Weill Cornell Medical College
Student Handbook
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About the Institution

Weill Cornell Medical College

History

An abiding focus on the science which shapes medical knowledge and patient care has been central at Weill Cornell since the school’s establishment in 1898. Cornell University President Jacob Gould Schurman, in his address at the Medical College’s opening ceremonies, set the tone for the decades to come. “What is needed for the training of physicians and surgeons today?” asked Schurman. “I answer, first, science; secondly, science; thirdly, science.” Delivered with a missionary’s fervor 105 years ago, these words remain notable not simply for the way they continue to affirm the emphasis placed by Medical College faculty on the scientific basis of medical training, but as an indication of how far the field has traveled in the last century, and how great a part Cornell University Medical College has played in that development.

In 1898, the field of medicine was only beginning to stress a scientific foundation, and most medical schools in the United States were just starting to resemble medical schools as we know them today. Through most of the 19th century, many medical schools had lower entrance requirements than those of a good high school. Once admitted, a medical school student was taught exclusively by lecture, and had only to sit through two four-month terms before being given, automatically, an M.D. degree. Few medical students ever touched a patient or had any clinical experience prior to graduation.

The founding of Cornell University Medical College coincided with a period of momentous change and strengthening of medical education in this country. Established and generously endowed through the gifts of Colonel Oliver H. Payne, Cornell University Medical College quickly became a national leader in medical instruction. One of Colonel Payne’s requirements was that the Medical College be a university medical school. Admitting men and women from the outset, Cornell was also one of the country’s first coeducational medical schools.

Cornell’s original faculty, highly regarded as both scientists and teachers, recognized a broad liberal education as a prerequisite for a successful medical education.

Although Cornell University was founded and continues to flourish in Ithaca, New York, the University’s Medical College was established in New York City to provide its students with opportunities for clinical learning and laboratory-oriented instruction that were rare at the time. This clinical focus remains central to the Weill Cornell experience.

As the scientific pursuit of medicine gained prominence, a new kind of institution arose — the partnership of university and hospital in an academic medical center. The Medical College and The New York Hospital first signed a limited affiliation agreement in 1913; formal affiliation in 1927 joined the facilities of the two institutions. Hospital and college were brought to one location in 1932 with the opening of The New York Hospital-Cornell Medical Center, physically confirming the fundamental integration underpinning the academic medical center and its triple mission of education, research, and patient care.
Now at the heart of a world-renowned center of medical education, biomedical research, and health care, Weill Cornell Medical College remains committed to the advancement of medical knowledge through work done by faculty and students alike. As a pioneer in the early 1950’s in developing the concept of comprehensive care for patients as well, Weill Cornell investigated and refined the effective matching of patient needs with medical and community resources, through its Comprehensive Care and Teaching Program. While the formal program ended in the 1960’s, the precepts of comprehensive patient care learned from the undertaking continue to be applied.

The New York Hospital merged with the Presbyterian Hospital in 1997, and the new entity is known as NewYork-Presbyterian Hospital. However, the medical schools of Weill Cornell and Columbia remain independent entities.

The Medical College itself changed its name on April 23, 1998. The new designation, “The Joan and Sanford I. Weill Medical College of Cornell University,” was approved by the Board of Trustees of Cornell University in recognition of the Weill’s many years of dedicated service to Cornell and, particularly, to the Medical College. As a result of the merger and name change described above, the academic medical center (formerly New York Hospital-Cornell Medical Center) is now known as NewYork-Presbyterian Hospital/Weill Cornell Medical Center.

**Mission Statement**

The following mission statement for Weill Cornell Medical College and Graduate School of Medical Sciences was adopted by the Faculty Councils in 1996, and revised in 1999, 2003, and 2009.

The Weill Cornell Medical College and Graduate School of Medical Sciences are committed to excellence in research, teaching, patient care, and the advancement of the art and science of medicine. To this end, their mission is to provide the finest education possible for medical students and students pursuing advanced degrees in the biomedical sciences, to contribute to the lifelong education of physicians throughout their careers, to conduct research at the cutting edge of knowledge, to improve the health care of the nation and the world both now and for future generations, and to provide the highest quality of clinical care for the communities they serve. Success in any of these contributes to success in the others.

In pursuit of this mission, the Medical College and Graduate School fully embrace the commitment of Cornell University, to support equality of education and employment opportunity by affirming the value of diversity and by promoting an environment free from discrimination. Association with the Medical College and Graduate School, either as a student, faculty, or staff member involves participation in a free community where all people are recognized and rewarded on the basis of individual performance rather than personal convictions, appearance, preferences (including sexual or affectional orientation), or happenstance of birth. The Medical College and Graduate Schools’ history of diversity and inclusion encourages all students, faculty, and staff to support a diverse and inclusive university in which to work, study, teach, research, and serve.

The Medical College and Graduate School recruit faculty and staff who excel in their fields and provide a creative, stable, intellectually stimulating and supportive working environment
conducive to success in each aspect of their professional endeavors. In the selection of faculty, significant consideration is given to their potential as role models for the future leaders of academic medicine whom they will train. The Medical College and Graduate School are committed to the maintenance and continued development of a community of scientific and clinical scholarship. Where appropriate to further this mission, they will seek and cultivate affiliations with other institutions of excellence in clinical and biomedical sciences.

The faculty must be dedicated to the achievement of excellence in educating the physicians and biomedical scientists of the future, as well as those currently in practice, for leadership in research, patient care, education and community service. The Medical College and Graduate School must support this ideal through the development of innovative and stimulating curricula, and through the provision of appropriate resources to achieve this goal. They must respond rapidly to changing societal needs and new technologies.

The Weill Cornell Medical College and Graduate School of Medical Sciences are committed to the delivery of the highest quality health care that serves the needs of the local, regional, national and world communities. The institution is dedicated to the provision of health education, prevention, detection and treatment of disease, and the development of a research agenda and public health policy responsive and sensitive to the needs of these communities.

The leadership of the institution must direct its efforts to ensure the success of the creation, transmission and application of knowledge.

**Hospital Affiliations of Weill Cornell Medical College**

In order to provide its students with a broad experience in patient care, Weill Cornell Medical College is affiliated with a number of teaching hospitals that provide primary, secondary, and tertiary care to the Greater New York community and residents of New York State. Many of the affiliated institutions are world-renowned leaders in their fields, and provide specialized care to patients from other states and countries. Others are prominent local institutions that provide vital care to their communities. Weill Cornell is also affiliated with Cayuga Medical Center in Ithaca, New York and The Methodist Hospital in Houston, Texas.

**NewYork-Presbyterian Hospital**

On December 31, 1997, The New York Hospital and The Presbyterian Hospital merged to form NewYork-Presbyterian Hospital (NYPH). The merger combined these two institutions with long and distinguished histories. The New York Hospital, the second oldest hospital in the United States, was founded in 1771 by a Royal Charter granted by King George III of England. In 1927, The New York Hospital affiliated with Cornell University. The merged NYPH has two principal academic affiliates: Weill Cornell Medical College and the College of Physicians and Surgeons of the Columbia University. Although the hospitals have merged, the medical colleges have not. NYPH is the largest hospital in New York City and one of the largest and most comprehensive health-care institutions in the world, with leading specialists in every field of medicine. NYPH’s Centers of Excellence are unsurpassed in quality and are increasingly attracting patients from the extended New York Metropolitan region, as well as from around the world. Centers of Excellence include: cardiac care, pediatrics, burn care, reproductive medicine and infertility, cancer care, trauma, women’s health, liver disease,
transplant surgery and psychiatry. As a consequence of the merger, the medical center, formerly known as the New York Hospital-Cornell Medical Center, now has the name Weill Cornell Medical Center (WCMC). Located on the Upper East Side of Manhattan with a psychiatric hospital (The Westchester Division) in White Plains, WCMC is an 1156-bed academic medical center with 49,798 admissions and 72,239 emergency room visits annually.

Weill Cornell Medical Center has state-of-the-art inpatient and ambulatory-care facilities. It offers a full-range of primary, specialty, and subspecialty care for children and adults. WCMC has 55 graduate medical education programs. It has level 1 adult and pediatric trauma center and the nation’s busiest Burn Center. New York-Presbyterian Hospital is dedicated to serving New Yorkers from all walks of life. It participates in several Medicaid managed-care plans, which are designed to offer the best in medicine to those who are Medicaid-eligible. The Hospital also provides a substantial amount of charitable and uncompensated care to patients without means.

On July 1, 2013, New York Downtown Hospital became the sixth campus of NYPH and was renamed Lower Manhattan Hospital (LMH). This added 254 beds to NYPH. LMH is located near Wall Street, TriBeCa, Chinatown, Little Italy, South Street Seaport, City Hall, and the Foley Square federal courthouse. It is the only hospital south of 14th Street in Manhattan. LMH together with the Weill Cornell Physician Organization provides the full range of inpatient services including medicine, surgery, Ob/Gyn and pediatrics as well as ambulatory services on site and at locations in Chinatown and Sunset Park, Brooklyn. More than 60% of the patients served by LMH are of Asian ethnicity. LMH was one of the principle emergency care sites after the World Trade Center disaster on 9/11/2001. With over 300,000 people who commute to work daily in Lower Manhattan, LMH has emphasized emergency medicine, opening its new Lehman Brothers Emergency Center in 2006. LMH participates in the first year Office-based Preceptor course and the Primary Care Clerkship.

The Methodist Hospital, Houston, Texas

The Methodist Hospital, located in Houston, Texas, became a Weill Cornell Medical College affiliate in 2004. It is also one of the nation’s largest private, non-profit hospitals with 1,269 beds. Methodist is the site of numerous medical break-throughs, such as the world’s first multiple-organ transplant in the 1960’s, gene therapy for prostatic cancer, and the first islet cell transplantation for diabetes in Texas. Through the affiliation and the establishment of The Methodist Hospital Research Institute, multiple research collaborations have developed between investigators at Weill Cornell in New York City and The Methodist Hospital in Houston, Texas. Educational programs have also expanded recently. Third year students have begun to do clerkships in Internal Medicine, Surgery and Ob-Gyn at Methodist. Methodist has also built a healthcare system in the greater Houston community consisting of its flagship hospital and three community hospitals. In terms of international collaborations, The Methodist Hospital provides a major window to Latin America and partnerships throughout the world.

Hospital for Special Surgery

The Hospital for Special Surgery (HSS), founded in 1863 by the New York Society for the Relief of the Ruptured and Crippled, was the first institution in the United States dedicated to
the treatment of orthopedic conditions. Today it is a leader in the fields of orthopedics, rheumatology and sports medicine. Affiliation with Weill Cornell Medical Center began in 1949. Construction of a new hospital over the FDR Drive was completed in 1996 and all patients are now treated in the new facilities. HSS is a 160-bed hospital with 8,592 admissions and 183,000 outpatient visits annually. HSS performs 25% of all joint replacement surgery in New York City. Residents train in its highly regarded five-year program in orthopedic surgery; additionally clinical fellows receive training in advanced programs in rheumatic diseases and orthopedic subspecialties. In addition to patient care and medical education, the hospital maintains the Philip D. Wilson Research Center. The hospital’s research division investigates the causes, prevention, and new treatments for orthopedic, rheumatic and autoimmune diseases. HSS is the center of numerous clinical trials and the holder of various patents in its field. HSS is consistently ranked as one of the leading institutions in its specialty in the United States.

Memorial Sloan-Kettering Cancer Center

Memorial Sloan-Kettering Cancer Center (MSKCC) is the world’s oldest and largest privately operated center devoted to prevention, patient care, research, and education in cancer. The prototype for the National Cancer Institute-designated comprehensive cancer centers, Memorial Sloan-Kettering has two operating organizations: Memorial Hospital, which provides inpatient and outpatient care, specialized and support services, and a broad program of clinical research; and the Sloan-Kettering Institute, with some 75 laboratories dedicated to biomedical investigation, which are part of the Weill Cornell Graduate School of Medical Sciences. Programs of basic and clinical research at Memorial Sloan-Kettering aim to advance the understanding of cancer, and to improve the means for its prevention, diagnosis, and treatment. Research at the Sloan-Kettering Institute is organized into five major areas: Molecular Biology; Cell Biology; Cellular Biochemistry and Biophysics; Immunology; and Molecular Pharmacology and Therapeutics. In addition, more than 20 different clinical research programs are conducted under the auspices of Memorial Hospital. The close collaboration between the Center’s scientists and clinicians facilitates the rapid translation of results from the laboratory to the patient’s bedside.

Memorial Sloan-Kettering is developing techniques to identify and monitor people at increased risk for cancer, providing tests to diagnose the disease in its earliest stages, and leading studies to assess promising avenues of cancer prevention. An innovative outpatient facility on 64th Street opened in 1992 and is situated apart from the main campus. Its Evelyn H. Lauder Breast Center provides for all the medical and non-medical needs of breast cancer patients, while the Iris Cantor Diagnostic Center provides the latest high-technology diagnostic services. The Breast Examination Center of Harlem (BECH), located at 163 West 125th Street and affiliated with Memorial Sloan-Kettering, provides free breast and cervical-cancer screenings, counseling, support groups, patient-education materials, and referral services to women in Harlem. Memorial Sloan-Kettering also acquired The Stella & Charles Guttman Breast Diagnostic Institute, located at 55 Fifth Avenue near 13th Street, in the Greenwich Village neighborhood of Manhattan. The Memorial Sloan-Kettering Guttman Diagnostic Center now offers prevention and early detection of breast, gynecological, prostate, and skin cancers. The Memorial Sloan-Kettering Counseling Center, which opened in 1996 at 1246 Second Avenue and 65th Street, is an outpatient facility to help cancer patients of all ages cope emotionally with their disease and treatment and to adjust to life
after cancer. The Clinical Genetics Service counsels people who report a family history of multiple cases of breast, ovarian, colon, endocrine, skin, or other cancers. Its staff collects and analyzes detailed family, medical, and lifestyle histories, assesses individual cancer risks, and discusses with patients and relatives their options for prevention and for early detection.

To facilitate international collaboration, Memorial Sloan-Kettering has established oncology programs in alliance with hospitals in Switzerland, Greece, Brazil, Spain and Turkey. Memorial Sloan-Kettering has also joined forces with hospitals in Westchester County, Long Island, and New Jersey to provide people in these communities with access to the Center’s world-renowned cancer care closer to home. The Rockefeller Outpatient Pavilion located at 160 East 53rd Street at Third Avenue, opened in 1999. It offers outpatient radiology and chemotherapy services, as well as patient education and prevention, screening, and “wellness” programs for people at risk of developing cancer. Also launched in 1999 was Memorial Sloan-Kettering’s Integrative Medicine Program, which enhances patients’ and family members’ quality of life through healing regimens that address the body, mind and spirit. Originally established in 1884, Memorial Hospital has been affiliated with Cornell University since 1914. Many staff members of Memorial Hospital and Sloan-Kettering Institute hold faculty appointments either in the Medical College or in the Graduate School of Medical Sciences, which offers doctoral degree programs through the Sloan-Kettering Division. The Center is a major resource for the Medical College, offering students clinical instruction and research opportunities. Center facilities provide unparalleled instruction in the pathology, diagnosis, and treatment of neoplastic disease.

NewYork-Presbyterian Healthcare System

The NewYork-Presbyterian Healthcare System (NYP System) was developed in response to changes in the healthcare marketplace in order to meet the healthcare needs of employers and patients throughout the metropolitan New York area. It has also become a major clinical educational resource for Weill Cornell. The NYP System consists of the full spectrum of healthcare services, including the academic medical centers, specialty institutes, community hospitals, long-term care facilities, home-health agencies, ambulatory care sites, and physician groups. The Cornell-affiliated members of the NYP System include Weill Cornell Medical Center, the Hospital for Special Surgery and eight community hospitals outside of the Upper East Side of Manhattan in the Bronx, Brooklyn, Queens, lower Manhattan and Westchester County. Although not all of the hospitals listed below belong to the NYP System, each participates in the clinical education of Weill Cornell medical students.

The Winifred Masterson Burke Medical Research Institute

The Research Institute supports research conducted at Burke Medical Research Institute in White Plains, NY, including the Dementia Research Laboratories and the Laboratory of Molecular Neurobiology. In addition, the Institute conducts research into pulmonary disease, head injury, and other neurological disorders. Basic research in these areas is central to the specific problems of chronic illness and disability which confront the majority of Burke patients, and with which rehabilitation is concerned. Clinical research programs are conducted under the auspices of individual departments of the Burke Rehabilitation Hospital. The Research Institute is staffed by world-renowned scientists and has received numerous honors and awards of international acclaim. In addition to presenting their findings at major
conferences, researchers publish their work in peer-reviewed journals. The institute is intimately involved with the hospital, offering students the opportunity to combine clinical care with research.

Cayuga Medical Center at Ithaca

Situated in the Finger Lakes region of Central New York, Cayuga Medical Center at Ithaca is an acute-care facility that provides high-quality health care (emergency, inpatient and outpatient) to a community of 150,000 people. The 204 bed, not-for-profit medical center, is rated in the top 10% of hospitals nationwide by the Joint Commission on Accreditation of Healthcare Organizations. It has been affiliated with Weill Cornell Medical Center since 1993. In recent years, Weill Cornell has expanded its relationship to Cayuga Medical Center by offering Grand Rounds speakers on topics selected by the Cayuga medical staff. Students may elect to do their Primary Care Clerkship at the Cayuga Medical Center, which provides exposure to clinical care in a small-town, rural environment. Students enrolled in the program accompany physicians on their daily rounds at the medical center and evaluate and treat patients in physicians’ private offices. The 180 physicians on the medical staff at Cayuga Medical Center represent the full range of medical and surgical specialties and subspecialties, including allergy and immunology, anesthesia and pain medicine, cardiology, dermatology, emergency medicine, endocrinology, facial cosmetic surgery, family practice, gastroenterology, internal medicine, nephrology, neurology, neurosurgery, obstetrics and gynecology, oncology, ophthalmology, otolaryngology, orthopedics and sports medicine, pathology, pediatrics, physical medicine and rehabilitation, plastic and reconstructive surgery, podiatry, psychiatry, pulmonary medicine, radiology, rheumatology, surgery (general, thoracic, vascular), and urology. Key programs at Cayuga Medical Center include one of only 20 Comprehensive Cancer Centers in the state, The Finger Lakes Center for Advanced Laparoscopic Surgery, a Woman’s Imaging Center for the detection of breast cancer; the Ithaca Center for Pain Management, a Comprehensive Outpatient Services department; a satellite clinic for walk-in non-emergency care that treats approximately 20,000 patients a year and provides corporate wellness and occupational health programs, a radiology program, and both inpatient and outpatient rehabilitation services. Ithaca, New York, located at the southern tip of Cayuga Lake, is home to both Cornell University and Ithaca College and is rich in a wealth of local resources that stimulate academic, professional and personal growth.

Community Health Network

The Community Health Network (CHN) is a not-for-profit organization of 11 community-based, ambulatory health care centers serving New York City’s poor and under-served communities: 3 health centers in Manhattan (Washington Heights, Central Harlem, Lower East Side); 4 in Brooklyn (Downtown Brooklyn, East New York, Williamsburg, Red Hook); 1 in Queens (Jamaica); 1 in the Bronx (Mott Haven); and 2 mobile centers. All the health centers provide primary care services, with an emphasis on women’s health services. Most CHN health centers have established and complementary relationships with one of the hospitals in the NYP Healthcare System. CHN became a Weill Cornell affiliate in 2002. It serves as an educational site for the first year Office-based Preceptor course.
Lincoln Medical and Mental Health Center

Lincoln Medical and Mental Health Center is an acute care public hospital located in the heart of the South Bronx. Founded in 1839 as a home for aged former slaves, Lincoln has evolved into a teaching medical center with 362 beds, including medical, surgical, OG-Gyn, pediatric, neonatal, psychiatry and coronary intensive-care beds and a recently expanded 11-station Renal Dialysis Unit. Lincoln is one of 11 public hospitals run by the New York City Health and Hospitals Corporation. Since 1997, Weill Cornell has been the academic affiliate for Lincoln Hospital. In the year 2000, Lincoln became Weill Cornell’s only public hospital affiliate. Lincoln provides over 365,000 outpatient visits and 4,226 ambulatory surgical procedures. With 172,320 Emergency Room visits and a Level 1 Trauma Center, Lincoln is the third busiest emergency room in the United States. The community serviced by Lincoln is primarily Hispanic (53%) and African American (43%). Lincoln serves as a teaching site for the first year Office-based Preceptor course, the first and second year Physical Diagnosis course, the Introductory Clerkship, Internal Medicine, Pediatric, Primary Care, and Surgery Clerkships, and fourth year electives, particularly in Emergency Medicine.

New York Community Hospital

Since 1929, New York Community Hospital has been serving the health care needs of the southern Brooklyn communities. The Hospital is a 134-bed, acute care, voluntary, non-profit hospital, providing inpatient medical and surgical services, as well as emergency, intensive care and ambulatory surgical services. The Hospital further fulfills the health care needs of the community by sponsoring and participating in community support groups, informational lectures, health screenings and Health Fairs on an on-going basis. In 1993, New York Community Hospital affiliated with Weill Cornell Medical College and became a corporately sponsored member of the NewYork-Presbyterian Healthcare System. It participates in the first year Office-based Preceptor course and the first and second year Physical Diagnosis course.

The New York Hospital Queens

The New York Hospital Queens (NYHQ) is a 489-bed acute care teaching hospital providing primary, secondary and tertiary care to an urban population, which reflects the remarkable ethnic and cultural heterogeneity of New York. The borough of Queens is one of the most multiethnic regions in the United States. NYHQ is a major trauma center and has one of the nation’s most advanced radiotherapy services. It is also the only hospital in Queens that performs cardiac surgery. The Hospital sponsors the 315-bed Silvercrest Extended Care Facility for the care of the chronically ill. Formerly called Booth Memorial Medical Center, NYHQ was founded by the Salvation Army in 1957 as a 210-bed hospital. It rapidly expanded to meet the needs of the community and became a teaching center with affiliations to major university medical centers. Then, in 1993, it joined the NewYork-Presbyterian Healthcare System. In 2002, NYHQ had approximately 35,023 in-patients and 139,756 outpatient clinic visits annually. There were 9,081 ambulatory surgery procedures performed and 89,910 emergency room visits. NYHQ has a 22-year tradition of training medical students and residents in all the major clinical services. There are currently 155 residents and fellows who receive post-graduate training. Research programs are being conducted in the fields of infectious diseases, oncology and nephrology. NYHQ is also involved in the first year Office-based Preceptor course, the first and second year Physical Diagnosis course, the
Introductory Clerkship, Internal Medicine, Neurology, Pediatrics, Ob/Gyn, Primary Care and Surgery clerkships, and third and fourth year electives.

New York Methodist Hospital

New York Methodist Hospital is a 651-bed acute care teaching hospital, which has provided over 110 years of dedicated service to the Brooklyn community. The Hospital, which is located in the Park Slope section of Brooklyn, provides services to over 34,699 in-patients each year, has approximately 136,096 outpatient clinic visits and 79,285 emergency rooms visits, and performs 11,914 ambulatory surgery procedures each year. New York Methodist joined the NewYork-Presbyterian Healthcare System and became a Weill Cornell affiliate in 1993. New York Methodist Hospital maintains dedicated ventilator, rehabilitation, medical oncology, psychiatry, and critical care in-patient units. The hospital’s specialized clinical services include a cardiac surgery unit, a cardiac catheterization unit, cardiopulmonary physiology lab, rehabilitation therapy unit, sleep-wake disorders center, and a breast-imaging center. It is also the center of a regional radiation oncology network, which includes seven institutions. New York Methodist Hospital is involved in the Office-based Preceptor course in the first year; the Physical Diagnosis course in the second year; and the Pediatrics Clerkship in the third year.
Emergencies, Safety, and Security

Reporting Crimes, Emergencies, and Suspicious Behavior

Incidents of crime and other serious emergencies which require immediate assistance and which occur on the Medical College campus should be reported to the New York City Police Department (“NYPD”) by dialing 911 and NewYork-Presbyterian Hospital Security (“NYPH Security”) at 1-212-746-0911. Reports may be made on a confidential basis.

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

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

In addition to reporting off-campus crimes to 911, students should report any crimes or other security concerns involving the Medical College and its students that occur off campus to NYPH Security (212-746-0911). Such information assists the Medical College with reporting and notification requirements that help ensure the safety of the Medical College community.

Additional Emergency Contacts

Medical College

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<tr>
<th>Service</th>
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<tr>
<td>Engineering &amp; Maintenance (facilities emergencies)</td>
<td>1-212-746-2288</td>
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<td>Emergency repairs in campus housing</td>
<td>1-212-746-1001</td>
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<td></td>
<td>1-212-746-1009</td>
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<tr>
<td>Environmental Health &amp; Safety (fire, chemical, biological, and radiological releases)</td>
<td>1-646-WMC-SAFE</td>
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<td>1-646-962-7233</td>
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New York Presbyterian Hospital-New York Weill Cornell Campus

Security 1-212-746-0911 any time
Fire 1-212-746-FIRE 1-212-746-3473 any time
Facilities Operations (facilities emergencies) 1-212-746-1920
Environmental Health & Safety 1-212-746-1926
Rape crisis program (emergency department) 1-212-746-5050
Counseling (social work) 1-212-746-4320
Switchboard 1-212-746-5454 any time
Administrator On Call 1-212-746-5020 any time

Medical College Administrators

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

Associate Dean (Student Affairs)  
In an emergency, Dean Murray may also be reached at: 212-746-1058 or 646-436-1425

Senior Associate Dean (Education)  
In an emergency, Dean Hempstead may also be reached at: 212-746-2195 or 646-217-9461

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

Emergency Alerting

Emergency alerts are posted to the emergency information web site at http://cornellemergency.org, and may also be heard by calling 1-212-746-9262.

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

In an emergency, the Medical College will notify students using the Emergency Notification System (ENS). The ENS can send simultaneous notifications to all students or select groups.
via email, cell phone, and text messaging. All students are responsible for ensuring their contact information is accurate in the ENS. Further information and instructions to update contact information are at http://cornellemergency.org/notification.

Persons may also receive emergency alerts from New York City by registering for Notify NYC at http://nyc.gov/notifynyc.

**Suspicious Behavior**

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

- A person running and looking about furtively, as if he or she were being watched or chased.
- A stranger carrying property at an unusual hour or location, especially if the items are stereo equipment, office machinery, or a locked bicycle.
- A person going door-to-door in an office or residential building.
- Any person forcibly entering a locked vehicle or building.
- Transactions being conducted from vehicles, especially near schools or parks.
- A person or persons sitting in a parked car and closely scanning the area.
- A person exhibiting unusual mental or physical symptoms.
- Unusual noises, including gunshots, screaming, sounds of fighting, barking dogs, or anything suggesting danger or illegal activity.

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

**Crime Prevention Tips**

- Keep yourself, your residence, your office, and your car safe by incorporating safe behavior into your daily routine.
- When you leave your room or office, even for a moment, always keep your doors and windows locked.
- Never leave your purse, wallet, book bag, notebook computer, or other property unattended, even for a moment.
• Be careful when people stop you for directions or money. Always reply from a distance; never get too close to the car or the person. If you feel uncomfortable about someone near you, go somewhere with people around and call the police or NYPH Security.

• If you are out after dark, use only well-lit routes and travel in groups when possible. Avoid construction areas, particularly sidewalks shadowed by scaffolding.

• Walk with the appearance of confidence. Make eye contact with passersby, and keep a firm grip on your property.

• Have keys ready so you can quickly get into your car or home.

• Although it seems courteous to open doors for others, especially persons carrying groceries or packages, do not open doors for strangers.

Campus Security Report

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

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

Campus crime statistics can be accessed at http://ope.ed.gov/security/search.asp. The Advisory Committee on Campus Security will also provide upon request all campus crime statistics as reported to the United States Department of Education.

Comments

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

Fire Safety

Fire safety includes fire alarm activation response, fire emergency response, emergency evacuation, and fire prevention. The Medical College develops guidelines and procedures addressing these topics, periodically reviews and updates procedures related to fire safety, develops training programs and exercises to increase awareness amongst faculty, students and staff, and collects data on the effectiveness of the various fire safety program components.
Most areas in Medical College buildings are monitored by an early warning fire detection system and protected by fire sprinklers. Upon the activation of any fire sprinkler or fire detection or alarm-initiating device, there is an audible and visual indication throughout the building that the fire alarm has activated, while simultaneously notifying the NYC Fire Department of the potential fire emergency. Students must respond to all fire alarm activations and assume that each activation is a real fire emergency. Ignoring a fire alarm activation is against Medical College and NYC guidelines governing fire alarm activation response.

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

**Fire Safety Rules**

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

Specific fire safety topics may be found in the Fire Safety Manual: [http://intranet.med.cornell.edu/ehs/FIRE.pdf](http://intranet.med.cornell.edu/ehs/FIRE.pdf)

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

**Residential Fire Safety Plans**

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

**Tampering with Fire Alarms and Malicious Alarm Activations**

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

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

If you discover fire or visible smoke, immediately follow the RACE procedure:

R.A.C.E. is an acronym for the general procedures all occupants should follow in the event of a fire, visible smoke, or fire alarm activation.

R – RESCUE: Remove occupants from the affected area. Provide assistance to others as appropriate. For patient care areas, rescue those in immediate danger from fire or smoke.

A – ALARM: If there is visible fire or smoke, report the fire to the other occupants in the immediate area by shouting “CODE RED” or “FIRE”. Activate the nearest fire alarm pull station to alert building occupants of the fire. Occupants in NYP buildings must call the NYP fire hotline at 212-746-FIRE (3473).

C – CONFINE: Close all doors, including interior doors, to the area to confine a fire and minimize the risk of the fire spreading in the building. Damp towels should be placed at the base of the door to minimize smoke entering an area where occupants or patients are unable to evacuate.

E – EVACUATE /EXTINGUISH: In the event of a fire or fire alarm activation, building occupants must evacuate the building as specified in the Building-Specific Fire Safety Procedures or EHS-approved local fire safety plan. Fire extinguishers should only be used by trained personnel to extinguish small fires and only after the other R.A.C.E. procedures have been fully implemented.

Questions

Direct questions concerning fire safety to Environmental Health & Safety. See directory in this handbook.
The Medical College is dedicated to providing the finest medical care to its students. The following summary highlights Weill Cornell Medicine Student Health Services and the Student Health Insurance Plan.

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

Student Health Services

All students must participate. The mandatory fee for 2016-2017 is $1,500 a year. Adult dependents and children under the age of 18 are not seen in the SHS. With the Medical College’s plan for families, dependents under the age of 18 are covered for care if they are seen by participating pediatricians.

The SHS Medical Director is the primary care provider for all students. In conjunction with the registered nurse, all non-emergency medical problems, occupational health and preventive care are managed at the SHS. After hours and weekends there is limited telephone coverage available for emergencies. The SHS Medical Director determines the need and appropriateness of referrals to specialists/subspecialists and should be consulted for referrals.

Services Available at SHS

Most services rendered within the confines of Weill Cornell Medicine Student Health Services are done so at no additional charge beyond the SHS. Services performed outside of SHS, including labs and radiology will be billed to insurance.

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

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

Student Health Services and Attendance

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

Student Health Insurance Plan

The Medical College’s Student Health Insurance Plan is specifically tailored to meet the needs of our students. The cost for 2016-2017 is: $4,700 for a student, $9,400 for a student and a spouse, $9,400 for a student and a child, and $14,100 for a family (student, spouse, and 1 or 2 children). In-network benefits include no deductibles, a $3,000 per member out-of-pocket maximum, 10% coinsurance on many services, low co-pays, access to the Aetna Provider Network, an unlimited coverage benefit per sickness/injury, a prescription plan, national and international hospital care, out-of-area emergency care, and other benefits. Out of network care is available but requires a $750.00 deductible and students will be responsible for 30% of usual and customary charges to an out-of-pocket maximum of $3,000.00/individual. Optional dental and vision care coverage is available through separate programs at additional cost.
Information about our student insurance plans is available through the website of our broker, Gallagher Student Health & Special Risk at: http://www.gallagherstudent.com/WCMC.

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

Criteria for Waiving Participation in the Student Health Insurance Plan

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

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

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

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

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

Medical Emergencies

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

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

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

**Measles, mumps, and rubella:** New York State Public Health Law requires you to be immune to measles, mumps and rubella. Our institution prefers demonstration of proof of immunity by serologic titer. Any student who is not immune by titer (e.g. negative, inconclusive or equivocal) may require boosters. There is no fee for required vaccines given at SHS. Titers may be drawn at Student Health Services for students who have not provided lab reports prior to matriculation, and billed to your insurance. If you are allergic to any of the vaccines or vaccine components, you will need to provide documentation from a physician not related to you. There is no “moral objection” permissible for vaccination for health care workers. If you have had titers drawn previously, provide copies of the lab reports to Student Health Services in addition to your immunization record. Clinical history of disease is not sufficient proof of immunity. Noncompliance with MMR requirements within 30 days of the start of classes may result in the student's inability to attend classes per NYS Public Health Law Section 2165.

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

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

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

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

**Tetanus–diphtheria (Td) or tetanus–diphtheria–acellular pertussis (Tdap):** Completion of the childhood series, and a booster within the last 10 years. If you have received Td greater than 2 years ago, we will recommend a new booster with Tdap to confer additional protection against pertussis (whooping cough).
Tuberculin skin test (PPD): All students will be required to undergo two tuberculin skin tests on initial arrival to the Medical College, and subsequent annual testing. Additional testing may be needed depending on disease exposure during your course of study. For students who already have a positive skin test, you will be required to submit an x-ray report in English, dictated by a radiologist, and information regarding previous treatment. You may be asked to complete a periodic assessment to determine that you are free from symptoms of tuberculosis. Please note that previous immunization with BCG (Bacille Calmette-Guerin) is not a contraindication to testing if you have not been found to be PPD positive in the past. Students who are found to develop a new positive skin test will undergo additional testing and counseling at SHS. Interferon Gamma Release Assays (IGRAs such as Quantiferon or T-spot) do not replace our skin test requirement.

Periodic health assessments: A completed history and physical examination is required at matriculation. If it is incomplete, such student may be asked to be evaluated at SHS, or restricted from classroom activities, or both. Clinical students will undergo a pre-rotation health assessment at the end of their pre-clinical years in preparation for rotations at New York Presbyterian Hospital and its affiliates. This must be completed prior to starting the third year introductory clerkship or you may be restricted from clerkship activities.

Influenza: All students with patient contact are required to receive a flu vaccination when it is available and if there is no medical contraindication. All other students are strongly advised to be immunized against influenza. It is provided free of charge during the fall and early winter (assuming supplies are adequate).

SHS follows all applicable Medical College and New York Presbyterian Hospital immunization and infection control Policies and Procedures. We will notify you of any additional screenings, vaccinations, or policies that may be recommended after the printing of this edition. Other academic and clinical locations/affiliates may have additional requirements beyond our own that we will help students meet on a case-by-case basis.

Medical Records

All medical information is documented in the campus enterprise electronic medical record and subject to all applicable local, state and federal laws with regards to medical records privacy and security. Records generated at SHS are not released to any other party without a signed, written release of confidential medical information. Immunization records are provided free to the student while they are still attending WCMC. A charge may be assessed on medical records and immunization records after a student has graduated.

Students with chronic medical conditions or complex medical backgrounds wishing to coordinate care at SHS should have medical records sent to the following mailing address:

Weill Cornell Medicine Student Health Services
1300 York Ave Box 258
New York, NY 10065

SHS does not pay for outside record requests.
E-Mail Communications

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

Limitations of E-mail

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

Students need to be aware that:

• E-mail cannot be considered a confidential mode of communication.

• E-mail should not be considered a replacement for direct, face-to-face contact with a provider.

Guidelines for the Use of E-mail

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

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

• General questions

• Appointment reminders

• Routine follow-up

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

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

Mental Health Service

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

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

Privacy and Confidentiality

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

Students who request laboratory results by telephone must speak to the Nurse Administrator
giving their name, date of birth and identifying the specific laboratory test. Results will not
be sent by e-mail. Students may also access results via the online patient portal.

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

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

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

Disability Services

Disability is defined by the Americans with Disabilities Act of 1990 as "a physical or mental impairment that substantially limits one or more major life activities." An individual may also qualify as disabled if he/she has had an impairment in the past or is seen as disabled based on a personal or group standard or norm. Such impairments may include physical, sensory, and cognitive or intellectual impairments. Mental disorders (also known as psychiatric or psychosocial disability) and various types of chronic disease may also be considered qualifying disabilities. A disability may occur during a person's lifetime or may be present from birth.

The Weill Cornell Medical College's (which includes the Medical College and Graduate School of Medical Sciences) Disability Services are dedicated to providing equal educational opportunities for students with disabilities. Federal law states that no qualified student will be excluded, denied participation or subjected to discrimination from any program or activity.

Dr. Joseph F. Murray, Associate Dean for Student Affairs, manages all curricular, academic and student affairs-related aspects of the student’s needs by working with faculty and administrators to provide services to students with disabilities in addition to assisting the school in meeting its compliance obligations.

Accommodation Requests and Review Process Guidelines

• A student must submit a written request describing the disability and/or condition and the type of accommodations being requested. The school's obligation to provide accommodations is not triggered until the disabled individual makes his or her needs known.

• A student must provide disability documentation supporting his/her need for accommodations that meets Cornell guidelines from a certified medical practitioner. Documentation must be sufficient to establish that the requested accommodation is appropriate for the student's condition. Documentation is not accepted from family members.

• A student must submit information from previously attended post-secondary institutions describing accommodations approved and used.

• A student must submit letters of approval of accommodations from testing agencies.

• Dr. Murray, in conjunction with an advisory group from the school, has responsibility for determining the acceptability of documentation and reserves the right to require additional information. The school maintains the right to deny documentation that does not verify a student's disability or justify the need for reasonable accommodations. The school also maintains the option of seeking a second, professional opinion regarding documentation presented to verify disabilities. Students may appeal accommodations
decisions.

• The school may request additional documentation from the student upon finding that the student's original documentation is insufficient and may choose to provide temporary accommodations while the student gathers the requested documentation.

• Once the requests have been reviewed and approved by Dr. Murray and the Disability Services Advisory Committee, Dr. Murray will then work with faculty and administrators to determine what accommodations are necessary.

• Documentation accepted by Dr. Murray is valid as long as a student is continuously enrolled at the school. However, if there is a break in the student's enrollment, s/he may need to present updated documentation to Dr. Murray in order to receive disability services. If additional accommodations are requested, additional documentation may be needed.

• All documentation of disabilities is received and held solely by Dr. Murray. Documentation is treated as confidential. Generally, no documentation is released to anyone outside of Dr. Murray’s office without the student's informed and written consent. Documentation is destroyed six years after the last semester the student is enrolled.

STUDENT RESPONSIBILITIES

1. A student is responsible for requesting disability special accommodations and providing supporting documentation to Dr. Joseph F. Murray, Associate Dean for Student Affairs at the beginning of the academic year.

2. A student is responsible for completing and submitting the Request for Accommodations form to Dr. Murray with the supporting documentation.

3. The supporting documentation should
   a. be current (within the past 3 years)
   b. be in the form of a letter from a physician and/or school
   c. meet guidelines for disability (www.sds.cornell.edu/guidelines)
   d. include medical information that describes the limitations of the disability
   e. include evaluation/diagnostic test results used to make the diagnosis
   f. indicate the accommodation with an explanation of its relevance to the disability

4. A student is responsible for any costs or fees associated with obtaining the necessary documentation to support his/her claim.

5. Once a student has provided appropriate documentation and met with Dr. Murray to discuss accommodations, he/she must schedule a time to meet with instructors to deliver an accommodation letter and discuss granted accommodations. These meetings also provide students the opportunity to introduce him/herself and discuss specific needs with the course/clerkship director and/or instructor. Meetings with instructors must take place
two (2) weeks in advance of needed accommodations.

6. A student is responsible for notifying Dr. Murray immediately if there are any problems receiving accommodations, or if a student feels he/she have been discriminated against or treated differently in any way.
Childcare

Full-Service Child Care at the Weill Cornell Children's Center
The Weill Cornell Children's Center was created exclusively to serve our faculty, staff, and students. The Center offers child care services five days a week for infants through preschoolers and is administered by Bright Horizons. It is located on 60th Street between 1st Avenue and York Street.

For more information:


Back-up Care

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

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

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

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

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

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

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

How to sign up:

1) Go to [http://www.backup.brighthorizons.com](http://www.backup.brighthorizons.com)

2) Login with

username: Weill Cornell // password: 4backup

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

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

Medical students: AAMC number

Costs:

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

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

10 uses per calendar year
Academics

Students at the Medical College are required to complete a rigorous academic program that will enable them to demonstrate a mastery of the substantive fields of study, the technical skills of a medical practitioner and the personal demeanor and character suitable to the practice of medicine. The Medical College has developed a set of regulations to govern academic achievement and fitness to be a doctor. It is the responsibility of each medical student to be fully familiar with the Medical College’s academic requirements and standards, the regulations in this document and the procedures that guide the application of these policies to students.

The faculty of the Medical College is vested with the primary responsibility for developing, interpreting, and applying these policies and procedures to medical students. In conjunction with the Medical College’s administrators, the faculty considers how to assist a student who is not meeting the academic standards and the manner in which the policies of the Medical College will be enforced.

The policies and procedures apply to students while matriculated as a student in the Medical College, when at the campus and when engaged in programs or activities related to Medical College studies and professional experiences even if away from campus. Certain conduct by members of the Medical College community may be closely connected to academic integrity and/or fitness for professional duties, and may involve more than one of the established policies; these crossovers can be complex and multifaceted so that from one vantage point the conduct affects the academic standards, while from a different perspective it is viewed as pertaining to standards of professional conduct. The Senior Associate Dean (Education), in such instances, will make the final decision as to which of the relevant procedures is applicable for adjudicating the matter.

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

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

Approved by the Executive Faculty Council and the General Faculty Council in 2002.

Knowledge

The medical school intends that before graduation, a student will have demonstrated, to the satisfaction of the faculty, the following knowledge:

- the basic scientific principles underlying the biochemical, genetic, molecular, and cellular mechanisms that determine the normal development, structure and function of the body as a whole and of its major organ systems;
- the normal psychosocial development of individuals from birth through old age;
- the role of nutrition, exercise, healthy lifestyles, and preventive medicine in promoting health and decreasing risk of disease;
- the epidemiology of common disorders in populations and approaches designed to screen and detect illness and to reduce incidence and prevalence of disease in populations;
- the etiology of diseases and disorders (e.g. genetic, developmental, toxic-metabolic, infectious, autoimmune, degenerative, neoplastic, traumatic and behavioral causes) and the non-biological determinants of poor health including economic, sociocultural, and psychological factors that may contribute to or prolong illness;
- the clinical, laboratory, radiographic and pathologic manifestations of major diseases and disorders;
- the pathology and pathophysiology (altered structure and function) of major diseases and abnormal conditions;
- the spectrum of pharmacologic, surgical, psychological treatments of common physical and mental disorders and symptoms such as pain; the biological and sociocultural role of complementary medicine; common adverse effects of therapies; and the relative efficacy of therapeutic interventions in the healing process;
- the palliative care of individuals with life-terminating illness, particularly management of acute and chronic pain;
- the variants in clinical manifestation, course, prognosis of diseases and in therapeutics in children, older adults, or immunologically, neurologically, or behaviorally compromised patients, and the need to modify therapeutic regimens in these groups;
- the ethical principles and theories that govern the doctor-patient relationship and...
medical decision making, particularly with regard to beginning and end of life issues, genetics and molecular technologies;

• the organization, financing, and delivery of health care services with particular awareness of the needs of the underserved;

• the strengths and weaknesses of the study designs used to develop new knowledge to evaluate diagnostic, preventative, and therapeutic modalities.

Skills

The medical school intends that before graduation, a student will have demonstrated, to the satisfaction of the faculty, the following skills:

• ability to formulate accurate hypotheses about the causes and solutions of medical problems, to develop strategies for exploring these problems, and to achieve reasoned conclusions;

• ability to search, retrieve and utilize from electronic databases and other resources, biomedical information that is useful and relevant for clinical problem solving and decision-making;

• ability to critically analyze original biomedical data and secondary data in the medical literature with special emphasis on the evaluation of the appropriateness of methodological design, statistical analysis, and data interpretation;

• ability to obtain an accurate, complete medical and psychosocial history;

• ability to perform an accurate, complete and organ-specific, physical, neurological and mental status examination in adults, infants and children;

• ability to perform core technical procedures (e.g. phlebotomy, performance of electrocardiograms, and insertion of intravenous catheters) as would be expected of a beginning intern;

• ability to select appropriate tests for screening individuals considered at high risk for disease, to select appropriate tests for the evaluation and diagnosis of individuals with presumptive disease, and to interpret results of common screening tests, diagnostic procedures and laboratory data and correlate the findings with specific clinical conditions;

• ability to formulate an appropriate plan for evaluating patients to achieve a reasonable differential and working diagnosis and to develop therapeutic management plans for patients with common acute or chronic medical, surgical, or psychiatric conditions;

• ability to recognize patients with acute, life-threatening conditions; to perform procedures to stabilize such conditions, in particular the initiation of basic life support
when appropriate; and to institute initial therapy and plan for further diagnostic
evaluation and critical care;

• ability to apply principles of evidence-based medicine, medical ethics, and cost-
effectiveness to decisions regarding diagnosis, therapeutics, and prognosis;

• ability to present clinical and scientific information clearly and cogently, both orally
and in writing, to colleagues and other health professionals;

• ability to communicate effectively and compassionately with patients and their
families about the evaluation, diagnosis, therapy and prognosis of disease and ability
to counsel patients in a caring, empathetic, and culturally-sensitive way about
behaviors that promote a healthy lifestyle and prevent disease.

Attitudes

The medical school intends that before graduation, a student will have demonstrated, to the
satisfaction of the faculty, the following attitudes:

• acknowledgement of the importance of altruism, patient advocacy, and dutifulness to
patients, that involves placing the patient’s needs before one’s own;

• a commitment to provide compassionate care to all patients regardless of the patient’s
disease, prognosis, age, gender, race, sexual orientation, ethnicity, religious, cultural
or health-related beliefs, socioeconomic class, citizenship status, or ability to pay for
care;

• a respect in all interactions for patients’ privacy, confidentiality, dignity, beliefs, and
family, cultural or religious values even when such values would conflict with one’s
own values;

• honesty and integrity in all interactions and activities with patients, families, medical
colleagues and others, and in the collection, synthesis, analysis, and presentation of
scientific and clinical data;

• acceptance, collaboration, and respect for other colleagues and for other health
professionals who provide services to patients, populations or communities;

• maintenance of a professional demeanor in one’s work and as a role model for society
including the demonstration of an attitude that values timely attendance, punctuality,
and reliability in the performance of one’s duties;

• recognition and acceptance of ambiguity and uncertainty in biomedical information,
clinical situations, and medical decision-making;

• recognition and acceptance of limits in one’s medical knowledge and skills and an
accompanying willingness both to seek consultation and to defer to more experienced
individuals;
• commitment to a scholarly approach to medical problems and a recognition of the need to continually improve knowledge and skills through lifelong self-directed study;

• acknowledgement of the critical role of research and scholarship in understanding human disease and alleviating human suffering, and commitment to participation in research activities;

• willingness to educate colleagues, students, and other health professionals.

**Competencies**

WCMC developed a set of competencies during construction of its new curriculum that were formatted according to the AAMC Physician Competency Reference Set (PCRS) and are listed below:

1. Patient Care: Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

2. Knowledge for Practice: Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.

3. Practice-Based Learning and Improvement: Demonstrate the ability to investigate and evaluate one’s care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

4. Interpersonal and Communication Skills: Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

5. Professionalism: Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

6. Systems-Based Practice: Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

7. Interprofessional Collaboration: Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care.

8. Personal and Professional Development: Demonstrate the qualities required to sustain lifelong personal and professional growth.
# Required Courses in Curriculum

*NOTE: For Academic Year 2014-2015, the curriculum will change for matriculating students entering in August 2014 and beyond.*

Beginning with students entering the first year in August 2014, the first year and a half of the curriculum will be comprised of two courses. The first course will be called the Essential Principles of Medicine. It will be followed by an organ-based course called Health, Illness, and Disease. The Clerkships are planned to start in February of the second year and will be completed by the middle of the third year. Students will then enter into the Areas of Concentration and prepare for residency programs.

For Academic Year 2014-2015 and beyond

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<tr>
<th>First year</th>
<th>(The New Curriculum starting with Class of 2018)</th>
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<tbody>
<tr>
<td></td>
<td>Essential Principles of Medicine (EPOM)</td>
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<td></td>
<td>Longitudinal Educational Experience Advancing Patient Partnerships (LEAP)</td>
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<td>Health, Illness, and Disease (HID)</td>
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<th>(Classes of 2017 &amp; Earlier)</th>
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<td>Brain and Mind</td>
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<td>Basis of Disease</td>
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<td>Medicine, Patients, and Society II</td>
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<th>Third and fourth years</th>
<th>Clinical Clerkships</th>
<th>Courses</th>
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<tr>
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<td>Introductory Clerkship</td>
<td>Advanced Biomedical Science Course</td>
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<td></td>
<td>Anesthesia and Critical Care</td>
<td>Medicine, Patients, and Society III</td>
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<td>Medicine</td>
<td>Public Health</td>
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• Neurology
• Obstetrics and Gynecology
• Pediatrics
• Primary Care
• Psychiatry
• Surgery

Additional requirements

• Advanced Biomedical Science Requirement (for Classes 2017 and earlier)
  - Research, Tutorial, Teaching Elective
  - Advanced Biomedical Science Course

• Electives (16 weeks)
• Subinternship (Medicine/Pediatrics)
• Areas of Concentration

Advanced Biomedical Science (ABS) Experience (Classes 2017 and Earlier)

In order to graduate, students are required to have completed the Advanced Biomedical Sciences requirement. The ABS requirement encompasses two phases: 1) participating in meaningful ABS research or teaching as part of the ABS Research/Teaching Experience, and 2) learning cutting edge applications of biomedical science to clinical practice in the 4th year ABS Course. All students MUST obtain approval for one of the three options (Teaching, Tutorial, or Research) by completing and submitting the ABS Pre-Approval Form. This form should be submitted at least two weeks before the start of your ABS Experience, with the last possible submission date corresponding to the due date of your 4th year Plan of Study form (typically mid-March of your third year).

*1) ABS Experience.

To fulfill the ABS Experience requirement, students must choose one of the options described below. All options satisfy the first phase of the ABS requirement. The 8-week
research option (option III) is eligible for an additional 4-weeks credit toward elective requirements. For each other option, the tutor or mentor will develop with the student the specific learning objective(s), knowledge, skills, attitudes, and the form of the final work product.

There are three options for the ABS Research/Teaching Experience:

**Teaching:** 4 weeks of teaching in the medical school curriculum. Involves teaching in any of the following: the Anatomy laboratory course; a PBL classroom; or a Pathology laboratory course, as well as attendance at a series of teaching seminars. In addition, written assignments are required. *Pre-approval by Dr. Capello is required.* (Note: Further information may be found at [http://www.med.cornell.edu/education/curriculum/fourth/electives/electives.html](http://www.med.cornell.edu/education/curriculum/fourth/electives/electives.html))

**Tutorial:** 4 weeks of a biomedical science tutorial. Tutoring is by a member of the medical college faculty and will follow a format agreed upon by the tutor and student. Students select a subject in which they desire advanced training, and students request permission to be tutored from a faculty member expert in the subject. Tutorials are given for a minimum of 4 consecutive weeks. Tutorials often include extensive readings, discussions, and hands-on practice in clinical or scholarly pursuits germane to the subject matter. A written work product is required at the completion of the tutorial experience. *Pre-approval by the Director of the Office of Medical Student Research is required.*

**Research:** 8 weeks or more (at least 8 weeks must be continuous) of biomedical science research in any year, 1 through 4. Biomedical research conducted over the course of medical school satisfies the ABS requirement. This includes research done during medical school or during the summer between first and second year. Research must be consecutive, and must be at least 8 weeks in length to qualify. Students who take a year-long fellowship also qualify under this option. Biomedical research is broadly defined and includes hypothesis driven research in clinical medicine, community health, epidemiology, medical ethics and basic molecular science. This option will meet the ABS requirement and may be applied as 4 credits toward the 16 elective credits that are required for graduation. A written work product is required at the completion of the research experience. *Pre-approval by the Director of the Office of Medical Student Research is required.*

If students on a research leave of absence have previously received ABS and elective credit, then they are eligible for up to 4 weeks of independent elective credit. This elective credit can ONLY be obtained if the research on their leave of absence is different from the research done to receive ABS and elective credit.

*2) ABS Course (Today’s Science for Tomorrow’s Medicine).*

In addition to the research, tutorial or teaching options, medical students are required to participate in the ABS Course (Today's Science for Tomorrow's Medicine) held for 2 weeks in the spring term of the 4th year. Completion of Option I, II, or III does not
exempt the student from the ABS Course. *Verification of course completion by Dr. Cunningham-Rundles and Dr. Reidenberg is required.*

All forms and information can be obtained on the website at: https://nexus.med.cornell.edu/display/MSR/Medical+Student+Research

**Areas of Concentration (Class of 2018 and beyond)**

As a key component of the curriculum reform, the Areas of Concentration (AOC) Program provides students with dedicated time designed to enrich their medical school experience. Each student selects an area of interest in which to obtain in-depth knowledge, develop a research skill set, and conduct a scholarly project. A student is able to choose from a menu of topic areas or customize a unique topic area tailored to his or her individual interest. Once a student decides on an AOC, he/she will engage in a program of activities and research experiences typically within one of three methodologically-based pathways: laboratory sciences, clinical sciences and population sciences. These activities may include journal clubs, lecture series, site visits, field trips, online courses, grand rounds or lab meetings etc., and will bring together small communities of faculty and students with similar interests.

The AOC program unfolds over the four years of medical school. In the first (exploratory phase) during the Foundational Years, the student explores his or her interests with the guidance of the AOC leadership and identifies a faculty mentor within an AOC. In the second phase, which occurs during the clinical clerkship year, the student works with the mentor to formulate a suitable research project proposal. In the third phase, which consists of six months of dedicated block time the (4 months in the latter half of the third year and a flexible 2-month block time in the fourth year), the student completes the scholarly project and didactic activities. The Scholarly Project is considered the capstone requirement of the AOC and results in a written work product that is suitable for publication (although actual publication is not a requirement).

**International Elective**

International electives are considered a privilege. A student with a “Marginal,” “Fail,” or “Incomplete” course grade is not considered to be a student in academic good standing, and is ineligible to go on an international elective, until a passing grade is obtained in the pertinent course(s).

Students who take required clerkships late in the fourth year and receive the grade “Fail” or “Marginal” will not have time to remediate or repeat the course before their international travel. Therefore, they will not be able to travel abroad, and this may result in a large financial consequence to the student. The international office will not reimburse a student for travel expenses if the travel is not used for an international elective.

No *substitution* will be accepted in place of the courses from which students are excused.
Promotion and Graduation Standards and Procedures

The Medical College curriculum represents the academic standards students are required to achieve. In addition, it is important to note that students are also assessed on and must satisfactorily demonstrate professionalism as set forth in the Standards of Conduct, adherence to the Attendance Standards, and compliance with all policies set forth in this Student Handbook to complete the educational program for the MD degree. Compliance with all policies of the Medical College is expected throughout the duration of the educational program. Failure to meet academic standards, professional standards of conduct, and compliance with Medical College policies may be grounds for disciplinary action, including dismissal, from the Medical College.

Beginning with the Class of 2018, the new curriculum is divided into successive academic courses across four years, each course building on the subject material and experiences of preceding years. The courses are: Essential Principles of Medicine (EPOM), Health Illness and Disease (HID) Part 1, Health, Illness, and Disease Part 2, the Clerkships, and the final course of the program including subinternships, electives and the Areas of Concentration. Each is further divided into learning units. A student is expected to exhibit mastery of learning unit or course objectives set by the faculty and to complete required clerkships and rotations as determined by faculty. A student’s progress is assessed and monitored on an ongoing basis. If a student does not demonstrate an acceptable level of proficiency or has not made timely progress toward the satisfactory completion of the curricular requirements, the faculty bodies will determine a student’s continued status in the Medical College.

The first one and half years of the new (first-year) curriculum consists of three courses (EPOM, HID part 1, HID part 2), each of which is further comprised of sequential integrated learning units. The next twelve months largely consist of required clinical clerkship rotations of varying lengths. Upon the completion of each course, a student’s performance is evaluated and recorded. In addition, several times each year, the Committee on Promotion and Graduation1 convenes scheduled meetings to review the ongoing progress of each student. There is a meeting of the Committee on Promotion and Graduation for each course of the curriculum.

Faculty Principles

The following general principles guide the Faculty Councils2 during consideration of a student’s status:

A student must successfully complete all of the learning unit or course work of the current year before he or she can be approved for promotion to the next year, except as otherwise

1 The Committee on Promotion and Graduation consists of all department chairs and the directors of each of the required courses. It is chaired by the Senior Associate Dean (Education) (without a vote) and is supported by the Office of Academic Affairs.

2 The term “Faculty Councils” refers to the Executive Faculty Council (department chairs and senior administrators) and the General Faculty Council (representative faculty from the various departments of the Medical College). These Faculty Councils are advised by the Committee on Promotion and Graduation, and have authority to act, in pertinent part, on issues related to student promotion and graduation.
specified in these standards. In addition, all students must satisfactorily complete the Essential Principles of Medicine and Health Illness and Disease Parts 1 & 2 before beginning the clerkships.

Remedial work and re-examination may be offered to a student who fails a course, as provided for in these standards.

A student will have access to a review process, and an appeal, in cases where a denial of academic advancement or dismissal from the Medical College is at issue.

Any student who, in the judgment of a faculty member, lacks suitability to enter the medical profession, can, pursuant to an applicable policy or procedure, be dismissed from the Medical College.

**Grades and Grade Review**

**Grades**

Each course director determines the final grade of a student after evaluation of the student's performance in all aspects of the course work, including results of examinations. Faculty members are also expected to evaluate each student early enough during a course to allow time for remediation. Students will be required to be present at the time of a regularly scheduled examination or other course activities in order to complete the learning unit or course unless they have made previous arrangements with the learning unit or course director, as detailed in the section herein entitled “Attendance Standards.”

Faculty members are expected to submit grades promptly after a course or curricular unit is completed; generally grades will be submitted within four weeks after a course or unit is completed. Faculty members should include narrative descriptions of student performance and non-cognitive achievement in all required learning units, courses and clerkships where teacher – student interaction permits this form of assessment.

In the first year and a half of the curriculum (or in second year courses in this transitional year), students may receive the following grades: “Pass” (satisfactory performance), “Marginal” (a non-passing, interim grade based on less than satisfactory performance in one or more components and/or activities comprising the final grade), or “Fail” (below satisfactory performance in all or a preponderance of the components and/or activities comprising the final grade). In the evaluation of clinical clerkships, an additional grade of “Honors” (outstanding performance) and “High Pass” (excellent performance) can be assigned. Certain courses are graded only on a “Pass/Fail” basis. In addition, the temporary grade “Incomplete” may be assigned to a student in any course in which the student has been unable, due to an emergent event or a planned and excused activity, to attend and/or complete a required component or activity that the course director has agreed may be completed at a subsequent agreed-upon date. The grade “Incomplete” is not available in the event that the failure to attend and/or complete a required component or activity results from unexcused absences or activities.
If a student receives a non-passing interim grade of “Marginal” or “Incomplete,” the learning unit or course director will discuss the performance with the student and will notify the Office of Academic Affairs (see Section below entitled “Faculty Determinations Regarding Unsatisfactory Academic Performance”). The opportunity to do remedial work, or complete necessary work, generally will be presented to the student, in accordance with the procedures described in these regulations. The work that is necessary to address an “Incomplete”, “Marginal” or “Fail” grade must be undertaken before progressing to the next course of the curriculum. It should take place at the first available opportunity (as determined by the learning unit or course director in consultation with the student and the Associate Dean for Academic Affairs), but may not conflict with any other scheduled academic activity. In the case of a “Marginal” grade, if a student completes the remedial or missing work satisfactorily, a “Marginal” interim grade will revert to a grade of “Pass”; if not, the grade will convert to “Fail.” In the case of an “Incomplete” grade, if a student completes the missing work satisfactorily within the time extension period specified a priori, the “Incomplete” interim grade can convert to either a “Pass,” “High Pass” (if available) or “Honors” (if available) grade; if not, the grade may convert to either a “Marginal” or a “Fail” grade. If a student receives a grade of “Fail,” the learning unit or course director will notify the Office of Academic Affairs and will discuss with the student the need to repeat the course or other remediation if appropriate. In the event a student’s performance is deemed unsatisfactory, the Medical College may follow other procedures, also described in these regulations, to assess continued participation in the M.D. program.

Student Request for a Course Evaluation/Grade Review

Students may seek clarification about a course evaluation, including examination and narrative assessment, or grade awarded that does not seem consistent with the student’s view of his or her performance. The time frame to seek this clarification is within 30 days of the posting of the evaluation or grade. The process is outlined below. If the student believes that there is a credible basis to assert that the evaluation or grade received does not reflect his or her objective course performance, the student should first seek the guidance of the learning unit or course director within 30 days of the posting of the grade. If a discussion with the learning unit or course director does not resolve the issue, or the student has additional reasons for seeking guidance from someone other than the course director, he or she shall promptly present his or her concern in writing to the Senior Associate Dean (Education) for a request for review of the grade or evaluation. The student should set forth the reasons for his or her request for review of the grade. In consultation with the faculty involved, the Senior Associate Dean (Education), or his/her representative, has discretion to request documents and relevant information that would be needed to conduct a full and fair assessment of the evaluation or grade under review. The Senior Associate Dean shall determine a final resolution, and communicate this to the student and to the appropriate course director within 30 days of the request for course evaluation/grade review.

Unsatisfactory Academic Performance in a Course

Actions During a Course

Any student who is having academic difficulty with a learning unit or course(s) (or his or her overall academic performance) should consult with faculty or administrators at the Medical
College. Depending upon the problem, a student may wish to seek advice or assistance from a learning unit or course director, the Associate Dean (Academic Affairs) or a member of the Office of Curriculum and Educational Development. Early intervention with academic difficulties may provide a wider range of solutions and is in the student’s best interest. It is the responsibility of a student to seek advice or assistance when such student is having difficulty with a learning unit or course(s) (or his or her overall academic performance).

If a student exhibits unsatisfactory performance during a learning unit or course, and generally before a non-passing grade is assigned, the learning unit or course directors shall make an effort to notify the student and the Senior Associate Dean (Education). Faculty in the learning unit or course may meet with the student and outline a program to address deficiencies in the student’s performance. The Senior Associate Dean (Education), or his or her designee, also may make an effort to address this with the student.

**Actions Upon Completion of a Course**

The Committee on Promotion and Graduation (the “Committee”) is responsible for assessing the overall performance of students in the Medical College on an ongoing basis. In the event of unsatisfactory work (Marginal, Incomplete or Failure), the grade will be reported in writing to the Office of Academic Affairs upon the completion of a course. At his or her discretion, the Senior Associate Dean (Education), or his or her designee, will meet with a student who has earned non-passing grades to discuss the reasons for the student’s unsatisfactory work. The Senior Associate Dean (Education), or his or her designee, shall assemble and present information to the Committee about the students with non-passing grades to assist the Committee in its deliberations. If time permits, a student will have the option of submitting, through the Senior Associate Dean (Education), or his or her designee, his or her own independent written information to the Committee. Generally, a student will not have an opportunity to appear before the Committee during this stage of the process, unless requested by the Committee.

**Faculty Determinations Regarding Unsatisfactory Academic Performance**

The Committee on Promotion and Graduation will review each student's performance, and will make decisions, in consultation with the learning unit or course director, about whether to permit a student to have an opportunity for remedial work, re-examination, repetition of a course, or other appropriate alternatives. Remedial work, re-examination or repetition of a course are not to be regarded as a right for a student who has an unsatisfactory record in a course, but are options which may be offered to individual students, in the judgment of the faculty, based on the student’s academic record and consideration of circumstances related to completion of the course.

**Academic Good Standing**
A student with a “Marginal,” “Fail,” or “Incomplete” course grade is not considered to be a student in academic good standing, and is ineligible to go on an academic or research leave of absence, or an international elective, until a passing grade is obtained in the pertinent course(s).

**Remedial Course Work**

Remedial work, including re-examination, for courses in which a student has not received a passing grade will ordinarily be offered at times which do not conflict with regularly scheduled academic activities. Generally, remedial work, including re-examination, will be available only if the student has successfully completed the majority of course work required for a passing grade in the course. Remedial work and any re-examination needed in first year courses generally will be scheduled during winter or spring break or during the following summer. Re-examination in the foundational sciences courses will be scheduled to occur prior to beginning clerkships. A course failure in designated foundational science course will have to be remedied prior to the beginning of the clerkships. A clerkship that is failed usually will, if applicable, be repeated as soon as possible.

In the case of a “Marginal” grade, the remedial work may be targeted in scope, as determined at the discretion of the learning unit or course director in consultation with the learning unit or course faculty. A student who successfully completes remediation for a “Marginal” grade is eligible only for a grade of “Pass.” However, if the first attempt by a student at remediation of a “Marginal” grade is not satisfactory, the course grade converts to a “Fail” and remediation for a grade of “Fail” must ensue. In the case of an “Incomplete” grade, completion within the period specified by the faculty can result in a grade of “Honors, (if available)” “High Pass” (if available), “Pass,” “Marginal” or “Failure.” An “Incomplete” grade not successfully addressed within the specified period shall revert to either a “Marginal” or “Fail” grade, and appropriate remediation must be undertaken. In the case of a “Fail” grade, the remediation will be broad in scope and must result in the satisfactory demonstration of competence in all aspects of the course. The nature of the remediation lies solely in the province of the learning unit or course director in consultation with the learning unit or course faculty. The grade of “Honors” or “High Pass” is not awarded when a student has repeated a course.

**Criteria for Continuation in the Academic Program**

In the Foundational Years (first 1.5 years of the curriculum) faculty use a wide array of formats to assess a student's performance including quizzes, essay exams, laboratory practicals, clinical write-ups, and case analyses. Students must complete satisfactorily all required learning units of the major foundational year courses (*Essential Principles of Medicine and Health, Illness and Disease parts 1 and 2*), before advancing to the Clinical Clerkships. Ordinarily, students who fail the first offering of remediation for a failed unit will receive a “Marginal” grade for the relevant course and must then undergo a more structured remediation program, as prescribed by the course leadership. Failure of the structured remediation program of one or more units results in the student receiving a “Fail” grade for the course. The failed unit(s) ordinarily must be retaken in class when those units are offered again or at a time specified by the Associate Dean of Academic Affairs. Failure of any one
unit when it is retaken results in a second “Fail” grade in that course, and results in automatic dismissal from the Medical College.

Students who fail multiple units such that their overall course score is considered failing by the faculty will receive a “Fail” grade in that course. The student must successfully complete a structured remediation program for each of the failed units. Failure of any unit within the unit remediation program means the failed unit(s) must be retaken in class when that unit is offered again or at a time specified by the Associate Dean of Academic Affairs. Failure of any one unit when it is retaken results in a second “Fail” grade in that course, and results in automatic dismissal from the Medical College.

Students must satisfactorily complete all required clerkships, which use several methods to assess performance. A student who receives a “Marginal” grade in a required clerkship will ordinarily be given an opportunity for remediation, as arranged by the clerkship leadership and the Associate Dean for Academic Affairs. If the remediation is successful, the “Marginal” grade will convert to a “Pass” grade. If the remediation is unsuccessful, the “Marginal” grade will convert to a “Fail” grade and will require that the student re-take the entire clerkship. A student who receives a “Fail” grade in a required clerkship will not be offered remediation and must re-take the failed clerkship. Any student who must repeat a clerkship and does not initially achieve a passing grade, will receive a second “Fail” grade in that clerkship, without opportunity for remediation, and will automatically be dismissed from the Medical College.

A student who accumulates a “Fail” grade in three of the required clerkships will not be given an opportunity for additional remediation for the third failed clerkship, and will be automatically dismissed from the Medical College.

Students are strongly advised to consult the specifics of assessment/remediation processes and policies for their individual foundational years courses, clerkships, and other core curriculum activities (e.g., AOC, LEAP etc.) on the course websites.

Students are also required to complete a series of elective courses, a sub-internship, and, for students in the Class of 2017 and earlier the advanced biomedical science requirement, and for students in Class of 2018 and beyond the Area of Concentration requirement. Successful completion of 16 weeks of elective courses is necessary for graduation from the Medical College. Students who fail an elective course may repeat that course or, with the approval of the Senior Associate Dean (Education), substitute another course(s). A student may not take elective courses concurrently with any other courses to satisfy the 16-week requirement. Students in the M.D.–Ph.D. program are exempt from the 16-week elective requirement, and from the advanced biomedical science requirement and the Area of Concentration. Beginning with the Class of 2017, M.D.-Ph.D. students will be required to complete a sub-internship.

Students who accumulate three or more grades of “Marginal” or “Fail” in different courses may be at risk for further “Marginal” or “Fail” grades which could result in unsatisfactory overall academic performance as defined in the section below. The performance of students who receive three or more grades of “Fail” or “Marginal” in different courses over the course of their study, even if those grades have been successfully remediated, shall be reviewed at
the next scheduled meeting of the Committee on Promotion and Graduation to determine if a formal review of the student’s suitability for the practice of medicine for continued study in the Medical College. The Committee on Promotion and Graduation reserves the right to specify the nature of the intervention(s) recommended based on its evaluation of the student’s performance.

Students may repeat no more than the equivalent of two academic years and, except for students in the M.D.-Ph.D. program, students must complete the academic work of the first three years in five academic years. Students must complete the entire Medical College curriculum in six academic years (4 in 6 rule). Students in the M.D.–Ph.D. Program must complete the M.D. portion of the program within the six-year time period as well (excluding the time in the Ph.D. portion of the program). Students who are in good academic standing and who are seeking to engage in a unique or exceptionally enriching experience that may prolong the length of time it will take to complete the M.D. degree may petition the Senior Associate Dean (Education) for an exemption from the 4 in 6 rule. In these rare cases, the petition must be submitted in writing no later than three months prior to the planned experience. The Senior Associate Dean (Education) will review the petition. If the petition is granted, the rules of notification pertaining to leaves of absence will remain in effect.

 Unsatisfactory Academic Progress

In addition to the academic performance standards that lead to dismissal from the Medical College described in the previous section, unsatisfactory overall academic performance will also be grounds for dismissal from the Medical College. Unsatisfactory overall performance is defined as a combination of multiple “Fail”, “Marginal”, “Incomplete” or “Withdrawal” grades in a significant number of courses, clerkships, electives or the sub-internship (even if non-passing grades are remedied). Generally, a total of six non-passing grades will result in dismissal. Similarly, failure to complete the curriculum within six years will be deemed unsatisfactory performance, resulting in dismissal.

The faculty of the Medical College takes the position that an overall failing performance as described above documents a quality of work unsatisfactory for admission to the medical profession.

 Unsatisfactory Academic Progress and Financial Aid

Satisfactory academic progress (SAP) is a financial aid term and SAP is not being met if a student receives one “Fail” grade in a course. SAP is reviewed for each student receiving financial aid from the institution at the end of every payment term. If a student receives a “Fail” grade in a course, she/he receives notification in writing from the Associate Dean of Academic Affairs, which includes a Financial Aid warning letter for the subsequent payment term. If a student fails to remediate the “Fail” grade after the warning period, she/he has not met SAP and is ineligible for financial aid.

 Leave From Academic Program

Consequences of unsatisfactory academic performance can include, but need not necessarily be limited to, dismissal from M.D. program, involuntary leave of absence, and/or other
remedial work, in the discretion of the Senior Associate Dean (Education) and/or Committee on Promotion and Graduation.

**Involuntary Leave**

A student may be required by the Senior Associate Dean (Education) to take a leave of absence for up to one year, due to unsatisfactory academic performance, depending upon the needs of the student and the demands of the curriculum, or recommend dismissal of a student. The Senior Associate Dean (Education) may renew an involuntary leave of absence for a total leave of absence not longer than two years. The Senior Associate Dean (Education) shall specify the terms for re-entry to the Medical College.

If the Senior Associate Dean (Education) recommends dismissal, a student objects to a required leave of absence or the Senior Associate Dean (Education) decides against re-entry after a required leave, the student can appeal to the Committee on Promotion and Graduation through the process outlined in these policies.

The Leave of Absence section of this handbook sets forth the policies and procedures governing all leaves of absence for students, including those initiated by the Medical College and leaves requested by students. A student will have to comply with all relevant requirements for leaves contained in such section.

**Appeals Process and Related Procedures**

When a student’s academic performance and progress is under review, the Medical College is committed to providing a fair process of review and, when requested, appeal. Determinations are based on the record as a whole before the decision-making entity and the standard of proof that underlies a decision is a preponderance of the credible information or evidence. A decision regarding a student’s dismissal, required leave of absence or repetition of a course year is final unless overturned after an appeal.

A student can appeal a decision by the Senior Associate Dean (Education) of a required leave of absence, repetition of a course or year, or dismissal. The student must make the appeal in writing within ten academic calendar days (excluding weekends and Medical College holidays) from written notification to the student of the decision that the student is appealing and delivered by hand or email to the office of the Senior Associate Dean (Education). If the appeal is by overnight delivery company (such as Federal Express), it must be postmarked by the date it is due to be submitted by hand to the Senior Associate Dean’s office.

The appeal is heard by the Committee on Promotion and Graduation. In cases that are appealed, the Dean shall appoint an alternate individual to chair the Committee in place of the regular chair. The Appeals Committee on Promotion and Graduation will provide the student with at least seven business days’ advance written notice of the date, time, and place of the meeting of the Committee on Promotion and Graduation which will consider the appeal. Prior to the meeting, the student may submit a written response and evidence to the Committee. The student may attend the Committee meeting and may be accompanied by an advisor or counsel. Any such advisor or counsel shall be an observer of the proceeding but may not expect to be able to participate in or speak at the Committee meeting. The student or the Committee may invite other persons to appear and provide information. Prompt
written notice of the Committee's decision will be sent to the student. The student will have access, upon request, to the written minutes of the meeting with the Committee on Promotion and Graduation that pertain to the student appeal.

The decision of the Committee on Promotion and Graduation will be presented to the Executive and General Faculty Councils. The Executive Faculty Council, chaired by the Dean, and the General Faculty Council will review all relevant documents and issue a report to the Dean, who will implement the decision of the Faculty Councils. Differences, if any, between the Faculty Councils will be resolved in a joint meeting of the Executive Faculty Council and the General Faculty Council, to be chaired by the Chairman of the General Faculty Council. Prompt written notice of the final decision will be sent to the student.

Reserved Rights/Changes to Policy

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

Technical Standards: Admission and Retention

Requirement of the Student for a General Medical Education

The education of a physician encompasses the following components: a preparatory phase in college; a rigorous professional education leading to the M.D. degree; postgraduate or residency training; and “lifelong” continuing education after the conclusion of formal training. Unlike most other professions, medicine awards its degree midway through the educational process and the degree certifies that the individual has acquired a broad base of knowledge and skills requisite for the practice of medicine. It must be emphasized that good patient care requires that the medical education process prepares an individual to be a broadly capable physician, irrespective of his or her career plans for later specialization. A broad medical education is, therefore, a prerequisite for entry into specialized postgraduate training programs that in turn require a common body of knowledge, skills, and behaviors.

Medical education requires that the accumulation of scientific knowledge be accompanied by the simultaneous acquisition of skills and professional attitudes and behavior. It is in the care of patients that the physician learns the application of scientific knowledge and skills. Faculties of medicine have immediate responsibilities to students and patients and ultimate responsibilities to society to graduate the best possible physicians. Admissions standards for medical school must be rigorous and exacting and admission must be extended only to those who are best qualified to fulfill the performance standards of medical schools.
Fulfillment of the Requirements for the M.D. Degree

Because the M.D. degree signifies that the holder is a physician prepared for entry into the practice of medicine within postgraduate training programs, it follows that graduates must have the knowledge and skills to function in a broad variety of clinical situations and to render a wide spectrum of patient care. Candidates for the M.D. degree must possess the requisite skills and abilities to satisfy the overall and course-specific requirements of the curriculum. The overall and course-specific requirements for the Weill Cornell Medical College are delineated in the Office of Curriculum and Educational Development’s Website located at: http://weill.cornell.edu/education-curriculum/.

Candidates for the M.D. degree must have somatic sensation, the functional use of the senses of vision and hearing, sufficient sensory and motor function, intellectual, and interpersonal skills to permit them to carry out the activities described in the sections that follow. They must be able to integrate consistently, quickly, and accurately all information received by whatever sense(s) employed, and they must have the intellectual ability to learn, integrate, analyze and synthesize data.

A candidate for the M.D. degree must have abilities and skills in five areas: observation, communication, motor, intellectual (conceptual, integrative and quantitative), and behavioral and social. Technological compensation can be made feasible for some disabilities in certain of these areas but a candidate should be able to perform in a reasonably independent manner. The use of a trained intermediary, a person trained to perform essential skills on behalf of the candidate, or a person used such that a candidate's judgment must be mediated by someone else's power of selection and observation, is not permitted.

**Observation:** The candidate must be able to observe required demonstrations and experiments in the basic sciences, including but not limited to anatomic dissection, microscopic studies, and patient demonstrations. A candidate must be able to observe a patient accurately at a distance and close at hand. Observation necessitates the functional use of the sense of vision, hearing, and somatic sensation.

**Communication:** A candidate must be able to speak, to hear, and to observe patients in order to elicit information, describe changes in mood, activity, and posture, and perceive nonverbal communication. A candidate must be able to communicate effectively and sensitively with patients. Communication includes not only speech, but also reading and writing in English. The candidate must be able to communicate effectively and efficiently in oral and written form with all members of the health care team.

**Motor:** A candidate must have sufficient motor function to carry out the basic laboratory techniques and to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers, perform a dissection of a human cadaver, and have sufficient motor ability to use a microscope. A candidate should be able to perform a complete physical examination (including pelvic examination) and diagnostic procedures (e.g., venipuncture and basic laboratory tests (e.g., urinalysis)). A candidate must be able to execute motor movements reasonably required to provide general care and emergency treatment to patients. Examples of treatment reasonably required of physicians are cardiopulmonary resuscitation, the administration of intravenous medication, the application
of pressure to stop bleeding, the suturing of simple wounds, assisting in surgical operations, and the performance of simple, general obstetrical and gynecological procedures. Such actions require coordination of both gross and fine muscular movements, equilibrium and functional use of the senses of touch, vision, and hearing.

Intellectual (Conceptual Integrative and Quantitative) Abilities: Problem solving, the critical skill demanded of physicians, requires that a candidate be able to learn, retrieve, analyze, sequence, organize, synthesize and integrate information efficiently, and reason effectively. Additionally, a candidate should possess the ability to measure and calculate accurately, to perceive three-dimensional relationships and to understand the spatial relationships of structures.

Behavioral and Social Attributes: A candidate must possess the emotional health required for full utilization of his intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive and effective relationships with patients and their family members, staff, and colleagues. Each candidate must be able to work effectively as a member of a health-care team. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, to display flexibility and to learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills, collegiality, interest, and motivation are all personal qualities that are assessed during the admission and education processes.

In addition to the abilities above, applicants and enrolled medical students must possess the general physical health necessary for performing the duties of a medical student and physician in training without endangering the lives of patients and/or colleagues with whom the student might have contact.

**Process for Assessing the Applicant’s Compliance with Technical Standards**

Applicants to the Medical College will be informed of the College’s required technical standards so that an informed judgment can be made by the applicant, and the Medical College, about whether the applicant is otherwise qualified and can meet the technical standards with or without accommodation. The technical standards will be included in material provided to prospective applicants.

1. Acceptance into the Medical College shall take into account the candidate’s ability to satisfy the technical standards.

2. As part of the application process, applicants are required to state whether they believe that they meet or do not meet the Medical College’s technical standards.

3. All candidates will be considered using the same standards and criteria of the admissions policy of the Medical College.

4. In the case of an interviewed applicant with a disability who has met the academic standards for admission to the Medical College, and in whom there is a question as to the
student’s ability to meet the Medical College’s technical standards, a subcommittee appointed by the Chairman of the Admissions Committee, in consultation with the Associate Dean (Student Affairs) will assess the applicant's acceptability for admission based on the applicable technical standards.

5. The subcommittee will request that the applicant have submitted on his or her behalf appropriate documentation in regard to the disability from a qualified health professional. The subcommittee may ask that the health professional respond to one or more questions regarding the meeting of technical standards.

6. The subcommittee may, at its option, ask that the candidate himself or herself respond to one or more questions in regard to the meeting of the technical standards.

7. The subcommittee, at its option, may ask for a review of the supporting documentation by an appropriate specialist of the faculty of the Medical College and for that faculty member's comment about the applicant’s meeting the technical standards.

8. All commenters will be asked to identify what accommodations, if any, the Medical College would need to make in order that the applicant might be able to meet the technical standards.

9. The subcommittee may communicate with the appropriate course directors, facilities managers, etc., concerning the feasibility of any needed accommodation.

10. The subcommittee will review the information received from all parties to determine if the applicant is able to meet the technical standards with or without reasonable accommodations.

11. The subcommittee will recommend acceptance of the candidate to the Committee on Admissions, if it is determined that the candidate meets the technical standards or will recommend rejection of the candidate, if it is determined that he or she does not meet the technical standards.

If an accepted applicant believes he or she will require an accommodation, he or she must contact the Associate Dean (Student Affairs) immediately upon accepting the offer of admission, so that arrangements for accommodations may begin promptly. Appropriate current documentation should accompany a request for accommodation. Before matriculation, accepted students must assert in writing that they believe they can meet the college’s technical standards.

**Process for Assessing a Matriculated Student's Ability to Continue to Satisfy Technical Standards**

Medical students must continue to meet the Medical College’s technical standards throughout their enrollment.

A student who develops or manifests a disability after matriculation may be identified to the Office of Academic Affairs through a variety of sources, e.g. self-report, a report of accident or illness, or faculty observations of special aspects of poor academic performance.
If the degree to which the student has become disabled raises questions related to meeting the technical standards, the matter will be referred to the Associate Dean (Student Affairs). The Associate Dean may request that the applicant have submitted on his or her behalf appropriate documentation in regard to the disability from a qualified health professional.

If a lack of compliance with the technical standards is not resolved by an informal administrative consultation and determination, it is referred to the Promotion and Graduation Committee, which will apply the policy for Suitability for the Practice of Medicine as a guideline for making decisions.

The ad hoc committee reviewing the student’s suitability for the practice of medicine will develop a recommendation as to the student's ability to continue in the medical school based on his or her ability to meet the technical standards of the Medical College. Proposed educational accommodations will be discussed with the appropriate course directors to be certain that there is agreement on how the student’s accommodation will be managed. If facilities accommodations are recommended, the committee will discuss these with the appropriate individuals to be certain that the needs for the disabled student can be provided. The ad hoc committee's recommendations will be discussed with the student or his or her representative in the event the student cannot attend.

The Promotion and Graduation Committee will review the recommendation of the ad hoc committee and make a decision about the student's status in the Medical College. The student will be given the opportunity to appeal to the full Committee if he or she disagrees with the ad hoc committee's recommendation.

When the Promotion and Graduation Committee recommends that the disabled student can meet the Medical College's technical standards, the ad hoc committee will develop a report on any educational program accommodations necessary.

Should the decision of the Promotion and Graduation Committee be to recommend to the Dean that the student’s enrollment in the Medical College be terminated, the appeals process discussed above in the section entitled Promotion and Graduation Standards and Procedures, will apply. The Office of Academic Affairs will work with the student as appropriate on potential alternative academic and/or career options.

**Effects of Infectious and Environmental Disease or Disability on Medical Student Learning Activities**

Students exposed to infectious or environmental disease or who develop a disability after matriculation must continue to meet the Medical College’s attendance and technical standards and not pose a hazard to the public and to the Medical College.

If after infectious or environmental exposure the student develops a disability or disease posing a potential hazard the student will be referred to the Associate Dean (Student Affairs) in accordance with WCMC Policy on “Standards of Conduct” section on Members of the Medical College Community Who Potentially Represent a Hazard to the Public and to the Medical College and the Policy on “Academics” section on Technical Standards Admission and Retention, Sub-Section on Process for Assessing a Matriculated Student's Ability to Continue to Satisfy Technical Standards.
Honors Designation

Honors in Research

The goal of the M.D. with Honors in Research Program is to encourage and recognize achievements in biomedical research by medical students of the Medical College (other than those in the M.D.-Ph.D. programs). In order to obtain the honors designation, the student must complete successfully a clinical or laboratory research project undertaken at Weill Cornell or one of its affiliated medical centers and supervised by a member of the Medical College faculty. The project, which must have approval by the chairman of the participating department and the faculty supervisor, as well as the Student Research Committee, as described below, may be undertaken at any time during the student's tenure in the Medical College. The student's time commitment to the research may vary from elective periods undertaken during the academic years, to research performed during summer vacations, or to full-time involvement in research undertaken during a one or two year academic leave of absence (see Policy on Leave of Absence.) Research performed to satisfy the Advanced Biomedical Science Requirement should be considered for this award.

Awarding of the degree of M.D. with Honors in Research will be based upon the quality of the research project completed by the student. The student should complete a body of work that will comprise a scientific paper of quality suitable for publication in a major scientific journal. The student will submit this research report to the Office of Academic Affairs by February 1 of the year of the expected degree. The chair and the faculty supervisor of the sponsoring department must endorse the report. The Office of Academic Affairs will then forward the report and supporting documents to the chairman of the Student Research Committee. If awarded, the student's diploma and transcript will indicate that the student achieved an “M.D. with Honors in Research.”

The M.D. with Honors in Research Program will be administered by the Student Research Committee, which is appointed by the Dean. To the extent feasible, it will distribute information on research opportunities for students, assist in the distribution of the research paper for review, and have final authority in recommending students to the Dean for the degree of M.D. with Honors in Research. The determination of the Student Research Committee in recommending students to the Dean for this award is final.

Honors in Service

The designation of M.D. with Honors in Service encourages students with an interest in and commitment to community service to develop their interest and abilities in service to the community and to recognize excellence in their achievement. The Honors designation will appear on the student’s diploma and transcript.

Certain students are exceptional in their dedication to community service and the responsibility they accept to further this activity. Their projects require individual special
efforts and their accomplishments stand out among their peers, and represent the best efforts to assist persons in the community who struggle to obtain needed medical and social services. The student projects often may enhance the limited range of medical services that those persons already receive. In addition, many of these projects represent outstanding examples of the scholarships of integration, methods, and application, requiring innovation on the part of the student. Finally, these outstanding projects are often the launch pad to a highly productive and scholarly career in health research, administration, and public policy. Such students are deserving of the opportunity to receive recognition of their excellence by according them the designation of “M.D. with Honors in Service” at the time of graduation.

The requirement for the designation of M.D. with Honors in Service has two components:

- a time and commitment component; and
- an original scholarly research paper component.

The time and commitment component is based on the student’s activity as a volunteer in the Community Service Program. The student who wishes to be considered for the M.D. with Honors in Service should submit an application to the Office of Academic Affairs presenting information showing the applicant has:

- accepted leadership responsibility for a program/activity for at least one full year;
- demonstrated innovation in improving an existing program/activity or starting a new program that has gained acceptance by student participants in the Community Service Program;
- assisted substantively the participation of first and second year students in the Community Service Program; and
- helped to establish or maintain sustainability of a program/activity for which leadership responsibility was assumed or, for valid, rational reasons, terminated the program/activity.

The Student Service Committee, appointed by the Dean, will evaluate applications to determine the success with which applicants have fulfilled the enumerated criteria. The Committee includes the Associate Dean (Student Affairs) as Chair, the Assistant Dean (Student Affairs), the Community Service Program Coordinator, the Chair of the Faculty Advisory Committee of Community Service Programs, the Senior Associate Dean (Education), one fourth-year representative of the MSEC, and two fourth-year students (selected by the prior year’s Committee as having fulfilled the criteria).

Third year student applicants selected by the Committee to have fulfilled these time and commitment criteria will be invited to submit an original paper which will be considered as the scholarly research component for eligibility for the M.D. with Honors in Service. The original paper written by the student will be supervised by a faculty member and will be submitted for consideration together with a letter from a faculty sponsor which addresses aspects of the student’s community service involvement.
The paper should address, as applicable:

- a description of the problem addressed by the program/activity;
- a description of the organizational structure in which the service was rendered;
- a description of the recipients of the services;
- an analysis of why the recipients were in need of this service by volunteers;
- an analysis of ethical issues related to why the recipients were in need of this service; and
- a description of one activity, potentially implementable at the present time, that would decrease the dependence of the recipients on volunteers for this service or otherwise improve the program.

As an alternative, a student may submit a detailed analysis of an activity/program that describes the mission/purpose of the program, the strengths and weaknesses of the existing program in carrying out its mission/purpose, the extent to which the existing program did/does succeed in carrying out its mission, and specific measures, implementable by students, to improve the ability/capacity of the program to fulfill its mission.

The student paper is to be intellectually rigorous and of similar length (eight to twelve double-spaced pages) to a scientific paper submitted for publication. It will be evaluated by the Student Service Committee, which will make recommendations to the Dean regarding those students who have met the requirements for receiving the designation M.D. with Honors in Service at Commencement. The decision of the Committee is final.

**Attendance Standards**

**Introduction and Background**

Students at the Medical College are physicians-in-training who are expected to carry out all academic responsibilities in a professional manner. Professional comportment is an essential and required component of becoming an effective physician. Students must handle absences from required Medical College activities in a manner that reflects a standard of professional responsibility for practicing physicians. At the same time the faculty of the Medical College recognize that students learn in different ways that include in-class and clinical experiences, independent study, digital media, scientific investigation and presentations, to name a few --- many of which may compete for a student’s time. A central concept to the attendance policy is that students provide the faculty with a timely and valid request and/or notification for absences from any required curricular activities. The faculty considers a student’s honesty in presenting a reason for an absence to be the core principle that underlies all professional communication regarding the absence policy. Likewise, the student can expect that the faculty will apply the attendance policy in a way that is both fair and consistent, but which
also considers a student’s individual situation. When a student does not attend a required session, and has not provided in advance an appropriate request for permission or explanation of the absence, as described below, the student is in violation of the standards of conduct required for students at the Medical College. This policy on student absences sets out the criteria and process for handling absences from academic duties; it also applies to students taking courses at the Medical College who are from other medical schools.

**Rationale**

The integrated curriculum of the Medical College in the foundational years (first year and half) is designed to promote an engaging, collegial interchange of ideas among students and faculty in all sessions including large group formats such as lectures. Students are expected to attend all sessions and to participate. In some formats that involve collaborative work, attendance and participation will be assessed and both comprise an important element in the satisfactory demonstration of competence. The faculty have identified small groups that meet one or more of the following rationales as those learning formats in which attendance and participation will be assessed: 1) sessions that involve collaborative teamwork (e.g., anatomy dissection, case-based formats such as PBL or its equivalent, etc.) 2) sessions that involve interactive discussion (e.g., seminars that depend on student analysis, presentations, or discussion such as PBL, journal club, problem-solving, clinical case or ethics case analysis, etc.) or 3) demonstration of a skill (e.g., microbiology or physiology lab activities, interviewing, patient examination, OSCEs, simulations, first responder training etc.). Because the patient must be the center of all health care activities, attendance will be assessed at all sessions, in large groups or small group formats that involve patients. In addition, students shall attend, on time, all sessions that specifically involve written or oral examinations. A student who arrives late will not ordinarily be allowed additional time on an examination. The faculty leadership of each foundational course (i.e., Essential Principles of Medicine; Health, Illness, and Disease 1 and 2) will inform students in advance of which sessions meet the above rationale and involve the assessment of student attendance and participation.

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

The AOC Scholarly Project block time (i.e., Block 1 - four-months between February and June of the third year and another two-month block period in the fourth year) requires that students engage full-time in work related to their scholarly project at an officially approved primary site. During this 6-month block time, the student’s schedule will be largely shaped by the needs of their research project, including the requirement that they attend all activities (e.g., lab or research meetings) directed by their research mentor. In addition, students are required to attend all required AOC-related sessions as specified by the AOC Program leadership. Likewise, students are required to attend all Professionalism and Translational Science course sessions that occur during AOC block 1 time (February-June of third year).
Operational Issues

Students have the right to speak with the Associate Dean for Academic Affairs at any time about questions they may have about the attendance policy itself or the concerns about the fairness in the application of the attendance policy.

Responsibilities of Students Regarding the Attendance Policy

Students are expected to have read the attendance policy, to abide by it, inquire in advance of the course leaders if they are uncertain how it might apply in their situation, handle all inquiries and evaluations by the faculty in a timely and honest manner, and follow through with counseling and/or satisfactory completion of missed course work. Attendance is expected unless excused.

Responsibilities of the Faculty Regarding the Attendance Policy

Faculty course and clerkship leaders are expected to implement the attendance policy as described above in a way that is fair, transparent, consistent and measured in consequences for any violations. Faculty are expected, a priori, to indicate to students enrolled in their units how the policy will be implemented in their units. This should be done by a clear statement in the course, clerkship or AOC website and supplemented, if necessary, through class orientations, email clarifications, or other means.

Faculty leaders responsible for implementing the policy are expected to respond to student inquiries about the policy in a timely manner, consult with education deans as needed for advice, and evaluate student absences fairly and without preconceived assumptions or judgments.

Types of Absences

Excused absences: Emergent

Generally, the Medical College recognizes that emergent absences due to illness, personal emergency, or family emergency are not under the control of students and that it may be impossible for students to consult with course leaders prior to being absent for these reasons (“unplanned absences”). Nevertheless, it is incumbent upon the student to notify the designated faculty or course leader or the Associate Dean (Student Affairs) as soon as possible when these events occur and no later than 24 hours after the missed session so that the Medical College may be assured of the student’s well being and may make plans with the student regarding the resumption of regular activities.

In addition, students with a recurrent pattern of excused absences, whether for illness or personal emergencies, will be referred to the Associate Dean (Student Affairs) by the Clerkship Director for evaluation and/or counseling.
Planned Absences

Emergent events are not to be confused with other absences that can be anticipated and planned for in advance. These include:

1. Major family events or celebrations such as weddings involving immediate family, graduations, other family events of significance
2. Professional events and academic activities—presenting at a professional meeting, remediation of an academic encumbrance, NBME exam, residency interviews
3. Scheduled medical appointments
4. Religious holidays

Categories 1, and 2 above are not emergencies and will only be considered excused absences with prior request for permission. There should be a request for permission a minimum of 30 days in advance of the beginning of the course, clerkship or subinternship or as soon as the event is known. Students may also request to be excused for scheduled medical appointments and to observe religious holidays. Since these dates are also well known in advance, students should request an excused absence at least 30 days in advance of the beginning of the course, clerkship or subinternship or, in the case of scheduled medical appointments, as soon as the date of the event is known.

During the 6-month AOC Scholarly Project block time, students are expected to work full-time during weekdays on their scholarly projects at the primary site. Students must notify and/or request permission of the AOC program director for all emergent (“unplanned”) and planned absences from work on their scholarly projects. Notification/request of the faculty mentor alone is NOT sufficient. In the rare case that a student needs to work on his or her project away from the primary site, he or she must obtain permission from the AOC Program Director in advance.

Unexcused Absences

Absences without proper notification, including planned absences without prior request for permission or unplanned (emergent) absences without proper notification within 24 hours of the missed required session are considered “unexcused absences.” In the clinical curriculum, requests for permission for planned absences must be made a minimum of 30 days in advance of the beginning clerkship or subinternship or as soon as the event is known. Such absences will result in sanctions that may include, but are not limited to, receiving a zero grade for the activity missed, receiving a “Marginal” grade in the learning unit or course or in serious cases, such as those affecting or interfering with patient care, receiving a “Fail” grade. Some voluntary absences are not considered reasonable by the Medical College. Actions such as purchasing tickets for travel to leave early or return later, or solely to obtain discounted fares or engaging in other elective activities on course instruction days are not acceptable practice. Students who engage in such conduct must assume full responsibility for whatever ramifications in their performance assessment result from their actions, as described above, since these actions result in unexcused absences. Course leaders are not
required to administer make-up examinations, equivalent or extra sessions to accommodate these voluntary unexcused absences.

**Duration**

Generally, the time frame for an absence is expected to be no more than two consecutive days (including a Friday-Monday sequence). Emergent absences expected to last more than two days require that the student notify the Associate Dean (Student Affairs). Planned absences of more than two days require that the student first obtain the permission of the Associate Dean (Academic Affairs), or if unavailable, the Associate Dean (Curricular Affairs), before requesting permission of the designated faculty or course leader. When a student is uncertain about whether an absence will be considered potentially excusable, he or she should consult one of the associate education deans (student affairs, academic affairs, curricular affairs) for advice.

**Request and Notification**

Permission to be excused from a scheduled activity is to be sought by the student in writing (e-mail is acceptable). Students must ask for permission individually for themselves; they may not request permission for absences on behalf of other students. **Emergent absences** require written notification and **planned absences** require both permission and written notification in order to be considered excused. To ensure that the attendance policy is implemented fairly and consistently, students must notify and request permission of the designated faculty or course director (small group leader, preceptor, curriculum office staff, etc. are not sufficient). In the clinical curriculum, this means that students must notify and request permission of the Clerkship Director (e.g., Site Director, Clerkship Coordinator are not sufficient) or Subinternship Director. Students may not negotiate an absence with the teaching faculty (e.g., a small group facilitator, office preceptor, ward attending, etc.), nor are the teaching faculty permitted by the policy to negotiate or arrange such absences (see “Faculty Observation and Reporting of Absences” below).

Students who will be absent emergently (or are absent for reasons beyond the student’s control), i.e., “unplanned absences,” are expected to notify the designated faculty or course director before missing the required activity and no later than 24 hours of the missed session. In the case of planned or voluntary absences, students are expected to request permission of the designated faculty or course director at least 30 days in advance of start of course or as soon as the date of the event is known in order to have the absence up for consideration as an excused absence. In the notification or permission discussion with the student, the learning unit or course director will determine how the appropriate faculty or administrators are to be notified and the role of the student in this process.

In any discussion of a requested absence, the student must include an explicit discussion of:

- the reason for the absence;
- the student’s plan to acquire the information missed;
- the arrangement by the student for coverage of all clinical or course responsibilities;
• the student’s arrangements to identify and notify all teaching and clinical faculty, house staff, and students affected by the absence (typically those involved in a team effort or presentation); and

• the duration of the absence.

If the designated faculty or course directors to be notified are not available in a timely fashion, are on vacation, or are away from the Medical College for other professional duties, the student should notify the Office of Academic Affairs in writing (e-mail).

Once a student has received an excused absence from the designated course directors, he or she should inform all teaching and clinical faculty, housestaff, and students affected by the absence (typically students involved in a joint presentation). In the case of unplanned, emergent absences, notification of all affected faculty and students may not be possible in advance.

Categories of Absences

Illness/Medical issues

In the case of an individual’s illness, the student must notify the designated faculty or course director as soon as the student feels the illness will interfere with attendance ideally before the required activity and no later than 24 hours after the missed session. The student must discuss the points included under Request and Notification. If the student is unable to reach the course director or designated faculty member, the student must notify the Associate Dean (Student Affairs). If the student is too ill to attend scheduled educational activities, the faculty member may recommend that the student consult with the Associate Dean (Student Affairs), or be seen in student health. Students should see Student Health for evaluation after 2 consecutive days of illness. This is to ensure proper diagnosis and treatment and to avoid cases of under-treatment for serious illness. Making up the missed work to the satisfaction of the learning unit or course leadership is mandatory.

For scheduled medical appointments, students must notify designated faculty or course director(s) as soon as the student is aware of the appointment date in order for this to qualify as an excused absence.

Personal/family emergency

In the case of personal or family emergency, the student must notify the designated faculty or course director(s) as soon as the student is aware of the emergency and no later than 24 hours after the missed session. The student must discuss the anticipated length of the absence as fully as possible with the designated faculty or course director, and must arrange for a way to be in communication with the Medical College to monitor the course of events. As noted above, if the absence exceeds or is expected to exceed two days the student must notify the Associate Dean (Student Affairs). In cases where the time frame is not clear, the student must discuss a plan to provide periodic updates on the situation. Making up the missed work to the satisfaction of the designated faculty or course leadership is mandatory.
Major family events

Absences from class to attend major family events (which are scheduled by others without consideration of the student’s schedule) require permission of the designated faculty or course leader(s). In the clinical curriculum, there should be a request for permission a minimum of 30 days in advance of the beginning of the clerkship or as soon as the event is known. If the activity extends for more than two days, the student must consult with the Associate Dean (Academic Affairs). Making up the missed work to the satisfaction of the course leadership is mandatory and the course director’s decision is final.

Professional off-campus events

Academic activities (professional meetings, paper/research presentations) that interfere with course instruction days must be discussed with the designated faculty or course leader(s). In the clinical curriculum, there should be a request for permission a minimum of 30 days in advance of the beginning of the clerkship or as soon as the event is known. The discussion, which is a request for permission to attend the academic activity, must include a statement of the student’s exact role in the academic activity, the mechanism for making up missed course content, the student’s plan for covering all responsibilities, and notifications as discussed above. With timely notification and permission a student will ordinarily be excused if he or she is presenting a poster or oral session. Students generally are not excused to allow simply attending the conference. In the case of professional conferences, the student should describe how the conference would provide added value above that of the required curriculum to the student’s learning and/or career plans. In the foundational science curriculum, discussion with the designated faculty or course leader(s), the student must also obtain permission from any learning unit leaders or small group leaders that will be impacted by the absence. The course leadership may take into account the student’s academic standing in the course in the decision to grant permission for these types of absences. If the activity extends for more than two days, the student must consult with the Associate Dean (Academic Affairs). Making up the missed work to the satisfaction of the course leadership is mandatory and the course leadership decision is final.

Other off-campus events

The College recognizes that students may wish to participate in many off campus events such as charity fundraisers, political campaigns, athletic competitions, etc. The faculty understands that these activities may be rewarding and valuable, but considers that a student’s first priority is his or her immediate scholarly preparation to become a competent physician. Accordingly, attendance at events such as these on instructional days in which attendance and participation is assessed (e.g., specified small groups, clinical work, exams etc.) will not be considered excused absences.

Residency interviews

It is not recommended that students schedule required course work during the time that they will be interviewing for residency programs. There should be a request for permission as soon as the interview event is known, and any absences attributed to interviews for residency programs must be discussed with and approved by the course/clerkship director prior to their occurrence.
Sub-internships

Because of the high level of responsibility on sub-internships, sub-interns are expected to work each day for the entire rotation. They are not excused on Medical College holidays. If the student must miss clinical responsibilities for any reason, the request for permission or notification should be made as soon as the event is known and the student must help in making coverage arrangements. The sub-internship director has full discretion to determine if the work performed by the student satisfies the course requirements.

Religious Holidays

The Medical College recognizes that the members of its community, including students, observe a variety of religious faiths and practices. Few of the various religious days of observance are part of the Medical College’s holiday calendar. However, the Medical College recognizes and respects the religious beliefs and practices of its students and will accommodate them reasonably within the requirements of the academic schedule. As a result, the Medical College will not penalize a student who must be absent from a class, examination, study, or work requirement for religious observance. Students who anticipate being absent because of religious observance must, as early as possible and in advance of an anticipated absence of a day, days or portion of a day, request permission for the absence from the designated faculty or course leader(s).

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

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

No adverse or prejudicial effect shall result to any student who takes advantage of the provisions of this policy. If a student believes that he or she is not being granted the full benefits of the policy, and has not been successful resolving the matter with the course director, the student may confer with the Associate Dean (Academic Affairs). In the event a student continues to believe that he or she is not receiving the benefits of this policy, the student may file an appeal under the appeal provision of the policy on Promotion and Graduation.

Jury Duty

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

A student who receives a jury duty notice from New York County should contact the Associate Dean (Student Affairs) as soon as s/he receives the jury notice. If the student cannot make the dates assigned because he or she is scheduled for a class, clerkship, or
elective, s/he should call the number provided on the jury notice, explain that he or she is a medical student, and offer another two-week period to serve. The student may be asked to go to the court clerk to discuss the situation in person. There is no guarantee that students will be allowed to postpone jury service, but one’s willingness to make oneself available during the next break or vacation may aid the request. Students who repeatedly postpone jury service eventually will be required to serve, regardless of their academic schedule. Students should complete their jury service if they are not scheduled for class during the dates on their original jury summons.

Students who receive a notice for Grand Jury service or from a jurisdiction other than New York County should contact the Associate Dean (Student Affairs) as soon as they receive the jury notice.

Time Conflicts Between Classroom and Clinical Activities

In the foundational years (first 1.5 years of the curriculum) classroom sessions and clinical activities are usually not scheduled simultaneously. In the longitudinal patient program known as LEAP in which students in teams follow a panel of patients over time, but do not have primary patient care responsibilities, some patient activities may conflict with classroom activities, including examinations. The leadership of the LEAP program sets forth a hierarchy of specific clinical scenarios in which students may be asked to weigh these competing demands. In all cases in which attendance at a patient activity conflicts with attendance at an in-class session in which attendance is part of the academic assessment, students are expected to provide timely request and notification to the designated course leaders. Students who have questions about the attendance policy as it pertains to LEAP should contact the LEAP faculty leadership.

In the clinical years (clerkships and sub-internships) when students are part of a patient care team, as a general rule, the care of one’s patient takes precedence over attendance at in-class didactic sessions or conferences. However, because these conflicts can never be totally free of ambiguity, students are advised to follow the directives of the clerkship directors and their faculty supervisors.

Faculty Observation and Reporting of Student Absences

To ensure that the attendance policy is fairly and consistently implemented, the teaching faculty in learning units and clerkships are not allowed to excuse students from class or clinical sessions. All requests for an absence should be referred to the designated faculty or course leader(s) for evaluation. Faculty members who note that a student is absent from a session in which attendance is being assessed and is not known to have the permission of the designated course leader should notify either the designated course leader directly or the curriculum office in the foundational years, the clerkship director in the clinical years, the AOC program director, or the course director of the required courses in the AOC Scholarly Project block 1 time (i.e., Professionalism and Translational Science). Faculty mentors of students in the AOC Scholarly Project should notify the AOC program director of any mentees who are absent from required activities specified by the research mentor (e.g., lab meetings, team research presentations, etc.). These course leader(s), in turn, should notify the Office of Academic Affairs of any unexcused absences of more than one day’s duration. In
order to track absences longitudinally and for potential P/G purposes, both excused and unexcused absences should be reported by the Course leaders to the Basic Science Coordinator in the foundational science curriculum and to the Clinical Curriculum Manager for the clerkships and subinternships.

**Making Up Absences and Reporting**

The work or activities that are missed from academic programs, *regardless of the reason for the absence*, must be made up. In the foundational science curriculum, the student is required to make up all course assignments, and may be required to make up additional activities at the discretion of the unit and/or course director. If there is an issue with resolving an absence or with the process for making up missed course work that is not resolved with the learning unit or course leadership, the student may confer with the Associate Dean (Academic Affairs).

In the clinical curriculum, for emergent absences and excused absences related to professional events or academic activities, students will be responsible only for making up required coursework. For any excused absence related to major family events, any unexcused absence, and when total time for excused absences exceeds 10% of the total time of the clerkship, both required coursework and clinical time must be made up. The clinical activities that constitute the make up time are at the discretion of the clerkship directors and should be scheduled during the timeframe of the clerkship.

**Consequences of Unexcused Absences**

In the foundational years, students who incur an unexcused absence in a course (i.e., Essential Principles of Medicine or Health, Illness and Disease) may receive an email message from the designated faculty leaders advising them of their violation of the attendance standards. In addition, the absence will be noted in the student performance profile on record in the Office of Curriculum and Educational Development. A second unexcused absence in that course may result in a written or email warning from the Associate Dean for Academic Affairs or other designated education dean, and a notation in the student’s official academic record in Academic Affairs. A third unexcused absence in the same course will result in the student’s receiving a grade of “Marginal” for that course which will remain in the student’s official academic record, but which will not be recorded on the student’s transcript. The student will be required to meet with the Associate Dean for Academic Affairs or other designated education dean for further evaluation of the reasons for persistent absences. Upon a satisfactory completion of the meeting and/or any other additional recommended meetings or counseling sessions, the grade of “Marginal” will be converted to a grade of “Pass” for the purposes of the transcript but a notation will remain in the student’s record of the absences. Students who incur an additional unexcused absence may be required to participate in additional evaluation and investigation as deemed appropriate by the Senior Associate Dean (Education). Students who accrue three grades of “Marginal” on the official academic record may be subject to review by the Promotion and Graduation Committee. (See “Promotion and Graduation Standards and Procedures”)

In the clinical years, where patient care responsibilities are the primary focus of the student, any unexcused absence will result in immediate evaluation and investigation by the clerkship
director. Each unexcused absence will be reported to the Assistant Dean, Clinical Curriculum and Clinical Curriculum Manager who will track these across clerkships and subinternships. In keeping with the policy for the foundational science curriculum, 2 unexcused absences across clerkships (i.e. during the clerkship years) may result in a warning email from the Associate Dean, Academic Affairs, and 3 unexcused absences across clerkships will result in a “Marginal” in the clerkship during which the third unexcused absence occurs. During the Subinternships, one unexcused absence will result in a “Marginal” grade. Depending on the scope and circumstances of unexcused absences and clinical activities missed, a student may also receive a “Marginal” or “Fail” in either a clerkship or subinternship. This is at the discretion of the course leader in consultation with the Associate Dean, Academic Affairs and other relevant education deans.

Remediation may include meetings and/or counseling by the Senior Associate Dean (Education) or the Associate Deans of Academic or Student Affairs. All missed assignments and clinical activities will be made up, and may include the possibility of repeating a clerkship or subinternship in part or in its entirety and this plan will be at the discretion of the Associate Dean, Academic Affairs in consultation with other relevant education deans and the course director.

In the period devoted to Areas of Concentration, the student’s research mentor will notify the faculty leadership of the AOC program, typically a pathway director or the AOC director, of any persistent unexcused student absences. The faculty leadership of the AOC will evaluate the reasons for the absences and, if warranted, depending on the pattern and types of missed activities, record such absences in the student’s official academic record and/or require that missed sessions be made up. The consequences of unexcused absences from required sessions of courses that occur during AOC Scholarly Project block time (i.e., AOC SP-related required sessions, Translational Science, and Professionalism) are identical to those as specified for unexcused absences incurred during the foundational years (see above). For continued persistent absences, the AOC director will consult with the Associate Dean for Academic Affairs about additional evaluations, stipulations or sanctions.

The faculty leaders of electives that students take as part of the required course for the completion of the MD degree program, after appropriate determination that an absence is unexcused, should report such absences to the Associate Dean for Academic Affairs for further evaluation and/or measures.

Students who take electives or pursue degree programs at institutions other than WCMC are expected to comply fully with the absence policy as set forth by that institution and to incur consequences of its violation as determined by that institution. Evaluations/grades received from the institution will become part of the student’s official academic record at WCMC.
Leaves of Absence

A leave of absence is defined as “a temporary period of non-enrollment,” and may take four forms: research, academic, personal, and medical. However, a student will still be considered enrolled in the medical college if during a research leave of absence, the research satisfies the Advanced Biomedical Science Requirement or the elective requirement, and, thus, s/he is doing research that counts towards a degree requirement. Students may apply for a leave of absence as detailed below. The leave of absence does not relieve the student of obligation to comply with the policies and procedures of the Medical College, including but not limited to, those standards governing course remediation and repetition, completion of Academic work and time frames for completion of the Medical College curriculum. All leaves of absence will be entered on the Transcript as “Leave of Absence” with no distinction among the different types of leave.

Taking a leave of absence may have implications for student loan deferment/repayment status, housing, health coverage, or financial aid eligibility. Prior to applying for a leave of absence, students must investigate these implications as they may pertain to their personal situations. The Senior Associate Dean (Education) has discretion regarding a leave status and the continuation of Medical College benefits or services, such as housing, medical coverage, and utilization of medical college facilities. All students who are approved for any type of leave of absence will be charged a fee in order to continue their student status with the Medical College. Students on leave may also be charged other fees to continue to receive Medical College benefits or services. Some types or duration of leave may require the consent of the Executive and General Faculty Councils.

Leaves generally are granted for a defined period. Students may request an extension of their leave of absence by writing to the Senior Associate Dean (Education). Students who do not return to full-time status at the end of an approved leave, and who have not applied for and been approved for continuation of their leave of absence status, will be considered to have withdrawn from the Medical College. Under certain circumstances, a student who wishes to return from a leave may have to satisfy previously set conditions for readmission.

Types of Leaves

Research Leave of Absence

The Executive and General Faculty Councils, upon the recommendation of the Student Research Committee, grant a research leave of absence so that students may have a defined period during which to pursue an approved research project. A student with a “Marginal,” “Fail,” or “Incomplete” course grade is not considered to be a student in academic good standing, and is ineligible to go on a research leave of absence until a passing grade is obtained in the pertinent course(s). While the terms of research leaves are generally for one academic year, approval may be given for a longer period of time that may not exceed two academic years. The procedure for securing a research leave is by formal application, which may be obtained in the Office of Academic Affairs. The application requires the student to submit an outline of the proposed research project that will be completed during the course of the leave and supportive correspondence from the faculty member who will be overseeing the project. It is recommended that applications for research leaves of absence be submitted
at least 45–60 days before the research leave is due to begin. If the ABS requirement is not already fulfilled, students are also required to submit the pre-approval form for the Advanced Biomedical Science requirement at the time they submit their research application. If students on a research leave of absence have previously received ABS and elective credit, then they are eligible for up to 4 weeks of independent elective credit. This elective credit can ONLY be obtained if the research on their leave of absence is different from the research done to receive ABS and elective credit. If accepted for ABS or Independent Elective credit, then students will be considered enrolled in the medical college while on their research leave. They would not be required to begin loan repayment after the usual 6-month grace period given to a student on a leave. The research would count toward a requirement for graduation. If students wish to engage in research prior to the submission of their formal application for a research leave, this work must be done either in accordance with elective guidelines or, if the student has unscheduled time, on a not-for-credit basis. If work is begun before the application is submitted, approval of the leave will recognize the date that the application was submitted as the start date of the leave. If for any reason, the research is terminated during the leave, the student is obligated to notify the Associate Dean of Academic Affairs immediately.

Academic Leave of Absence

Students who have been granted admission to pursue a different course of study or degree at another institution may request an academic leave of absence for the period they are matriculated at the institution for the course of study (for example, one academic year). To apply for an academic leave, a student must submit a copy of the letter of admission to the degree program, along with a written request for a leave, to the Senior Associate Dean (Education). The request must include the beginning and ending dates of the program to which the student has been admitted. Students are expected to return to the medical school curriculum as full-time students after the end date of the academic leave. Academic leaves will not exceed two academic years.

Unsatisfactory Academic Progress and Financial Aid

Satisfactory academic progress is reviewed for each student receiving financial aid from the institution at the end of every payment term. If a student exhibits unsatisfactory academic performance as determined by the Committee on Promotion and Graduation, she/he receives notification in writing from the Dean of Academic Affairs, which includes a Financial Aid warning for the subsequent payment term. If a student fails to make satisfactory progress after a warning period, then she/he is placed on probation and is ineligible for subsequent financial aid payments. Under the circumstance, a student may be offered an individual academic plan in accordance with the committee’s criteria to reestablish satisfactory progress and is permitted to receive financial aid for an additional payment term. Failure after one warning and probation period may be grounds for academic dismissal.

Medical

A medical leave of absence is granted by the Senior Associate Dean (Education) upon the recommendation of the Associate Dean (Student Affairs), the student’s treating physician and/or an administrative physician consultant appointed by the Medical College. The
The purpose of the medical leave is to enable students to seek treatment for a health-related condition that interferes with the student’s ability to undertake the curriculum or that poses a threat to the health and safety of the student or others. The term of the leave is for a period up to one year, based upon the recommendation of the treating physician and/or administrative physician consultant. The leave may be extended for up to a second and final year based upon the recommendation of the treating physician and/or an administrative physician consultant. To return from a medical leave, the student must provide the Senior Associate Dean (Education) or the Associate Dean (Academic Affairs) with a letter from the treating physician confirming that the student is able to resume the curriculum requirements.

**Personal**

The Senior Associate Dean (Education), upon the recommendation of the Associate Dean (Student Affairs), grants a personal leave of absence. A personal leave enables a student to take time off, in extenuating circumstances, to address issues of a personal nature, including those related to the health and well-being of a family member or partner. Ordinarily, personal leaves may not exceed one year; however, requests by students to extend their personal leave into a second year will be considered under exceptional circumstances. To apply for a personal leave of absence, students are required to discuss their needs with the Associate Dean (Student Affairs).

**Leaves Initiated by the Medical College**

Under certain circumstances, a student experiencing difficulty in the medical school program may be permitted, or required, to take a leave of absence. The process for the leave is explained in the Promotion and Graduation Standards and Procedures.

**Return to Medical Studies from Leaves of Absence**

At the time a leave of absence is granted, the Medical College determines the length of the leave and the conditions, if any, for a return from the leave of absence. Extensions of a leave of absence are not automatic, even if within the time frame permitted for the category of leave. A student who determines that he or she is not returning at the time scheduled for a leave to end should consult with the Senior Associate Dean (Education) as early as possible before the scheduled return date. This will enable a student to learn whether or not an extension of the leave of absence can be granted, or if the student needs to make other arrangements. Similarly, if conditions have been set for a student’s eligibility to return from a leave, the student should demonstrate, in a timely fashion to the Senior Associate Dean, that he or she has satisfied the readmission requirements.

If a student does not return from a leave at the conclusion of the set time period, and has not received an extension in writing, the individual will be deemed to have withdrawn from the Medical College. Similarly, if a student has not satisfied the criteria to return, if any, and has not received an extension in writing, he or she will be deemed to have withdrawn. No further action will be necessary to finalize the withdrawal. A student who has been classified as withdrawn after a leave of absence generally may apply for readmission.
Academic Counseling and Tutoring

WCMC provides academic counseling and/or tutoring to students who have academic difficulty. Those students who have academic difficulty may be referred to or may directly contact the Associate Director of OCED who will perform an individualized assessment and then offer resources as indicated, including strategies for studying and test-taking, time management skills, content tutoring, and/or referral to the Clinical Skills Center. Students who may have a specific learning difficulty may be referred to a licensed psychologist or other testing specialist for further evaluation. Academic counseling and tutoring are provided at no cost to students. Participation has no adverse effects on a student’s record.

Course Materials

Many course materials are available on Ed Center computers or online at the secure CANVAS course website. They can be downloaded onto iPads for viewing and annotation. Hardcopies of some student handouts may be distributed by the Curriculum Coordinators or provided in class (e.g. PBL case materials). If you are unable to pick up your own materials, you may designate a classmate to pick up your materials, but there is only one copy per student. Course materials are copyrighted and are for the exclusive use of WCMC students enrolled in that course. They are not to be circulated to WCMC students not in the course or to others. In addition, they are not to be put on social media or websites, reproduced, or distributed for use by others.

OCED Number

Each student is assigned a five-digit OCED number during orientation week used throughout the student’s education at the Medical College. This number is used for anonymous grading of quizzes, exams, and other papers, and to allow OCED to post grades anonymously. Students should memorize their OCED number and keep it confidential.

Jenzabar Number

Newly matriculated students (Class of 2017 and later) will use their Jenzabar number for anonymous grading of exams and papers. Students should memorize this number and keep it confidential.

Questions may be directed to the Administrative Manager in room C-203.

Communications to Students

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

Transportation is largely the responsibility of each individual student. Recommended routes of travel are provided. Travel to some off-site locations is coordinated by OCED through shuttle buses and/or car services. OCED provides information concerning the departure locations and times. Additional transportation policies and procedures are specifically provided with course materials.

Access to Examination Answers, Grades, and Student Assessment Forms

Exam answer keys are posted anonymously on Education Center bulletin boards as soon as they are available. Exam answers are for use of students currently enrolled in the course. They are NOT to be copied or photographed under any circumstances. Once exams have been graded, your exam score will be available on the secure CANVAS website. Some course directors also provide class performance statistics (class mean, etc.) on this site as well. OCED curriculum coordinators collate all assessment forms from the courses (e.g. quiz results, PBL, JC, lab performance forms), which are used by course directors to calculate a final grade. Quiz grades are available through the CANVAS course website. Copies of final grade reports are mailed to students several weeks later from the registrar’s office.

Students may review their exams and grading forms with narrative feedback in the curriculum coordinator’s office. However, students are not permitted to photocopy this material or leave the room with it. Students who wish to speak to a course director or other faculty member about grades and narrative assessments must inform curriculum coordinator, who will arrange for the faculty member to receive the student’s folder prior to the meeting.
Student Records

It is the policy of the Medical College to protect information contained in student records from unauthorized disclosure and to comply with the provisions of the Family Education Rights and Privacy Act of 1974 (FERPA) and regulations thereunder. The policy extends to students the right to inspect and review their education records and provides students the right to request that their record be amended if the student believes that the record contains inaccurate or misleading information or if it violates the student’s privacy rights. If a student believes the Medical College has failed to comply with the requirements of FERPA, a student may file a complaint with the United States Department of Education.

Student Record Privacy Statement: Annual Notification Under FERPA

The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records. Further details may be found in Cornell Policy 4.5 Access to Student Information. These rights include:

1. The right to inspect and review the student’s education records within 45 days of the day the university receives a request for access.

Students should submit to the Office of the Registrar, written requests that identify the record(s) they wish to inspect. The university official will make arrangements for access and notify the student of the time and place where the records may be inspected. If the records are not maintained by the university official to whom the request was submitted, that official shall advise the student of the correct official to whom the request should be addressed.

2. The right to consent to disclosures of personally identifiable information contained in the student’s education records, except to the extent that FERPA authorizes disclosure without consent:

   a. Disclosure to school officials with legitimate educational interests. A school official is a person employed by the university in an administrative, supervisory, academic (including emeritus faculty), research, or support staff position (including law enforcement unit personnel and health staff); a person or company with whom the university has contracted (such as an attorney, auditor, service provider, or collection agent); a person serving on the Board of Trustees; or a student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks.

   A school official has a legitimate educational interest if the official needs to review an education record to fulfill his or her professional responsibility.

   b. Upon request, to officials of another school in which a student seeks or intends to enroll.

   c. To parents or legal guardians of dependent students as that term is defined in the Internal Revenue Code. In general, the university does not make education
records available to the parents of a student. However, where the university believes that it is in a dependent student’s best interest, information from the student’s education records may, at the university’s discretion, be released to the parents or legal guardians of such a dependent student. Such disclosure generally will be limited to information about a student’s official status at the university, but parents or legal guardians of a dependent student may also be notified upon the authorization of the dean of the student’s college, or the vice president for student and academic services, or the dean of students, or their designees in the following cases:

- when a student has voluntarily withdrawn from the university or has been required by the university to withdraw;
- when a student has been placed on academic warning;
- when the student’s academic good standing or promotion is at issue;
- when a student engages in alcohol- or drug-related behavior that violates Cornell policies;
- when a student has been placed on disciplinary probation or restriction;
- in exceptional cases when a student otherwise engages in behavior calling into question the appropriateness of the student’s continued enrollment in the university.

Unless otherwise indicated in writing by the student at the time of registration, or thereafter, the university will presume that a full-time undergraduate student is a dependent as that term is defined in the Internal Revenue Code. Undergraduate students who are not financially dependent and do not wish to permit their parents or legal guardian access to their education records should advise the Office of the University Registrar in writing and provide evidence of financial independence. Graduate and professional students are not assumed to be financially dependent upon their parents or legal guardian for these purposes.

d. Disclosure of directory information. Cornell University has defined directory information to include the following: name, local and cell telephone numbers, email address, photograph, major field of study and college attended, academic level, dates of attendance, enrollment status, participation in officially recognized activities and sports, weight and height (of members of athletic teams), and any degrees earned and awards received. Directory information may be released unless the student requests that this information not be released by contacting the Registrar at:

Weill Cornell Medical College  
1300 York Avenue, Room C-118  
New York, NY 10065  
212-746-1055 (phone)  
212-746-5981 (fax)

Students may rescind their no-release request at any time on Student Center.

2. The right to request the amendment of the student’s education record that the student believes is inaccurate.

Students may ask the Office of the University Registrar to amend a record that they believe is inaccurate. They should write the university official responsible for the record, clearly identify the part of the record they want changed, and specify why it is inaccurate.

If the university decides not to amend the record as requested by the student, the university will notify the student of the decision and advise the student of his or her right to a hearing
regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the student when notified of the right to a hearing.

3. The right to file a complaint with the U.S. Department of Education concerning alleged failures by Cornell University to comply with the requirements of FERPA. The name and address of the office that administers FERPA is:
   Family Policy Compliance Office
   U.S. Department of Education
   400 Maryland Avenue, SW
   Washington, DC 20202-5901

   The statement is may be found at http://www.dfa.cornell.edu/cms/treasurer/policyoffice/policies/volumes/governance/upload/vol4_5.pdf.

**Covered Records**

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

This information will not be released or disclosed except with a student's signed, written consent, or as provided under the exceptions herein:

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

Exceptions include disclosures:

- of “directory information”;
- to other school officials;
- in a health or safety emergency (see below);
- to parents in certain situations;
- in response to subpoenas;
- to officials at another school to which a Cornell student has applied;
- or to certain federal, state and local government representatives;
• in connection with financial aid;
• to organizations conducting studies for educational agencies or institutions;
• to accrediting organizations; or
• of certain student disciplinary records.

**Directory Information**

This information about each student is considered public directory information, and except as provided herein, may be released or disclosed without a student's consent:

• Name
• Most recent previous educational institution attended
• Major fields of study
• Degrees and awards received
• Honor society memberships
• Extracurricular activities
• Dates of attendance
• Local address and telephone number

However, a student may elect to have his/her directory information withheld by completing and submitting to the Registrar the Public Directory Information Non-Disclosure Statement available in the Office of Academic Affairs. The statement must be submitted to the Registrar within ten days of the start of the academic calendar (fall semester).

**Faculty and Staff Access**

Faculty and staff members are deemed to have a legitimate need for privileged information contained in a student's education record when such information is required:

• for purposes of evaluations or recommendations; or
• for purposes of any internal or external action or proceedings affecting the student or the institution with respect to the student, including proceedings to amend or correct an education record.

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

**Release of Records**

Anyone who releases education records must maintain the name of the party making the request, any additional party to whom it may be re-released, and the legitimate interest the party had in requesting or obtaining the information. A student may inspect this record of requests. Records do not need to be kept of disclosures:

- of directory information;
- to the student;
- to other individuals within Cornell having a legitimate educational interest in the information; or
- in response to a subpoena.

**Student Inspection and Review Education Records**

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

- Records of instructional, supervisory, and administrative personnel which are the in the sole possession of the maker and are not accessible or revealed to any other person except a temporary substitute.
- Financial records of a student’s parents
- Letters of recommendation placed in the student’s education record prior to January 1, 1975 or with respect to which a student has waived right of access.
- Education Records connected with an application to attend the Medical School if that application was denied or the applicant never attended the Medical School.
- Portions of education records that contain information about other students.

The Medical College reserves the right to refuse to permit a student to inspect records excluded from the FERPA definition of education records, including medical and police records. However, with respect to medical records, a student may have a physician or other appropriate professional review the record.
Process for Inspecting Records and Amendment of Records

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

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

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

After conclusion of the investigation and hearing, the faculty or staff member conducting the same shall submit a written report and recommendation to the Senior Associate Dean (Education), based solely on the evidence presented. The Senior Associate Dean (Education) will thereafter notify the student in writing as to whether or not the record will be amended. If the record is not to be amended, the student shall have the opportunity to place in the record a written statement commenting on the information sought to be corrected and/or setting forth reasons for disagreeing with the decision not to correct the file. If the record is to be amended, the Senior Associate Dean (Education) shall instruct that the record be amended accordingly and inform the student of the amendment in writing.

Custody and Location of Records

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

- **General records** including disciplinary records, are maintained in the Office of Academic Affairs and the Graduate School Office
- **Departmental records** maintained in the Office of the Chairman of each academic department
Financial records maintained in the Office of Student Accounting

Demographic Statistics

Demographic statistics about the student body of the Medical College are available from the Cornell University Factbook (Office of Institutional Research and Planning), at http://dpb.cornell.edu/F_Factbook.htm.

CORNELL UNIVERSITY
POLICY LIBRARY

Access to Student Information

POLICY STATEMENT

It is the policy of Cornell University to comply with the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g ("FERPA").

REASON FOR POLICY

Cornell University maintains student records and is responsible for their maintenance and release in accordance with FERPA.

ENTITIES AFFECTED BY THIS POLICY

- All units of the university

WHO SHOULD READ THIS POLICY

- Faculty and staff with access to Cornell University student education records
- All university students

WEB ADDRESS FOR THIS POLICY

- This policy: www.dfa.cornell.edu/ treasurer/policyoffice/policies/volumes/ governance/studentinfo.cfm
- University Policy Office: www.policy.cornell.edu
POLICY 4.5
Access to Student Information

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POLICY 4.5
Access to Student Information

RELATED RESOURCES

University Policies and Documents Applicable to All Units
University Policy 4.7, Retention of University Records
University Policy 4.13, Acceptance of Legal Papers
Family Educational Rights and Privacy Act (FERPA) FAQ for Faculty and Staff (pdf)
Student Record Privacy Statement: Annual Notification Under FERPA

University Policies and Documents Applicable to Only Ithaca Campus Units
University Policy 4.4, Access to Cornell Alumni Affairs Information
University Policy 4.12, Data Stewardship and Custodianship
University Policy 5.4.1, Security of Information Technology Resources

University Policies and Documents Applicable to Only Weill Cornell Campus Units
Student Record Privacy Statement: Annual Notification Under FERPA

External Documentation
New York State Information Security Breach and Notification Act


## CONTACTS

Direct any general questions about this policy to your unit’s administrative office.

### Ithaca Campus Contacts

<table>
<thead>
<tr>
<th>Subject</th>
<th>Contact</th>
<th>Telephone</th>
<th>E-mail/Web Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Clarification and Interpretation</td>
<td>University Registrar</td>
<td>(607) 255-4232</td>
<td>registrar.sas.cornell.edu</td>
</tr>
<tr>
<td>Annual Notification to Students of Their Rights Under FERPA</td>
<td>University Registrar</td>
<td>(607) 255-4232</td>
<td>courses.cornell.edu/content.php?catoid=22&amp;navoid=5778</td>
</tr>
<tr>
<td>Subpoena or Other Legal Inquiries</td>
<td>University Counsel</td>
<td>(607) 255-5124</td>
<td>counsel.cornell.edu</td>
</tr>
</tbody>
</table>

### Weill Medical College Campus Contacts

<table>
<thead>
<tr>
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<th>E-mail/Web Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Clarification and Interpretation</td>
<td>Associate Dean, Academic Affairs</td>
<td>(212) 746-1050</td>
<td><a href="mailto:sakyo1@med.cornell.edu">sakyo1@med.cornell.edu</a></td>
</tr>
<tr>
<td>Annual Notification to Students of Their Rights Under FERPA</td>
<td>Associate Dean, Graduate School of Medical Sciences</td>
<td>(212) 746-6565</td>
<td><a href="mailto:gsms@med.cornell.edu">gsms@med.cornell.edu</a></td>
</tr>
<tr>
<td>Student Directory Information, Release of</td>
<td>WCMC Registrar</td>
<td>(212) 746-1055</td>
<td></td>
</tr>
<tr>
<td>Subpoena or Other Legal Inquiries</td>
<td>University Counsel</td>
<td>(212) 746-0463</td>
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POLICY 4.5
Access to Student Information

**DEFINITIONS**

These definitions apply to terms as they are used in this policy.

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<th>Term</th>
<th>Description</th>
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<tr>
<td><strong>Directory Information</strong></td>
<td>Term defined by FERPA to define a subset of Education Records, that includes such information as the student’s e-mail address and telephone number, which may be released without a student’s consent. For a list of the items that Cornell University treats as directory information, and for instructions on how students may prevent the release of their directory information, see the Student Record Privacy Statement: Annual Notification Under FERPA.</td>
</tr>
<tr>
<td><strong>Education Records</strong></td>
<td>Term defined by FERPA to describe records maintained by or for the university (or a party acting for the university), directly related to a student, and containing personally identifiable information. This includes transcripts, papers, exams, student databases, class schedules, financial records, correspondence, email, and handwritten notations. Education Records may be maintained in any medium. Education records do not include law enforcement or physician treatment records, which may be protected by other laws or regulations.</td>
</tr>
<tr>
<td><strong>Personally Identifiable Information</strong></td>
<td>Information that would reveal the identity of a student or make the student's identity easily traceable.</td>
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### POLICY 4.5
Access to Student Information

#### RESPONSIBILITIES

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<th>Responsibility</th>
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<td>Anyone Who Maintains or Accesses Education Records</td>
<td>Maintain and release records in accordance with the dictates of FERPA.</td>
</tr>
<tr>
<td>Student</td>
<td>Read the Student Record Privacy Statement: Annual Notification Under FERPA.</td>
</tr>
<tr>
<td>University Registrar</td>
<td>Disseminate the Student Record Privacy Statement: Annual Notification Under FERPA. Manage the process by which students opt out of the disclosure of their directory information. Conduct hearings to determine whether alleged errors in education records are misleading, inaccurate, or in violation of the student's privacy rights.</td>
</tr>
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POLICY 4.5
Access to Student Information

PRINCIPLES

Overview
Cornell University complies with the Family Educational Rights and Privacy Act of 1974 (FERPA), the federal law that covers educational records held by the university.

Caution: If there is any conflict or inconsistency between the provisions of FERPA and this policy, the provisions of FERPA prevail.

FERPA gives students the following rights:
- to inspect and review their own education records
- to consent to disclosures of personally identifiable information contained in their education records
- to ask to have their education records corrected if they believe them to be inaccurate, misleading, or in violation of their privacy rights and, if necessary, to have a hearing on this issue
- to file with the U.S. Department of Education a complaint concerning alleged failures by Cornell University to comply with the requirements of FERPA

FERPA requires that each educational institution annually notify students currently in attendance of their rights under FERPA. Cornell University’s Student Record Privacy Statement: Annual Notification Under FERPA is in the Courses of Study course catalogue at courses.cornell.edu/content.php?catoid=22&navoid=5778.

As a general matter, the university treats its students as adults who are capable of making their own decisions regarding the exercise of their rights of access to and privacy in their education records. The university does not make routine disclosures of information to parents or legal guardians absent an authorization from the student. However, consistent with FERPA, designated Cornell officials may release information from education records to parents and others who need to know in the case of health and safety emergencies and certain other limited circumstances, such as in the case of required withdrawal from the university, more fully outlined in the Student Record Privacy Statement: Annual Notification Under FERPA.

Responsible Access and Use of Education Records
Anyone who maintains or accesses education records on behalf of the university is responsible for using those records in compliance with FERPA and this policy.
POLICY 4.5
Access to Student Information

PROCEDURES

Releasing Education Records

Education records may be released only with the signed consent of the student, except where FERPA authorizes disclosure without consent, as detailed below.

Personally identifiable information from an education record may be disclosed without consent, under the following conditions:

1. The information is Directory Information. For a list of the items that Cornell University treats as directory information, and for instructions on how students may prevent the release of their directory information, see the Student Record Privacy Statement: Annual Notification Under FERPA.

2. To a university official with a legitimate interest in this information, as defined in the Student Record Privacy Statement: Annual Notification Under FERPA.

3. To appropriate parties in a health or safety emergency if knowledge of this information is necessary to protect the health and safety of the student or other individuals. See the FAQ (pdf).

4. Consistent with FERPA, information from education records to parents and others who need to know in certain limited circumstances, more fully outlined in the Student Record Privacy Statement: Annual Notification Under FERPA.

◆ Note: FERPA contains several additional narrow exceptions to the requirement of obtaining a student's consent before disclosing information from education records. A unique set of conditions delineated in FERPA applies to each type of disclosure. See the FAQ (pdf) for more information about these exceptions.

If you have a question about the permissibility of disclosing information, contact the university Registrar or the Office of University Counsel.

Student’s Inspection of Education Records

A student may inspect and review his or her own education records after submitting a written request to the University Registrar. The request must identify the education record(s) desired. An appropriate university staff person will make the needed arrangement for access promptly, and notify the student of the time and place where the education records may be inspected. Access must be provided within 45 days of receiving the request.

Recording Requests for Release of Information

As a general rule, anyone releasing education records (other than directory information) to a third party (i.e., someone other than to the student or a university official with a legitimate interest in the information) without the consent of the student must maintain a record of the request for and/or release of this information.
POLICY 4.5
Access to Student Information

PROCEDURES, continued

The record will indicate the name of the party making the request, any additional party to whom it may be re-released, and the legitimate interest the party had in requesting or obtaining the information.

Correcting Education Records

Specifically regarding correcting education records, FERPA gives students the following rights:
- to ask to have corrected education records that are believed to be inaccurate, misleading, or in violation of the student’s privacy rights; upon this request, the university will correct the records if they are determined to be inaccurate, misleading, or in violation of the student’s privacy rights
- to a hearing appealing a decision by the university not to make the requested change; after the hearing, if the hearing officer supports the student’s appeal, the records will be amended as requested
- to receive a written explanation of a decision by the hearing officer that the records are not inaccurate, misleading, or in violation of the student’s privacy rights
- to place a statement with the education records in question, in the event that the university does not amend them

Contact the University Registrar for the current procedures for correcting education records.

If a student’s statement to contest any education records is placed with those records, it will be maintained as part of the education records as long as the contested portion is maintained. If the contested portion of the education record is disclosed, the statement must be disclosed with it.
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<td>University Registrar</td>
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Standards of Conduct

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

The Medical College’s standards of conduct also enable students to begin to encounter and wrestle with the difficult moral and ethical questions that arise continuously throughout one’s medical career. In this capacity the standards of conduct promote expected behaviors, challenge unprofessional behaviors, and educate students, as well as faculty, to confront these challenges.

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

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

Student Responsibilities/Honor Code

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

The following are examples of conduct that is not suitable for students at the Medical College:

• knowingly or carelessly representing the work of others as one’s own;
• using or giving unauthorized assistance in any academic work;
• restricting the use of material used to study in a manner prejudicial to the interest of other students;
• purposely misleading or give false information to another student;
• cheating otherwise committing a breach of academic and/or professional integrity;
• repetitively or egregiously failing to fulfill the professional requirements and responsibilities of a clinical clerkship;
• committing an act of physical abuse or violence of any kind;
• sexual or other prohibited forms of harassment;
• posting of confidential or inappropriate information (including but not limited to, photos, images, text or video) on the internet (including but not limited to Facebook, blogs, LinkedIn, and others)
• being repeatedly absent, unexcused, from a required course, clerkship, or subinternship activities; or
• Failing to respond in a timely way to communications (phone calls, emails or other correspondence) from the administration, faculty, course leadership or their representatives.

A student, or group of students, knowing of any situation in which a violation of any of the standards of conduct set forth above may have occurred is responsible for providing any such information in writing to the Senior Associate Dean (Education). Faculty is similarly required to report a violation to the Senior Associate Dean (Education). Each student matriculated at the Medical College shall be bound by standards of conduct described above and shall be presumed to be familiar with the above provisions.

When a student’s conduct while matriculated at the Medical College raises a question about his or her suitability for the practice of medicine, the matter will be reviewed by the Senior Associate Dean (Education), who may appoint an ad hoc committee of faculty to review the matter. The student involved shall receive notice of the request for the appointment of the ad hoc committee, the membership of the ad hoc committee once constituted, and the details of the concerns under consideration by the ad hoc committee regarding the student’s suitability for the practice of medicine.

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

When the recommendation of the ad hoc committee to the Senior Associate Dean (Education) is to permit a student to continue with his or her studies based on a finding that the student continues to meet the standards of suitability for the practice of medicine, the Senior Associate Dean (Education) may accept the recommendation and conclude the process or may seek further review by forwarding the matter for further action to the Committee on Promotion and Graduation. The Senior Associate Dean (Education) retains the right to add his/her own recommendation to the recommendation of the ad hoc committee if it forwards the decision of the ad hoc committee for additional consideration.

If the recommendation of the ad hoc committee is that the student does not satisfy the Medical College’s standards of suitability for the practice of medicine and should not be permitted to continue studies at the Medical College and such recommendation is accepted by the Senior Associate Dean (Education), then the recommendation, then the student may appeal the recommendation to the Committee on Promotion and Graduation (as set forth on pages ____ of this Handbook). The Committee on Promotion and Graduation has the discretion to gather additional information. The student shall have an opportunity to submit whatever information he or she believes is relevant to the consideration. The recommendations of the ad hoc committee, and the Committee on Promotion and Graduation, shall be forwarded to the Faculty Councils and the Dean for final action.

Teaching-Learning Environment

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

Examples of conduct that is not appropriate include:

- verbally abusing a student, including belittling and/or humiliating a student, or speaking disparagingly about a student’s economic or cultural background, gender, sexual orientation or preference, race or religion;

- exploiting students in any manner, including requesting that students perform personal errands or directing students to perform a large number of routine hospital procedures on patients not assigned to the student, particularly where performing the procedures interferes with a student’s attendance at educational activities such as teaching rounds and classes;
• intentionally singling out a student for arbitrary or selective treatment;

• pressuring a student to perform medical procedures for which the student is insufficiently trained;

• interfering with a student’s need to attend properly to a potentially serious health problem, including not permitting a student to leave a hospital unit or operating room to seek attention for a needle stick injury or a splash with bodily fluids; or

• committing an act of physical abuse or violence of any kind.

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

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

Faculty members are also required to inform the Senior Associate Dean (Education) or Executive Vice Dean, in writing, of any alleged violation by a faculty member of the standards of conduct outlined above. Faculty members, upon appointment to the Faculty, shall be bound by the standards of conduct set forth in this section and shall be presumed to be familiar with its provisions.
Guidelines for Use of Computers, Network Systems and Electronic Communications

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

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

Users of Medical College computers and network systems shall respect:

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

ITS would like to remind you about the importance of keeping Confidential Information within our organization. It is extremely important to make sure you do not send any of the following to email addresses except those ending with MED.CORNELL.EDU or NYP.ORG:

1. Patient billing or medical records
2. Student records
3. Financial data, including Payment or Credit Card information
4. Employment records
5. Research data involving human subjects
6. Social Security Numbers

Please be sure to check the email addresses you are sending Confidential information to. If you send Confidential information to an external address you may receive a notification from ITS Security reminding you to use alternative sources to transfer such information.

Safer Alternatives to Email:

- **For Provider-Patient Communication**: Use the Weill Cornell Connect messaging feature, which provides encrypted communication between providers who are using Epic and their patients. ([https://mychart.med.cornell.edu/mychart/faq.asp](https://mychart.med.cornell.edu/mychart/faq.asp))

- **Use the Transfer Service to Send Confidential Information**: If you have a valid business reason to send Confidential data outside of WCMC and NYP, please use the Transfer service, which provides better security. ([http://transfer.med.cornell.edu](http://transfer.med.cornell.edu))

Questions? Concerns? Please visit [http://weill.cornell.edu/its/policy](http://weill.cornell.edu/its/policy) for more information on our policies. We will be actively updating you on changes to our policies so that you are informed about how to protect the Confidential data you are responsible for.

If you have any questions, comments, or concerns about this information, please contact the ITS Service Desk at 746-4878, or support@med.cornell.edu.
Policies

WCMC adheres to many IT policies disseminated by Cornell University.

http://www.dfa.cornell.edu/treasurer/policyoffice/policies/volumes/informationtech/index.cfm

WCMC IT policies are medical center-specific supplements to University policy, and in some cases may be more stringent than those used at the University. WCMC faculty, staff, students, and affiliates are expected to be aware of and adhere to these policies.

Please check this page frequently for changes, updates, and new policy postings.

http://weill.cornell.edu/its/policy/

**WCMC IT Security Policies**

- **11.01 - Responsible Use of Information Technology Resources** (last modified Apr 08, 2011)
- **11.02 - Privacy of the Network** (last modified Apr 08, 2011)
- **11.03 - Data Classification** (last modified Mar 26, 2015)
- **11.04 - Guest Wireless Network** (last modified Apr 08, 2011)
- **11.05 - Security Incident Response** (last modified Apr 08, 2011)
- **11.06 - Device Encryption** (last modified Mar 26, 2015)
- **11.07 - Copyright Infringement Policy** (last modified Apr 08, 2011)
- **11.08 - Use of Email** (last modified Mar 26, 2015)
- **11.09 - Data Loss Prevention (DLP)** (last modified Apr 08, 2011)
- **11.10 - Web Proxy** (last modified Apr 07, 2011)
- **11.11 - Requirements for Securing Information Systems** (last modified Mar 26, 2015)

**ITS Service Policies**

- **Backup Policy** (last modified Jan 30, 2015)
- **Billing Policy** (last modified Apr 08, 2014)
- **Broadcast Email Policy** (last modified Jan 13, 2011)
- **Domain Name Services Policy** (last modified Jul 10, 2013)
- **IP Address Policy** (last modified May 25, 2010)
- **Microsoft Campus Agreement & Licensing** (last modified Jun 21, 2010)
- **Mobile Device Management (myDevice)** (last modified Jun 20, 2013)
- **Network Policy** (last modified Feb 17, 2009)
- **Password Policy** (last modified Feb 10, 2015)
• **Research Data Storage Core (RDSC) Policy** (last modified Feb 28, 2009)
• **Smartphone & Mobile Device Policy** (last modified Sep 24, 2013)

**ITS Service Level Agreements**

- **Billing (myITS) - Service Level Agreement** (last modified May 07, 2012)
- **Central File Sharing - Service Level Agreement** (last modified May 07, 2012)
- **Co-Location - Service Level Agreement** (last modified Jan 30, 2015)
- **Data Warehouse - Service Level Agreement** (last modified May 07, 2012)
- **Database Hosting - Service Level Agreement** (last modified May 07, 2012)
- **Epic Hyperspace - Service Level Agreement** (last modified May 07, 2012)
- **Exchange Email & Calendar - Service Level Agreement** (last modified Sep 27, 2012)
- **File Transfer Service - Service Level Agreement** (last modified Feb 16, 2013)
- **General Electric Centricity Business - Service Level Agreement** (last modified May 07, 2012)
- **IntelliCred and Webview - Service Level Agreement** (last modified May 04, 2012)
- **Managed Hosting - Service Level Agreement** (last modified Jan 30, 2015)
- **myPassword - Service Level Agreement** (last modified May 04, 2012)
- **Research Data Storage Core - Service Level Agreement** (last modified May 04, 2012)
- **Screen Sharing - Service Level Agreement** (last modified May 08, 2012)
- **Web Hosting - Service Level Agreement** (last modified Jun 12, 2013)
- **Weill Cornell Connect - Service Level Agreement** (last modified May 04, 2012)
- **Wiki - Service Level Agreement** (last modified May 04, 2012)

Any IT policy questions should be sent to Brian Tschinkel, Information Security Officer. Brian can be reached at **brt2008@med.cornell.edu** or 646-962-2768.
Copyright Infringement

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

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

At the Medical College, the unauthorized distribution of copyright materials is also a violation of the standards of conduct, and may result in disciplinary action up to and including expulsion.

For additional information on the Medical College Copyright Infringement Policy, please visit <http://weill.cornell.edu/its/policy/security/117---copyright-infringement-policy.html>. A paper copy of this policy is available upon request.

Sexual Harassment

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

What is Sexual Harassment?

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

• Unwelcome sexual advances, requests for sexual favors, and other verbal and physical conduct of a sexual nature constitute sexual harassment if:
  o submission to such conduct is made either explicitly or implicitly a term or condition of employment or academic status;
Submission to, or rejection of, such conduct by a person is used as the basis for an employment decision or an academic decision affecting that person; or

- such conduct has the purpose or effect of substantially interfering with a person's work or academic performance or of creating an intimidating, hostile, or offensive working or learning environment.

Sexual harassment is sex discrimination and is therefore illegal.

**Dealing with Sexual Harassment**

**Preliminary Action**

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

- **Say no** to the harasser. Ignoring the situation seldom will make it go away. If you have difficulty speaking about the situation, write the harasser a note describing the incident that you found offensive and request that it not happen again. Keep a dated copy of the message.

- **Keep a record of what happened and when it took place.** If others were present, include their names in the record. Keep a log of any conversations or actions pertaining to the incident(s).

- **Find out whether other students or co-workers have been harassed.** Together complaints are in a stronger position to deal with the situation and the offender.

- **Seek support from a close friend or trusted associate.** Sharing your feelings and experiences can help you cope with that often is a very difficult, frustrating situation.

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

**Complaint Procedures**

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

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

**Title IX Regulations**

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

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

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

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

**Bias and Hate Related Crimes**

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

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

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

Hate crimes are criminal activity motivated by the perpetrator’s bias or attitude against an individual victim or group based on perceived or actual personal characteristics, such as their race, religion, ethnicity, gender, sexual orientation, or disability.
Bias-related behavior includes any action that discriminates against, ridicules, humiliates, or otherwise creates a hostile environment for an individual (female or male) or group protected under this law.

**Penalties for Hate/Bias-Related Crime**

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

**Reporting a Hate/Bias-Related Crime Incident**

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

**Availability of Counseling and Other Support Services**

Counseling and personal support is available to victims of hate/bias-related crime through the Student Affairs Office at 110 Olin Hall. Another source of assistance is through the Victims Assistance Center located at 100 Centre Street, Room 231. The Center is open Monday through Friday, 8:00 a.m. to 8:00 p.m., and Saturdays and Sundays, 9:00 a.m. to 5:00 p.m. The staff can be reached at 212-335-9040.
Members of the Medical College Community Who Potentially Represent a Hazard to the Public and to the Medical College

Two broad considerations underlay the preparation of these guidelines:

1. An awareness that the Medical College, so far as possible, should try to protect patients, students, and employees, and to protect its mission in education and research, from any harm that may come to them because of any action or condition of a student or employee.

2. An awareness that the identification of a person as a potential hazard to other people or to the institution may seriously jeopardize his career and his relation to other people, and that, therefore, every effort must be taken to protect the rights of this person, and to insure that any findings, and any actions based upon these findings, are grounded on demonstrable evidence.

The Nature of “Potential Hazards”

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

1. Hazards arising from the impaired ability of a person to perform his medical, educational, or other professional activities, including hazards arising from (a) neurological disease or degeneration, (b) emotional or psychological disorders, (c) the use of drugs or medications, and (d) the presence of physical handicaps resulting from illness or injury.

2. Hazards arising from a person's carrying a contagious disease.

3. Hazards arising from the behavior of a person, including a) behavior regarded by patients and by the public as alarming, threatening, bizarre, hostile, or otherwise inconsistent with the duties and responsibilities of the person, and b) behavior that is disruptive for working groups, medical treatment, or educational processes.

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

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

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

Identification and Reporting of Potential Hazards

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

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

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

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

Initiation Of Action

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

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

Informing the Person Involved

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

**Informing the Administration of the Medical College**

After considering the information available in the case, the Department Chairman or other administrator at that level will report this information along with any comments that he believes to be appropriate to the Dean (if a member of the academic staff is involved); to the Senior Associate Dean for Student Affairs (if a student is involved); or to the Associate Dean (Human Resources) (if any non-academic Cornell employee is involved).

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

**Investigation of Potential Hazards**

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

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

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

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

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

**Decision as to Whether a Potential Hazard Exists**

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

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

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

**Confidentiality**

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

**Protection of the Rights of the Individual**

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

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

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

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

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

**Actions to Be Taken**

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

**Substance Abuse Policy**

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

**Statement on Illegal Drugs and Substances**

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

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

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

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

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

**Statement on Drug and Alcohol Abuse**

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

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

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

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

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

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

Sanctions

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

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

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

Examples of legal sanctions under Federal and New York laws:

(Sanctions can include severe criminal penalties such as fines and/or imprisonment. The severity of the penalty depends upon the nature of the criminal act and the identity and amount of the drug involved).

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

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

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

Alcohol: It is illegal in New York:

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

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

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

**Procedure**

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

In the event a clerkship or elective site requires drug screening, but does not provide on-site testing, the Medical College has established a contract with an outside vendor who will provide testing to meet these requirements. Students will be required to obtain and complete a Drug Screen Consent and Release Form for the vendor (available at Academic Affairs and Student Health Services) and report to the vendor’s specimen collection center to submit a urine sample. **Students must make those arrangements, and provide the specimen with sufficient time for the vendor to provide clearance documentation to the Medical College.**

The cost of this testing is included in your Student Health fee. Students requiring testing more frequently than once a year will be responsible for additional fees – you will be advised at SHS at the time of your request. The cost of testing is currently expected to be under $40.

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

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

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

**Handling of Results**

*All results from the outside vendor will be forwarded to the Director of Student Health.* Negative results will be forwarded to Academic Affairs, as needed to complete clerkship applications.  

**POSITIVE RESULTS WILL BE FORWARDED TO THE ASSOCIATE DEAN FOR STUDENT AFFAIRS AND THE STUDENT WILL BE REQUIRED TO HAVE AN ADMINISTRATIVE CONSULTATION WITH ONE OF OUR MENTAL HEALTH PHYSICIANS.**

**Health Risks**

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

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

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

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

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

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

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

**Counseling and Treatment**

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

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

The Employee Assistance Program (EAP) is a short-term counseling and referral service for drug and alcohol abuse as well as other employee concerns. Through the EAP, eligible employees and their dependents may obtain free counseling for substance and alcohol abuse issues which affect them and their families. EAP counselors will assess each case and may make a referral to an appropriate internal program or outside agency best suited to address the rehabilitation needs. EAP counselors will also assist in determining how Cornell health insurance will be helpful in covering costs. The Academic Staff Handbook and Employee Handbook contain further information about the Employee Assistance Program. An EAP counselor can be contacted by calling (1-212-746-5890.

Students are reminded to review the Substance Abuse Policy (which covers illicit drug and alcohol abuse) set forth in the Student Handbook and that any drug or alcohol abuse violation may impact on a student's fitness or suitability for advancement. Professional staff and advisors are available to assist and direct students to internal and outside programs. Students may also obtain assistance by contacting the Weill Medicine Student Health Services at (646) 962-6942 or the Student Mental Health Service at 1-212-746-5775.

Institutional Review

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

No Smoking

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

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

Students seeking to quit smoking may contact the Student Health Services to receive information about and referrals to smoking cessation programs.
# 2016-2017 Academic Calendar

## First Year, Class of 2020*

### 2016

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday, August 15 – Friday, August 19</td>
<td>Orientation Week &amp; On-Line Registration</td>
</tr>
<tr>
<td>Tuesday, August 16</td>
<td>Opening Exercises – <em>White Coat Ceremony</em></td>
</tr>
<tr>
<td>Monday, August 22</td>
<td>Instruction begins: <em>Essential Principles of Medicine &amp; LEAP 1</em></td>
</tr>
<tr>
<td>Monday, September 5</td>
<td>Labor Day Holiday</td>
</tr>
<tr>
<td>Thursday, November 24 – Friday, November 25</td>
<td>Thanksgiving Holiday</td>
</tr>
<tr>
<td>Friday, December 16</td>
<td>Last Day of <em>Essential Principles of Medicine</em></td>
</tr>
<tr>
<td>Saturday, December 17 – Monday, January 2</td>
<td>Winter Recess (2 weeks)</td>
</tr>
</tbody>
</table>

### 2017

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday, January 3</td>
<td>Instruction begins: <em>Health, Illness &amp; Disease 1</em></td>
</tr>
<tr>
<td>Monday, January 16</td>
<td>Martin Luther King, Jr. Holiday</td>
</tr>
<tr>
<td>Monday, February 20</td>
<td>Presidents’ Day Holiday</td>
</tr>
<tr>
<td>Saturday, April 8 – Sunday, April 16</td>
<td>Spring Recess (1 week)</td>
</tr>
<tr>
<td>Monday, May 29</td>
<td>Memorial Day Holiday</td>
</tr>
<tr>
<td>Friday, June 9</td>
<td>Last Day of <em>Health, Illness &amp; Disease 1</em></td>
</tr>
<tr>
<td>Saturday, June 10</td>
<td>Summer Recess begins</td>
</tr>
<tr>
<td>Monday, August 21 *</td>
<td>YEAR TWO Curriculum Begin</td>
</tr>
</tbody>
</table>

*SUBJECT TO CHANGE*
Second Year, Class of 2019*

2016

Monday, August 22
Instruction begins: *Health, Illness & Disease 2*

Monday, September 5
Instruction begins: *LEAP 2*

Thursday, November 24 – Friday, November 25
Labor Day Holiday

Friday, December 16
Thanksgiving Holiday

Saturday, December 17 – Monday, January 2
Last Day of *Health, Illness & Disease 2*

2017

Tuesday, January 3
*Step 1 Study Period [Option 1] OR Clerkships*

Monday, January 16
Martin Luther King, Jr. Holiday

Monday, February 20
Presidents’ Day Holiday

Monday, March 27 – Sunday, April 2
Spring Recess (1 week)

Monday, April 3
Instruction Resumes

Monday, May 15
*Step 1 Study Period [Option 2] OR Clerkships*

Monday, May 29
Memorial Day Holiday

Friday, June 23
Instruction Ends

Saturday, June 24 – Sunday, July 2
Summer Recess (1 week)

Monday, July 3
YEAR THREE Curriculum Begins

Tuesday, July 4
Independence Day Holiday

*SUBJECT TO CHANGE*
## Third Year, Class of 2018*

<table>
<thead>
<tr>
<th>Year</th>
<th>Date Range</th>
<th>Event</th>
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<tbody>
<tr>
<td>2016</td>
<td>Tuesday, July 5</td>
<td>YEAR THREE Begins</td>
</tr>
<tr>
<td></td>
<td>Monday, September 5</td>
<td>Labor Day Holiday</td>
</tr>
<tr>
<td></td>
<td>Thursday, November 24 – Friday, November 25</td>
<td>Thanksgiving Holiday</td>
</tr>
<tr>
<td></td>
<td>Saturday, December 17 – Monday, January 2</td>
<td>Winter Recess (2 weeks)</td>
</tr>
<tr>
<td>2017</td>
<td>Tuesday, January 3</td>
<td>Step 1 Study Period [Option 3] OR Clerkships</td>
</tr>
<tr>
<td></td>
<td>Monday, January 16</td>
<td>Martin Luther King, Jr. Holiday</td>
</tr>
<tr>
<td></td>
<td>Monday, February 13 – Sunday, February 19</td>
<td>Spring Recess (1 week)</td>
</tr>
<tr>
<td></td>
<td>Monday, February 20</td>
<td>Presidents’ Day Holiday</td>
</tr>
<tr>
<td></td>
<td>Tuesday, February 21</td>
<td>AOC Block 1 Begins</td>
</tr>
<tr>
<td></td>
<td>Monday, May 29</td>
<td>Memorial Day Holiday</td>
</tr>
<tr>
<td></td>
<td>Sunday, June 11</td>
<td>AOC Block 1 Ends</td>
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<tr>
<td></td>
<td>Monday, June 12 – Friday, June 23</td>
<td>Elective Period (2 weeks)</td>
</tr>
<tr>
<td></td>
<td>Saturday, June 24 – Sunday, July 2</td>
<td>Summer Recess (1 week)</td>
</tr>
<tr>
<td></td>
<td>Monday, July 3</td>
<td>YEAR FOUR Curriculum Begins</td>
</tr>
<tr>
<td></td>
<td>Tuesday, July 4</td>
<td>Independence Day Holiday</td>
</tr>
</tbody>
</table>

*SUBJECT TO CHANGE
Fourth Year, Class of 2017*

2016

Monday, June 27 – Sunday, July 3  
Summer Recess (1 week)

Monday, July 4  
Independence Day Holiday

Tuesday, July 5  
YEAR FOUR Begins

Monday, September 5  
Labor Day Holiday

Thursday, November 24 - Friday, November 25  
Thanksgiving Day Holiday

Saturday, December 17 - Monday, January 2  
Winter Recess (2 weeks)

2017

Tuesday, January 3  
Instruction resumes

Monday, January 16  
Martin Luther King, Jr. Holiday

Monday, February 20  
President’s Day Holiday

Monday, March 27 – Sunday, April 2  
Spring Recess (1 week)

Monday, May 8 – Friday, May 19  
*Advanced Basic Sciences* course

Friday, May 19  
Instruction ends

Monday, May 22 – Friday, May 26  
Exit Checklist (WCM, Residency)

Procedure Period

Wednesday, May 31 (tentative) *  
Convocation @ 5:00pm Uris Auditorium

Thursday, June 1 *(tentative) *  
Commencement @12:00pm *Carnegie Hall*

*S*UBJECT TO CHANGE
# Course Directors

http://weill.cornell.edu/education/curriculum/fac_info_spec.html

<table>
<thead>
<tr>
<th>Course name</th>
<th>Course Director</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First year</strong></td>
<td></td>
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<tr>
<td><em>Essential Principles Of Medicine</em></td>
<td></td>
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</tr>
<tr>
<td>EPOM Course Directors: Dr. Domenick Falcone</td>
<td><a href="mailto:dfalcone@med.cornell.edu">dfalcone@med.cornell.edu</a></td>
<td></td>
</tr>
<tr>
<td>Dr. Lonny Levin</td>
<td><a href="mailto:llevin@med.cornell.edu">llevin@med.cornell.edu</a></td>
<td></td>
</tr>
<tr>
<td>Science Theme Leader: Dr. Domenick Falcone</td>
<td><a href="mailto:dfalcone@med.cornell.edu">dfalcone@med.cornell.edu</a></td>
<td></td>
</tr>
<tr>
<td>Patient Care Leader: Dr. B. Robert Meyer</td>
<td><a href="mailto:brmeyer@med.cornell.edu">brmeyer@med.cornell.edu</a></td>
<td></td>
</tr>
<tr>
<td>Physicianship Leader: Dr. Charles Bardes</td>
<td><a href="mailto:clbardes@med.cornell.edu">clbardes@med.cornell.edu</a></td>
<td></td>
</tr>
<tr>
<td><em>Health Illness &amp; Disease 1</em></td>
<td></td>
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</tr>
<tr>
<td>HID 1 Course Director: Dr. Lawrence Palmer</td>
<td><a href="mailto:lgpalm@med.cornell.edu">lgpalm@med.cornell.edu</a></td>
<td></td>
</tr>
<tr>
<td>Science Theme Leader: Dr. Lawrence Palmer</td>
<td><a href="mailto:lgpalm@med.cornell.edu">lgpalm@med.cornell.edu</a></td>
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<td><a href="mailto:clbardes@med.cornell.edu">clbardes@med.cornell.edu</a></td>
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<tr>
<td><em>Longitudinal Educational Experience Advancing Patient Partnerships (LEAP)</em></td>
<td></td>
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<tr>
<td>Dr. Keith LaScalea</td>
<td><a href="mailto:kal9006@med.cornell.edu">kal9006@med.cornell.edu</a></td>
<td></td>
</tr>
<tr>
<td><em>Areas of Concentration Director (AOC)</em></td>
<td></td>
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</tr>
<tr>
<td>Dr. Andrew Schafer</td>
<td><a href="mailto:ais2007@med.cornell.edu">ais2007@med.cornell.edu</a></td>
<td></td>
</tr>
<tr>
<td><em>MD/PhD Frontiers Course I</em></td>
<td></td>
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</tr>
<tr>
<td>Dr. Jochen Buck</td>
<td><a href="mailto:jobuck@med.cornell.edu">jobuck@med.cornell.edu</a></td>
<td></td>
</tr>
<tr>
<td><strong>Second year</strong></td>
<td></td>
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</tr>
</tbody>
</table>
Health Illness & Disease 2

HID 2 Course Directors:
- Dr. Peter Marzuk  pmmarzuk@med.cornell.edu
- Dr. B. Robert Meyer  brmeyer@med.cornell.edu

Science Theme Leader:
- Dr. Lawrence Palmer  lgpalm@med.cornell.edu

Patient Care Leader:
- Dr. B. Robert Meyer  brmeyer@med.cornell.edu

Physicianship Leader:
- Dr. Charles Bardes  clbardes@med.cornell.edu

Longitudinal Educational Experience Advancing Patient Partnerships (LEAP)
- Dr. Keith LaScalea  kal9006@med.cornell.edu

Areas of Concentration Director (AOC)
- Dr. Andrew Schafer  ais2007@med.cornell.edu

MD/PhD Frontiers Course II
- Dr. Jochen Buck  jobuck@med.cornell.edu

Third and Fourth year

ABS
- Dr. Susanna Cunningham-Rundles  scrundle@med.cornell.edu

Anesthesia and Critical Care
- Dr. Dana Gurvitch  dao2002@med.cornell.edu
- Dr. Lori Rubin  lor2003@med.cornell.edu
- Dr. David Berlin  berlind@med.cornell.edu

Medicine
- Dr. Ernie Esquivel  ere9022@med.cornell.edu
- Dr. Shelene Poetker  shp9069@med.cornell.edu

Neurology
- Dr. Joseph Safdieh  jos9046@med.cornell.edu
- Dr. Bridget Carey  btcarey@med.cornell.edu

Obstetrics/Gynecology
- Dr. Debra Taubel  det2001@med.cornell.edu
- Dr. Tirsit Asfaw  tsa9005@med.cornell.edu

Pediatrics
- Dr. Thanakorn Jirasevijinda  thj2002@med.cornell.edu
- Dr. MacKenzi Hillard  mnh9003@med.cornell.edu
<table>
<thead>
<tr>
<th>Area</th>
<th>Name</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care</td>
<td>Dr. Byron Demopoulos</td>
<td><a href="mailto:byd2001@med.cornell.edu">byd2001@med.cornell.edu</a></td>
</tr>
<tr>
<td></td>
<td>Dr. Pamela Eliach</td>
<td><a href="mailto:pae9003@med.cornell.edu">pae9003@med.cornell.edu</a></td>
</tr>
<tr>
<td>Psychiatry</td>
<td>Dr. Susan Samuels</td>
<td><a href="mailto:sus9079@med.cornell.edu">sus9079@med.cornell.edu</a></td>
</tr>
<tr>
<td></td>
<td>Dr. Dimitry Francois</td>
<td><a href="mailto:dif9013@med.cornell.edu">dif9013@med.cornell.edu</a></td>
</tr>
<tr>
<td>Healthcare Policy</td>
<td>Dr. Madelon Finkel</td>
<td>402 E. 67th St.  646-962-8038</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:maf2011@med.cornell.edu">maf2011@med.cornell.edu</a></td>
</tr>
<tr>
<td>Surgery</td>
<td>Dr. Gregory Dakin</td>
<td><a href="mailto:grd9006@med.cornell.edu">grd9006@med.cornell.edu</a></td>
</tr>
<tr>
<td></td>
<td>Dr. Demetri Merianos</td>
<td><a href="mailto:dem9110@med.cornell.edu">dem9110@med.cornell.edu</a></td>
</tr>
<tr>
<td>Areas of Concentration Director (AOC)</td>
<td>Dr. Andrew Schafer</td>
<td><a href="mailto:ais2007@med.cornell.edu">ais2007@med.cornell.edu</a></td>
</tr>
</tbody>
</table>
Basics

SMARTDesk

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

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

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

Tri-Cat Catalog – The shared online catalog of WCMC’s Samuel J. Wood Library, Rockefeller University and Memorial Sloan Kettering Cancer Center. It lists not only the print holdings but also has direct links to electronic books and journals. You can limit your searching to “WCMC E-Resources only.”

Hours

Mon-Thurs – 8am-10pm
Fri - 8am-6pm
Sat – 10am-6pm
Sun – 12pm-8pm

See website for holiday closings.

Other Locations

Onsite access to the Hospital for Special Surgery, Memorial Sloan Kettering and Rockefeller libraries is also available
Computers and Wireless

Desktops – All computers are fully networked and have Microsoft Word, PowerPoint, Excel and EndNote.

Wireless networks – ITS-tagged laptops use WMC Secure. For guest access, use WMC Guest Services.

Laptop check-out – Check out a wireless laptop from the SMARTDesk for 3-hour use in or outside the Library.

Printing & Photocopying (PaperCut)

In order to pay for printing and photocopying, you need to set up a PaperCut account: $0.50/color, $0.10/black and white. Students have a weekly allotment of $15 credited to their print account by the College.

Library Etiquette

Cell phone conversations limited to the Commons (main room just inside Library entrance). Covered beverages and snacks permitted throughout the Library. Open meals, take-out and messy or aromatic foods are only allowed in the Commons. You may purchase a Library spill-proof mug at the SMARTDesk for $5.00.

Services

Classes – Free classes are offered each semester, such as PubMed Searching, Electronic Resources, Evidence Based Practice and EndNote Basics.

Request a consultation – We provide customized orientations, library tours, help with literature searching, and clinical & community outreach services.
SCISSORS – A suite of services for researchers: get help with formulating questions, setting up search alerts, literature reviews, planning for meeting presentations or grant proposals, complying with NIH Public Access Policy, manuscript preparation, and journal selection.

Electronic Resources

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

Popular databases

PubMed – premier clinical literature database; links to a host of biomolecular resources from NCBI
UpToDate – a practical clinical reference, containing the equivalent of 40,000 pages of original, peer-reviewed text, which provides specific, summary recommendations for diagnosis and treatment
AccessMedicine – suite of resources for clinical practice and education; sub-sites include Pharmacy, Surgery, Anesthesiology, Emergency Medicine, Pediatrics, and Physiotherapy

Other databases

F1000 – Identify biomedical papers that are “must reads” or “highly recommended”
ClinicalKey – full-text access to selected medical texts, medical journals, practice guidelines, videos, images, drug information, patient handouts, and CME materials
MedU – virtual patient case sessions; includes WISE-MD, CLIPP, and fmCases
MICROMEDEX – in-depth drug information including PDR, POISINDEX and Lab Advisor
PubsHub – details on journal impact factors, acceptance rates, publication turnaround times, and MEDLINE indexing; also offers details on 2,000+ conferences
USMLEasy – prepare yourself for the USMLE exam
VisualDX – enter patient findings and create a differential diagnosis

Mobile Apps

BrowZine – access journals in a format that is optimized for tablets; create a personal bookshelf of your favorite journals.
uCentral – 5-Minute Consult (pediatric & clinical) and Harrison’s Manual for mobile devices
VisualDX - A diagnostic decision support system designed by clinicians to aid medical professionals in the diagnosis of visually identifiable diseases.

E-Books
Over 24,000 titles, including *Current Medical Diagnosis and Treatment* and *Harrison’s.*

**E-Journals**

Over 17,000 titles. Link to these journals from Tri-Cat or the e-Journals link from our website.

**Remote access**

Connect off-campus to all of our online services and e-resources via WebVPN or Client VPN available from the Information Technologies & Services (ITS) department. Contact ITS to learn more: [http://weill.cornell.edu/its/guides/students.html](http://weill.cornell.edu/its/guides/students.html)

**GET IT button**

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

**Bibliographic management tools**

Tools to allow you to organize your references, format citations and create bibliographies.

EndNote Web is available free of charge to all members of the WCMC community; users must be inside the network to activate their account.

EndNote Client is available to students by visiting the SmartDesk in the library.

Mendeley is a free desktop and web-based option for managing references and easily sharing them with colleagues.
Basics

Location – The Archives is on the 25th floor of the Baker Tower in NYPH.

Contact
Phone: 212-746-6072
email-archives@med.cornell.edu

1300 York Avenue
Box # 34
New York NY 10065-4805

Research and reference
The Archives is open for onsite research by appointment only, 8:00 A.M. to 4:00 P.M., Monday through Friday.
Reference services are also available via email, telephone, or postal mail.
Policy and Procedures Governing Research Integrity

This policy applies to allegations of research misconduct (as defined below) involving a person who at the time of the alleged research misconduct was employed by, was an agent of, or was affiliated by contract or agreement with Weill Cornell Medical College (WCMC) and/or Weill Cornell Graduate School of Medical Sciences (GSMS) (collectively, the “Institution”). Accordingly, the policy shall apply to all faculty, non-faculty academic staff, non-academic staff, medical and graduate students and graduate trainees who are engaged in the conduct of research, regardless of the source of funding, if any. For individuals holding primary faculty appointments at another institution, this document applies only to those functions performed as members of the faculties of WCMC or GSMS.

This policy applies to all allegations of research misconduct that occurred within six (6) years prior to the date of the allegation. However, exceptions to the six (6) year time frame may apply in instances where the Institution determines that the alleged misconduct, if it occurred, could have a substantially adverse effect on the health or safety of the public; if the respondent (as defined herein) continues or renews any incident of alleged research misconduct through the citation, republication or other use for his or her potential benefit; or under certain grandfather exceptions set forth under relevant laws.

I. Preamble

Truth, integrity, and credibility are critical and distinctive principles of any educational and research institution. Adherence to these principles is essential for the efficient progress of scientific research and to preserve the trust of the public in the research community. The maintenance of accepted standards in research based on these principles is highly regarded by the scientific community and is a major responsibility of WCMC and the GSMS. Consequently, these institutions must set standards and procedures for their members in order to preserve truth, integrity, and credibility in research, to prevent research misconduct, and to deal efficiently and fairly with allegations or other indications of research misconduct. At all levels of the Institution, support for quality rather than quantity of research should be stressed.

II. Definitions

A. For the purposes of this policy, research misconduct is defined as scientific misconduct (as defined in Section (II)(A)(1) below) and other conduct that seriously deviates from acceptable research practices.
1. **Scientific misconduct** is generally defined as any act that violates the standards of integrity in proposing, performing or reviewing research or in reporting research results. Such acts include, but are not limited to:

   o **Fabrication** means the making up of data or results and recording or reporting them.

   o **Plagiarism** means the appropriation of another person’s ideas, processes, results or words without giving appropriate credit.

   o **Falsification** means the manipulation of research materials, equipment or processes or changing or omitting data or results such that the research is not accurately represented in the research record.

2. **Other conduct that seriously deviates from acceptable research practices.**

   Examples of conduct that seriously deviates from acceptable research practices include:

   o **Abuse of Confidentiality** means misuses of confidential information or failure to maintain the confidentiality of such information, e.g., "stealing" of information obtained through review of research proposals, manuscripts, etc.

   o **Violation of pertinent federal or institutional regulations and ethical codes**, e.g. those involving the protection of human subjects and the welfare of laboratory animals.

   o **Aiding or Facilitating** acts of academic dishonesty by others.

   o **Breaches of research integrity** other than those enumerated above that seriously deviate from those that are commonly accepted in the research community for proposing, conducting, reviewing or reporting research.

   Honest error or honest differences in interpretation or judgment of data are not regarded as research misconduct.

B. Other Definitions:

1. **Allegation** means a disclosure of possible research misconduct through any means of communication. The disclosure may be by written or oral statement or other communication to the institutional research integrity officer.

2. **Complainant** means a person who in good faith makes an allegation of research misconduct.

3. **Deciding Official (DO)** means the institutional official who makes final determinations on allegations of research misconduct and any institutional administrative actions. This person shall be the Dean of the GSMS.
4. **Evidence** means any document, tangible item, or testimony offered or obtained during a research misconduct proceeding that tends to prove or disprove the existence of an alleged fact.

5. **Good faith**, as applied to a complainant or witness, means having a belief in the truth of one’s allegation or testimony that a reasonable person in the complainant’s or witness’s position could have based on the information known to the complainant or witness at the time. An allegation or cooperation with a research misconduct proceeding is not in good faith if it is made with knowing or reckless disregard for information that would negate the allegation or testimony. Good faith as applied to a committee member means cooperating with the purpose of helping an institution meet its responsibilities under this policy.

6. **Inquiry** means preliminary information-gathering and preliminary fact-finding that meets the criteria and follows the procedures set forth herein.

7. **Institutional member** means a person who is employed by, is an agent of, or is affiliated by contract or agreement with WCMC or GSMS. Institutional members may include, but are not limited to, officials, tenured and untenured faculty, teaching and support staff, researchers, research coordinators, clinical technicians, postdoctoral and other fellows, students, volunteers, agents, and contractors, subcontractors, and subawardees, and their employees.

8. **Investigation** means the formal development of a factual record and the examination of that record leading to a decision not to make a finding of research misconduct or to a recommendation for a finding of research misconduct which may include a recommendation for other appropriate actions.

9. **Reportable Scientific Misconduct** means fabrication, falsification or plagiarism in proposing, performing or reviewing research or in reporting research results, when such activities involved the use of funds from the federal public health service.

10. **Preponderance of the evidence** means proof by information that, compared with that opposing it, leads to the conclusion that the fact at issue is more probably true than not.

11. **Records of research misconduct proceedings** means: (1) the research records and evidence secured for the research misconduct proceeding pursuant to this policy, except to the extent the Research Integrity Officer determines and documents that those records are not relevant to the proceeding or that the records duplicate other records that have been retained; (2) the documentation of the determination of irrelevant or duplicate records; (3) the inquiry report and final documents (not drafts) produced in the course of preparing that report, including the documentation of any decision not to investigate; (4) the investigation report and all records (other than drafts of the report) in support of the report, including the recordings or transcripts of each interview conducted; and (5) the complete record of any appeal.

12. **Research Integrity Officer (RIO)** means the institutional official responsible for: (1) assessing allegations of research misconduct to determine if they fall within the
definition of research misconduct, and warrant an inquiry; (2) overseeing inquiries and investigations; and (3) the other responsibilities described in this policy. This person shall be the Associate/Assistant Dean of Research Integrity and is reachable at researchintegrity@med.cornell.edu.

13. **Research record** means the record of data or results that embody the facts resulting from scientific inquiry, including but not limited to, research proposals, laboratory records, both physical and electronic, progress reports, abstracts, theses, oral presentations, internal reports, journal articles, and any documents and materials provided to a government agency or an institutional official by a respondent in the course of the research misconduct proceeding.

14. **Respondent** means the person against whom an allegation of research misconduct is directed or who is the subject of a research misconduct proceeding.

15. **Retaliation** means an adverse action taken against a complainant, witness, or committee member by this institution or one of its institutional members in response to (1) a good faith allegation of research misconduct; or (2) good faith cooperation with a research misconduct proceeding.

### III. Guiding Principles for Preserving Research Integrity

The administration, faculty, students, and other staff all share in the responsibility for preserving research integrity and preventing research misconduct. Together they must create an atmosphere that promotes high ethical standards and fosters honest research. Within this framework, it is the Institution's obligation to establish standards and responsibilities for its members, and to hold its members accountable for transgression of this policy. Faculty and students are required to follow the Institution’s Standards of Ethical Conduct. The Institution considers violation of the tenets described under the "Preamble" to represent a major breach of contract between the faculty or staff member and the Institution. Mechanisms for dealing with instances of alleged research misconduct are described herein. Institution and its members will implement the policy in a manner consistent with the spirit of sustaining an atmosphere of research integrity, and in accordance with all applicable laws, rules and policies.

#### A. Responsibility to Report Misconduct

All institutional members will report observed, suspected, or apparent research misconduct to the RIO. Any institutional official who receives an allegation of research misconduct must report it immediately to the RIO. If an individual is unsure whether a suspected incident falls within the definition of research misconduct, he or she may meet with or contact the RIO at researchintegrity@med.cornell.edu or call 212-821-0612 to discuss the suspected research misconduct informally, which may include discussing it anonymously and/or hypothetically. At any time, an institutional member may have confidential discussions and consultations about concerns of possible misconduct with the RIO and will be counseled about appropriate procedures for reporting allegations.
B. Cooperation with Research Misconduct Proceedings

Institutional members shall cooperate with the RIO and other institutional officials in the review of allegations and the conduct of inquiries and investigations. Institutional members, including respondents, have an obligation to provide evidence relevant to research misconduct allegations to the RIO or other institutional officials. In research misconduct proceedings that involve Reportable Scientific Misconduct, institutional members shall cooperate with the relevant government agencies.

C. Confidentiality

The identity of respondents and complainants shall be limited to those who need to know in order to carry out a thorough, competent, objective and fair research misconduct proceeding. Except as otherwise prescribed by law, the disclosure of any records or evidence from which research subjects might be identified shall be limited to those who need to know in order to carry out a research misconduct proceeding. Written confidentiality agreements or other mechanisms may be used to ensure that the recipient does not make any further disclosure of identifying information.

D. Protecting complainants, witnesses, and committee members

Institutional members may not retaliate in any way against complainants, witnesses, or committee members. Institutional members should immediately report any alleged or apparent retaliation against complainants, witnesses or committee members to the RIO, who shall review the matter and, as necessary, make all reasonable and practical efforts to counter any potential or actual retaliation and protect and restore the position and reputation of the person against whom the retaliation is directed.

E. Protecting the Respondent

As requested and as appropriate, the RIO and other institutional officials shall make all reasonable and practical efforts to protect or restore the reputation of persons alleged to have engaged in research misconduct, but against whom no finding of research misconduct is made. The RIO is responsible for ensuring that all the notices and opportunities provided for in this policy, and when relevant, appropriate federal regulations, are provided to respondents.

F. Interim Administrative Actions

Throughout the research misconduct proceeding, the RIO will review the situation to determine if there is any threat of harm to public health, federal funds, and equipment, or the integrity of research process. In the event of such a threat, the RIO will, in consultation with other institutional officials and, if the allegations involve Reportable Scientific Misconduct with the Health and Human Services Office of Research Integrity (“ORI”), take appropriate interim action to protect against any such threat. Interim action might include additional monitoring of the research process and the handling of, if applicable, federal funds and equipment, additional review of research data and results or delaying publication. The RIO shall, at any time during a research misconduct proceeding that involves Reportable Scientific Misconduct, notify ORI immediately if he/she has reason to believe that any of the following conditions exist:
- Health or safety of the public is at risk, including an immediate need to protect human or animal subjects. The Chairperson(s) of the IRB and/or IACUC, as well as the institutional official(s) responsible for this/these Committee(s) shall be promptly notified of such action;

- HHS resources or interests are threatened;

- Research activities should be suspended;

- There is a reasonable indication of possible violations of civil or criminal law;

- Federal action is required to protect the interests of those involved in the research misconduct proceeding;

- The research misconduct proceeding may be made public prematurely and HHS action may be necessary to safeguard evidence and protect the rights of those involved; or

- The research community or public should be informed.

G. Maintaining Records

The Institution will maintain records of research misconduct proceedings in a secure manner for seven (7) years after completion of the proceeding. In cases that involve Reportable Scientific Misconduct, the Institution will also maintain such records in a secure manner for seven (7) years after the completion of any PHS proceeding involving the research misconduct allegation and must provide any information, documentation, research records, evidence or clarification requested by ORI to carry out its review of an allegation or of the Institution’s handling of such allegation.

H. Termination or Resignation before Completing Inquiry or Investigation

The termination of the respondent’s institutional employment or affiliation, by resignation or otherwise, before or after an allegation of possible research misconduct has been reported, will not preclude or terminate the research misconduct proceeding or otherwise limit any of the Institution’s responsibilities under this policy. If the respondent, without admitting to the research misconduct, elects to resign his or her position after Institution receives an allegation of research misconduct, the assessment of the allegation will proceed, as well as the inquiry and investigation, as appropriate. If the respondent refuses to participate in the process after resignation, the RIO and any inquiry or investigation committee will use their best efforts to reach a conclusion concerning the allegations, noting in the report the respondent’s failure to cooperate and its effect on the evidence.

IV. Specific Responsibilities

A. Responsibilities of Faculty and Other Institutional Members

- Upholding intellectual honesty is the responsibility of all institutional members, especially scientific leaders and laboratory directors. These individuals must set the example by maintaining the highest ethical standards, encouraging open
communication within and amongst laboratories and laboratory workers, and instituting procedures for self-regulation and peer review of ongoing research. Faculty and staff are urged to discuss research ethics to heighten awareness of these issues.

- Laboratory directors and scientific leaders must accept special responsibility for the appropriate supervision and teaching of other staff and students, and ultimately must assume responsibility for the validity of all research communications emanating from their laboratories.

- Carefully recorded experimental protocols and methods are strong deterrents to research misconduct. It is the responsibility of the researcher to ensure that records are maintained to adequately document the work performed.

- Faculty and staff members should insist on the appropriate accreditation of authorship for their own work and should cite appropriate references to research performed outside their laboratories. The contributions of other investigators should be appropriately acknowledged in all scientific publications. Authorship should be attributed only to those individuals who have contributed significantly to the research, have reviewed the manuscript critically, and who are prepared to support the validity of the data presented.

- The faculty and other Institutional members should report to the RIO observed, suspected, or apparent research misconduct or any allegations of research misconduct that are brought to their attention.

- Faculty and other Institutional members should understand their obligations to report observed research misconduct and shall cooperate with research misconduct proceedings.

- Department Chairpersons have primary responsibility for the academic activities of members of their departments, including the responsibility to maintain appropriate standards of research integrity and shall cooperate with research misconduct proceedings.

B. Responsibility of the RIO

The DO will appoint the RIO who will have primary responsibility for implementation of the Institution’s policies and procedures on research misconduct. The RIO will be an institutional official who is well qualified to administer the procedures and is sensitive to the varied demands made on those who conduct research, those who are accused of research misconduct, those who make good faith allegations of research misconduct, and those who may serve on inquiry and investigation committees.

The responsibilities of the RIO include the following duties related to research misconduct proceedings:

- Consult confidentially with persons uncertain about whether to submit an allegation of research misconduct;
• Receive allegations of research misconduct;

• Assess each allegation of research misconduct in accordance with this policy to determine whether it falls within the definition of research misconduct and warrants an inquiry;

• As necessary, take interim action and notify ORI of special circumstances, in accordance with Section III.F. of this policy;

• Sequester research data and evidence pertinent to the allegation of research misconduct in accordance with Section V.C. of this policy and maintain it securely in accordance with this policy and applicable law and regulation;

• Provide confidentiality to those involved in the research misconduct proceeding as required applicable law and institutional policy;

• Notify the respondent and provide opportunities for him/her to review/comment/respond to allegations, evidence, and committee reports in accordance with this policy;

• Inform respondents, complainants, and witnesses of the procedural steps in the research misconduct proceeding;

• Determine whether each person involved in handling an allegation of research misconduct has an unresolved personal, professional, or financial conflict of interest and take appropriate action, including recusal, to ensure that no person with such conflict is involved in the research misconduct proceeding;

• In cooperation with other institutional officials, take all reasonable and practical steps to protect or restore the positions and reputations of good faith complainants, witnesses, and committee members and counter potential or actual retaliation against them by respondents or other institutional members;

• Keep the DO and others who need to know apprised of the progress of the review of the allegation of research misconduct;

• Notify and make reports to ORI as required by applicable law;

• Ensure that administrative actions, taken by the Institution and, when applicable, ORI, are enforced and take appropriate action to notify other involved parties, such as sponsors, law enforcement agencies, professional societies, and licensing boards of those actions; and

• Maintain records of the research misconduct proceeding and when applicable make them available to ORI in accordance with this policy.
C. Responsibilities of Complainant

The complainant is responsible for making allegations in good faith, maintaining confidentiality, and cooperating with the inquiry and investigation. Ordinarily, the complainant will be interviewed at the inquiry stage and given the transcript or recording of the interview for correction. The complainant must be interviewed during an investigation, and be given the transcript or recording of the interview for correction.

D. Responsibilities of Respondent

The respondent is responsible for maintaining confidentiality and cooperating with the conduct of an inquiry and investigation. The respondent is entitled to:

- A good faith effort from the RIO to notify the respondent in writing at the time of or before beginning an inquiry;
- An opportunity to comment on the inquiry report and have his/her comments attached to the report;
- Be notified of the outcome of the inquiry, and receive a copy of the inquiry report that includes a copy of the institution’s policies and procedures on research misconduct;
- Be notified in writing of the allegations to be investigated within a reasonable time after the determination that an investigation is warranted, but before the investigation begins (within 30 days after the Institution decides to begin an investigation), and be notified in writing of any new allegations, not addressed in the inquiry or in the initial notice of investigation, within a reasonable time after the determination to pursue those allegations;
- Be interviewed during the investigation, have the opportunity to correct the recording or transcript, and have the corrected recording or transcript included in the record of the investigation;
- In instances of Reportable Scientific Misconduct, consult with counsel or a personal advisor of his or her own choosing and at his or her own expense and any such counsel or advisor, when interacting with the Institution, will serve in an advisory (as opposed to representative) capacity only;
- Have interviewed during the investigation witnesses who have been reasonably identified by the respondent as having information on relevant aspects of the investigation, have the recording or transcript provided to the witness for correction, and have the corrected recording or transcript included in the record of investigation; and
- Receive a copy of the draft investigation report and, concurrently, a copy of, or supervised access to the evidence on which the report is based, and be notified that any comments must be submitted within 30 days of the date on which the copy was received and that the comments will be considered by the Institution and addressed in the final report.
The respondent should be given the opportunity to admit that research misconduct occurred and that he/she committed the research misconduct. With the advice of the RIO and the Institution’s Office of University Counsel, the DO may terminate the Institution’s review of an allegation if the respondent admits the research misconduct or if a settlement has been reached or for any other reason. When appropriate, the Institution will, pursuant to relevant federal regulations, inform ORI of its termination of review. The respondent will have the opportunity to request an institutional appeal of a determination of research misconduct as provided in Section VII.

E. Deciding Official

The DO will consult with the RIO in assessing an allegation. The DO will also receive the inquiry report and after consulting with the RIO, decide whether an investigation is warranted. Any finding that an investigation is warranted must be made in writing by the DO and must, in cases that involve Reportable Scientific Misconduct, be provided to ORI, together with a copy of the inquiry report within 30 days of the finding.

The DO will appoint the individual(s) to conduct the inquiry (“Inquiry Committee”) and investigation (“Investigation Committee”), ensure that those committees are properly staffed and that there is expertise appropriate to carry out a thorough and authoritative evaluation of the evidence.

The DO will receive the investigation report and, after consulting with the RIO and other appropriate officials, decide the extent to which the Institution accepts the findings of the investigation and, if research misconduct is found, decide what, if any, institutional administrative actions are appropriate. In instances that involve Reportable Scientific Misconduct, the DO shall ensure that the final investigation report, the findings of the DO and a description of any pending or completed administrative action are provided to ORI, as required by applicable law.

V. Procedures: Conducting the Assessment and Inquiry

A. Allegations

Any report of alleged or apparent research misconduct should be brought immediately to the attention of the RIO who will promptly, in consultation with the DO, assess the allegation to determine whether it is sufficiently credible and specific so that potential evidence of research misconduct may be identified and whether the allegation falls within the definition of research misconduct in this policy. An inquiry must be conducted if these criteria are met. In the event that the RIO and DO disagree as to whether the inquiry should be conducted, an inquiry will be conducted. If the allegation involves the safety of human and/or animal subjects in research, then the RIO shall promptly bring the allegation to the attention of the Chairperson (s) of the Institutional Review Board (IRB) and/or of the Institutional Animal Care and Use Committee (IACUC) as well as the institutional official (s) responsible for this/these Committee(s). The DO, RIO, IRB Chair and/or IACUC Chair will determine whether review by the IRB or IACUC shall constitute the assessment or inquiry process required under this policy.
The assessment period should be brief. In conducting the assessment, the RIO may, but need not, interview the complainant, respondent, or other witnesses, or gather data beyond any that may have been submitted with the allegation, except as necessary to determine whether the allegation is sufficiently credible and specific so that potential evidence of research misconduct may be identified. The RIO shall, on or before the date on which the respondent is notified of the allegation, obtain custody of, inventory, and sequester all research records and evidence needed to conduct the research misconduct proceeding, as provided in paragraph C of this section. If the RIO and DO determine that an inquiry need not be conducted, the DO may direct that the respondent engage in appropriate activities, such as taking the Tri-Institutional course on responsible conduct in research or its equivalent.

B. Initiation and Purpose of the Inquiry

If the RIO determines that the criteria for an inquiry are met, he or she shall promptly initiate the inquiry process. The purpose of the inquiry is to conduct an initial review of the available evidence to determine whether to conduct an investigation. An inquiry does not require a full review of all the evidence related to the allegation. An investigation is warranted if there is a reasonable basis for concluding the allegation falls within the definition of research misconduct and the preliminary information gathering and fact finding from the inquiry indicates that the allegation may have substance.

C. Notice to Respondent; Sequestration of Research Records

At the time of or before beginning an inquiry, the RIO will make a good faith effort to inform the respondent of the allegations in writing, if the respondent is known. If the inquiry subsequently identifies additional respondents, they must be notified in writing. The RIO will also inform the faculty or staff member responsible for the respondent and such faculty or staff member should in turn notify the relevant department chairperson of the allegation promptly. If the respondent is a student, RIO will also inform the appropriate academic official.

On or before the date on which the respondent is notified, or the inquiry begins, whichever is earlier, the RIO will take all reasonable and practical steps to obtain custody of all the research records and evidence needed to conduct the research misconduct proceeding, inventory the records and evidence and sequester them in a secure manner, except that where the research records or evidence encompass scientific instruments shared by a number of users, custody may be limited to copies of the data or evidence on such instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments.

D. Appointment of the Inquiry Committee

The DO, in consultation with other institutional officials as appropriate, will appoint an individual or an ad hoc inquiry committee and committee chair within ten days of the initiation of the inquiry or as soon thereafter as practical. The inquiry committee will consist of individuals selected from among the faculty and administration who do not have unresolved personal, professional, or financial conflicts of interest with those involved with the inquiry and should include individuals with the appropriate scientific expertise to evaluate the evidence and issues related to the allegation, interview the principals and key witnesses, and conduct the inquiry. Such individual(s) must be objective, impartial, and fair.
The RIO will notify the respondent of the names of the individual(s) solicited to conduct the inquiry. The respondent may raise objections to the individual(s) conducting the inquiry on the basis of unresolved conflicts of interest and within ten days from the date that the RIO communicates the Inquiry Committee composition to the respondent. The RIO shall consider these objections and make the final determination of whether a conflict exists.

E. **Charge to the Inquiry Committee and First Meeting**

The RIO will prepare a charge for the Inquiry Committee that:

- sets forth the time for completion of the inquiry;
- describes the allegations and any related issues identified during the allegation assessment;
- states that the purpose of the inquiry is to conduct an initial review of the evidence, including the testimony of the respondent, complainant and key witnesses, to determine whether an investigation is warranted, not to determine whether research misconduct definitely occurred or who was responsible;
- states that an investigation is warranted if the committee determines: (1) there is a reasonable basis for concluding that the allegation falls within the definition of research misconduct provided in this policy and (2) the allegation may have substance, based on the committee’s review during the inquiry; and
- informs the Inquiry Committee that they are responsible for preparing or directing the preparation of a written report of the inquiry that meets the requirements of this policy and applicable law.

At the Inquiry Committee's first meeting, the RIO will review the charge with the Inquiry Committee, discuss the allegations, any related issues, and the appropriate procedures for conducting the inquiry, assist with organizing plans for the inquiry, and answer any questions raised by the committee. The RIO will be present or available throughout the inquiry to provide advice as needed.

F. **Inquiry Process**

The Inquiry Committee shall conduct a prompt inquiry into the alleged misconduct, affording the respondent an opportunity to comment on the allegations, and prepare a written report including full documentation of the proceedings of the inquiry. The inquiry will generally involve interviewing the complainant, the respondent, and key witnesses, as well as examining relevant research records and materials. Evidence will then be evaluated including the testimony obtained during the inquiry.

The inquiry report shall include the following information: (1) the name and position of the respondent, (2) a description of the allegations of research misconduct, (3) whether the alleged misconduct involved PHS support and information regarding that support, (4) the basis for recommending or not recommending that the allegations warrant an investigation, (5) comments on the draft report by the respondent or complainant, (6) the evidence
reviewed and (7) summary of relevant interviews. A complete record of the proceedings of the inquiry shall be maintained and forwarded to the DO together with the written inquiry report. It should be noted that this record, in whole or in part, may be provided to authorized agencies.

The RIO shall notify the respondent whether the inquiry found an investigation to be warranted, include a copy of the draft inquiry report for comment within 10 days, and include a copy of these Policies and Procedures Governing Research Integrity. The RIO may notify the complainant whether the inquiry found an investigation to be warranted and provide relevant portions of the inquiry report to the complainant for comment within 10 days of receipt. The complainant shall execute a confidentiality agreement prior to receiving a copy of the inquiry report. Any comments that are submitted will be attached to the final inquiry report. Based on the comments, the Inquiry Committee may revise the draft report as appropriate and prepare it in final form. The Inquiry Committee will deliver the final report to the RIO.

The proceedings of the inquiry will be kept confidential and will not be disclosed except as necessary to facilitate a complete and comprehensive investigation, or as required by applicable federal, state or other agency regulations. If the allegation involves use of human and/or animal subjects in research then the Chairperson (s) of the IRB and/or IACUC, as well as the institutional official(s) responsible for this/these committees, shall be provided with the report of the inquiry.

Based upon the findings of the inquiry, the DO will decide whether it is necessary to undertake a formal investigation and whether interim administrative action is necessary and appropriate. If the DO determines that a formal investigation is necessary, and if the allegation involved Reportable Scientific Misconduct, the RIO will provide ORI with the DO’s written decision and a copy of the inquiry report within 30 calendar days of the DO’s decision that an investigation is warranted. Additionally, in such cases, the RIO must provide the following information to ORI upon request: (1) the institutional policies and procedures under which the inquiry was conducted; (2) the research records and evidence reviewed, transcripts or recordings of any interviews, and copies of all relevant documents; and (3) the charges to be considered in the investigation. The RIO will also notify those institutional officials who need to know of the DO's decision.

If the DO decides that an investigation is not warranted, the RIO shall secure and maintain for seven years after the termination of the inquiry sufficiently detailed documentation of the inquiry and of the reasons why an investigation was not conducted. If the allegations involved Reportable Scientific Misconduct, these documents must be provided to ORI or other authorized HHS personnel upon request.

G. Time for Completion of Inquiry

The inquiry, including the preparation of the final inquiry report and the decision of the DO on whether an investigation is warranted, must be completed within sixty calendar days of initiation of the inquiry. If the RIO determines that the circumstances warrant longer than sixty days to complete, the inquiry report should include documentation of the reasons for exceeding the sixty-day period.
VI. Procedures: The Investigation Process

A. Initiation

The investigation must begin within 30 calendar days after the determination by the DO that an investigation is warranted.

B. Notice

On or before the date on which the investigation begins, the RIO must notify the respondent in writing of the allegations to be investigated. If the investigation involves Reportable Scientific Misconduct, the RIO must at the same time notify the ORI Director of the decision to begin the investigation and provide ORI a copy of the inquiry report. The RIO must also give the respondent written notice of any new allegations of research misconduct within a reasonable amount of time of deciding to pursue allegations not addressed during the inquiry or in the initial notice of the investigation.

C. Records

The RIO will, prior to notifying respondent of the allegations, take all reasonable and practical steps to obtain custody of and sequester in a secure manner all research records and evidence needed to conduct the research misconduct proceeding that were not previously sequestered during the inquiry. Where the research records or evidence encompass scientific data, notebooks, or instruments shared by a number of users, custody may be limited to copies of the data or evidence on such instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments. The need for additional sequestration of records for the investigation may occur for any number of reasons, including Institution's decision to investigate additional allegations not considered during the inquiry stage or the identification of records during the inquiry process that had not been previously secured. The procedures to be followed for sequestration during the investigation are the same procedures that apply during the inquiry.

D. Composition of Investigation Committee

The DO shall name an individual or an ad hoc committee and a committee chair to hear the formal charges against the respondent within ten days of the beginning of the investigation or as soon thereafter as practical. The Investigation Committee must consist of individuals who do not have unresolved personal, professional, or financial conflicts of interest with those involved with the investigation and should include individuals with the necessary and appropriate scientific expertise to carry out a thorough and authoritative evaluation of the evidence reviewed, evaluate issues related to the allegation, interview the respondent and complainant and conduct the investigation. The committee will also include person(s) reasonably knowledgeable about federal and institutional regulations applicable to research involving human and/or animal subjects when such issues are involved in the allegation. The respondent will be informed of the proposed composition of the committee and will have the opportunity to raise objection to individual appointees on the basis of unresolved conflicts of interest within 10 calendar days of receiving notice of the composition. The DO shall consider the objections and make a final determination as to whether a conflict exists.
E. Responsibilities of Investigation Committee

The committee shall fully investigate and document the charges set forth, and recommend appropriate action based on an examination of all research recordings and evidence relevant to reaching a decision on the merits of each allegation. Since the committee's findings will serve as a factual basis for its recommendation and for any disciplinary action against the respondent, the Committee must take reasonable steps to ensure an impartial, unbiased, and thorough investigation to the maximum extent possible. The committee shall create a detailed record of the proceedings including but not necessarily limited to relevant research data and proposals, publications, correspondence, and memoranda of telephone calls. Interviews shall be conducted of all complainant(s) or respondent(s), as well as other available individuals reasonably identified as having information regarding the allegations, including witnesses identified by respondent(s). Recordings or transcriptions of these interviews must be prepared and provided to the interviewed party for comment or revision, and included as part of the record of the investigation file. The investigation will also determine whether there are additional instances of possible research misconduct that would justify broadening the scope beyond the initial allegations. This is particularly important where the alleged research misconduct involves clinical trials or potential harm to human subjects or the general public or if it affects research that forms the basis for public policy, clinical practice, or public health practice. The findings of the investigation will be set forth in an investigation report.

F. Charge to the Investigation Committee and the First Meeting

The RIO will define the subject matter of the investigation in a written charge to the committee that:

- describes the allegations and related issues identified during the inquiry;
- identifies the respondent;
- informs the committee that it must conduct the investigation as prescribed in this section;
- defines research misconduct;
- informs the committee that it must evaluate the evidence and testimony to determine whether, based on a preponderance of the evidence, research misconduct occurred and, if so, the type and extent of it and who was responsible;
- informs the committee that in order to determine that the respondent committed research misconduct it must find that a preponderance of the evidence establishes that: (1) research misconduct, as defined in this policy, occurred (respondent has the burden of proving by a preponderance of the evidence any affirmative defenses raised, including honest error or a difference of opinion); (2) the research misconduct is a significant departure from accepted practices of the relevant research community; and (3) the respondent committed the research misconduct intentionally, knowingly, or recklessly; and
• informs the committee that it must prepare or direct the preparation of a written investigation report that meets the requirements of this policy.

The RIO will convene the first meeting of the Investigation Committee to review the charge, the inquiry report, and the prescribed procedures and standards for the conduct of the investigation, including the necessity for confidentiality and for developing a specific investigation plan. The Investigation Committee will be provided with a copy of this policy, and if the allegation involves Reportable Scientific Misconduct, a copy of the relevant federal regulations. The RIO will be present or available throughout the investigation to advise the committee as needed.

G. **Elements of the Investigation Report**

The Investigation Committee and the RIO are responsible for preparing a written draft report of the investigation that:

• describes the nature of the allegation of research misconduct, including identification of the respondent;

• in investigations that involve Reportable Scientific Misconduct, describes and documents the PHS support, including, for example, the numbers of any grants that are involved, grant applications, contracts, and publications listing PHS support;

• describes the specific allegations of research misconduct considered in the investigation;

• includes the institutional policies and procedures under which the investigation was conducted, unless, in cases that involve Reportable Scientific Misconduct, those policies and procedures were provided to ORI previously;

• identifies and summarizes the research records and evidence reviewed and identifies any evidence taken into custody but not reviewed; and

• includes a statement of findings for each allegation of research misconduct identified during the investigation. Each statement of findings must: (1) identify whether the research misconduct was falsification, fabrication, or plagiarism, or other practices defined as research misconduct under this policy and whether such research misconduct was committed intentionally, knowingly, or recklessly; (2) summarize the facts and the analysis that support the conclusion and consider the merits of any reasonable explanation by the respondent, including any effort by respondent to establish by a preponderance of the evidence that he or she did not engage in research misconduct because of honest error or a difference of opinion; (3) if applicable, identify the specific PHS support; (4) identify whether any publications need correction or retraction; (5) identify the person(s) responsible for the misconduct; and (6) if applicable, list any current support or known applications or proposals for support that the respondent has pending with non-PHS federal agencies.

• includes recommendations for the DO of appropriate disciplinary actions, which may include, but not be limited to:
o notification to the sponsoring agency of the findings of the investigation and appropriate restitution of funds as required;

o withdrawal of all pending abstracts and publications emanating from the research in question and notification to the editors of journals in which previous abstracts and paper have appeared;

o notification to other institutions and sponsoring agencies with which the respondent has been affiliated if there is reason to believe that the validity of previous research may be questionable;

o appropriate action to terminate the appointment or employment or alter the status of faculty or staff members, including imposing a probationary period, where such action is justified by the seriousness of the misconduct;

o special monitoring of future work;

o removal from a particular project; and/or

o requiring that the respondent engage in appropriate activities, such as taking the Tri-institutional course on responsible conduct in research or its equivalent.

H. Comments on the Draft Report and Access to Evidence

The draft report of the Investigation Committee and, concurrently, a copy of, or supervised access to, the evidence on which the report is based, will be made available to the respondent. The respondent will have the opportunity to respond in writing within 30 days from the date he/she received the draft report. The respondent’s comments must be included in the final report.

Relevant portions of the draft report that address the role and opinion of the complainant shall also be made available to complainant. Complainant comments must be submitted within 30 days of the date on which he/she received the draft report and the comments must be included and considered in the final report. If the allegations involve use of human and/or animal subjects in research then the report will be made available to the Chairperson(s) of the IRB and/or IACUC as appropriate as well as to the institutional official(s) responsible for this/these Committee(s).

In distributing the draft report, or portions thereof, to the respondent and complainant, the RIO will inform the recipient of the confidentiality under which the draft report is made available and may establish reasonable conditions to ensure such confidentiality. For example, the RIO may require that the recipient sign a confidentiality agreement.

I. Decision by Deciding Official

The RIO will assist the Investigation Committee in finalizing the draft investigation report, including ensuring that the respondent’s and complainant’s comments are included and considered, and transmit the final investigation report to the DO, who will determine in writing: (1) whether the institution accepts the investigation report, its findings, and the
recommended institutional actions; and (2) the appropriate institutional actions in response to
the accepted findings of research misconduct. If this determination varies from the findings
of the Investigation Committee, the DO will, as part of his/her written determination, explain
in detail the basis for rendering a decision different from the findings of the investigation
committee. Alternatively, the DO may return the report to the Investigation Committee with
a request for further fact-finding or analysis. The report, in whole or in part, may be made
available to the chairperson(s) of the IRB and/or IACUC, the institutional official(s)
responsible for these committee(s) when the issues include research involving human and/or
animal subjects.

When a final decision on the case has been reached, the RIO will normally notify both the
respondent and the complainant in writing. In cases involving Reportable Scientific
Misconduct, after informing ORI, the DO will also determine whether law enforcement
agencies, professional societies, professional licensing boards, editors of journals in which
falsified reports may have been published, collaborators of the respondent in the work, or
other relevant parties should be notified of the outcome of the case. The RIO is responsible
for ensuring compliance with all notification requirements of funding or sponsoring agencies.

If the alleged research misconduct is not substantiated by the inquiry or by the formal
investigation, every effort shall be made by the DO to restore the reputation and integrity of
the individual accused of research misconduct. Furthermore, if it is determined that the
allegations were made in bad faith, appropriate action against the complainant should be
taken. If new evidence is brought to the attention of the DO at any time, he or she may
determine at his or her discretion that the matter be referred back to the Investigation
committee, or that a new committee be appointed to re-open the case.

J. Timing

The investigation must be conducted in a thorough and expeditious manner, and must be
completed within 120 days of beginning it, including conducting the investigation, preparing
the report of findings, providing the draft report for comment and, in investigations that
involve Reportable Scientific Misconduct, sending the final report to ORI. However, if the
RIO determines that the investigation will not be completed within this 120-day period, the
RIO will document the reason for the delay. In cases that involve Reportable Scientific
Misconduct, if the RIO will submit to ORI a written request for an extension, setting forth the
reasons for exceeding the 120-day limit. RIO will ensure that periodic progress reports are
filed with ORI, if ORI grants the request for an extension and directs the filing of such
reports.

VII. Appeal

The respondent shall be given an opportunity to appeal a determination of research
misconduct on the ground that the process pursued in reaching the determination did not
comply with this policy. A respondent may not appeal factual determinations.

The respondent(s) shall serve upon the Provost for Medical Affairs (“Provost”) a petition, in
writing, for an appeal within ten (10) days after the decision of the DO is issued. The
Provost shall have the power to affirm, reverse, or modify the decision and any such actions
will be taken within one hundred and twenty (120) days of the filing of the appeal.
The Provost will base his decision upon the written appeal and the record of the Investigation and DO's decision. No additional evidence may be introduced into the record on appeal. The respondent may only appeal the finding of research misconduct on the basis that due process was violated or procedural errors were committed. Any appeal will be reviewed for abuse of discretion and failure to follow procedures. The Provost's decision will be final. Any findings of research misconduct and any sanctions determined by the DO are not subject to review and are not appealable under the Academic Grievance Procedures.

VIII. Conclusion

The integrity of an institution should never be in question. Thus, the Institution and the scientific community within it must do everything possible to prevent research fraud or other research misconduct. It is for this reason that these guidelines were established. These guidelines help to facilitate the handling of alleged research misconduct and above all, they promote and maintain high ethical standards in research, and protect the integrity of scientific research and of the Institution.

Statement on Sensitive and Proprietary Research

Given the open nature of the Medical College, research projects that do not permit the free and open publication, presentation, or discussion of results are not acceptable, nor will the Medical College enter into any agreements unless the investigators have the final authority on what is to be published or presented. In particular, research which is confidential to the sponsor or which is classified for security purposes is not permitted at the Medical College.

The Medical College will accept only sponsored research projects that are expected to further the research and educational mission of the institution. While a sponsor may delineate the areas of research to be supported, the investigators must have final authority for the project. In particular research subject to sponsor approval of personnel is not permitted at the university.

Recognizing the equity due the sponsor in the support of the research, the University will permit the investigators to agree to present manuscripts to the sponsor for advice and comments thirty days prior to submission for publication. Beyond the thirty days, delays of up to three months are acceptable on the basis of a formal request from the sponsor. The Medical College will use reasonable efforts to abide by agreements involving delays in publication or presentation.

While the results of all Medical College research are open, investigators may be given classified or proprietary information by a sponsor when such information would be useful background material to the research effort. Such information must be identified as such in writing when transmitted and the conditions of its acceptance specified. Any such information described classified, proprietary or confidential must be limited in scope and duration. The Medical College will use reasonable efforts to prevent inadvertent disclosure of such information but cannot accept a legal responsibility for such disclosure.
Custody and Location of Records

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

General records including disciplinary records, are maintained in the Office of Academic Affairs and the Graduate School Office

Departmental records maintained in the Office of the Chairman of each academic department

Financial records maintained in the Office of Student Accounting

Demographic Statistics

Demographic statistics about the student body of the Medical College are available from the Cornell University Factbook (Office of Institutional Research and Planning), at http://dpb.cornell.edu/F_Factbook.htm.
Clinical Activities

Dress Code for Medical Students in the Clinical Setting

Students at Weill Medical College are expected to present a neat, clean, professional appearance at all times when they are in a patient care setting. In addition, medical students in a clinical setting shall dress in a manner that is distinctive from the hospital house staff and attending staff that will readily identify them as medical students.

Appropriate dress for Weill medical students serving in a patient care setting consists of the following:

- Weill Medical College identification card with personal photograph facing outward
- Short, white jacket with red Medical College logo, if possible
- Man-tailored shirt and tie (men)
- Blouse, tailored shirt, or sweater (women)
- Appropriate street clothes (colored or khaki trousers, slacks, knee-length skirts)
- Closed toe shoes or white leather sneakers with appropriate hose

Denim skirts or jeans are not acceptable attire.

Effective February 10, 1992, the following regulations were issued by the President of The New York Hospital regarding The New York Hospital Operating Room Greens:

The wearing of green NYPH scrubs is prohibited in non-patient care areas, including the Medical College library, cafeteria, and laboratories.

The wearing of green NYPH scrubs by all personnel in non-surgical patient care areas or special care areas is prohibited.

The wearing of green NYPH scrubs outside of the medical center, or to enter or exit the medical center, is strictly prohibited.

The name and departments of personnel exiting or entering wearing green NYPH scrubs will be obtained by the security staff, and forwarded to the Operating Room Committee for further disciplinary action.
Student Duty Hours Policy

Background

The ACGME has established limits on the work hours of interns and residents. In addition, the Institute of Medicine, acting at the request of Congress, has issued a slightly more restrictive report regarding intern and resident work hours. The report, entitled Resident Duty Hours: Enhancing Sleep, Supervision, and Safety, was published in December 2008.

The Liaison Committee on Medical Education (LCME) has established the following standard for all medical schools: “The committee responsible for the curriculum, along with medical school administration and educational program leadership, must develop and implement policies regarding the amount of time students spend in required activities, including the total required hours spent in clinical and educational activities during clinical clerkships.”

The following policy, drafted by the Clinical Curriculum Committee, considered the issue of student duty hours and voted unanimously, at its January 2009 meeting, to adopt the following policy. This committee, along with the Core Basic Science Committee, determined that the policy as outlined below would not result in any major alteration in the time commitment required of students enrolled in any of the College’s required basic science, preclinical courses or clinical clerkships as they are currently configured. The policy was approved by the Medical Education Council in February 2009. The policy used the recommendations of the IOM as a guide, modified to apply to students rather than residents.

Policy for Student Duty Hours*

The maximum number of hours that a student may be on duty in one week is 80 hours, averaged over 4 weeks.

The maximum shift length is 30 hours, with 5 hours protected sleep time between required shifts; or a maximum of 16 hours without protected sleep time.

The maximum frequency of in-hospital call is every third night.

The minimum time off between scheduled shifts is 10 hours after a day shift, 12 hours after a night shift, and 14 hours after any extended duty of 30 hours [and residents should not return to service earlier than 6 a.m. the next day].

The maximum frequency of in-hospital night shifts is 4 nights sequentially. After 3 or 4 night shifts, a student must have at least 48 continuous hours off before the next shift.

As a minimum, a student must have the following days off duty: 5 days per month; 1 day (24 hours) per week; one continuous 48 hour period off per month.

In exceptional circumstances, the time on duty can be increased to 88 hours for select programs with a sound educational rationale.
In the emergency department, the maximum shift limit is 12 hours, with at least an equivalent time between shifts. The maximum number of shift hours per week is 60 hours, with an additional 12 hours permitted for education.

Students are asked to report violations of the Student Duty Hours policy, and such reporting may be done in several ways. In the case of clerkships, where residents, attending physicians, or other hospital team members create the violation of the Student Duty Hours policy, students may make a direct report to the course/clerkship director. Students may also make a direct report to an Associate Dean (Academic Affairs, Curricular Affairs, Student Affairs). In addition, all students will be asked about course or clerkship compliance with the Student Duty Hours Policy via a question on the course/clerkship evaluation form. Although student reporting on the course evaluation is anonymous, the evaluation survey is reviewed by course leaders and will allow them to identify whether a potential violation may be occurring during the course.

If a student reports the violation directly to the course or clerkship director, the course or clerkship director is required to investigate the situation and attempt to remedy it. If the situation is not remedied, the student must report the situation to an Associate Dean. Evidence of violation of the Student Duty Hours policy by direct student report to an Associate Dean will be brought to the attention of the course or clerkship director. The course or clerkship director will be required to investigate the situation and provide a report to the Associate Dean who filed the report of the violation with a copy to the Senior Associate Dean (Education) indicating how the situation has been remedied.

The policy and its reporting requirements will be published annually in the Weill Cornell Medical College Student Handbook.

*“Duty hours” refers to time when a student is scheduled to participate in patient care or educational events, such as seminars, lectures, and rounds. It does not refer to study time.

**Liability Insurance**

Weill Cornell Medical College provides general liability insurance for students while they are acting within the scope of their duties in an academic program of approved medical instruction. (A student may elect to purchase separate insurance coverage at personal expense, but this is not required.)

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

Coverage afforded by the University's professional liability policy covers students for on-site and approved off-site locations. Approved off-site locations would include rotations at
affiliated hospitals and clinics. Student rotations at a non-affiliated off-site location must be approved by the Office of Academic Affairs, prior to the commencement of the rotation.

Any incident, either actual or alleged, which you have knowledge of must be reported immediately to the Office of Student Affairs, (1-212-74)6-1058.

If you have any questions, see Dr. Joseph Murray. Inquiries about insurance coverage and related issues may be referred to the Office of University Counsel, Olin Hall, Suite 432, (1-212-74)6-0463.

**Initial Management of Needle Stick and Bodily Fluid Exposure**

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

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

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

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

**Instructions for Students Exposed to Blood or Bodily Fluids**

1. Wound care should be done immediately at site of accident, if possible.
   - Clean wound with soap and water.
   - Flush mucous membranes with water/saline.
   - Give other wound care as dictated by injury or accident.

2. If available, obtain:
   - patient’s name and ID #;
   - HIV risks and hepatitis status, if known; and
   - names and pager numbers of the attending and/or supervising resident physicians.
3. Inform a colleague that you are returning to the Medical College or NYPH-WCC. Proceed directly to:

Business days between 8:00 a.m. and 4:00 p.m.:

Weill Cornell Medicine Student Health Services
230 East 69th Street
(south side of street, between 2\textsuperscript{nd} and 3\textsuperscript{rd} Avenues)
646-962-6942

Nights, weekends, and holidays:

NYPH Emergency Department
Located on 68th Street between York and the East River

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

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

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

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

Class Officers

At the beginning of the school year, each medical school class holds elections to select the class officers. These elections will take place soon after your arrival at Weill Medical College - probably before you realize that some of these offices exist. Students interested, therefore, should read ahead and be prepared to run within the first two weeks of classes. Remember, although holding an office heralds responsibility, no one is ever expected to sacrifice quality of learning for these duties. Rather, at the first sign of trouble, the officer should seek help from a classmate or from the administration.

President

This officer should strive to be aware of the major class issues as well as those involving only a few students. This person acts as the primary liaison between the class and the faculty. The president also chairs the class meetings, so the president must be able to handle new medical students—all of whom are right.

Vice President

The main responsibility of the Vice President is, you guessed it, to assist the President. It's no small task however...

Community Service Vice President

The Vice President for Community Service is responsible for coordinating the various community service projects with the help of Weill Medical College students and heads of organizations. The objective is to show that students at Weill Medical College are concerned with today's issues in addition to their academics. It is hoped that through these various experiences, Weill Medical College students will gain valuable insights into their future careers as physicians.

Social Vice President

The first and second year classes are responsible for organizing social gatherings on alternate Fridays. Therefore, the first year social Vice President is responsible for social gatherings twice a month. This officer also coordinates special parties throughout the year, such as that following the Annual Student Show, and the Springtime Island Party. This is a big job; the
newly elected Social Vice President would do best to delegate some responsibility - from the beginning of his/her term.

**Treasurer**

The class “money bags” collects dues, pays bills, and coordinates overall expenses. The better the budgeter, the more money will be left over for Happy Hours, post-exam parties, or for keeping the class account fat and happy.

**Class Representatives**

Each class must select several students to act as representatives to the following organizations and committees:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Number of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSEC</td>
<td>five per class, one of which acts as the minority representative to MSEC (MSEC officers will be selected from this pool of representatives)</td>
</tr>
<tr>
<td>Housing</td>
<td>one student per class</td>
</tr>
<tr>
<td>Student Health</td>
<td>one student per class</td>
</tr>
<tr>
<td>Financial Aid</td>
<td>three students per class for a four-year term</td>
</tr>
<tr>
<td>Library</td>
<td>one student per class</td>
</tr>
<tr>
<td>Professional Conduct</td>
<td></td>
</tr>
<tr>
<td>Hearing Board</td>
<td>one student per class (plus alternate) for a four-year term</td>
</tr>
<tr>
<td>Appeals Board</td>
<td>one student per class (plus alternate) for a four-year term</td>
</tr>
<tr>
<td>Alumni Affairs</td>
<td>two students per class for a four-year term</td>
</tr>
</tbody>
</table>

**Curricular Representatives**

The members of the MSEC elect students as representatives to several curriculum committees (more detailed descriptions of each committee can be found on the MSEC website: [http://msec.med.cornell.edu](http://msec.med.cornell.edu)).
Student Organizations

AneuRhythms

The WCMC AneuRhythms are the college's premiere (and only) a cappella group. We perform at open mic nights, fundraising events, and have even performed at WCMC events for some of the college's most prominent donors – and we are always looking for new opportunities to get out there and share our music! All members of WCMC are welcome, and during the regular school year we rehearse once a week.

Maria Passarelli, MD/PhD Student; Lisa Zhang, Class of 2019

Artist Society Club

The Weill Cornell Artist Society is a new club started by students who wanted the opportunity to exercise their creative side in between studying medicine. Each week we turn a study room into a studio and hold live model drawing sessions. We provide a variety of materials for students to borrow, or to experiment with a new medium. This year we held a school wide photo contest, and received over 70 submissions! Other activities include trips to the Metropolitan Museum and around New York City for inspiration.

Ascensus, Journal of Humanities

Ascensus is Weill Cornell Medical College’s annual journal of the arts and humanities. It was founded by a group of medical students in 2011 to provide a space for students to reflect on the practice of medicine. Since then, it has grown to feature work from all members of the Weill Cornell community, including faculty, house staff, medical students, graduate students, nurses, social workers, and more. Over the past five years, Ascensus has featured rich visual, written, and multimedia work by many members of the Weill Cornell community. The editorial team takes pride in the quality and diversity of the work showcased each year and hopes to continue serving the community through this publication for many years to come. We believe that this journal provides an important voice for members in our community as we come in contact with patients and their stories, and think of our own.

Stephanie Chen, Class of 2019; Olivia Sutton, Class of 2019

Association of Native American Medical Students (ANAMS)

Native American physicians and medical students are largely under represented in today’s workforce. Through this interest group, we hope to build a supportive community on campus, work closely with Weill Cornell diversity initiatives to help recruit more Native medical students, and raise awareness about the many health issues that Indian Country faces. We also collaborate with Native students at other NYC medical colleges, Native organizations throughout NYC, and the national Association of Native American Medical Students organization.
Kristin Berry, Class of 2018

**Association of Women Surgeons**

Association of Women Surgeons (AWS) is a national organization, with a newly founded chapter at Cornell, whose goal is to promote and support women in all surgical fields. Women have historically been underrepresented in surgical specialties and face unique challenges in surgical careers. Our mission is to create an environment where female medical students can learn about and begin to experience surgery through women's perspectives. We run a mentorship and shadowing program where we connect medical students with female surgeons in their surgical specialty of choice. We also will be having match panels with 4th year medical students, dinners with female surgical attendings and residents, and workshops to practice surgical techniques.

Elizabeth Gilbert, Class of 2019

**Asian Pacific American Medical Students Association (APAMSA)**

The Weill Cornell Medical College chapter of the Asian Pacific American Medical Students Association is a group that was formed to address the needs of the Asian American community at WCMC. The activities and interests of the group encompass the areas of community service, cultural and social events, and health issues affecting the Asian American community. Members develop strong relationships as they participate in various activities and meetings. In the past, the group has volunteered at the Chinatown Health Clinic and participated in the Women's Health Fair, in addition to making trips to Chinatown for Dim Sum. The group has also sponsored talks on Asian American issues given by Weill Medical College Asian faculty. Sponsored talks have included topics on traditional Chinese medicine and health care in China. Members have also attended APAMSA's national meetings, which are held in the fall and spring of each year. All are invited to participate in any of our meetings and events during the year.

Raymond Chang, Class of 2019; Jeremy Ho, Class of 2019; Connie Lu, Class of 2019; Christopher Marnell, Class of 2019

**Ballet Interest Group**

The Ballet Interest Group is committed to offering access to the performing arts, specifically classical and contemporary ballet. The primary goal of this group is to offer beginner ballet classes to introduce basic techniques and terminology to students at WCMC. Not only is this intended to help enrich the experience of students who attend dance performances, but it can also serve as an alternative approach to studying functional anatomy. Additionally it has the potential to improve future doctor-patient interactions with performing artists by introducing the culture, language, and perspective of the dancer. In coordination with the Office of Student Affairs, groups of up to 50 students have attended world-renown companies such a New York City Ballet, Alvin Ailey, Parsons Dance, and Juilliard performances among others.
Basketball Interest Group (BBIG)

For newcomers and grizzled veterans alike, anyone with an interest in playing basketball should join the Basketball Interest Group. We organize pickup games once or twice a week, and organize class-wide basketball tournaments and March Madness bracket competitions.

Roger Ying, Class of 2019

Brain Interest Group (BIG)

The Brain Interest Group, or BIG, as it is informally known, was founded in October 2000 to create a forum for medical students (and faculty) to learn about the myriad ideas, discoveries, and career opportunities surrounding the medical fields relating to the brain and the mind. Bringing together the diverse talents of the neurology, psychiatry and neurological surgery faculty and the intellectual interests of an eclectic group of students BIG has created a unique forum where students and faculty alike can explore the world of brain-related medical science. Unique in its interdisciplinary approach, BIG has capitalized on the extraordinary level of student interest in the brain and mind field. BIG programs were among the most well attended student-organized event last year. In the coming 2016-2017 academic year, BIG will collaborate with the departments of psychiatry, neurology, and neurosurgery to engage students in cutting-edge research and service opportunities surrounding diseases of the brain.

Samuel Jones, Class of 2018

Camp Phoenix (CP)

Camp Phoenix is a student-run group founded in 2000 to provide a free, safe, nurturing, and stimulating environment for children (ages 7-12) who have been discharged from the burn unit of the hospital. We are affiliated with the New York Firefighter Burn Center Foundation and the medical staff of the New York Presbyterian Hospital Burn Center. The treatment and aftermath of surviving a serious burn can often include physical limitations, considerable stress, and diminished self-esteem. Our goal is to provide a setting for children who have survived burn injuries to experience activities that every child rightfully deserves but might not be accessible due to their environment. Positive interactions with other children with similar emotions will help replace a child’s feelings of isolation and resentment with encouragement, understanding, and comfort about their situation. These many benefits will extend outside the walls of our safe camp to help other aspects of a child’s life, including their education, family-life, and even their physical health. We want to give each child an opportunity to normalize their outlook on life and become the person of their dreams without physical or social limitations slowing them down. We believe that the camp environment we will provide is a successful way to offer this chance to the children.

Lynne Rosenberg, Class of 2019; Ilana Scandariato, Class of 2019
ChefED

The ChefED seminar aims to use culinary and nutritional education to help medical students become role models for their future patients. This seminar creates a hands on, educational environment in which students can learn directly from guest chefs and guest nutritionists how to improve their own health behaviors and how to counsel patients to do so as well.

Rebecca Chen, Class of 2019; Christine Yang, Class of 2019

Chemistry 4 Kids

Chemistry for Kids is a club that caters to middle school students coming from underrepresented groups in the sciences. We offer hands on experience performing supervised experiments like making liquid nitrogen ice cream, extracting DNA from strawberries, or building our own bridges. Our goal is to provide an educational and fun experience where the basic principles of biology, chemistry and physics are explored.

Maria Sacta, MD/PhD student

Cornell Christian Medical Fellowship (CCMF)

As Christians in the medical field, we have a unique opportunity to minister to others. Through the meetings, conferences and retreats organized by the large national organization, we are able to meet others in the field from all over the country. This network enables us to grow in relationships, intellectually, spiritually and through mission abroad. Through our weekly Bible studies, we aim at achieving spiritual growth so as to be more effective in our lives and future careers.

Cornell ENT Society

The Cornell ENT Society is a group promoting interest in the field of Otolaryngology (Ear, Nose and Throat). This also includes Head and Neck Surgery, Facial Plastic and Reconstructive Surgery, Head and Neck Cancer, and many other related fields. We offer chances to get to know faculty and residents in the highly ranked ENT program at Cornell, including how to pursue a residency in this competitive field. We also seek to educate medical students about the daily life of an ENT, as well as many other aspects of this fascinating surgical subspecialty.

Michael Cosiano, Class of 2019; Lisa Zhang, Class of 2019

Cornell Kids

Cornell Kids is an interactive science learning and mentoring community outreach project in which the members of the Student National Medical Association teach a group of 30-45 sixth to seventh grade students from the East Harlem School in Manhattan about basic human anatomy and physiology. Several teaching sessions are held, from January through May.
middle school students are taught basic physiology, pathology, and anatomy of the various organ systems. Topics include the circulatory, respiratory, gastrointestinal, and nervous systems. They also participate in an Anatomy lab where they can apply what they learned in class and hear about the needs and value of medical research. Medical student roles range from teaching, event planning and coordination to leadership within the group. We are looking to expand the project this year and are looking for fresh new ideas!

Sandeep Raj, Class of 2017

**Cornell Overseas Medical Textbooks (COMET)**

The COMET Project collects used and unwanted medical textbooks for redistribution to under-resourced academic sites overseas. The group began in the summer of 2014, and in October 2014 made its first shipment of more than 350 textbooks to the University of Guyana Library.

**CSKILLS**

CSKILLS teaches a wide range of clinical skills and is taught in separate modules throughout the preclinical years of medical school. Each module will be taught in conjunction with the medical school curriculum to enhance the learning process by fostering interest in essential clinical procedures. In order to better prepare students for clinical clerkships, the program provides opportunity to practice these skills longitudinally throughout the preclinical years. By the completion of the program, students will have demonstrated competence in many essential skills and procedures that will render them more comfortable and effective in a clinical setting.

**Cycling Club**

The Weill Cornell Cycling Association is a recreational cycling group for riders of all skill and fitness levels. We plan to lead weekly rides through central park and other bike friendly routes in New York, as well as a couple significant rides out of the city throughout the year. If there is enough interest, we may split rides into A and B groups depending on experience, and we may have more than one ride a week. It is likely that the rides will happen on Sunday afternoons, however we are extremely flexible. Times and a meeting place will be emailed (and posted on the class of 2016 Facebook group) to all members before the rides.

**Dermatology Interest Group (DIG)**

Dermatology Interest Group is committed to introducing medical students to the field of dermatology and relevant subspecialties as future careers in medicine. We plan events focused on demonstrating the wide variety of dermatological specialties and helping interested students become familiar with the application process to dermatology residency.

Linjia Jia, Class of 2019; Emily Lebowitz, Class of 2019
Dimensionworks

Dimensionworks is a Biomedical Design Interest Group, that focuses on the use of 3D printing as a tool for designing and prototyping materials for use in research and clinical medicine. This group provides trainings on operating a 3D printer and classes on biomedical design. Through the Medical School Executive Council, students also have access to a 3D printer, currently housed in the Samuel J. Wood (WCMC) Library. Dimensionworks hopes to encourage and enhance, broad critical thinking, creativity, and innovation in the students of Weill Cornell.

Du Cheng, MD/PhD Student

Dodgeball Interest Group

The Dodgeball Interest group allows students to compete in a fun distraction from Medical School. Get to know your classmates outside of the classroom and let out all of that pent up stress that has accumulated. There will be games two to three times a week starting around late October into November. Teams are coed and six can play at a time. Look for e-mails and start recruiting a team. See you out there.

Emergency Medicine Interest Group (EMIG)

The Emergency Medicine Interest Group (EMIG) brings together interested medical students from both the Weill Cornell and Columbia Medical School campuses. Our past events have included lectures on Wilderness Medicine, the New York City Medical Reserve Corps, as well as Intubations and Suturing Workshops. Along with the NYPH Emergency Department, we recently hosted a talk by Dr. Luanne Freer, founder of the Mt. Everest Base Camp Medical Clinic. We also hold a Residency Panel where the students who have successfully matched into emergency medicine share their experience and provide advice to the medical school community. EMIG provides a forum for students, faculty, residents, and attendings that share a common interest in emergency medicine.

Family Medicine Interest Group (FMIG)

The goals of the FMIG are to foster awareness of the need for more primary care physicians, to educate students about the field of family medicine, to present issues that are commonly faced by primary care doctors, and to attract more students to the field. Our two faculty advisors, Drs. Dana Spivak Adler and Marie Lynne Eloi-Stiven, are our off-campus liaisons to the joint program with Brooklyn Hospital and the American Academy of Family Physicians. By hosting speakers, panels, and workshops, we hope to provide exposure to diverse aspects of family medicine.

FNC Health Professions Mentorship

In collaboration with Cathedral High School and the Female Association for Clinicians, Educators, and Scientists (FACES), the FNC Health Professions Mentorship Program’s
mission is to provide students with the opportunity to interact with graduate students in the health field, learn of the various opportunities available to them in the health field, and reflect on their goals and how to conduct research. In FACES, fostering the education and early careers of female physicians and scientists is essential to our long-term success. By forming an integrated pipeline of female physicians and scientists at each stage of training, FACES aims to create a unique educational, mentorship and advocacy space for all women. FACES is committed to three key areas of action: outreach, community building and advocacy. Through outreach we aim to make the medical and scientific training paths more accessible to young women and girls by offering practical information, nurturing scientific curiosity and acting as mentors. FACES works to develop a community of female students and faculty that encourages retention, allows awareness of community resources and where each member has access to the wisdom of our collective experiences. Through our advocacy initiative, FACES generates and promotes programming and policies that support the advancement of female careers in science and medicine.

Margaret Fabiszak, MD/PhD student

**Geriatrics Interest Group (GIG)**

The Geriatrics Interest Group is committed to increasing awareness of the needs of geriatric patients among medical students. With an extremely devoted faculty, we meet approximately bimonthly to discuss issues, enjoy movies pertaining to the lives of members of the geriatric population, and meet those who dedicate themselves to the healthcare of older adults. Through GIG, students can find mentors, discover research opportunities, win scholarships, travel to various conferences on aging, and participate in community service. For example, our STEPS program (Students Teaching and Education Program for Seniors) allows students to prepare presentations on problems encountered in the geriatric community and lead discussion groups at the Stanley Isaacs Senior Center. This program is a particularly great way to become involved in community service while getting to know a fascinating group of people.

**Global Health Collective**

The Global Health Collective serves two purposes with the first focus being on the support of the Global Health Curriculum. The Global Health Curriculum launched in 2009 as a student-driven combination of supplementary elective courses, fieldwork, and experiential learning. With the engagement of faculty, staff, and students, the curriculum is now an official Area of Concentration and certificate granting program. The Global Health Curriculum provides opportunities for students to engage with resource-poor communities, internationally and domestically, as well as opportunities for students to discuss current topics in global health with leaders from many disciplines. The second focus is that the Global Health Collective gathers students together to discuss current global health events, participate in journal clubs, and organize citywide conferences. Students are encouraged to participate in any and all aspects and to take a leadership role on the Student Board. More information on the curriculum can be found at [http://weill.cornell.edu/globalhealth/education/gh-curriculum/](http://weill.cornell.edu/globalhealth/education/gh-curriculum/).

Margaret Fabiszak, MD/PhD student
Health 4 Life

Health 4 Life is a group that works with overweight or obese children and their families. Working together with pediatricians, nutritionists, social workers, and medical student volunteers help kids ages 7 - 18 learn how they can lead healthier lifestyles. The program meets for 8 consecutive weeks and consists of two major components: exercise and nutrition. During the exercise portion, kids discover fun new ways to stay in shape, and receive pedometers so that they can track their steps outside of the program. During the nutrition portion, the participants learn about the basics of nutrition and how to make healthy food choices through games and short lessons. Volunteers help with both components of the program, encouraging the kids to keep up the progress they are making, and helping to make the entire experience more enjoyable and entertaining. Volunteers have the opportunity to be role models, learn about great recipes that are easy, healthy, and fun to make, all while having a great time working with the kids. Health 4 Life is a program that asks for minimum commitment and at the same time allows one to make a difference!

Kirsten Salline, Class of 2019

Health Profession Recruitment/Exposure Program (HPREP)

Health Profession Recruitment/Exposure Program was created by the Student National Medical Association to address the issue of the declining enrollment rates of underrepresented groups in medical school. It is a ten-week program held on Friday afternoons beginning in January. Minority high school students will hear minority physicians speak on a wide range of medical issues and work in small groups with medical students on gross pathology of the heart, blood pressure techniques, and disease processes in organs. In addition, students participate in practical workshops discussing the college application process, how to write a research paper, applying for financial aid, and writing a personal statement. At the end of the program, each student participant is required to submit a six-to-eight page paper on a pre-approved subject. The student with the best research paper and college essay are awarded each a $250 book scholarship for college. Each participant who completes the program receives a letter of recommendation and a certificate of completion. The program assigns a medical student to be a small group leader (SGL) to two or more participants. The leaders work with their mentees to offer guidance as they write their research papers, essays for college, and the college application itself. Small group leaders run the group workshops and work with students to realize their academic and career goals. Many program participants continue to seek advice from their group leaders after the program has ended.

Eliza Gentzler, Class of 2019; Linjia Jia, Class of 2019; Brandon Maddy, Class of 2019; Yunan Nie, Class of 2019; Angel Rogers, Class of 2019

Heart-to-Heart Community Outreach Campaign

The Heart-to-Heart Community Outreach Campaign is a free health screening program carried out in New York City’s underserved and minority communities by the Weill Cornell Medical College, Clinical and Translational Science Center and the Hunter School of
Nursing. Our goal is to mobilize a primary care infrastructure and “bring the clinic to the community” to actively find new cases of undiagnosed and undertreated CVD, and then transition those participants to more permanent health care solutions. By using innovative tools, strategies, and immediate on-site personal consultations by healthcare professionals to reach those most in need, the program empowers participants to make beneficial lifestyle changes based on personal CVD risk. The Heart-to-Heart Campaign aims to transform the community into a partner in health by providing a model for community health engagement initiatives that leverages existing infrastructure to cast wider the net of health promotion and education.

Farid Aboharb, MD/PhD Student; Daniel Starer-Stor, MD/PhD Student

**Internal Medicine Interest Group (IMIG)**

The Internal Medicine Interest Group (IMIG) is a student organization focused on supporting students interested in going into internal medicine and related specialties. To facilitate this, the IMIG holds a talk in the fall on the various specialties and practice options stemming from internal medicine, workshops on practicing internal medicine, and various networking events associated with 4th years and Internal Medicine faculty.

Drexel Neumann, Class of 2019; Marcela Toro, Class of 2019

**International Medicine Interest Group**

The International Medicine Interest Group (IMIG) is committed to fostering awareness of the issues surrounding global medicine and public health. Daniel W. Fitzgerald, Assistant Professor of Medicine, is the faculty advisor and his interests include HIV/AIDS prevention and therapeutic clinical trials, evaluation of HIV/AIDS service programs in Haiti, and evaluations of new diagnostics for sexually transmitted infections. In the past IMIG has organized trips to attend conferences at different medical schools throughout the country and throughout the New York City region as well. Also IMIG periodically arranges guest speakers to discuss their career, personal motivations, and research contributions to global medicine. In the future, IMIG hopes to collaborate with other student groups from Cornell and from other New York City medical schools in order to broaden our education and awareness of global health issues.

**Jewish Students Organization of Cornell (JSOC)**

Since its inception in 1985, the JSOC has grown increasingly visible and active. The group strives to assist students at Weill Medical College with the means to express themselves in a Jewish manner—whether this be religiously or culturally. The JSOC has sponsored Chanukah parties, attended by a significant portion of the Weill medical college community. It has hosted multiple Sabbath dinners that have been attended by hundreds of people throughout the years. It has worked with the hospital in creating events open to both the Cornell and New York Hospital community. The JSOC has sponsored meals and events in the hospital’s Sukkah. It has organized reading of the megillah and meals for Purim. JSOC has hosted events for Rosh Hashanah and other Jewish holidays as well. In its effort to foster
cross-cultural understanding and tolerance, the JSOC has co-sponsored dialogue events with MECA (the Muslim Educational and Cultural Association) and CMF (the Christian Medical Fellowship) at Cornell. With the world of New York City right at hand, the JSOC has definitely benefited. Members have participated in Salute to Israel parades, services in various synagogues throughout the city, gotten together for dinner at many of the city's kosher restaurants, attended lectures and conferences on Jewish bioethics, and attended Purim parties throughout the city. So that Weill Medical College students can take advantage of what's available, the JSOC tries to stay abreast of events around the city. Students, faculty, staff, and applicants: keep an eye and ear out for fliers and announcements for upcoming events.

Alexander Perez, MD/PhD Student; Ross Weber, MD/PhD Student

**Joseph M. Lane Orthopedic Society (Ortho)**

The Joseph M. Lane Orthopedic Society is essentially an Orthopedic Interest Group that aims to serve as a bridge between motivated medical students at Weill Medical College aspiring in careers in musculoskeletal disorders and the extraordinary resources offered by the Hospital of Special Surgery (HSS), a globally renowned orthopedic institution. The organization provides a formal lecture series covering various aspects of the specialty ranging from sports medicine, trauma, and spine to the residency application process. The organization also works to orient medical students to HSS and provide a means for them to gain clinical experiences through shadowing opportunities. One of the goals of the organization is to promote research in the field by providing tours of hospital laboratories and helping to pair medical students with HSS research mentors for both summer and long-term commitments.

**Latino Student Medical Association (LSMA)**

LMSA is an organization, which works in conjunction with the SNMA (Student National Medical Association) in order to make students aware of health disparities among underserved communities. Our particular goal is one of outreach to the Latino community. We attempt to expose our fellow classmates to the health risks that predominate within the Latino population, create mentorship between students and Latino faculty, and support each other as a community here at Weill Cornell. In the past we have sponsored movie screenings, faculty/student mixers, and salsa dancing. Our hope is that everyone at Weill Cornell can in some way enjoy el sabor (the flavor) of what it means to be Latino.

Orrin Belden, Class of 2019; Daniel Lara, Class of 2019; Marcela Toro, Class of 2019

**Medical Chinese**

Our group aims to familiarize interested medical students with common medical Chinese phrases and current cultural issues with the goal of improving cultural sensitivity and gaining the capacity to converse more easily with Chinese-speaking patients. We offer both beginning and advanced Medical Mandarin courses as well as an advanced Medical Cantonese course each semester to accommodate a wide variety of interested students. We
also host several cultural and social events each semester, including dumpling-making parties and China-related trivia competitions.

Sarah Schrader, Class of 2018

Medical Student Executive Council (MSEC)

The Medical Student Executive Council (MSEC) serves as the liaison between the students and the administration. As the acting student government at Weill Cornell Medical College, MSEC strives to present a unified student voice to the administration while supporting student initiatives and well-being. To accomplish these goals, MSEC holds an open meeting once per month to present information and gather student feedback from all classes so that we may better lobby for students. In addition, to attending student meetings with the Deans three times per year, representatives from the MSEC attend monthly General Faculty Council, Executive Faculty Council, Student Affairs, and Education Committee and Clerkship Council meetings. The MSEC president also serves as a full voting member on the Medical Education Council and oversees the student portion of the LCME re-accreditation process. MSEC also supports student activities at the medical college with a budget of $60,000 each year. MSEC awards funding to more than sixty student clubs and organizations making community outreach programs, athletic facility maintenance and improvement, and many other special events like concerts, lectures, and guest speakers possible. Likewise, MSEC provides grants to support conference travel for student presenters. In addition to funding student initiatives, the MSEC has a broad agenda, which includes addressing topics such as student-faculty interaction, and issues surrounding student life at Weill Medical College including housing, financial aid and security.

Andrew Griswold, MD/PhD Student

Medical Students For Public Health

MSPH aims to promote awareness and discussion of critical issues in public health, bring engaging speakers to campus, bridge the knowledge gap between medicine and public health, and advise students looking to pursue opportunities/education in public health.

Motivating Action through Community Health Outreach (MAChO)

MAChO is a holistic and innovative behavioral modification program designed to combat the childhood obesity epidemic at the grassroots level. The program targets middle school adolescents living in underserved communities. Our aim is to teach adolescents about nutrition and exercise through the lens of personal responsibility and practical tools for success in life. Although our immediate focus is on healthy choices in nutrition and exercise habits, we instill values and skills, which can be applied to other endeavors in life, such as schoolwork. We aim to work with parents, teachers, nutritionists and pediatricians to ensure that we are able to tailor our program to the specific needs of each participant, and to create a supportive ecosystem that fosters healthy living. The program was originally designed through collaboration between students at Weill Medical College of Cornell University and staff at Settlement Health, a federally qualified community health center in East Harlem.
Other individuals and establishments are also involved through the donation of time or resources to the program. We aim to build a sustainable program, which may be replicated in other neighborhoods or settings around the country, and have therefore been conscious of scalability of the model from the outset.

Andrew Ebanks, Class of 2019; Jenny Xia, Class of 2019

**Music and Medicine Initiative**

The Music and Medicine Initiative encourages medical students, physicians, and musicians to explore the connections between music and medicine, through collaborations with The Juilliard School and the 92nd Street Y. With the support of Dr. David Shapiro and Dr. Richard Kogan, and a generous gift from the Block Family Foundation, the program sponsors a number of programs including:

- Established groups like the Weill Cornell Music and Medicine Orchestra, the Weill Cornell AneuRhythms a cappella group, chamber ensembles, and jazz ensembles.
- Seminars exploring topics such as synesthesia, perfect pitch, and music therapy
- Funding for new musical equipment
- Opportunities for students to play at graduation and Weill Cornell events
- Yearly benefit concerts for organizations such as GHESKIO in Haiti, Kokoro no Care in Japan, and Weill Cornell Community Clinic
- A mini-concert series for inpatients at New York-Presbyterian Hospital in collaboration with the palliative care service
- Music lessons from Juilliard students for Weill Cornell students
- Seminars on performing arts medicine for Juilliard students
- Partnerships with New York community organizations such as Music that Heals and Music for Autism. A growing program, future goals of the Music and Medicine Initiative include establishing a semester-long elective for medical students, and exploring the idea of music and medicine in global health. Website: [http://weill.cornell.edu/music/](http://weill.cornell.edu/music/)

Timothy Kim, Class of 2019; Lisa Zhang, Class of 2019

**Obstetrics and Gynecology Society (COGS)**

COGS is the student group with the goal of exposing medical students to the specialty of Obstetrics-Gynecology. It aims to connect students with mentors in the Ob-Gyn department and to facilitate shadowing opportunities. The group has monthly talks and events with guest speakers, movie screenings, and discussions.

**Oncology Interest Group**

The WCMC Oncology Interest Group is a resource for students interested in exploring the many paths possible in fighting cancer, whether as clinicians - including medical, surgical, or radiation oncologists - or as researchers. We host panels with physicians and researchers, as well as book clubs, discussion groups, and research presentations by students.

Orrin Belden, Class of 2019; Allison Moyer, MD/PhD Student
Ophthalmology Interest Group

The group provides opportunities for medical students to learn about the experience of being a practicing ophthalmologist. We help facilitate meetings with faculty from the Department of Ophthalmology and also set up presentations about subspecialties of ophthalmology. We also assist students in obtaining shadowing and research experiences.

Samuel Taylor, Class of 2019

Pediatric Interest Group (PedIG)

The Pediatrics Interest Group (PedIG) promotes exploration of the vast opportunities in Pediatrics. Past events have included a lecture series featuring the careers and specialties of pediatric academics, scientists, and clinicians, and an annual Pediatric Student Research Day to showcase student research in Pediatrics and allow students to meet the pediatric faculty at Weill Cornell. Towards the end of the year, PedIG hosts a Residency Match Panel where successful pediatric resident applicants from Weill Cornell discuss the Match process. The PedIG also facilitates the Kids in Chronic Care Support (KICS) program, which creates one-on-one matches between Weill Cornell medical students and children or adolescents currently receiving therapy. The focus of the KICS program is to provide support for the children and their families; it gives the kids an opportunity to form a close, consistent relationship with someone outside of their treatment team.

Ilana Scandariato, Class of 2019; Michaela Thompson, Class of 2019; Tyler Uppstrom, Class of 2019

Peer Educating Our Peers Learning from Each Other (PEOPLE)

Peer Educating Our Peers Learning from Each Other (PEOPLE) is a student organization dedicated to improving intercultural relations among medical students. Our ultimate goal is to foster the most positive training environment for all members of our diverse student body. We delve into topics that while difficult to discuss, when acknowledged, have the capacity to enhance relations and collaborative efforts among all of our students, regardless of their background and/or identity. By doing this, we hope to create an academic environment that brings the best out of all of our future physicians and physician-scientists.

L. Suzanne Leslie, Class of 2019; Angel Rogers, Class of 2019; Nadirr Zaidi, Class of 2019

Performing Arts Club

This group is for medical students experienced in any of the performing arts (music, dance, theater, poetry, etc.) who would like to stay connected to their art form during their medical studies! Since forming the group in the 2006-2007 school year, the group has sponsored a Valentine's Day coffee house and cookie decorating event (in conjunction with the Cooking Club) as well as a musical showcase for prospective students during Revisit Weekend. We also subsidized a trip to an orchestral performance at the Lincoln Center and wrote and arranged music for the first year class show! Generally speaking, we serve as a database for
students looking to play chamber music, rock out in a band, or find some fellow dancers or actors just for fun. With about 15 dedicated members, the group meets rather informally and sporadically, as necessary to prepare for specific events. Future plans include performing at nursing homes and hospitals; hosting educational sessions prior to attending outside performances; and increasing the representation of non-musical talent.

**Physical Medicine & Rehabilitation (PM&R) Interest Group**

The Physical Medicine & Rehabilitation Interest Group aims to introduce students to PM&R and encourage students interested in exploring this field. Through lectures, seminars and community events we hope to bring together students, residents and faculty from Weill Cornell, Columbia and HSS to provide a network for students interested in PM&R. We have hosted an informational talk by current residents and a musculoskeletal ultrasound seminar. Future events include volunteering with Special Olympics, lecture series on the musculoskeletal physical exam and techniques in pain management.

**Physicians for a National Health Program (PNHP)**

Physicians for a National Health Program is the only national physician organization in the U.S. dedicated exclusively to implementing a single-payer national health program. PNHP has more than 15,000 members and chapters across the country. The group focuses on advocating for reform in the U.S. health care system through activism as well as educating others about the benefits of a single-payer system—including fewer administrative costs and affording health insurance for the 46 million Americans who have none.

**Physicians For Human Rights (PHR)**

Physicians for Human Rights is a national organization of physicians and health care providers that believe in the important role health workers play in ensuring the preservation of human rights around the world. The Student Chapter was started here at Cornell in 2003, by a first year student who decided that Cornell was ready to be involved in this important work. The group quickly grew and this year was involved in AIDS awareness week, bringing in speakers for the Cornell community and advocating for increased human rights awareness in the curriculum.

**Precision Medicine Interest Group for Medical Students**

Precision Medicine is a new, evolving field in medicine and medical research that aims to tailor specific therapies, disease prevention, and clinical guidelines for individual patients by accounting for the variability in both their genetics and environment. While oncology has been the prototypical field for informatics and bioinformatics, precision medicine is a burgeoning field with significant implications in nearly all fields of medicine from cardiology, surgery, endocrinology, psychiatry, etc. This interest group functions to allow students to learn more about precision medicine and its impact in clinical medicine. Practically, this group aims to provide research and clinical faculty contacts in Weill Cornell and MSKCC to set up potential research projects as well as clinical shadowing opportunities.
A data analysis/computer programming and quantitative medicine boot camp is also in the works for this year, as is a corresponding precision medicine elective for 3rd/4th year medical students. No experience in bioinformatics or computer programming is necessary, only, as the title suggests, interest! This student group is new and leadership opportunities are available.

Sandeep Raj, Class of 2017

**Q! Queer Health Alliance**

LGBTQ is a group for lesbian/gay/bisexual/transgender/queer (LGBTQ) issues within the medical school community, facilitate contact with LGBTQ faculty, provide social and professional networking opportunities in the NY region, and advocate for open dialogue with the administration about LGBTQ issues in the curriculum. Previous activities have included an LGBTQ medical professional panel, welcome mixers, citywide medical school and graduate school socials, lectures about LGBTQ-related topics, and support for conference participation.

**Qatar Liaison Group**

The Qatar Liaison Group partners with the Admissions Office to strengthen the connection between medical students at Weill Cornell in New York City and those in Qatar. The group plans social events to welcome students from the Qatar campus staying in New York and to foster communication among students between the campuses. In the future, the group hopes to sponsor a short exchange trip to allow students from New York to visit the campus in Qatar.

**Radiology Interest Group**

The Radiology Interest Group is committed to fostering interest in radiology and the various subspecialties within the field. With a great deal of support and guidance from Dr. Robert Min, Chairman of Radiology at WCMC, we aim to facilitate relationships between faculty, students, residents, and researchers. Regardless of a student's interest in pursuing a career in radiology, our goal is to provide enough exposure to both enrich their studies and help inform their decision about choosing a career in medicine.

Naveen Galla, Class of 2018

**Science and Medicine Enhancement Program (SMEP)**

The Science and Medicine Enhancement Program (SMEP) provides middle school students with hands-on opportunities to learn about health and disease through a multi-subject approach. SMEP students are from the Science and Medicine Middle School, a school serving students from the Canarsie and East Flatbush communities in the Brooklyn, NY. In a series of sessions held at the Weill Cornell Medical College in Manhattan, NY, groups of 3-4 students led by medical students work on hands-on group and individual activities designed
to reinforce basic concepts in basic biology, physiology, pathophysiology and healthy living related to the diseases and health conditions that most affect the students' communities. During the program, students also engage with material through reading, research, persuasive writing, presentations and clinical skill sessions. The program culminates with students presenting and leading demonstration tables related to various curricular topics at a Community Health Fair held at the Science and Medicine Middle School.

Rolake Alabi, MD/PhD Student; Angel Rogers, Class of 2019

Ski Club

The Weill Cornell Ski Club goes on an annual weekend trip to a New England-area ski resort. For the last two years the group has gone on a road trip to Sugarbush Mountain, VT. As an MSEC-funded group, the Ski Club is able to subsidize the cost of this trip to make it more affordable to students. Students who have gone have used such terms as “life changing,” “just so much better than being holed up in the anatomy lab for the weekend,” and “wow.” Students who have gone on the trip have ranged in skill from avid lifelong skiers to beginning enthusiasts as well as those who just like the idea of hanging out in a mountain lodge for the weekend. Snowboarders welcome (encouraged actually, because it’s straight up more fun).

Sports Medicine Interest Group (SMIG)

The Sports Medicine Interest Group is a WCMC student group dedicated to cultivating student interest in the clinical and research aspects of sports medicine. The goal is to familiarize students with sports medicine as a specialty within Orthopedics, to integrate relevant aspects of sports medicine with the medical school’s basic science curriculum, and to provide students a window into the current research and clinical practice of sports medicine. The group will also explore sports medicine beyond the scope of orthopedics to include topics in rheumatology, rehabilitation medicine, and other relevant fields.

Eugene Caregee, Class of 2018; Solomon Husain, Class of 2018

Stimson Surgical Society (SSS)

Stimson Surgical Society (SSS) is a student-run organization primarily focused on supporting the development of compassionate, skilled surgeons at Weill Medical College of Cornell University. SSS will provide full support for medical students interested in any field of surgical residency through mentoring programs, networking, and shadowing opportunities. Demanding competition has long been a tradition for surgical residencies, requiring additional training for longer periods of time. This can be an overwhelming process for students. Through SSS, students will have access to honest, unfiltered information from current residents and surgeons. Furthermore, in order to directly affect students in their endeavor, we hope to provide information and opportunities to strengthen students’ standing in the residency match. We will financially support attendance to surgical conferences throughout the nation, and networking opportunities for fourth year medical students by organizing clinical rotations at external academic institutions. The Stimson Surgical Society
wishes to facilitate the student-faculty relationship in order to determine interest in particular surgical fields, create connections for research, and educate the Cornell student body on the opportunities of surgery. Importantly, surgical residency programs have been disproportionately filled by male applicants in the past. We aim to decrease the surgery gender gap by providing information sessions held by female surgeons, and encourage candid discussion about life/work balances and raising a family. The main goal is to demonstrate that the demanding schedule of third year surgical rotation does not necessarily correlate to the life of a surgeon. By giving life examples and anecdotal accounts, we would hope to persuade female medical students to seriously consider surgery as an option for their future career if they had not already. We hope to build SSS into a proactive club with a group of enthusiastic students who will fully take advantage of events and services to further their own and colleagues’ growth.

Raymond Chang, Class of 2019; Christina He, Class of 2019; Daniel Lara, Class of 2019; Connie Lu, Class of 2019; Trent Walradt, Class of 2019

**Student National Medical Association (SNMA)**

The Student National Medical Association (SNMA) is a national medical society founded in 1964. The Cornell chapter is one of over 120 chapters throughout the U.S. addressing the issue of disparities in healthcare. Our goals are multiple: to create an atmosphere of fraternity and academic excellence on campus; to promote the dissemination of information relative to social issues in medicine; to increase recruitment, admissions, and retention of a diverse medical student body; to promote programs for disadvantaged youths to encourage their entrance into the health professions; and to provide service to those most in need. In the past, we have reached out to the community, sponsoring the Pre-med Conference for High School and College Students, organizing our annual health fair in Harlem, hosting prospective students, and initiating a national education program for high school sophomores interested in biomedical sciences (HPREP). We welcome all who are interested in the goals of our organization and look forward to seeing you at upcoming functions and activities.

**Students for Equal Opportunity in Medicine (SEOM)**

Students for Equal Opportunity in Medicine (SEOM) is an umbrella organization that represents the voice of many groups that are underrepresented in the field of medicine. SEOM is open to all students committed to furthering access to health care and medical careers for all minorities. SEOM recognizes regional and national medical organizations. SEOM is also dedicated to helping those of our underserved communities including hosting the pre-medical conference. We welcome all students to join us in our cause.

Orrin Belden, Class of 2019; Aleem Khan, Class of 2019; Daniel Lara, Class of 2019; Marcela Toro, Class of 2019

**Vascular Surgery Interest Group**

The Vascular Surgery Interest Group gives students an opportunity to interact with surgery in a hands on manner. We have many knot-tying practice sessions, group meetings at SAIL,
and the attendings involved are very attentive to involving medical students. Regardless of being interested in Vascular Surgery specifically or not, this is a great opportunity to get more experience in surgery that will be valuable in later rotations, and beyond!

Aleem Khan, Class of 2019; Daniel Lara, Class of 2019

**VentureMed Club**

For 6 years, BizMed has hosted events for the Medical College community that explore the intersection of business and medicine. The group’s monthly evening lectures and annual spring conference attract professionals involved in hospital administration, healthcare finance, drug development, and other areas of business and medicine to share their insights into topics seldom discussed in the tradition medical school curriculum. These events are intended to introduce Weill Cornell students to alternative career roles that are available to those holding a medical degree, as well as to make students aware of critical issues in health care that will impact their future work as physicians and scientists. Any member of the Weill Cornell community who wishes to expand his or her understanding of the many forces that contribute to the delivery of medicine is welcomed to attend.

**Weill Cornell Arts Club**

Weill Cornell Arts Club is an interest and service group for all those interested in art and creative expression. Through events like paint nights, photography tours through Central Park, chocolate making, and cupcake decorating, Weill Cornell Arts Club will help you improve your skill in different mediums and send you home with something handcrafted!

Yunan Nie, Class of 2019; Olivia Sutton, Class of 2019

**Weill Cornell Center for Human Rights (WCCHR)**

The Weill Cornell Center for Human Rights (WCCHR) is a faculty-supported student-run medical clinic dedicated to providing medical, gynecologic, and psychiatric evaluations and affidavits to victims of torture and abuse. As part of our mission, we offer training to healthcare workers and education to community members on issues relating to torture and abuse. WCCHR offers its services at no cost and works with the Weill Cornell Community Clinic (WCCC) (http://weill.cornell.edu/wccc/) to ensure long-term follow-up for clients who require on-going medical and psychiatric care. It has been estimated that there are over 500,000 foreign-born torture survivors in the United States and approximately 20 percent (100,000) of them reside in the New York metropolitan area. In an asylum proceeding, healthcare professionals are crucial in providing documentation of torture and abuse, yet few medical schools or residency programs have developed a curriculum to educate medical students and residents in evaluating survivors. The WCCHR was founded with the goal of meeting our professional obligations to this vulnerable group by providing much needed medico-legal support and by training medical student, residents, and practicing physicians how recognize and evaluate victims of torture and abuse.

Nicholas Hernandez, MD/PhD Student; Andrew Milewski, MD/PhD Student;
Rachel Rosenthal, Class of 2017

Weill Cornell Community Clinic (WCCC)

The Weill Cornell Community Clinic (WCCC) is a student-led initiative that addresses the need for accessible and equitable healthcare for uninsured New York City residents while enhancing the philanthropic spirit of students and faculty at Weill Cornell Medical College. The clinic operates on Monday evenings from 5pm until 8pm. Volunteer positions are available for students to practice taking a medical history and performing a physical examination under the direct supervision of an upperclassman and an attending physician. The WCCC provides students with an excellent introduction to socioeconomic issues confronting the uninsured through its comprehensive care model. In addition to a medical consultation, patients are offered on-site social work services, Medicaid screening interviews, no-charge laboratory services, no-charge medications, and discounted referrals to specialty services. At the beginning of their first year, students are able to apply for WCCC leadership positions.

Rachel Babij, MD/PhD Student; Andrew Iannone, Class of 2018

Weill Cornell Youth Scholars Program (WCYSP)

The main purpose of the Alpha Omega Alpha Weill Cornell Youth Scholars Program (AOA WCYSP) is to expose underprivileged, underrepresented students, especially from inner city high schools, to the vast educational resources and opportunities at Weill Cornell Medical College and New York Presbyterian Hospital. Many of these high schools have exceptionally high drop out rates that coincide with low percentages of graduates that go on to attend a four-year university. By developing early experiences in medicine, students can develop appropriate attitudes towards their education, interpersonal skills and, more importantly, confidence in themselves to succeed academically. The WCYSP curriculum is designed to educate, inspire and groom participants for personal and professional success. We seek to address some of the weaknesses that prevent many inner-city students from performing well at the college level through an innovative format that emphasizes critical reading and writing. Our daily Problem Based Learning (PBL) sessions provide a forum for youth scholars to interact with one another and build their teamwork abilities. All high school students that completed the program reported that it had a significant impact on their personal motivation to pursue a career in science or medicine and are more motivated to take more challenging courses in high school. Weill Cornell medical students, residents and attending physicians serve as mentors and teachers in the program. Volunteer teachers can choose one or more topics and will be given lecture notes and PowerPoint slides that are already prepared for each topic. The program runs for one month every July from Tuesday to Friday. Typically, each lecturer will give one to two one-hour lectures, but if they choose they can volunteer more of their time. We also recruit new leadership every year to plan the next summer's program under the guidance of leaders from the previous year.

Andrew Hillman, Class of 2017
**Weill Cornell Community Service Program**

Since 1989, student initiated volunteer projects in New York City have been a major feature of extracurricular life at the Medical College. The Weill Cornell Community Service Program (WCCSP) is designed to assist medical students involved in community service and serves as an umbrella organization for all student-run organizations. The mission of the program is two-fold: (1) to channel the talents and creativity of the medical students into existing non-profit organizations and (2) to help student organizations develop innovative approaches to education and health care. The WCCSP aims to provide a wide range of service opportunities for the students making their experiences as rich and meaningful as possible. The WCCSP begins the year with the Annual Community Service Fair, where students learn about the plethora of service opportunities at Weill Medical College. Students can sign up for a number of on-going activities serving a variety of populations as well as one-day events. The office also keeps informed of service opportunities available through organizations around New York City, therefore increasing its ability to offer guidance for students interested in developing new community service ideas. To discuss your interests and available community service opportunities contact the Office of Community Service.

Jasmin Harpe, Class of 2017; Richard Ferraro, Class of 2018; Linjia Jia, Class of 2019; Roger Ying, Class of 2019

**Weill Football Club**

An organization dedicated toward promoting teamwork and healthy living through soccer. Weill FC plays intramural games throughout NYC against other young professionals and graduate students. Our team is co-ed and all students of all levels and backgrounds are welcome to join us.

Isabel Cuervo, Class of 2019; Tyler Uppstrom, Class of 2019

**Women in Medicine**

The Weill Cornell Medical College’s Women in Medicine (WIM) student group that seeks to bring female students and faculty members together at WCMC to provide a platform for our members to communicate and address unique challenges women face in the field of medicine. We aim to inspire, encourage, and enable female students to realize their professional and personal goals through programming such as forums, discussion groups, regional conferences and community outreach. WIM currently consists of three core components: Interest Group, Mentorship Program, and High School Outreach Program. Each serves to offer a distinct perspective about the importance of peer and formal mentorship during all stages of training. In addition, as a chapter of the National American Medical Women’s Association (AMWA), we support their goals to promote the advancement of women in medicine and improve women's health.

Sofia Gearty, MD/PhD Student; Bobbie Pelham-Webb, MD/PhD Student
Women in Medicine’s High School - Medical School Mentorship Program

The High School - Medical School Mentorship Program is a collaboration between the Weill Cornell Medical College Women in Medicine (WIM) and the Young Women in Bio organizations. This program strives to provide academic and career guidance and encouragement to young women who have demonstrated interest and excellence in science from diverse high schools across New York City. Three high school students are coupled with three female medical school students as a mentoring group. The groups meet both formally through organized WIM events and informally as questions or ideas arise. The small group structure allows for broader perspectives to be shared while also encouraging interaction between high school and medical school women from different backgrounds with similar interests. The primary goal is to encourage high school students to pursue their studies in science and medicine by providing support and answering questions using first hand experiences. The collaboration also enriches the WIM program by allowing students to function as mentors.

Emily Lebowitz, Class of 2019; Lindsay Mandel, Class of 2019
Opportunities and Employment

Summer Opportunities

Weill Cornell Medical College students are free during the summer after their first year. There are many opportunities for medically related experience at the Medical College and its affiliated institutions. Director of Financial Aid is available to help students find appropriate positions—both in New York and in other parts of the country. Faculty advisors may also prove helpful in making referrals. Research fellowships, major health organizations, and an alumni fund offer opportunities to work with faculty and other investigators in a variety of projects. Cornell participates in the Federal Work Study Program, so that students with financial need are able to work in non-profit institutions with a portion of their stipend covered by the Medical College. Students are expected to save a percentage of summer earnings for expenses during the year.

Part-Time Employment

It is assumed that students will not have the time to work regularly during the academic year, and such earnings are not part of the financial aid budget. However, the Office of Student Affairs occasionally posts part-time employment opportunities to earn extra money. Generally, there are postings for work in the hospital and laboratories as well as bartending, typing, babysitting and tutoring. Job listings are posted on the bulletin boards in Olin Hall.
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