreness at the injection site, and 15% experience mild systemic symptoms (fever, headache, fatigue, and nausea. To date, no severe side effects have been observed, nor have significant adverse reactions been reported. The recombinant HB vaccine is given in a series of three doses over a 6-month period. The second dose is administered 1 month after the first, and the third dose, 5 months after the second. For normal adults and children >10 years of age, the recommended dose is 10mcg (1ml) intramuscularly in each of the three inoculations. The hospital tests vaccine recipients serologically to assess their antibody response. Serological testing one to two months after completing the series will determine whether or not there has been a response. Employees who do not respond to the primary vaccine series must be revaccinated with a second three dose series and retested. If negative, they should be considered a non-responder. A vaccine recipient who is negative for anti-HBs between 1 and 5 years after vaccination can be 1) a primary nonresponder who remains susceptible to hepatitis B or 2) a vaccine responder whose antibody levels have decreased below detectable but who is still protected against clinical HBV disease. There is no need for routine testing 1 to 5 years after vaccination unless there has been a decision to provide booster doses for persons who are antiHBs negative. The present strategy for hepatitis B prevention is to vaccinate those individuals at high risk of infection. The vaccine will be offered, at no charge, within 10 working days to all employees. "Offered" means the employee must have received the first three of injections within the first 10 days. Employees who choose not to accept the vaccine shall sign a declination form that will be placed in their medical chart. If the employee changes his/her mind the vaccination will be given.

The vaccine is offered to all employees regardless of their job category. Classification of exposure by job category identified by OSHA is as follows:

- Category I:** All personnel and directly supervised outside contractors who are routinely involved in the collection, packaging, transportation, treatment, processing, analysis or disposal of biohazardous materials.
- Category II:** All personnel and directly supervised outside contractors who are occasionally involved (one to three times per month on average) with any of the activities listed above.
- Category III:** All personnel and directly supervised outside contractors who never handle biohazardous materials or work outside the designated biohazardous area.

As outlined by OSHA all employees in Exposure Categories I and II shall be informed of their category status and be encouraged to be immunized against Hepatitis B. This facility offers all employees the vaccine.

VII - POST-EXPOSURE REPORTING AND FOLLOW-UP:

An exposure incident is defined as a specific eye, mouth, or other mucous membrane, nonintact skin,

or parenteral contact with blood or other potentially infectious material. Also included is Samaritan assistance, voluntarily performed to an injured co-worker or member of the public.

- Immediately wash exposed skin area with soap and water. If eyes are exposed, immediately flush with water. For mouth or other mucous membrane exposures, rinse with large amounts of water. The application of caustic agents (bleach) or the injection of antiseptics or disinfectants into the wound is not recommended.
- The employee shall report the incident to the Department Director or his/her designee. An Employee Occurrence Report will be completed and forwarded to the appropriate personnel.
- Information about the source person should be obtained: name, medical record number, physician's name, location, and diagnosis.
- The employee must go the Employee Health Service or the Emergency Department as soon as possible after the incident. Employee Health Service shall follow-up with the employee. Follow-up is confidential, documentation includes circumstance of exposure, identifies and tests the sources if feasible, and testing the exposed employee's blood if he/she consents, post-exposure prophylaxis, counseling and evaluation of reported illnesses.
- The employer shall document the route of exposure, where exposure occurred, the brand of device involved in the exposure (safety or non-safety device), HBV and HIV status of source patient, history of antiretroviral therapy, viral load, if known, and the circumstances under which the exposure occurred.
- Source patient evaluation shall be done. Blood for hepatitis BsAg and C shall be sent to the laboratory for testing. The patient's HIV status (if not known) shall be determined by using the standard New York State consent form. Testing shall only be performed with the source patient's permission. The patient's physician or designee shall attempt to obtain consent to collect and test the source's blood to determine the presence of HIV, HBV, and HCV.
- The employer shall collect a blood sample from the exposed worker and as soon as possible after the exposure incident for determination of HIV, HBV, and HCV status (hepatitis C RNA for known hepatitis C source with follow-up at 2 weeks, 6 weeks and 6 months. Employees with positive results will be referred to a liver specialist). If the employee consents to baseline blood collection, but does not give consent at the time for HIV serological testing, the sample shall be preserved for at least 90 days. If within 90 days of the exposure incident the employee elects to have baseline sample tested, such testing shall be done as soon as feasible. The employer shall offer repeat HIV testing to exposed employees six weeks post-exposure and follow-up of 12 weeks and 6 months after exposure. The follow-up shall include counseling, medical evaluation of any acute febrile illness that occurs within 12 weeks.
- Post-exposure prophylaxis will be in accordance with the most recent recommendations by the U.S. Public Health Service.
- Information provided to the healthcare worker post-exposure are:
 - a copy of the standard.
 - description of incident, routes and circumstances of the exposure.
 - results of blood testing.
 - relevant medical records, including vaccination status.
 - Written opinion within 15 days of completion of the original evaluation.
 - The written opinion is limited to very specific information regarding the employee's hepatitis B vaccine status, including education for vaccine and whether such vaccine was initiated.
- Employee records from the Emergency Department shall be maintained until the Employee Health Service picks up the completed form. There should be documentation in sufficient detail about the incident and documentation about use of engineering controls, PPE that was used, device, work practices followed at the time of the incident, etc.
- Employee Health Service on a monthly basis shall compile data. The injuries shall be categorized by type of exposure. The information shall be presented to the Safety Committee and Infection Control Committee. The Employee Health Service in coordination with the members of the Safety and The Infection Control Committee shall evaluate the injuries to identify trends and make

recommendations.

- * New York State Laws shall be followed regarding disclosing results of the source individual's testing to the exposed employee. The employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- See Employee Health Service Policy/Procedure for details on post exposure follow-up.
 - BloodBorne Post-Exposure Follow-up – Click to review procedure

VIII - RECORDKEEPING:

The employer shall maintain a record for each employee covered by this standard as well as of each employee with an occupational exposure.

- The occupational exposure record shall include:
 - Name and social security number
 - Employee's duties as they relate to the exposure incident.
 - Date and time of exposure.
 - Documentation of the route and circumstances of exposure. Include where, how and severity of exposure. For percutaneous exposure: depth of injury and whether fluid was injected; for skin/mucous membrane exposure: the estimated volume of material and the condition of the skin (chapped, abraded or intact).
 - Type and brand of device involved in the exposure incident and whether or not it was a safety device and when in the course of handling the device the exposure occurred.
 - An evaluation of the exposure incident.
 - Collection and test results of the individual's blood if not already known.
 - Information/test results of source patient if applicable.
 - Employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations/vaccine response status and any medical record relative to the employee's ability to receive vaccination.
 - A copy of all results of examinations, medical testing, and follow-up procedures.
 - The employer's copy of the health care professional's written opinion.
 - A copy of the information provided to the healthcare worker with details about counseling, post-exposure management, and follow-up.
 - The information will be kept confidential and is not disclosed or reported without the employee's written consent to any person within or outside the workplace. Disclosure is also permitted when required by the Bloodborne Pathogen Standard or other Federal, State, or Local agency. HIV testing shall be done on the patient when the employee consents to testing. Employee Health Service or Medical Records shall maintain all records for the duration of employment plus 30 years.
- The training records maintained by the department head shall include the following:
 - The dates of the training session
 - The content or a summary of the training session
 - The names and qualifications of persons conducting the training
 - The names and job titles of all persons attending the sessions. All records shall be maintained for 3 years from the date on which the training occurred.
- Availability:
 - All records required to be maintained by this section shall be made available upon request for examination and copying to employees, to employee representatives, and regulatory agencies.
 - Employee medical records shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, and to regulatory agencies.
- Transfer of Records:
 - The employer shall comply with the requirements involving transfer of records.
- Reporting:

- Employee Health Service on a monthly basis will compile data. Needlestick injuries will be categorized and presented to the Infection Control Meeting and Safety Committee.

IX - EXPLANATION OF THE SIGNS AND LABELS REQUIRED BY CODE:

Specific labeling is required to warn employees of potential hazards. The tag and symbol state that a specific hazardous condition exists and specialized handling is required. Posting is used as a means to prevent accidental injury or illness to employees who are occupationally exposed to biohazardous or potentially biohazardous conditions, equipment or operations which are out of the ordinary, unexpected or not readily apparent. The facility uses Standard Precautions, in its handling of specimens, laundry; thus labeling of infectious items is not needed.

- The orange or orange-red with the biohazard label in a contrasting color, shall be affixed to containers of regulated waste, refrigerators and freezers and other containers which are used to store or transport blood or other potentially infectious materials.
- The signs must be posted at the entrance to work areas where work with biohazardous materials is performed or where biohazardous materials are stored. These signs must bear the signal work "BIOHAZARD" or "BIOLOGICAL HAZARD", the universal "BIOHAZARD" symbol.
- The labels/tags shall be an integral part of the container and affixed as close as safely possible to their respective hazard by string, wire, or adhesive to prevent their loss or removal.
- Biological hazard warnings tags or labels must be used to identify containers of infectious materials, infectious materials, infectious waste, refrigerators, incubators and/or freezers where biohazards are stored, infectious waste containers, equipment which may be contaminated through normal use of biohazards, lab animals (cages) which are potentially infectious
- Red containers/receptacles will be used to substitute for labels on containers use to dispose od regulated medical waste.
- Containers of homologous/autologous and directed blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempt from labeling requirements. Autologous only units must have a biohazard sign attached.
- Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from labeling requirements.
- The following lists the types of equipment and places where biohazard warning labels should be affixed:
 - At entrances to areas where biohazards are used
 - At entrances to where biohazards are atored
 - On refrigerators or freezers where biohazards are stored
 - To containers of infectious waste
 - To the outside of packages in which biohazards are shipped
 - On the equipment which may be potentially contaminated with biohazardous materials (e.g., centrifuges, incubators, biosafety cabinets, homogenizers, vortexes, etc.)
 - To any item which may be potentially contaminated or infectious (e.g., animal contained biohazards, telephones, keyboards or typewriters used in areas which are potentially contaminated)

LABELING REQUIREMENTS

Item	No Label required		Biohazard label		Red Color Coded Container
Regulated waste container			X	or	X
Reusable contaminated sharps			X	or	X
Refrigerator/freezer holding blood or other potentially infectious material ("opim")			X	or	X

Blood/blood products released for clinical use	X				
Individual specimen containers of blood or "OPIM"	X	or	X	or	X
Specimens shipped from the primary facility to another facility			X	or	X
Individual containers of blood or "OPIM" placed in a labeled container during storage, transport, shipment or disposal	X				
Contaminated equipment needing service or shipping			X		
Laundry sent to another facility that does not use universal precautions			X	or	X
Contaminated laundry	X	or	X	or	X

X - RESPONSIBILITY OF EMPLOYEES:

- Wearing the required work attire and/or personal protective equipment (PPE) especially gloves in a manner for which it is an intended according to the designated risk potential.
- Participating in scheduled training/information programs unless excused by the Supervisor.
- Keeping food, cosmetics and personal articles such as books, magazines, portable audio equipment etc., outside the designated biosafety controlled areas.
- Using only equipment tools and instruments authorized by the Supervisor.
- Reporting immediately to the Supervisor any faulty or damaged laboratory or office devices.
- Reporting immediately to the Supervisor and Employee Health Service (EHS)/ Emergency Department (ED) all occupational accidents and hazardous spills regardless of severity.
- Reporting immediately to the Supervisor and EHS/ED any symptoms related to chemical exposure. Examples of such symptoms are irritation of the mucous membranes, eyes or skin, and/or nausea, vomiting and dizziness.
- Reporting immediately to the Supervisor and ED all occupationally related needlestick injuries, cuts, abrasions or burns and any splashing on the face, mouth or eyes with biological and/or chemical materials.
- Cleaning and disinfecting the individual work area and portable instruments at the end of the work shift, or when needed.
- Placing of soiled protective garments and equipment in the designated receptacles.
- Hand washing before leaving the work area, when handling contaminated material and before and after donning gloves.
- The employee MUST:
 - Recognize the risks of the work and the hazards inherent in the use of biohazardous material.
 - Recognize the correct and incorrect use of Personal Protective Equipment (PPE) and containment devices.
 - Read and understand the Medical Center's Biosafety Program standards and policies as they relate to his/her work and responsibilities and follow these procedures.
 - Become familiar with the safety manuals and biohazard infection control plan specific to the employee's use of the materials that he/she is working with.
 - Learn the modes of transmission, epidemiology and symptoms of pathogenic microbes he/she is working with.
 - Not work with any biohazard until he/she has been given appropriate training, information and equipment required for his/her work.

XI - REGULATED MEDICAL WASTE:

Disposal of all infectious waste shall be in accordance with Federal, State, and local regulations. Regulated medical waste containers must bear a required label or color-coding in order to protect

employees. Refer to the Regulated Medical Waste Protocol in this manual.

- Regulated medical waste on the patient care unit requires allocation of red bags.
- If an autoclave is used to decontaminate regulated medical waste, autoclave efficiency must be verified by means of biological or chemical indicators. Appropriate record of waste treated should be maintained.
- All disposable syringes, needles, scalpel blades and other sharp items shall be placed in labeled closable, leak proof, puncture-resistant containers for disposal.
 - Containers shall be maintained in an upright position.
 - The containers shall be easily accessible to workers and located in areas commonly used or reasonably anticipated.
 - Replacement of filled sharps containers will be done when the container is 3/4 full and routinely, based on the need.
 - When removing the container, close lid prior to removal to prevent spillage or protrusion of contents.
- Regulated medical waste shall be placed in a red, sealable, well-constructed plastic bag.
 - Double-bagging prior to handling, storing, and/or transporting infectious waste is necessary if the outside of a bag is contaminated with blood or other potentially infectious materials.
 - Regulated waste that has been decontaminated need not be labeled or color-coded.

XII - COMPLIANCE MONITORING:

Compliance with the required protective measures shall be through evaluation of circumstances surrounding exposure incidents for the purpose of preventing recurrences. The responsibility of employee compliance shall be the responsibility of the department head or appointed designee. Evaluation of staff compliance shall be followed through reports or complaints from staff, quality assurance or safety programs, minutes from committees, and comments received during evaluations of education and training programs. The Safety Officer and/or Infection Control Practitioner shall also do compliance monitoring on walking rounds. The monitoring shall identify a need to modify a procedure, allocate supplies or equipment, or provide additional education and training. When monitoring reveals repeated failures to follow recommended practices after additional supplies, education and/or training, and counseling has been proven disciplinary action may be necessary.

XIII – EXPOSURE CONTROL PLAN:

The Exposure Control Plan must be kept current. Review of the Plan will be reviewed at least annually.
PRECAUTIONS TO BE TAKEN BY HEALTH CARE WORKERS IN CARING FOR PATIENTS

1. **PURPOSE:** The protective measures as listed in this policy are required in preventing the transmission of Human Immunodeficiency Virus, Hepatitis B virus and other bloodborne pathogens to healthcare workers when coming in contact with body fluids from any patient.
2. **GENERAL GUIDELINES:** General physical examination of patients including obtaining of vital signs do not require protective measures other than thorough handwashing before and after patient contact. Certain of the procedures, which are sterile procedures or minor surgical procedures, require the use of sterile gloves and possibly gowns and masks. Any procedure in which there is potential blood or body fluid contamination of an instrument will require the protective measures as outlined below. To ensure that the employees are complying with recommended practices, department heads, managers and staff shall be responsible for supervising/carrying out these measures.

TASK	PERSONAL PROTECTIVE EQUIPMENT
Autopsy	gloves, gown, mask, goggles or gloves
Bronchoscopy	gloves, other PPEs if body/face contamination is likely

Device insertion & removal, i.e. central line, chest tube, intraaortic balloon, pacemaker, NG tube, nediport, infusapot, IUD	gloves, other PPEs if body/face contamination is likely
Cannulation and decannulation:	
a catheter or sheath from an artery/vein	gloves, other PPEs if body/face contamination is likely
to initiate or terminate dialysis treatment	gloves, other PPEs if body/face contamination is likely
Contact with:	
blood and other potentially infectious material	gloves
contaminated equipment	gloves
mucous membranes	gloves
non-intact skin	gloves
regulated medical waste	gloves
specimens prior to being placed in a bag	gloves
soiled linen	gloves
Decontamination of:	
blood spills	gloves (gown, mask & goggles is depending on volume of blood and/or body fluid)
equipment	gloves(task specific gown, mask & goggles)
patient room	gloves
scopes	gloves, gown, mask, goggles or gloves
Dental/denture care/oral care - bedside	gloves, other PPEs if body/face contamination is likely
Dialysis	gloves, other PPEs if body/face contamination is likely
Finger stick	gloves
Intravenous placement	gloves
Phlebotomy procedures	gloves
Operating Room/Delivery Room:	
Staff with direct contact with patient and or contaminated equipment	gloves, other PPEs if body/face contamination is likely
Procedure:	
amniocentesis	gloves
angiograms/angioplasty	gloves
arthrogram, hystrogram	gloves
artificial insemination	gloves
circumcisions	gloves
colostomy/ileostomy care	gloves
enema/harris flush	gloves, other PPEs if body/face contamination is likely
endoscopy, sigmoidoscopy flexible and rigid	gloves, other PPEs if body/face contamination is likely
intubation	gloves, other PPEs if body/face contamination is likely
intravascular placement	gloves
irrigation of urethral catheter, ostomies, vagina, minor wound	gloves, other PPEs if body/face contamination is likely
myelogram/venogram	gloves, other PPEs if body/face contamination is likely
Percutaneous drainage, i.e. abscess	gloves, other PPEs if body/face contamination is likely
shuntogram (V-P Shunt), Fistulogram	
suctioning/tracheostomy care	gloves, other PPEs if body/face contamination is likely
surgical procedures	gloves, other PPEs if body/face contamination is likely
suturing	gloves
post mortem care	gloves, other PPEs if body/face contamination is likely
Specimen collection:	gloves
<ul style="list-style-type: none"> blood samplinG from an intravascular device 	gloves

• lumbar Puncture	Gloves
• phlebotomy	gloves
stool for guiac	gloves
scalp ph	gloves
skin scraping	gloves
• vaginal culture	gloves
Other:	
Repair toilet/stoppage/sewage injection pump	gloves

* Refer to Department Policy in Infection Control Manual for additional information pertaining to measures that interrupts disease transmission.

**EXPOSURE DETERMINATION ACCORDING
TO JOB CLASSIFICATION**

Jobs with Exposure to Bloodborne Pathogens or Other Potentially Infectious Materials **OSHA STANDARDS** (29 CFR 1910.1030, “Occupational Exposure to Bloodborne Pathogens”). Not all tasks within the facility carry the same risk of contact with blood and potentially infectious body fluids. Some employees have no more risk of contact than others in the community, while other tasks present a certain risk of exposure. Most health care workers work in an environment that has an intermediate risk. Tasks, which carry a high risk of exposure to blood and other infectious body fluids, require that the health care worker don appropriate protective clothing. Tasks with an intermediate risk require only the use of gloves with additional protective clothing being optional, but available. Tasks, which pose no risk of exposure above community risk, do not require the use of protective clothing. A list of employees who are potentially at risk and those not at risk are listed on the following page.

**EMPLOYEES THAT ARE AT RISK FOR A POTENTIAL EXPOSURE TO
BLOOD AND/OR BODY FLUID** - (any employee with contact with infectious material):

<ul style="list-style-type: none"> • ACTIVITIES SPECIALIST • ANESTHESIA PERSONNEL • ANIMAL LABORATORY STAFF • BEAUTY & BARBER STAFF • BIOMEDICAL ENGINEERS STAFF • BLOOD BANK STAFF • CENTRAL SERVICE/STERILE PROCESSING STAFF • CARDIOLOGY STAFF • CARDIOVASCULAR STAFF • CHAPLIN • CHILD LIFE STAFF • CYTOGENETICS STAFF • CLERICAL STAFF that have contact with infectious material • CYTOLOGY STAFF • DENTAL HYGIENISTS, ASSISTANTS, PHYSICIANS, TECHNICIANS • DELIVERY ROOM PERSONNEL • DIALYSIS STAFF • DIETARY STAFF who have patient contact • DTEC STAFF • EKG TECHNICIANS • EEG EMPLOYEES • ELECTRON MICROSCOPY STAFF • EMG EMPLOYEES • EPIDEMIOLOGISTS • HISTOLOGY STAFF • CARE COORDINATION/CASE MANAGER • ECHOCARDIOGRAM 	<ul style="list-style-type: none"> • ENDOSCOPY STAFF • ENGINEERING & MAINTENANCE STAFF • ENVIRONMENTAL SERVICE EMPLOYEES • EYE BANK STAFF • FERTILITY LABORATORY STAFF • LAUNDRY - SOILED HANDLER • HEALTH EDUCATION/COMMUNITY AFFAIRS PERSONNEL • HISTOLOGY STAFF • HOMECARE EMPLOYEES who have direct patient contact (nurses, aids, therapists) • HUMAN MILK BANK STAFF • IMMUNOPATHOLOGY STAFF • LABORATORY STAFF • LAUNDRY EMPLOYEES who have contact with soiled linen • LICENSED PRACTICAL NURSE • LITHOTRIPTER STAFF • MEDICAL OFFICE STAFF that has contact with infectious material • MESSANGER who have contact with infectious material • MIDWIVES • MORGUE PERSONNEL NUCLEAR MEDICINE • NURSE STAFF AND ANCILLARY PERSONNEL • NURSING EDUCATION • NURSE EXTERNISTS • NEUROLOGY STAFF • NUCLEAR MEDICINE STAFF 	<ul style="list-style-type: none"> • OCCUPATIONAL THERAPY STAFF • OPERATING ROOM TECHNICIANS who have direct patient care or contact with patient care equipment • OPHTHALMOLOGY STAFF • PHLEBOTOMY STAFF • PULMONARY MEDICINE STAFF • PARAMEDICS/EMTS • PATIENT CARE ASSOCIATE • PATHOLOGISTS AND PATHOLOGY ASSISTANTS • PERFUSION STAFF • PHARMACISTS • PHLEBOMIST STAFF • PHYSICAL THERAPY STAFF • PSYCHIATRISTS • PSYCHOLOGISTS • PSYCHIATRY STAFF • PODIATRISTS • PHYSICIANS, PHYSICIAN ASSISTANTS • PULMONARY MEDICINE • RADIOLOGY STAFF • RADIATION THERAPY • RECEPTIONIST who handle specimens • RESEARCH PERSONNEL • RESPIRATORY THERAPY STAFF • SPEECH THERAPY STAFF • SPEECH PATHOLOGY STAFF • SECURITY • SOCIAL WORKER STAFF • SIGN LANGUAGE STAFF • SPECIAL PROCEDURES STAFF • TELEMETRY TECHNITIONS • TRANSPORTERS • ULTRASOUND STAFF • UROLOGY • VOLUNTEERS
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EMPLOYEES WITH NO EXPOSURE TO BLOOD OR BODY FLUID

<ul style="list-style-type: none"> • PA/OUTPATIENT CASHIER STAFF • ADMITTING STAFF • ACCOUNTING DEPARTMENT STAFF • ADMINISTRATIVE PERSONNEL • AUDIO-VISUAL STAFF • COMMUNITY/PATIENT RELATIONS PERSONNEL • COMPUTER SERVICE PERSONNEL • CONSTRUCTION STAFF • DATA PROCESSING/ENTERING STAFF • FINANCE STAFF • LIBRARY PERSONNEL 	<ul style="list-style-type: none"> • MAILROOM STAFF • MEDICAL RECORD STAFF • MANAGEMENT INFORMATION SYSTEM STAFF • PATIENT RELATIONS PERSONNEL • HUMAN RESOURCES PERSONNEL • NUTRICIAN AND FOOD SERVICE PERSONNEL • PHARMACY STAFF • PURCHASING STAFF • QA/UR MANAGEMENT PERSONNEL • TELEVISION RENTAL PERSONNEL
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Created by: Donna Armellino, RN Infection Control
Reviewed/Revised by: North Shore LIJ Health System Infection Control Policy & Procedure Committee: August 2007
Reviewed/Approved by: North Shore LIJ Health System
Approved by: Infection Control Committee

APPLICABLE SITES:

Forest Hills Hospital
Franklin Hospital
Glen Cove Hospital
Long Island Jewish Hospital
North Shore University Hospital
Plainview Hospital
Southside Hospital
Syosset Hospital
Zucker Hillside

HEPATITIS B VACCINATION DECLINATION FORM

Changes made by Occupational Safety Health Administration (OSHA) regulations mandate that employers provide protective measures against bloodborne infectious diseases, especially hepatitis B virus. The risk to health care workers who come into contact with blood and other body fluids can be significant. In an effort to maintain a safe workplace for all employees, the institution will provide the vaccine to all employees at risk who wish to obtain the vaccine. This will be at no cost to the employer. In order to be in compliance please read the following statement and sign at the bottom. This will be placed in the Employee Health Record, even if this statement has been signed the vaccine can be obtained at any time upon request.

I understand that due to my occupational exposure to blood or other potentially infectious material I may be at risk of acquiring hepatitis B virus (HBV) infections. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that my declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination

series at no charge to me.

Name:	DATE:
SS#:	Dept:

Code of Professional Responsibility For Faculty

A Code of Professional Responsibility For Faculty¹ (FPS #99, Revised 2009)

The standards set forth in the following paragraphs are the professional standards to which every faculty member is expected to subscribe.

I. General Responsibilities of the Faculty Member

- A. Faculty members, guided by a deep conviction of the worth and dignity of the advancement of knowledge, recognize the special responsibilities placed upon them. Their primary responsibility to their subject is to seek and to state the truth as they see it.
- B. Faculty members have the responsibility of constantly expanding their understanding of their field by keeping abreast of developments in that field and in closely allied fields through a critical, independent and thorough inquiry.
- C. Faculty members shall participate in activities of professional societies relevant to their fields, including not only those having to do with subject matter, but also those concerning matters of general interest to all faculty.

II. Responsibilities of the Faculty Member to the Student

- A. Faculty members have the responsibility of providing students with rigorous and challenging instruction, using pedagogy that is appropriate both to the subject matter and to the level of knowledge of the student; it is the faculty member's obligation to remain current in relevant pedagogical developments.
- B. Faculty members shall meet all classes and keep all announced office hours promptly and regularly. They shall not take on extra teaching or research assignments or outside work that might interfere with the performance of their teaching responsibilities at Hofstra.
- C. Faculty members shall strive to make prompt, just and unprejudiced appraisals of student work in terms of the prevailing grading system. They owe students the right to have their work and their grades reviewed, and, in cases of serious grievances, the right of responsible appeal.
- D. Faculty members shall not take advantage of their special position by discouraging student expression of opinion that conflicts with their own, or by threatening – whether openly or by implication – to penalize students who reject their favored concepts, causes or activities. In the spirit of critical inquiry that is central to a liberal education, faculty have the right to challenge students by requiring them to be exposed to views and appropriate

materials with which they may be uncomfortable.

- E. Faculty members shall secure permission and give credit for the use of original student contributions in their lectures and publications. At the same time, they shall not compel their students to choose research subjects that supplement or assist their own research projects.
- F. Faculty members shall encourage responsible behavior among their students and shall follow the pertinent administrative regulations in dealing with instances of student dishonesty or misconduct.
- G. Faculty members shall treat the ideas, needs, weaknesses and failures of every student in a confidential manner, revealing them to others only to the extent mandated by the professional relationship between faculty and student. Faculty members should not discuss confidential student information, including information about student performance, with other students.
- H. Faculty members shall be aware of University services offered to students with financial, emotional, and academic problems and shall direct students to such services as needed, and may, additionally or alternatively contact the appropriate University office.
- I. Faculty members shall be well informed about the academic requirements of Hofstra University so that they can advise responsibly.
- J. Faculty members shall not require or exert pressure on students to use particular outside vendors or services such as particular academic support service providers.

III. Responsibilities of Faculty Members to their Colleagues

- A. Faculty members shall give their colleagues active cooperation and encouragement in their individual development as members of the profession.
- B. Faculty members shall avoid disparaging their colleagues. They owe their colleagues and the profession reasonable tact, both as to content and place, in the utterance of criticism. They shall not enhance their own standing by using unfair practices or methods with regard to their colleagues. Notwithstanding the above, faculty members owe the institution a duty of candor and shall not restrain themselves from giving an honest and thoughtful appraisal of a colleague nor from their duty to submit to appropriate authorities any substantial evidence they may possess concerning the unfitness of a colleague.
- C. Faculty members shall acknowledge any contributions of colleagues that they use in their professional presentations.
- D. Faculty members shall not attempt to compel other faculty to use any written or electronic material they have produced.

IV. Responsibilities of Faculty Members to their Institution

- A. Faculty members shall be governed by the principles and procedures of this institution. If they believe that a change in any such principle or procedure is advisable, they shall work

for a change through appropriate channels.

- B. Faculty members shall perform a reasonable amount of the service/work in support of their department and of the institution.
- C. Faculty members shall maintain as privileged those departmental or University matters not appropriate for open discussion.

¹Adopted from the “Code of Ethics” adopted by the AAUP Chapter at the University of Michigan, which appeared in the AAUP Bulletin XXIII (1937) pp145-148, and as a further revision of a statement originally adopted in 1966, which was approved by the Association’s Committee on Professional Ethics, adopted by the Association’s Council in June 1987, and endorsed by the Seventy-third Annual Meeting.

Conflict of Interest and Recusal Policy

North Shore-LIJ Health System, Inc

Corporate Compliance Office

POLICY #800.03

POLICY TITLE: CONFLICTS OF INTEREST AND RECUSAL

Prepared by: Corporate Compliance Office

GENERAL STATEMENT OF PURPOSE

It is the policy of the North Shore-LIJ Health System, Inc. (“Health System”) to conduct business free from the influence of Conflicts of Interest, which is critical to the Health System’s commitment to ethical business dealings. This policy sets forth the process for avoiding potential Conflicts of Interest by ensuring that any individual with a possible Conflict of Interest recuses him/herself from participation in any actions related to the transaction or matter where a conflict may exist.

All questions as to whether a possible Conflict of Interest may exist should be addressed to the Corporate Compliance Office.

SCOPE

This policy applies to all “Associated Individuals” (defined below).

DEFINITIONS

Associated Individuals: All individuals employed by or otherwise associated with the Health System including, but not limited to, trustees, officers, employees, agents, medical staff, volunteers and students.

Conflict of Interest: A possible conflict may exist if an Associated Individual is in a position to influence the business or other decisions of the Health System in a manner that could lead, or appear to lead, to the personal gain or advantage of the Individual, his or her Family members, or a Related Business Interest.

Family: The Family of an Associated Individual is broadly defined and includes: husband or wife; natural or adoptive parent, child or sibling; stepparent, stepchild, stepbrother, or stepsister; father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law; grandparent or grandchild; and any other person if that person resides in the same household as the Associated Individual.

Related Business Interest: Any person, organization or business entity may be considered as a Related Business Interest to an Associated Individual if such Individual or any member of his/her Family: (1) is a director, officer, employee, member, partner or trustee of such Related Business Interest; or (2) has a financial interest in such Related Business Interest, which includes any ownership, investment, income or similar right or interest which could benefit the Associated Individual or a Family member.

POLICY

Consistent with the Health System's Code of Ethical Conduct, Associated Individuals are expected to perform their duties and responsibilities free from the influence of Conflicts of Interest and devote their professional loyalty, time and energy to applicable teaching, research, patient care, and service on behalf of the Health System.

Associated Individuals should not accept any position at a healthcare institution that is in substantial competition with the Health System without the approval of the Health System's Chief Executive Officer or its Board of Trustees.

Associated Individuals should not either be involved with the selection of any vendor or contractor which is a Related Business Interest nor be involved in Health System decisions which might benefit the Associated Individual, his/her Family members or a Related Business Interest.

If an Associated Individual believes that he/she may have a possible Conflict of Interest in connection with a proposed transaction or other matter being presented for consideration or approval by the Health System, such Individual should follow the process outlined below.

CONFLICT OF INTEREST DISCLOSURE AND REVIEW PROCESS

Disclosure of Conflict of Interest

Any Associated Individual who becomes aware that he/she has an actual or potential Conflict of Interest must promptly disclose this to the Corporate Compliance Office, which will review the disclosed Conflict of Interest and take any action(s) deemed required or appropriate to manage or resolve the matter.

Disclosure Report and Review of Disclosures

Certain Associated Individuals designated by the Corporate Compliance Office are required to complete a Conflicts of Interest Disclosure Report upon beginning their employment or other Health System affiliation and on a regular basis thereafter. Trustees and certain key employees also are required to complete any additional disclosure forms related to the Internal Revenue Service Form 990.

Between filings of any Conflicts of Interest Disclosure Report these individuals must immediately report to the Corporate Compliance Office any changes in the information provided in his/her last completed Conflicts of Interest Disclosure Report.

The Corporate Compliance Office will review all disclosures of possible conflicts, including matters disclosed in the Conflicts of Interest Disclosure Reports and any reported changes, and will take any actions deemed required or appropriate to manage or resolve any actual or potential Conflicts of Interest. In appropriate cases these disclosures and responsive actions will be reported to the Health System's Audit and Corporate Compliance Committee, which may determine whether additional actions should be considered or implemented.

Recusal

After disclosing a possible Conflict of Interest and unless otherwise expressly approved by the Corporate Compliance Office or the Conflicts of Interest in Research Committee (COIC) if related to the conduct of a research study, an Associated Individual should immediately recuse him/herself from participating in the transaction or matter and not be privy to any non-public information relating to the transaction. Any Associated Individual who has knowledge of a possible Conflict of Interest involving another Associated Individual should identify the conflict and notify the Corporate Compliance Office.

The recusal of any Associated Individual should be documented in the respective minutes of any applicable committee and/or noted in the file of the Individual's supervisor.

Any questions about this Policy or the completion of the Disclosure Reports may be directed to the Corporate Compliance Office at (516) 465-8097.

Related Issues

Associated Individuals may neither use nor disclose Health System assets or confidential information for non-Health System purposes unless it is in conformance with the Health System's Electronic Communications Systems (E-mail, Computers and Internet, etc.) policy.

Any Associated Individual who is engaged in or is proposing to engage in research activities is subject to the policy on Investigator Financial Disclosure & Conflict of Interest in Research (#GR065).

In addition, any Associated Individual must comply with any applicable governmental agency requirements and regulations to avoid a Conflict of Interest.

Detecting and Preventing Fraud, Waste and Abuse

POLICY

The Health System prohibits the knowing submission of a false claim for payment in relation to a federal or state-funded health care program. Such a submission violates the federal False Claims Act as well as various state laws, and may result in significant civil and/or criminal penalties.

SCOPE

This policy applies to all members of the North Shore – LIJ Health System workforce including, but not limited to, employees, medical staff, volunteers, students, physician office staff, and other persons performing work for or at North Shore – LIJ Health System.

DEFINITIONS

None.

PROCEDURE/GUIDELINES

A. Health System Fraud and Abuse Detection, Prevention and Employee Protection

To assist the Health System in meeting its legal and ethical obligations, the Health System expects and encourages any employee, contractor or agent who is aware of or reasonably suspects the preparation or submission of a false claim or report or any other potential fraud, waste, or abuse related to a federal or state-funded health care program, to report such information to his/her supervisor, the Compliance Director of the Health System facility where he/she is employed, the Chief Corporate Compliance Officer of the Health System (516-465-8097), or to call the confidential Compliance Help-Line at (800) 894-3226 which is available 24 hours a day, 7 days a week.

Any individual who reports such information will have the right and opportunity to do so anonymously and will be protected against retaliation for making the report. The Health System also prohibits anyone from intimidating an individual from disclosing compliance concern. The Health System will immediately investigate and take appropriate action with respect to all suspected acts of retaliation or intimidation.

Surgical, P.C., University Physicians Oncology/Hematology Group, P.C., Verrazano Radiology, P.C., VivoHealth, Inc., and Zucker Hillside Hospital.

The Health System obligates itself to swiftly and thoroughly investigate any reasonably credible report of fraud, waste, or abuse or any reasonable suspicion thereof through the Health System's Compliance Program.

The Health System has the right to take appropriate action against an employee who has participated in a violation of law or hospital or Health System policy. The failure to comply with the laws and/or to report suspected violations of state or federal law can have very serious consequences for the Health System and for any affiliated individual who fails to comply or report. As a Health System employee or affiliated individual, you have an obligation to report concerns using the internal methods listed above and to understand the options available should your concerns not be resolved.

The Health System educates its employees, contractors and agents on the importance of this policy on a periodic basis.

B. State and Federal Fraud and Abuse Detection, Prevention and Employee Protection

I. FEDERAL LAWS

False Claims Act (31 U.S.C. §§ 3729-3733)

The False Claims Act ("FCA") provides, in pertinent part, that:

(a) Any person who (1) knowingly presents, or causes to be presented, to an officer or employee of the United States Government or a member of the Armed Forces of the United States a false or fraudulent claim for payment or approval; (2) knowingly makes, uses or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government; (3) conspires to defraud the Government by getting a false or fraudulent claim paid or approved by the Government; ...or (7) knowingly makes, uses or causes to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the Government,

... is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages which the Government sustains because of the act of that person...

(b) For purposes of this section, the terms “knowing” and “knowingly” mean that a person, with respect to information (1) has actual knowledge of the information; (2) acts in deliberate ignorance of the truth or falsity of the information; or (3) acts in reckless disregard of the truth or falsity of the information, and no proof of specific intent to defraud is required.

While the FCA imposes liability only when the claimant acts “knowingly,” it does not require that the person submitting the claim have actual knowledge that the claim is false.

A person who acts in reckless disregard or in deliberate ignorance of the truth or falsity of the information also can be found liable under the Act.

In sum, the FCA imposes liability on any person who submits a claim to the federal government that he or she knows (or should know) is false. An example may be a physician who submits a bill to Medicare for medical services she knows she has not provided. The FCA also imposes liability on an individual who may knowingly submit a false record in order to obtain payment from the government. An example of this may include a government contractor who submits records that he knows (or should know) are false and that indicate compliance with certain contractual or regulatory requirements. The third area of liability includes those instances in which someone may obtain money from the federal government to which he may not be entitled and then uses the false statements or records in order to retain the money. An example of this so-called “reverse false claim” may include a hospital that obtains interim payments from Medicare throughout the year and then knowingly files a false cost report at the end of the year in order to avoid making a refund to the Medicare program.

In addition to its substantive provisions, the FCA provides that private parties may bring an action on behalf of the United States, 31 U.S.C. § 3730 (b). These private parties, known as “qui tam relators,” may share in a percentage of the proceeds from an FCA action or settlement.

Section 3730(d)(1) of the FCA provides, with some exceptions, that a qui tam relator, when the Government has intervened in the lawsuit, shall receive at least 15 percent but not more than 25 percent of the proceeds of the FCA action depending upon the extent to which the relator substantially contributed to the prosecution of the action. When the Government does not intervene, section 3730(d)(2) provides that the relator shall receive an amount that the court decides is reasonable and shall not be less than 25 percent and not more than 30 percent.

Administrative Remedies for False Claims (31 U.S.C. §§ 3801-3812)

This statute allows for administrative recoveries by federal agencies. If a person submits a claim that the person knows is false or contains false information, or omits material information, then the agency receiving the claim may impose a penalty of up to \$5,000 for each claim. The agency may also recover twice the amount of the claim.

Unlike the FCA, a violation of this law occurs when it is submitted, not when it is paid. Also, unlike the FCA, the determination of whether a claim is false, and the imposition of fines and penalties are made by the administrative agency, not by prosecution in the federal court system.

II. NEW YORK STATE LAWS

New York False Claims Act (State Finance Law, §§ 187-194)

The New York False Claims Act closely tracks the Federal FCA. It imposes penalties and fines on individuals and entities that file false or fraudulent claims for payment from any state or local government, including health care programs such as Medicaid. The penalty for filing a false claim is \$6,000-\$12,000 per claim and the recoverable damages are between two and three times the value of the amount falsely received. In addition, the false claim filer may have to pay the government's legal fees.

The Act allows private individuals to file lawsuits in state court, just as if they were state or local government parties. If the suit eventually concludes with payments back to the government, the person who started the case can recover 25-30% of the proceeds if the government did not participate in the suit or 15-25% if the government did participate in the suit.

Social Services Law § 145-b False Statements

It is a violation to knowingly obtain or attempt to obtain payment for items or services furnished under any Social Services program, including Medicaid, by use of a false statement, deliberate concealment or other fraudulent scheme or device. The State or the local Social Services district may recover three times the amount incorrectly paid. In addition, the Department of Health may impose a civil penalty of up to \$2,000 per violation. If repeat violations occur within 5 years, a penalty of up to \$7,500 per violation may be imposed for more serious violations of Medicaid rules, billing for services not rendered or providing excessive services.

Social Services Law § 145-c Sanctions

If any person applies for or receives public assistance, including Medicaid, and is found to have intentionally made a false or misleading statement for the purpose of establishing or maintaining the eligibility of the individual or of the individual's family for aid or of increasing (or preventing a reduction in) the amount of such aid, then the needs of such individual shall not be taken into account in determining his or her need or that of his or her family (i) for a period of six months upon the first occasion of any such offense, (ii) for a period of twelve months upon the second occasion of any such offense or upon an offense which resulted in the wrongful receipt of benefits in an amount of between at least one thousand dollars and no more than three thousand nine hundred dollars, (iii) for a period of eighteen months upon the third occasion of any such offense or upon an offense which results in the wrongful receipt of benefits in an amount in excess of three thousand nine hundred dollars, and (iv) five years for any subsequent occasion of any such offense.

CRIMINAL LAWS Social Services Law § 145 Penalties

Any person, who submits false statements or deliberately conceals material information in order to receive public assistance, including Medicaid, is guilty of a misdemeanor.

Social Services Law § 366-b Penalties for Fraudulent Practices

- a. Any person who obtains or attempts to obtain, for himself or others, medical assistance by means of a false statement, concealment of material facts, impersonation or other fraudulent means is guilty of a Class A misdemeanor.
- b. Any person who, with intent to defraud, presents for payment a false or fraudulent claim for furnishing services, knowingly submits false information to obtain greater Medicaid compensation or knowingly submits false information in order to obtain authorization to provide items or services is guilty of a Class A misdemeanor.

Penal Law Article 155 Larceny

The crime of larceny applies to a person who, with intent to deprive another of his property, obtains, takes or withholds the property by means of trick, embezzlement, false pretense, false promise, including a scheme to defraud, or other similar behavior. This crime has been applied to Medicaid fraud cases.

- a. Fourth degree grand larceny involves property valued over \$1,000. It is a Class E felony.
- b. Third degree grand larceny involves property valued over \$3,000. It is a Class D felony.
- c. Second degree grand larceny involves property valued over \$50,000. It is a Class C felony.
- d. First degree grand larceny involves property valued over \$1 million. It is a Class B felony.

Penal Law Article 175 False Written Statements

Four crimes in this Article relate to filing false information or claims and have been applied in Medicaid fraud prosecutions:

- a. § 175.05, Falsifying business records, involves entering false information, omitting material information or altering an enterprise's business records with the intent to defraud. It is a Class A misdemeanor.
- b. § 175.10, Falsifying business records in the first degree, includes the elements of the § 175.05 offense and includes the intent to commit another crime or conceal its commission. It is a Class E felony.
- c. § 175.30, Offering a false instrument for filing in the second degree, involves presenting a written instrument (including a claim for payment) to a public office knowing that it contains false information. It is a Class A misdemeanor.
- d. § 175.35, Offering a false instrument for filing in the first degree includes the elements of the second degree offense and must include an intent to defraud the state or a political subdivision. It is a Class E felony.

Penal Law Article 176 Insurance Fraud

This statute applies to claims for insurance payment, including Medicaid or other health insurance, and contains six crimes.

- a. Insurance fraud in the fifth degree involves intentionally filing a health insurance claim knowing that it is false. It is a Class A misdemeanor.
- b. Insurance fraud in the fourth degree is filing a false insurance claim for over \$1,000. It is a Class E felony.
- c. Insurance fraud in the third degree is filing a false insurance claim for over \$3,000. It is a Class D felony.
- d. Insurance fraud in the second degree is filing a false insurance claim for over \$50,000. It is a Class C felony.
- e. Insurance fraud in the first degree is filing a false insurance claim for over \$1 million. It is a Class B felony.
- f. Aggravated insurance fraud is committing insurance fraud more than once. It is a Class D felony.

Penal Law Article 177 Health Care Fraud

This statute applies to claims for health insurance payment, including Medicaid, and contains five crimes.

- a. Health care fraud in the fifth degree is knowingly filing, with intent to defraud, a claim for payment that intentionally has false information or omissions. It is a Class A misdemeanor.
- b. Health care fraud in the fourth degree is filing false claims and annually receiving over \$3,000 in aggregate. It is a Class E felony.
- c. Health care fraud in the third degree is filing false claims and annually receiving over \$10,000 in aggregate. It is a Class D felony.
- d. Health care fraud in the second degree is filing false claims and annually receiving over \$50,000 in aggregate. It is a Class C felony.
- e. Health care fraud in the first degree is filing false claims and annually receiving over \$1 million in the aggregate. It is a Class B felony.

III. WHISTLEBLOWER PROTECTION

Federal False Claims Act (31 U.S.C. § 3730(h))

The FCA provides protection to qui tam relators who are discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of their employment as a result of their furtherance of an action under the FCA. Remedies include reinstatement with comparable seniority as the qui tam relator would have had but for the discrimination, two times the amount of any

back pay, interest on any back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees.

New York False Claims Act (State Finance Law § 191)

The New York False Claims Act also provides protection to qui tam relators who are discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of their employment as a result of their furtherance of an action under the Act. Remedies include reinstatement with comparable seniority as the qui tam relator would have had but for the discrimination, two times the amount of any back pay, interest on any back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees.

New York Labor Law § 740

An employer may not take any retaliatory action against an employee if the employee discloses information about the employer's policies, practices or activities to a regulatory, law enforcement or similar agency or public official. Protected disclosures are those that assert that the employer's policy, practice or activity violates the law and creates a substantial and specific danger to the public health and safety or which constitutes health care fraud under Penal Law § 177 (knowingly filing, with intent to defraud, a claim for payment that intentionally has false information or omissions).

The employee's disclosure is protected only if (a) the employee first brought up the matter with a supervisor and gave the employer a reasonable opportunity to correct the alleged violation, and (b) the policy, practice or activity actually violates the law. If an employer takes a retaliatory action against the employee, the employee may sue for reinstatement to the same, or an equivalent position, any lost back wages and benefits and attorneys' fees. If the employer is a health provider and the court finds that the employer's retaliatory action was in bad faith, it may impose a civil penalty of \$10,000 on the employer.

New York Labor Law § 741

A health care employer may not take any retaliatory action against an employee if the employee discloses certain information about the employer's policies, practices or activities to a regulatory, law enforcement or other similar agency or public official. Protected disclosures are those that are asserted by employees in good faith and with the reasonable belief that the policy, practice or activity constitutes improper quality of patient care.

The employee's disclosure is protected only if the employee first brought up the matter with a supervisor and gave the employer a reasonable opportunity to correct the alleged violation, unless the danger is imminent to the public or patient and the employee believes in good faith that reporting to a supervisor would not result in corrective action. If an employer takes a retaliatory action against the employee, the employee may sue for reinstatement to the same or an equivalent position, any lost back wages and benefits and attorneys' fees. If the employer is a health provider and the court finds that the employer's retaliatory action was in bad faith, it may impose a civil penalty of \$10,000 on the employer.

Gift Policy

SCOPE

This Policy and Procedure applies to all students, trainees, residents, employees, including, but not limited to, trustees, officers, employed and contracted clinicians, voluntary physicians as applicable, and agents (hereinafter referred to collectively, "Individuals") of the owned and sponsored entities of the North Shore-Long Island Jewish Health System (hereinafter referred to collectively, the "Health System").

This policy applies to the conduct of Individuals toward pharmaceutical, biotech, medical device and other health care related entities and their employees, representatives and other agents (hereinafter referred to collectively as "Industry") both on and off premises owned or leased by the Health System, except where off-premises locations are specifically noted.

This policy applies to conduct with Industry whether or not the particular Industry entity actually does business with the Health System.

PURPOSE

Over the past few years, respected professional publications and associations have cited concerns over the extent, the potential for negative influence and damage to professional integrity, and the sheer diversity and complexity of collaborations between health care providers and Industry. Accordingly, numerous respected medical schools, academic medical centers, health care providers, and trade associations whose members include Industry have attempted to address these concerns by revising and updating existing policies on gifts, conflicts of interest and similar matters to further regulate their interactions with Industry.

Federal and State laws and regulations (i.e., anti-kickback, Stark, civil monetary penalties) also prohibit the acceptance of any item of value (remuneration) made directly or indirectly, in cash or in kind, that may induce or appear to induce the purchase, recommendation to purchase or referral of any kind of health care goods, services, or items reimbursed by a federal or state health care program such as Medicare and Medicaid. Consequently, the acceptance of any gifts or business courtesies from any third-parties with whom we conduct business or who are seeking to do business with the Health System may implicate Federal and State prohibitions.

In addition, the Health System adopted a Conflicts of Interest and Recusal policy (policy #800.03) with additional disclosure provisions to mitigate potential or actual conflicts of interest. Please be sure to consult this policy with regard to potential Industry or non-Industry conflicts of interest.

Therefore, this policy is intended to provide parameters for appropriate decision-making regarding the acceptance or provision of business gratuities, gifts, activities and courtesies. All applicable Individuals shall receive training regarding potential conflicts of interest in interactions with Industry. Any questions as to whether a particular collaboration, interaction, relationship, gift, or social occasion would be appropriate in a specific circumstance should be directed to the Corporate Compliance Office.

POLICY AND PROCEDURES

1. GIFTS FROM INDUSTRY

Gifts from Industry are prohibited regardless of any value because even gifts of a nominal value may be viewed to influence or potentially influence an Individual in the conduct of their duties or

responsibilities. Gifts that are impermissible to Individuals are also impermissible when given to family members or guests of Individuals.

Health System Individuals also must consciously and actively divorce clinical care decisions (including referrals, and diagnostic or therapeutic management) from any perceived or actual benefits accrued or expected from Industry including, but not limited to, research funding, scholarships for Continuing Medical Education attendance, and any compensation agreement.

Definition of a Gift: A “Gift” means, for the purpose of this Policy, anything of value an Individual receives from Industry who does or seeks to do business with the Health System for which the Individual has not paid or performed services in a manner that is routine in commercial transactions. Gifts include, but are not limited to: cash of any amount, gift certificates, loans, trade show/office trinkets or promotional items (e.g., pens, calculators, notepads, coffee mugs), flowers, food and beverage (e.g., box of chocolate, wine), entertainment tickets, golf related items, stocks or other securities, or participation in stock offerings, Industry invitations to be their guests at charitable events sponsored by the Health System or other charitable organizations), raffle prizes, and use of a company’s vehicles or vacation facilities.

Gifts also include any food or beverage provided by Industry to Individuals on Health System premises except for Accreditation Council for Continuing Medical Education (ACCME) accredited programming and which are in compliance with ACCME guidelines. Individuals should use discretion in participating in any Industry-sponsored meal off-site. Any meals should be modest in nature and provided incidental to attendance at an off-site event.

Patient Gifts: Although this policy’s emphasis is on interactions with Industry, Individuals also are prohibited from accepting a personal, individual Gift of any kind from patients, former patients, their friends and relatives as individuals unless:

- The Gift is a modest token of appreciation rather than intended to influence behavior;
- The Gift does not involve cash or a cash equivalent such as a gift card; and
- The circumstances are such that refusal could hurt a patient’s feelings or otherwise be counterproductive to a patient relationship.

When feasible, Individuals should direct the donor to the relevant Health System Foundation so that such Gifts can be made to the appropriate entity. Similar tokens of appreciation provided by a patient or his or her family member to a facility department or office are also permissible.

Social, Benevolence, Congratulatory Gifts, Business Courtesies: This policy does not apply to interactions between Individuals and the Health System and between each other and such interactions may involve a Gift as defined above. However, Individuals are reminded that the Health System’s policy #800.10 addresses Business Courtesies and certain Individuals have to report such Gifts for tracking purposes when provided to a potential referral source even when such Gifts are provided for social, benevolence, or congratulatory reasons.

Community Outreach and Education: The Health System may develop promotional items of nominal value that promote awareness of clinical programs consistent with the Health System’s mission to provide community outreach and education.

Returning Unsolicited Gifts: If unsolicited Gifts arrive via the post office or private carrier, the department head or administrator will advise on the best method for returning the Gift.

2. COMPENSATION FROM INDUSTRY FOR CONSULTING SERVICES

Individuals who are invited to speak or provide genuine consulting services can accept reimbursement from Industry in the form of honoraria or compensation for time and expenses, but must comply with the following requirements:

- Presentations or consultation engagements must be of scientific/academic merit and/or benefit the Health System;
- Individuals are prohibited from participating in Industry-sponsored speaker's bureaus unless an academic investigator is presenting results of their Industry-sponsored study to peers and there is an opportunity for critical exchange;
- Individuals are prohibited from receiving compensation for listening to a sales pitch (e.g., detailing) by an Industry representative;
- Individuals must not receive any form of compensation for changing a patient's prescription;
- Individuals must only accept fair market compensation fees for specific, legitimate services provided by him or her and for work actually performed. Payment must be commensurate with time and effort and the terms of the arrangements, services provided, and compensation must be set forth in writing. Any reimbursement for travel, lodging, and meal expenses must be reasonable and directly related to the engagement;
- Acceptance of any honoraria or consultation engagement is contingent on the prior approval from an appropriate Administrative Director or Chairman. A Chairman needs approval from the Chief Medical Officer;
- Any time spent on a consultation or service agreement must be performed on non-Health System work time unless approved by facility or department policy or by the Individual's manager;
- Industry compensation must be disclosed in accordance with the Health System's Conflicts of Interest and Recusal Policy #800.03;
- Any applicable Individuals with decision-making in a procurement role must also follow the Health System's procurement policies; and
- Use of the Health System resources: In the event Health System resources such as work time, computers, and library are involved in the consultation, Individuals must consult the policies of the site where such resources may be used. It is considered improper to use Health System resources, especially computer resources for non-Health System purposes beyond incidental *de minimis* use.

3. ATTENDANCE AND/OR PARTICIPATION BY INDIVIDUALS IN INDUSTRY SPONSORED OR SUPPORTED PROFESSIONAL MEETINGS THAT ARE NOT SPONSORED BY THE HEALTH SYSTEM

Education for Professionalism

This section applies to attendance and/or participation by Individuals at Industry sponsored events that are not sponsored by the Health System. Clinicians are expected to participate in meetings of professional societies as part of their CME and professional obligations. Faculty and staff with special expertise may be invited to give lectures or otherwise participate in conferences and seminars in a variety of venues outside the Health System.

However, clinicians should be aware of the potential influence of Industry at these meetings. Industry support must never be such that one could infer that the purpose of the support of a meeting or conference was to induce or influence any favorable business action. Discretion must be employed in determining whether to attend, based on whether the event has a legitimate educational value.

The Health System permits attendance and participation by Individuals when an event is supported in part or in whole by Industry, but only when certain requirements are met as described below.

Attendees

If an Individual is only attending an education meeting or conference, the following requirements must be followed:

- The event is offered by a professional society, academic institution or governed by the Accreditation Council for Continuing Medical Education (ACCME) standards for commercial support or involves training on the safe and effective use of a medical technology;
- Financial support by Industry is fully disclosed at the meeting by the sponsor;
- The event, agenda and presentations are not determined by Industry unless FDA related or similar training is being provided on the safe and effective use of a medical technology;
- No Gifts, compensation, travel, meals or lodging may be accepted from Industry for attending an educational meeting or conference except for modest meals provided in compliance with the ACCME guidelines (e.g., incidental to attendance of an off-site event);
- Presenters are required to disclose that their presentation consists of his or her own studies and conclusions and such studies and conclusions promote evidence based clinical care;
- Individuals must not accept any Gifts from Industry at such events;
- Industry support must not be displayed in presentation or education spaces; and
- The setting and cost of the event must be appropriate to its purpose.

Participants

Individuals who actively participate in meetings and conferences supported in part or in whole by industry (e.g., giving a lecture, organizing the meeting), must follow these additional requirements:

- The meeting or conference content is determined by the Individual and not the Industry sponsor;
- The Individual must provide a fair and balanced assessment of therapeutic options and to promote objective scientific and educational activities and discourse;
- The Individual is not required by an Industry sponsor to accept advice or services concerning content, speakers, or other educational matters as a condition of the sponsor's contribution of funds or services;
- Individuals are prohibited from allowing their professional presentations of any kind, oral or written, to be ghostwritten by any party, industry, or otherwise;
- The Individual explicitly describes all of his or her related financial interests (i.e., past, existing, or planned) to the audience or explicitly declares that he or she has no related financial interests;
- The Individual states that the content reflects the Individual's views and not the views of the Health System;

- The Individual may accept reasonable payment for travel, meals, lodging and honorarium of fair market value, but no reimbursement of family members or guests' travel expenses is allowed;
- Time spent in preparing and delivering the lectures does not impair the Individual's ability to fulfill Departmental responsibilities; and
- The use of the Health System name in a non-Health System event complies with Health System policies regarding the use of the Health System's name.

In addition, participation involving speaking or similar responsibilities is subject to the requirements described in the "Compensation from Industry to Individuals" section of this Policy.

Individuals uncertain about the appropriateness of a particular event or function should contact the Corporate Compliance Office for advice.

4. INDUSTRY SUPPORT FOR RESEARCH RELATED ACTIVITIES

All Industry support for research related activities occurring throughout the Health System must be processed through or approved by the central research business office of the Health System, which resides in Research Administration at The Feinstein Institute for Medical Research.

Grants, awards and/or donations (collectively referred to as "Industry Support") from vendors to support research or education may be accepted by the Health System only if: (i) the Industry Support is accompanied with the vendor's certification that the Support is given to support Health System research or education and is not intended to influence purchasing decisions or research outcomes and (ii) it is approved by the Senior Vice President, Research or designee with responsibility for the supported research or educational activity.

In addition, all policies and procedures promulgated by The Feinstein Institute and the Office of Grants and Contracts relating to the submission, review, execution, and reporting of external funding for research must be followed. General grant policies may be located under the policies tab on healthport with detailed policies and procedures available on the Grants and Contracts website at www.nslj.com/ogc.

This policy does not prohibit grants from, or contracts with, vendors for research or clinical trials under a formal agreement executed through the North Shore-LIJ Health System Office of Grants and Contracts or the Biomedical Research Alliance of New York (BRANY).

5. INDUSTRY SUPPORT FOR HEALTH SYSTEM SPONSORED CME AND OTHER HEALTH SYSTEM SPONSORED EVENTS

The Health System has centralized departments assigned to Continuing Medical Education, which oversee all requests for Industry Support and receipt of funds for CME activity to ensure compliance with ACCME Standards for Commercial Support.

All industry educational events sponsored by the Health System must be compliant with ACCME Standards for Commercial Support regardless of whether or not CME credit is awarded unless FDA related or similar training is provided. The Health System conducts audits to assure compliance with these standards including those with respect to content validation and meals.

Individuals should be aware of the Standards for Commercial Support established by the Accreditation Council for Continuing Medical Education. A complete description of the Standards of the ACCME to ensure independence in CME activities is available at:

In addition to the aforementioned ACCME Standards, educational events sponsored by Industry on the Health System campus or a designated location should comply with the following provisions:

- Gifts of any type are not distributed to attendees or participants before, during, or after the meeting or lecture; and
- Funds to pay for the specific educational activity are provided to the Department or Program, but not to an individual faculty member.

Please contact the Department of Professional and Public Health Education, Office of Continuing Medical Education at (516) 465-2500 if you have any questions about CME or related Health System event.

In addition to the above broad guidelines regarding the conduct of the event itself, the following provisions apply to the planning and organization of the event:

Solicitation: Industry Support must be solicited only for charitable, educational, academic or other appropriate purposes and must be approved by the Department Chair and/or the Foundation (if applicable). Such solicitation shall be made to all companies similar in nature to the one solicited, not just those doing business or potentially doing business with the Health System. Furthermore, such solicitation must clearly indicate that Industry Support is not a factor in vendor selection. Solicitation discussions must not involve Individuals with vendor or product recommendation roles or Industry sales and marketing personnel unless no other communication option is feasible.

Permitted Uses of Industry Support: Industry is permitted to support education and other Health System projects and events, including but not limited to, fundraising projects that further the charitable mission of the Health System. Such Industry Support must be accompanied by a written certification from the appropriate Industry official that the support is provided to support education or a project or event that furthers the charitable mission of the Health System and that such Industry Support is not being provided to influence purchasing decisions or research outcomes.

Industry may direct its support to fully or partially fund an individual event, project or ongoing educational or charitable program of the Health System, but must indicate its request in its written certification. However, the Health System shall plan, operate and control all aspects of any such program in a manner consistent with the ACCME Standards (including but not limited to the provision of any food or beverages at such program, the selection of the program's content, faculty, attendees, educational methods and materials).

Product Training/Evaluation: Industry Support for a genuine, bona fide product education program or product symposium which by its nature may involve identification of an Industry name, logo or product is permitted if managed to eliminate or minimize the potential for advertising or other promotion.

Product Fairs or Similar Programs: Product fairs or similar promotional programs are allowed as long as these activities follow the ACCME Standards. Individuals who are faculty members or who

are in a position to recommend products for purchase should review the above policy provisions regarding attendance and participation at such events.

Industry Financial Support: Industry Support for a Health System event or project must not be made payable to an Individual but must be made payable to the Health System and sent to the applicable Health System Finance Office, Office of Sponsored Programs/Office of Grants and Contracts, Foundation, or Office of Continuing Medical Education.

Management, Monitoring and Oversight of Industry Support: Developing a system that properly manages and monitors Industry Support can prevent the co-mingling of Industry Support with Health System revenues and verify that Industry Support was used only for permitted uses. This system is crucial to preventing allegations that such Industry Support is an inappropriate form of support to the Health System.

Accordingly, all Industry Support funds must be allocated into Health System's centralized accounts for accounting and oversight purposes. Further allocation to departmental accounts may be performed using the written certification from the Industry and/or the policies and procedures of the Finance department. In addition, persons using Industry Support for a particular project or event must be able to document: (a) the amount, source and date of the Industry Support received from Industry, (b) the project or event receiving Industry Support, (c) the amount of Industry Support applied to the project and event, (d) the use of the Industry Support, (e) who determined the use of the Industry Support funds. Users of Industry Support are must seek guidance from Finance and/or the Office of Sponsored Programs/Office of Grants and Contracts concerning the best method of monitoring and oversight that meets their particular situation.

Acknowledgement: Industry support may be acknowledged for its donations or grants in a manner consistent with the ACCME standards.

6. INDUSTRY SUPPORT FOR STUDENTS OR TRAINEES

Health System facilities serve as training grounds for a variety of students and trainees. For the purposes of this section, the term "students" means persons enrolled in programs of study leading to a degree and "trainee" refers to persons enrolled in post-graduate training programs. The following requirements are designed to minimize potential influence by Industry on purchasing and referral decisions by facilities and faculty members:

- Scholarship and fellowship support by Industry is permitted, but must be by a written grant with the Health System, through the Health System's Office of Sponsored Programs or Office of Grants and Contracts, and placed in an account managed entirely by the Health System;
- The Health System or its educational affiliate in the training offered has complete control over the selection of recipients of scholarship or fellowship assistance;
- Industry grants to specific students or trainees are prohibited except for grants made:
 - (a) by the written grant to the Health System procedure described above in which the Health System selects recipients; or
 - (b) in accordance with a local, regional or national competitive or recognition process;
- Per the "Gifts from Industry to Health System section," Gifts from Industry at such events are prohibited; and
- Industry support cannot be tied to the use of Industry products or any implicit or explicit *quid pro quo* (i.e., "no strings are attached").

7. ROYALTIES, PATENTS AND OTHER INTELLECTUAL PROPERTY

Individuals are advised that Health System policy GR-017 governs patents and other intellectual property developed using Health System resources (Health System facilities, employees, and so forth). Policy GR-017 does not allow arrangements between Individuals and Industry; rather, all such arrangements which involve use of health system resources must be processed through The Feinstein Institute. This policy is not intended to contradict or restrict the provisions of GR-017. Individuals involving research, patent development, and other intellectual property arrangements using Health Systems resources should consult the Office of Technology Transfer at The Feinstein Institute.

In the event that an Individual is involved in a project that does not involve Health System resources, such agreements between Individuals and Industry for royalties, patents, and other forms of intellectual property must be structured in a manner that assures that they are not being entered into in order to conceal impermissible compensation for business dealings (e.g., kickbacks).

Accordingly, the following requirements must be followed:

- The Agreement shall meet contractual standards for consulting agreements (e.g., the agreement shall be written, fees disclosed annually, compensation at fair market value);
- The Agreement shall be entered into only when the Individual has made, or is expected to make, a contribution that is scientifically novel, innovative and significant, and the agreement shall provide sufficient detail to ascertain the contribution;
- The Agreement shall not be conditioned on use or promotion by the Individual or the Health System of the contribution or of any other products or services of the other party or parties to the Agreement or their business affiliates; and
- The Agreement shall be calculated in a manner that excludes reasonably foreseeable use by the Individual or the Health System of the contribution or of any other products or services of the other party or parties to the Agreement or their business affiliates.

8. DRUG SAMPLES TO INDIVIDUALS

Many of the Health System facilities licensed under article 28 of New York's Public Health Law prohibit or severely restrict the use of Drug Samples at their sites. In other areas, Individuals licensed to prescribe and dispense medications may accept free Drug Samples from Industry for distribution to patients. "Samples" or "Drug Samples" mean, for the purpose of this policy, free pharmaceutical products obtained from an Industry representative intended for administration to a patient.

Distribution to persons other than patients carries the inference that such free Drug Sample is a Gift and carries risk to an Individual's professional reputation. Accordingly, Individuals who interact with Industry representatives concerning drug samples are strongly discouraged from accepting drug samples unless particular patient samples pose significant benefits, are generally not used by the general population often, are usually needed quickly and whose benefits outweigh the regulatory, safety, security and other risks posed by such samples.

For example, Individuals may wish to refuse easily affordable or obtainable items that could be viewed as inappropriate (e.g., a widely used, over the counter product that one could find in a supermarket) but accept patient samples for more expensive items that pose a problem for indigent clients or items that should reach the patient quickly after the patient encounter, and generally would not be viewed as inappropriate (e.g., an antibiotic).

Furthermore, to the extent that such Drug Samples are permitted, Individuals interacting with Industry representatives should cooperate with each other or with a Health System site if feasible on managing Samples in a centralized manner that ensures security, timely access and tracks the recipients of free Drug Samples. In the event such a centralized system is not feasible or interferes with access, Individuals should carefully consider alternative ways to manage Drug Samples in a manner that does not pose risk to their professional reputation.

Free Drug Samples may never be sold and any drug sample should not be used by Individuals for themselves or family members or anyone other than a patient in need of the particular Sample.

9. INDUSTRY PRODUCT EVALUATIONS AND INDUSTRY SITE VISITS

Industry Evaluation Products

Industry may offer to place a new device or piece of equipment at the Health System on a trial basis. Such offers require Office of Procurement approval prior to delivery and the issuance of a no-charge Purchase Order that describes the item and the timeframe for the evaluation. Industry will be expected to deliver and retrieve the item within the designated time period.

The number of single use products (e.g., consumable or disposable products) provided at no charge must not exceed the amount reasonably necessary for the adequate evaluation of the products under the circumstances. Multiple use products provided without transfer of title for evaluation purposes must be furnished only for a period of time that is reasonable under the circumstances to allow an adequate evaluation.

Individuals must not entertain or encourage such offers by Industry unless the device or equipment is of genuine interest to the Health System. Individuals must not influence the decision of the Office of Procurement in approving or disapproving an offer by Industry.

Industry Site Visits

Site visits for the evaluation of Industry products and/or services are sometimes appropriate parts of a purchasing decision. When such visits are necessary, they must be approved by the Department Chair and/or any applicable department leadership and paid with departmental funds. Industry support for such trips is prohibited.

10. SITE ACCESS BY INDUSTRY SALES AND MARKETING REPRESENTATIVES

The presence of Industry sales and marketing representatives at Health System facilities presents operational issues of patient confidentiality, security, infection control, as well as a suggestion of an inappropriate relationship with Industry. The following requirements reduce the likelihood that the inappropriate presence of Industry representatives and must be followed unless contraindicated by the Health System's applicable policy (see this policy's list of References) or by the applicable policy in effect at the particular Health System site:

- Industry sales and marketing representatives access is prohibited on the Health System's premises unless by appointment or invitation and must be credentialed by the Health System;
- Industry sales and marketing representatives are restricted to non-patient areas, non-public areas except when reasonable to access their appointment location or to provide in-service training or services on devices and other equipment;

- Industry sales and marketing representatives are prohibited from interacting with patients (including observation) unless it has been approved by Health System personnel and there has been prior disclosure to and consent by the patient and then only to provide in-service training, services or assistance on devices, equipment or other technologies;
- Involvement of students and trainees in such meetings should occur only for educational purposes and under the supervision of a faculty member; and
- Industry personnel are prohibited from distributing refreshments, meals, or Gifts during visits.

Industry representatives are also subject to policies of the Health System including, but not limited to, those concerning access and security, registering and credentialing an appropriate number of individual Industry representatives.

11. DISCLOSURE OF RELATIONSHIPS WITH INDUSTRY

Individuals are prohibited from publishing articles, scientific presentation or other related materials under their own names that are written in whole or in part by Industry or other individuals without proper attribution.

In scholarly publications, Individuals must disclose their related financial interests in accordance with the International Committee of Medical Journal Editors (<http://icmje.org/>).

Individuals with supervisory responsibilities for students, trainees, residents or staff must ensure that any potential conflict of interest does not affect or appear to affect the supervision of any applicable individual.

Any potential conflict of interest must be disclosed in accordance with the Health System's Conflicts of Interest and Recusal Policy.

Any applicable Individuals with decision-making or a procurement role must also follow the Health System's Conflicts of Interest and Recusal Policy.

Hospital and site managers and Department Chairs shall be responsible for helping to enforce this policy. Any violations must be reported to the Corporate Compliance Office for appropriate resolution.

Exceptions to this policy can only be granted by the Chief Corporate Compliance Officer.

Disability Insurance

Medical students will be offered the opportunity to purchase disability insurance. The cost of disability insurance will depend upon the negotiated rates and will be borne by the student. Information on purchasing the School-sponsored disability insurance plan will be provided during student orientation, accessible in the Student Handbook and on the Office of Student Affairs website, and documented on each student's tuition bill. The Office of Student Affairs will be able to provide further information on and facilitate enrollment in the program.

Drug-Free and Alcohol-Free Work-Place Policy

POLICY STATEMENT

In accordance with federal law, Hofstra University has adopted this Drug-Free and Alcohol-Free Workplace Policy. Hofstra University recognizes that employees have a right to a safe and secure workplace. Drug use and alcohol abuse by a significant proportion of the nation's workforce has major adverse effects on the welfare of all Americans, resulting in millions of dollars of lost productivity each year and an increased likelihood of accidents in the workplace. The unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance, illicit drug or alcohol is prohibited in the Hofstra University workplace and at any activities sponsored by Hofstra University.

Violations of this policy will subject an employee to disciplinary action, up to and including, termination of employment and referral for prosecution and the University may require employees to be placed in an appropriate drug assistance or rehabilitation program. In addition, employees are subject to Hofstra University's drug and alcohol policies, as published in the Guide to Pride.

EMPLOYEE ASSISTANCE PROGRAM

Hofstra University offers several programs to employees who need assistance to overcome drug or alcohol problems. Employees seeking help may contact the Director of Human Resources. Various options are available, depending on the needs of the individual. Please read the medical benefits booklet to determine the extent of coverage. Support can also be offered through the NS-LIJ Healthcare system for employees and students.

EMPLOYER REQUIREMENTS

Hofstra will:

1. notify any applicable federal granting agencies, as is required by federal law, within ten days of receiving notice from an employee who is convicted of a criminal drug statute,
2. take appropriate personnel action against an employee who violates this policy, up to and including termination,
3. require an employee who is convicted of a criminal drug statute to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency, and
4. make a good faith effort to continue to maintain a drug-free and alcohol-free workplace.

EMPLOYMENT CONDITIONS

Hofstra employees must:

1. abide by the terms of the Drug-Free and Alcohol-Free Workplace Policy, and
2. notify Hofstra of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction.

LEGAL SANCTIONS

In addition to sanctions imposed by the University, drug and alcohol violations may be referred to the appropriate external authorities. Under federal, state, and local laws, such as the New York State Penal Law and the Federal Controlled Substance Act, violations as specified above may result in penalties ranging from fines through imprisonment. A list of penalties for federal drug offenses can be found on the U.S. Drug Enforcement Administration's website at <http://www.dea.gov/agency/penalties.htm> .

Employees covered under this law include all employees and temporary personnel and consultants on the payroll, and does not include workers not on the payroll, such as independent contractors and subcontractors.

HEALTH RISKS

Drug users and alcohol abusers face many physical and mental health risks. The physical risks of drug use range from dangerously increased heart rate from cocaine use to nausea and vomiting from heroin or marijuana use, and may result in death. Use of alcohol may result in mood changes, impulsive actions, and impaired judgment and coordination. Excessive use of alcohol may cause heart damage, liver damage, damage to the digestive tract, cancer, brain damage, loss of sexual function, blood disorders, birth defects, and death. Information on health risks for drugs or alcohol is available at the Hofstra University Health and Wellness Center.

Equal Educational Opportunity and Student Nondiscrimination Policy

Equal Opportunity Statement

Hofstra University continues its commitment to extending equal opportunity to all qualified individuals without regard to race, color, religion, sex, sexual orientation, age, national or ethnic origin, physical or mental disability, marital or veteran status in the conduct and operation of its educational programs and activities, including admission and employment. This statement of nondiscrimination is in compliance with Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 and other federal, state and local laws. The Americans with Disabilities Act compliance officer in the Plant Department (516) 463-6641 is designated by the University to coordinate its efforts to comply with Section 504. The Equal Rights and Opportunity Officer is the University's official responsible for coordinating its adherence to Title IX and other equal opportunity regulations and laws. Questions or concerns regarding Title IX or other aspects of this policy (other than Section 504) should be directed to the Equal Rights and Opportunity Officer at (516) 463-6775, C/O Office of Legal Affairs and General Counsel, 101 Hofstra University, Hempstead, NY 11549.

Hofstra University's Commitment to Diversity

The School of Medicine's dedication to ensuring diversity among its student body is consistent with the vision to develop Hofstra University as a diverse and inclusive campus. Diversity is a central core value and consistent with the School of Medicine's mission statement. This value is reflected in numerous university documents, including the University's Mission Statement Equal Opportunity Statement, Five-Year-Plan, Provost Task Force on Diversity and Faculty Diversity Statement the president's Message on diversity, found on the university home page, notes a sustained commitment to fostering a multicultural community represented by individuals of differing genders, colors, ethnic backgrounds, sexual orientations, religions, ages, physical and learning abilities, socioeconomic statuses, and marital statuses.

Statement of Non-discriminatory Policy

The Hofstra University School of Medicine strongly believes that a diverse student body greatly enriches the educational environment for students, faculty, and staff. Also, it is felt that such diversity is vital to meet the future medical, educational, scientific, and social needs of society at large. This diversity may include, but is not limited to, ethnic and racial background, socio-economic background, educational background, geographic background, and interests in different future medical careers. The School of Medicine specifically prohibits discrimination on the basis of any of these factors. The School of Medicine particularly encourages applicants from under-represented populations, who will add an extra dimension to the medical school experience.

Under no circumstances will the School of Medicine give medical school applicants or students differential consideration on the basis of gender, sexual orientation, age, race, creed, or national origin.

Family Educational Rights and Privacy Act (FERPA)

What Is the Family Educational Rights and Privacy Act (FERPA)?

The Family Educational Rights and Privacy Act (FERPA) of 1974 is a federal law that requires colleges and universities to protect the confidentiality of student education records. The law states that no one outside the institution shall have access to a student's education records, nor will the institution disclose any information from those records without the written consent of the student.

What Are Education Records?

"Education records" are records that:

Contain information that is directly related to a student.

Are maintained by an education agency or institution or by a party acting for the agency or institution.

What Does Not Qualify as an Education Record?

Records that are kept in the sole possession of the maker for use as a memory aid and not shared with others.

Public Safety records maintained and used only for law enforcement purposes.

Employment records that relate exclusively to an individual's employment capacity.

Medical and psychological records made, maintained, or used only in connection with the treatment of the student.

Post-attendance records (alumni records).

Note: In most circumstances, students do not have the right to review their parents' financial records or confidential recommendations to which they have waived access.

What Are a Student's Rights Under FERPA?

Right to inspect and review education records.

Right to request amendment of education records.

Right to have some control over the disclosure of information from education records.

Right to file with the U.S. Department of Education a complaint concerning alleged failures by the education agency or institution to comply with the requirements of the act.

What About Parental Access to a Student's Education Records?

At the post-secondary level, parents have no inherent rights to inspect a student's education record. The right to inspect is limited solely to the student.

Parents may gain access to non-directory information (grades, GPA, etc.) only if they obtain consent from the student.

The preferred method to allow access to parents is through [My.Hofstra.edu](https://my.hofstra.edu) Portal whereby the student can, at his or her discretion, grant access to his or her records online. [A consent form, FERPA Student Release](#), is also available at the Student Administrative Complex, Memorial Hall, or can be downloaded from Hofstra's Web site by [clicking here](#).

What Is Considered "Directory Information"?

In compliance with FERPA, the following statement reflects Hofstra University's policy with regard to the release of "directory information."

Hofstra University may release directory information that includes, but is not limited to, the student's name, address, telephone listing, electronic mail address, photograph, date and place of birth, major field of study, dates of attendance, grade level, enrollment status (e.g., undergraduate or graduate; full-time or part-time), participation in officially recognized activities and sports, weight and height of members of athletic teams, degrees, honors and awards received, and the most recent education agency or institution attended.

However, each student has the right to inform Hofstra University that any or all of the directory information may not be released. Hofstra University will honor the student's request to restrict the release of directory information. Students must notify the Office of Academic Records in writing. A form requesting nondisclosure may be obtained at the Student Administrative Complex, Memorial Hall. Status of nondisclosure is binding until such time that Hofstra is notified in writing by the student to permit release of "directory information."

Hofstra University reserves the right to withhold directory information at its discretion.

Can Hofstra University Disclose Information Without a Student's Consent?

Pursuant to FERPA, the University may disclose a student's education records without a student's written consent under certain conditions. These include, but are not limited to:

- Disclosure to a school official who has a legitimate educational interest.
- Disclosure to an education auditing or enforcing agency of a federal or state-supported program.
- Disclosure associated with eligibility for financial aid.
- Disclosure pursuant to a court order or subpoena.
- Disclosure that is necessary to protect the safety of the student or other persons.

What Is Annual Notification?

In compliance with FERPA, Hofstra University annually notifies students of the rights afforded to them under FERPA by publishing the University's FERPA policy on the University's Web site, in the University's Undergraduate and Graduate Studies Bulletins and in the Guide to Pride.

Where Can I Find Additional FERPA Information?

U.S. Dept. of Education, Family Policy Compliance Office at
<http://www.ed.gov/policy/gen/guid/fpco/index.html>

Family Leave Policy

The Parental Leave Policy applies to all full-time, matriculated medical school students at Hofstra University School of Medicine in partnership with LIJ Health System anticipating a birth or adoption.

The student should initiate discussions with the Assistant Dean for Student Affairs as early as possible. Leave will be granted to eligible medical students by the Assistant Dean for Student Affairs who have submitted a written request and appropriate documentation of anticipated childbirth or adoption. This process must include written certification from a health care provider and written permission by the medical student stating that an official of the University may contact the certifying health care provider, if needed. In the case of adoption, the request for leave must be accompanied by certification of child adoption, as well

as written permission by the medical student stating that an official of the University may contact the certifying individual, if needed. The student's request for leave under this policy must be submitted no later than eight weeks prior to the anticipated beginning of parental leave.

A full-time medical school student is eligible for six weeks of leave from his/her program. During this period of leave, the graduate student will continue to be enrolled.

The Parental Leave Policy establishes *minimum* standards for accommodation for a leave associated with childbirth or adoption.

Grade Appeal Process

Each required course and clerkship will provide students with the opportunity to review their performance. It is the right and responsibility of the faculty to determine student grades at the School of Medicine. A course director's right to determine a final grade assigned in his or her class shall be abrogated only if it is demonstrated, through the process below, that the final course grade was not based on the student's academic and professional performance. Course refers to any graded entity in the curriculum. Only final grades may be appealed.

In the School of Medicine, if a student disagrees with a final grade, it is expected that the disagreement will be resolved through resultant discussion between the student and the course director. If the discussion between the student and course director does not resolve the issue or if the course director is no longer in residence or is otherwise unreachable, the student may then appeal in writing to the chair of the relevant department. In the integrated curricular structure, the relevant department is that which provides the final grade. The Chair shall attempt to mediate a resolution and make a recommendation, but cannot change a grade. If discussion among the student, course director and chair does not lead to resolution, the student may appeal, in writing, to the Senior Associate Dean for Academic Affairs. The Senior Associate Dean for Academic Affairs may elect to mediate or to empanel an Ad Hoc Appeals Committee to determine whether the grade should remain the same, be raised, or be lowered.

The Ad Hoc Appeals Committee shall be composed of three to five faculty members of the School of Medicine. The student must submit to the Committee a written statement delineating an argument supporting a change of grade. The Committee shall have the authority to investigate the matter fully and to request material from the student and the course director. The Committee, however, will proceed from the assumption that the course grade was justified; the burden of proof shall lie with the student. If the Committee members find that the grade was not based upon academic and professional performance, they may submit a new grade to the Registrar. In all cases, the Ad Hoc Committee's decision shall be conveyed, in writing, within 10 days of the Committee's decision to the student who initiated the appeal, the course director involved, the Senior Associate Dean for Academic Affairs, and the Dean.

Grading Policies

Grading Policy for Vertical Courses

The final grade for each of the vertical courses is made up of eight components, two of which are summative and six of which are formative.

Students must “meet expectations” for each of the following *summative* components to achieve a passing grade for the course:

1. Summative end of course Synthesis Essay Questions (SSEQs)
2. Summative end of course PEARLS Facilitator Assessment

In addition to meeting expectations for the above components, students are required to “meet expectations” for each of the following *formative* components to achieve a passing grade for the course:

1. Formative weekly Short Essay Questions (SEQs)
2. Formative weekly NBME Multiple Choice Questions (MCQs)
3. Formative mid-course PEARLS Facilitator Assessment
4. Formative end of course PEARLS Peer Assessment
5. Formative end of course NBME Multiple Choice Questions (MCQs)
6. Student Course and Faculty Evaluation

The final grade for the course is either “pass” or “fail.” For a student to pass a vertical course, he/ she must “meet expectations” for all components of the final grade, as listed above. For each of the summative components, a student receives one of three narrative descriptors: “meets expectations”, “meets expectations with concern”, or “does not meet expectations.” For each of the formative components, a student receives one of two narrative descriptors: “meets expectations” or “does not meet expectations”.

The Summative Synthesis Essay Questions (SSEQs) are scored according to a question-specific, criterion-based rubric. Each question is written, reviewed, and scored by one faculty member who is a content expert. The cut-off points for scoring each individual question, therefore, are determined by the faculty member who wrote that question. The cut-off points for “meets expectations,” “meets expectations with concern”, and “does not meet expectations” on each question of the SSEQ Exam component of the final grade is determined by the faculty content expert who wrote that question. The course director, in consultation with the Office of Assessment and Educational Research, determines what constitutes “meets expectations,” “meets expectations with concern,” and “does not meet expectations” for the entire SSEQ exam. After all SSEQ exams have been graded, the students have the opportunity to attend a facilitated review session with course faculty to discuss the ideal answers to the SSEQs.

A “meets expectations with concern” for the summative SSEQs component identifies the need for targeted tutoring. A student in receipt of more than one “meets expectations with concern” for this essay component in more than one course is required to document an individualized remediation plan in his/ her portfolio and, guided by his/her Society Master, review and implement the plan with the assistance of the course director.. A “does not meet expectations” for the summative SSEQ component triggers targets global remediation of the course.

The summative end of course PEARLS Facilitator Assessment includes narrative feedback from the PEARLS Facilitator on strengths and areas of improvement, based on the student’s participation in PEARLS group discussions and professional behaviors, completion of weekly SEQs and weekly NBME MCQs, and attendance. The cut-off points for “meets”, “meets with concern” and “does not meet” are determined by the PEARLS Facilitator.

A “meets expectations with concern” for the summative PEARLS Facilitator Assessment component identifies the need for targeted tutoring. A student in receipt of “meets expectations with concern” for this component in more than one course is required to document an individualized remediation plan in his/ her portfolio and, guided by his/her Society Master, review and implement the plan with the assistance of his/her clinical Site Director..

A “does not meet expectations” for the summative PEARLS Facilitator Assessment component triggers targeted remediation.

The formative weekly Short Essay Questions (SEQs) are reviewed by the students’ PEARLS Facilitator and scored but not graded. After all weekly SEQs have been reviewed, students receive the “ideal” answers as a means for self-assessment. If a student’s responses repeatedly trigger concern for the Facilitator, the Facilitator guides the student towards targeted tutoring. The student must complete all Weekly SEQs to receive a “meets expectations” for this component of the final grade.

The formative weekly NBME Multiple Choice Questions (MCQs) are scored but not graded. Students receive the correct answers after all MCQs have been completed as a means for self-assessment. All weekly MCQs must be completed for the student to receive “meets expectations” for this component of the course.

The formative mid-course PEARLS Facilitator Assessment includes narrative feedback from the PEARLS Facilitator on strengths and areas of improvement, based on the student’s participation in PEARLS group discussions and professional behaviors, review of weekly SEQs and weekly MCQs and attendance. The cut-off points for “meets” and “does not meet” are determined by the PEARLS Facilitator.

The formative end of course PEARLS Peer Assessment includes narrative feedback from the student’s peers in his/ her PEARLS group on strengths and areas of improvement, based on the student’s participation in PEARLS group discussions, professional behaviors, and attendance. The cut-off points for “meets” and “does not meet” are determined by the peer evaluator in the student’s PEARLS group.

The formative end of course NBME Multiple Choice Questions (MCQs) are scored but not graded. Students receive the correct answers after all MCQs have been completed as a means for self-assessment. This formative MCQ exam must be completed for the student to receive “meets expectations” for this component of the final grade.

The Student Course and Faculty Evaluation must be completed at the end of the course for the student to “meet expectations” for this component and to access his/ her final grade for the course.

Grading Policy for Structure I and II Courses

The final grade for the Structure I and II courses is made up of seven formative components. Because each Structure course spans multiple vertical courses, its duration within a single vertical course is referred to as a “module.”

Students must “meet expectations” for each of the following components to achieve a passing grade for the course:

1. Formative end-of-module *Structure* Synthesis Essay Question (SSEQ) Exams

2. Formative end-of-module Clinical Structure Practicals
3. Formative monthly Short Essay Questions (SEQs)
4. Formative monthly and end-of-module NBME-type Questions
5. Formative midpoint and end-of-course Problem-Based Structure (PBS) Facilitator Assessments
6. Formative midpoint and end-of-course Problem-Based Structure (PBS) Peer Assessments
7. Student midpoint and end-of-course Course and Faculty Evaluation

The final grade for the course is either “pass” or “fail.” For a student to pass the Structure I and II courses, he/ she must receive a “meet expectations” or “meets expectations with concern” for all components of the final grade, as listed above. For all components of the course, a student receives one of three narrative descriptors: “meets expectations,” “meets expectations with concern,” or “does not meet expectations.” The final grade for Structure I or Structure II is a compilation of all formative assessments completed during each module of the respective course.

The *Structure* Synthesis Essay Questions (SSEQs) Exams, administered at the end of each module, are scored according to a question-specific, criterion-based rubric. Each question is written, reviewed, and scored by a faculty member who is a content expert. The cut-off points for scoring each individual question, therefore, are determined by the faculty member who wrote that question. The cut-off points for “meets expectations,” “meets expectations with concern,” and “does not meet expectations” on each question of the SSEQ Exam is determined by the faculty content expert who wrote that question. The Course Director, in consultation with the Office of Assessment and Educational Research, determines what constitutes “meets expectations,” “meets expectations with concern,” and “does not meet expectations” for the entire SSEQ Exam. After all SSEQ Exams have been graded, the students have the opportunity to attend a facilitated review session with course faculty to discuss the ideal answers to the SSEQs.

A “meets expectations with concern” for the SSEQ Exam in any module identifies the need for targeted tutoring. A student in receipt of “meets expectations with concern” for this component in more than one module within the Structure course is required to develop and implement an individualized remediation plan in his/ her portfolio in collaboration with the Course Director and with the assistance and monitoring of his/ her Society Master. A “does not meet expectations” for this or any other course components in any module triggers targeted remediation of that component.

The formative end of module Clinical Structure Practicals are self-administered clinically oriented laboratory practicals, and are scored but not graded. Students receive the correct answers after the laboratory practical has been completed as a means of self-assessment. The student must complete the end of module Clinical Laboratory Practicals to receive “meets expectations” for this component of the course.

The formative monthly Short Essay Questions (SEQs) are reviewed by course faculty and scored but not graded. After all SEQs have been reviewed, students receive the “ideal” answers as a means of self-assessment. If a student’s responses repeatedly trigger concern for the course faculty, the Course Director guides the student toward targeted tutoring. The student must complete all SEQs to receive a “meets expectations” for this component of the final grade.

The formative monthly and end-of-module NBME-type Questions are reviewed by course faculty and scored but not graded. Students receive the correct answers after all questions have been completed as a means of self-assessment. All monthly and end-of-module questions must be completed for the student to receive “meets expectations” for this component of the course.

The formative Problem-Based Structure (PBS) Facilitator Assessments are completed at the midpoint and end of the course and include narrative feedback from the PBS Facilitator on strengths and areas for improvement, based on the student's participation in and completion of PBS exercises. The cut-off points for "meets expectations" and "does not meet expectations" are determined by the PBS Facilitator.

The formative Problem-Based Structure (PBS) Peer Assessments are completed at the midpoint and end of the course and include narrative feedback from the student's peers in his/ her PBS group on strengths and areas for improvement, based on the student's participation in and completion of PBS exercises. The cut-off points for "meets expectations" and "does not meet expectations" are determined by the peer evaluator in the student's PBS group.

The Student Course and Faculty Evaluation must be completed at the mid-point and end of each Structure course for the student to "meet expectations" for this component and to access his/ her final grade for the course.

Grading Policy for Patient, Physician and Society Course

The final grade for the Patient, Physician and Society (PPS) I and II courses is made up of eleven components, two of which are summative and nine of which are formative.

Students must "meet expectations" for each of the following *summative* components to achieve a passing grade for the course:

1. Summative end of course Preceptor Clinical Skills Global Assessment
2. Summative end of course Standardized Clinical Skills Comprehensive Assessment

In addition to meeting expectations for the above components, students are required to "meet expectations" to achieve a passing grade for the course for each of the following *formative* components, which occur either at the clinical site or in a standardized setting at the clinical skills center:

3. Patient Log
4. Field Notes
5. Patient Management Problem Sets
6. Narrative Reflections
7. Mentored Case Books
8. Clinical Skills Assessment
9. Small Group Peer Assessment
10. Multisource Assessments
11. Student Course and Faculty Evaluation

The final grade for the course is either "pass" or "fail." For each of the formative and summative components, a student receives one of three narrative descriptors: "meets expectations", "meets expectations with concern", or "does not meet expectations." For a student to pass the Patient, Physician and Society course, he/ she must receive a "meet expectations" or "meets expectations with concern" narrative descriptor on each *summative* component of the final grade. A student who receives a descriptor indicating "meets expectations with concern" on his/her assessments for any of the required summative components requires supplemental, focused, clinical experiences that are closely mentored by site clinicians to ensure continued improvement in areas of concern. Individual student improvement is verified in the

clinical skills center using standardized patients and simulation exercises. A “does not meet expectations” for any of the *summative* components triggers a fail grade and a closely supervised remediation plan of the entire course.

Benchmarks for the developmental level of students’ knowledge, skills and attitudes will be determined using criterion--based assessment. Behavior-specific anchors are determined for the Preceptor Clinical Skills Global Assessment form and the Standardized Clinical Skills Comprehensive Assessment using the following scale: “does not meet expectations,” “approaches expectations,” “meets expectations,” and “exceeds expectations.” Students must approach, meet or exceed expectations on the knowledge, skill and attitude benchmarks for each of the *summative* components to achieve a passing grade for the course. Students who consistently “exceed expectations” have this noted in the narrative portion of the Preceptor Clinical Skills Global Assessment form.

At the end of the first 50 weeks and the end of the first 100 weeks, each student receives a Preceptor Clinical Skills Global Assessment based on cumulative experiences at his/her clinical site. The Site Director at the student’s assigned hospital is required to obtain individual evaluations from discipline-specific clinicians who precept the students over the first 50 weeks and second 50 weeks. These are collated into an individual student *summative* assessment using the Preceptor Clinical Skills Global Assessment form. Additional data obtained from multi-source assessments, including those by peers, other members of the health care team and patients are integrated by the Site Director into the student’s summative Preceptor Clinical Skills Global Assessment form. In addition, a Standardized Clinical Skills Comprehensive Assessment (OSCE) is conducted at the Center for Learning and Innovation and focuses on a comprehensive assessment of students’ clinical skills including interpersonal/communication, physical diagnosis, interpretive and decision analysis, management, and patient education. This assessment also includes simulations to assess students’ team-building skills and professional behaviors. Both the Preceptor Clinical Skills Global Assessment and the Standardized Clinical Skills Comprehensive Assessment include narratives.

The site director and faculty at each student’s individual longitudinal clinical care site review the student’s achievement of the *formative* components that require “meet expectations” to achieve a passing grade. In addition, faculty experts in the horizontal themes of the PPS course provide *formative* assessment feedback to students as related to each component. *Formative* feedback from diverse faculty reinforces the integrated learning objectives represented in the PPS course and influence the developmental progress required for students to “meet expectations” and pass the course. The PPS Course Director(s) are required to monitor and track the integrated *formative* feedback on the horizontal learning objectives assessed in the PPS course. *Formative peer* assessment, required at determined intervals; is shared with the student and monitored by his/her Society Master. A student in receipt of more than one sequential “meets expectations with concern” for any of the required *formative* components is required to document an individualized remediation plan in his/ her portfolio and review and implement the plan with the assistance of his/her clinical Site Director under the guidance of his/ her Society Master.

The Student Course and Faculty Evaluation must be completed at the midpoint and end of the course for the student to “meet expectations” for this component and to access his/ her final grade for the course.

Grievance/Conflict Resolution Process

The School of Medicine has defined a formal, two-step process for reporting and investigating allegations of student mistreatment (*Refer to Appendix*). As a first step, students may report perceived incidents of mistreatment through one of the following mechanisms:

- As part of the formal course evaluations. The Office of Assessment and Educational Research will compile the course evaluations and share resulting reports with the course director. The course director will be responsible for sharing and discussing reports of unprofessional behavior with the faculty member or resident.
- Through the student course liaisons. The course liaisons will be responsible for reviewing the allegation with the appropriate course director or with the Assistant Dean for Student Affairs.
- Through direct conversation with the course or site director, their Society Master or the Assistant Dean for Student Affairs.
- Through the School of Medicine Ombudsperson.

Anyone else observing student mistreatment may bring it to the attention of any of the above people or to the Dean.

Once an incident has been reported, the course director, Society Master, Assistant Dean for Student Affairs, or Ombudsperson will approach the involved faculty member. If the above parties are unable to resolve the issue, or if the issue arises again, the second step of the process will begin. The issue will be presented by the course director, Society Master, Assistant Dean for Student Affairs, or Ombudsperson to the Senior Associate Dean for Academic Affairs who, working with the faculty member's Department Chair, can either resolve the issue or empanel an ad hoc committee to investigate the allegation and make a recommendation for subsequent action to the Dean.

Harassment Policy

HOFSTRA UNIVERSITY HARASSMENT POLICY (Faculty Policy Series #43, Rev. 2005)

I. Introduction

As an academic institution of higher learning, Hofstra University is dedicated to providing an environment conducive to intellectual and personal growth, with all members of the community encouraged to participate to the fullest extent of their abilities. For Hofstra, this means a firm institutional commitment to academic freedom as defined in Section II of the Faculty Statutes. It also involves a commitment to norms of professional and interpersonal respect ensuring that no individuals are subjected to harassment or discriminated against in any way on the basis of race, color, religion, sex, sexual orientation, age, national or ethnic origin, physical or mental disability, marital or veteran status or any other characteristic protected by state or federal laws. These protected traits are referred to as "protected characteristics or beliefs" elsewhere in this Policy.

Harassment based on any of these characteristics is a form of discrimination prohibited by law and by Hofstra University. Whenever a violation of this policy is brought to the University's attention through appropriate channels or when the University otherwise becomes aware of a violation of this policy, prompt corrective action will be taken. All members of the Hofstra community are encouraged to contact the appropriate University offices if infringements of this policy come to their attention. Retaliation against anyone who files a complaint under this policy or participates in an investigation is prohibited.

II. Harassment Policy Statement

A. Harassment Prohibited

Hofstra University abides by the principle that its students, faculty, staff and administrators have a right to be free from unlawful harassment within the University community. Harassment is the creation of a hostile or intimidating environment in which verbal or physical conduct based on one's protected characteristics or beliefs, because of its severity and/or persistence, is likely to significantly interfere with an individual's work or education, or enjoyment of other University opportunities or activities. Harassment also includes coercive or threatening behavior based on one's protected characteristics or beliefs. This policy covers the conduct of all University employees and students, as well as third parties such as vendors, contractors and visitors to campus. This applies to all areas of University programs and activities both on and off-campus, including overseas programs.

B. Definition of Sexual Harassment

Generally, sexual harassment is conduct that exploits power or authority in order to elicit sexual submission, or inappropriate sexual conduct that creates an intimidating, hostile or abusive environment for working, learning, or enjoying other opportunities and activities. Sexual harassment can include a wide range of behaviors, from the actual coercing of sexual relations, to repeated or egregious sexual suggestions or comments, to the unwelcomed emphasizing of sexual identity. The definition of sexual harassment, discussed more fully below, will be interpreted and applied consistent with current legal standards, as well as accepted standards of mature behavior, professional responsibility, academic freedom, and freedom of expression.

Sexual harassment in any situation is reprehensible; it is particularly damaging when it exploits the educational dependence and trust between and among students, faculty, staff and administrators. When the authority and power inherent in certain relationships, whether overtly, implicitly, or through misinterpretation, is abused in this way, there is potentially great damage to all parties involved, and to the educational climate of the institution.

For the purposes of this policy, sexual harassment may be defined as unwelcome sexual advances, requests for sexual favors, and other nonverbal, expressive or physical conduct of a sexual nature, when

- *submission to such conduct is explicitly or implicitly made a term or condition of employment or status in a course, program or activity; or*
- *submission to or rejection of such conduct is used as a basis for an academic or employment decision affecting the individual, or for a decision regarding an individual's status in a course, program or activity; or*
- *such conduct has the purpose or effect, when judged from the perspective of a reasonable person in the position of the complaining individual, of unreasonably interfering with an individual's academic or work performance, or creating an intimidating, hostile or offensive environment for working, learning, or enjoying other University opportunities, programs and activities.*

Determining whether sexual conduct creates an intimidating, hostile, or offensive environment or substantially interferes with an individual's academic or work performance or enjoyment of other University opportunities depends on the specific facts and the context in which the

conduct occurs. To constitute sexual harassment, the conduct must be severe or pervasive. Thus, a hostile environment may arise from a single incident if sufficiently egregious, for example, certain physical contact, or from repeated actions such as repeated sexual comments, suggestions or jokes. Further, if such conduct or remarks take place in the teaching context, to conclude that they create an abusive environment it must be shown that they are not germane to the subject matter. The academic setting is distinct from the workplace in that wide latitude is required for professional judgment in determining the appropriate content and presentation of academic material.

Sexual harassment can involve conduct toward an individual of the opposite sex or of the same sex. In addition, sexual harassment may occur between peers or between individuals in a hierarchical relationship.

Examples of conduct covered by this policy (subject to the above conditions) include, but are not limited to:

- *unwanted flirtation, advances or propositions of a sexual nature;*
- *insults, humor, jokes, or anecdotes (not legitimately related to the subject matter of a course, if one is involved) that belittle or demean an individual's or a group's sexuality or sex;*
- *unwelcomed comments of a sexual nature about an individual's body or clothing;*
- *unwarranted displays of sexually suggestive objects or pictures;*
- *unwelcomed touching such as patting, pinching, hugging, or brushing against an individual's body;*
- *explicit or implied suggestions that submission to or rejection of sexual advances will affect decisions regarding such matters as an individual's employment, work assignments or status, salary, academic standing, grades, participation in programs or activities, athletic opportunities, receipt of financial aid; grants, leaves of absence, letters of recommendation, or other similar matters;*
- *tangible action taken against an individual (e.g. a demotion, lower grade) for refusing to submit to sexual advances, or threatening to take such actions; and*
- *sexual assault. (For additional information about sexual assault involving students, see the Sexual Assault Policy contained in the Guide to Pride).*

C. Definition of Other Forms of Harassment

Unlawful harassment, other than sexual harassment, is conduct that denigrates or shows hostility or aversion to a person on the basis of a protected characteristic or belief when such conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance, or creating an intimidating, hostile, or offensive environment for working, learning, or enjoying other University opportunities, programs and activities.

Protected characteristics or beliefs are listed in Section I of this policy.

Examples of other forms of harassment covered by this policy, include, but are not limited to:

- *verbal abuse, ridicule, slurs, epithets, stereotyping, and offensive and unwelcome jokes and comments;*
- *threatening, intimidating, or hostile acts; and*
- *displaying or distributing offensive materials, writings, graffiti, or pictures that denigrate or show hostility or aversion towards an individual or group based on any of the protected characteristics or beliefs set forth in this policy.*

III. Harassment Complaint Procedure

Any member of the University community, including a student or employee, who believes that he or she has been subjected to harassment in violation of this policy may pursue redress through the appropriate complaint procedure. This complaint procedure is provided for the prompt and equitable resolution of complaints alleging harassment by members of the University community, including faculty members, staff members, administrators, and other persons. However, complaints of harassment against students arising out of their conduct as students shall be made to the Dean of Students Office and will be handled in accordance with the provisions set forth in the Student Judicial Code. Members of the University community may also choose to pursue one of the informal options discussed below.

A. Confidentiality

1. Generally it is the policy of Hofstra University to protect the confidentiality of members of the University community who may be involved in harassment complaint procedures, insofar as that is reasonably practicable. Specifically, the identity of the complaining party, the identity of the accused offender (hereinafter referred to as the “responding party”), and information relating to the harassment complaint will be disseminated only to those individuals who have a legitimate need to know, or as reasonably necessary for the purpose of investigating or resolving the complaint.

Complaining parties should be informed and understand that, upon their advising a Harassment Adviser or the Equal Rights and Opportunity Officer of a harassment complaint, the University may be legally required to investigate that complaint. Therefore, complaining parties should understand that the complaint may be disclosed, as necessary, to persons other than the one(s) to whom the complaint is made, including the party complained of (hereafter referred to as “the responding party”).

Although the University will endeavor to maintain the confidentiality of harassment complaints and proceedings in accordance with this policy, it cannot absolutely guarantee against the further dissemination of information by individuals to whom such information was reasonably disclosed by the University in the course of a harassment investigation.

2. **Waiver of Confidentiality:** A complaining party or a responding party may be deemed to have waived, directly or indirectly, the confidentiality provisions of this policy by voluntarily disclosing information about the complaint or the complaint proceedings to parties within or outside the

University community who are not directly involved in the investigation or complaint process. The University retains the right to respond as it deems appropriate, including the right to rebut or refute such allegations consistent with applicable law.

B. Retaliation

No individual shall be penalized or retaliated against in any way by a member of the University community for his or her participation in this complaint procedure: This protection includes both the complaining and responding parties and individuals who participate in an investigation of a harassment complaint. Every effort should be made to protect members of the University community so they may use or participate in the harassment complaint procedure without fear of reprisal or retaliatory action.

Threats, other forms of intimidation, and retaliation against a complaining or responding party or any other party involved in implementing or utilizing the University's harassment complaint procedure are violations of this policy, and, thus, may be grounds for disciplinary action, including separation from the University, consistent with appropriate procedures.

Individuals who believe they have been retaliated against in violation of Hofstra's harassment policy must follow the complaint procedures outlined herein, and such complaints will be processed in accordance with those procedures.

C. Informal Procedure

The goal of the informal options is to end quickly the offending behavior without utilizing disciplinary action or the formal complaint procedure. However, no one is required to pursue an informal resolution and a complaining party may proceed immediately to the formal complaint procedure. If the informal options are not feasible or desired or do not result in a mutually agreeable solution or cessation of the offending conduct, the formal complaint procedure is available as well. Informal options include:

- Talking directly to the other party or writing a letter describing the unwelcome behavior and asking him or her to stop.
- Consulting with a University Harassment Adviser. Harassment Advisers are individuals specially trained by the University who are available to anyone to discuss issues relating to harassment or the University's policy and procedures. Harassment Advisers may assist the parties in resolving a complaint informally without the need to file a formal complaint. A current list of Harassment Advisers is available from the Human Resources Office and the Equal Rights and Opportunity Officer.
- Speaking to members of the Student Counseling Center or campus Chaplains. Such conversations may be confidential because of the legal protections held by the specific persons receiving the information.

D. Formal Procedure¹

1. Step One

- a. Whom to Contact: Individuals who believe they have been subjected to harassment in violation of this policy and seek to file a formal complaint should contact the Equal Rights

¹ A summary of the Formal Harassment Complaint Procedure is available from the Equal Rights and Opportunity Officer.

and Opportunity Officer [insert campus contact information].² The Equal Rights and Opportunity Officer is the designated official responsible for the investigation of harassment complaints made by members of the University community, as well as for coordinating the processing of such complaints under this policy. Individuals who believe they have been subjected to harassment by a student in violation of this policy should contact the Dean of Students. If such a complaint is made to the Equal Rights and Opportunity Officer, the complaint will be forwarded to the Dean of Students for handling in accordance with the provisions of the Student Judicial Code. Complaints by individuals who believe they have been subjected to harassment by a third party such as a vendor, contractor or visitor to campus will be handled by the Equal Rights and Opportunity Officer, even though not subject to this formal complaint procedure.

- b. **Timing of Complaint:** An initial complaint of harassment to the Equal Rights and Opportunity Officer must be made within six months of the most recent occurrence of alleged harassment. The Equal Rights and Opportunity Officer is authorized to waive this timeliness requirement in extenuating circumstances. Even if the time to file a complaint has elapsed, any member of the University community who becomes aware of a potential violation of this policy is encouraged to report the violation to the Equal Rights and Opportunity Officer so that appropriate action may be taken. In order to facilitate investigation of a complaint, prompt reporting is encouraged.
- c. **Making a Written Complaint:** If the complainant, after an initial discussion with the Equal Rights and Opportunity Officer, decides to proceed, the complainant must make the complaint in writing by filing a Harassment Complaint Form. Such forms may be obtained from the Equal Rights and Opportunity Officer.
- d. **Investigation By the Equal Rights and Opportunity Officer:** The Equal Rights and Opportunity Officer or a designee shall conduct an investigation of the complaint, which shall include discussing the allegations with the responding party, reviewing any relevant documents or other materials, and interviewing potential witnesses to the alleged harassment, including administrators, faculty members, staff members, students or other persons who may have knowledge of the situation. If the responding party is a member of a union, the party may request that a union representative be present during his or her interview.

Neither the complaining party nor the responding party is entitled to the participation of legal representatives during the course of the Equal Rights and Opportunity Officer's investigation of the complaint.

- e. **Informal Resolution:** The Equal Rights and Opportunity Officer is authorized and encouraged to explore informal resolution of the complaint at any time after the complaint is received. The Equal Rights and Opportunity Officer shall advise both the complaining and responding parties that conciliation of the complaint is available should the parties so desire. Informal resolution is designed to obtain an expedient, mutually acceptable solution to a harassment

² In the event that the complaining party believes that the Equal Rights and Opportunity officer may have a conflict of interest, or other compelling reason, he or she may report the complaint to the Director of Human Resources, or, where the complaining party is a student, to the Dean of Students. This officer will then take the role of the Equal Rights and Opportunity Officer in the procedure.

problem without the necessity for conducting further investigation or hearings. The purpose of informal resolution is to attempt through discussion and inquiry to make an effort to resolve or “work out” the issue in a non-adversarial manner. Therefore, the Equal Rights and Opportunity Officer should be able to use a great degree of discretion and flexibility in deciding what kind of informal means would be most effective in accomplishing this end, provided that the result achieved is acceptable to both parties in interest.

If the Equal Rights and Opportunity Officer is able to resolve the complaint to both parties’ satisfaction, the Equal Rights and Opportunity Officer should provide the parties with a written statement reflecting the terms of the resolution and stating that the agreed-upon resolution will be undertaken. The written statement of informal resolution should be signed by the complaining party and the responding party. Upon the signing of the written statement of informal resolution, the matter will be deemed closed, and no party will be permitted to appeal, contest, re-open, or otherwise attempt to set aside or amend the terms of the informal resolution as long as the terms are adhered to.

- f. False Complaints: Due to the nature of harassment, complaints of harassment cannot always be substantiated. Lack of corroborating evidence should not discourage a complaining party from seeking relief through the procedures outlined above. However, complaints found to have been intentionally dishonest or made maliciously or without regard for the truth will subject the complaining party to disciplinary action in accordance with relevant University procedures.
- g. Interim Action: If, at any point after proceedings have been initiated under this complaint procedure, it is determined that there is a compelling reason to remove the responding party from his or her position within the University community (for example, if the responding party’s continuance in his or her position within the University community threatens immediate harm to the complaining party or others), the Equal Rights and Opportunity Officer or other responsible officials, including the Provost, a Vice President and the University Harassment Review Board³ may recommend to the President that the responding party be placed on leave with pay pending the outcome of the complaint procedure. After reviewing the current state of the evidence and consulting, as appropriate, with the individuals making the recommendation, the President may accept or reject the recommendation. Prior to being placed on such leave, the responding party is entitled to submit a written statement to the President stating why he or she should not be placed on leave. This provision shall not restrict the President’s authority with respect to administrative employees and is subject to any applicable collective bargaining agreement and disciplinary provisions with respect to union-represented employees.
- h. Reasonable Cause Determination: After the investigation has been conducted, the Equal Rights and Opportunity Officer shall render a written determination as to whether there is reasonable cause to believe that the sexual harassment policy may have been violated.

(1) No Reasonable Cause” Finding

³ See 2.b. All Other Complaints/The University Harassment Review Board below.

A finding of “no reasonable cause” means that the investigation has not revealed sufficient facts or circumstances indicating that the complaint may have merit. If the Equal Rights and Opportunity Officer makes a finding of no reasonable cause, he or she shall promptly notify the complaining party and the responding party in writing. The complaining party shall have *ten (10) calendar days* from receipt of such notice in which to file a written appeal of the finding to the President. If the complaining party does not file an appeal of the no reasonable cause finding within the allotted time, the complaint will be dismissed. The President shall notify the responding party that an appeal has been filed and shall provide a copy of the appeal and supporting documents to the responding party, who shall have the right to file a written response thereto. The responding party’s written response must be filed within *ten (10) calendar days* after receiving notice of the appeal and copies of the supporting documents.

Upon receipt of the respective parties’ written appeals, the President shall appoint a senior administrator to review the merits of the appeal. This administrator, after reviewing the respective parties’ written appeals, and any other evidence or information he or she may deem relevant, may either affirm or reverse the Equal Rights and Opportunity Officer’s determination of no reasonable cause. The decision of this administrator is final and non-appealable. If the Equal Rights and Opportunity Officer’s determination is affirmed, the harassment complaint will be dismissed. If the determination is reversed, the matter will be remanded to the Equal Rights and Opportunity Officer, who shall proceed as if a reasonable cause finding has been made.

(2) “Reasonable Cause” Finding

A finding of “reasonable cause” means that the investigation has revealed facts or circumstances indicating that a violation of the harassment policy may have occurred, and, therefore, further proceedings are warranted. If the Equal Rights and Opportunity Officer makes a finding of reasonable cause, he or she shall promptly notify the complaining party and the responding party in writing.

Upon making a reasonable cause finding, the Equal Rights and Opportunity Officer should attempt to reach an informal resolution, as discussed in Section II.D.1.e, and, if necessary, proceed to Step Two in the complaint procedure.

i. Instituting Step Two Proceedings

If the Equal Rights and Opportunity Officer is unable to reach an informal resolution of the matter within *thirty (30) calendar days* of the date the reasonable cause finding was made, the Equal Rights and Opportunity Officer shall so notify both the complaining party and the responding party in writing, and shall inform the parties that, if the complaining party chooses to proceed to Step Two, the case will be referred to the University Harassment Review Board for commencement of formal proceedings.

Timing: The complaining party has *twenty (20) calendar days* from receipt of such notice to submit a written request to initiate proceedings under Step Two of the University’s harassment complaint procedure, as described below.

2. Step Two

- a. **Initiation of Proceedings:** To initiate Step Two of the complaint procedure, the complaining party must file a written statement of intention to proceed to Step Two within the prescribed time period. The statement must be submitted to the Equal Rights and Opportunity Officer. The complaining party may also submit, at this time, other documents or information to supplement the Harassment Complaint Form.
- b. **The University Harassment Review Board:** The University Harassment Review Board (the "UHRB") shall be responsible for processing Step Two harassment complaints within the University. The Equal Rights and Opportunity Officer will notify the University's General Counsel that Step Two proceedings have been initiated and the General Counsel will see to the formation of the committee. The members will be appointed, as described in the next paragraph, for the duration of the case.

The UHRB shall consist of three (3) members: the Provost or the Provost's designate, as Chair, one representative from the constituency of the complaining party and one representative from the constituency of the responding party. For purposes of this complaint procedure, the constituency for a faculty member shall be the faculty (excluding department chairs), the constituency for a student shall be the Dean of Students Office, the constituency for an administrative employee shall be the administration (excluding department chairs), and the constituency for a union represented staff member (office, clerical, technical employee or maintenance employee) shall be the membership of the same collective bargaining unit. All faculty members shall be appointed by the Faculty Affairs Committee of the University Senate through the Senate Executive Committee. The Dean of Students shall be responsible for selecting a representative from the Dean of Students Office. All administrative employees shall be appointed by the President. All union-represented staff members shall be appointed by the appropriate union. Prior to the commencement of proceedings before the UHRB, members of the UHRB will be trained with respect to harassment issues, current standards concerning what conduct may constitute harassment and any other specific issues necessary for determination of the complaint before them. Both the complaining party and the responding party shall be provided with a list identifying the members of the UHRB. Any member of the UHRB with an interest in the matter, or who the complaining party or the responding party justifiably maintains has a conflict of interest, may be asked to disqualify himself or herself from participating in processing the complaint. Requests for disqualification should be made within five working days of receipt of the list, and should be submitted to the appropriate appointing body as listed above. A UHRB member may request disqualification of himself or herself by submitting a statement to the appropriate appointing body stating reasonable grounds for disqualification. If a member of the UHRB is disqualified, another member from the same constituency shall be appointed as in the paragraph above.

- c. **Formal Complaint Proceedings Before the University Harassment Review Board:** The UHRB shall commence formal proceedings for determination of the complaint promptly after Step Two proceedings are initiated. This process shall include hearings before the UHRB in which the complaining party, responding party and other relevant witnesses shall have the opportunity to provide testimony and documents. At the conclusion of the hearings, the UHRB will make written findings and recommend a penalty, if applicable. A more detailed statement of UHRB hearing procedures is available from the Equal Rights and Opportunity

Officer. A copy of the hearing procedures will be provided to the complaining party and the responding party after Step Two proceedings are initiated.

- d. Hearing Before the Senate Committee on Grievances: If the responding party is a tenured member of the faculty and the UHRB makes a recommendation of dismissal, the President shall forward the UHRB's written finding to the Chair of the Senate Executive Committee, who shall forward it to the Special Committee on Grievances of the University Senate. No member of this Committee shall have previously been concerned with the case. The Committee shall meet as soon as possible, but no later than thirty (30) days after receipt of the UHRB's written finding; to decide whether adequate cause for the sanction has been established by the evidence. The Committee shall be provided with and consider all documents related to the case including transcripts of previous hearings. The committee shall conduct its own hearings, which shall be governed by the procedural standards laid out in the AAUP/AAC's 1958 joint *Statement on Procedural Standards in Faculty Dismissal Proceedings*, as amended.⁴ The Committee shall report its findings in writing to the President, with copies to the complaining and responding parties.

3. Step Three

Within fifteen (15) calendar days after receiving a copy of the UHRB's written finding or the finding of the Senate Committee on Grievances, whichever is later, either party may submit written objections to the findings with the President of the University. Such written objections should set forth, in detail, the reasons why the objecting party believes the UHRB's or Grievance Committee's findings should not be affirmed, or why the recommended penalty should not be adopted, by the President. A copy of the written objections will be provided to the other party in interest, who may file a written response *within fifteen (15) calendar days* after receipt of the objections.

In addition to filing written objections, either party may request a hearing before the President, which the President may grant in his discretion. The hearing may be attended by the objecting party (with one advisor), the other party (with one advisor), the President, the Equal Rights and Opportunity Officer, the Chair of the UHRB or his or her designated UHRB member, and the Chair of the Senate Committee on Grievances if applicable. At the hearing, each party will be permitted to present his or her position orally (limited to thirty (30) minutes), and the President and the Equal Rights and Opportunity Officer may question each. These proceedings will be recorded.

Within thirty (30) calendar days of the submission of written objections or the hearing, whichever is later, the President shall issue his final decision, in writing. If neither party files objections to the UHRB's or Grievance Committee's findings within the prescribed time period, the President will issue a final decision *within thirty (30) calendar days* after receiving the findings and recommendations. After giving due consideration to the UHRB's and the Grievance Committee's findings and recommendations, the President may accept or reject the findings and recommendations, including any recommendation regarding penalty.

⁴ In agreement with FPS #15 V.B, Termination of Appointment Due to "Adequate Cause."

Any penalty imposed by the UHRB or the President shall be consistent with any applicable collective bargaining agreement or disciplinary provisions with respect to union-represented employees. A copy of the decision will be provided to each party. The President's decision will be final and binding on all parties.

4. Informal Resolution of Complaint Permitted

At any time during the Step Two or Step Three process, the President, the UHRB or the Equal Rights and Opportunity Officer shall have authority to enter into an informal resolution of the complaint that is acceptable to both the complaining party and the responding party. As noted above, upon the informal resolution of a complaint, the matter will be deemed closed, and no party will be permitted to appeal, contest, re-open, or otherwise attempt to set aside or amend the terms of the informal resolution as long as the terms are adhered to.

5. Reopening

Except for complaints resolved informally with the consent of both parties, an investigation or hearing pursuant to Hofstra's harassment complaint procedure may be reopened at any time within *one (1) year* of the date of the President's final decision or if a finding of no reasonable cause was rendered, within one (1) year of that finding. An investigation or hearing may be reopened only in the event that new evidence comes to light that would likely change the outcome of the complaint.

Either party may apply to the UHRB (or to the Equal Rights and Opportunity Officer in the case of a no reasonable cause finding) for reopening, in writing, within the prescribed time period. The party applying for reopening has the burden of demonstrating the existence of new evidence that was not available at the time of the initial investigation or hearing, and that that evidence would likely have lead to a different result. In addition, the UHRB may independently decide to reopen an investigation if relevant new evidence comes to its attention. All decisions regarding reopening are subject to approval by the President.

6. Extensions of Time

All of the time limits contained in the foregoing may be extended by mutual written agreement of the party requesting the extension and the Equal Rights and Opportunity Officer (Step One), the UHRB (Step Two) or the President (Step Three).

7. Harassment File

The Office of the Equal Rights and Opportunity Officer shall maintain a file of all harassment complaints and their outcomes, including harassment complaints by students against students. In determining an appropriate penalty in such a case, the UHRB or the President may inquire of the Equal Rights and Opportunity Officer whether prior cases exist in which the responding party was involved where the case resulted in a finding by the UHRB against the responding party. Additionally, the UHRB may consider for purposes of determining an appropriate penalty prior cases involving other parties that involve the same or similar conduct to that alleged in the

complaint under consideration. The Equal Rights and Opportunity Officer shall provide this information in summary fashion.

8. Independent Investigation

The University reserves the right to conduct an investigation of a complaint of harassment independent of or in addition to the procedure provided herein at any time.

IV. Policy Review

The University Senate shall be responsible for periodically reviewing this policy and its implementation to assess its effectiveness and make recommendations regarding possible changes. The Equal Rights and Opportunity Officer shall deliver an annual report on the activities of the Office of the Equal Rights and Opportunity Officer to the University's General Counsel.

Health Insurance Portability and Accountability Act (HIPAA)

In compliance with the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA), the Hofstra University School of Medicine requires all new medical students to complete Patient Privacy Regulation HIPAA Training before starting classes and annually thereafter. Hofstra's HIPAA Training is a Web-based training that takes approximately one-and-a-half hours to complete. The Office of Student Affairs will send e-mail instructions to all MD students annually.

Intellectual Property Policy

North Shore-LIJ Health System, Inc.
Office of Legal Affairs
150 Community Drive
Great Neck, New York 11021

The Feinstein Institute for Medical Research

OFFICIAL POLICY ON INTELLECTUAL PROPERTY

1. General Policy

The North Shore-Long Island Jewish Health System, Inc. (the "Health System") acting by and through The Feinstein Institute for Medical Research (the "Institute") recognizes that inventions may be made by employees within the Health System in the course of their duties and activities. It is the desire of the Institute that such inventions be administered in such a manner that they are brought into public use for public benefit at the earliest possible time. In furtherance of such purpose, the Health System hereby establishes the Policy on Intellectual Property (the "IP Policy") set forth herein, which policy may be amended from time to time as deemed necessary or desirable, and which policy supersedes any and all prior statements of intellectual property policy promulgated within the Health System.

All inventions or improvements, whether patentable or not, which are conceived or first reduced to practice or as to which research or development work is done by employees of the Health System or

by others who use research or development facilities owned by or otherwise made available by the Health System, excepting such facilities as are under lease to any organization not subject to the supervision of the Board of Trustees of the Health System (such employees and such others being hereinafter referred to as “Inventors” or an “Inventor”), and which inventions or improvements arise from or are otherwise related to any research or development work supported by the Institute or are otherwise related to any operations or activities of the Health System (such inventions and improvements being hereinafter referred to as “Inventions” or an “Invention”), shall be administered in accordance with the following provisions of this IP Policy. For purposes of this IP Policy, employees of the Health System will mean individuals employed by the Institute or any hospital or institution within the Health System that has the Health System or North Shore-Long Island Jewish Healthcare, Inc. as its sole corporate member and shares a common board of directors and management with the Health System.

2. Office of Technology Transfer (OTT)

The primary function of the Office of Technology Transfer (the “OTT”) is the evaluation, protection, development and commercialization of Inventions and other intellectual property on behalf of the Institute and for the benefit of the Health System. The OTT will be headed by a Director of Technology Transfer. The OTT is a part of the Institute and is responsible for facilitating the transfer of Health System technology to the public use and benefit. Subject to the provisions of this IP Policy, the OTT will obtain proprietary protection for Inventions. Inventors shall assist the OTT in the commercial development of Inventions, for instance by identifying potential corporate sponsors and markets.

3. The Feinstein Institute for Medical Research

The Institute was established primarily to conduct and facilitate the conduct of medical research, including, but not limited to, investigations, experiments and studies to discover, develop or verify knowledge relating to the causes, diagnosis, treatment, prevention, or control of physical and mental diseases and other human health impairments. The conduct of all research as well as the functions of the OTT shall be subject to the oversight of the Institute. All formal relationships with third parties with respect to research, clinical trials, grants, grant applications, contracts, Inventions or other intellectual property shall be effected through the Institute. The Chief Executive Officer (the “CEO”) of the Institute will be the only person authorized to enter into contracts that legally obligate the Institute. Except as designated by the Board of Directors of the Institute, no other employee is permitted to sign any contract that binds the Institute. All contracts concerning intellectual property matters or the conduct of research shall initially be submitted to the Director of the OTT and reviewed and approved by the Office of Legal Affairs.

4. Disclosure of Inventions

All employees are to disclose their Inventions to the OTT, as soon as reasonably possible after conception or first reduction to practice, in accordance with the procedures established by the OTT. Following the initial disclosure, Inventors will fully cooperate with the OTT in defining the rights to such Inventions and in the preparation and prosecution of any patent application that may result.

5. Ownership of Intellectual Property

All Inventions shall be the sole property of the Institute, except where ownership of such an Invention is subject to or is disposed of in accordance with any other provision of this IP Policy. All Inventions shall be assigned by the respective Inventor to the Institute or its designee, as directed by

the OTT, except in cases where such an Invention is released to the Inventor thereof by the Institute. With respect to collaborations with other institutions or commercial entities, it is the policy of the Institute that ownership of intellectual property derived from such relationships shall follow the rules for inventorship under U.S. Patent Law.

Subject to any external sponsor or governmental consents, rights, restrictions or requirements that apply, the Institute may endeavor to release an Invention and rights therein to an Inventor thereof, in cases where the Institute (a) makes a final and conclusive determination not to file a patent application after receiving an invention disclosure thereupon, (b) files a Provisional patent application but makes a final and conclusive determination not to file a non-Provisional application claiming priority thereof, or (c) makes a final and conclusive determination to abandon patent prosecution or maintenance at any time after the filing of a non-Provisional patent application. The Inventor to whom the Invention is to be released shall have petitioned, pursuant to Section 12 hereof, for a waiver of the standard provisions of this IP Policy in relation to the Invention and any rights therein for which release is sought, and such waiver shall have been granted by the Institute, in its sole discretion, pursuant to a written agreement comprising at a minimum, the conditions specified in Section 6(b)(iv) below.

6. Licenses and Distribution of Royalty Income

Licenses for commercial development of Inventions shall be sought to ensure that useful Inventions shall be made available in products or services beneficial to the public. In cases involving substantial development expenditures by the licensee, or for other special reason, an exclusive license may be given, subject to the terms of an applicable grant or contract. All such licensing agreements shall be negotiated by the OTT and executed by an appropriate officer of the Institute.

a. Royalty Income

In the event that an Invention is licensed for use other than by the Institute, the Inventor thereof shall share in any income derived by the Institute from such Invention in accordance with the formula set forth below. "Royalty Income" upon which the Inventor's share is calculated, shall include all sums payable as consideration for the transfer of Institute technology regardless of how it is designated (e.g., whether as a royalty, license signing fee, milestone payment, minimum royalty payment or otherwise), less (i) any amounts due and payable to other entities which may have an ownership interest in the Invention and (ii) any transaction costs payable to third parties in connection with earning such Royalty Income. Royalty Income shall not include any sum paid to the Institute under arrangements which designate the sum paid to be for particular use, such as laboratory support, sponsored research, patent costs or as reimbursement of other costs.

b. Distribution of Royalty Income

All Royalty Income received by the Institute will be distributed by the Director of the OTT as follows:

- (i) Until such time as all legal and out-of-pocket expenses incurred by the Institute for the preparation and negotiation of the license, and all legal and out-of-pocket expenses incurred by the Institute (or paid by the Institute to or on behalf of third parties) for the filing, prosecution and maintenance of patents (collectively, "Expenses") are one hundred percent (100%) recovered, Royalty Income received by the Institute shall be distributed as a twenty percent (20%) share to the Inventor and an eighty percent (80%) share to the Institute.

- (ii) Once all Expenses have been so recovered, Royalty Income thereafter shall be divided between the Institute and the Inventor as follows: The Inventor shall be paid a share equal to forty percent (40%) of the remaining Royalty Income realized, subject to any limitation prescribed by other parties having rights in such Inventions, such as NIH, and the remaining Royalty Income shall be retained by the Institute.
- (iii) In cases where there is more than one Inventor (“Co-Inventors”), the Co-Inventors shall be required to establish in writing, at the time of disclosure of the Invention to OTT, the percentage distribution to each Co-Inventor with respect to any Royalty Income that might be realized on the Invention being disclosed. The aggregate amount payable to all Co-Inventors shall be limited, nevertheless, to the twenty percent (20%) Inventor’s share and the forty percent (40%) Inventor’s share as calculated above, which aggregate amount shall be divided in accordance with the percentages agreed to in advance by the Co-Inventors or, in the absence of such agreement, equally distributed among the Co-Inventors.
- (iv) In cases where the Institute has agreed to release an Invention, and rights associated therewith, to an Inventor, all such releases shall be subject to the following conditions: (x) the Inventor shall become responsible for all past and future Expenses (as defined in Section 6(b)(i)) relating to such Invention and such rights; (y) responsibility for patent prosecution and maintenance and for commercialization of such Invention and such rights shall thereafter rest with such Inventor; and (z) the distribution of any compensation, in any form, that thereafter results from commercialization of such Invention and such rights shall be amended from the standard provisions of this Section 6 such that the Inventor (A) shall retain ninety percent (90%) of such compensation, net of the recovery by the Inventor of the amount of Expenses repaid to Institute and any additional out-of-pocket patent prosecution and maintenance costs (but not licensing costs) paid by the Inventor pursuant to the immediately preceding clause (x) hereof, in respect of such Invention and such rights, and (B) shall pay to the Institute an amount equal to ten percent (10%) of such net compensation amount, wherein such ten percent (10%) amount paid to the Institute shall not be deemed to be Royalty Income subject to distribution to such Inventor pursuant to this Section 6.
- (v) The following exception to the Royalty Income distribution formula described in this Section 6(b) shall apply in the case of an EOE (as defined below) or other entity in which an Inventor has a “significant financial interest” that exceeds the “PHS *de minimis* amount”, as such terms are defined in the Policy on Conflicts of Interest in Research. No distribution of Royalty Income shall be made to such an Inventor until such time as all Expenses (as defined above) incurred by the Institute are one hundred percent (100%) recovered by the Institute.
- (vi) In the event of the death of an Inventor, that Inventor’s share thereafter shall be made payable to the Inventor’s estate.

c. Equity Participation

Technology transfer arrangements sometimes involve proposals for the issuance of equity securities to the Institute, either in addition to, or in lieu of, other forms of Royalty Income. The Institute is open to such arrangements in appropriate circumstances that will be considered on a case-by-case basis. Where such equity arrangements are made by the Institute, the royalty income sharing formula noted above shall apply to the liquidation value realized by the Institute at such time as the equity is liquidated by the Institute, except in the following circumstances:

- (i) The equity is received by the Institute pursuant to or in connection with sponsored research at the Institute; or

- (ii) The equity is received by the Institute as direct consideration for, as examples, (x) cash paid by the Institute for the securities, (y) provision by the Institute of research space or services, or (z) reimbursement to the Institute of Expenses (as defined above).

The Institute's equity position in any entity shall be overseen and managed by the Investment or Commercialization Committees of the Institute's Board of Directors.

7. Publication

The Institute supports the traditional principles and practices of academic freedom concerning scholarly publications and, in general, the Institute will not bar or prohibit publication of disclosures and inventions on which patent applications have been filed. At the same time, the Institute recognizes that governmental authorities, industrial concerns, the Institute's own interests or those of other organizations that sponsor Institute research may require temporary restriction on publication in order to protect the sponsor's or the Institute's interest in patentable or copyrightable intellectual property, or because of other reasons considered sufficient by the sponsor or the Institute to determine whether publication would compromise these rights and interests.

With respect to any Invention, the Inventor must file an invention disclosure with the OTT as soon as it is possible to do so, but in any case prior to the submission of an abstract or manuscript or other public disclosure of the invention. In order to obtain protection for foreign patent rights, which are lost upon publication or public disclosure prior to filing a patent application in the United States, the Inventor shall disclose the Invention to the OTT a minimum of sixty (60) days in advance of printed or oral disclosure, so that an application for a patent may be filed prior to public disclosure.

8. Committee on Intellectual Property (IP Committee)

The Director of the OTT, in consultation with the CEO of the Institute, shall appoint a Standing Committee on Intellectual Property (the "IP Committee") and such other *ad hoc* committees as are deemed appropriate to implement this IP Policy. At a minimum, members of any committee constituted pursuant to this Section shall include either the CEO, a representative from the Office of Legal Affairs, a representative from the Office of Grants and Contracts, the Director of the OTT, and at least one member of the research staff of the Institute. Members of the IP Committee will serve at the pleasure of the CEO and in accordance with any rules which may be prescribed by the Institute. Minutes shall be taken at each IP Committee meeting and archived with the OTT. The minutes of every IP Committee meeting shall be communicated to the CEO of the Institute and the Senior Vice President and General Counsel of the Health System.

9. Employee-Owned Entities (EOE)

In appropriate circumstances, an Invention may be licensed to a business entity owned, in whole or in part, by one or more employees of the Health System (including particularly, one or more Inventors of such Invention), for development and commercialization by such employee-owned entity ("EOE"). The decision to license and any subsequent relationship with the EOE will be treated in an arms-length fashion and will be subject to the same standards of review and due diligence as would be accorded to a potential licensee that is not an EOE. All EOE relationships shall be subject to the Institute's statements of policy with respect to commercially sponsored research. All EOE licensees shall be required to prepare and submit a Development Plan in connection with the

issuance of any license and such Development Plan will be monitored by an Oversight Committee after the issuance of the license.

a. Development Plan

The EOE Development Plan shall consist of two parts. The first part will, in form and substance, constitute a research and development plan for the Invention and a program of commercialization objectives. The second part will consist of a budget and a statement with respect to anticipated sources of financing for the development of the Invention.

b. Oversight Committee

An Oversight Committee shall be constituted for each EOE that is the subject of a license agreement with the Institute. Such Committee will be appointed by the Director of the OTT in consultation with the IP Committee. The responsibilities of such Committee will be to:

- (i) Review the validity of and ensure the continued validity of Institute research that is related to the licensed Invention.
- (ii) Review data being collected pursuant to such related research and ensure that such data is being properly collected, shared, interpreted and disseminated.
- (iii) Periodically review the relationships of the EOE, the employee/owner, and the Institute to ensure that the business interests of the Institute are being protected and that all conflicts or potential conflicts are being appropriately managed.
- (iv) Periodically review the relationship of the EOE and the Institute to ensure that, among other things, all Institute facilities being used are paid for, as appropriate, by the EOE.

10. Copyright Policy

Except where the Institute reserves its rights, it acknowledges that copyrightable material in print media for scholarly publication shall belong to the author and the distribution of royalties, if any, shall be a matter of private negotiation between the author and his or her publisher or licensee.

However, when (a) the provisions of any sponsored research or other agreement govern the disposition of copyrightable material, or (b) the copyrightable material consists of material in non-print media (for example, computer software), which has been produced in the course of employment by the Health System or through the use of facilities or funds of the Health System, then in such instances, all rights are reserved to the Health System and this IP Policy shall apply.

In the event that the Institute receives royalty income with respect to such material, the authors will be compensated by the Institute in a manner similar to that established in Section 6 of this IP Policy.

11. Materials Transfer

a. Tangible Research Property

The term “tangible research property” refers to those research materials and results which are in a tangible form, as distinct from intangible (or intellectual) property. Examples of tangible property include computer software, biological organisms, clinical or laboratory samples, engineering prototypes, and other property which can be physically distributed.

b. Materials Transfer Agreements

Tangible research property may be distributed to third parties for research purposes only. Any such distribution shall be subject to a Materials Transfer Agreement in a form supplied by the OTT, under which the recipient agrees, among other things, not to undertake any commercial development or further transfer. The Institute endorses the use of the Uniform Biological Material Transfer Agreement forms in connection with all transfers of tangible research property. Employees are not authorized to execute Materials Transfer Agreements and are not authorized to transfer tangible research property without the execution of a Materials Transfer Agreement.

c. Commercialization

Any agreement providing for or requesting the commercialization of tangible research property shall be submitted to the Director of the OTT for review and an approval decision, and shall be subject to this IP Policy.

12. Waiver Requests

A waiver of any provision of this IP Policy will be granted only in extraordinary and compelling circumstances.

A request for a waiver of any of the provisions of this IP Policy shall be submitted to the Director of the OTT for prompt review and an approval decision in consultation with the IP Committee. Such request shall include an identification of the provision or provisions of the Policy requested to be waived, and a full explanation of the reasons why the waiver is consistent with the mission and purposes of the Institute and the public interest.

Leave of Absence (LOA) Policy

Requests for leaves must be submitted in writing to the Assistant Dean of Student Affairs stating the reasons for the requested leave and the anticipated date of return. A leave of absence may be granted for reasons such as (but not limited to): an educational opportunity, a student unable to continue medical studies because of illness or emergency family problems. For medical or psychiatric illnesses, documentation determined to be appropriate by the Office of the Dean must be submitted. Leaves of absence for military service are granted if the student is called or ordered to active duty or conscripted. In most cases, leaves are granted for a maximum of one year. Extensions for extended military service or continued recuperation from illness may be granted on a case by case basis. After that year, a student on a leave of absence may have their matriculation terminated; the student would be permitted to apply for readmission at a later time.

The Dean may stipulate conditions for the granting of a leave and for students on leave, the Dean may stipulate conditions for return, including an administrative evaluation described [here](#) and/or a review by the admissions committee or appropriate faculty committee.

Any student granted permission to take an academic leave of absence will be required to register each term, pay a registration fee and show evidence of medical insurance including mental health coverage equivalent to full cover-age offered by Hofstra University School of Medicine in partnership with LIJ Health. This will allow a student to have the same privileges as any other enrolled medical student, including loan deferrals and continuation of medical malpractice and disability insurance. All students on an academic leave of absence must confer with the assistant dean for student affairs and the director of financial aid.

All students that take a non-academic leave of absence must meet with the Assistant Dean of Student Affairs to discuss this and be granted permission. Students on a non-academic LOA will not have any student privileges, including loan deferrals and medical malpractice and disability insurance. Please note: without medical malpractice insurance, a student can do no clinical work. Students on leave of absence will be assessed a registration fee.

When a student on a LOA is ready to return, they must request so in writing, with appropriate supporting documentation when applicable, to the Assistant Dean of Student Affairs.

Questions regarding a leave of absence should be directed to the Assistant Dean for Student Affairs.

Malpractice Insurance

The School shall procure and maintain, at its sole expense, commercial general liability insurance and Educator's Legal Liability coverage with a New York State authorized insurer covering the School, its employees, appointees and staff. Such commercial general liability insurance policy shall list North Shore-LIJ Health System, Inc., its affiliates, hospitals, subsidiaries, employees, trustees, directors' and officers' as additional insureds. School shall also maintain workers' compensation and disability coverage as required by law with respect to its own employees. In the event of the termination of this agreement, a "tail" or extended reporting period will be provided to North Shore Long Island Jewish Health System. The policy shall also provide for 30 days notice of cancellation and/or non-renewal to North Shore Long Island Jewish Health System, Attention: General Counsel. The policy shall also provide for 30 days notice of cancellation and/or non-renewal to Hofstra University, Attention: General Counsel. In addition, the School shall ensure that all Participants maintain medical insurance covering injuries or illnesses that occur during the period of their participation in the Programs(s).

Medical Student Work Hours Policy

Medical School students will be held to the same standards as the House Staff at the Health System. This policy upholds the requirements defined by the Accreditation Council of Graduate Medical Education (ACGME) and New York State 405 Resident Work Hours standards and does not allow for any violations.

- The work schedule of all students must not exceed eighty (80) hours per week, averaged over a four (4) week period.
- Students must not be scheduled for more than twenty-four (24) consecutive hours. Up to a three (3) hour transition period is allowed following a twenty-four (24) hour on-call assignment. The transition period is not intended for the assignment of new patient care activities, but can be used to complete assignments, transition patient care and for rounds/Grand Rounds, as indicated. Exceptions to the above are made based only on acute patient care needs.

Scheduled rotations must be separated by not less than ten (10) non-working hours, and with at least one (1) twenty four (24) hour period of non-working time provided for each week. Non-working time is defined as time away from training or any patient care activities.

Required Immunizations

The School of Medicine requires that all matriculating students have certain immunizations as recommended by the Centers for Disease Control and Prevention (CDC), the New York State Department of Health, and the Association of American Medical Colleges (AAMC).

Hepatitis B: Students are required to receive a 3-dose series of hepatitis B vaccine at 0-, 1-, and 6-month intervals (total of 7 months required to complete the series). Students should be tested for hepatitis B surface antibody (anti-HBs) to document immunity 1 to 2 months after receiving the third dose. If the titer is adequate, no further hepatitis B vaccination or testing is recommended. If the titer is inadequate, the student is revaccinated with the 3-dose series. Retesting is done again, 1 to 2 months after the 3rd dose. If there is still an inadequate titer, then the student is deemed a non-responder and hence potentially susceptible to hepatitis B infection and counseled accordingly. Students refusing the vaccine will be asked to sign a formal declination waiver form consistent with procedures promulgated by the Occupational Safety and Health Administration (OSHA) for hospital employees.

Measles, Mumps, Rubella (MMR): Students can be considered immune to measles, mumps, or rubella only if they have documentation of either laboratory evidence of measles, mumps, or rubella immunity or two doses of live measles and mumps vaccines administered on or after the first birthday and separated by at least 28 days, and at least one dose of live rubella vaccine administered on or after the first birthday.

Tetanus/Diphtheria/Pertussis (Td/Tdap): Students are required to receive a single dose of Tdap if they have not previously received Tdap. Although Td booster doses are routinely recommended at an interval of 10 years, an interval as short as 2 years from the last dose of Td is recommended for the Tdap dose.

Varicella: Immunity to varicella may be evidenced by documenting 2 doses of varicella vaccine given at least 28 days apart or laboratory evidence of immunity.

Tuberculosis: Two-step tuberculosis skin testing (purified protein derivative [PPD]) testing is required. The second PPD should be placed within 1-3 weeks of the reading of the first PPD. Further evaluation including chest x-rays is required on all students with positive PPD status. Annual single testing is subsequently required for all PPD negative students.

Influenza: Influenza vaccine will be strongly encouraged and supplied annually at no cost to the students.

This policy is based on recommendations from the CDC, the New York State Department of Health and the AAMC. The Office of Student Affairs will monitor and implement recommendations from these organizations to guide revisions to this policy as appropriate. Administration of vaccines and testing will be carried out by the North Shore-LIJ Health System Employee Health Services. The Office of Student Affairs will monitor immunization requirements and students' compliance with these requirements. Student immunization records will be maintained securely.

Research Policies

North Shore-LIJ Health
Research Administration
Office of Research Compliance
System Policy # GR053

Effective Date: February 2009 (Last Revised: May 2009)

RESEARCH AT NORTH SHORE-LIJ HEALTH POLICY

Purpose

The purpose of this policy is to define the process for institutional review and approval of all research occurring at any North Shore-LIJ Health System (“Health System”) owned or sponsored facility

Scope

This policy applies to all employees and guest investigators conducting research at, and to all research studies conducted at or on behalf of, the Health System. Nothing in this policy shall be construed as negating state, Federal or Health System policies regarding research.

Note: it is the responsibility of all researchers to comply with project and discipline specific research policies (for example, including but not limited to: human subject protections, laboratory safety, etc.)

Definitions

Research –means a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge. Activities which meet this definition constitute research for purposes of this policy, whether or not they are conducted or supported under a program which is considered research for other purposes. For example, some demonstration, quality improvement, and service programs may include research activities.

Principal Investigator (PI) - is the individual responsible for the administrative and programmatic aspects of the research or sponsored project. Every research project must have a designated Health System PI and the PI must have the technical competence and substantive capabilities (scientific, administrative, and otherwise) to carryout the project.

Policy

It is the policy of the Health System that all faculty, students and staff who wish to conduct research at any health system owned or sponsored facility obtains the appropriate institutional and regulatory approvals before undertaking such research.

Research Administration at The Feinstein Institute for Medical Research (The Feinstein) serves as the central business office for research in the health system and is responsible for providing administrative support to PIs conducting research at Health System facilities.

Questions regarding this policy or research implementation should be addressed to Research Administration at 516-562-3467 (FIMR).

The PI is responsible for the management and conduct of any study or project under their direction, whether externally or internally sponsored. This responsibility includes programmatic and fiscal aspects of the study, responding to questions, establishing authenticity of information, and confirming the validity of conclusions.

Research involving **human subjects** at a minimum requires the review and approval of the Department Chair of the department or Chief Nurse Executive in the facility where the research is being conducted *and* a Health System authorized IRB. The separate policy Research with Human Subjects (IRB Approval) must be followed. While the Department Chair or Chief Nurse Executive may deny a protocol from proceeding

he/she may not overrule the decision of the authorized IRB. The health system's human subject protection program may be accessed at www.nslj.com/irb or by calling 516-562-3100.

Research involving **animals** at a minimum requires the review and approval of the Department Chair of the department, the Director of the Center for Comparative Physiology, *and* a Health System authorized Institutional Animal Care and Use Committee (IACUC). The separate policy Obtaining IACUC Approval must be followed.

Research involving **radiation** at a minimum requires the review and approval of the Department Chair *and* a Health System authorized Radiation Safety Committee. All facility safety plans must be followed.

Research involving **recombinant DNA** at a minimum requires the review and approval of the Department Chair of the department in the facility where the research is being conducted *and* a Health System authorized Institutional Biosafety Committee (IBC).

Research applying for or supported by **external funding** at a minimum requires the review and approval of the Department Chair of the department in the facility where the research is being conducted, the Vice President for Research and a Health System authorized grants or sponsored program office. The separate Grant Application Policy must be followed. No health system employee or PI should submit a grant application or letter of intent without the review and approval of a health system authorized grants office. The applicant organization for federal research grants to the health system is The Feinstein Institute for Medical Research.

Procedure

Individuals interested in pursuing research protocols should first discuss the project with the appropriate departmental and facility executives where the research will be conducted. Note that many projects cross multiple departments or facilities and therefore multiple approvals may be required. It is the responsibility of the PI or designee to obtain appropriate institutional approvals.

If external funding is being considered the PI must contact a health system authorized Grants and Contracts office before submission of a grant application or contract.

Federal research grants, foundation grants with reporting requirements, and investigator initiated contracts and sponsored research agreements for health system owned facilities with the exception of Staten Island University Hospital (SIUH) and Huntington Hospital (HH) are handled by The Feinstein Office of Grants and Contracts. OGC may be reached at 516-562-3106 or on-line at www.nslj.com/ogc. For projects at SIUH or HH please contact administration at those facilities for additional information.

Industry conceived and sponsored clinical trials are negotiated by the Biomedical Research Alliance of New York (BRANY), a central grants and IRB management organization. BRANY may be reached at 516-470-6900 or on line at www.brany.com.

Once institutional approvals have been obtained the PI or designee must then submit to the regulatory committees required based on the type of study being proposed.

No research may commence without the above procedure being followed.

Auditing and Monitoring

The Office of Research Compliance, Corporate Compliance, or Internal Audit may conduct periodic routine and for cause monitoring. It is the responsibility of all employees to conduct themselves in compliance with

this policy. Employees may report incidents of non-compliance via the Corporate Compliance Help Line 1-800-894-3226. Non compliance with this policy will lead to disciplinary action which may include suspension or termination of employment.

RESEARCH WITH HUMAN SUBJECTS POLICY

North Shore-LIJ Health

Research Administration

Research with Human Subjects (IRB Approval)

System Policy # GR056

Prepared by: Office of Research Compliance

Effective Date: February 2009 (Last revised: May 2009)

Purpose

The purpose of this policy is to define the process for institutional review and approval of all research with human subjects occurring at any North Shore-LIJ Health System (“Health System”) owned or sponsored facility.

Scope

This policy applies to all employees and guest investigators engaged in human subject research (as defined by the DHHS Office for Human Research Protections or the Food and Drug Administration) conducted at or on behalf of the Health System. Nothing in this policy shall be construed as negating other state, Federal or Health System policies regarding research.

Regulatory Background

This policy is based on both federal regulation [including but not limited to Federal Policy for the Protection of Human Subjects, known as the Common Rule, set forth in the Code of Federal Regulations at 45 CFR 46 (including Subparts A, B, C, and D), FDA regulations on the Protection of Human Subjects (21 CFR 50), Institutional Review Boards (21CFR 56), Investigational Drugs (21 CFR 312), Investigational Devices (21 CFR 812), and Application for FDA Approval to Market a New Drug (21 CFR 314).] New York State regulations (Article 24A of Public Health Law) and sound management principles.

Definitions

Human Subject – is an individual about whom an investigator conducting research obtains data or material through intervention or interaction with the individual or identifiable private information. Intervention - includes both physical procedures by which data are gathered and manipulations of the subject or the subject's environment that are performed for research purposes. Interaction - includes communication or interpersonal contact between investigator and subject. Private information - includes information about behavior that occurs in a context in which an individual can reasonably expect that no observation or recording is taking place, and information which has been provided for specific purposes by an individual and which the individual can reasonably expect will not be made public (for example, a medical record). Private information must be individually identifiable (i.e., the identity of the subject is or may readily be ascertained by the investigator or associated with the information) in order for obtaining the information to constitute research involving human subjects.

Institutional Review Board (IRB) – is a committee constituted in compliance with DHHS regulations at 45CFR46 and FDA regulations at 21CFR50 that has been formally designated by an institution to review and monitor biomedical and behavioral research involving human subjects. In accordance with

regulations, an IRB has the authority to approve, require modifications in, or disapprove research. The purpose of IRB review is to assure, both in advance and by periodic continuing review, that appropriate steps are taken to protect the rights and welfare of humans participating as subjects in the research. To accomplish this purpose, IRBs use a group process to review research protocols and related materials (e.g., informed consent documents and investigator brochures) to ensure protection of the rights and welfare of human subjects of research.

Office for Human Research Protections (OHRP) – The Office for Human Research Protections (OHRP) is a regulatory office in the Department of Health and Human Services (DHHS) charged with protecting the rights, welfare, and well-being of human subjects involved in research and helps ensure that such research is carried out in accordance with the regulations described at 45 CFR part 46. OHRP provides leadership in the protection of human subjects participating in such research by providing clarification and guidance, developing educational programs and materials, and maintaining regulatory oversight.

Principal Investigator (PI) - is the individual responsible for the administrative and programmatic aspects of the research or sponsored project. Every research project must have a designated North Shore-LIJ PI and the PI must have the technical competence and substantive capabilities (scientific, administrative, and otherwise) to carry out the project.

Research –means a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge. Activities which meet this definition constitute research for purposes of this policy, whether or not they are conducted or supported under a program which is considered research for other purposes. For example, some demonstration, quality improvement, and service programs may include research activities.

Policy

It is the policy of the Health System that all faculty, students and staff who wish to conduct research with human subjects at any Health System owned or sponsored facility obtain appropriate administrative **and** IRB approval before undertaking such research. No research with human subjects may commence without the approval of an authorized Institutional Review Board (IRB).

Research Administration at The Feinstein Institute for Medical Research (FIMR) serves as the central business office for research in the Health System and is responsible for providing administrative support to PIs conducting research at Health System facilities. The Office of Research Compliance at The Feinstein is responsible for oversight and coordination of the Human Subject's Protection Program for the Health System, with the exception of Staten Island University Hospital and Huntington Hospital, which maintain their own programs.

The PI is responsible for the management and conduct of any study or project under their direction, whether externally or internally sponsored. This responsibility includes programmatic and fiscal aspects of the study, responding to questions, establishing authenticity of information, complying with human subject protection regulations, and confirming the validity of conclusions.

Research involving **human subjects** at a minimum requires the review and approval of the Department Chair of the department or Chief Nurse Executive in the facility where the research is being conducted and a Health System authorized IRB. While the Department Chair or Facility Administration may deny a protocol from proceeding he/she may not overrule the decision of the authorized IRB. Detailed policies for the Health System's Human Subject Protection Program may be accessed at www.nslj.com/irb or by calling 516-562-3100.

Procedure

Individuals interested in pursuing research protocols should first discuss the project with the appropriate departmental and facility executives where the research will be conducted. Note that many projects cross multiple departments or facilities and therefore multiple approvals may be required. It is the responsibility of the PI or designee to obtain appropriate institutional approvals including those of ancillary services (i.e. laboratory, pharmacy). The Human Subject Protection Program and IRB retain the right to deny processing of an application for which appropriate institutional approvals have not been obtained.

Once institutional approvals have been obtained, the PI or designee must then submit an application to a Health System authorized Institutional Review Board (IRB) or obtain approval for use of a non-Health System IRB through application of an IRB Authorization Agreement. The Health System has four pre-authorized IRB Committees. **Note use of any IRB other than the following four requires prospective written permission of the Senior Vice President for Research, who also serves as the Institutional Official for the Health System's Human Subject Protection Program.** Detailed application procedures and forms are available from each IRB.

North Shore-LIJ Health System IRB (www.nslj.com/irb or 516-562-3100)

May review for all owned and sponsored Health System entities

IRB authorization agreements for review with Nassau Health Care Corporation and Biomedical Research Alliance of New York

Limited study specific IRB authorization agreements with academic partners:

Huntington Hospital IRB (631-351-2750)

- Reviews for Huntington Hospital
- IRB authorization agreements for any review with Biomedical Research Alliance of New York
- Limited study specific IRB authorization agreements with academic partners

Staten Island University Hospital IRB (718-226-6679)

- Reviews for Staten Island University Hospital
- IRB authorization agreements for any review with Biomedical Research Alliance of New York
- Limited study specific IRB authorization agreements with academic partners

Biomedical Research Alliance of New York (BRANY) IRB (www.brany.com)

- Central IRB, may review for all owned and sponsored Health System entities, review limited to industry conceived and sponsored studies

IRB Authorization Agreements

There is sometimes a compelling rationale for the Health System to rely on the IRB review and approval of a central IRB or an IRB from another academic medical center. This is most often the case in large multicenter projects where there is minimal risk and limited interaction with subjects by employees of the Health System (for example the collection of a single blood sample to be analyzed elsewhere); where the majority of procedures will not take place at a Health System facility (for example subjects are consented and enrolled at our site but sent elsewhere for treatment); where the Health System has a significant conflict of interest; or where an investigator is transferring to the Health System from another institution with ongoing active clinical research studies.

Each case is evaluated on the specific details of the protocol. Therefore investigators seeking to enter into IRB Authorization Agreements are strongly encouraged to contact Human Subject Protection Program staff at 516-562-3100 or irb@nshs.edu before proceeding with an application. All IRB Authorization Agreements must be fully executed by both the Health System's Institutional Official for Human Subject Research and appropriate personnel at the reviewing IRB. No human subject research conducted under the terms of an authorization agreement may begin until such time as the agreement has been executed.

The Health System's Institutional Official has the ultimate authority regarding whether or not to rely on the IRB of another institution or organization, or an independent IRB. When relying on the IRB of another institution or organization, or an independent IRB, the Health System remains ultimately responsible for the protection of human subjects in all covered research in which the Health System engages.

Investigator Responsibilities

For initial review the Health System investigator will provide the NSLIJ Human Subject Protection Program (Offices of the IRB/Research Compliance) with a copy of:

- The letter of approval from the reviewing IRB
- The final approved protocol and informed consent
- The grant, if applicable
- Any other documents considered by the reviewing IRB in making its determination to approve the study

For continuing review the Health System investigator will provide a copy of:

- The continuing review approval letter from the reviewing IRB
- The final approved protocol and informed consent

The Progress Report

Any other documents considered by the reviewing IRB in making its determination to approve the study
For modifications or amendments the Health System investigator will provide a copy of:

- The proposed modification or amendment
- Documentation from the reviewing IRB of approval of the modification or amendment
- The modified or amended protocol, consent form or other study documents
- For unanticipated events involving risks to subjects or others
- Any unanticipated events involving risks to subjects or others must be reported according to Health System IRB policy available on line at www.nslj.com/irb.

Responsibilities of the Reviewing IRB

For studies conducted or supported by any federal department or agency that has adopted the Federal Policy for the Protection of Human Subjects, known as the Common Rule, the reviewing IRB must comply with the terms set forth in the Code of Federal Regulations at 45 CFR 46 (including Subparts A, B, C, and D), unless the research is otherwise exempt from these requirements, or the department or agency conducting or supporting the research has determined that the research shall be covered by a separate assurance. For clinical investigations regulated by FDA, the reviewing IRB will apply FDA human subjects regulations.

For all other research involving human participants the reviewing IRB will be guided by the Code of Federal Regulations at 45 CFR 46. In addition, except where in conflict with 21 CFR 56, the Health System applies the International Conference on Harmonization (ICH) Good Clinical Practice Consolidated Guidelines (1996) for all research involving human participants regardless of funding source or oversight agency. Therefore investigators must adhere to GCP regardless of the IRB utilized for review.

The reviewing IRB must agree to make available to the Health System relevant minutes of its meetings and any other documents related to the review, approval and continuing oversight of the research study.

The reviewing IRB must provide prompt notification of all actions, requirements and determinations it makes related to the participation of the Health System in the research study.

Responsibilities of Health System

Designate a Health System IRB member to perform a facilitated review of the research protocol and the external IRB's decisions and determinations to ensure that:

- The Health System investigators and staff conducting the research are appropriately qualified
- The study meets Health System standards
- Other applicable institutional approvals, such as Pharmacy, Radiation Safety and Biosafety have been obtained before research begins
- Those actions and determinations made by the reviewing IRB meet Health System standards for initial review, continuing IRB review or review of modifications to previously approved research
- No concerns about local context are present
- The consent form complies with Health System standards and requirements
- The consent form contains applicable Health System standard language

Promptly report to the reviewing IRB and as applicable to the Office for Human Research Protections (OHRP), Food and Drug Administration (FDA), study sponsor and to all other appropriate agencies and individuals:

- Any unanticipated problems involving risks to subjects or others
- Any serious or continuing noncompliance with the determinations of the Health System IRB or reviewing IRB
- Any suspension or termination of approval
- Make available to the reviewing IRB relevant minutes of meetings and any other documents related to the approval, conduct, monitoring or oversight of this research study

Possible Review Determinations

Health System retains the authority to accept the reviewing IRB 's approval, or to make minor changes through the Health System "facilitated review," or to require review by a convened Health System IRB. The Health System IRB Member will either:

- Accept the reviewing IRB approval
- Accept the reviewing IRB approval with minor modifications
- Not accept the reviewing IRB approval and refer the study to a convened Health System IRB for review

If the reviewing IRB approval is accepted, the investigator will be sent written notification by the Health System IRB Office that the reviewing IRB approval is affirmed.

Auditing and Monitoring

The Office of Research Compliance, Corporate Compliance, or Internal Audit may conduct periodic routine and for cause monitoring. It is the responsibility of all employees to conduct themselves in compliance with this policy. Employees may report incidents of non-compliance via the Corporate Compliance Help Line 1-800-894-3226. Non compliance with this policy will lead to disciplinary action which may include suspension or termination of employment.

Responsibilities of All Hofstra Computer and Network Users

Access and use of computing and networking resources at Hofstra University are privileges extended to members of the Hofstra community. Access to Hofstra computing and networking resources is limited to authorized users and is for approved purposes only.

“Authorized users” is defined as “any member of the Hofstra community who is issued a Hofstra ID card, and UCCE faculty and students.” “Approved purposes” are those consistent with the law, Hofstra policies, and the broad instructional, administrative and research mission of Hofstra University and the user’s relationship with the University.

For the purposes of this policy, sensitive information is defined as all information protected by all applicable laws, including, but not limited to, FERPA, Gramm-Leach Bliley Act (GLB) and Health Insurance Portability and Accountability Act (HIPAA), as well as information that is considered confidential to the University’s operations.

Hofstra University computer and network resources include, (but are not limited to): the computers, printers, networks, modem banks, online and offline storage media and related equipment, software and data files that are owned, managed or maintained by Hofstra University, as well as all networks reached via this campus-wide network, such as the Internet. Also included are any specialized computer resources or services that other Hofstra schools (i.e., UCCE, School of Law, etc.) may have implemented for the use of their department and/or academic discipline. Use of Hofstra computing resources, even when carried out on a privately owned computer that is not managed or maintained by Hofstra University is governed by this policy.

Hofstra University’s Computer Center provides data network services [known as the HOFSTRA NETWORK] for all organizations within the University. The Computer Center provides centralized computer-related services for instruction, administration and research. Other Hofstra schools may have specialized resources for the use of their department and/or academic discipline.

Each holder of a Hofstra Network account, or of any school or departmental account permitting network access, has the responsibility to use resources referred to above in an ethical and legal manner and agrees to the following as a condition for the use of the account:

- I understand that my access to Hofstra’s computing resources and network is for the sole purpose of facilitating my work as a University student, staff member or faculty member.
- I will respect the privacy and reasonable preferences of other users (both at Hofstra and elsewhere on all connected networks), including the privacy of their accounts and data.
- I will respect the integrity and security of the systems and network, and will exercise care to maintain their security.
- I understand that computer accounts are for sole use by the account owner, and I will not share my account with other individuals or use an account assigned to another individual.
- I will take precautions to safeguard passwords and other privileged information to which I have been given access. Any passwords, verification codes or electronic signature codes assigned to me

are for my individual use only. I will regard them as personal identifiers of my computer use, similar to my signature on a document.

- I understand that I am responsible for all actions performed from my computer account.
- I will not attempt to monitor other individuals' computer or network use, nor will I attempt to obtain their passwords or any other private information.
- I understand that, in the course of my work, I may be given or otherwise gain, access to confidential or privileged information relating to this or other institutions, or to Hofstra students, employees, or other individuals or groups. I will respect the confidentiality of all information to which I have access, neither divulging confidential information without appropriate consent nor seeking to obtain access to confidential information to which I am not entitled.
- I will not make unauthorized copies of software, or perform unauthorized installations of software or reconfigurations of systems. And any receipt, transmission, use or destruction of software or data must observe U.S. copyright laws, and licenses restrictions.
- I understand that accessing, altering or destroying any document, file or University records that I do not own or have rights to, is a violation of these policies.
- I understand that my use of computing resources accessed via the Hofstra Network – whether provided by organizations within or outside the University – may be subject to additional norms of behavior or regulations specific to the resource, which I agree to follow.
- I understand that my account is intended for the sole purpose of facilitating my research, educational, clinical, administrative, or other authorized goals. I may not use the Hofstra University computer resources to solicit sales, conduct business, download/share copyrighted materials, advertise or sell a service or use the system for any illegal activities. This applies to the use or application of any University resources, such as, but is not limited to, Internet access or e-mail through my personal computer.
- I understand that the Hofstra Computer Center must authorize connecting a personal computer or device to the Hofstra University Network.
- I may not engage in activities that damage or disrupt communications, hardware devices or software applications, such as but not limited to, virus creation and propagation, circumventing system protection mechanisms, playing games in the labs and/or overloading the network with excessive data.
- I understand that while I am a student, I have an advertisement-free Hofstra Gmail account with the use of Google Applications. I also understand that once I am no longer a student, I will retain my Hofstra Gmail account and advertisements will be included in the service.

I agree I will abide by these guidelines and any updates posted at www.hofstra.edu/SCS/aug.

ACCEPTABLE USE OF THE HOFSTRA NETWORK

Use of Hofstra University computing resources by unauthorized individuals is strictly prohibited. Although the University does not as a matter of policy monitor the system for content, you should be aware that in special circumstances and for limited purposes, the University may examine certain files and archives. In addition, the University may be compelled to respond to subpoenas and other legal demands for information about system usage. Therefore, users should not have an expectation of complete privacy. Please also be advised that the University requires compliance with applicable federal, state and local laws, including copyright, export and reexport laws, as a condition to system use. Except as expressly permitted, users shall not alter, delete or modify any attributions included within any hosted services. Users further agree not to engage in any activity that interferes with or disrupts the services, servers or networks provided. Google e-mail account users shall comply with the terms and conditions set forth by Google in

connection with those e-mail services. For more information on the civil and criminal penalties for violations of Federal copyright laws, see: <http://www.copyright.gov/title17/92chap5.html>.

The programs you can access on the Hofstra network may contain CONFIDENTIAL information protected by various federal, state and local laws including, but not limited to, the Family Educational Rights and Privacy Act (FERPA), the Financial Services Modernization Act of 1999 (Gramm Leach Bliley), Health Insurance Portability & Accountability Act (HIPAA), and the New York Education Laws. All users are cautioned to take appropriate measures to protect the privacy and integrity of this information and to refrain from engaging in any misuse or unauthorized disclosure of this information.

POLICY VIOLATIONS

Violators of the policies outlined in this document or in addenda at the *Hofstra University Acceptable Use for Computing Policy* web site, www.hofstra.edu/scs/aug may find their network access disabled, with no prior warning, until sufficient safeguards have been put into place to ensure that no further violations take place. The University reserves the right to disconnect individual machines or sub-networks of the HOFSTRA NETWORK in order to preserve the smooth functioning and security of the network as a whole. It is the responsibility of all network users to accept full responsibility for the use of their accounts and machines. Users of the Hofstra Network agree to preserve their sole individual use of their accounts by not sharing them with other individuals, by maintaining secret passwords, by changing passwords frequently, and by selecting passwords which are difficult to guess or decrypt. [<http://www.hofstra.edu/scs/password/>]

PROCEDURES FOR POLICY VIOLATIONS

Violations include, but are not limited to:

- Sharing network IDs and passwords (providing unauthorized use of network services)
- Chain e-mail or hoaxes
- Harassment of others using electronic communication systems
- Tapping phone or network transmissions
- Software piracy
- Privacy violations
- Sharing copyrighted materials
- E-mail bombing or spamming
- Commercial use of University resources
- Illegal activities as set forth in federal, state and local laws and statutes

Violations of the Acceptable Use Guidelines will be adjudicated, as appropriate by, Public Safety, Residential Life, Student Computing Services or the Office of the Dean of Students. Sanctions as a result of major violations may result in any or all of the following:

- Lost of Hofstra university computing privileges
- Disconnection from the HOFSTRA NETWORK
- University judicial sanctions as outlined in the Judicial Code
- Monetary reimbursement or other appropriate fines
- Prosecution under applicable civil or criminal laws

Major violations include:

- Second offense of a minor violation (listed below)
- Hacking or attempting to circumvent security on another computer
- Cracking or attempting to violate security on copyrighted materials
- Intentional computer virus/worm propagation

- Distribution or soliciting copyrighted materials
- Electronic harassment of any kind, including but not limited to voice, e-mail, electronic chats, instant messaging, Web pages, etc.
- Using network resources to solicit sales, conduct business or advertise a service
- Any violation of federal, state and/or local laws using Hofstra University computer network or telecommunication systems

Minor violations include:

- High bandwidth utilization
- Abuse of University bandwidth and resources
- Port scanning
- Unintentional virus/worm propagation
- Sending unsolicited e-mail
- Internally recognized file server
- Internally recognized sharing or distribution of copyrighted materials

Disclaimer:

Hofstra University is not responsible for any loss of data, damage to hardware or software on your personal systems at home, in the residence halls or public access computer labs on campus.

Hofstra University believes in the user's rights to privacy; however when there is sufficient evidence of wrongdoing, the University reserves the right to examine and impound any files, information or computer system(s) resident or attached to the Hofstra University network.

All persons accessing Hofstra University computing resources will be held accountable for their conduct. Conduct which involves the use of University resources in an inappropriate manner or which violates another person's rights may result in revocation of computing usage privileges and is subject to University disciplinary action as outlined in the University's policies and Judicial Code as outlined in the Guide to Pride. Such conduct may also be subject to criminal or civil legal action.

Any abuse or violation of the rules outlined here (or of other rules and practices governing the use of computer networks to which Hofstra is attached) will lead to account suspension and immediate review, with the possibility of account revocation, further disciplinary action in accordance with Hofstra University rules and procedures, and referral to local, state and federal law enforcement authorities.

As a matter of routine, use of Hofstra computer systems and the Hofstra Network is monitored and recorded by authorized University staff members in order to safeguard the security and smooth operation of these resources.

These privileges and further clarifications are continuously reviewed and amended. The latest updates to this document are available at www.hofstra.edu/scs/aug.

Rights and Responsibilities of Hofstra University Community Members

Hofstra University strives to cultivate moral responsibility, aesthetic sensitivity, creativity, emotional maturity and the physical well-being of every member of our community. We also recognize the important role that our university plays in surrounding Long Island and New York City communities. Accordingly, Hofstra University has established standards of ethical behavior to protect individual rights and freedoms as well as the integrity and reputation of our institution. These standards include academic honesty, upholding

academic freedoms, practicing equal opportunities, respecting differences, guaranteeing due process, protecting privacy, ensuring accessibility, and creating safe, positive learning, living, and working environments both on and off campus.

The University takes appropriate steps to enforce the policies and regulations set forth below. It is the purpose of this document to inform students, faculty, staff, and administrators of policies that specify their rights and responsibilities as members of the Hofstra community. The policies listed below speak not only to the rights of community members, but also to processes for recourse in the event that these rights are alleged to have been violated.

Abbreviations:

FPS—[Faculty Policy Series](#)

GTP—[Guide to Pride](#)

Student Rights and Responsibilities

- Academic Freedom and Civil Liberties (FPS#12,A,B)
- Campus Conduct Outside of Classroom
 - Grounds for Disciplinary Action (GTP)
 - Right of the Complainant (GTP)
 - Rights of Student Facing Disciplinary Action (GTP)
- Computer Network Use (GTP)
- [Consumer Information and Student’s Right to Know](#) (online Information Center)
- Consensual Relations with Faculty (FPS#47)
- [Equal Opportunities](#)
 - [Americans with Disabilities Act](#)
 - [Title IX of the Education Amendments of 1972](#)
 - [Section 504 of the Rehabilitation Act of 1973](#)
- [Family Educational Rights and Privacy Act](#)
- [Health Insurance Portability and Accountability Act](#)
- Off-campus Conduct (GTP)
- Ombudsperson for Students (ombuds@hofstra.edu)
- Pride Principles (GTP)
- Prohibition of Harassment (FPS#43)
- Prohibition of Hazing (GTP)
- Prohibition of Sexual Assault (GTP)
- Responsibilities of Campus Residents (GTP)

Faculty Rights and Responsibilities

- Confidentiality of Records (FPS#17)
- Consensual Relations with Students (FPS#47)
- [Equal Opportunities](#)
 - Equal Employment Opportunity (FPS#12C)
 - [Americans with Disabilities Act](#)
 - [Section 504 of the Rehabilitation Act of 1973](#)
- [Family Educational Rights and Privacy Act](#)
- [Health Insurance Portability and Accountability Act](#)
- Prohibition of Harassment (FPS#43)

Staff Rights and Responsibilities

- Equal Opportunities
 - Equal Employment Opportunity (FPS#12C)
 - Americans with Disabilities Act
 - Section 504 of the Rehabilitation Act of 1973
- Family Educational Rights and Privacy Act
- Health Insurance Portability and Accountability Act
- Prohibition of Harassment (FPS#43)

Administration Rights and Responsibilities

- Equal Opportunities
 - Equal Employment Opportunity (FPS#12C)
 - Americans with Disabilities Act
 - Section 504 of the Rehabilitation Act of 1973
- Family Educational Rights and Privacy Act
- Health Insurance Portability and Accountability Act
- Prohibition of Harassment (FPS#43)

This document will be reviewed each year and updated to include new policies and laws.

This list, while comprehensive, does not purport to identify all the University's policies regarding the rights and responsibilities of our students, faculty, staff and administration but that all such policies are available on our website.

Sexual Assault Policy and Response Program

Sexual Assault Policy

Hofstra University urges you to read and understand the following information. Acts of sexual violence, assault or abuse such as rape, acquaintance rape or other forms of nonconsensual sexual activity will not be tolerated at Hofstra University. Such acts are criminal behaviors and create an environment contrary to the goals and missions of the University.

Sexual assault refers to rape, sodomy, sexual abuse and other nonconsensual sex offenses which are serious crimes under New York state law. Rape is committed when any person engages in sexual intercourse by forcible compulsion; or not by forcible compulsion when the victim is physically, mentally or legally incapable of giving consent. Other sexual offenses under New York state law involve unwelcome physical contact with a person's genitals, buttocks or breasts. In all cases, the force need not be overtly violent; the threat of force when it places a person in fear of physical injury or kidnapping may be sufficient. Criminal penalties in New York for all such acts vary according to the circumstances, but can include prison sentences of up to 25 years.

Any violation of the Sexual Assault Policy is also considered a violation of the Student Conduct Code. A Hofstra student who is found to have committed rape, sexual assault or any other sexual offense is subject to disciplinary action that can include probation, suspension or expulsion. Rape is a felony. Any student charged with a felony is summarily suspended from Hofstra University pending the adjudication of those charges.

It is important for members of the campus community to be aware that there can be serious legal consequences for certain sexual conduct. In a campus setting, sexual assault often occurs when one or both parties are intoxicated from alcohol or other drugs. Therefore, it is important to understand that intercourse

or other sexual activity with a person who is unable to give free and full consent (e.g., because of intoxication, substance abuse or intimidation) may constitute sexual assault or rape. Furthermore, the offender's use of a mind-altering substance does not in any way diminish his or her responsibility for physically or psychologically abusive behavior.

Educational Programs

You are the key to your personal safety on campus and in the community. We encourage you to attend educational programs which promote the awareness of rape, acquaintance rape, and other forcible and non-forcible sex offenses. Furthermore, programs are conducted for first-year students during New Student Orientation and in the residence halls throughout the academic year. These programs are open to the entire Hofstra community. Other programs on sexual assault are offered throughout the year including: First Year Focus, Domestic Violence Week, Personal Safety Week, Alcohol Awareness Week, etc. The Dean of Students Office is happy to sponsor programs for any student/organization to educate its members on this topic. For additional information please contact the Dean of Students Office at (516) 463-6913.

Crisis Management Team

The Crisis Management Team responds to crisis incidents reported to Public Safety, including incidents of sexual abuse. Members of the team include the following or their designee and will be representative of both genders:

1. Director of Public Safety or designee
2. Dean of Students or designee
3. Director of Student Counseling or designee
4. University Relations, if necessary
5. Legal Counsel, if necessary

The Crisis Management Team will be sensitive to the fact that the survivor of the sexual assault may not want to meet with all members of the team immediately. They will, however, make themselves available to the survivor to provide ongoing services and assistance as needed in any of the following areas:

1. Counseling services are available, both on and off campus.
2. Medical services are available, both on and off campus.
3. Options are available regarding reporting the case to the proper authorities, both on campus and local police.
4. Assistance will be provided in notifying these authorities if such assistance is requested.

If you are the Survivor of Sexual Abuse

Your safety and well-being are of paramount importance. What you choose to do is up to you and the University will respect your choice and will work with you throughout the process. Survivors of sexual assault are encouraged to take the following actions immediately:

1. Go to a place where you feel safe.
2. Contact or have a friend contact Public Safety at (516) 463-6789, Student Counseling Services at (516) 463-6791 (Public Safety will contact Student Counseling Services during non-business hours) or the Domestic Violence Hotline at (516) 542-0404. Male and female personnel will be available to assist you.
3. Medical evidence for use in the prosecution of a criminal offense is collected at the hospital. For this reason, you should not shower, bathe, douche or change clothes. You may need to bring a change of clothes to the hospital in case what you are wearing is collected as evidence.
4. Do not touch any evidence or straighten up the area where the assault occurred.
5. Go to a hospital emergency room. Public Safety or the police will provide transportation, if necessary.

6. Do not blame yourself. The person who assaulted you is responsible.

Survivor's Bill of Rights

1. Survivors have the right to counseling, medical treatment, prosecution and reporting of their case through the off-campus court system, as well as the right to refuse all of the above without reproach from University personnel.
2. Survivors will be treated with dignity and seriousness by campus personnel.
3. Survivors of crimes against one's person have the right to be reasonably free from intimidation and harm. During University conduct proceedings, survivors have the right to provide testimony at a separate location from the student charged, if requested.
4. University personnel shall be encouraged to inform a survivor that they are not responsible for crimes against their person.
5. Survivors shall be made aware of existing counseling and other student services that are available, both on and off campus.
6. Survivors shall be entitled to the same support opportunities the University permits the accused in a campus disciplinary proceeding, which includes the opportunity to have others present during a disciplinary proceeding such as an adviser (for further details, see section 5 of the "Student Conduct Process" in Hofstra University's Code of Community Standards).

Both the survivor and the accused shall be informed of the outcome of any disciplinary proceeding brought alleging a sex offense. This includes the final determination of the proceeding and any sanction imposed against the accused. The sanctions that may be imposed are detailed in the Hofstra University Code of Community Standards.

Any survivor who does not wish to remain in his or her present residence hall or class section may be granted a transfer to any available housing or class section, upon request, if reasonably available.

Phone Numbers

Hofstra University Public Safety	(516) 463-6789
Hofstra University Dean of Students Office/ Office of Community Standards	(516) 463-6913
Hofstra University Orientation and New Student Programs	(516) 463-6320
Hofstra University Student Counseling Center	(516) 463-6791
Hofstra University Residential Programs	(516) 463-6930
Nassau County Sexual Assault Hotline	(516) 222-2293

Smoke-Free Environment Policy

Hofstra University is a smoke-free environment. There is no smoking or lighting of smoking-type products in any residence hall/room or facility on the Hofstra University campus (Office of Community Standards, Fire Safety Guidelines,

http://www.hofstra.edu/StudentAffairs/DeanOfStudents/commstandards/commstandards_policies_fire.html

Hofstra University has instituted a "20-foot smoking buffer zone" from the entrances of every building under the University's jurisdiction. Within this 20-foot zone, all smoking is prohibited. Any individuals found to be violating this statute will be issued a summons by Public Safety and be subject to a \$25 fine for the first offense and \$50 for every subsequent offense. An individual wishing to appeal his or her fine can do so through the appropriate channels: the Associate Dean of Students Affairs for students; the Office of the Dean for faculty; and Human Resources for other members of the Hofstra Community (University Senate Annual Report, 2008-2009, p. 54, http://www.hofstra.edu/pdf/Faculty/Senate/Senate_annreport_0809.pdf).

North Shore-LIJ Health's Center for Tobacco Control offers various stop-smoking programs which are available for students, faculty, and staff (<http://www.northshorelij.com/NSLIJ/Stop+Smoking+Services>).

Statement of Professionalism

Professionalism encompasses those attributes and behaviors that serve to maintain patient interests above physician self-interest. Professionalism, however, extends beyond interactions with patients and their families. Professionalism also involves relationships and interactions between all those involved in medical education and the delivery of patient care, including physicians, students, administrators, and allied health professionals. It has implications for research activities and interactions with for-profit companies, not-for-profit organizations, governmental agencies, and other outside entities. Professionalism should pervade all of our activities in medicine, and should include:

- A commitment to the highest standards of excellence in the practice of medicine and in the generation and dissemination of knowledge.
- A commitment to sustain the interests and welfare of patients.
- A commitment to be responsive to the health needs of society.

The elements of professionalism include altruism, accountability, responsibility, excellence, duty, honesty, integrity, and respect for others. Physicians, students of medicine, and all staff participating in medical student education and patient care at the School of Medicine are expected to aspire to these ideals, as described below.

- **Altruism** is the unselfish regard for and devotion to the welfare of others, and is a key element of professionalism. Self-interest or the interests of other parties should not interfere with the care of one's patients and their families.
- **Accountability and responsibility** are required at many levels – to individual patients, society, and the profession. First, there must be accountability to one's patients and to their families. There must also be accountability to society for addressing the health needs of the public. One must also be accountable to the profession to ensure that the ethical precepts of practice are upheld. Inherent in responsibility are reliability in completing assigned duties or fulfilling commitments and willingness to accept responsibility for errors.
- **Excellence** entails a conscientious, self-directed effort to exceed ordinary expectations. Commitment to excellence is an acknowledged goal for all physicians and students of medicine. A key to excellence is commitment to providing the highest quality of health care through lifelong learning, education, and reflection. One must seek to learn from errors and aspire to excellence through self-evaluation and acceptance of the critiques of others.
- **Duty** is the free acceptance of a commitment to service. This commitment entails being available and responsive when "on call," accepting inconvenience to meet the need of one's patients, enduring unavoidable risks to oneself when a patient's welfare is at stake, advocating the best possible care regardless of ability to pay, seeking active roles in professional organizations, and volunteering one's skills and expertise for the welfare of the community.
- **Honesty and integrity** are the consistent regard for the highest standards of behavior and the refusal to violate one's personal and professional codes. Honesty and integrity imply being fair,

being truthful, keeping one's word, meeting commitments, and being forthright in interactions with patients, peers, and in all professional work, whether through documentation, personal communication, presentations, research, or other aspects of interaction. This requires awareness of situations that may result in conflict of interest, or that result in personal gain at the expense of the best interest of the patient.

- **Respect for Others** is the essence of humanism, and humanism is central to professionalism. This respect extends to all spheres of contact, including, but not limited to, patients, families, other physicians and professional colleagues, including nurses, residents, fellows, and medical students. One must treat all persons with respect and regard for their individual worth and dignity. One must listen attentively and respond humanely to the concerns of patients and family members. Appropriate empathy for and relief of pain, discomfort, and anxiety should be part of the daily practice of medicine. One must be fair, nondiscriminatory, and aware of emotional, personal, family, and cultural influences on each patient's well-being, rights and choices of medical care. Respecting appropriate patient confidentiality is also a professional obligation.

Professional behavior is transferable to all aspects of an individual's life. Inclusive in this behavior are social situations and networking opportunities such as (but not limited to): Facebook, You Tube and Twitter.

Student Advancement Appeal Process

A student will have the right to appeal any decision of the Student Advancement Committee. All appeals must be made to the Dean within 10 days receipt of the Committee's decision. The Dean may elect to:

1. take no action, allowing the committee's report and penalty imposed to stand;
2. modify the penalties and/or decisions of the committee; or
3. empanel an Ad Hoc Appeals Committee to examine the charge, penalty, and/or decision.

The Ad Hoc Appeals Committee shall be composed of three to five faculty members of the School of Medicine. The student must submit to the committee a written statement delineating an argument supporting his or her appeal. The committee shall have the authority to investigate the matter fully and to request material from the student and the faculty member(s) involved. The student may have an adviser of his or her choice from within the University present at his or her meeting with the Committee, but that adviser may not address the Committee. In all cases, the Ad Hoc Committee's decision shall be conveyed, in writing, to the student who initiated the appeal, the faculty member involved, and the Dean. The Dean's decision in all such matters is final.

Teacher-Learner Compact

Preparation for a career in medicine demands the acquisition of a large fund of knowledge and a host of special skills. It also demands the strengthening of those virtues that undergird the doctor/patient relationship, and sustain the profession of medicine as a moral enterprise. This Compact serves both as a pledge and as a reminder to teachers and learners that their conduct in fulfilling their mutual obligations is the medium through which the profession inculcates its ethical values.

GUIDING PRINCIPLES

DUTY: Medical educators have a duty not only to convey the knowledge and skills required for delivering the profession's contemporary standard of care, but also to inculcate the values and attitudes required for preserving the medical profession's social contract across generations.

INTEGRITY: The learning environments conducive to conveying professional values must be suffused with integrity. Students learn enduring lessons of professionalism by observing and emulating role models who epitomize authentic professional values and attitudes.

RESPECT: Fundamental to the ethic of medicine is respect for every individual. Mutual respect between learners, as novice members of the medical profession, and their teachers, as experienced and esteemed professionals, is essential for nurturing that ethic. Given the inherently hierarchical nature of the teacher/learner relationship, teachers have a special obligation to ensure that students and residents are always treated respectfully.

COMMITMENTS OF FACULTY

- We pledge our utmost effort to ensure that all components of the educational program for students and residents are of high quality.
- As mentors for our student and resident colleagues, we maintain high professional standards in all of our interactions with patients, colleagues, and staff.
- We respect all students and residents as individuals, without regard to gender, race, national origin, religion, or sexual orientation; we will not tolerate anyone who manifests disrespect or who expresses biased attitudes towards any student or resident.
- We pledge that students and residents will have sufficient time to fulfill personal and family obligations, to enjoy recreational activities, and to obtain adequate rest: we monitor and, when necessary, reduce the time required to fulfill educational objectives, including time required for "call" on clinical rotations, to ensure students' and residents' well being.
- In nurturing both the intellectual and the personal development of students and residents, we celebrate expressions of professional attitudes and behaviors, as well as achievement of academic excellence.
- We do not tolerate any abuse or exploitation of students or residents.
- We encourage any student or resident who experiences mistreatment or who witnesses unprofessional behavior to report the facts immediately to appropriate faculty or staff: we treat all such reports as confidential, and do not tolerate reprisals or retaliations of any kind.

COMMITMENTS OF STUDENTS AND RESIDENTS

- We pledge our utmost effort to acquire the knowledge, skills, attitudes, and behaviors required to fulfill all educational objectives established by the faculty.
- We cherish the professional virtues of honesty, compassion, integrity, fidelity, and dependability.
- We pledge to respect all faculty members, and all students and residents as individuals, without regard to gender, race, national origin, religion, or sexual orientation.
- As physicians in training, we embrace the highest standards of the medical profession, and pledge to conduct ourselves accordingly in all of our interactions with patients, colleagues, and staff.

In fulfilling our own obligations as professionals, we pledge to assist our fellow students and residents in meeting their professional obligations, as well.

Technical Non-Academic Standards

- I. **Observation:** Candidates must be able to observe demonstrations and participate in experiments of science including, but not limited to, such things as dissection of cadavers; examination of specimens in anatomy, pathology, and neuroanatomy laboratories; and microscopic study of microorganisms and tissues in normal and pathologic states. Candidates must be able to accurately observe patients and assess findings. They must be able to obtain a medical history and perform a complete physical examination in order to integrate findings based on these observations, as well as develop an appropriate diagnostic and treatment plan.
- II. **Communication:** Candidates must be able to communicate effectively and efficiently with patients, their families, and members of the health care team. They must be able to obtain a medical history in a timely fashion, interpret non-verbal aspects of communication, and establish therapeutic relationships with patients. Candidates must be able to record information accurately and clearly, and communicate effectively in English with other health care professionals in a variety of patient settings.
- III. **Motor Function:** Candidates must possess the capacity to perform physical examinations and diagnostic maneuvers. They must be able to respond to emergency situations in a timely manner and to provide general and emergency care. They must be able to adhere to universal precaution measures, meet safety standards applicable to inpatient and outpatient settings, and engage in other clinical activities.
- IV. **Intellectual-Conceptual, Integrative, and Quantitative Abilities:** Candidates must have sufficient cognitive abilities and effective learning techniques to assimilate the detailed and complex information presented in the medical school curriculum. They must be able to learn through a variety of modalities, including but not limited to: classroom instruction; small group, team and collaborative activities; individual study; preparation and presentation of reports; and use of computer technology. Candidates must be able to retain, retrieve, measure, calculate, reason, analyze, synthesize, and transmit information across modalities. They must recognize and draw conclusions about three-dimensional spatial relationships and logical sequential relationships among events. They must be able to formulate and test hypotheses that enable effective and timely problem solving in a variety of settings.
- V. **Behavioral and Social Attributes:** Candidates must demonstrate the maturity and emotional stability required for full use of their intellectual abilities. They must accept responsibility for learning, exercising good judgment, and promptly completing all responsibilities attendant to the diagnosis and care of patients. They must understand the legal and ethical aspects of the practice of medicine and function within both the law and ethical standards of the medical profession. Candidates must be able to work effectively, respectfully, and professionally as part of the healthcare team, and to interact with patients, their families, and health care personnel in a courteous, professional, and respectful manner. They must be able to tolerate physically taxing workloads and long work hours, function effectively under stress, and display flexibility and adaptability to changing environments. They must be capable of regular, reliable, and punctual attendance at classes, as well as in regard to their clinical responsibilities. Candidates must be able to contribute to collaborative, constructive learning environments; accept constructive feedback from others; and take personal responsibility for making appropriate positive changes. It is expected that minimum accommodation will be requested regarding this set of standards.

- VI. Ethical and Legal Standards:** Candidates must meet the legal standards for licensure to practice medicine in the State of New York. As such, candidates for admission must acknowledge and provide written explanation of any felony offense or disciplinary action taken against them by another educational institution prior to matriculation in the School of Medicine. In addition, should the student be convicted of any felony offense while in medical school, he or she must agree to immediately notify the Assistant Dean for Student Affairs of the nature of the conviction. Failure to disclose prior or new offenses can lead to disciplinary action, which may include dismissal, by the School of Medicine.

Transportation Policy

Due to the varied locations of individual rotations and educational opportunities, all students of Hofstra University School of Medicine in Partnership with LIJ Health System must have a personal vehicle to be used for transportation to these sites.

United States Medical Licensing Examination (USMLE) Requirement (s)

STEP 1, STEP 2 Clinical Knowledge (CK) and STEP 2 Clinical Skills (CS)

To graduate, students must pass USMLE Step 1, Step 2 CK, and Step 2 CS. The National Board of Medical Examiners (NBME) sets the level for passing the steps of the USMLE.

Students must receive an overall pass on Step 1 of the USMLE in order to advance to their third year at the School of Medicine. Students are expected to take Step 1 in time for the results to be available by the start of the third year curriculum.

Students must receive an overall pass on all parts of Step 2, including Step 2 CK (Clinical Knowledge), and Step 2 CS (Clinical Skills). In order to graduate, results indicating passing on all parts of Step 2 are expected to be available by February of their final year of medical school.

The USMLE Step 1 and Step 2 CK are administered by computer at Prometric Test Centers. Testing occurs throughout the year, except for the first two weeks in January.

Up-to-date information on the availability of testing times at Prometric is posted at:

<http://www.prometric.com>

Scheduling permits for a practice test session, which may be obtained at:

<http://www.usmle.org>

Testing for Step 2 CS is currently offered at five centers in different areas of the country. Information on the location of the testing centers is available in the *USMLE Bulletin of Information*, or at:

<http://www.usmle.org/examinations/step2/cs/CSECAAddresses.html>

CONTINUING MEDICAL EDUCATION

Grand Rounds and Scheduled Conferences

The continuing medical education (CME) program at North Shore-LIJ encompasses over 120 conferences, symposia regularly scheduled series, journal clubs, enduring materials and internet activities and provides approximately 2,000 hours of certified CME to 6,000 physicians and other health professionals each year. On November 30, 2007, the Accreditation Council for Continuing Medical Education (ACCME) awarded North Shore-LIJ Health System "Accreditation with Commendation," the maximum award status available to a CME provider that, according to ACCME policy, "is reserved for programs which are truly exceptional" and demonstrate "Exemplary Compliance" in multiple areas.

Grand Rounds and Scheduled Conferences

North Shore-LIJ Health System

The Regularly Scheduled Conferences are accredited by the North Shore-Long Island Jewish Health System, which in turn is accredited by the Accreditation Council for Continuing Medical Education to sponsor Continuing Medical Education for physicians. The North Shore-Long Island Jewish Health System relies upon faculty participants in its CME programs to provide educational information that is objective and as free of bias as possible. In this spirit, and in accordance with the guidelines of the program sponsor, faculty participants are expected to indicate any commercial relationship that might be perceived as a real or apparent conflict of interest.

The goal of Grand Rounds is to provide continuing medical education for the attending staff, residents and guests of the North Shore-Long Island Jewish Health System. Throughout the academic year prominent visiting professors in all subspecialties are invited participants.

At the conclusion of Grand Rounds, participants will:

- Obtain current information on management and techniques with emphasis on quality improvement, socio-economic and ethical issues as they relate to ophthalmology
- Be apprised of the latest technical advances to improve their knowledge and skills, and interact with fellow ophthalmologists

Cases are presented and discussed as to appropriate diagnosis and management. Participants will be informed of new advances and approaches in the diagnosis and management of ophthalmologic diseases.

Grand Rounds are held during the academic year (September through May) on Wednesday mornings between 7:30 and 9:00am in the Conference Rooms at 145 Community Drive 9th the North Shore-LIJ Health System administrative complex).

Other North Shore-LIJ Health System Facilities

Feinstein Institute for Medical Research Grand Rounds Events

<http://www.northshorelij.com/NSLIJ/FIMR+RSS>

Glen Cove Grand Rounds Events

<http://www.northshorelij.com/NSLIJ/Glen+Cove+Grand+Rounds+Events>

Joint Grand Rounds Events

<http://www.northshorelij.com/NSLIJ/Joint+Grand+Rounds+Events>

LIJ Medical Center Grand Rounds Events<http://www.northshorelij.com/NSLIJ/LIJMC+Grand+Rounds+Events>**North Shore-LIJ Grand Rounds Events**<http://www.northshorelij.com/NSLIJ/NSLIJ+Grand+Rounds+Events>**North Shore University Hospital Grand Rounds Events**<http://www.northshorelij.com/NSLIJ/NSUH+Grand+Rounds+Events>**Steven and Alexandra Cohen Grand Rounds Events**<http://www.northshorelij.com/NSLIJ/Steven+and+Alexandra+Cohen+Grand+Rounds+Events>**Syosset Grand Rounds Events**<http://www.northshorelij.com/NSLIJ/Syosset+Grand+Rounds+Events>**Zucker Grand Rounds Events**<http://www.northshorelij.com/NSLIJ/Zucker+Grand+Rounds+Events>**POST GRADUATE OPPORTUNITIES AT THE NORTH SHORE-LIJ HEALTH SYSTEM**

Specialty of Training Program	PGY-1 Residents	Total Residents	Clinical Fellows (ACGME-approved programs)	Clinical Fellows (Non-ACGME approved programs)
Cardiology	0	26	26	
Interventional Cardiology	0		1	
Cardiothoracic Surgery	0	2		
General Practice Dentistry	17	29		
Oral Maxillofacial Surgery	0	16		
Oral Pathology	0	3		
Pediatric Dental Medicine	3	6		
Emergency Medicine	19	66		
ER/Medicine	3	10		
Sports Medicine	0		1	
Medical Toxicology	0		1	
Family Medicine	17	50		
Internal Medicine	85	202		
Endocrinology	0		3	
Gastroenterology	0		10	
Geriatric Medicine	0		8	
Hem/Oncology	0		15	
Infectious Diseases	0		6	
Nephrology	0		8	
Pulmonary Critical Care	0		13	
Rheumatology	0		2	

Sleep Medicine	0		1	
Medicine/Hospice Palliative Care	0		2	
Neurology	7	21		
Clinical Neurophysiology	0		2	
Neurosurgery	2	12		
Obstetrics/Gynecology	12	42		
Maternal Fetal	0			1
Urogynecology	0			1
Ophthalmology	0	13		
Orthopedic Surgery	0	12		
Pathology	4	16		
Cytopathology	0		1	
Pediatrics	41	126		
Adolescent Medicine	0		3	
Allergy/Immunology	0		6	
Child Neurology	0		5	
Pediatric Cardiology	0		6	
Pediatric Critical Care	0		6	
Neonatology	0		11	
Developmental/I Behavioral Pediatrics	0		1	
Pediatric Emergency Medicine	0		5	
Pediatric Endocrinology	0		2	
Pediatric Gastroenterology	0		2	
Pediatric Hem/Oncology	0		6	
Pediatric Infectious Diseases	0		2	
Pediatric Rheumatology	0		1	
Physical Medicine & Rehabilitation	4	11		
Psychiatry	18	61		
Addiction Psychiatry	0		2	
Psychosomatic Medicine	0		4	
Geriatric Psychiatry	0		7	
Child & Adolescent Psychiatry	0		18	
Diagnostic Radiology	11	39		
Body Imaging	0			3
Neuroradiology	0		2	
Nuclear Medicine	1	6		
Pediatric Radiology	0		1	
Vascular & Interventional Radiology	0		1	
Colorectal Surgery	0		1	
General Surgery	24	65		

Critical Care Surgery	0		1	
Pediatric Surgery	0		2	
Podiatry Foot Surgery	4	8		
Vascular Surgery	0		2	
Urology	0	8		
Pediatric Urology	0		1	