

# STUDENT BY-LAWS

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## **Introduction**

The educational mission of the Albert Einstein College of Medicine is to train students to understand and embrace their future roles as physicians. Central among these are the roles of *healer* and *scientist*.

Caring for patients requires recognition of each patient's individuality, as well as comfort with the uncertainty inherent in this experience. With the wellbeing of the patient as the focal point of all our educational efforts, students will learn to participate in the scientific endeavor of medicine, to develop into critical thinkers, and to further our understanding of health promotion and disease management.

### **A. COMPETENCIES THAT ALL EINSTEIN GRADUATES SHOULD POSSESS**

Seven attributes or competencies of the outstanding physician are: healer, scientist, advocate, educator, colleague, role model, and life-long learner. The order in which these competencies are presented is arbitrary and in no way intended to reflect their relative importance.

#### **Physician as Healer**

##### *Goals*

Students will demonstrate outstanding clinical, diagnostic, and communication skills, cultural sensitivity, and empathy, in accordance with each patient's needs and in a partnership with each patient. Students will recognize that professional development in this area requires becoming comfortable with uncertainty and cultivating humility in light of the vast breadth of human experience they will encounter.

##### *Objectives*

- Demonstrate interview and physical exam skills appropriate to the clinical encounter.
- Use effective listening skills that recognize patients' verbal, non-verbal, and contextual cues.
- Use sound clinical judgment in diagnosing and managing care.
- Recognize the individuality of each patient, including the impact of culture, faith and spirituality on patient understanding of health and disease.
- Offer comfort, reassurance, and hope to patients and families.
- Acknowledge a debt of gratitude toward patients for allowing students' experiential involvement with them to facilitate the development of future physicians.

#### **Physician as Scientist**

##### *Goals*

Students will acquire, appraise, and apply knowledge of biomedical, clinical, psychosocial, and population health sciences as the foundation for all their endeavors. Students will understand the critical role of basic, clinical, and translational research in enhancing the health of individuals and populations. By participating in scholarly investigation, students will advance scientific knowledge and master principles that can be used to improve health and health care.

##### *Objectives*

- Acquire scientific knowledge of the normal structure and function of the body and its organ systems, and the underlying molecular, biochemical and cellular mechanisms of homeostasis.
- Recognize congenital and acquired causes of illness, and be familiar with the altered structure and function of the body and its components in various disease states.
- Appreciate the impact of psychosocial factors, nutrition, and behavior on health and disease.
- Use knowledge of science and the scientific method to characterize the quality of evidence, and to critically evaluate scientific and medical literature.
- Translate and apply scientific and medical discoveries to improve the health of individuals and populations.
- Demonstrate scientific research processes through scholarly investigation conducted in the laboratory, clinic, or field to address well-defined problems or test specific hypotheses.

### **Physician as Advocate**

#### *Goals*

Students will become aware of the larger system of health care, and embrace their roles as advocates for patients and families within the community, nationally, and globally. Through skill development and hands-on service and leadership experiences, students will develop the confidence and ability to advocate for improved access to health care for diverse populations and for the highest quality and safest care for all patients.

#### *Objectives*

- Compare major policies affecting U.S. health care.
- Discuss healthcare economics and financing.
- Appreciate the important role that physicians play in advocating for improvements within the U.S. and other health care systems, including equitable distribution of healthcare to diverse communities.
- Demonstrate an ability and commitment to advocate on behalf of patients to have their needs addressed.
- Develop skills to ensure patient safety and high quality care for all patients.
- Serve patients and families in their own communities, whether locally, nationally or abroad.

### **Physician as Educator**

#### *Goals*

Students will become familiar with educational principles and apply these to facilitate effective learning and promote well-being among patients, families, and communities. Students will recognize their vital roles as educators, and dedicate themselves to teaching the next generation of physicians in all areas of clinical practice, basic science, and translational medicine.

#### *Objectives*

- Use appropriate communication skills, terminologies, educational methods and technologies based on individual learner needs.
- Employ appropriate methods to educate patients and families, including techniques to motivate and reinforce healthy behaviors.
- Create conducive learning environments and encourage self-directed learning.
- Utilize appropriate teaching techniques for individual, and small and large group settings.
- Select appropriate methods to evaluate learning by patients, families, and peers.
- Develop professional presentation skills.
- Reflect on the important balance between respecting patients and educating students.

### **Physician as Colleague**

#### *Goals*

Students will recognize their responsibility to work collaboratively as members of a team in medical, scientific and educational communities. Effective teamwork requires outstanding oral and written communication skills, demonstration of respect for others' roles in an interdisciplinary group, listening receptively to diverse viewpoints, and welcoming feedback to facilitate personal and professional growth.

#### *Objectives*

- Appreciate the roles and contributions of the various members of an interdisciplinary team.
- Demonstrate ability to work collaboratively in team settings, and receptivity to diverse perspectives.
- Develop and utilize effective oral and written communication skills.
- Appreciate the vital importance of coordination of care as patients move between clinical environments, and from medical settings to home or community.
- Consider alternative approaches to problem-solving, and appreciate the importance of shared decision-making.
- Elicit and integrate feedback from others as an opportunity to grow personally and professionally.

### **Physician as Role Model**

#### *Goals*

Students will recognize that they serve as role models for individual patients, as well in society at large. This recognition necessitates that students act in accordance with the highest levels of ethics and professionalism in all realms, including clinical care, research endeavors, and general behavior as a member of society. Serving as a role model requires dedication to one's personal development, and includes ongoing self-care and self-reflection to sustain one's commitment to core humanistic principles and to the service of others.

#### *Objectives*

- Behave professionally, respectfully, and responsibly.

-Adhere to highest ethical principles in all aspects of patient care, as well as in research and educational activities.

-Demonstrate accountability to patients, society, and the profession.

-Show sensitivity to a diverse patient population, including diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

-Learn and regularly practice self-reflection to promote personal growth and development.

-While maintaining the primacy of the patient, recognize that self-care and wellness are mandatory in order to best serve others.

### **Physician as Life-long Learner**

#### *Goals*

Students will recognize that learning is a life-long endeavor. Not only does scientific knowledge continually advance, but the methodologies, modalities and technologies available to learners are ever-changing. Students must learn to critically assess new research and clinical innovations, and apply evidence-based recommendations. Effective life-long learning requires that students engage in ongoing self-assessment and receive comprehensive feedback from external sources to identify personal knowledge gaps and to maintain enduring commitment to best practices.

#### *Objectives*

-Learn to review and critically appraise medical literature.

-Apply evidence-based practice, and follow best practice guidelines when appropriate.

-Demonstrate ongoing self-assessment of personal knowledge and correction of deficiencies.

-Use feedback from external sources to further identify personal knowledge gaps and learning needs.

-Develop and maintain skills needed to utilize information resources and evolving technologies.

-Integrate newly acquired knowledge and technologies into clinical and research environments.

The above listing of competencies is subject to periodic review and revision by the Medical Education Executive Committee; and such modifications, as approved by the Dean, automatically modifies these by-laws, without the requirement of further deliberation or review.

## **B. THE CURRICULUM**

The curriculum is designed to nurture the acquisition and growth of the seven competencies. The elements of the curriculum are in a constant state of evolution, and authorized students and faculty are directed to the CANVAS website for an up-to-date version of the curriculum <https://aecm.instructure.com>

### **Pre-Clerkship Curriculum—successful completion**

1. The pre-clerkship curriculum, usually completed in the initial two years, must under any circumstances be completed within four academic years from the year of matriculation. (See description of

the Medical Scientist Training Program (MSTP) for exceptions).

2. Grading of assessments and for an entire course are on a Pass/Fail basis. A passing score is determined by each course director.

3. A pre-clerkship course ends in "final" failure when both of the following conditions have been met.

a. After the course's regularly planned "during-the-course" and "end-of-the-course" assessments have been graded, the course leader determines that the student has not passed the course,; this is noted on the transcript as an "Incomplete" and then;

b. Failure of a single additional course "make-up" assessment as determined by the course leader constitutes "final" course failure.

*Please note that a course leader may compute a failing grade with non-assessment related elements, e.g., small group participation, etc.*

*Please note that one is not always eligible for a "make-up" examination.*

4. Make-up assessments in the pre-clerkship curriculum are scheduled in advance. First year make-up assessments will be offered to allow for timely entry into the second year. Second year make-up assessments will be offered to allow for timely entry into the clerkship curriculum. Failing to appear for a scheduled assessment without prior written permission will be the procedural equivalent of failing said assessment.

5. Students will be allowed to complete requirements for only two provisionally failed courses (I.e., provisionally failed pending the make-up assessment) per year. In other words, a student will only be allowed to sit for two make-up assessments per academic year; a maximum of two in Year I, a maximum of two in Year II, and a maximum of two in Year III.

6. If a student has a "final" failure in a pre-clerkship course, as defined above, and fails a subsequent assessment when repeating that same course, this leads to ineligibility to continue in the medical school curriculum (ie grounds for dismissal). Withdrawing during the repeat course, after one or more examinations have been taken, also leads to ineligibility to continue in the curriculum.

7. A student who makes prior arrangements to miss a scheduled assessment in the pre-clerkship period, is expected to alternatively sit for the scheduled make-up assessment. Should he/she fail to pass that make-up -because it is his/her first attempt -an additional opportunity will be provided to make-up that course assessment in a timely fashion.

8. In the event that a course syllabus, assessment or course instructions (or similar) contradict these by-laws, the by-laws take precedence. The Committee will consider such contradictory signals, properly, as possible mitigating factors in any given case.

9. Students experiencing difficulty with the pre-clerkship curriculum, evidenced by multiple assessment failures (any assessments), will be advised to enter a customized curriculum (deceleration, course repetition, leave of absence, or other). A plan will be developed with a Dean for Students with the oversight of the Committee. (See below for mandatory customized schedule; Item B.14)

10. A student who has a "final" failure in any pre-clerkship course must repeat that course in the next academic year. A modified schedule for the next year (a customized plan) will be developed in consultation with the Dean(s) for Students, with the assistance of faculty advisors as appropriate, and with the oversight of the CSPPS.

11. If a student does not agree to a curricular plan as recommended by the OSA, they may appeal, in writing and/or in person, to the Committee -who will be the arbiter and final word on the matter.

12. Taking Step I of the USMLE examination is required before commencement of the fourth year curriculum. Should a student fail Step I, he/she will be allowed to complete the course they are taking, but will have to postpone subsequent courses until Step I is retaken. Students may postpone taking Step I for the duration of a single clerkship (6 weeks) in order to extend preparation time under either of the following circumstances:

- a. they have failed 5 assessments;
- b. they have received accommodations such as extended time for Einstein exams, but have been denied accommodations by the NBME
- c. All other students wishing to delay taking Step I will be required to move to the next graduating class resulting in an extra year at Einstein. **(See next paragraph)**. Under these circumstances, they will only receive an additional six weeks (the duration of a single clerkship) to prepare for Step 1. Any student who does not take Step I by the end of the additional six weeks must appear before the CSPPS and could face dismissal from the College.
- d. After successful completion of the Step I exam, and at the discretion of the OSA Deans, a student may be allowed to return to the clerkship curriculum and complete it. The year that they are required to take off for research, etc. can therefore be postponed until after the clerkship year. This is offered as an option to make the research year more relevant to the student's career goals.
- e. Students who delay Step I for any reason are NOT eligible for election to the AOA Medical Honor Society.
- f. Students have three (3) opportunities to pass Step I. Failure to pass in 3 attempts requires dismissal/withdrawal.
- g. Lack of adherence to Medical Education Council policies on attendance may result in disciplinary action. Attendance is mandatory for all case conferences and labs.

[Attendance Policy for Instructional Sessions](#)

Clerkship [Attendance Policy.pdf](#)

**Clerkship Curriculum--- Requirements for successful completion**

1. Until all course and assessment requirements are satisfied for Years I and II, a student may not begin a clerkship or clinical assignment (beyond those clinical assignments that are routinely permitted in Years I and II).

2. The Year III curriculum includes the required clerkships in Internal Medicine, Surgery, Pediatrics, Family Medicine/Ambulatory, Obstetrics & Gynecology, Psychiatry/Neurology and Radiology.

3. A clerkship is formally failed, when at the conclusion of the clinical assignment, and after the relevant information has been collected (initial exam scores, clinical evaluations, etc.) the appropriate clinical clerkship faculty member determines a failing grade exists and when a single subsequent written make-up exam is failed if the initial failing grade was remediable by simply passing the repeated written exam.

4. A single formally failed clerkship requires the Committee on Student Promotions and Professional Standards (CSPPS) to discuss the academic progress of the affected student. The Committee may allow repetition of only the failed clerkship, or may require repetition of additional portions of the clerkship year, based on review of the student's entire record.

5. A repeated clerkship cannot be graded "Honors."

6. Marginal performance ("low pass") in one or more clerkships warrants review by the Committee, and may require repetition of a portion, or the entire clerkship year, based on review of the student's entire record. In addition, a pattern of marginal performance may be grounds for dismissal.

7. A student will only be allowed to sit for two make-up exams during the clerkship cycle. In other words, for the six required clerkships in Year III, only two may be passed via make-up examinations. Any additional clerkship failures will not be remediable via make-up examination, i.e., the failing grade becomes final.

8. A student who passes a clerkship via repeat examination, for any reason, may not receive an Honors grade in the clerkship.

9. Students are expected to take their shelf exams during the associated clerkship. Students may postpone taking a shelf exam under the following circumstances:

a. Acute illness, this will require a doctor's note.

b. Personal or family emergency (ie a death in the family)

c. They are in academic jeopardy as defined by having failed 5 exams (this can be a combination of pre-clinical exams and shelf exams).

All other students wishing to delay a shelf exam will not be eligible for Honors in the clerkship. Rare exceptions can be made at the discretion of the Deans for Student Affairs.

Students who delay more than one shelf exam will be required to customize their clerkship schedule and postpone graduation.

All students who postpone a shelf exam must take the exam on the next available test administration date. Students should be aware that this often means taking a shelf exam while on another rotation unless they customize their clerkship schedule.

10. A student who wishes to appeal a grade or narrative evaluation in a required clerkship is directed first to the Site Director on the evaluation, secondarily to the departmental Clerkship Director for that clerkship, and finally, if the student believes he/she has been treated unfairly, to the Dean(s) for Students. Neither the Committee nor the Dean will address these appeals.

11. If a clerkship is formally failed (see above), the narrative evaluation of the failed rotation -for purposes of the Medical Student Performance Evaluation (MSPE) compilation, will be incorporated into the narrative portion of the subsequent (repeated) rotation's evaluation. In other words, although the transcript will indicate both the failing grade and the subsequent passing grade; the MSPE's series of narrative evaluations will show only one, composite, narrative evaluation incorporating both the initially failed and subsequently completed rotation -which is composed by the applicable clinical department. [The permanent

student file will contain both documents; the failed initial clerkship evaluation form with the original narrative, and the second (repeated) clerkship evaluation form that contains the narrative portion addressing both clerkship rotations.]

12. Based on a pattern of persistent marginal performance in the clerkships, a recommendation for dismissal may be made

13. A MSPE will be provided only after satisfactory completion of the entire Year III clerkship cycle. MD-PhD students are exempt from this requirement when the reason for their incomplete clerkship sequence relates solely to the matter of MD-PhD program scheduling.

14. A student absent from a clerkship, without being excused, for a total number of days that exceeds the number of days allowed; (See Absence Policy) is not eligible to successfully complete the clerkship on that attempt. An exemption is made for MD-PhD students who may need to attend residency interviews during a clerkship.

15. If a student fails the clerkship final examination, and subsequently fails a single makeup examination, the clerkship must be repeated in toto prior to re-attempting the written exam. A third failed attempt in a given clerkship exam results in the student becoming ineligible to continue in the curriculum.

16. A second formally failed clerkship, results in the student becoming ineligible to continue in the curriculum. This includes failing, or withdrawing from a repeated clerkship, for any reason.

### **It'**

2. A student absent from a required senior clinical rotation, for any reason without prior excuse, for more days than that rotation's absence allowance, is not eligible to complete that rotation on that attempt.

3. The senior year includes electives designed to supplement the required courses and to provide opportunities for students to pursue individual academic interests. Each elective month of Year IV must be accounted for by a faculty-or supervisor-signed evaluation. This includes off-campus, clinical, research, and/or months dedicated to Independent Scholarly Project work. Other than one month of vacation, and the interview month, all senior months must be officially accounted for with scholarly activities.

4. As above, the senior year is comprised of thirteen 28 day rotations. Approved exceptions to this time requirement may be granted for maternity/paternity/disability leave, or completing one postponed or repeated Year III clerkship, but the senior program may not be less than ten rotations in duration (includes one vacation rotation), under any circumstance. Students must commence the senior program on or about August 1<sup>st</sup>, in order to graduate with that senior class. Diplomas are dated late May or June for graduating with the usual "on schedule" senior class.

5. Students must pass Step II Clinical Knowledge, and Step II Clinical Skills exams to be eligible to graduate. It is strongly recommended that the Step 2 examinations of the USMLE be taken prior to the end of December of Year IV. Students will have a maximum of three attempts at passing either of these exams. Failure to pass on the third attempt mandates dismissal with no appeal.

6. A student who fails either of the required acting internships will be required to repeat the failed course. A student's failure to successfully complete a repeated acting internship results in the student becoming ineligible to graduate and mandates dismissal.

7. Course failures or deficiencies in the senior year, in elective course work, will be reviewed by the Committee. A student who fails an elective course will be required to repeat the course, or a course of similar academic value. A student who fails two elective courses will be, at a minimum, required to repeat the year, and may be dismissed.

10. From time-to-time, a senior student is in the midst of CSPPS deliberations when graduation becomes imminent. Rather than allow the shortage of time to distort proper process, the Committee may elect to allow a student to participate in the graduation ceremonies but to do so without receiving the MD diploma and without being actually awarded MD status. No other exceptions are recognized where an "empty tube" may be awarded except for the two special cases: a) when a student's financial obligations have not been met, as per the Student Finance Officer (who is the final word on such matters), and b) the faculty Director for Student Research indicates that the required Scholarly Project has not been completed.

### **C. Grading**

#### 1. Year I and II Grading

- a. In Year I and II, grading options are Pass or Fail. A student who sits for any assessment in a given course, but does not go on to complete said course for any reason, with or without permission, receives a "withdraw" (W) for that course. Should this course be completed at a later date; the course will appear on the transcript in the time period corresponding to when the course was successfully completed with a "P" grade. The earlier entry of this course (marked with a "W") will not be deleted from the transcript.
- b. A student who fails a course in Year I or II will have an "F" grade entered on the transcript. Should this course be completed at a later date, the course will appear on the transcript in the time period corresponding to when the course was successfully completed with a "P" grade. The earlier entry of this course (marked with an "F") will not be deleted from the transcript.
- c. Completion of pre-clinical course evaluations is mandatory and is part of each student's professional responsibility to provide constructive feedback on the curriculum. Assessment grades will be made available individually on the next business day after each student completes the evaluation. The names of the students who have not completed the evaluation will be reported to the Office of Student Affairs and the grades will not be released to the student. Repeated reports of incomplete evaluations will be dealt with as unprofessional behavior.

#### 2. Year III and IV Grading:

- a. In Year III and IV, grading options are Honors, High Pass, Pass, Low Pass, and Fail. Rotations less than 4 weeks in duration are restricted to Pass/Fail grading, only. If a clerkship or other rotation is failed due only to poor performance on one assessment; retaking and passing that assessment on the first repeat attempt results in a non-Failing grade. If a clerkship is failed due to poor clinical performance or professionalism, a student is given a chance to remediate. If their performance meets competency, the student will receive a non-Failing grade.
- b. If one fails a clerkship (as defined by failing a repeat written assessment or period of remediation), a grade of "F" will be entered permanently on the transcript. If the clerkship or other rotation is repeated, the clinical department writes a single, summary narrative portion of the evaluation, encompassing both periods. However, the transcript will have two entries, reflecting both grades. A student repeating a clerkship may not receive an "Honors" grade.
- c. For required rotations only (clerkships, acting internships, etc.) there is also an Incomplete ("I") grade. This would reflect a single assessment awaiting re-take; a required remediation or other very limited types of incomplete work. This "I" is entered on the transcript upon receipt of a formal evaluation form from the clinical department. If not superseded by a subsequent

departmental evaluation the "I" automatically reverts to a permanent "F" after six months counted from the last day of the rotation in question.

d. Completion of clerkship evaluations is mandatory and is part of each student's professional responsibility to provide constructive feedback on the curriculum. At the end of each clerkship students are required to complete the online evaluation. The names of students who have not completed the evaluation will be reported to the Office of the Registrar. Once the clerkship director submits the final grades to the Registrar, they will be released ONLY to the students who have completed the evaluation. If the evaluation is not completed after six weeks, the grade will be changed and released to the student as Incomplete. Repeated reports of incomplete evaluations will be dealt with as unprofessional behavior.

e. A student's capacity to function as a productive team member is considered critical in the practice of medicine even while still a student. The Committee recognizes that some clinical settings are quite hectic and stressful, and that some supervisors may be quite demanding. It is nonetheless the duty of the student to make every effort to work as effectively as possible and serve (rather than hinder) the cause of teamwork. One can be adversely evaluated, even, to the point of failure, on this basis alone.

f. A student on a clerkship or other clinical rotation, who is asked to leave or is otherwise removed from clinical duties by the local supervisors, must appear before the Committee.

g. If a clinical supervisor calls or writes the OSA provoked by local events or concerns, the office is obligated to discuss the student's relevant record with them. Feeding information forward is at the discretion of the Dean for Student Affairs, especially to protect patients.

h. MSPEs are dated October 1<sup>st</sup>, of the final curricular year, and not altered after that date except in case of gross transcribing error. Additional information may be permanently appended to the MSPE, in the form of dated addenda, to indicate important information that may not have been available for the October version. These addenda will include the required rotations of the senior year, as well as other important developments.

i. Students who withdraw or who are withdrawn from the College will have, as a permanent record, a "summary letter" composed in the format of the MPSE that is provided for those students who successfully receive the MD degree. The transcript for these students will indicate the existence of this summary letter.

j. Transcripts will not be altered, for any reason, after graduation, the sole exception being a transcribing error.

k. The transcripts of students who have had academic difficulties, disciplinary proceedings, and similar, will bear brief entries, including dates, demarcating leaves of absences and other changes in status, including, but not limited to suspension or dismissal. The AAMC guidelines for medical school transcripts will provide the general structure for these entries, with allowance for modifications to suit the individual programs and processes that take place at Einstein, at the discretion of the Deans for Students in consultation with the Registrar.

l. The MSPE, including addenda, shall not be altered for any reason, after graduation, other than for transcribing error. The aforementioned documents serve in perpetuity as the detailed records of a student's medical school record; for use in reply to governmental and regulatory agencies, for prospective employers (at the student's request, and/or as per policy), and similar. The final Transcript and MSPE (or "Summary Letter," for students not awarded the MD degree) are linked documents; both documents are to refer to the existence of the other.

#### **D. USMLE Step 1, 2 CK, and 2 CS (United States Medical Licensing Exams)**

1. All students must sit for Step 1 prior to starting fourth year rotations.
2. Should a student fail the USMLE Step I examination—the rotation cycle is to be interrupted promptly to begin preparation and to then re-take the exam. This interruption must begin when the current rotation is completed. The student will then take the next rotation to prepare for a repeat attempt and then re-enter the cycle. If the repeat attempt results in failure, the above will be repeated for one more cycle (see below). This will result in postponement of graduation for one year.
3. It is strongly recommended that Step 2 CK (Clinical Knowledge) and Step 2 CS (Clinical Skills) of the USMLE be taken prior to the end of December of Year IV.
4. A maximum of three attempts will be allowed for Step 1 of the USMLE. A failed third attempt results in that student becoming permanently ineligible to graduate from the College under any circumstance. This circumstance is not subject to appeal to the CSPPS or the Dean.
5. A maximum of three attempts will be allowed for Step 2 CK and Step 2 CS (three each) of the USMLE. A failed third attempt results in that student becoming permanently ineligible to graduate from the College under any circumstance. This circumstance is not subject to appeal to the CSPPS or the Dean.
6. Any and all special accommodations related to the USMLE examinations are at the sole discretion of the USMLE. No further discretion or accommodation is provided through the College with regard to the USMLE examination or requirements, including the College's policy regarding a limit of three attempts per exam.

#### **E. GRADUATION REQUIREMENTS**

1. Passing scores in the USMLE Step I, Step 2 CK, and Step 2 CS must be received prior to the graduation of any student, under any circumstance.
2. The required Scholarly Project, a written, referenced report of scholarly substance, must be completed and accepted by the applicable mentor and the Director for Medical Student Research at Einstein prior to graduation; except if the student has been exempted from the SP requirement or is participating in the MD-PhD program.
3. A student may not graduate with any incomplete coursework, including clinical course work, on his/her record. Special programs may be arranged by the Deans for Student Affairs and/or the CSPPS to address deficiencies; i.e., to permit graduation.
4. A student who has a deficiency in any of the graduation requirements, may participate in the graduation ceremony at the discretion of the OSA. She/he will, however be required to sign a waiver acknowledging that they understand they will not be receiving the MD degree and will not receive a diploma until such time as said requirements are fulfilled.

#### **F. TRANSFER STUDENTS**

The College does not generally accept transfer students into the medical school program. In exceptional circumstances the Dean may accept a student for transfer, generally under circumstances where a qualified

student at another medical school is separated from a spouse in our program. The conditions would be case specific.

## **G. THE COMMITTEE ON STUDENT PROMOTIONS AND PROFESSIONAL STANDARDS**

The Committee on Student Promotions and Professional Standards (CSPPS), composed of faculty, students, and staff appointed by the Dean, is responsible for monitoring the academic progress and professional development of students, as measured by acquisition of the above competencies, as measured by successful completion of the above delineated curricular elements, and provides formal recommendations to the Dean on matters regarding student promotion and graduation.

Through testing and personal interaction, the medical school faculty establishes principles and methods for the evaluation of student achievement. The Office of Student Affairs (OSA) in conjunction with the CSPPS evaluates the degree to which a student has achieved the above competencies, and whether the student is qualified to progress with the established curriculum and ultimately graduate from the College. Standards of academic achievement, clinical ability and professionalism are high; in keeping with the paramount importance of the welfare of patients, present and future. Committee members and those participating in Committee proceedings are expected to keep this core principle in mind in all matters that arise for deliberation and decision.

The fundamental tenets of fairness and equitable treatment guide the both the OSA's and the CSPPS' activities, adhering to the principles that all substantially affected parties have the right to due process through presentation of their arguments, both in writing and in person, if they so wish; and that appropriately comparable considerations be provided without prejudice to all persons.

The OSA refers significant student problems to the CSPPS and creates the Committee's agenda, which includes matters of student academic deficiencies, from any cause, including difficulties progressing through curricular milestones in a timely fashion; matters of student conduct and professionalism and harassment-related matters properly referred from appropriate staff, faculty, or others. The responsibility to assess the fitness of a student to be promoted and/or to receive the MD degree rests with this Committee; with ultimate authority residing with the Dean.

Professional misconduct includes but is not limited to cheating, plagiarism, fabrication, falsification of documents or academic work, intentionally damaging or interfering in the academic work of others, or assisting others in any of these acts. It also includes failure to fulfill responsibilities on clinical rotations or any behavior on the part of student that is detrimental to the welfare of patients. Failure to meet generally accepted standards of personal integrity, professional conduct or emotional stability, or inappropriate or disruptive behavior towards colleagues, faculty, or other medical staff, also constitutes a failure to meet required professional standards. Behaviors included, but not limited to, those listed herein, are considered within the purview of the CSPPS.

### **1. CSPPS STRUCTURE AND ORGANIZATION**

a. The CSPPS, its subcommittees, ad-hoc subcommittees, and individual members and staff, are charged with the responsibility to implement the principles and by-laws contained herein. Matters of academic performance standards, academic progress, professional and ethical conduct, psychological fitness for the practice of Medicine, medical or other disability or applicable illness, drug or alcohol abuse, and other appropriate subjects constitute the purview of this Committee. These by-laws will be reviewed at intervals, modified as appropriate, and posted on the OSA website. Every attempt will be made to notify the student body when alterations are made. **However, ultimate responsibility for knowledge of current bylaws rests with the student.**

b. The Committee reports to the Dean. All Committee appointments and renewals are at the discretion of the Dean, and all voting members are appointed for renewable, two-year terms, including the Committee's chair(s). The Dean(s) for Students will serve as staff to the Committee. The membership roster of the Committee will consist of no less than twelve voting members, composed of at least nine faculty and at least three students. The chair(s) cast(s) one equal vote. Faculty are to constitute a majority of the voting membership. Abstentions are very strongly discouraged; except as affected by a recusal. Voting will be recorded numerically, without reference to the casting of individual votes by individual members. The ex-officio members (not voting) of the Committee will include, at a minimum, the OSA deans, the Registrar, the Dean(s) for Diversity Enhancement, and the Director(s) of the Office of Academic Support and Counseling. Staff to the Committee (non-voting) will include the staff from the Office of Student Affairs (OSA). In making appointments to the Committee, the Dean will include consideration of nominations from Committee members, and seek participants recognizing prospective members' commitment to and experience in medical education. A spectrum of participants is sought with regard to appropriately representing and serving the Einstein community and society at large.

c. Student members will participate with equal term length, voting privileges and attendance privileges to voting faculty members. This informational privilege, i.e., to participate in confidential deliberations related to the student members' classmates, is instituted with full recognition of the privacy issues involved. However, the unique and invaluable nature of student input is considered to outweigh the inevitable privacy considerations; indeed, student participation is considered a cornerstone in assuring due process in the Committee's discourse and decisions. All Committee members, be they student or faculty, will be required to sign a written pledge to respect and uphold the confidentiality of Committee proceedings.

d. Members are required to recuse themselves when a substantial conflict-of-interest occurs. Recusal decisions, ultimately, rest with the Committee chair, should a discussion of appropriate recusal arise. As with faculty, student members are expected to recuse themselves from Committee votes where a personal interest contravenes objectivity or impartiality.

e. "Conflict of interest," in this setting, is perceived when a Committee member is closely personally associated with the student under consideration, as in a roommate, or romantic situation; or if one were the students' personal physician prior to the initiation of proceedings. It is not intended to cover circumstances where the Committee member has prior or additional knowledge of the student under consideration.

f. The Committee may opt, in some circumstances, to appoint ad-hoc subcommittees, or to ask one or more Committee members to pursue appropriate tasks related to the workings of the Committee.

g. If a student fails to respond to proper correspondence for a period exceeding 30 days they may be administratively dismissed from the College. As stated elsewhere in the bylaws, critical correspondence will be sent, by confirmed delivery means, to the student address last provided by the student to the Registrar's Office.

## **2. ACADEMIC ADVANCEMENT**

a. The OSA and CSPPS are charged with monitoring the academic progress of each student, throughout her/his enrollment at the College. The faculty of each curricular element, develops and implements the standards of achievement by students in the study of that discipline. Assessments are intended to measure cognitive learning, mastery of basic clinical skills, and the ability to use data in realistic problem solving. Clinical departments develop and implement a system of assessment that assures that students have acquired and can demonstrate on direct observation the core clinical skills and behaviors needed in subsequent medical training and practice. Communication skills and ethical conduct are integral to the education and effective function of physicians. There is instruction and evaluation of these elements as they relate to physician responsibilities, including communication with patients, families, colleagues and other health professionals. The Committee's activities are to be informed by the above assessment

components, as well as any other credible measures and information that may be available.

b. The Committee must recognize in its deliberations that the matters at hand will often be less than straightforward, inasmuch as purely academic failure has become relatively unusual. Some cases blur the boundary between academic failure and learning disability, between academic failure and anxiety or depressive disorder, between academic failure and alcohol/drug abuse, between academic failure and ethical lapses, between academic status and putative disability status, between academic status and socio-economic disadvantage, between academic status and alleged harassment, and so on. This conflation of nominally separate domains demands the full attention and most careful judgment from those involved in the Committee's processes. ***However, there must be minimum performance standards expected of all students, regardless of the above or other distinctions, which are established and applied equitably to all students. The Committee is to consider the welfare of patients, present and future, to be paramount. There comes a point when a Committee member's relationship to a student or students must modulate from strict advocacy (or therapeutics) to one of critical evaluation; mindful of our obligation to society at large.***

c. The historic and unique responsibility of a medical school includes the selection and education of medical students, culminating in the award of the MD degree, and the CSPPS is charged with upholding our implicit obligation to society to award this degree only when it is appropriate to do so. To this end, these by-laws have been developed and refined over time, but this text cannot stand without the reasoned and cautious judgment of a dedicated Committee membership. These standards sometimes are stated in a fashion that is not susceptible to quantification or to precise definition because the nature of the evaluation is qualitative in character and can be accomplished only by the exercise of professional judgment by qualified persons. The Committee must apply these principles equitably and consistently; yet must recognize that each circumstance is unique, requiring fact-finding and the application of case-specific deliberations and recommendations.

### **3. General Requirements Governing CSPPS Decisions on Academic Advancement**

a. Students must complete the full medical program curriculum, usually completed in four years, in a period of time not exceeding seven academic years from the year of matriculation. (See below, Item h, as this rule relates to Medical Scientist training Program (MSTP) students). This clock is "paused" when matters of illness or a student is mandated by OSA or the CSPPS to take a Leave of Absence (LOA). It is not "paused" when the student requests a LOA for appropriate personal reasons.

b. A student who is found to have misrepresented him or herself in the admissions process or thereafter is subject to Committee action; and this misrepresentation may be grounds for dismissal. This includes not only the provision of false or misleading information, but also information that may have been omitted or concealed. It is the Committee's responsibility to assess the gravity of the offense and to respond appropriately.

c. Students are expected to successfully complete all course work of a given academic year before they may progress to the subsequent academic year. This principle applies absolutely to the transitions at the Year II/Year III boundary and at the Year III/Year IV boundary. The pre-clinical course work pattern is to be more flexible; particularly when idiosyncratic customized or decelerated course schedules are tailored for individual students.

d. The criteria for the evaluation of students in any course or clinical rotation is the prerogative of the appropriate course, clerkship, or other leader; but procedural oversight is provided by the Dean(s) for Student Affairs in conjunction with the Dean(s) for Medical Education

e. All grades and evaluations may be appealed by a student. These appeals must be directed to the applicable course, clerkship, or other responsible faculty member;. Neither the CSPPS nor the Dean will address the appeal of grades or clinical evaluations. All grade appeals, successful or not, will be reported to OSA. Successful appeal of more than one clerkship grade will make the student ineligible for AOA

election. All appeals must be submitted in writing to the clerkship director no later than **18 weeks** after the completion of the clerkship. Each clerkship has its own procedure for the process of a grade appeal, and students are referred to the clerkship director for process details.

f. Upon the recommendation of a course, clerkship, or other leader; and with the consent of the OSA or the CSPPS, remediation and re-examination may be offered to the student who fails a course, within the limits provided elsewhere in these policies.

g. Modified curricular programs, for remediation or other reasons, may be arranged to assist students with special learning requirements, as per the OSA in consultation with the Chair of the CSPPS

h. The College supports an extensive MSTP (MD-PhD program); wherein students participate in an amalgam of medical school and graduate school curricula. As such, a number of exemptions to these by-laws and other customary procedures are required. For example, the overall "seven-year rule" for earning the MD degree does not apply to the MD-PhD students. In general terms, the Year I and Year II medical college courses for the MD-PhD students are within the jurisdiction of the Committee; as is the clinical training (clerkships and similar). Graduate courses are the purview of the Graduate and MSTP leadership. The interface between programs is best managed by the OSA in conjunction with the Director of the MSTP and the Committee Chair. It is understood that a bright line cannot be drawn between the operations of the MD-PhD program and the MD program; and that ongoing cooperation and shared administrative responsibility are in order. Professionalism and other core standards are not relaxed for students seeking the MD degree, regardless of their participation in special programs; degree-earning or otherwise. An MSTP candidate who terminates or is terminated from the PhD phase of the MSTP must be presented to the CSPPS to ascertain if continued matriculation in the medical curriculum is warranted. At the discretion of OSA, for straight forward matters such as the transition of a Medical Scientist trainee in good standing with the MSTP, and who had done well in the preclinical years of the curriculum who wishes to leave the MSTP and return to medical school, a vote may be taken electronically after submission of the student's statement and the MSTP Director's statement to the CSPPS. This vote should be ratified at the next scheduled meeting. When an MD-PhD student has chosen to take a non-required course (e.g. Family Medicine-Ambulatory) and fails any component, the above bylaws for assessment and/or course failure will be applied.

i. Failing three exams initiates "advisory status" for a student, who will be formally counseled by the staff of the OSA and OASC. Four or five failed exams initiates "review status" and further counseling. The sixth failed exam triggers "probationary status," and provokes appearance before the Committee or a sub-committee consisting of the Chair and one member of the Committee. Seven exam failures are grounds for dismissal and trigger a re-presentation to the Committee. The failing of Eight exams requires the student be dismissed. Failing any course twice also triggers dismissal. Committee members are encouraged to consider exam scores as reliable indicators of knowledge rather than accepting the common argument that some students are poor test-takers yet nonetheless have a strong knowledge base. The count for exams is cumulative throughout the medical school program, but does not include USMLE Step I, Step II CK or Step II CS. As a subset of these failure numbers, any student failing three assessments valued at 25% or more of the total course grade before January of the first year will be required to customize his/her schedule. Any student failing 5 assessments valued at 25% or more of the total course grade in the first year, will be required to accept a customized schedule. These customization requirements cannot be appealed to the Dean even if they result in delay of graduation.

j. Any student who fails a course or clerkship on the basis of interpersonal or communication skills will be required to consent and be evaluated by a psychiatrist selected (or approved) by the College of Medicine, who will report to the Office of Student Affairs. The consent form shall provide that this evaluation is neither confidential nor privileged as would otherwise be customary in a doctor-patient relationship and must hold the evaluator harmless. After reviewing the information from the evaluating psychiatrist, the Deans for Students, in coordination with the Director of Academic Support and Counseling, will create an action plan that may include ongoing psychological counseling in order to help the student succeed in the curriculum.

k. When a course or clinical rotation grade or narrative evaluation is the basis for a student's coming to the attention of, or is the proximate reason a student is invited to appear before the Committee, should the source of said information later retract or modify the original stimulus, this does not abort the process or reverse the impact of the original information (except in the case of arithmetic error, or error of identity, or similar). Students pressuring evaluating faculty to change adverse information so as to avoid or minimize Committee procedures should expect the Committee to take this into consideration.

#### 4. RULES GOVERNING CSPPS ACTIVITIES

a. The Committee will be scheduled to meet monthly, and will convene when deemed necessary, but at a minimum of five meetings per academic year. Minutes will be recorded by staff and a permanent file of minutes will be kept in the OSA. All Committee business, including minutes, will be considered sensitive, confidential information and handled with scrupulous discretion, and will be provided to appropriate parties only on a need-to-know basis. Committee members are expected to honor the privacy of all involved parties. Committee members and participants are granted full access to the records of students who come before the Committee.

b. Voting is required to approve any and all disciplinary and/or remedial actions recommended by the Committee, including but not limited to withdrawal, suspension, remediation programs, involuntary deceleration, assignment of additional supervision, and so on. A simple majority of the present voting members constitutes a majority. In the event of a tie vote, the motion fails to carry. A minimum of eight voting members must be present to affect a formal Committee recommendation. If any meeting (e.g., an emergency meeting) is convened with less than eight voting members present, its recommendation(s) are provisional and must be voted upon at the next appropriate opportunity to be fully endorsed and have the full authority of the Committee in force. Informal or provisional recommendations may be reversed or modified when the eight or more voting member quorum is assembled

c. Students who are required to appear before the CSPPS for any reason will be given 25 days proper notice. defined as email, confirmed delivery by U.S. Mail or private delivery services, e.g. Federal Express, etc. All crucial correspondences, from all parties, are appropriately documented in this fashion. The local address on record with the Registrar will be used -and with written confirmation of delivery to this address (signature not required) formal notice is fully established for purposes of this policy. Students are required to maintain their current address on file with the registrar at all times and, if off-campus, are responsible for receiving and responding to official correspondence.

d Students must provide a signed, written statement when they appear before the Committee that addresses in detail the circumstances leading to their appearance. The contents of this statement may be considered as an important factor in the Committee's deliberations and decisions. Failure to provide this document, similarly, may weigh heavily in the Committee's discussions. The OSA personnel will assist the student in crafting this statement, which will be available to the Committee and will be read by the student at the time of appearance.

e. As per the by-laws, a student may seek advisement from Einstein community members or family members, and at the student's written request, access to educational records may be specifically granted for this purpose. A student may ask up to three of these advisors to communicate directly to the Committee, in writing or in person. Students may elect to be accompanied during appearances before the Committee by one of the aforementioned advisors (family or members of the College community), who may play an advisory or advocacy role on the student's behalf.

f. Attorneys representing a student may not be present at any of the Committee's proceedings, to include the whole Committee or any meeting of persons carrying out the Committee's business. The sole exception is a medical student who is also an attorney who may serve as a Committee member, as a

participant in proceedings, or as the student under consideration. The Committee may seek the legal guidance of the College's attorney as to the legal implications of its proceedings.

g. Recording devices are not permitted during any Committee proceedings.

h. Students will be notified of formal Committee actions by written correspondence from the Dean(s) for Students; and will often be augmented by verbal communications. The written record prevails should any contradiction between written and verbal communication be asserted. A permanent file of all official correspondence will be maintained by the OSA, and where appropriate, the Registrar.

## 5. APPEALS OF COMMITTEE DECISIONS

a. Students may appeal certain decisions and recommendations of the Committee, as indicated elsewhere in these bylaws. In particular, if the CSPPS decides that a student should be dismissed or be encouraged to withdraw in lieu of dismissal, the student will be so notified verbally as soon as is possible, and in writing within one week. The student then has 30 days to appeal this decision.

b. Appeals must be presented to the OSA in writing, within ten days of receipt of notification of the Committee's decision. An ad hoc appeals Committee consisting of faculty members not on the CSPPS and chaired by the Chair of the CSPPS will be constituted and meet as soon as possible. OSA staff, including the Deans for Student Affairs, will be present at this meeting during presentation of the student's history at Einstein, but are excluded from the decision phase of the deliberations.

c. The Deans for Student Affairs will assist the student in the preparation of an appeal if requested to do so. The student will be notified of the date of the Committee meeting at which the appeal will be heard at least seven days prior to that meeting.

d. The student must appear in-person or virtually and present a written statement in support of their appeal.

e. As per the by-laws, a student may seek advisement from Einstein community members or family members, and at the student's written request, access to educational records may be specifically granted for this purpose. A student may ask up to three of these advisors to communicate directly to the Appeals Committee, in writing or in person. Students may elect to be accompanied during appearances before the Committee by one of the aforementioned advisors (family or members of the College community), who may play an advisory or advocacy role on the student's behalf.

f. As the deliberations of the Appeals Committee are substantially academic in nature, neither the student nor the College will be represented by legal counsel at meetings of the Committee, staff, or appropriate designees. Advocates for the student, whether from the academic community or family, also may not be attorneys.

g. If the Appeals Committee upholds the decision of the full CSPPS, the Deans for Students will inform the student that this recommendation is being sent by the Committee to the Dean, within seven days. At this point, the student has the right to withdraw in lieu of dismissal. The student has a right of appeal to the Dean. This appeal can only be made on matters of due process in concluding that the student should be dismissed. If no appeal is submitted to the Dean within the ten day period, the decision of the Committee becomes final.

h. If the Appeals Committee disagrees with the decision of the CSPPS, the matter will be returned to the CSPPS for continued monitoring of the student's compliance of the Appeals Committee's recommendations.

i. The Dean alone may dismiss a student permanently from the College of Medicine, therefore a decision made by the Committee in favor of dismissal is effected as a recommendation from the Committee to the Dean.

j. The Dean will not alter any decision of the Committee nor reject a recommendation for dismissal without appropriate consultation, which at a minimum would involve the Committee Chair and Deans for Student Affairs.

k. The Dean, in exceptional circumstances, may exercise his/her option to act independently of the Committee, if he/she deems this necessary as a temporary measure or as the full process in a given case.

## **OTHER CSPPS CONSIDERATIONS**

a. A student who has been dismissed (or who has withdrawn) from the College may not be readmitted under any circumstances, barring a proper court order, without exception. This includes barring re-application through the Admissions Committee to re-begin the program; and bars entry via application to the MD-PhD program. In addition, an application to the PhD-only program or for employment at the College would properly provoke communication with those programs, to include information customarily kept private in Committee records.

b. Student transcripts will accurately and permanently reflect courses or clinical rotations that have resulted in a failing final grade (after one approved make-up examination). Repeated courses or clinical rotations will subsequently appear as well, with the corresponding final grade.

c. A student may be indefinitely removed from curricular participation (until the matter is settled) for being delinquent with regard to important non-academic College policies, e.g., vaccination or other health-related requirements, housing-related, financial, etc. This is implemented for cause and after a minimum of two notices (at least 8 weeks apart) to the affected student, by the OSA with the oversight of the CSPPS.

d. Students having difficulties, especially those involved with the Committee, are urged to consider the availability of a "leave of absence" during which etiological factors can be properly analyzed and addressed -prior to further adverse affect on the student's academic or professionalism record and reputation.

e. Minor deviation from these bylaws by the Committee does not result in any right of appeal. We are operating in an academic environment; and are neither equipped nor inclined to legalistic precision in all matters at all levels of detail. The Committee(s) are not specifically bound by "precedent," nor do these by-laws constitute a complete listing of all the rules, practices, and policies that are expected and enforced related to students in our academic and clinical environments.

f. Changes to the bylaws are not retroactive with rare exceptions as defined by the CSPPS.

g. The Committee, in carrying out its charges, is not bound by the formal rules of evidence; and is directed to obtain and consider information it considers credible and relevant to its mission.

h. The various elements of these by-laws are severable. Should for any reason one or more by-laws is/are not or cannot be followed -the other by-laws are nonetheless applicable. The Committee recognizes that many rules or practices are not fully enforced in society at large and in educational and health care organizations. This occurs for many reasons, some simply logistical. For purposes of Committee deliberations, this cannot serve as meaningful justification for behaviors that are the subject of Committee attention or discussion.

i. All substantial changes to these by-laws shall be reviewed by and discussed with the Senate Council of the Faculty Senate prior to full implementation. These by-laws are subject to change without notice. The OSA and OME will make every attempt to notify the entire student body of significant changes to the bylaws once they have been discussed with the Senate Council. However, it is the ultimate responsibility of the students to familiarize themselves with the most current version of the bylaws as posted on the Einstein website.

## **7. Interference with Committee Proceedings**

a. Attempting to obstruct the proper functioning of the Committee and the associated appeal processes is defined as unprofessional conduct, within the context of these by-laws.

b. Students in disciplinary jeopardy (sometimes so advised by family or friends), may seek to bring the pressure of attorneys to bear on the Committee or on the College. Pugnacious threats of litigation, hostile legalistic correspondence, and/or phone calls aimed at senior College officials are deemed unprofessional and may impact upon further Committee deliberations. The by-laws acknowledge the proper place of legal redress, and this proper place is after the Committee and the Dean's Office have completed their academic proceedings. A student has the right to sue or to seek out various legal remedies when adverse actions have been taken by the College, but bringing these types of pressures to bear during the Committee's consideration of a case constitutes "improper influence" in the context of these by-laws. Students will be held accountable when they or their proxies attempt to improperly influence the Committee or the College at a time that suggests the motive is to advantageously distort the Committee's deliberations or the Dean's decisions by introducing an amplified fear of legal retribution.

c. Committee documentation of cases is to include any credible reports of improper influence that were brought to bear on Committee members, or upon other College personnel.

d. The privacy of students involved with the Committee is guarded carefully and this is discussed in more detail elsewhere in these bylaws. Sometimes, students choose to make their Committee proceedings public -which will substantially mitigate and in most cases waive the Committee's usual discretion. Should persons, who have learned of the disciplinary circumstances either directly or indirectly from the student ,appear or call or write on a given student's behalf, said student's entitlement to Committee and staff privacy protections are forfeit.

e. Students in disciplinary jeopardy may attempt to excite "public" opinion in their favor, orchestrate a petition, etc. Similarly, some may be tempted to mobilize parents, alumnae, faculty members, senior staff, in an attempt to "influence" or "bring pressure to bear" on the Committee and/or on the College. The Committee must be extremely vigilant to avoid any such "improper influence" types of scenarios to distort its independent and rule-governed deliberations. Indeed, students and/or their proxies who resort to these types of "improper influence" tactics will be held fully accountable for such behavior by the Committee. It is far more prudent for a student to "properly" influence the Committee by funneling exonerating information directly to the Committee by the various methods provided for within the bylaws, as opposed to seeking to pressure the Committee or the College via more "political" means. Students and their advisors are urged to act cautiously in this regard. The Committee is well-shielded from such "improper influence" approaches, which are prone to backfire.

f. The Committee may direct the Deans for Students to contact the immediate family members of a student having severe difficulties, in cases where the safety of the student (or rarely, the safety of others) is potentially at risk. The by-laws recognize the privacy privileges of our students; but may abrogate those obligations when safety issues predominate.

## **H. PROFESSIONAL MISCONDUCT**

1. In general, allegations of misconduct are handled through the usual procedures and channels of Committee operations; with the proviso that the investigation phase would typically be more extensive than is warranted for purely academic difficulties. The available Committee responses range from dismissal of the student to dismissal of the allegations; again with the CSPPS appeal machinery available to the student.

2. Professional misconduct and/or breaches of ethical behavior include but are not limited to cheating, plagiarism, fabrication, falsification of documents or academic work, intentionally damaging or interfering in the academic or clinical work of others, or assisting others in any of these acts. Professional misconduct also includes but is not limited to failure to fulfill responsibilities on clinical rotations or any behavior on the part of the student that is potentially detrimental to the welfare of patients. Failure to meet generally accepted standards of personal integrity, professional conduct or emotional stability, or inappropriate or disruptive behavior toward colleagues, faculty, or other medical staff, also constitutes misconduct.

3. Any student who at any time before or during medical school has been convicted of a crime is required to immediately inform the OSA with full details of same; and the CSPPS is to be informed and will consider an appropriate response. Any student arrested or who is under investigation for a crime involving moral turpitude shall immediately inform the OSA. Failure to do so is grounds for dismissal.

4. The College stands in support of a diversity of views and to the principles of free inquiry and expression. All members of our academic community have the right to hold and vigorously defend and promote their opinions. Respect for this right requires that community members tolerate even expressions of opinions that they may find repugnant or offensive. There are, however, obligations of civility and respect for others that underlie rational discourse. Racial, sexual, and intense personal harassment not only show grave disrespect for the dignity of others, but also prevent rational discourse. Behavior evidently intended to dishonor such characteristics and race, gender, national origin or ethnic group, religious belief, sexual orientation, or disability is contrary to the pursuit of inquiry and education and may be discriminatory harassment, and violations of law and other applicable regulations. Such grave disrespect for the dignity of others may be addressed and sanctioned under these or other existing procedures where it violates the balance of rights upon which an academic medical education program is based. It is expected that when there is a need to weigh the right of freedom of expression against other rights, the balance will be struck after a careful review of all relevant facts and will strive to be consistent with established First Amendment standards. This policy recognizes that the law of the land prevails in all matters and does not abridge nor augment the rights of our students or other members of the College community as those rights, privileges, and duties are established by the pertinent governing legal authorities.

5. Allegations of student misconduct may come to the Committee, to its Subcommittees, to individual members, or to staff. These allegations must be provided in writing and sufficiently specific to provide a factual basis for investigation. Anonymous allegations are not acceptable. All allegations, regardless of whomever the first approach may choose, must be promptly reported to the OSA and the Chair of the CSPPS. Professional misconduct that is reported, or encompassed in course or rotation grades or evaluations, may be considered by the Committee as such; not necessarily invoking the provisions specific to misconduct allegations.

6. The OSA should receive Einstein Security (and similar) reports that involve all students. OSA may share these promptly with the Committee Chair(s) and subsequently with the assembled Committee. This applies generally in circumstances where a student is involved in an altercation or otherwise has the probable appearance of acting inappropriately. The names of students who may appear to be "victims" or otherwise appear to be innocently involved in security incidents will not be revealed to the Committee, at the discretion of the OSA with the advice and consent of the Committee Chair(s).

7. The College's policy and procedures provide for a student who is alleged to have engaged in unlawful harassment (which includes sexual harassment) to be referred to the CSPPS for disciplinary

process via the Title IX Officers. In such cases, this referral must come in writing, summarizing the rationale for the referral and what proceedings have taken place under the auspices of the AAO and/or Legal staff. From that point forward, the Student bylaws guide continued proceedings.

8. It is specifically considered professional misconduct to put patients or others at risk by failing to obtain adequate preventive or other medical or psychiatric care. Herein, we refer primarily to obtaining proper vaccinations and other measures taken to protect patients from communicable diseases in caregivers. This includes but is not limited to tuberculosis-related measures, hepatitis-related measures, and so on.

9. Preliminary evaluation of each allegation will be made by the OSA in consultation with the Chair(s) of the Committee, to determine whether the allegation falls within the purview of this policy and is sufficiently substantive and credible to warrant an investigation. If it is determined to proceed to the Committee and an investigation, the student will be notified in writing by the OSA. The Chair may appoint, in consultation with the OSA, an ad hoc subcommittee of the CSPPS to evaluate and investigate the evaluation for purposes of subsequent presentation to the full Committee. Alternatively, the matter may be brought to the full Committee for initial discussion and deliberation, i.e., an ad hoc is not always formed. The Chair will seek to avoid ad hoc participation for CSPPS members who are more appropriately recused, at the Chair's discretion.

10. The CSPPS and/or an ad hoc subcommittee are not bound by the formal rules of evidence and will seek written and oral information from all sources it deems to be appropriate. The accused student will be afforded an opportunity, at some point in the process, to respond in detail to all substantiated allegations. The student may choose to be advised by a member of the Einstein academic community (of his/her choosing), and may request for consideration that others with relevant information also appear before the CSPPS and/or subcommittees. The student may not have any attorney present at any point in these proceedings.

11. The CSPPS will deliberate the allegations of misconduct; either directly or after hearing from an ad hoc subcommittee and/or other appropriate sources. As with all Committee business, minutes are recorded and official correspondence with the affected student are the responsibility of the OSA.

12. Professional misconduct and similar concerns may arise during Committee deliberations of academic performance or grades; and may not require invoking this separate section of the Student by-laws.

13. If in the judgment of the Deans for Student Affairs, the conduct of a student is such that it may harm a patient, a fellow student, a member of the staff/faculty, or may do harm to the reputation of the school, then the student may be suspended immediately pending completion of the deliberations as set forth in this policy.

14. Faculty, house staff, and others involved in the supervision and training of medical students are cautioned that consensual romantic relationships with medical students may prove problematic and are expressly discouraged. The former are expected to recuse themselves from academic or professional decisions --grading and evaluation processes in particular --affecting students with whom they are romantically involved. Amorous relationships that might be appropriate under other circumstances have inherent dangers when they occur between faculty, house staff, staff, and others in authority and any medical student over whom he/she has a professional responsibility, e.g., as a teacher, advisor, preceptor, house officer, supervisor, or similar. Such relationships are fundamentally asymmetric, and are widely interpreted to be an abuse of one's authority. In addition, such relationships are best avoided because they may create an impression on the part of colleagues of inappropriate or inequitable academic or professional advantage or favoritism that is not conducive to the development and maintenance of a productive, collegial academic learning or working environment.

15. Records maintained in support of the CSPPS and its subcommittees shall be considered

confidential and shall be maintained as such by the College. The College shall provide such records or copies thereof as required by applicable law, rules, or regulations.

## **I. ILLNESSES, DISABILITIES, AND DISABLING CONDITIONS**

As required by the Rehabilitation Act of 1973 (PL 93-112) and the Americans with Disabilities Act of 1990 (PL 10 1336), the Albert Einstein College of Medicine will provide reasonable accommodation(s) for students with appropriately diagnosed and documented disabilities, provided that such accommodation does not change the fundamental nature of the educational program or adversely affect the safety of patients, staff, or fellow trainees. Further related details of this [policy](#) follow; with some variance in procedures and limits as per the nature of the condition. Note that the quality/quantity of medical documentation required to take a "leave" is generally less than that required for a student seeking ongoing accommodations while engaged in the curriculum and/or taking examinations. In seeking accommodations of any type for any reason(s) (disability-related or otherwise), students are required to complete applicable paperwork and provide the required background data and consent access to same.

### **1. Temporary Medical/Disability Leave**

In the event of a short-term, non-recurring illness or disability that renders a student temporarily unable to participate in all or part of the medical school program (including pregnancy), that student is entitled to reasonable accommodation. When a student's capacity to participate in the medical school program is compromised by acute medical illness (up to six months approximate duration), the student may request a leave of absence; relieving him/her of curricular duties. The student must provide a properly documented diagnosis from a qualified professional with acceptable credentials and recognized expertise. This documentation is to be provided to the Deans for Student Affairs. Additional, ongoing documentation may be required in some cases. The College reserves the right to require further evaluation before approving request for leave(s) and to make an individualized judgment as to the most appropriate plan. The safety of patients and others, including the student him/herself, will also be considered. The Deans for Student Affairs may require a student to be on a leave of absence.

A student may request an extension of Temporary Medical/Disability Leave of up to six months. At the discretion of the Deans for Student Affairs, this extension may be granted based on further documentation. Should the student require an additional extension, they must appear before the CSPPS. If granted, the CSPPS may mandate that the student repeat some or all of the curriculum that has been completed.

The start and end dates of this leave status may appear on the transcript. The student-on-leave may in some cases maintain their housing privileges, medical and disability insurance coverage for up to six months, after which other arrangements may become necessary. Policies regarding medical and related benefits are governed by contract language that is not subject to the authority of these by-laws or the CSPPS.

If a transient medical condition only partly compromises a student's capacity to participate in the medical school program, efforts will be made to accommodate the problem, as stated above.

### **2. Longer-Term Disability/Illness Conditions**

The Albert Einstein College of Medicine provides reasonable and appropriate accommodations in accordance with the Americans with Disabilities Act for individuals with documented disabilities who demonstrate a need for accommodation. The following information is provided for students, College personnel who work with students, interested faculty, and others who may be involved in the process of discussing and/or documenting a request for accommodations. Much of the following is applicable to testing-related accommodations, but these procedures are applicable, as well, to other types of requested accommodations. Applicants requesting test or other accommodations should share these guidelines with

their evaluator, therapist, treating physician, etc., so that appropriate documentation can be assembled to support the request for test or other accommodations.

Accommodations for disabilities must be handled or cleared centrally, through the Office of Academic Support and Counseling. Approaching course leaders or other "local" staff or supervisors -without regard to the College's published policies (which include detailed documentary requirements) -will provoke referral to the OSA and/or the CSPPS. It may similarly jeopardize one's academic record as this record may have been affected by the improperly "authorized" accommodations.

The Americans with Disabilities Act of 1990 (ADA) and accompanying regulations define a person with a disability as someone with a physical or mental impairment that substantially limits one or more major life activities such as walking, seeing, hearing, or learning. The primary purpose of documentation is to validate that the individual is covered under the Americans with Disabilities Act as a disabled individual.

The purpose of accommodations is to provide equal access to the elements and the totality of medical education. Our intent is that accommodations be consistent with the identified functional limitation so that the area of impairment is alleviated by an auxiliary aid or adjustment to the testing procedures and/or to any other aspect of medical education, e.g., hearing a lecture in the case of hearing-impaired student. Functional limitation refers to the behavioral manifestations of the disability that impede the individual's ability to function, i.e., what someone cannot do on a regular and continuing basis as a result of the disability. It is essential that the documentation provide a clear explanation of the functional impairment and a rationale for the requested accommodation; whether related to examinations or other medical student functions.

While presumably the use of accommodations in the identified activity will enable the individual to better demonstrate his/her knowledge or other skills, accommodations are not a guarantee of improved performance, or of successfully meeting required performance standards.

### **General Guidelines:**

The following guidelines are provided to assist the applicant in documenting a need for accommodation based on an impairment that substantially limits one or more major life activities. Documentation submitted in support of a request may be referred to experts in the appropriate area of disability for impartial professional review. The student must personally initiate a written request for accommodations and must provide appropriate consent to allow for communication/correspondence with medical or other providers/evaluators of the student.

To support a request for test accommodations, please submit the following:

1. Completed Accommodations Request Questionnaire (ARQ), and associated consent forms., for any student who did not request accommodations through the Technical Standards form completed upon acceptance to the College.
2. A detailed, comprehensive written report describing your disability and its severity and justifying the need for the requested accommodations.

The following characteristics are expected of all documentation submitted in support of a request for accommodations. Documentation must:

1. State a specific diagnosis of the disability.
2. A professionally recognized diagnosis for the particular category of disability is expected, e.g.,

the DSM-V diagnostic categories for learning disabilities.

### 3. Be current.

Because the provision of reasonable accommodations is based on assessment of the current impact of the student's disability on the testing or other student activity, it is in the individual's best interest to provide recent documentation. As the manifestations of a disability may vary over time and in different settings, in most cases an evaluation should have been conducted within the past three years.

Describe the specific diagnostic criteria and name the diagnostic tests used, including date(s) of evaluation, specific test results and a detailed interpretation of the test results.

This description should include the results of diagnostic procedures and tests utilized and should include relevant educational, developmental, and medical history. Specific test results should be reported to support the diagnosis, e.g., documentation for a student with multiple sclerosis should include specific findings on the neurological examination including functional limitations and MRI or other studies, if relevant.

Diagnostic methods used should be appropriate to the disability and current professional practices within the field. Informal or non-standardized evaluations should be described in enough detail that other professionals could understand their role and significance in the diagnostic process.

Describe in detail the individual's limitations due to the diagnosed disability and explain the relationship of the test results to the identified limitations resulting from the disability. The current functional impact on physical, perceptual and/or cognitive abilities should be fully described.

Recommend specific accommodations and/or assistive devices including a detailed explanation of why these accommodations or devices are needed and how they will reduce the impact of the identified functional limitations.

Establish the professional credentials of the evaluator that qualify him/her to make the particular diagnosis, including information about license or certification and specialization in the area of the diagnosis. The evaluator should present evidence of comprehensive training and direct experience in the diagnosis and treatment of adults in the specific area of illness or disability.

If no prior accommodations have been provided, the qualified professional expert should include a detailed explanation as to why no accommodations were given in the past and why accommodations are needed now.

N.B. Although the College will make every attempt to provide accommodations for physical disabilities, much of the time in the clinical (third and fourth) years is spent at affiliated hospitals over which the College does not have control or authority. Therefore, the College cannot guarantee the level of accommodations available at these sites.

### **Additional Guidelines for Learning Disabilities:**

Documentation for applicants submitting a request for accommodations based on a learning disability or other cognitive impairment should contain all of the items listed in the General Guidelines section, above. The following information explains the additional issues documentation must address relative to learning disabilities.

The evaluation must be conducted by a qualified professional. The diagnostician must have comprehensive training in the field of learning disabilities and must have comprehensive training and direct experience in working with an adult population.

Testing/assessment must be current. The determination of whether an individual is significantly limited in functioning according to Americans with Disabilities Act (ADA) criteria is based on assessment of the current impact of the impairment. (See General Guidelines).

Because learning disabilities are commonly manifested during childhood, though not always formally diagnosed, relevant historical information regarding the individual's academic history and learning processes in elementary, secondary and postsecondary education should be investigated and documented. The evaluation report should include a summary of a comprehensive diagnostic interview that includes relevant background information to support the diagnosis.

Documentation must be comprehensive. Objective evidence of a substantial limitation in cognition or learning must be provided. The comprehensive evaluation should include a diagnostic interview and history taking.

In addition to the candidate's self-report, the evaluation report should include:

1. A description of the presenting problem(s);
2. A developmental history;
3. Relevant academic history including results of prior standardized testing, reports of classroom performance and behaviors including transcripts, study habits and attitudes and notable trends in academic performance;
4. Relevant family history, including parental educational levels, primary language of the home and current level of fluency in English;
5. Relevant psychosocial history;
6. Relevant medical history including the absence of a medical basis for the present symptoms;
7. Relevant employment history;
8. A discussion of dual diagnosis, alternative or co-existing mood, behavioral, neurological and/or personality disorders along with any history of relevant medication and current use that may have an impact on the individual's learning;
9. Exploration of possible alternatives that may mimic a learning disability when, in fact, one is not present;

Requirements for a psycho-educational or neuropsychological evaluation report:

The signed psycho-educational or neuropsychological evaluation report must be submitted on the letterhead of a qualified professional and it must provide clear and specific evidence that a learning or cognitive disability exists.

Assessment must consist of a comprehensive battery of tests.

A diagnosis must be based on the aggregate of test results, history and level of current functioning. It is not acceptable to base a diagnosis on only one or two subtests.

Objective evidence of a substantial limitation to learning must be presented.

Tests must be appropriately normed for the age and educational level of the patient and must be

administered in the designated standardized manner.

Minimally, the domains to be addressed should include the following:

1. **Cognitive Functioning:** A complete cognitive assessment is essential with all subtests and standard scores reported. Acceptable measures include but are not limited to: Wechsler Adult Intelligence Scale-IV (WAIS-IV); Woodcock Johnson -IV: Tests of Cognitive Ability; Stanford Binet Intelligence Scales –Fifth Edition
2. **Achievement:** A comprehensive achievement battery with all subtests and standard scores is essential. The battery must include current levels of academic functioning in relevant areas such as reading (decoding and comprehension) and mathematics. Acceptable diagnostic instruments include, but are not limited to, the Woodcock-Johnson -IV: Tests of Achievement; The Scholastic Abilities Test for Adults (SATA);. Specific achievement tests are useful instruments when administered under standardized conditions and when interpreted within the context of other diagnostic information. The Wide Range Achievement Test-5 (WRA T-5) and the Nelson-Denny Reading Test are not comprehensive diagnostic measures of achievement and therefore neither is acceptable if used as the sole measure of achievement.
3. **Information Processing:** Specific areas of information processing (e.g., short, and long-term memory, sequential memory, auditory and visual perception/processing, auditory and phonological awareness, processing speed, executive functioning, motor ability) must be assessed. Acceptable measures include, but are not limited to, the Wide Range Assessment of Memory and Learning, Wechsler Memory Scale-IV (WMS-IV, information from the Woodcock Johnson -IV: Tests of Cognitive Ability as well as other relevant instruments that may be used to address these areas.
4. **Other Assessment Measures:** Other formal assessment measures or nonstandard measures and informal assessment procedures or observations may be integrated with the above instruments to help support a differential diagnosis or to disentangle the learning disability from co-existing neurological and/or psychiatric issues. In addition to standardized test batteries, non-standardized measures and informal assessment procedures may be helpful in determining performance across a variety of domains.

Actual test scores must be provided (standard scores where available). Evaluators should use the most recent form of tests and should identify the specific test form as well as the norms used to compute scores. It is helpful to list all test data in a score summary sheet appended to the evaluation.

A differential diagnosis must be reviewed and various possible alternative causes for the identified problems in academic achievement should be ruled out. The evaluation should address key constructs underlying the concept of learning disabilities and provide clear and specific evidence of the information processing deficit(s) and how these deficits currently impair the individual's ability to learn. No single test or subtest is a sufficient basis for a diagnosis.

The differential diagnosis must demonstrate that:

1. Significant difficulties persist in the acquisition and use of listening, speaking, reading, writing or reasoning skills.
2. The problems being experienced are not primarily due to lack of exposure to the behaviors needed for academic learning or to an inadequate match between the individual's ability and the instructional demands.
3. A clinical summary must be provided. A well-written diagnostic summary based on a comprehensive evaluative process is a necessary component of the report. Assessment instruments and the data they provide do not diagnose; rather, they provide important data that must be integrated with background information, historical information and current functioning. It is essential then that the evaluator integrate all information gathered in a well-developed clinical summary. The following elements must be included in the clinical

summary:

- a. Demonstration of the evaluators having ruled out alternative explanations for the identified academic problems as a result of poor education, poor motivation and/or study skills, emotional problems, attentional problems and cultural or language differences;
- b. Indication of how patterns in cognitive ability, achievement and information processing are used to determine the presence of a learning disability;
- c. Indication of the substantial limitation to learning presented by the learning disability and the degree to which it impacts the individual in the academic setting; and
- d. Indication as to why specific accommodations are needed and how the effects of the specific disability are mediated by the recommended accommodation(s).

Problems such as test anxiety, English as a second language (in and of itself), slow reading without an identified underlying cognitive deficit or failure to achieve a desired academic outcome are not learning disabilities and therefore are not covered under the Americans with Disabilities Act.

Each accommodation recommended by the evaluator must include a rationale. The evaluator must describe the impact the diagnosed learning disability has on a specific major life activity as well as the degree of significance of this impact on the individual. The diagnostic report must include specific recommendations for accommodations and a detailed explanation as to why each accommodation is recommended. Recommendations must be tied to specific test results or clinical observations. The documentation should include any record of prior accommodation or auxiliary aids, including any information about specific conditions under which the accommodations were used and whether or not they were effective. However, a prior history of accommodation, without demonstration of a current need, does not in and of itself warrant the provision of a like accommodation. If no prior accommodation(s) has been provided, the qualified professional expert should include a detailed explanation as to why no accommodation(s) was used in the past and why accommodation(s) is needed at this time.

### **Attention-Deficit/Hyperactivity Disorder (ADHD)**

Documentation for applicants submitting a request for accommodations based on an Attention-Deficit/Hyperactivity Disorder (ADHD) should contain all of the items listed in the General Guidelines section. The following information explains the additional issues documentation must address relative to ADHD.

1. The evaluation must be conducted by a qualified diagnostician.

Professionals conducting assessments and rendering diagnoses of ADHD must be qualified to do so. Comprehensive training in the differential diagnosis of ADHD and other psychiatric disorders and direct experience in diagnosis and treatment of adults is necessary. The evaluator's name, title and professional credentials, including information about license or certification as well as the area of specialization, employment and state in which the individual practices should be clearly stated in the documentation.

2. Testing/assessment must be current.

The determination of whether an individual is "significantly limited" in functioning is based on assessment of the current impact of the impairment in the academic setting. (See General Guidelines)

3. Documentation necessary to substantiate the Attention-Deficit/Hyperactivity Disorder must be

comprehensive.

Because ADHD is, by definition, first exhibited in childhood (although it may not have been formally diagnosed) and in more than one setting, objective, relevant, historical information is essential. Information verifying a chronic course of ADHD symptoms from childhood through adolescence to adulthood, such as educational transcripts, report cards, teacher comments, tutoring evaluations, job assessments and the like are necessary.

- a. The evaluator is expected to review and discuss DSM-V diagnostic criteria for ADHD and describe the extent to which the patient meets these criteria. The report must include information about the specific symptoms exhibited and document that the patient meets criteria for long-standing history, impairment and pervasiveness.
- b. A history of the individual's presenting symptoms must be provided, including evidence of ongoing impulsive/hyperactive or inattentive behaviors (as specified in DSM-V) that significantly impair functioning in two or more settings.
- c. The information collected by the evaluator must consist of more than self-report.

Information from third party sources is critical in the diagnosis of adult ADHD. Information gathered in the diagnostic interview and reported in the evaluation should include, but not necessarily be limited to, the following:

A history of presenting attentional symptoms, including evidence of ongoing impulsive/hyperactive or inattentive behavior that has significantly impaired functioning over time; Developmental history; Family history for presence of ADHD and other educational, learning, physical or psychological difficulties deemed relevant by the examiner; Relevant medical and medication history, including the absence of a medical basis for the symptoms being evaluated; Relevant psychosocial history and any relevant interventions; A thorough academic history of elementary, secondary and postsecondary education; Review of psycho-educational test reports to determine if a pattern of strengths or weaknesses is supportive of attention or learning problems; Evidence of impairment in several life settings (home, school, work, etc.) and evidence that the disorder significantly restricts one or more major life activities. Relevant employment history; Description of current functional limitations relative to an educational setting that are presumably a direct result of the described problems with attention; A discussion of the differential diagnosis, including alternative or co-existing mood, behavioral, neurological and/or personality disorders that may confound the diagnosis of ADHD; and Exploration of possible alternative diagnoses that may mimic ADHD.

#### 4. Relevant Assessment Batteries

A neuropsychological or psycho-educational assessment may be necessary in order to determine the individual's pattern of strengths or weaknesses and to determine whether there are patterns supportive of attention problems. Test scores or subtest scores alone should not be used as the sole basis for the diagnostic decision. Scores from subtests on the Wechsler Adult Intelligence Scale-IV (WAIS-IV), memory functions tests, attention or tracking tests or continuous performance tests do not in and of themselves establish the presence or absence of ADHD. They may, however, be useful as one part of the process developing clinical hypotheses. Checklists and/or surveys can serve to supplement the diagnostic profile but by themselves are not adequate for the diagnosis of ADHD. When testing is used, standard scores must be provided for all normed measures.

#### 5. Identification of DSM-V Criteria

A diagnostic report must include a review of the DSM-V criteria for ADHD both currently and retrospectively and specify which symptoms are present (see DSM-V for specific criteria). According to DSM-V, "the essential feature of ADHD is a persistent pattern of inattention and/or hyperactivity-

impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development." Other criteria include:

- a. Symptoms of hyperactivity-impulsivity or inattention that cause impairment that were present in childhood.
- b. Current symptoms that have been present for at least the past six months.
- c. Impairment from the symptoms present in two or more settings (school, work, home).

#### 6. Documentation Must Include a Specific Diagnosis

The report must include a specific diagnosis of ADHD based on the DSM-V diagnostic criteria. Individuals who report problems with organization, test anxiety, memory and concentration only on a situational basis do not fit the prescribed diagnostic criteria for ADHD. Given that many individuals benefit from prescribed medications and therapies, a positive response to medication by itself is not supportive of a diagnosis, nor does the use of medication in and of itself either support or negate the need for accommodation.

#### 7. A Clinical Summary Must Be Provided

A well-written diagnostic summary based on a comprehensive evaluative process is a necessary component of the assessment. The clinical summary must include:

- a. Demonstration of the evaluators having ruled out alternative explanations for inattentiveness, impulsivity, and/or hyperactivity as a result of psychological or medical disorders or non-cognitive factors;
- b. Indication of how patterns of inattentiveness, impulsivity and/or hyperactivity across the life span and across settings are used to determine the presence of ADHD;
- c. Indication of the substantial limitation to learning presented by ADHD and the degree to which it impacts the individual in the context for which accommodations are being requested; and
- d. Indication as to why specific accommodations are needed and how the effects of ADHD symptoms, as designated by the DSM-V, are mediated by the accommodation(s).

#### 8. Each accommodation recommended by the evaluator must include a rationale.

The evaluator must describe the impact of ADHD (if one exists) on a specific major life activity as well as the degree of significance of this impact on the individual. The diagnostic report must include specific recommendations for accommodations. A detailed explanation must be provided as to why each accommodation is recommended and should be correlated with specific identified functional limitations. Prior documentation may have been useful in determining appropriate services in the past. However, documentation should validate the need for accommodation based on the individual's current level of functioning. The documentation should include any record of prior accommodation or auxiliary aid, including information about specific conditions under which the accommodation was used (e.g., standardized testing, final exams, NBME subject exams, etc.).

However, a prior history of accommodation without demonstration of a current need does not in itself warrant the provision of a similar accommodation. If no prior accommodation has been provided, the qualified professional and/or individual being evaluated should include a detailed explanation as to why no accommodation was used in the past and why accommodation is needed at this time.

Because of the challenge of distinguishing ADHD from normal developmental patterns and behaviors of adults, including procrastination, disorganization, distractibility, restlessness, boredom, academic underachievement or failure, low self-esteem and chronic tardiness or absenteeism, a multifaceted evaluation must address the intensity and frequency of the symptoms and whether these behaviors constitute an impairment in a major life activity.

While students receiving exam accommodations may do so in a separate location from the bulk of their classmates -no provisions are made to allow for a private exam setting for a single student. Typically, accommodated exams (i.e., extended time, etc.) will be given to a group of accommodated students in one room, and will be continuously proctored. While the reason(s) for a student's exam accommodations are kept private from those who do not need to know -we do not ascribe to a student's privilege to keep secret the fact they he/she is being accommodated and taking examinations under non-standard conditions.

N.B. Although the College may agree to provide various accommodations during College exams (extra time, etc), there is no guarantee that the USMLE, which administers Step I, Step II and Step III licensing exams , will provide any or similar accommodation.

### **Psychiatric Illness (Other than LD, ADHD)**

1. A student requesting accommodation for a psychiatric disability must present a properly documented diagnosis and recommendation for accommodation from a qualified professional with acceptable credentials and recognized expertise. The following principles and procedures will guide the process by which decisions concerning academic status and/or accommodations for psychiatric illness and/or symptoms will be made.

The presence of a psychiatric illness does not preclude Committee deliberations and actions under the provisions related to academic performance and/or professional misconduct issues. This section's provisions are written, generally speaking, to address conspicuously illness-related lapses in a student's functioning. The Committee may consider the application of its full complement of by-laws, or portions thereof, as deemed appropriate in a given case.

Committee members are cautioned to respond methodically to student claims of psychiatric illness, especially those claims that appear after disciplinary process has begun. The appropriate expert members of the Committee bear specific responsibility to try to prevent students from misusing such claims to mitigate the proper functioning of the Committee. Receiving a diagnosis of a mental illness does not automatically relieve a student of accountability for poor performance or behavior. Accommodations are not retroactive.

2. Where a student experiences an episode or series of episodes of psychiatric illness and/or symptoms that reasonably appears, in the judgment of the Deans for Students after appropriate psychiatric consultation, to render the student unable to safely continue to participate in the medical curriculum or the care of patients, the Deans for Students may immediately place the student on medical leave status. The matter shall promptly be brought before the CSPPS which shall assume the responsibility for further recommendations concerning leave in accordance with the following procedures:

3. Actions taken under the authority of this policy shall be in response, not to the presence of a "psychiatric illness/diagnosis" per se, but to documented aberrations of judgment or behavior that adversely affect clinical, interpersonal, community, and/or general social functions and relationships. Periods of impaired judgment, above all, pose a threat to patients, regardless of the specific diagnosis or etiology of the condition.

4. The student shall be notified of the date and time of the Committee meeting and shall be invited to

attend the meeting and make a presentation to the Committee. At the request of the student or treating psychiatrist, the student may meet with a sub-committee consisting of three members, rather than the Committee as a whole. In such case, the sub-committee will present a report to the Committee. If the student is unable for medical reasons to attend a meeting, a written statement may be submitted or reasonable adjournment may be granted. If the student is, after a reasonable adjournment, still unable to attend a meeting or present a written statement, the meeting will nevertheless then be held.

5. The Committee shall review all available information concerning the episode or series of episodes of psychiatric illness. Based on expert consultation, the Committee shall decide whether the episode(s) is (are) of such character as to constitute a risk to the student or others or as to indicate that the student is potentially unable to withstand the stresses of medical school and whether or not to allow the student to immediately return to the curriculum upon resolution of the precipitating event. If the Committee determines that the student shall be allowed to immediately return to the curriculum, it may provide that the student shall return on probationary status and be observed for his/her ability to meet the course expectations including regular attendance, timely performances of assigned responsibilities, and the quality and appropriateness of behavior. In such probationary status, in order to preserve confidentiality, course or clerkship directors will be notified of the fact that the student is on probation, but without reference to the student's psychiatric status -except if such discretion would compromise the welfare of patients.

6. When in the judgment of the Committee it is deemed appropriate or necessary to do so, a student's period of medical leave may be extended by the Committee for an additional period, up to six months (extended medical leave for psychiatric reasons). The transcript will show the start and end dates and record this period as "Medical Leave," and the student-on-leave remains on the roster (preserving housing, medical coverage, and other student amenities) for up to six months, after which other arrangements may become necessary.

7. A student may appeal the Committee's decision to place him/her on extended medical "leave for psychiatric reasons" within 10 days of notification of the decision, by written appeal to the Dean who may affirm, modify, or overrule the Committee's decision, or may return the matter to the Committee for further inquiry. If the student is unable to the satisfaction of the Committee for medical reasons to prepare the written appeal, the time to appeal may be extended for up to an additional 20 days for a total of 30 days.

8. Students placed on extended medical leave for psychiatric reasons who wish to be considered for reinstatement, must consent and request that their treating psychiatrist inform the Committee: a) of attendance at therapeutic sessions; b) whether the student has a realistic understanding of his/her illness; c) of the student's readiness to undergo the academic and emotional stresses of the medical curriculum if reinstated ("Fitness for Duty"). The treating psychiatrist must also inform the Committee of the Student's treatment regimen and attest that the regimen is stable. Neither the Deans for Students nor the Committee may specifically require an individual to obtain psychiatric treatment, however, ongoing treatment may be designated as a condition for continued participation in the medical school program. Should such recommendation be made, the student requesting reinstatement after medical leave for psychiatric reasons will be expected to remain in psychiatric treatment in order to remain enrolled in the College of Medicine. All parties are reminded that our obligation to the welfare of patients, current and future, is paramount.

9. Prior to reinstatement, the student may be required to consent to be evaluated by a psychiatrist, selected (or approved) by the College of Medicine, who will report to the Committee as to the student's readiness to re-enter the curriculum ("Fitness for Duty"). The consent form shall provide that this evaluation is neither confidential nor privileged as would otherwise be customary in a doctor-patient relationship and must hold the evaluator harmless.

10. After reviewing the information from the student's treating psychiatrist as well as the information

from the separate evaluating psychiatrist, if required, and any other relevant information, the Committee will decide whether the student may be reinstated. The student will again be permitted to make a presentation to the Committee if he or she so desires. In deciding whether to reinstate the student, the Committee shall, among other issues, consider whether the problems that precipitated the leave are resolved and whether the student will be able to function properly after graduation as a physician, etc.

11. If the Committee decides that the student is not ready for reinstatement, it may recommend extension of medical leave for psychiatric purposes for an additional period of up to six months. The Committee may also recommend, because of the nature of the student's behavior during the period of observation or extended leave, that the student should be withdrawn from the College of Medicine. The student will be notified of the Committee's recommendation within 7 days and may appeal the recommendation of the Committee within 10 days of notification. Such appeal shall be by written statement to the Dean, who may affirm or overrule the Committee's decision or return the matter to the Committee for further inquiry.

12. Reinstated students will be assigned to a curriculum designed by the Deans for Students. If a student returns in the clinical curriculum, at the discretion of the Deans for students he/she may be required to take all rotations under the supervision of Einstein faculty during the first year of return. Any off-campus electives will require specific, prior approval by the Deans for Students.

13. Accommodations for psychiatric conditions consist substantially of, 1) an initial period of medical/psychiatric leave, particularly in cases where these symptoms are of new onset, and 2) the opportunity to avail oneself of psychiatric and psychological treatment resources. Should a student forego either of these (i.e., not take an initial leave in response to acute symptoms, and/or not avail him/herself of intensive, ongoing treatment and monitoring) for any reason—subsequent difficulties that may have been averted by either of these measures may not be acceptable. Participation and adherence with treatment(s) are the sole responsibility of the student in conjunction with the student's professional caregiver(s) and immediate family. A student's failure to take full advantage of treatment resources (or time off-duty) -while continuing to have difficulties -may be weighed heavily as an indicator of a persistent pattern of poor judgment.

14. To assure patient safety, at the discretion of the Deans for Students, clerkship leaders of the rotations to which a reinstated student is assigned will be advised that the student requires special support and observation of his/her performance. Although the student's privacy is of great concern, the CSPPS and its leadership will not compromise patient care in favor of maintaining that privacy.

15. A student may remain on extended medical leave for psychiatric illness for a maximum of 1 year after which time the student will be dismissed from the College of Medicine. The decision to recommend withdrawal will be based on the documented persistence, despite treatment, of aberrations of judgment or behavior that adversely affect clinical, interpersonal, community, and/or general social functions and relationships. Dismissal may also be recommended because of the student's failure to meet his/her obligations as outlined by this policy.

16. A student reinstated after extended medical leave for psychiatric reasons, who does not meet course expectations, including regular attendance and timely performance of assigned responsibilities, and/or whose quality and appropriateness of behavior are adversely affected due to recurrence of psychiatric illness may be dismissed from the College of Medicine. The student will be permitted to make a presentation to the Committee at this time if he/she so desires. A student may appeal the Committee's recommendation for dismissal within 10 days of notification of the decision by written appeal to the Dean.

## **Parental Leave**

1. A period of up to two months will routinely be granted upon request for maternity leave. ; one month for paternity. This applies as well to the adoption of a child. The effect on curricular programs and requirements will be minimized as far as possible, in recognition that many courses and rotations are only available at certain points in the year and postponing such courses/rotations may complicate schedule planning and lead to a postponement of one's graduation date. The senior year has a two-month cushion intended to avert the need to postpone graduation for maternity reasons during that period of the curriculum.

2. Students are encouraged to meet with OSA staff when delivery dates are known, as advance planning can often minimize any effects on the progression through the medical school curriculum. If a physician recommends additional prenatal or postpartum excusal from clinical/academic duties, this will be granted for a period of up to six months; after which more specific arrangements may be necessary. Students remain on the student roster (preserving housing privileges, medical insurance, and other amenities) during maternity/paternity leave and approved extensions of same. The transcript will reflect the start and end dates, designated as "Maternity/Paternity Leave."

### **Family Medical Leave**

1. Students sometimes request emergent leave to assist in the care of an ill family member, or after the loss of a family member. Such requests will be granted unconditionally by the OSA for a period of up to two months. Variable with the timing of said leave, there are unavoidable effects on curricular participation that may lead to the postponement of graduation or other scheduling issues. Additional time on Family Medical Leave will be considered on a case-by-case basis by the OSA with the advice of the Chair of the CSPPS. In general, the student may remain on the roster (preserving housing privileges, medical insurance, and other amenities) for up to six months of an approved leave. The transcript will reflect the start and end dates of this leave, designated as "Family Medical Leave."

The remaining sections are not officially within the core Bylaws of the CSPPS, but are related policies which are applicable to students, and which would be administered through the Committee's mechanisms, as deemed appropriate, as in those circumstances involving students in Einstein programs.

## **J. LEGALLY-MANDATED REGULATION PERTAINING TO SECURITY AND RELATED MATTERS**

Legal mandates stipulate specific requirements applicable to the regulation of conduct on campuses and other college property used for educational purposes. These various laws are integrated into the policies and procedures at Einstein by their inclusion within these by-laws and elsewhere. Certain laws require that specific elements be included and addressed within the governing by-laws of campus entities and organizations. As such, Section VIII establishes a general mechanism for timely, conspicuous compliance with both current and future legally-mandated requirements that are applicable to students and in many cases to other members of our campus community. This section of the by-laws of the CSPPS is subject to addition or modification without the customary policy development, approval, or ratification mechanisms, as per the authority of the Dean of the College of Medicine or the President of the University. By this authority, in addition, this section seeks to formally clarify the Committee's jurisdiction as inclusive of all student "conduct" concerns, and firmly establishes that the "misconduct" spectrum extends to include unlawful and criminal activities, in addition to the more customary Committee concerns such as academics, cheating, unprofessional behavior, and so on.

The CSPPS is a common pathway applicable to investigating, deliberating, and processing allegations related to "misconduct" and includes (but is not limited to) unlawful sexual harassment and/or assault, violence, violent felony offenses, bias-related crimes, as well as for other circumstances as specified in these by-laws or otherwise required. In matters such as these, as applicable to students or other members of our

campus and educational community, these by-laws and this Committee provides a central information source regarding standards of conduct (legal standards, academic standards, etc.) and the processes by which alleged contravention of such standards might be addressed.

The mechanisms for delineating, investigating, and responding to allegations of student misconduct, defined broadly, are historically integrated within the purview and by-laws of the CSPPS. This pertains to standards established within the College as well as to standards or requirements arising from without, as is the thrust of Section VIII. For example, a student who commits, or who is charged with, or who is convicted of a felony, is addressed within the operations of the CSPPS, in cooperation with other entities including (but not limited to) Campus Security, the Dean's Panel on Unlawful Harassment, external police authorities (most commonly the NYPD), and so on. Allegations of "misconduct" and/or other violations of policy or law are properly funneled to the Committee from both on-campus and off-campus sources. Alleged violation, by any student, of a legal standard and/or legally-mandated policy should find its way to a process inclusive of the CSPPS. This institutional "common pathway" for approaching standards and professionalism lends itself to prompt and visible compliance with applicable law and accrues additional benefits with regard to fairness, perceptions of fairness, recordkeeping, and in seeking substantial consistency across cases.

Section VIII of these by-laws is intended primarily (but not exclusively), to comply with extra-mural legal requirements as these apply to the College. Secondly, we have streamlined the College's approach to a uniquely related set of concerns (e.g., sexual assault, felonies, bias crimes, etc.), and herein integrate these rather stark violations of persons and of community into our general approaches to allegations of student misconduct. These principles and by-laws are applicable to all types of students at Einstein, active or temporarily inactive, associated with any of our educational programs. There is the presumption of information sharing and teamwork between our Campus Security and student affairs operations across Einstein, in addition to the general pooling of information and resources throughout the Einstein Community.

### **1. Sexual Assaults and Prevention [NYS section 6432] WE NEED TO BEEF THIS PART UP WITH CLERY ACT AND OTHER RECENT SAFE CAMPUS POLICY ACTS**

The College promotes students' awareness of sexual assault prevention measures through accessible web-posted information, as well by the distribution or posting of printed materials. The dual objectives of this dissemination of information is to strongly encourage the prompt reporting of incidents of sexual assault, in addition to facilitating the prevention of such incidents.

University policy and procedures for receiving and addressing allegations of sex offenses are provided at: <https://www.einstein.yu.edu/docs/administration/policies/harassment-policy-complaints-students.pdf> . Additional mechanisms and assistance, as described below, are applicable at the Einstein campus.

Counseling and other support services are available for victims of sex offenses. Appropriate assistance and referral is available through the Office of Academic Support and Counseling. <http://www.einstein.yu.edu/education/student-affairs/academic-support-counseling.aspx>

In accordance with the Clery Act, the College advises and updates students about security procedures via the College and University web-sites and notices via e-mail and/or by the distribution or posting of written materials. As a part of the Campus Sexual Violence Elimination (SaVE) act, incidents of domestic violence, dating violence, sexual assault, and stalking are disclosed in annual campus crime statistic reports. Additionally, students or employees reporting victimization are provided with their written rights to: 1) Be assisted by campus authorities if reporting a crime to law enforcement; 2) Change academic, living, transportation, or working situations to avoid a hostile environment; 3) Obtain or enforce a no contact directive or restraining order; 4) Have a clear description of their college's disciplinary process and know

the range of possible sanctions; 5) Receive contact information about existing counseling, health, mental health, victim advocacy, legal assistance, and other services available both on-campus and in the community.

In addition to the institution's security procedures and the aid and resources available through police and other outside agencies, the deans and leadership within the College's administration (as well as Campus Security and committees such as the College's CSPPS), all dutifully approach sex crimes with the utmost seriousness of purpose. In concert, the foregoing provide a landscape of mechanisms for establishing our community's standards of conduct as well as for implementing investigative, deliberative, and enforcement authority functions in these and related matters. Allegations of student misconduct, in the context of alleged sex offenses and related concerns, are emergently referred to Campus Security and/or to the NYPD and/or to the Office of Student Affairs. Secondly, all allegations of this nature pertaining to any Einstein student are secondarily considered by the CSPPS in cases wherein any Einstein student may credibly be considered to have been an alleged perpetrator or accomplice.

## **2. Bias-Related Crimes and Prevention [NYS section 6436, Clery Act]**

The College promotes students' awareness of bias-related crime prevention measures through accessible web-posted information, as well by the distribution or posting of printed materials. The dual objectives of this dissemination of information is to strongly encourage the prompt reporting of incidents of bias-related crime, in addition to facilitating the prevention of such incidents.

In accordance with the Clery Act, a daily Crime Log and Fire Safety Log for all campuses is maintained at the Security Department office on the College campus in the Forchheimer Building Room G-09. The logs for the most recent 60-day period are available for public inspection, upon request, during normal business hours, Monday to Friday, and information for prior periods is available upon request to the Security Department, with at least 2 business days' prior notice. These logs include all crimes, fire-related incidents and other serious incidents reported to the Security Department that occur on campus, including non-campus buildings or properties, on public property or within the Security Department's jurisdiction, or crimes reported to the Security Department by the NYPD. The logs set forth the incident type, date the incident is reported, date and time of occurrence, and general location of the incident, as well as the disposition of the incident (if this information is known). An incident is posted into the log by the Security Department within 2 business days of it receiving a report of an incident; provided that the Security Department may exclude reports from a log in certain circumstances as permitted by law. Additionally, Einstein's Annual Security Report is published and made available to students and the general public on the Einstein website.

University policy and procedures for receiving and addressing allegations of bias-related offenses are provided at: <https://www.einstein.yu.edu/docs/administration/policies/harassment-policy-complaints-students.pdf>. Additional mechanisms and assistance, as described below, are applicable at the Einstein campus.

Counseling and other support services are available for victims of bias-related offenses. Appropriate assistance and referral is available through the Office of Support and Counseling. <http://www.einstein.yu.edu/education/student-affairs/academic-support-counseling.aspx>

In addition to the institution's security procedures and the aid and resources available through police and other outside agencies, the deans and leadership within the College's administration (as well as Campus Security and committees such as the College's CSPPS), all dutifully approach allegations of bias-related crimes with the utmost seriousness of purpose. In concert, the foregoing provide mechanisms for establishing standards of conduct as well as for implementing investigative, deliberative, and enforcement authority functions in these and related matters. Allegations of misconduct committed by any Einstein student, in the context of alleged bias-related offenses and related concerns, are all properly referred to Campus Security and/or the CSPPS for consideration or as referred by other individuals or offices (e.g.,

Dean's Panel on Unlawful Harassment, Affirmative Action Office, Campus Security, Ombuds Panel on Student Mistreatment, etc.).

### **3. Violent Felony Offenses; Report of "Missing Student" [section 6343]**

The College promotes students' awareness of the frequency and severity of campus crime through accessible web-posted information, as well by the distribution or posting of printed materials. The College's crime statistics, including but not limited to the violent felony offenses, are filed annually with the United States Department of Education as required under Title 20 of the United States Code, Section 1092(f). The US Department of Education provides this information, via the web, and these statistics are additionally available through the Security office, <https://www.einstein.yu.edu/administration/auxiliary-services/security/> as provided elsewhere in this section of the by-laws.

A "missing student" indicates any Einstein (inclusive of all educational programs) student who resides in a facility owned or operated by the College who has been reported to Einstein Campus Security as missing from his/her residence.

University policy and procedures for responding to any report of a violent felony offense, or to any report of a missing student as defined above, is provided at <https://www.einstein.yu.edu/docs/administration/policies/missing-student-policy.pdf> Additional mechanisms and assistance, as described below, are applicable at the Einstein campus.

Counseling and other support services are available for crime victims and their families Appropriate assistance and referral is available through the Office of Support and Counseling. <http://www.einstein.yu.edu/education/student-affairs/academic-support-counseling.aspx>

Allegations of student misconduct, in the context of alleged violent felony offenses and related concerns, are emergently referred to Campus Security and/or to the NYPD and/or to the Office of the Deans for Students. Secondly, all allegations of this nature pertaining to any Einstein student are secondarily considered by the CSPPS in cases wherein any Einstein student may credibly be considered to have been a alleged perpetrator or accomplice. Such matters may come to this Committee from various sources or as referred by other individuals or offices (e.g., Dean's Panel on Unlawful Harassment, Affirmative Action Officer, Campus Security. etc).

### **4. Maintenance of Public Order on Campus [NYS section 6430]**

The institution has promulgated written rules, as per legal requirement, for the maintenance of public order on the College campus and other property used for educational purposes, and which provide a program for the enforcement thereof. The University policy is provided at, [https://einstein.yu.edu/uploadedFiles/administration/Auxiliary\\_Services/Security/Transportation/YU%20Regulation%20for%20the%20Maintenance%20of%20Public%20Order%20\(00031495\).pdf](https://einstein.yu.edu/uploadedFiles/administration/Auxiliary_Services/Security/Transportation/YU%20Regulation%20for%20the%20Maintenance%20of%20Public%20Order%20(00031495).pdf)

The YU policy referred to in the previous paragraph is applicable to all students at Einstein, excepting appropriate modification with regard to "penalties" and "other disciplinary action" as in III-A and III-B of the aforementioned policy. Students participating in Einstein-located programs are subject to the authority, policies, and practices of Einstein Campus Security, Einstein's CSPPS, and to the appropriately designated members of the Dean's staff, primarily the Deans for Students. Violations of this policy are spelled out as follows, shown in italics, as these appear within the aforementioned YU policy:

*It shall be a violation of these regulations to:*

*A. To disrupt or obstruct or to attempt to disrupt or obstruct any instructional, research, service, or other*

*University operation or function, or interfere with or attempt to interfere with the lawful exercise of freedom of speech, freedom of movement, freedom of peaceable assembly, or other rights of individuals, by action including but not limited to the following:*

- 1. By intentionally using or threatening physical force or violence to harass, abuse, intimidate, coerce, or injure another, or to cause damage to or loss of property;*
- 2. By intentionally obstructing or causing to be obstructed the lawful use of, access to, or egress from University premises or portions thereof, or by making unauthorized entry upon or use of University property or facilities or by unlawfully remaining in or on the same;*
- 3. By intentionally obstructing or restraining the lawful movement of another or obstructing or restraining his/her lawful participation in authorized activities or events, including, without limitation, regular and special curricular activities, extracurricular activities, and employment interviews; or*
- 4. By intentionally urging and inciting others to violate the provision of [this policy.]*

*B. To refuse to comply with any lawful order or a clearly identifiable University official acting in the performance of his or her duties in the enforcement of these regulations.*

*C. To possess, carry, or use firearms, including rifles and shotguns, ammunition, explosives, or other dangerous weapons, instruments, or substances in or upon University premises (except in the case of law enforcement officers or except as specifically authorized by the University).*

*D. To engage in any action or situation which recklessly or intentionally endangers mental or physical health or involves the forced consumption of liquor or drugs for the purpose of initiation into or affiliation with any registered organization.*

*E To disrupt, obstruct, or attempt to disrupt or obstruct any speaker invited to appear on the campus by the University or a recognized University group.*

*F To disrupt or attempt to disrupt any recruitment activity.*

In addition to the foregoing excerpt of University-wide policy, matters related to the maintenance and public order on the Einstein campus are the shared responsibility of Campus Security (taking the lead), the Office of the Deans for Students, and other appropriate members of the Dean's staff. To the extent that such events may be associated with allegations of student misconduct, such matters are appropriately referred for the consideration of the CSPPS. In concert, the foregoing provide a cascade of mechanisms for establishing standards of conduct with regard to the maintenance of public order, as well as for implementing investigative, deliberative, and enforcement authority functions in these and related matters.

## **5. Reporting of Campus Crime Statistics and Other "Clery Act" Requirements**

The College promotes students' awareness of the frequency and severity of campus crime through accessible web-posted information, as well by the distribution or posting of printed materials. The College's crime statistics, as required by law, are filed annually with the United States Department of Education as required under Title 20 of the United States Code, Section 1092( f) and are available on the College's website.

In turn, the US Department of Education provides this campus crime information to the public as well to students and other members of the campus community. These mandated statistics are additionally available, in document form, through the Security Office, <https://www.einstein.yu.edu/administration/auxiliary-services/security/> as provided elsewhere in this section of the by-laws.

Campus crime statistics are disclosed and available as per the Clery Act, to include closely adjacent non-campus areas, and which have been reported to campus security and local police authorities. The available information is required to include, at a minimum, the three most recent calendar years. Reported categories of crimes are as follows; definitions as per the FBI Uniform Crime Reporting program.

Homicide (murder and non-negligent manslaughter)

Sex Offenses (forcible and non-forcible)

Robbery

Aggravated Assault

Burglary

Motor Vehicle Theft

Arson

In addition, statistics include arrests or disciplinary referrals for:

Liquor Law violations

Drug Law violations

Illegal Weapons Possession

Bias-related crimes, also referred to as "hate crimes" are reported by category of prejudice; including race, gender, religion, sexual orientation, ethnicity, and/or disability. These statistics are counted in addition to crimes reported as above, i.e., one bias-related act of arson is counted twice, once as arson and again as a "hate crime."

The disclosures of general campus crimes as well as hate crimes are further identified by location; as on-campus (including student residential facilities), non-campus building or property, or as having taken place on closely adjacent public property.

Anyone wishing to report criminal activity, especially if on an urgent basis, should call Campus Security at 718-430-2019 for 24/7 coverage. After notifying Campus Security, students may alternately contact the Office of the Deans for Students, at 718-430-3060. Emergencies that pose a threat to life or limb, be they crime-related or not, warrant calling 911 to mobilize NYPD, NYFD, or the Emergency Medical Service responses. If in doubt, call 911 immediately and other resources thereafter. Do not presume that others have called 911 in an emergency, call yourself.

With regard to timely campus crime-related cautions or warnings - notification of students and others may employ email broadcasts as well as signage posted at the appropriate security desk(s) and/or elevator banks and/or facility entry points. The utility of such warnings depends greatly on members of the Einstein Community coming forward promptly to report incidents or concerns to either Campus Security, the Office of the Deans for Students, or to other appropriate authorities. While the College does not operate a so designated voluntary confidential crime-reporting system, we are sensitive to the privacy and "unwelcome attention" concerns of both victims and witnesses to crimes and other misconduct. Our effectiveness towards discouraging potential perpetrators, preventing or reducing criminal behavior on campus, and in seeking to take action that protects potential future victims -all of these efforts are greatly multiplied by the reporting efforts of our community members.

The Clery Act, named in memory of a college student victim of a sexual assault, speaks especially to matters related to sexual assault. Resources on-and off-campus are identified, spanning legal information, medical information, contact persons and organizations, and so on Resources can be found through the Office of Support and Counseling. <https://www.einstein.yu.edu/education/student-affairs/academic-support-counseling/personal-counseling/hotlines-helplines.aspx>

At a minimum, victims of a sex offense are strongly encouraged to immediately seek assistance through the NYPD, Campus Security, and/or the Office of the Deans for Students. Victims are encouraged to call a trusted friend or family member who might accompany him or her through the next hours or days. Victims are encouraged to recognize the temptation to withdraw into secrecy or to (unaccountably) experience shame. Victims are reminded of the importance of preserving evidence for the proof of a criminal offense, whether medical attention is sought immediately or not.

As stated above in Section VIII-A, any student in any Einstein program who is credibly accused of participating in the planning of or who allegedly perpetrates a sexual assault (e.g., rape, date-rape, forcible or non-forcible sex offenses, etc.), or related action is subject to the full authority of local law enforcement, Campus Security, the Deans for Students, and the CSPPS. Penalties, at the level of the College, range to expulsion and through a spectrum of lesser consequences, depending on the circumstances and upon the deliberations and recommendations of the Committee, as per the by-laws. Perpetrators may be identified in reports filed with outside agencies, as deemed appropriate or required by the Committee, as may include licensing and regulatory agencies with oversight authority within the practice of Medicine. Due to procedural and other differences between a court of law as compared to the civil proceedings within the College, it is possible for a student to escape criminal prosecution or conviction -yet nonetheless be expelled within the proper exercise of College policies.

Other campus policies and procedures associated with the requirements of the Clery Act can be found on the Security Office website, <https://www.einstein.yu.edu/administration/auxiliary-services/security/>

## **6. Advisory Committee on Campus Security..... [NYS section 6431, Clery Act]**

An Advisory Committee on Campus Security is established within the YU central administrative core, with

contact information posted within these by-laws, as follows:

### **"YU Advisory Committee on Campus Security"**

Hard copy of campus reporting statistics can be obtained through this Committee, which has oversight duties with regard to for security policies on the YU campuses.

### **POLICY ON SUBSTANCE ABUSE**

Addiction to alcohol, illicit drugs and/or prescription medications is a fact of life and medical students, in significant numbers, are affected. The following is the applicable Yeshiva University policy on this matter. It is critical that students having substance-related difficulties seek assistance and it is our stated policy to encourage and support such efforts.

### **YESHIVA UNIVERSITY PROGRAM PURSUANT TO THE DRUG FREE**

### **SCHOOLS AND COMMUNITIES ACT AMENDMENTS OF 1989**

To All Students and Employees of Yeshiva University

The United States Department of Education has issued regulations the provisions of the Drug-Free Schools and Communities Act Amendments of 1989. These regulations require that institutions of higher education promulgate and annually distribute standards of conduct prohibiting the unlawful possession, use, or distribution of illicit drugs and alcohol at any of their facilities or in connection with any of their activities by their students, faculty, staff, and others on their payroll (the employees). The regulations also require that each institution provide various related information more fully described below as part of their program to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees.

Yeshiva University's Standards of Conduct on illicit drugs and alcohol are outlined below in Section I. Information on University sanctions for violations of these standards is also outlined in Section I. Information on criminal sanctions for the illegal possession, use or distribution of illicit drugs and alcohol is outlined in Section II. Information on the health risks associated with the use of illicit drugs and the abuse of alcohol is outlined in Section III. Information on available counseling is outlined in Section IV. We urge your careful attention to this important information.

#### **A. Standards of Conduct**

The following are Yeshiva University's Standards of Conduct on Illicit Drugs and Alcohol for students and employees:

#### **I. Standard of Conduct on Illicit Drugs**

The University adheres to the following Standard concerning the unlawful possession use or distribution of illicit drugs:

The unlawful possession, use, or distribution of illicit drugs at any facility of the University or in connection with any activity sponsored by or under the control or supervision of the University shall subject the student or employee of the University to appropriate disciplinary action by the University and referral by the University for criminal prosecution by appropriate governmental authorities. In addition, being under the influence of illicit drugs (other than lawfully prescribed drugs) during working hours or when classes are in session or while engaged in activities sponsored by or under the

control or supervision of the University shall also subject the student or employee to disciplinary action. In the case of students, such disciplinary action may include suspension or expulsion. In the case of employees, such disciplinary action may include suspension or discharge. Criminal sanctions for the unlawful possession, use, or distribution of illicit drugs are discussed in Section II and detailed in Appendices A and B.2

## 2. Standard of Conduct on Alcohol

a. Persons under the age of 21 years are prohibited from possessing any alcoholic beverage on Yeshiva University premises or at any event sponsored by the University or by a University organization whether the event is held at the University or not. It is the policy of Yeshiva University to prohibit the serving of alcoholic beverages to persons who cannot establish that they are 21 years of age or older.

b. Undergraduate students, regardless of age, are prohibited from consuming alcoholic beverages on University premises or at University events. Undergraduate students, regardless of age, are also subject to any further applicable restrictions of their individual school or residence facilities concerning alcoholic beverages.

c. All students, including undergraduate, graduate and professional students are prohibited from being under the influence of alcohol while engaged in academic or professional activities sponsored by, under the control of, or supervised by the University.

d. Employees are prohibited from being under the influence of alcohol during working hours or while engaged in activities sponsored by, under the control of, or supervised by the University. Employees are also prohibited from bringing alcoholic beverages into, or consuming alcoholic beverages on, University premises or at activities sponsored by, under the control of, or supervised by the University.

e. A limited exception exists only in regard to the non-intoxicating consumption of alcoholic beverages at events sponsored by the University or any of its recognized departments or divisions to which an employee, who is 21 years of age or older, is expressly invited.

Upon finding evidence of violation of the "Standard of Conduct on Alcohol" by any student, the University will take appropriate action, which may include suspension or expulsion and, where appropriate, referral for prosecution. In the case of employees such disciplinary action may include suspension or dismissal, and where appropriate, referral for prosecution.

## B. Information on Legal Sanctions

The possession, use, or distribution of illicit drugs, depending on the nature of the crime, contains penalties up to imprisonment for life.

Federal penalties and sanctions for illegal possessions of a controlled substance and a description of Federal Trafficking [i.e., distribution] penalties for substances covered by the Federal Controlled Substances Act are attached as Appendix

A. Examples of New York State and New York City provisions are contained in Appendix B.

Criminal penalties and sanctions may also result from the misuse of alcoholic beverages. For example:

1. A person under the age of 21 who possess alcoholic beverages with intent to consume is subject to a \$50 fine and/or completion of an alcoholic awareness program.

2. A person under 21 who presents falsified proof of age when purchasing or attempting to purchase alcoholic beverages commits a violation and can be fined up to \$100 and be required to perform community service not to exceed thirty hours.

3. A person who drives while intoxicated commits a criminal misdemeanor that is punishable by up to one year imprisonment and up to a \$1,000 fine, plus revocation of that person's drivers license for six months.

4. New York City law prohibits consumption of an alcoholic beverage or possession with intent to drink an open container containing an alcoholic beverage in any public place except where a permit has been obtained. The possible penalty is a \$100 fine and 5 days imprisonment.

These are only examples of the penalties that can be assessed against an individual for the unlawful possession, use, and distribution of alcoholic beverages and illicit drugs. It is the University's policy to discourage violations of Federal, State, and City laws by its students and employees. Where appropriate, the University will refer students and employees who violate such laws for prosecution by the relevant governmental authorities and will cooperate fully with such authorities.

### C. Health Risks Associated with Illicit Drug and Alcohol Use

1. Health Risks of Alcohol Abuse: The following is a summary derived from governmental studies of the health risks of alcohol.

#### a. Alcohol:

Alcohol consumption causes a number of marked changes in behavior. Even low doses significantly impair the judgment and coordination required to drive a car safely, increasing the likelihood that the driver will be involved in an accident.. Low to moderate doses of alcohol also increase the incidence of a variety of aggressive acts, including spouse and child abuse. Moderate to high doses of alcohol cause marked impairments in higher mental functions, severely altering a person's ability to learn and remember information. Very high doses cause respiratory depression and death. If combined with other depressants of the central nervous system, much lower doses of alcohol will produce the effects just described. Repeated use of alcohol can lead to dependence. Sudden cessation of alcohol intake is likely to produce withdrawal symptoms, including severe anxiety, tremors, hallucinations, and convulsions. Alcohol withdrawal can be life-threatening. Long-term consumption of large quantities of alcohol, particularly when combined with poor nutrition, can also lead to permanent damage to vital organs such as the brain and the liver.

Mothers who drink alcohol during pregnancy may give birth to infants with fetal alcohol syndrome. These infants have irreversible physical abnormalities and mental retardation. In addition, research indicates that children of alcoholic parents are at greater risk than other youngsters of becoming alcoholics.

### 2. Health Risks of Illicit Drugs

A summary of the health risks associated with the use of illicit drugs, from a Department of Justice publication entitled Drugs of Abuse is attached as Appendix C.

### D. Counseling and Similar Problems

Detoxification, outpatient and inpatient rehabilitation, and reentry programs are available in New York City and elsewhere.

Persons concerned about substance abuse or alcohol problems are invited to call these numbers listed below for information, confidential referrals and assistance. These are just a sampling of assistance available

throughout New York City.

### **Hotline Numbers**

Alcoholic Anonymous 212-647-1680

Al-Anon 212-941-0094

Narcotics Anonymous 212-929-6262

Naranon 631-582-6465

NYS Drug Information Line 800-522-5353

Cocaine Hotline 800-662-HELP

Alcoholism Council-Fellowship Ctr 212-252-7022

The Albert Einstein College of Medicine of Yeshiva University operates a substance abuse treatment center whose focus is the treatment of opioid dependence (narcotics addiction) through the methadone maintenance modality. For more information, call (718) 409-9450 between the hours of 9:00 a.m. and 5:00 p.m.

Employees in need of assistance regarding drug or alcohol abuse may be eligible to participate in counseling and/or rehabilitation programs in the community. Information regarding some of these programs is available at (718) 430-2552.

Students in need of assistance regarding drug and alcohol problems may be able to obtain confidential counseling, a referral for counseling or a referral to appropriate outside agencies through appropriate University offices, such as for undergraduate students -the University's Office of Student Services (212) 960-5330; for Cardozo Law School students Office of Student Affairs (212) 790-0313; for medical students, Sue Golding students, post-doctoral fellows and Research Associates Merit Behavioral Care (800) 626-3643; students at the Ferkauf Graduate School of Psychology, Wurzweiler School of social Work and other graduate students may also obtain a referral for counseling or a referral to appropriate outside agencies by contacting the Ferkauf Psychological Services Center at (718) 430-2218.

### **E. Conclusion**

Yeshiva University 3S a matter of Institutional policy and as required by law, is committed to the prevention of the unlawful possession, use or distribution of illicit drugs and alcohol by students and employees. In that regard, Yeshiva will conduct a biennial review of its program to:

1. Determine its effectiveness and implement changes to the program if needed; and
2. Ensure that the disciplinary sanctions described herein are consistently enforced.

If you have any questions regarding this program or require assistance related to the provisions of this program, you may wish to call the Office of Labor Counsel at (718) 430-2551.

### **APPENDIX A**

#### **FEDERAL PENALTIES AND SANCTIONS FOR ILLEGAL POSSESSION OF CONTROLLED**

**SUBSTANCE****21 U.S.C. 844**

1st conviction: Up to 1 year imprisonment and fined at least \$1,000 but not more than \$100,000, or both.

After 1 prior drug conviction: At least 15 days in prison, not to exceed 2 years and fined at least \$2,500 but not more than \$250,000, or both.

After 2 or more prior drug convictions: At least 90 days in prison, not to exceed 3 years and fined at least \$5,000 but not more than \$250,000, or both, if:

Special sentencing provisions for possession of crack cocaine: Mandatory at least 5 years in prison, not to exceed 20 years and fined up to \$250,000, or both, if:

(a) 1st conviction and the amount of crack possessed exceeds 5 grams.

(b) 2nd crack conviction and the amount of crack possessed exceeds 3 grams.

(c) 3rd or subsequent conviction and the amount of crack possessed exceeds 1 gram.

**21 U.S.C 853(a)(2) and 881 (a)(7)**

Forfeiture of personal and real property to possess or to facilitate possession of a controlled substance if that offense is punishable by more than 1 year imprisonment. (See special sentencing provisions re: crack)

**21 U.S.C. 844(a)**

Civil fine of up to \$10,000. (pending adoption of final regulations)

**21 U.S.C. 853(a)**

Denial of Federal benefits, such as student loans, grants, contracts, and professional and commercial licenses, up to 1 year for first offense, up to 5 years for second and subsequent offenses.

**Miscellaneous**

Revocation of certain Federal Licenses and benefits, e.g. pilot licenses, public housing tenancy, etc, are vested within the authorities of individual Federal agencies.

NOTE: These are only Federal penalties and sanctions. Additional State penalties and sanctions may apply.

**APPENDIX B**

Examples of penalties under the New York State Penal Law include: the criminal possession of four or more ounces of cocaine is a class A-I felony, punishable by a minimum of 15-25 years, and a maximum of life in prison. The sale of one-half ounce or more of cocaine is a class A-2 felony, punishable by a minimum of 3-8 years four months and a maximum of life in prison. The criminal possession of one-quarter ounce or more of marijuana is a class D felony, punishable by up to 7 years in prison. The sale of more than 25 grams (to four ounces) of marijuana is a class E felony punishable by up to 4 years in prison. It is important to be aware that in New York a gift of drugs is treated as a sale.

New York City law provides that an individual convicted of a felony for possession or sale of a controlled substance can be liable to the City for a civil penalty of up to \$100,000 for each count of an indictment

which resulted in a conviction under the penal law.

#### **FOOTNOTES:**

1. Illicit drugs are those controlled substances covered by either the Federal or New York States Controlled Substances Act including Narcotics (e.g., opium, morphine, codeine, heroine, hydromorphone, meperidine); Depressants (e.g., chloral hydrate, barbiturates, benzodiazepines, methaqualone, glutethimide); Stimulants (e.g., cocaine, amphetamines, phenmetrazine, methylphenidate); Hallucinogens (e.g., LSD, mescaline and peyote, amphetamine variants, phencyclidine, phencyclidine analogues); Cannabis (e.g., marijuana, tetrahydrocannabinol, hashish, hashish oil.)

2. This program is intended to supplement and not limit the University's Drug-Free Workplace Policy which imposes additional requirements regarding illicit drugs for employees who are engaged in the performance of federal grants or various federal contracts. Any person who potentially may be affected by that policy or other interested persons who wish a copy of Yeshiva's Drug-Free workshop Policy should contact (718) 430-2552.

3. From: What Works: Schools Without Drugs (1989 Edition), a Department of Education Publication.

## **K. POLICIES AND PROCEDURES FOR EINSTEIN MEDICAL STUDENT RECORDS**

### **1. Introduction:**

Einstein informs students of the Family Educational Rights and Privacy Act of 1974 (FERPA, as amended) periodically, but no less than once per academic year. FERPA was created to protect the privacy of education records, to establish the conditions under which a student may review his/her education records, and to require a mechanism for the correcting or contesting allegedly inaccurate information contained with those records. FERPA, in addition, provides students with the right to file a complaint with the U.S. Department of Education regarding alleged non-compliance.

### **2. Summary: The Purpose of Records Maintenance and Responsibility of the College**

The compilation and preservation of medical school records is a complex, ongoing duty of the College, which ultimately integrates the efforts of staff and faculty across many of the institution's teaching and administrative units. The College's activities and responsibilities in this regard persist long after the individual medical student has graduated from or has otherwise terminated direct educational activities under the auspices of the College and/or its network of clinical affiliates. Throughout the subsequent career of a former medical student, the College serves as the official archive of critical records and information.

These records, as permanently maintained by the College, serve as a crucial source of data upon which decisions are based which directly and indirectly affect the safety and well-being of patients and the public at large. As such, these records must be accurately maintained, preserved, and effectively shielded from attempts to undermine the essential purpose of these records, which is to protect patients and the public from would-be medical practitioners who may have failed to meet established standards of competence, character, and professional conduct. In order to effect this mission, in addition to the preservation of accurate records, the College must retain the authority and capacity to communicate this information to properly inquiring medical and legal oversight authorities as well as to prospective employers and health care providers - especially those charged with the care of patients. This policy and its constituent parts must be implemented in the service of patients and on their behalf in the cause of professional medical training.

### **3. Procedures for Review of Education Records by Students**

A student may review his/her education record or a copy of same upon written request to the Registrar's Office. Students should submit a written request, which specifically identifies the records of interest. The Registrar's Office will arrange, in a timely fashion (not to exceed 30 days), for the review to take place or for a copy of the record(s) of interest to be provided to the student. The determination of FERPA applicability to a given record is coordinated by the Registrar. Should a record include information about classmates or other persons, the inquiring student may only be permitted to review information which relate exclusively to him/her and records (or copies of records) may be redacted for this purpose.

Copies of records, properly redacted as above, may at any time substitute for the review of original records documents. Further examples of instances wherein Einstein may refuse to provide access or copies of records: 1) Letters and statements of recommendation or similar documents for which the inquiring student has waived his/her right of access; 2) Letters and statements of recommendation documents which were placed in the file before January, 1975; 3) Records associated with an application for admission to Einstein or any of the component or affiliate programs of Einstein if that application was unsuccessful or if said candidate has not matriculated.

#### **4. Locations of Custodians of Education Records NEED TO BE CHECKED AND CHANGED**

- Admissions Records: 718-430-2106, Noreen Kerrigan
- Student Finance Records: 718-430-2336, Damien Jackson
- Academic Student Records: 718-430-2102, Hayley Erickson
- Student Health Records: 718-430-3141, Tina Crane
- Student Housing Records: 718-430-3552 , XXXXXX?

In the course of educational and other program activities, records or copies of records may be sent from one of the above locations to another, most often to the Office of Student Affairs (Registrar), where portions of the outlying records may be maintained.

#### **5. Disclosure of Education Records**

Einstein will release or disclose information from a student's education records after receiving or obtaining the written consent of the student; except in circumstances such as those described in the following instances:

To school officials who have a legitimate educational or institutional interest in the records. A school official has a legitimate educational interest if he/she needs to review an education record in order to fulfill a professional responsibility. A school official is:

- A person in the employ (or who voluntarily participates) of Einstein or any of the component or affiliate programs of Einstein in an administrative, supervisory, academic, research, or staff support position.
- Administrative officers of Einstein or of any of the component or affiliate programs of Einstein, at the reasonable discretion of Einstein.
- A person under contract to Einstein, such an attorney or an auditor.

To federal, state, and local authorities and agencies as necessary, including but not limited to those involved in an audit or evaluation of compliance with educational programs or public health requirements.

In connection with a student's request for or receipt of financial aid, as necessary to determine the eligibility, amount of conditions of the financial aid, or to enforce the terms and conditions of the financial aid.

To comply with a judicial order, a lawfully issued subpoena, or a lawful inquiry initiated by a state medical licensing authority.

If the information has been designated by Einstein as Directory Information and has not been formally restricted by the student, in writing.

To schools or training programs in which a student, graduate, or former student wishes to enroll or has entered.

To appropriate parties under the conditions of an emergency and/or wherein safety of persons, students or others, is reasonably considered to be at risk. To assist in an authorized investigation wherein safety of persons, students or others, may reasonably be considered at risk.

This policy is subject to change without prior notice. A copy of the current version of this policy can be obtained from the Office of the Registrar, Albert Einstein College of Medicine, Bronx, NY. Web-posted versions or copies of same may not be accurate or current. Official current policy is provided only via hard copy directly from the Office of the Registrar.

FERPA permits and Einstein has designated the following items as Directory Information: student name; dates of attendance; degree and awards received; previous schools attended, dates, and degrees received therein; local and permanent address(es), phone number(s), e-mail address(es); and date of birth. Einstein may disclose any of these without written request or consent if a student has not specifically restricted its distribution.

As a matter of long standing practice, Einstein does not reveal even directory information to most inquiries, choosing to broadly maintain the privacy of students and limit the access of others to our students. Students have the right to substantially restrict the personal information elements, which may be released without the student's written consent by making such a request in writing to the Registrar's Office, in a written letter including date and original signature and the details of the request. Directory and other information the disclosure of which may be necessary to the regulation and oversight of medical practice may not be restricted by such a request, as circumstances and privacy considerations warrant. In general, we err on the side of privacy and non-disclosure, in matters not pertaining to the safe practice of medicine and the welfare of patients and other persons.

## **6. Correction of Education Records**

A Student has the right to request that education records be corrected if he/she believes these to be inaccurate, misleading, or in violation of his/her privacy rights. If a student wishes to contest, expunge or amend same, he/she must make a written request to the Registrar's Office. A Registrar's Committee, comprised of the Registrar, the Deans for Students, the Associate Dean for Medical Education, and the Student Finance Officer, will consider the request, undertake appropriate investigation and consultation, and make a decision as to the appropriate action. If the requested change is not granted, the student may opt to place in the file any correspondence outlining perceived inaccuracies or misleading information. If a student believes that the school has failed to comply with the provisions of the Buckley Amendment, or with the implementing of regulations, he/she may file a complaint with the U.S. Department of Education. Complaints regarding alleged violation of rights under FERPA may be submitted in writing within 180 days to the Family Compliance Office, U.S. Department of Education, 400 Maryland Avenue, S.W., Washington, D.C. 20202-4605

## **7. Correction Petition Procedures:**

A student requests, in writing, that the Registrar's Office amend a record. In so doing, the student should identify the part of the record in question or in violation of his/her privacy rights.

Einstein may or may not comply with the request. If not, the Registrar's Office will notify the student of this decision and advise them of their right to a Registrar's Committee (see above) hearing to challenge the information believed to be inaccurate, misleading, or in violation of the student's rights.

Upon request, the Registrar will arrange for a Registrar's Committee hearing, and notify the student, no less than one week in advance, of the date, time, and location of the hearing; set at the reasonable discretion of Einstein. Such hearings are restricted to the student, and to those persons reasonably included by Einstein as per the request of the Registrar's Committee. The student may be accompanied by another individual at this hearing, who may be an attorney. If this hearing is taking place in association with ongoing proceedings or recommendations of the College's CSPPS, that Committee's by-laws are applicable. The nature and outcomes of FERP A and records-related proceedings (to include the information surrounding the convening of a Registrar's Committee or hearing), will be available as deemed warranted to permit the proper function of other Einstein offices, including Einstein Security, the Student Finance Office, Einstein Housing, and/or other College offices or committees.

The Registrar's Committee Hearing will be conducted by the Registrar or by his/her designee, who is to be a disinterested party from the Registrar's Committee, or who may in exceptional circumstances be an institutional official appointed from outside this standing Committee to assist, at the Registrar's sole discretion and on a case-by-case basis.

The College will prepare a written decision based solely on the information presented or available at the hearing; and will summarize evidence presented and the basis for the decision.

If the College decides that the challenged information is not inaccurate, misleading, or in violation of the student's right of privacy, it will notify the student that they have a right to place in the record a statement commenting on the challenged information and/or a statement setting forth reasons for disagreeing with the decision.

The "rebuttal" statement will be maintained as part of the student's education records as long as the contested portion is maintained. If Einstein discloses the contested portion of the record, it must also disclose the statement. In the event that this rebuttal statement includes information about classmates or others which may not be disclosed as per FERPA or other required and reasonable privacy or other informational precautions, said information may be redacted in outgoing materials at the reasonable discretion of Einstein. The College may further amend the record by way of including additional information relevant to the proceedings and the findings of the Registrar's Committee.

If the College finds in favor of the student, in whole or in part, that the information in question is inaccurate, misleading, or in violation of the student's right of privacy, it will notify the student and amend the record accordingly. Such revision or amendment to an education record does not constitute any admission of intentional or inadvertent error or wrongdoing on the part of Einstein or by those persons contributing content to the original records information. Revision or amendment may in some instances be granted on the basis of courtesy, compromise, or for the purpose of attaining closure of the contested matter. Such revision or amendment may be shared with school and other officials, as appropriate, in keeping with the functions of other Einstein offices and administrative units.

## **8. Applicability of Records Policy and Delineation of Education Records**

Records of instructional, supervisory, and administrative personnel and educational personnel ancillary to those persons that are kept in the sole possession of the maker of the record, and are not accessible or revealed to any other person except a temporary substitute for the maker of the record, are not considered education records for the purposes of this policy.

Records of a law enforcement unit of an educational agency or institution, if maintained separately from

education records; are solely for law enforcement purposes; and are disclosed only to law enforcement officials of the same jurisdiction, are not considered education records for the purposes of this policy. As clarified by congressional amendment, FERPA does not intend to delimit the proper function of law enforcement efforts, on campus or off.

Records and documents developed and compiled in the course of litigation or in anticipation of legal proceedings and/or which have been specifically submitted to legal or medical oversight authorities are not considered education records for the purposes of this policy. Documentary and records discovery, as would be applicable to legal proceedings, remains within the purview of those governing authorities and is neither the subject nor the proper function of this policy.

Records developed and compiled after a student has graduated or has otherwise separated from the medical student training program (via transfer, dismissal, voluntary resignation, etc.), are not considered education records for the purposes of this policy.

Records containing sensitive medical or psychiatric information, including but not limited to substance or alcohol dependence or treatment considerations thereof, will be handled with a high level of discretion and redacted as deemed appropriate when disclosures are nonetheless indicated or required. Disclosure may nonetheless be warranted for the preservation of patient and public safety.

Records containing sensitive legal or offense-related information, including but not limited to those consequential to substance or alcohol-related behavior or treatment considerations thereof, will be handled with a high level of discretion and redacted as deemed appropriate when disclosures are nonetheless indicated or required. Disclosure may nonetheless be warranted for the preservation of patient and public safety.

## **9. Preservation of Records**

The College endeavors to retain as a minimum standard, on permanent archive, an official transcript and a copy of the Dean's Letter, a Dean's Summary Letter, and/or a Medical Student Performance Evaluation Letter (MSPE), as circumstances permit. In most cases, many more documents are retained, spanning the medical school training period. The details of records disclosures, to minimally include those disclosures made without the former student's written request, are to be retained on file. Duplicate records will be reasonably maintained in a physically separate location from the Office of Education/Registrar, for the purposes of long term storage and in the event of records degradation or loss due to flood, fire or similar.

All information and records are not and cannot be collated and preserved. The College participates in a wide network of affiliated institutions, including hospitals and other clinical and research environments across the New York City metro area. In the course of training medical students in this decentralized system, records are created, most often for temporary purposes, in innumerable offices and clinical settings. While summary information may come to the College's Office of Education or Registrar, proper, at the conclusion of a clinical training rotation sited at a separated clinical institution -no uniform or concerted effort is made to centrally collect the entire set of records information that has been developed off-site and such information is generally not considered to warrant centrally administrated preservation and maintenance. Such information, and other information generally considered to be of only temporary value in the educational process, is properly discarded at the discretion of local and central record-keepers and managerial staff. As such, our long term archives intentionally consist substantially of summary documents and outcomes, rather than the exhaustive set of primary source information.

\* Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue, SW, Washington, D.C. 20202-5920

## **L. POLICY ON NON-DISCRIMINATION, AFFIRMATIVE ACTION AND SEXUAL HARASSMENT**

As an integral part of the Affirmative Action Program of the Albert Einstein College of Medicine, the Dean has periodically issued a formal statement reaffirming the College's long-standing commitment to affirmative action and equal opportunity. As Dean, I would like once again to reaffirm the College's commitment to apply every good faith effort in achieving nondiscrimination and equality of opportunity in employment and all spheres of academic life.

All College decisions with regard to faculty, staff and students are based on equitable and equally applied standards of excellence. Affirmative Action procedures have been established, both as a legal obligation under applicable law and as a visible and formal expression of institutional policy. This policy is designed to insure that recruitment, hiring, training, promotion, and all other personnel actions take place and all programs involving students, both academic and nonacademic, are administered without regard to race, religion, creed, color, national origin, sex, age, disability, veteran or disabled veteran status, marital status, sexual orientation or citizenship status as those terms are used in the law. In addition, this policy is designed to maintain a work and academic environment free of sexual harassment and intimidation. According to the guidelines of the Equal Employment Opportunity Commission (EEOC), "unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

- (a) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment,
- (b) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or
- (c) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment."

The responsibility for the College's affirmative action/equal opportunity and sexual harassment policy lies with all associate and assistant deans, chairpersons, department heads, directors, administrators, managers and supervisors in their areas of responsibility and requires the commitment of the entire College community. Administrative and investigative responsibility has been assigned to the Affirmative Action Administrator, at telephone number 430-2552. Any questions relating to affirmative action or equal opportunity issues or wish the College to pursue a possible violation either informally or formally, should be directed to the Affirmative Action Administrator. When warranted, the College will take appropriate corrective action to remedy all violations of this policy, up to and including termination. Where appropriate, the College may also report discriminatory conduct to licensing boards. As always, when investigating any allegations of discrimination, care will be taken to ensure that there will be no retaliation taken against the complainant for making such a complaint.

Section XI, above, is included herein to ~wider College policy in this regard. As such, it is subject to change without notice and these College offices with responsibility for these policy elements are the custodians of the most recent and accurate policy language.

## **SEXUAL HARASSMENT**

### **Procedures Regarding Complaints of Unlawful Harassment**

The Albert Einstein College of Medicine is committed to maintaining an environment for research, learning and teaching that is free of unlawful harassment. The College has adopted a policy of zero tolerance with respect to unlawful harassment as being antithetical both to the academic values of the College and the need

for a work environment that is free from even the appearance of unlawful harassment or coercion. Unlawful harassment in any form is a violation of College policy.

## **A. Definitions**

### **1. Unlawful Harassment**

Unlawful harassment includes harassment based on race, religion, color, creed, age, national origin or ancestry, sex, marital status, physical or mental disability, sexual orientation, or any other basis made unlawful by any applicable law, ordinance, or regulation.

Unlawful harassment may be found in a single episode, as well as in persistent behavior. Sexual harassment is a form of unlawful harassment.

### **2. Sexual Harassment**

The Equal Employment Opportunity Commission (EEOC) has developed guidelines that define and describe sexual harassment. The American Medical Association (AMA) has adapted them to provide guidance to students and faculty, as well as employees about their legal rights. The definition by the AMA states that "unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when:

- a. submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or academic success,
- b. submission to or rejection of such conduct by an individual is used as the basis for employment or . academic decisions affecting such individuals, or
- c. 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 working environment."

Although it may sometimes be unclear where sexual slurs, insults, or even unwelcome sexual jokes actually fall within the definition of sexual harassment, it is clear that such conduct may contribute to a hostile working and learning environment and is unacceptable at Einstein. In addition to behaviors that may constitute sexual harassment, consensual sexual relationships between two individuals in a supervisory relationship (e.g., faculty members and their trainees or supervisors and their employees) represent inappropriate conduct to the extent that, even though characterized by mutual consent, they may raise ethical concerns because of their potential for sexual exploitation by one of the parties or, because of the possibility that the faculty member or the supervisor's objectivity may be compromised.

## **B. Examples**

### **1. Sexual Harassment**

Within the context of the above definition, examples of verbal or physical conduct, which may constitute sexual harassment include, but are not limited to:

- a. verbal comments of an overtly sexual nature, whether in the form of jokes, innuendoes, slurs, or other statements
- b. the use of sexist teaching materials or comments of a sexual nature not relevant to the material being taught or any other academic purpose
- c. remarks of a sexual nature about a person's clothing or body
- d. remarks speculating about sexual orientation, activity or previous sexual experiences
- e. verbal harassment or abuse of a sexual nature

- f. failure to provide equal consideration, acknowledgement or access to educational or professional opportunities on the basis of gender
- g. the display of sexually offensive photographs, drawings, graffiti, computer graphics or programs when sexual content is not justified by an academic purpose
- h. non-verbal behaviors of a sexually degrading or offensive nature, such as gesturing, leering or staring
- i. unnecessary or unwanted touching, hugging, or brushing against a person's body
- j. requests, demands or persistent pressure for sexual favors, particularly when accompanied by offer of rewards or threats of retaliation concerning work, grades, promotions or tenure
- k. sexual assault, including rape

## **2. Other Types of Unlawful Harassment**

Within the context of the definition above, the following are examples of behaviors which may constitute unlawful harassment on the basis of the protected classes listed in Section I above.

- a. epithets
- b. slurs
- c. negative stereotyping
- d. intimidating or hostile acts
- e. denigrating jokes
- f. display or circulation in the workplace of written or graphic material that denigrates or shows hostility or aversion toward an individual or group
- g. failure to provide equal consideration, acknowledgement or access to educational or professional opportunities.

## **C. Student Mistreatment**

The medical learning environment is expected to facilitate students' acquisition of the professional and collegial attitudes necessary for effective and compassionate health care. The development of these attitudes is based on the presence of mutual respect between the teacher and learner.

The Albert Einstein College of Medicine is committed to maintaining a safe and supportive academic environment that is free of all mistreatment, including intimidation, disrespect, belittlement, humiliation and abuse. The College has therefore adopted a policy of zero tolerance with respect to student mistreatment. The policy is intended to protect students and discipline and/or take other appropriate action against those responsible.

1. Definition: In general, student mistreatment is defined as any instance in which the student was treated badly or abused in any way. This includes the perpetrator's abuse of power by asking the student to do things beyond the scope of the medical student's role.
2. Examples:
  - a. Public belittling or humiliation (feeling dehumanized, disrespected or undignified, being shouted at, cursed or ridiculed)
  - b. Threat of harm or being physically abused

- c. Being asked to perform services unrelated to patient care (shopping, etc)
- d. Sexual mistreatment (sexual advances, sexist remarks)
- e. Offensive remarks based on one's gender, racial, ethnic, religious identity or sexual orientation
- f. Having grades lowered solely on the basis of gender, racial, ethnic, religious identity or sexual orientation
- g. Threat of grading and other forms of assessment as a reward or punishment for inappropriate requests

#### **D. General Procedures and Guidelines**

Anyone who becomes aware of a complaint of unlawful harassment is obligated to report such complaint to the Affirmative Action Office (AAO) or a member of the Panel on Unlawful Harassment.

A complaint may be brought either to the Affirmative Action Office or to a member of the Panel on Unlawful Harassment (see V below) for assistance in understanding available options for dealing with the problem. The complainant will be immediately advised of the policies and procedures of the school for dealing with unlawful harassment, as described herein, and may choose to proceed with the informal approach (see VI below) or to pursue a formal complaint (see VII below). The treatment of complaints will be guided by the following principles, which are intended to protect the rights of all persons concerned.

1. Every effort will be made, consistent with the need to discharge the College's legal responsibilities, to respect the wishes of the complainant regarding further investigation. A complaint will not be pursued without the complainant's explicit authorization unless the College is legally obligated to do so or, in its judgment, the allegations are serious enough to warrant further action.
2. Any attempt to penalize a complainant for initiating a good faith complaint through any form of retaliation is strictly prohibited and will be treated as a separate incident subject to review. (See VIII below). Where, however, a complaint is determined to have been initiated in bad faith and/or on a knowingly false basis, such action may be the basis for appropriate disciplinary action against the complainant.
3. A complaint should be filed promptly after the alleged incident. Complainants should recognize that as time goes by an investigation becomes more difficult. Memories may become unreliable, information and witnesses may become unavailable. Promptness in filing complaints is therefore encouraged as it may be essential to proper and fair resolution.
4. The procedures outlined in this Policy do not apply when a party seeks resolution of a complaint in a court or administrative agency.

#### **E. Affirmative Action Office**

##### **1. Role in Informal Complaints**

Members of the College community may seek advice from the Affirmative Action Officer on alternative methods of resolving perceived acts of unlawful harassment. The Affirmative Action Officer may provide such advice in an informal manner unless the allegations are serious enough to warrant further action.

## 2. Role in Formal Complaints

Formal complaints of harassment which may result in disciplinary action must be directed to the Affirmative Action Office. Upon receipt of a formal complaint, the AAO will commence an investigation. When appropriate the AAO in his judgment will contact a member of the Dean's staff to participate in the investigation in accordance with the procedures outlined in Section VII below. The Associate Dean for Medical Education will participate in investigations concerning faculty and the Dean(s) for Students will participate in investigations concerning students.

In the event that a Hearing Board is appointed (see VII C below), the AAO will serve as staff to that Board.

## 3. Contact Information

The Affirmative Action Office is located in Room 1206 Belfer Educational Center for Health Sciences, Phone: (718) 430-3272, Fax: (718) 430-8783, For the names of **Current Affirmative Action staff members** click on URL.

## F. The Panel on Unlawful Harassment

### 1. The Charge:

The Panel is appointed by the Dean and charged to provide advice about possible courses of action available to any member of the College community who feels personally pressured or uncomfortable because of behavior that is perceived as unlawful harassment (see I above). If the person wishes to pursue an informal resolution of the complaint a Panel Member can provide a nonadversarial setting in which the problem can be considered or solved, through confidential counseling and, when appropriate and acceptable to both parties, mediation between the complainant and the alleged harasser. In the course of such activity, the Panel Member may also assist by clarifying misunderstandings, and helping to assure that situations do not occur in the future that may be construed to be unlawful harassment.

### 2. Jurisdiction:

Within the principles set forth in Section VI below, Panel Members may receive complaints of perceived unlawful harassment against a faculty member, student, postdoctoral fellow or member of the staff of Einstein, in which the complainant seeks advice about a problem or assistance in resolving the situation. All employees of other institutions are subject to the policies of their respective employer institutions which retain primary authority and responsibility in this area. In cases involving accusations against employees or agents of another entity or institution, the College may proceed as it deems appropriate consistent with the facts and circumstances involved, including notifying appropriate institutional authorities of the alleged harassment.

### 3. Composition of the Panel:

The Panel will consist of members of the College community, designated by the Dean from time to time. The Dean's appointments will be guided by considerations of continuity, experience and sensitivity to the concerns of those most likely to be affected by unlawful harassment.

To view the list of **Current Panel Members**, call 718-430-2530.

## G. Ombuds Panel for Student Mistreatment

1. The Charge: The Ombuds Panel on Student Mistreatment is a mechanism in place to

- allow for confidential and safe reporting of mistreatment.
2. Composition: Two senior faculty appointed by the Deans for Students. The faculty members are not involved in evaluation of students. Two senior medical students appointed by the Deans for Students.
  3. Reporting Mechanism: If a student believes he or she has been mistreated in any of the above or similar ways, they can complete a web-based complaint form available as a link OSA web Page. This complaint is subsequently investigated by the Ombuds panel with the cooperation of the affected student. The faculty chair of the panel speaks with either the Chairperson (for incidents in the pre-clinical years) or the Assistant Dean at the appropriate site (for incidents in the clinical years), who addresses the issue with the alleged perpetrator or their supervisor. The Assistant Dean feeds back information to the Ombuds panel who updates the student. The Office of Student Affairs, the Office of Medical Education and the Office of the Executive Dean receive annual de-identified reports of incidences of mistreatment and the actions taken.

## **H. INFORMAL RESOLUTION**

- A. Wherever appropriate, mediation and conciliation will be emphasized as the courses of choice. Discreet inquiry, persuasion and trust will be stressed in dealing with complaints that are brought for consideration. Confidentiality will be respected unless otherwise required by law as determined by counsel for the University. When a complainant wishes a matter to be informally pursued, the Panel Member will hold his or her files and notes in a confidential manner to the extent permitted by law.
- B. The Panel Member may recommend or facilitate informal means of addressing the issues, such as:
  1. Informal, private direct discussion between the complainant and the accused.
  2. Informal direct discussion between the complainant and the accused in the presence of the Panel Member who received the complaint.
  3. Informal discussion with the accused by a Panel Member.
  4. Request for additional education for the area or department to which the complaint relates.
- C. A complainant may wish to remain unidentified to the respondent but request assistance in informing the latter that a problem has been raised concerning his/her conduct. Under such circumstances, the respondent may be advised as to the existence of a complaint without identifying the complainant, unless otherwise required by law as determined by counsel for the University.
- D. The complainant may replace his/her informal complaint with a formal complaint. The formal complaint must be made to the Affirmative Action Office (AAO) (see VII below).
- E. The accused may decline to participate in the informal process and may insist that a formal complaint be filed if the matter is to be pursued. No negative implication may be inferred from such a request.
- F. Where a Panel Member is unable or unwilling to undertake the review of a complaint, for example because of a conflict of interest, the complainant may select another Panel Member.
- G. Where acceptable to both parties to the complaint, the Panel Member involved may request that an additional Panel Member and/or the AAO be present for the discussions.

## **I. FORMAL REVIEW**

- A. Filing of Formal Complaint

An individual who wishes to initiate a formal complaint as described herein must file a complaint of unlawful harassment with the Affirmative Action Office (AAO) preferably in writing stating the nature of the alleged harassment, the individual(s) accused and the relief requested. It is recognized that there may be times when individuals for various reasons will want to protect their own identities and yet initiate formal action against someone who they believe has subjected them to unlawful harassment. While this desire may be understandable, fairness generally requires that the complainant identify herself or himself in a complaint before the initiation of any investigation. When a person wishes to postpone for a limited period of time rather than to refuse such identification for cogent reasons (e.g., until after a promotions review or until the end of a course), the request will generally be honored and the complaint investigated after the complainant identifies herself or himself. If the person making the complaint withdraws it before such identification, no further action will be taken and no formal record kept, unless the College is legally obligated to do so or the allegations are serious enough to warrant further action. For information regarding procedures and investigation for Student Mistreatment, see section XII (G) above.

#### B. Procedures and Investigation

1. The AAO will provide the complainant with a copy of these guidelines and advise the complainant to provide, generally within ten working days<sup>[1]</sup> of the AAO's request, a description of the incident, preferably in writing, all of the facts that bear on the allegation of unlawful harassment, including specific details of all aspects of the accusations in the complaint, the names of possible witnesses, and the nature and description of possible evidence. The complainant is to share with the AAO any supplemental information that subsequently becomes available.
2. Upon receipt of a formal complaint, the AAO will explain that the College will attempt to ascertain whether the allegation of unlawful harassment is valid. Where appropriate in the judgment of the AAO, the AAO may at any time invite both the complainant and the respondent to consider agreement to a proposed settlement.
3. The AAO will ask the respondent to the complaint to respond to the accusations, preferably in writing, if the facts of the incident were provided in writing within 10 working days of the AAO's request. Such response may include any and all possible evidence including the names of witnesses. The respondent will share with the AAO any supplemental data that subsequently becomes available.
4. Both parties will be advised by the AAO that every effort will be made by the College to ensure confidentiality and that communications about this complaint will be limited to those who the AAO believe have a genuine need to know.
5. The AAO will endeavor, as promptly as feasible, to interview relevant witnesses who have been named by the complainant and/or the respondent and to locate and review evidence cited by either.
6. In addition to the witnesses and evidence suggested by the two parties, the AAO will also consider other witnesses and evidence that may have bearing on the complaint, including but not limited to the following:
  - a. Corroborative evidence from persons other than named witnesses who may have relevant information;
  - b. Evidence that either party may harbor hostility toward the other for unrelated reasons;
  - c. The timing of the complaint;
  - d. Any previous history of involvement by the complainant or respondent in unlawful harassment complaints.
7. The AAO will seek to conclude the investigation within 45 working days of the time the formal complaint was first filed with the College.

8. At the conclusion of the AAO's investigation, the AAO will verbally advise the complainant and the respondent of the tentative findings of the investigation and will reiterate that such tentative findings are to remain confidential.

9. Written Report of the Affirmative Action Officer

a. The Affirmative Action Officer shall issue a Report which may include recommended disciplinary action.

b. The Report will generally include (a) the complaint and response; (b) the facts as found by the AAO and the determination of whether unlawful harassment has taken place along with any other conclusions drawn from the facts; (c) a summary of the testimony that was heard in closed session and relied upon in reaching the conclusion(s); and, (d) what actions, if any, are recommended.

c. A copy of the Report will be provided to both parties who, within 10 working days of receipt, may submit their comments to the AAO. The comments may also include the identification of ameliorating circumstances.

d. Promptly after the deadline for comments has passed the AAO will refer its Report (and all attachments thereto) along with all comments received to the appropriate responsible party (see below).

10. Findings and recommendations concerning students will be referred to the CSPPS (ACSPPS@) for further adjudication in accordance with CSPPS Bylaws in consultation with the Graduate Division as appropriate.

11. Findings and recommendations regarding postdoctoral trainees will be referred as appropriate to the Director of the Belfer Institute or the Associate Dean for Clinical Affairs and Graduate Medical Education who may then refer it to a Hearing Board (see C below).

12. Findings and recommendations regarding all non-faculty, non-represented employees will be referred to the Director of Human Resources for further disposition.

13. Findings and recommendations regarding represented employees will be subject to the provisions of the appropriate collective bargaining agreement.

14. In the event the respondent is a faculty member, within 10 working days of being advised of the tentative conclusion of the AAO's investigation, unless a mutually acceptable resolution has been achieved, either party may present a request in writing to the Dean for a hearing before a Hearing Board (see below). If no such request for a hearing is received within the allotted time, the AAO will complete a written Report which will be forwarded to the Dean for further disposition.

C. The Hearing Board

1. Composition

In cases involving harassment by a Faculty Member or postdoctoral fellow, if either party to the dispute or the Affirmative Action Officer requests a hearing, the Dean will appoint a five member Hearing Board that will include at least one member of the faculty and at least one person from the same category as the complainant, e.g., faculty member, postdoctoral trainee, employee, student, etc. The Dean will appoint one member of the Hearing Board to serve as Chairperson. The complainant and the respondent will be advised of the names of the proposed members of the Hearing Board. Each will have the right, within 10 working days after being advised of these names, to challenge the participation of an individual based on conflict of interest or bias. If the challenge is accepted by the Dean, an alternate Hearing Board member will be selected by the Dean.

2. Proceedings

- a. Both the complainant and the respondent may be accompanied by counsel (or a non-attorney representative) of their choice who may attend the hearing(s) but may not participate in the discussion or question witnesses.
- b. At such hearing(s), the AAO, serving as staff to the Hearing Board, will organize and seek to expedite the hearing. In that regard, the AAO will present the Hearing Board with a description of evidence and a list of individuals whose testimony the AAO considers relevant to the investigation. The complainant and the respondent will be asked to supplement the evidence and witnesses suggested by the AAO.
- c. The Hearing Board will seek to obtain the testimony of individuals suggested by the complainant and the respondent as well as of any other individual(s) suggested by the AAO whose testimony it deems relevant. Both the complainant and the respondent may, as the Hearing Board determines, either themselves question adverse witnesses directly or submit questions to be asked on their behalf by the Hearing Board. However, the Hearing Board does not have the ability to compel testimony.
- d. It is noted that these proceedings are not those of a court of law, and the Hearing Board is not bound by strict rules of evidence. It will at all times seek to protect the rights of both parties, and to maintain the confidentiality of the proceedings to the fullest degree possible.
- e. A representative of the University Counsel's Office will attend all meetings of the Hearing Board and provide direction on all legal matters to ensure that University requirements for due process and other legal obligations are met, and to protect the interests of the University but not as an advocate for either the complainant or respondent.
- f. The Hearing Board is expected to complete the hearing(s) within 60 working days from the date the Board was appointed.
- g. A tape or stenographic record will be made of the hearing(s) and provided to the complainant and the respondent. At the conclusion of the hearing(s), the Hearing Board may allow both parties a set time for submission of summary statements of their positions.

### 3. Written Report of the Hearing Board

- a. The Hearing Board shall issue a Report which may include recommended disciplinary action.
- b. The Report will generally include (a) the complaint and response; (b) the facts as found by the Hearing Board, and their determination of whether unlawful harassment has taken place along with any other conclusions drawn from the facts; (c) the testimony that was heard in closed session and relied upon in reaching the conclusion(s); and (d) what actions, if any, are recommended that the Dean undertake.
- c. A copy of the Report will be provided to both parties who, within 10 working days of receipt, may submit their comments to the Hearing Board. The comments may also include the identification of ameliorating circumstances.
- d. Promptly after the deadline for comments has passed the Board will refer to the Dean its Report (and all attachments thereto) along with all comments received.
- e. The Dean must receive a written report about each formal complaint that is lodged regardless of the determination of whether or not unlawful harassment took place and whether or not sanctions have been recommended.

### 4. Decision by the Dean

In a case involving a faculty respondent, the Dean will review the Report and comments received. The Dean may request further investigation or supplemental information from the AAO or the Hearing Board as the case may be, in which instance such further investigation will be completed within the time set by the Dean. Upon receiving all such data as the Dean considers relevant, the Dean will issue the decision of the College regarding the complaint.

The procedures described herein shall supersede Sections 5.03 and 5.04 of the Rules and Regulations for a System of Appointment, Titles and Compensation Arrangements of the Albert Einstein College of Medicine of Yeshiva University.

In the event that the Dean believes that it is appropriate to do so, the Dean to the extent practicable will implement actions to restore the reputation of the respondent. If the Hearing Board judges that the allegation was not made in good faith or was made with malicious intent, the Hearing Board to make recommendations to the Dean which may include disciplinary action against those responsible.

#### 5. Appeal of the Dean's Decision

In a case involving a faculty respondent, a final appeal of the Dean's decision may be made to the Vice President for University Life who can be reached at Wilf Campus, 500 West 185<sup>th</sup> Street, New York, NY 10033, Belfer Hall, 1204. The appeal must be made in writing no later than 30 days after the Dean's decision. The Vice President for University Life or his designee will review all relevant data and may consult with the Dean and the Office of the General Counsel in reaching a decision. The Vice President for University Life will decide the appeal within 45 days after the appeal is filed. The decision of the Vice President for University Life is final.

#### J. PROTECTION FROM RETALIATION

The College will take all reasonable action to protect from retaliation or reprisal all individuals who in good faith filed a formal or informal complaint and/or were involved in the investigation of a complaint. It is noted that even if a complaint is not sustained, no individual should be subject to retaliation so long as the filing of the complaint and testimony in support thereon were in good faith. Should this principle be violated, upon submission of a complaint of retaliation, the AAO will review the facts and recommend appropriate action to the Dean.

#### K. RE-EVALUATION

The University reserves the right to review and change these procedures periodically. Proposed changes will be recommended to the Dean who will review them with the Office of the University Counsel. These Policies and Procedures are available to the entire faculty, staff and student body of Albert Einstein College of Medicine and Sue Golding Graduate School, either on the Einstein website or from various campus offices including the Affirmative Action Office and the Human Resources Department.

[J] The time periods referred to throughout this document may be extended as determined by the AAO or the Hearing Board, for such reasons as the unavailability of witnesses, school vacations, etc.

Effective May 2018

Section L, above, is included herein to ~wider College policy in this regard. As such, it is subject to change without notice and these College office with responsibility for these policy elements are the custodians of the most recent and accurate policy language.

Students and others are directed to other applicable College and University policies, including:

- Policy on Patents and Licensing
- Computer Policy Handbook

-Other important policies and procedures.

Any questions about the above policies or procedures or services can be directed to the Office of Student Affairs, at 718-430-3060, Belfer 210 --in addition to the names and numbers listed in the preceding text. The above is not the full text of all College policies relevant to students, some of which can be found elsewhere on the College's website or within specific College offices. The above is subject to revision by the appropriate College offices or committees.  
{Rev 2018}

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