
About This Online Catalog

This online catalog supersedes all previous Catalogs and academic regulations and is binding on all students. It was prepared on the basis of the best information available at the time of publication. The [Albert Einstein College of Medicine](#) (“College of Medicine” or “Einstein” for short) reserves the right to change tuition, fees, course offerings, regulations, and admission and graduation requirements at any time without prior notice.

About Einstein

Accreditation

Einstein is a candidate for accreditation by the Middle States Commission on Higher Education (MSCHE), 3624 Market Street, Philadelphia, PA 19104, telephone (267) 284 - 5000, email info@msche.org. The Commission granted Einstein candidate for accreditation status on June 21, 2018. Candidate status with MSCHE indicates that the institution is progressing toward, but is not assured of, accreditation. Einstein has provided evidence that it meets all or nearly all of the Commission's standards for accreditation, and that it has the potential to be granted full accreditation. For more information, see the Commission's website, msche.org.

The Albert Einstein College of Medicine is accredited by the Liaison Committee on Medical Education (LCME) of the American Association of Medical Colleges, 655 K Street NW, Suite 100, Washington DC, 20001, (202) 828-0400.

Educational Mission



Albert Einstein College of Medicine prepares physicians who will excel in both the science and the art of medicine. Our founding mandate has been to combine the pursuit of scientific excellence with the social mission to improve human health through engagement in our local, national, and global communities.

Einstein's dynamic curriculum offers our students the ability to combine a solid foundation in the biomedical sciences and rigorous, hands-on clinical training with the flexibility to pursue their interests in research and to meet the healthcare needs of underserved populations in the Bronx, the greater New York metropolitan area, and beyond. Einstein attracts a diverse student body and provides a collegial and collaborative environment that fosters our students' growth as future clinicians, educators, physician scientists, and leaders in the field.

Ours is the only institution in the world to which Albert Einstein agreed to give his name. In addition to his stature as a scientist, Einstein's moral and compassionate views on human affairs place him clearly in the camp of philosopher and humanist as well as scientist. Our students and faculty - indeed, all members of our community - continue to honor his legacy. Our graduates are committed to providing exceptional, compassionate clinical care, and to the lifelong pursuit of biomedical knowledge that will improve the standard of medical care for all.



Albert Einstein College of Medicine: A Brief History

Early Plans

As early as 1945, Dr. Samuel Belkin envisioned the creation of a new medical school. On March 15, 1953, Professor Albert Einstein formally agreed to permit his name to be used for the first medical school to be built in New York City since 1897.

Ground was broken for the first building, now known as the Leo Forchheimer Medical Sciences Building, in October, 1953. Its partial completion was effected in time to welcome the first class of 53 men and three women medical students and about 75 faculty members on September 12, 1955. Entering class size was progressively increased to its present number of 180 students. The total student body now numbers well over 800, including postgraduates attending the Sue Golding Graduate Division of Medical Sciences and the Belfer Institute for Advanced Biomedical Studies.

Einstein's Expansion



To accommodate the expanding research programs of the College of Medicine the Ullmann Research Center for Health Sciences was completed in 1964. More efficient and effective coordination of studies into mental retardation was greatly facilitated by the construction in 1970 of the Rose F. Kennedy Center for Research in Mental Retardation and Human Development on the campus of the Bronx Municipal Hospital Center. The Arthur B. and Diane Belfer Educational Center for Health Sciences, which opened in 1972, provided additional laboratories and classrooms for basic science instruction as

well as the 260-seat Riklis Auditorium. The Irwin B. and Sylvia Chanin Institute for Cancer Research, devoted exclusively to basic investigations into malignant processes, was opened in 1978. Further enlarging the research capabilities of the College of Medicine, the Samuel H. and Rachel Golding Building, a 10-story biomedical research facility, opened in 1996.

From the beginning, it has been the University's policy that there be no discrimination in regard to race, religion, creed, color, national origin, sex, age, disability, veteran or disabled veteran status, marital status, sexual orientation, or citizenship status. In recent years, women have comprised close to 50 percent of each entering class. Favorable consideration has also been given to older individuals who have achieved success in academic, artistic, service-oriented, or other professional careers.

Establishing Programs

The Graduate Division of Biomedical Sciences: The Graduate Division, established in 1957, provides advanced study and research training in the biomedical sciences leading to the Ph.D. degree. In 1964, the Medical Scientist Training Program, leading to both the M.D. and Ph.D. degrees, was added.



The Graduate Division includes 12 Ph.D. degree-granting departments: Anatomy and Structural Biology, Biochemistry, Cell Biology, Clinical Investigation, Developmental and Molecular Biology, Genetics, Microbiology and Immunology, Molecular Pharmacology, Neuroscience, Pathology, and Physiology and Biophysics, and Systems and Computational Biology.

Belfer Institute for Advanced Biomedical Studies: In 1978, the College of Medicine established the Belfer Institute for Advanced Biomedical Studies to provide an overall entity for integration and coordination of postdoctoral research and training grant programs in basic and clinical biomedical sciences.

Clinical Research Training Program

The Clinical Research Training Program (CRTP) is a two-year program consisting of a didactic curriculum and a mentored research experience leading to a Master of Science Degree in Clinical Research Methods. The CRTP is funded by the NIH and Einstein, and the first classes were offered in July 1998.

Masters in Bioethics (M.S.)

The Einstein-Cardozo Master of Science in Bioethics focuses on translational work in bioethics, adapting theory to build practical knowledge and skills that help professionals improve care and communication. We specialize in clinical bioethics consultation, research involving human subjects and healthcare ethics policy. Bioethics exists at the intersection of medicine and law. Our innovative program examines how moral, ethical and religious values affect medical decisions and healthcare policy. We assess how both emotions and reason shape the choices of patients, doctors, family members and even judicial decisions and laws. Crucial bioethics issues include medical choices at the end of life, the allocation of scarce healthcare resources, protections for human research subjects, the privacy of medical information and the role of race, class and ethnicity in health outcomes and access to care.

Facilities

Clinical Skills Center

Completed in the fall of 2009, the Ruth L. Gottesman Clinical Skills Center (CSC) was built to meet the educational needs of Einstein's medical school students as a resource for the teaching and assessment of clinical skills. Throughout their education, physicians in training need a safe and supportive environment to learn, practice, and receive feedback on the clinical skills so essential to the practice of medicine.

The CSC serves as the home for the two-year Introduction to Clinical Medicine course and the Patients, Doctors, and Communities program that students take in their 3rd year at Einstein. During the clerkship years, students participate in Group Observed Structured Clinical Exams (GOSCE) and Observed Structured Clinical Exams at the CSC, the largest of which is the Clinical Skills Assessment at the end of the 3rd year. The exam is similar in design to the USMLE Step 2 CS exam. It covers content areas in all the major clerkships. In addition to a diagnostic challenge, each case also includes a psychosocial component, which poses an interpersonal or communication challenge.



Year 1 – The first year of the ICM program consists of three modules: **Communication, the Physical Exam, and the Clinical Experience**. Students meet weekly in small groups with two faculty preceptors in the CSC to learn and practice medical interviewing and interpersonal / communication skills with both volunteer patients and simulated patients (actors portraying cases). The Communication module covers many aspects of doctor patient relationship and communication. In the

Physical Exam module, students participate in workshops and learn fundamental physical examination techniques. Students have an opportunity to practice their medical interviewing and physical examination techniques through preceptor clinical placements in the community during the Clinical Experience Module.

Year 2 – In the second year course **ICM: The Clinical Examination**, students continue to learn more advanced physical examination techniques and incorporate physical diagnosis skills and clinical reasoning into their learning. Throughout the year there are workshops on a variety of special skills in

the CSC, including IV Access and Blood Drawing, Cardiology-Heart Sounds, Breast, Pelvic and Male GU examinations, Stress Reduction Workshop. The students also work with Pediatric populations and Geriatric populations.

Year 3 – The CSC also hosts the 3rd year course, **Patients, Doctors and Community (PDC)**, which meets every 6 - 8 weeks throughout the clinical clerkship year. Students leave their clinical sites to meet in small groups with their faculty preceptor pairs and address difficult situations encountered in their clinical settings. The students also practice more advanced communication skills such as delivering bad news and informed consent.

In our mission to educate and assess the skills of medical students, the faculty collaborates with professionally trained actors for both formative teaching sessions (simulated patients) as well as clinical skills assessments (standardized patients). These highly trained professionals assist Einstein faculty in ICM and with several other courses and 3rd year clinical clerkships.

During their 3rd year clerkship in Medicine students participate in an innovative educational experience called a Group Observed Structured Clinical Exam (GOSCE). Students work together to address patients' medical problems. Students participate in individual OSCEs during the Family and Social Medicine clerkship with a palliative care case and shared decision process and in the Pediatrics clerkship with an adolescent case. During the Geriatrics clerkship they practice functional and cognitive assessment skills.

The largest OSCE at the Clinical Skills Center is the 3rd year clinical skills assessment (CSA). The CSA is held at the end of the 3rd year for all Einstein students. The exam is similar in design to the USMLE Step 2 CS exam. It covers content areas in all the major clerkships. In addition to a diagnostic challenge, each case also includes a psychosocial component, which poses an interpersonal or communication challenge.

In addition to the courses and clinical assessment programs described here above, the Ruth L. Gottesman Clinical Skills Center hosts multiple programs and special events throughout the year for the Einstein community.

Libraries

D. Samuel Gottesman Library has a collection of about 220,000 volumes, 1800 electronic books, 5600 electronic journal titles, and 124 electronic databases. These e-resources may be accessed directly by computer on or off campus. Located on the first floor of the Forchheimer building, the library space also includes a 24/7 study room, group study rooms and a quiet room.

Computer Facilities

Belfer Educational Center for Health Sciences offers instructional laboratories and conference rooms, all fully equipped with multimedia digital data projectors and computers connected to the College of

Medicine network. Except when in use for classes, these rooms are available to students for use as study areas.

Clinical Training Sites

Einstein is affiliated with major voluntary and public hospitals located in three boroughs of New York City and on Long Island, serving the health care needs of a large population of wide socioeconomic and ethnic diversity. These institutions provide extraordinary opportunities to learn diagnostic and treatment practices in virtually all medical and surgical specialties, while also providing students with a firm grounding in generalist medicine. Our clinical sites provide opportunities to acquire experiences and deep understanding of problems and issues in social medicine that are unmatched anywhere.

Please visit [Affiliated Institutions & Clinical Programs](#) for complete information about each of the clinical training sites used in training our medical students.

Applicants with specific interests and career goals such as academic medicine or public health should:

1. participate in hypothesis-driven basic science, translational or clinical research;
2. study and/or participate in experiences that provide them with an appreciable understanding of the public health issues of chronic disease, health disparities, and/or global health.

Knowledge

In recognition of the importance of intellectual multiplicity in the medical profession, applicants are encouraged to major in any area of the humanities or sciences that is of interest to them. Regardless of an applicant's chosen major, in preparation for studies in human physiology, pharmacology and the biological basis of disease, applicants applying to medical school should obtain a solid foundation in the biological, chemical and physical sciences. Premedical coursework should include laboratory-based courses in which applicants learn to collect data, analyze it and draw scientifically rigorous conclusions.

1. Chemistry/Biochemistry

An understanding of inorganic and organic chemistry is essential to understanding the biochemistry of living organisms. Applicants should have a working knowledge of:

1. atomic and molecular structure, chemical reactions, catalysis, chemical equilibrium, thermodynamics, reaction rates, binding constants and reaction mechanisms with a focus on redox reactions, acid-base chemistry, enzyme catalysis and biological chemistry;
2. the structure and function of biologically important molecules including DNA, RNA, proteins, lipids and carbohydrates and the pathways for synthesis, modification and degradation of these macromolecules.

2. Biology

Applicants should understand the molecular and cellular organization of prokaryotic and eukaryotic organisms and viruses. This includes understanding the:

1. structure and function of cells and subcellular organelles;
2. major biological processes and the regulation of these processes including life cycle, metabolism, bioenergetics, and replication;
3. cellular basis for organ function and how organs contribute to the viability of living organisms.

3. Physics

Physics provides a fundamental foundation for understanding chemistry, biology and physiology. Applicants should have knowledge of Newtonian mechanics, work and energy, fluid dynamics, electricity and magnetism, circuit diagrams, and waves.

4. Mathematics

Applicants should have a firm foundation, i.e., college-level course exposure to quantitative reasoning and the mathematical analysis and interpretation of data. They should be able to:

1. construct and interpret functions and graphs;

2. understand the use of basic statistics and probability in testing hypotheses and validating experimental results, particularly as it relates to the critical reading of medical and scientific literature.

While not part of the required competencies, computer science and programming, and knowledge of the concepts of limits, integration and differentiation may be useful skills, depending on an applicant's interests and career goals, especially for those applicants interested in a career in research and/or academic medicine.

5. Humanities, Social and Behavioral Sciences

While applicants are not expected to achieve expertise in all disciplines, it is important that they understand the factors that influence individual, community and societal decisions regarding health and health care. This awareness can be gained through courses in disciplines such as psychology, sociology, anthropology, public health, literature, economics, history, philosophy and ethics. Applicants should have a basic understanding of key issues in medical ethics.

Where to Meet the Knowledge Competencies

- Whereas course work at a four-year college or university is our benchmark, if a student chooses to meet a competency component via an alternate route such as through laboratory experience, through an advanced placement course, a course taken at a community college, a course taken abroad (during a semester abroad for which the undergraduate U.S. degree-granting institution gives credit, or for which AMCAS will verify and report the grade), or an online course, he or she should either seek guidance from an academic advisor to ensure that the option meets the above guidelines as well as the rigorous academic standard required by the Albert Einstein College of Medicine. Flexibility is not license to pursue a non-rigorous course of study. The Knowledge competencies can be met also by following the traditional courses that are acceptable to most medical schools.

Suggested Minimum Credit Hours and Experience

- In our experience, the above *Knowledge Competencies* are most successfully attained by applicants who have had a minimum of three years of study toward a baccalaureate degree from an accredited college or university in the U.S. or Canada as well as 40 credit hours of science and mathematics, including advanced biology courses for which letter grades are available (not Pass/Fail, unless college policy), 40 credit hours of humanities and social sciences, and substantial experience in clinical, community, and/or research activities (as described above). Students who complete their science course work in a [post-baccalaureate program](#) must have completed at least 30 credit hours in a U.S.-chartered college or university whose grades can be reported and verified by AMCAS.

MCATS

- All applicants must take the [MCATs](#) not later than November of the year preceding matriculation and not earlier than three years prior to application (2011).

national background report on applicants at the point of acceptance. (There is no additional fee associated with a background check.) In addition, beginning in May of each year, a national background report will be procured for a subset of applicants who are on a participating school's alternate list; medical schools will not receive such reports until the point of acceptance.

The AAMC has initiated this new service in order to recognize the desire of medical schools to procure appropriate national criminal history reports, and to prevent applicants from paying additional fees at each medical school to which they are accepted.

Policy Statement of Albert Einstein College of Medicine

All conditionally accepted applicants and alternate-listed applicants must consent to, submit to, and successfully complete a criminal background check. Failure to do so will constitute failure to meet the pre-matriculation requirements established by the College of Medicine and will result in the withdrawal of a conditionally accepted offer.

Matriculation and continued enrollment in the College of Medicine is contingent upon a completed criminal background check with *acceptable* results. Failure to consent to a criminal background check; refusal to provide necessary information to conduct a background check; failure to provide additional information wherein an investigation is warranted; and failure to comply with the investigatory procedures when a cause for further action is warranted due to

1. the discovery of previously undisclosed information;
2. the discovery of more egregious information than was previously disclosed; or,
3. the discovery of conflicting information between or among the AMCAS Application and/or the Secondary Application, MSTP Supplemental Application and/or the Criminal Background Check Report and/or any and all documents considered part of an applicant's AMCAS application, will result in disciplinary action up to, and including, withdrawal of a conditional offer of acceptance, refusal of admission, or dismissal from the College of Medicine.

Equal Opportunity

Our namesake, Albert Einstein, desired that a medical school bearing his name "welcome students of all races and creeds," and, since its inception, the College of Medicine has been committed to enrolling medical students who are racially, ethnically, and socio-economically diverse. Diversity is an important factor in graduating future physicians who, in keeping with our social mission, meet the healthcare needs of underserved populations in their communities and throughout the world.

Inquiries concerning Einstein's nondiscrimination policies may be referred to the Title IX Coordinator, Yvonne M. Ramirez, 1300 Morris Park Avenue, Belfer Building, Rm. 1209, Bronx, NY 10461, (718) 430-2541 or yvonne.ramirez@einstein.edu.

Student Finance

The cost of financing a medical education can be daunting, but the Office of Student Finance at Albert Einstein College of Medicine is available to assist you in preparing to meet it. Staff members are committed to clarifying the process of applying for financial aid so that you may explore various options that exist for funding your medical education. Read this information carefully and use it as a reference guide to help select from the numerous avenues of funding available to you.

Check our [website](#) periodically for up-to-date information and helpful links.

Contact information:

We are located in Room 230 of the Van Etten Building.

Hours: 9am to 5pm, Monday- Thursday
9am to 4pm on Friday

Phone: 718-862-1810

Fax: 718-862-1814

Email: stufin@einsteinmed.org

What Is Financial Aid?

Financial Aid consists of any grant, scholarship or loan offered to help a student meet his/her college expenses. Such aid is usually provided by various sources such as federal and state agencies, colleges, foundations, and corporations. The amount of financial aid that a student receives is determined through federal, state and institutional guidelines. Grants include aid the student receives that need not be repaid; loans must be repaid. Interest rates and repayment terms vary by program.

Responsibility for payment of medical school rests primarily on the student and his/her family. Although Albert Einstein College of Medicine has some need based scholarships available, the majority of funding must come from the student, whether it is in the form of payments, loans or other outside scholarships. For most students that will result in them taking out loans to cover the whole year's expenses. In order to ensure that you receive the funding you are entitled to in a timely manner, you need to make certain that the items you need to submit are done so in a timely manner.

The Office of Student Finance awards grant assistance on the basis of demonstrated financial need. In addition, a number of scholarships not based on financial need are awarded by the Office of Admission.

Cost of Attendance

The Office of Student Finance sets student budgets based on full-time tuition for the academic year, living expenses using cost of living figures for the Einstein area, and other expenses including health fee, books, supplies, equipment, insurance, uniforms, USMLE Step 1 and Step 2 fees, and residency interview expenses. No provision is made for car payments, appliances, or other consumer debts. The student's total financial aid package amount cannot exceed the school's approved student budget.

The spouse of a married student is expected to contribute toward the student's educational expenses unless the spouse is also a student. In addition, parental financial information is required of married students applying for school eligibility-based funds.

Note that the budgets cover housing expenses for varying lengths of time due to differences in the curriculum and in the length of the academic calendar. Students should budget their funds to cover living expenses for a full 12 months, August through July.

While we recognize that married students may have unique financial circumstances, we do not award financial aid to assist with supporting a student's spouse or partner. Financial aid can be awarded only to cover expenses incurred by the student. Additional loan funds may be awarded, with appropriate documentation, to cover child care expenses for your dependent children, and to cover increased costs of health insurance for your spouse, partner, or dependent children. You must seek alternative sources of funding for living expenses for your spouse, partner, or dependent children.

How to Apply

The first step is to decide which types of aid you are seeking. Deciding this will determine which forms you need to submit, and when. If you are uncertain about whether you should apply for need-based assistance, please refer to the information below for additional information or contact our office.

Federal Loans Only- Submit the Following:

Free Application for Federal Student Aid (FAFSA) to federal processor*

Einstein Financial Aid Questionnaire to Office of Student Finance

Federal Loans and Einstein Need-Based Awards- Submit the Following:

Free Application for Federal Student Aid (FAFSA) to federal processor*

Einstein Financial Aid Questionnaire to Office of Student Finance

CSS Profile to College Board

* International students (those who are not U.S. citizens or permanent residents) are not eligible for federal aid and should disregard the FAFSA requirement.

** For admitted students: If 20xx tax forms are not available by March 14 please submit complete 20xx tax forms by March 14, and complete 20xx tax forms by the end of April. Applicants to the M.D. program DO NOT need to submit tax returns until they are admitted.

***When significant changes have occurred in a student's personal circumstances (e.g., student's marriage or divorce, change of spouse's status, etc.) or when a student receives awards from other sources, the student will be asked to provide additional information since eligibility for certain types of aid may be affected.

For any students who show need, Einstein will make available to them an annual loan of \$8,500. It is interest free during medical school, and for up to 4 years after graduation. For any student whose residency/fellowship is shorter than 4 years, payments are due at the conclusion of residency. After this time interest will accrue at a rate of 7.0% per annum. The loan is to be repaid on a monthly basis, over a 10 year period. Those whose residency/fellowship programs are longer than 4 years and choose to postpone payment on their loan (interest will still accrue) must apply annually for forbearance.

- [Homan Loan](#)

For those students who show exceptional need, Einstein will make available to them a Homan Loan. The Homan Loan is interest free and payment free during medical school, and for three years after graduation. Starting with the fourth year post-graduation, repayment begins, on a quarterly basis with 4% interest accruing. This loan is payable over 10 years.

- [Einstein Emergency Loan](#)

The Einstein emergency loan is designed for students who find themselves in an unexpected financial emergency that affects their ability to function as a student. An Einstein emergency loan is a short term, interest free loan that must be repaid within thirty (30) days or upon the availability of financial aid funds and/or any surplus funds released to the student. The student must provide the reason for the loan, loan amount requested, and repayment plan for the loan.

The maximum loan amount is \$1,500. In the event the loan becomes delinquent, all academic records will be withheld until the debt is paid in full.

- [Federal Direct Stafford Student Loans \(Subsidized and Unsubsidized\)](#)

The Federal Direct Stafford loan program is designed to make low-interest loans available to US Citizens or permanent resident students to help you meet your educational expenses.

If you have a non-need-based Stafford, you have an "Unsubsidized" Federal Direct Stafford Loan, and you will be responsible for the interest during in-school, grace, and deferment periods, although you may postpone paying the interest. You can check with Direct Lending regarding the frequency of interest capitalization.

The lender for William Ford Federal Direct loans is the US Department of Education.

- **Federal Direct Graduate PLUS (Grad PLUS)**

The Federal Direct Grad PLUS loan allows you, not your parents, to borrow up to the cost of attendance less any other financial aid you receive. This loan has a fixed interest rate of 7.9% and no aggregate limits. You must be a US citizen or permanent resident to qualify. Credit checks are also required to determine eligibility, but the credit criteria are much less stringent than for most private alternative loans. If you don't meet the credit criteria you may still obtain the loan with an "endorser" who does meet the credit requirements.

FERPA

The Office of Student Finance maintains records relating to charges for tuition, fees, health insurance and financial credits for each student. This includes payments of term bill charges, financial aid credits and refunds issued on the account if financial credits are greater than charges. Our office may receive requests for information contained in the student's file from a third party such as a parent or spouse of the student. Pursuant to the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. 1231g ("FERPA"), the university may not release this information without written consent of the student, subject to the exceptions specified under FERPA.

As a student, if you wish to authorize the release of the records held by the Office of Student Finance to specified persons or institutions, please complete and return this form to the Office of Student Finance.

Consequences of Failure to Maintain SAP

If the Office of Student Finance determines at the end of an academic year that a student has failed to maintain satisfactory academic progress according to the qualitative and quantitative standards described above, it will notify the student in writing (by certified mail) that the student has been placed on federal financial aid probation for the subsequent academic year. The Office of Student Finance will also place an MD student on federal financial aid probation after that student fails six of his or her exams. The notification will enclose, for the student's signature, an agreement setting forth the terms

of the student's financial aid probation. The student will be asked to sign and return the agreement to the Office of Student Finance.

A student on financial aid probation may be given a modified curricular program by the Associate Dean for Students, in consultation with the Chair of the Committee on Student Promotions and Professional Standards. If, during the year of financial aid probation, the student achieves a passing grade in all courses in which he or she is enrolled, the student can continue to receive federal financial aid during that probationary year. A student may be placed on financial aid probation twice.

If the student does not achieve a passing grade in all courses during the year of financial aid probation, the Office of Student Finance will advise the student in writing that he or she no longer remains eligible for federal student financial aid. The student should consult the Financial Aid Handbook located on the Student Finance website, as well as the Student Affairs Office (for MD students) and the Registrar (for MD/PHD or PHD students), to determine how, if at all, the student's academic performance affects his or her enrollment status at the institution.

Appeals

A student who is found ineligible to receive federal financial aid due to his or her failure to maintain SAP may file an appeal with the Office of Student Finance. The appeal must be submitted in writing within 14 days of the date the student receives written notice that he or she is no longer eligible for federal financial aid. The appeal must include a letter describing in detail the reasons for the appeal, provide appropriate supporting documentation regarding the mitigating circumstances identified in the student's appeal, and explain how the student intends to remedy his or her failure to make satisfactory academic progress.

An appeal by a student who failed to make satisfactory academic progress will be approved if the SAP Committee (for MD students: the Associate Dean for Student Affairs, Registrar, the Director of Student Finance; for PHD students: the Registrar and Director of Student Finance) determines that mitigating circumstances justify such a result. Examples of mitigating circumstances that might warrant approval of an appeal include the death of a relative of the student, an injury or illness of the student, family or personal problems, and other special circumstances. Depending upon the reasons identified in the appeal, appropriate supporting documentation might include a published obituary or death certificate; a letter from a professional, such as a physician or psychologist; a letter from a close family friend, confidant, or clergy member; or a letter from an academic advisor or instructor.

The SAP Committee will review the student's appeal and supporting documentation. The committee will permit a student to speak to the Committee if there is information the Committee feels it cannot garner from the written documentation. The Committee reviews appeals within three weeks of receipt of the appeal letter. The Committee will notify the student in writing whether the appeal has been granted or denied. The Committee's decision is final. A student may appeal no more than two decisions regarding satisfactory academic progress.

Regaining Eligibility

A student may re-establish his or her eligibility for federal financial assistance by bringing himself or herself back into compliance with both the qualitative and quantitative components of the SAP evaluation. For a student who has failed to meet the qualitative standard, regaining eligibility would mean raising his or her average to the equivalent of a “C” or, if the student has been given a modified curricular program, achieving passing grades in all courses in that modified program. For a student who has fallen behind in completed coursework, re-establishing eligibility would mean successfully completing enough coursework to correct any deficiency. Students seeking to regain eligibility must complete a Satisfactory Academic Progress Academic Plan. It is the student’s responsibility to present evidence to the Office of Student Finance at the time he/she has met minimum requirements for reinstatement.

A student does not become re-eligible for federal student aid merely because he or she paid for his or her classes (without federal assistance) or withdrew from his or her program for a period of time. Neither of these options, by itself or in combination, affects the status of a student who has failed to make satisfactory academic progress.

Withdrawal Procedure and Refund Policy

Students who withdraw from the College of Medicine by the end of the first week of classes are entitled to a 100 percent refund. Students who withdraw with the written approval of the dean and office of the registrar during the second week of the semester receive a 75 percent tuition refund. Students who withdraw during the third week of the semester receive a 50 percent tuition refund. Students who withdraw during the fourth week of the semester receive a 25 percent refund. No refund is given to a student who withdraws after the fourth week. Fees are not transferable or refundable.

Federal government guidelines require the prorated return of Title IV funds through the first 60 percent of the semester. All federal and state financial aid will be returned in accordance with federal and state guidelines. Students should always meet with the Office of Student Finance before withdrawing.

Leave of Absence

Students who wish to leave the College of Medicine temporarily should contact the [Office of the Registrar](#) for leave of absence information.

Academic Policies

All programs are registered by the New York State Education Department and meet its educational requirements.

Albert Einstein College of Medicine Faculty Location

The main faculty offices of the Albert Einstein College of Medicine are located at 1300 Morris Park Ave, Bronx, NY 10461.

General Obligations

It is the responsibility of each student to be familiar with and to comply with all bylaws, rules, regulations and standards, to pay all fees and charges, and to meet the specific requirements of any course for which s/he is enrolled, including prerequisites and corequisites wherever required.

For the detailed Bylaws on Student Promotions and Professional Standards, please visit <https://www.einstein.yu.edu/docs/education/student-affairs/CSPPS-bylaws.pdf>.

Maintenance of Academic Standards

Students are expected to successfully complete all course work of a given academic year before they may progress to the subsequent academic year. This principle applies absolutely to the transitions at the Year 2/Year 3 boundary and at the Year 3/Year 4 boundary. The preclinical course work pattern is to be more flexible; particularly when idiosyncratic customized or decelerated course schedules are tailored for individual students.

Performance Review

Program faculty judging a student as performing below expectation may require additional coursework and/or other remediation to re-evaluate continuance in the program. When students are on probation, a faculty committee appointed by the Director reviews their performances with them and determines whether withdrawal is required. The committee will develop a remediation plan for those permitted to continue at the School.

Status

Students are expected to maintain full-time status. Students must maintain continuous registration in the MD program until graduation. Full time status is defined by registration and attendance in all prescribed courses for your class "year." Failure to maintain enrollment status can have both academic and financial aid consequences.

Grades

Year 1 Grading:

a. In Year 1, grading options are Pass or Fail. A student who sits for any exam in a given course, but does not go on to complete said course for any reason, with or without permission, receives a "withdraw" (W) for that course. Should this course be completed at a later date; the course will appear on the transcript in the time period corresponding to when the course was successfully completed - with a "P" grade. The earlier entry of this course (marked with a "W") will not be deleted from the transcript.

b. A student who fails a course in Year 1 will have an "F" grade entered on the transcript. Should this course be completed at a later date, the course will appear on the transcript in the time period corresponding to when the course was successfully completed -with a "P" grade. The earlier entry of this course (marked with an "F") will not be deleted from the transcript.

Year 2 Grading:

a. In Year 2, grading options are Pass or Fail. A student who sits for any exam in a given course, but does not go on to complete said course for any reason, with or without permission, receives a "withdraw" (W) for that course. Should this course be completed at a later date; the course will appear on the transcript in the time period corresponding to when the course was successfully completed - with a "P" grade. The earlier entry of this course (marked with a "W") will not be deleted from the transcript.

b. A student who fails a course in Year 2 will have an "F" grade entered on the transcript. Should this course be repeated to completion at a later date, the course will appear on the transcript in the time period corresponding to when the course was successfully completed - with a "P" grade. The earlier entry of this course (marked with an "F") will not be deleted from the transcript.

c. Completion of pre-clinical course evaluations is mandatory and is part of each student's professional responsibility to provide constructive feedback on the curriculum. Exam grades will be made available individually on the next business day after each student completes the evaluation. The names of the students who have not completed the evaluation will be reported to the Office of Student Affairs and the grades will not be released to the student. Repeated reports of incomplete evaluations will be dealt with as unprofessional behavior.

Year 3 and 4 Grading:

a. In Year 3 and 4, grading options are Honors, High Pass, Pass, Low Pass, and Fail. Rotations less than 4

weeks in duration are restricted to Pass/Fail grading only. If a student fails a clerkship or other rotation due only to poor performance on one examination; retaking and passing that exam on the first repeat attempt results in a non-Failing grade.

b. If one fails a clerkship or other rotation for reasons other than failing a single examination (with or without a failed examination, or with two or more failed/marginal examinations), a grade of "F" will be entered permanently on the transcript. If the clerkship or other rotation is repeated, the clinical department writes a single, summary narrative portion of the evaluation, encompassing both periods. However, the transcript will have two entries, reflecting both grades. A student repeating a clerkship may not receive an "Honors" grade.

c. For required rotations only (clerkships, sub-internships, etc.) there is also an Incomplete ("I") grade. This would reflect a single examination awaiting re-take; or other very limited types of incomplete work. This "I" is entered on the transcript upon receipt of a formal evaluation form. The "I" automatically reverts to a permanent "F" after six months counted from the last day of the rotation in question.

d. A student's capacity to function as a productive team member is considered critical in the practice of Medicine even while still a student. While the Committee recognizes that some clinical settings are quite hectic and stressful, and that some supervisors may be quite demanding, it is nonetheless the duty of the student to make every effort to work as effectively as possible and serve (rather than hinder) the cause of teamwork. One can be adversely evaluated, even to the point of failure, on this basis alone. Medical teams must have as their focus the care of patients, and must not be distracted from this purpose due to a student with poor team skills.

e. A student on a clerkship or other clinical rotation, who is asked to leave or is otherwise removed from clinical duties by the local supervisors, is considered to have received the equivalent of a failing grade for said clerkship or clinical rotation. A student who voluntarily discontinues a clerkship or clinical rotation is, at a minimum, given Incomplete grade, and may be given a failing grade at the discretion of the local clinical supervisors.

f. If a clinical supervisor calls or writes the Office of Student Affairs (OSA) -provoked by local events or concerns - the office is obligated to discuss the student's relevant record with them. OSA is not to broadcast such information without their request - except to protect patients.

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

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

i. Transcripts will not be altered, for any reason, after graduation - the sole exception being transcribing error. The transcripts of students who have had academic difficulties, disciplinary proceedings, and similar, will bear brief entries, including dates, demarcating leaves of absences and other changes in status, including, but not limited to suspension or dismissal. The AAMC guidelines for medical school transcripts will provide the general structure for these entries, with allowance for modifications to suit the individual programs and processes that take place at Einstein, at the discretion of the Deans for Students in consultation with the Registrar. The MSPE, including addenda, shall not be altered for any reason, after graduation, other than for transcribing error. The aforementioned documents serve in perpetuity as the detailed records of a student's medical school

record; for use in reply to governmental and regulatory agencies, for prospective employers (at the student's request, and/or as per policy), and similar. The final Transcript and MSPE (or "Summary Letter" for students not awarded the MD degree) are linked documents; both documents are to refer to the existence of the other.

Completion of clerkship evaluations is mandatory and is part of each student's professional responsibility to provide constructive feedback on the curriculum. At the end of each clerkship students are required to complete the online evaluation. The names of students who have not completed the evaluation will be reported to the Office of the Registrar. Once the clerkship director submits the final grades to the Registrar, they will be released ONLY to the students who have completed the evaluation. If the evaluation is not completed after six weeks, the grade will be changed and released to the student as Incomplete. Repeated reports of incomplete evaluations will be dealt with as unprofessional behavior. (Effective September 2011) In general, final grades should be available within four to six weeks of the end of a course or clerkship rotation.

Transfer of Credit

The College of Medicine does not accept transfer students into the medical school program. In exceptional circumstances, the Dean may accept a student for transfer, generally under circumstances where a qualified student at another medical school is separated from a spouse in our program. The conditions would be case specific.

Graduation Requirements

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

Continuous Registration

Students must maintain continuous registration in the MD program until graduation.

Time Limitations

Students must complete the full medical program curriculum, usually completed in four years, in a period of time not exceeding seven academic years from the year of matriculation.

The College of Medicine supports an extensive MD-PhD program; wherein students participate in an amalgam of medical school and graduate school curricula. As such, a number of exemptions to these by-laws and other customary procedures are required. For example, the overall "seven year rule" for earning the MD degree does not apply to the MD-PhD students. In general terms, the Year 1 and Year 2 medical college courses for the MD-PhD students are within the jurisdiction of the Committee; as is the clinical training (clerkships and similar). Graduate courses are the purview of the Graduate and MSTP leadership. The interface between programs is best managed by the OSA in conjunction with the Director of the MSTP and the Committee Chair. It is understood that a bright line cannot be drawn between the operations of the MD-PhD program and the MD program; and that ongoing cooperation and shared administrative responsibility are in order. Professionalism and other core standards are not relaxed for students seeking the MD degree, regardless of their participation in special programs; degree-earning or otherwise. An MSTP candidate who terminates or is terminated from the PhD phase of the MSTP must be presented to the CSPPS to ascertain if continued matriculation in the medical curriculum is warranted.

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

The senior year is comprised of 13 rotations. Approved exceptions to this time requirement may be granted for maternity/paternity/disability leave, or completing one postponed or repeated Year 3 clerkship, but the senior program may not be less than ten months in duration (includes one month vacation), under any circumstance. Students must commence the senior program on or about August 1st, in order to graduate with that senior class. If a student commences the senior program on or about September 1st, he or she is eligible to graduate no sooner than 21 months hence, and so on. Diplomas are dated late May or June for graduating with the usual "on schedule" senior class.

Official Withdrawal

A student who is withdrawing from the College of Medicine and does not expect to return at some future date should fill out a Withdrawal form, available in the Registrar's Office. Completion of this form is necessary for the student's record to bear the notation that an official withdrawal was granted. (A student who plans to return at some future date should instead submit a Leave of Absence form; see description below.)

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

Leaves of Absence

Please note that under current Immigration and Naturalization Service regulations, foreign students in F-1 classification are not permitted to be on leave of absence.

Students who are not taking any coursework but who expect to return at some future time should submit a Leave of Absence Form, available in the Office of the Registrar. Such leaves are normally granted for a maximum of 180 days in a 12 month period, (If the student is entering full-time service in the armed forces or in ACTION, Peace Corps, and VISTA, no charge will be made for the leave during the period of actual service). Sympathetic consideration will be given to a request by a student returning from an official leave who wishes to continue a course of study under the requirements in force at the time the leave was granted. Leaves of absence, except for the purpose of government service, do not extend the time limits set for completion of degree requirements.

A student who neither registers nor secures an official leave of absence for any semester will be considered as having withdrawn from the School. A student who wishes to resume studies will be required to apply for readmission.

Temporary Medical/Disability Leave

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

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

If a transient medical condition only partly compromises a student's capacity to participate in the medical school program, efforts will be made to accommodate the problem, as stated above. For example, a student with a fractured dominant hand might be provided writing assistance for the purposes of examinations.

Maternity and Paternity Leave

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

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

Family Medical Leave

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

Graduation

Degrees are generally awarded in May or June. A student applies for a degree by filing an Application for Graduation form by a given date during January of the year of graduation.

Should the degree not be awarded during that year, a new application must be filed every year until the degree is awarded. Graduation fees paid initially remain valid and need not be paid again.

Records and Transcripts

In accordance with the provisions of FERPA, a transcript is not issued without the student's written request, except in a few circumstances in which the law allows or requires a transcript to be sent without the student's permission. Details are given in the University's FERPA policy statement, a copy of which may be obtained as described under Privacy Rights.

Records of students are sent only in the form of a transcript. No partial records are sent, nor ones listing only courses without grades.

A transcript is not issued for a student who has an overdue debt to the University or has failed to return all books to its libraries.

Change of Name

A student who wishes to change either a first or last name on School records must file a Request for Change of Name on School Records form in the Office of the Registrar.

A student who believes that there is an error in his or her academic record (e.g., in a grade, average, credit value, or course description) must promptly call this to the attention of the Office of the Registrar. Even if there has been a mistake on the part of the College of Medicine, no request for a correction will be considered unless the student notifies the Office of the Registrar within three months.

Diplomas

Duplicate or revised diplomas can be secured under certain circumstances determined by the standards accepted by American universities. Full information is available in the Office of the Registrar.

Change of Address

Students who change their home or local residences are required to notify the Office of the Registrar of the change of address within 10 days by filing a Notification of Change of Address form available in the Office of the Registrar. A student is responsible for all mail sent to the old address if the College of Medicine has not been so notified.

Privacy Rights

In accordance with the provisions of the Family Educational Rights and Privacy Act of 1974, as amended (Section 438 of the General Educational Provisions Act, 20 USC 1232g), also known as “FERPA,” Einstein has adopted certain policies to protect the privacy rights of its students with respect to their education records. FERPA affords students certain rights of access to their education records. FERPA also limits the persons to whom the university may disclose a student’s education records and permits certain disclosure without the student’s written permission. Please visit the Office of the Registrar or its Web site to obtain the Einstein FERPA Policy.

Student Responsibility

It is the responsibility of each student to ensure that all regulations have been observed, all fees paid, and all course requirements met, including prerequisites whenever required. The degree candidate should note that completion of the specified number of credits does not in itself satisfy degree requirements.

Use of the College of Medicine's Name

No student or student organization may use the name of the Albert Einstein College of Medicine name for any purpose, including identification, without written permission from the Office of the Dean.

Injuries

All injuries and accidents to students while engaged in classroom work will be reported by the faculty member in charge of the course. Students are required to report immediately to the Office of the Dean any other injury suffered on School premises.

Academic Discipline

A student's admission, continuance on the rolls of the School, receipt of academic credits, graduation, and the conferring of any degree, diploma, or certificate on the student are entirely subject to the disciplinary powers of the School and to the student's maintaining high standards of ethical and scholarly conduct. The School is free to dismiss the student at any time for infringement of these standards.

Student Information

A student who is found to have misrepresented him or herself in the admissions process or thereafter is subject to Committee action; and this may be grounds for dismissal. This is to include not only the provision of false or misleading information, but applies as well to information that may have been omitted or concealed.

Academic Integrity and Ethical and Professional Standards in Graduate Study

The submission by a student of any examination, course assignment, or degree requirement is assumed to guarantee that the thoughts and expressions therein not expressly credited to another are literally the student's own. Evidence to the contrary will result in penalties which may include failure in the course, disciplinary dismissal, or such other penalties as are deemed proper.

Graduate study requires excellence of intellect. Graduate students are expected to show seriousness and intellectual dedication, respect for the views and convictions of others, concern for the impact of advanced knowledge on society at large, regard for instructors, fellow students, and the School as a whole and, above all, adherence to the highest ethical and moral standards in their personal and professional lives.

Maintenance of good standing, while being a student at the School is, in part, dependent on developing and maintaining standards of ethical and professional conduct. Failure to maintain these standards may lead to dismissal from the School.

Attendance

Regular class attendance is required as a condition of receiving credit for courses. Any student who is not in regular attendance for a course may be prohibited from taking the exam and/or receiving a passing grade for that course. If the instructor denies a student permission to take the exam because of failure to attend classes regularly, the student shall receive a grade of "F," "I," or "W" at the discretion of the program Director. Each instructor may supplement this general attendance requirement by announcing a more specific attendance requirement for a particular course. It is expected that a professor who imposes a more specific attendance policy will do so in writing, setting out the policy and sanctions for its violation, but this is not an absolute requirement.

Disciplinary Probation and Dismissal

The Albert Einstein College of Medicine expects its students to exhibit high qualities of character as well as academic ability. Every student is expected to adhere to the ideals represented by the College of Medicine and to how seriousness of purpose, intellectual dedication, and respect for the views and convictions of others. A student's continued presence on the rolls of Einstein; the receipt of academic credits, honors, and awards; and the conferring of any degree, diploma, or certificate upon the student are entirely subject to the disciplinary powers of the College of Medicine and are predicated on the student

maintaining high standards of ethical and academic conduct. A student may be placed on probation or dismissed by the College of Medicine at any time for infringement of these standards.

Accident and Health Insurance

Full-time students are eligible to subscribe to an accident and health insurance program for themselves and their dependents. Information is made available to students at the beginning of each school year.

Procedures Regarding Complaints of Unlawful Harassment

The Albert Einstein College of Medicine is committed to maintaining an environment for research, learning and teaching that is free of unlawful harassment. The College of Medicine has adopted a policy of zero tolerance with respect to unlawful harassment as being antithetical both to the academic values of the College of Medicine and the need for a work environment that is free from even the appearance of unlawful harassment or coercion. Unlawful harassment in any form is a violation of College of Medicine policy.

A. Definitions

1. Unlawful Harassment

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

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

2. Sexual Harassment

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

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

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

or, because of the possibility that the faculty member or the supervisor's objectivity may be compromised.

B. Examples**1. Sexual Harassment**

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

- a. Verbal comments of an overtly sexual nature, whether in the form of jokes, innuendoes, slurs, or other statements
- b. The use of sexist teaching materials or comments of a sexual nature not relevant to the material being taught or any other academic purpose
- c. Remarks of a sexual nature about a person's clothing or body
- d. Remarks speculating about sexual orientation, activity or previous sexual experiences
- e. Verbal harassment or abuse of a sexual nature
- f. Failure to provide equal consideration, acknowledgement or access to educational or professional opportunities on the basis of gender
- g. The display of sexually offensive photographs, drawings, graffiti, computer graphics or programs when sexual content is not justified by an academic purpose
- h. Non-verbal behaviors of a sexually degrading or offensive nature, such as gesturing, leering or staring
- i. Unnecessary or unwanted touching, hugging, or brushing against a person's body
- j. Requests, demands or persistent pressure for sexual favors, particularly when accompanied by offer of rewards or threats of retaliation concerning work, grades, promotions or tenure
- k. Sexual assault, including rape

2. Other Types of Unlawful Harassment

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

- a. Epithets
- b. Slurs
- c. Negative stereotyping
- d. Intimidating or hostile acts
- e. Denigrating jokes
- f. Display or circulation in the workplace of written or graphic material that denigrates or shows hostility or aversion toward an individual or group
- g. Failure to provide equal consideration, acknowledgement or access to educational or professional opportunities.

C. Student Mistreatment

The medical learning environment is expected to facilitate students' acquisition of the professional and collegial attitudes necessary for effective and compassionate health care. The development of these attitudes is based on the presence of mutual respect between the teacher and learner. The Albert Einstein College of Medicine is committed to maintaining a safe and supportive academic environment that is free of all mistreatment, including intimidation, disrespect, belittlement, humiliation and abuse. The College of Medicine has therefore adopted a policy of zero tolerance with respect to student mistreatment. The policy is intended to protect students and discipline and/or take other appropriate action against those responsible.

1. Definition:

In general, student mistreatment is defined as any instance in which the student was treated badly or abused in any way. This includes the perpetrator's abuse of power by asking the student to do things beyond the scope of the medical student's role.

2. Examples:

- a. Public belittling or humiliation (feeling dehumanized, disrespected or undignified, being shouted at, cursed or ridiculed)
 - b. Threat of harm or being physically abused
 - c. Being asked to perform services unrelated to patient care (shopping, etc.)
 - d. Sexual mistreatment (sexual advances, sexist remarks)
 - e. Offensive remarks based on one's gender, racial, ethnic, religious identity or sexual orientation
 - f. Having grades lowered solely on the basis of gender, racial, ethnic, religious identity or sexual orientation
- Threat of grading and other forms of assessment as a reward or punishment for inappropriate requests.

D. General Procedures and Guidelines

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

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

E. Affirmative Action Office**1. Role in Informal Complaints**

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

2. Role in Formal Complaints

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

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

3. Contact Information

The Affirmative Action Office is located in Room 1206 Belfer Educational Center for Health Sciences, Phone:(718) 430-3272, Fax: (718) 430-8783.

F. The Panel on Unlawful Harassment**1. The Charge:**

The Panel is appointed by the Dean and charged to provide advice about possible courses of action available to any member of the Einstein community who feels personally pressured or uncomfortable because of behavior that is perceived as unlawful harassment (see I above).

If the person wishes to pursue an informal resolution of the complaint a Panel Member can provide a non-adversarial setting in which the problem can be considered or solved, through confidential counseling and, when appropriate and acceptable to both parties, mediation between the complainant and the alleged harasser. In the course of such activity, the Panel Member may also assist by clarifying misunderstandings, and helping to assure that situations do not occur in the future that may be construed to be unlawful harassment.

2. Jurisdiction:

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

3. Composition of the Panel:

The Panel will consist of members of the Einstein community, designated by the Dean from time to time. The Dean's appointments will be guided by considerations of continuity, experience and sensitivity to the concerns of those most likely to be affected by unlawful harassment. To view the list of Current Panel Members, call 718-430-2530.

G. Ombuds Panel for Student Mistreatment**1. The Charge:**

The Ombuds Panel for Student Mistreatment is a mechanism in place to allow for confidential and safe reporting of mistreatment.

2. Composition:

Two senior faculty appointed by the Deans for Students. The faculty members are not involved in evaluation of students. Two senior medical students appointed by the Deans for Students.

3. Reporting Mechanism:

If a student believes he or she has been mistreated in any of the above or similar ways, they can complete a [web-based complaint form](#) available as a link OSA web page. This complaint is subsequently investigated by the Ombuds panel with the cooperation of the affected student. The faculty chair of the panel speaks with either the Chairperson (for incidents in the pre-clinical years) or the Assistant Dean at the appropriate site (for incidents in the clinical years), who addresses the issue with the alleged perpetrator or their supervisor. The Assistant Dean feeds back information to the Ombuds panel, which updates the student. The Office of Student Affairs, the Office of Medical Education and the Office of the Executive Dean receive annual de-identified reports of incidences of mistreatment and the actions taken.

Technical Standards

The following details Einstein's policy on technical standards for admission, retention, promotion, and graduation.

As required by accrediting agencies and permitted by law, Albert Einstein College of Medicine has adopted technical standards (TS) that are to be applied to consideration of admission, matriculation, pursuit of the educational program, retention, promotion and graduation from Einstein.

Patient care activities are a *sine qua non* of clinical medical training. The obligation to render safe care to patients is, and must be, the priority in medical education and medical care. TS are developed to align the disability needs of any individual student with that priority. Certain chronic or recurring illnesses and problems that interfere with patient care or safety may be incompatible with medical training or practice. Should a candidate have a condition that would place patients or others at significant risk, that condition may be the basis for denial of admission/matriculation or for dismissal from the medical education program. Students unable to consistently and reliably satisfy the Einstein TS, despite opportunity for professional clinical assistance, are subject to reconsideration of their fitness to continue medical training and may be subject to proceedings and decisions as per the by-laws of the Committee on Student Promotions and Professional Standards(CSPPS).

Under the law, a school need not approve any proposed "accommodation" that may reasonably compromise patient health or safety. On this basis, "reasonable" accommodations, which might be widely accepted in other types of educational programs, may not be approved by Einstein or within other medical school programs at affiliated sites. The dependence of patients on the skills and capacities of medical trainees and practitioners warrants that medical training institutions interpret and apply the Rehabilitation Act (RA) and the Americans With Disabilities Act (ADA) differently than

might other educational institutions. Accordingly, the Einstein TS do not allow for the ongoing use of intermediaries in the pursuit of a medical education at our institution.

Implementation of Technical Standards at Einstein



Each institution is required to designate staff to coordinate compliance with the RA, the ADA and similar enactments. The Office of Student Affairs (OSA) and/or its designee(s) serve as the coordinators for student disability needs at Einstein.

Having established TS, Einstein requires that all applicants and current students be made cognizant of the TS, as well as with the mechanisms by which the TS are implemented as described within this policy.

In order for an applicant for medical school admission to be reviewed for possible consideration, he/she must (without exception) certify that he/she has read the Einstein Technical Standards for Admission, Retention, Promotion, and Graduation and declare that he/she is able to meet these TS. At this initial certification, no additional inquiry is made to establish if accommodations will be needed. By this declaration on the part of the applicant, the initial review for admission seeks to avert the risk of discrimination on the basis of disability status.

After a decision is made to offer an acceptance to a given applicant, that candidate is required to again certify his/her ability to meet the Einstein TS, but at this juncture (prior to matriculation) the candidate is required to indicate whether or not he/she is able to satisfy the TS without accommodation; or if the candidate asserts a disability, whether that disability necessitates provision of accommodation(s).

In the latter case, the OSA directs the review of medical and other documentation as provided by and/or required of the candidate and Einstein must then determine if “reasonable accommodation” can be provided, and if so, acceptance and matriculation is approved. Formal applications for specific accommodations by matriculated students are encompassed within the by-laws of the Committee on Student Promotions and Professional Standards (CSPPS).

At this phase, Einstein determines and documents not only the nature and extent of the disability (ies) and how these specifically impact upon TS requirements, but also determines the nature and extent of the requested and approved reasonable accommodation(s). An impairment or disability may be such that despite reasonable accommodation the TS cannot be met; and there is therefore a definite possibility that as a result of Einstein's review, a preliminary offer of acceptance would be withdrawn by Einstein on this basis, prior to matriculation. Alternatively, it is possible that one or more accommodations might be approved whereas others are denied.

Significant impairments or disabilities which are reasonably likely to affect a prospective student's capacity to satisfy the TS, or which represent a condition reasonably likely to prevent completion of the curriculum, may not be concealed or otherwise misrepresented. Doing so would be grounds for immediate suspension, dismissal, and/or other disciplinary considerations as per the by-laws of the CSPPS. Although asking outright if an applicant is disabled is not permitted, the Einstein properly seeks the information necessary to determine if an individual can meet the requirements of the overall educational program.

Subsequent to matriculation, the TS continue in force and are applicable at all times through the date of graduation. The TS dovetail with the standards-setting functions of the CSPPS. It must be emphasized that short-term incapacity, i.e. temporary inability to satisfy the TS, may be addressed by other mechanisms, which are elucidated within the by-laws of the CSPPS. Long-term incapacity, impairment, and/or disability are more the focus of the TS and the pre-matriculation process.

In considering the matter of long- and short-term disabilities, it must be recognized that some types of impairments or disabilities may be of an intermittent nature, rarely apparent, remitting for years at a time. Nonetheless, the nature of some such impairments may be such that even the rare intrusion of severe symptoms poses an unacceptable risk to patients or others, and on this basis these conditions may not be compatible with participation in medical training, despite attempts at accommodation.

The TS policy is part of the by-laws of the CSPPS, and after matriculation is administered in concert with those by-laws and under the auspices of that Committee. While those [by-laws](#) are not primarily applicable to the application and admissions processes, they are in full force from the date of matriculation through graduation. Disability-related matters (and other impairments, both short-term and long-term) are addressed throughout those by-laws, as administered by the CSPPS and the OSA.

Key Areas of Function and Capacity

Applicants, candidates and matriculated students at Albert Einstein College of Medicine must have capacities and abilities including but not limited to the following five broad areas:

1. **Communication** A student must be able to speak and hear effectively, and be able to observe patients and co-workers in order to elicit information, observe and describe changes in mood, activity and posture, and to perceive non-verbal communication. A student must be able to communicate effectively and sensitively with patients and their families. Communication includes speech, reading and writing. Students must learn to recognize and respond promptly to emotional communications such as sadness, worry, agitation, and lack of comprehension of physician communications. The student must be able to communicate effectively and efficiently in oral and written form with all members of the healthcare team.
2. **Observation- Perception** Students must be able to effectively perceive, by the use of senses and mental faculties, the presentation of information through lectures, small and large group discussions and presentations, one-on-one interactions, laboratory exercises and

demonstrations, patient encounters either close at hand or at a distance, diagnostic findings and reports including medical imaging formats and microbiologic studies, and from a wide variety of written materials including when these are projected or are available on computer screens. Observation necessitates the functional use of the senses of vision, touch, hearing, and somatic sensation. It is enhanced by the functional use of the sense of smell and by color vision.

3. **Motor-Tactile Function** Students must have sufficient motor function and tactile ability to attend and participate in all classes, groups, and activities which are part of the curriculum; read and write; directly examine patients; perform basic laboratory procedures/tests; maintain appropriate medical records; accompany staff on rounds and clinical conferences; perform basic diagnostic procedures including taking vital signs in urgent circumstances; reliably provide general and emergency patient care; function in outpatient, inpatient, obstetric, and surgical venues; take frequent overnight call in a hospital setting; perform in a reasonably independent and competent fashion in often chaotic and hectic clinical settings; perform cardiopulmonary resuscitation; administer intravenous medication; apply pressure so as to stop bleeding; clear obstructed airways; suture simple wounds; and to perform basic obstetric maneuvers. Such actions require sufficient strength and effective coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision.

4. **Intellectual-Conceptual-Quantitative Abilities** Students must consistently demonstrate the capacity for understanding, synthesizing, and recalling material presented in classes, labs, small and large groups, patient interactions, and meetings with instructors; committing to memory and effectively recalling the substantial data conveyed in the medical school curriculum; understanding three-dimensional relationships such as those taught in anatomy lab or those applicable to basic surgical procedures; consistently earning passing scores in written, oral, practical and laboratory examinations; effectively participating in problem-solving including as a team member; effectively interpreting the data collected from the interview/examination and diagnostic testing of patients; effectively analyzing complex clinical situations such as cardiac or pulmonary arrest or airway obstruction; determining the appropriate sequence of events to implement effective clinical treatments; effectively integrating historical, physical, social, and diagnostic test data to develop differential diagnoses and logical treatment planning; understanding indications for common diagnostic testing and common treatment modalities ranging from medications to surgical interventions; logically and systematically approaching clinical problems including in emergency circumstances; exhibiting sound judgment even under pressure; making cogent and thorough presentations; effectively organizing information, materials, tasks and schedules so as to efficiently work in patient care environments; effectively working and learning independently; and effectively functioning as an attentive, productive, and constructive member of a healthcare team.

5. **Professionalism-Behavioral-Social Elements** Students are required to consistently demonstrate integrity and honesty and a strong sense of fairness in all dealings with patients, the families of patients, with peers and co-workers, and in relation to supervisors and teachers. Students must be able to control maladaptive impulses and remain directed by good judgment, even under physically and psychologically exhausting conditions. Students must be able to promptly complete required assignments and responsibilities attendant to the effective diagnosis and treatment of patients, inclusive of assignments commencing during the first year and thereafter. Students must possess the emotional stability necessary for the effective utilization of their intellectual capacity, required for the consistent exercise of good judgment, essential for showing up to compulsory experiences on time and prepared, and requisite to tolerate psychologically and physically taxing work hours and work loads. Students must be adaptable to quickly changing environments and must demonstrate the cognitive and emotional flexibility needed to function effectively in the face of the great uncertainties inherent in the clinical care of patients. Especially at times when interacting with or responsible directly or indirectly for the care of patients, students must reliably possess clear reality-testing capacity, unimpaired by mental pathology from any cause, and must have sufficiently intact mood regulatory capacity to function sensibly and safely. Since students are required to function effectively even when under great stress, it is expected that they will proactively make use of available resources, which help to maintain both physical and mental health. Required professional behavior further includes, but is not limited to: maintaining a professional demeanor while on service and in relation to patients as well as co-workers; refraining from plagiarizing or cheating; preserving confidentiality; responding sensitively to patients' psychosocial problems; effectively bridging barriers in relating to patients and co-workers which arise in association with characteristics such as age, race, sex, language, sexual orientation, religious or other beliefs, social class, or disability; utilizing healthcare delivery resources responsibly; eliciting and integrating feedback from supervisors or peers; and contributing to the effectiveness, efficiency, and collegiality of healthcare teams.

Additional Requirements and Standards

It is incumbent upon a student to disclose to the proper clinical supervisory person(s) at Einstein or its affiliates, the nature and extent of any significant disability and accommodations required. While this information need not be shared with all members of the healthcare team, the imperative to care safely for patients warrants a reasonable degree of disclosure. The OSA, and/or its designee shall mediate this disclosure, as indicated, case-by-case. Privacy concerns are balanced with the need for clinical supervision and patient care obligations. A disabled student does not have an absolute right to privacy in the context of clinical training environments, where other considerations must carry equal or greater weight.

It is of particular importance to note once again, that although technological accommodations may be available to assist students with a variety of impairments or disabilities and may be permitted, as detailed throughout this policy, the consistent use of intermediaries, who may interject their power of

selection and observation in place of the student's, will not be permitted. In other words, third parties cannot be used over the long-term to assist students in accomplishing curricular or other requirements in the five key areas elucidated above.

An avowed intention to practice only a narrow part of clinical medicine does not alter the requirement that all students participate in the full curriculum, achieve competence in this curriculum and demonstrate that the standards expressed in this and related policies are met.

Every student must fulfill all the requirements for retention, promotion, graduation and licensure. Einstein may require that any candidate or student undergo an evaluation for the purpose of determining whether an accepted applicant or matriculated student meets the Einstein TS and/or other policy requirements.

This policy is subject to modification pursuant to the by-laws of the CSPPS. Outdated versions of this or other Einstein policies, however obtained or located, are neither relevant nor enforceable and the office of student affairs hard copy is the only official up-to-date version. The adopted TS appear in the current CSPPS by-laws and supersede all earlier versions of the TS.

Curriculum

Einstein's curriculum is always on the move, blending innovative modern educational strategies with the best of traditional teaching methods.

Although the [pre-clerkship curriculum](#) is devoted primarily to interdisciplinary biomedical science courses, we begin immersing students in patient-centered experiences within a few weeks after matriculation. We are adding more active instructional methods such as problem-based learning and team-based learning to maximize student knowledge, skills, and attitudes, and reducing the hours of passive lectures. The case-based, small-group conference is a dominant feature of pre-clerkship courses. First year [electives](#) include Health Disparities, Medical Mandarin, Medical Spanish (which is also offered in the 2nd year), and Nutrition. Successful completion of any of these electives is noted on the student's transcript.

During the [clinical years](#), students learn how to apply biomedical science knowledge and clinical skills to problems of human disease and illness in both inpatient and outpatient settings rotating through clerkships in foundational clinical disciplines. The third year consists of clerkships in Internal Medicine, Surgery, Pediatrics, Psychiatry, Obstetrics and Gynecology, Family Medicine, Geriatrics, and Radiology, as well as small-group case based conferences dealing with issues of prevention, ethics, and professionalism. The fourth year consists of a required one month of Internal Medicine, Family Medicine, or Pediatrics, followed by an additional month of Internal Medicine, Family Medicine, Obstetrics, Pediatrics, or Surgery. Rounding out the 4th year are clinical rotations in Neurology and

Ambulatory care, and a 7-month [elective](#) that students take either at a local affiliate, across the United States, or around the world.

As inter-disciplinary and inter-professional medicine gains a foothold in the world today, Einstein is implementing a [longitudinal theme program](#), Population Health and the Practice of Medicine, that incorporates into all its courses and clerkships training on how to practice medicine in an ever changing and complex 21st century health care system.

As a requirement for graduation, all students must submit a [scholarly paper](#) based on mentor-guided research.

Since the Albert Einstein College of Medicine is also a premier biomedical research institution, some students devote a portion of their time at Einstein to research projects that range from as little as eight weeks to as much as an entire year. Some enroll in MPH or MS programs. Students also compete successfully in national fellowship programs such as those sponsored by the Howard Hughes Medical Institute or NIH.

Einstein Educational Competencies

The educational mission of the Albert Einstein College of Medicine is to train students to understand and embrace their future roles as physicians. Central among these are the roles of *healer* and *scientist*. Caring for patients requires recognition of each patient's individuality, as well as comfort with the uncertainty inherent in this experience. With the well-being of the patient as the focal point of all our educational efforts, students will learn to participate in the scientific endeavor of medicine, to develop into critical thinkers, and to further our understanding of health promotion and disease management.

We expect all Einstein graduates to demonstrate competency in the following seven areas: healer, scientist, advocate, educator, colleague, role model, and life-long learner.

PHYSICIAN AS HEALER

COMPETENCY

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

Sub-competencies

Demonstrate interview and physical exam skills appropriate to the clinical encounter.

Use effective listening skills that recognize patients' verbal, non-verbal, and contextual cues.

Use sound clinical judgment in diagnosing and managing care.

Recognize the individuality of each patient, including the impact of culture, faith and spirituality on patient understanding of health and disease.

Offer comfort, reassurance, and hope to patients and families.

Acknowledge a debt of gratitude toward patients for allowing students' experiential involvement with them to facilitate the development of future physicians.

PHYSICIAN AS SCIENTIST

COMPETENCY

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

Sub-competencies

Acquire scientific knowledge of the normal structure and function of the body and its organ systems, and the underlying molecular, biochemical and cellular mechanisms of homeostasis.

Recognize congenital and acquired causes of illness, and be familiar with the altered structure and function of the body and its components in various disease states.

Appreciate the impact of psychosocial factors, nutrition, and behavior on health and disease.

Use knowledge of science and the scientific method to characterize the quality of evidence, and to critically evaluate scientific and medical literature.

Translate and apply scientific and medical discoveries to improve the health of individuals and populations.

Demonstrate scientific research processes through scholarly investigation conducted in the laboratory, clinic, or field to address well-defined problems or test specific hypotheses.

PHYSICIAN AS ADVOCATE

COMPETENCY

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

Sub-competencies

Compare major policies affecting U.S. health care.

Discuss healthcare economics and financing.

Appreciate the important role that physicians play in advocating for improvements within the U.S. and other health care systems, including equitable distribution of healthcare to diverse communities.

Demonstrate an ability and commitment to advocate on behalf of patients to have their needs addressed.

Develop skills to ensure patient safety and high quality care for all patients.

Serve patients and families in their own communities, whether locally, nationally or abroad.

PHYSICIAN AS EDUCATOR**COMPETENCY**

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

Sub-competencies

Use appropriate communication skills, terminologies, educational methods and technologies based on individual learner needs.

Employ appropriate methods to educate patients and families, including techniques to motivate and reinforce healthy behaviors.

Create conducive learning environments and encourage self-directed learning.

Utilize appropriate teaching techniques for individual, and small and large group settings.

Select appropriate methods to evaluate learning by patients, families, and peers.

Develop professional presentation skills.

Reflect on the important balance between respecting patients and educating students.

PHYSICIAN AS COLLEAGUE

COMPETENCY

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

Sub-competencies

Appreciate the roles and contributions of the various members of an interdisciplinary team.

Demonstrate ability to work collaboratively in team settings, and receptivity to diverse perspectives.

Develop and utilize effective oral and written communication skills.

Appreciate the vital importance of coordination of care as patients move between clinical environments, and from medical settings to home or community.

Consider alternative approaches to problem-solving, and appreciate the importance of shared decision-making.

Elicit and integrate feedback from others as an opportunity to grow personally and professionally.

PHYSICIAN AS ROLE MODEL

COMPETENCY

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

Sub-competencies

Behave professionally, respectfully, and responsibly.

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

Demonstrate accountability to patients, society, and the profession.

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

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

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

PHYSICIAN AS LIFE-LONG LEARNER

COMPETENCY

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

Sub-competencies

Learn to review and critically appraise medical literature.

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

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

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

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

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

Years 1 & 2

To assist students in successfully achieving the Einstein Educational Competencies, the pre-clerkship years deliver a curriculum consisting of formal and informal programs that nurture students' human values. Einstein believes that medical education should try to simulate the real world of medicine by fostering an atmosphere of collegiality and cooperation. We try to remove competition by grading all courses on a pass/fail basis.

The pre-clerkship education at Einstein provides students with the opportunity to acquire appropriate knowledge bases in biological and behavioral sciences, population sciences, and the mechanisms of disease. The program allows students to achieve competence in clinical examination and effective communication skills. Students learn how to apply knowledge and skills to diagnose, treat, and prevent human disease; to understand the importance of non-biological factors that influence health in diverse populations; and to advocate for patients.

As inter-disciplinary and inter-professional medicine gains a foothold in the world today, Einstein is implementing a longitudinal theme program that incorporates into its courses current events and changes in the medical delivery system.

The pre-clerkship curriculum structure consists mainly of interdisciplinary courses that reflect major unifying themes and concepts of modern biology, linkages between different biomedical science disciplines, and applications of basic knowledge to diagnosis, prevention, and treatment of human disease. For example, a first-year course in Molecular and Cellular Foundations of Medicine integrates concepts in cell biology, biochemistry, immunology, genetics, and general physiology. A second-year course in Nervous System and Human Behavior brings together topics in neuroscience, neuropathology, psychopathology, and pharmacology of the central nervous system. Organ system courses integrate relevant organ system physiology, anatomic pathology, pathophysiology, pharmacology, radiology, and epidemiology. The Microbiology and Infectious Diseases course provides an integrated view of microbial biology and disease together with an understanding of pharmacologic interventions; anatomic pathology correlates of certain infectious diseases have also been incorporated into the course. Epidemiology, Population Health and Evidence-based Medicine (EPHEM) introduces students to concepts and problems in population health, epidemiology, clinical epidemiology, and evidence-based medicine. The goal of the course is for students to develop the skills needed to critically interpret the medical literature. While the focus of EPHEM I is on populations and EPHEM II on individual patients, both courses aim to integrate population and patient perspectives.

The pre-clerkship curriculum process focuses on case-based conferences, with group sizes ranging from 10 to 25, in almost all courses. Although conducted in different ways ranging from the problem-based to team-based learning to case method approach, all case conferences require students to prepare, collaborate, and participate. The aim is for students to work cooperatively toward the solution of clinical problems of varying complexity, with assistance from faculty facilitators when necessary, and in so doing acquire and hone skills needed for lifelong self-directed learning.

About half of the pre-clerkship curriculum consists of case conferences plus laboratory sessions, clinical encounters and other interactive educational strategies. The mix of lecture- and student-centered strategies is, we believe, a reasonably balanced one, providing each student the opportunity to express his / her own learning style and achieve course objectives through the utilization of different learning approaches.

Although all biomedical science courses expose students to clinical issues and problems in varying degrees, it is in the Introduction to Clinical Medicine (ICM) program where students begin to acquire the knowledge and skills needed for effective interaction with the patient and the health care system. Hallmarks of the two-year course are the clinical experiences and small-group discussions that enable students to develop an integrated approach to history-taking, interviewing skills, and the clinical examination. In addition to teaching knowledge and skills, the ICM program aims to nurture attitudes needed for respectful and compassionate interaction with patients and their families, help students to understand and appreciate the sociocultural context of illness and disease, and teach students the principles and concepts needed to deal effectively with issues and dilemmas in medical ethics.

Highlights of the pre-clerkship curriculum include:

1. The first year Principles of Preventive Medicine Course and second year Evidence-based Medicine courses have merged to become "Epidemiology, Population Health, and Evidence-based Medicine I & II" (see above).
2. In order to reflect a greater emphasis on topics and issues in global medicine, the second year course in Parasitology has been renamed "Parasitology & Global Medicine".
3. A mini-course in Disaster Medicine and Bioterrorism has been integrated into two second year courses - Pulmonary Medicine and Microbiology & Infectious Disease.
4. The curriculum in Biomedical Ethics has been expanded.

5. A new Population Health and Practice of Medicine theme curriculum has integrated concepts of public health, community medicine, health economics, health care systems, quality improvement and safety sciences into many existing courses.

YEAR 1

The first year of the curriculum includes elective mini-courses in **Nutrition, Health Disparities, [Medical Spanish](#), and [Medical Mandarin](#)**. Spanish language training in the first year is provided at beginning, intermediate, and advanced levels. Medical Mandarin, a recently added first-year elective provides an opportunity for students who have a basic knowledge of the language to learn medical terminology that will assist them with the Mandarin-speaking patients at our clinical sites.

Upon entering Einstein, all students are required to take two online training courses (the Health Insurance Portability and Accountability Act, or HIPAA, and the New York State Infection Control Mandated Training) before being allowed to go out to clinical sites.

YEAR 1			
Histology and Cell Structure	Clinical and Developmental Anatomy	Cardiovascular Physiology	The Renal System
Molecular and Cellular Foundations of Medicine		Disease Mechanisms	Principles of Pharmacology
Biomedical Ethics I		Epidemiology, Population Health and Evidence-based Medicine I	
Introduction to Clinical Medicine I			

YEAR 2

In the second year, all students are required to take instruction in **Cardiopulmonary Resuscitation** (CPR) with certification by the American Heart Association. The [Medical Spanish](#) elective course continues with offerings at beginning, intermediate and advanced levels.

In addition, interdisciplinary courses integrating **Physiology, Pathobiology, Pharmacology, Epidemiology, Population Health, Evidence-based Medicine, Biomedical Ethics** and **Radiology** are required.

YEAR 2						
Nervous System and Human Behavior		Cardiovascular Medicine	Pulmonary Medicine	Gastrointestinal and Liver Diseases	Parasitology and Global Medicine	Hematology
Endocrine System	Reproductive System and Human Sexuality					Musculo- Skeletal Disorders
Biomedical Ethics II			Microbiology and Infectious Diseases			
Introduction to Clinical Medicine II						
Epidemiology, Population Health and Evidence-based Medicine II						

YEAR 3

In June of the third year, the students begin a sequence of clerkships in internal medicine, general surgery, pediatrics, psychiatry, obstetrics and gynecology, family medicine, geriatrics, and radiology. During this important phase of medical education, the students become virtually full-time inhabitants of the various public and private [health care affiliates](#) of the College of Medicine. The students learn to take responsibility for patient care under supervision and, during this learning process, interact with attending physicians, residents, nurses, social workers and physician assistants.

Learning experiences during clerkship training are very diverse and include conferences, seminars, lectures, demonstrations, ward rounds, and grand rounds. But the essence of this training is, above all, interaction with patients in both inpatient and ambulatory patient environments. It is primarily through direct encounters with patients that students learn a systematic approach to patient care based upon accurate and comprehensive histories, thorough physical examinations, proper analysis and interpretation of laboratory and imaging data, understanding of disease mechanisms, formulation of rational therapeutic goals, and careful evaluation of treatment effectiveness.

While attending to the patient's medical problems, the students are also expected to be considerate and compassionate, appreciate the influence of sociocultural and economic factors on the patient and family, acquire understanding of ethical issues in clinical decision-making, and practice high standards of professional behavior.

At the end of year three, all students participate in a six-hour [Clinical Skills Assessment](#), where faculty review each student's encounter and provide remedial assistance to students who do not achieve an acceptable level of clinical competence.

Required clinical clerkships

YEAR 3							
Internal Medicine	General Surgery	Pediatrics	Psychiatry	Obstetrics & Gynecology	Family Medicine	Radiology	Geriatrics
11 weeks	8 weeks	7 weeks	6 weeks	6 weeks	4 weeks	2 weeks	2 weeks
Patients, Doctors, and Communities							

YEAR 4

During the **Ambulatory Care Program**, students participate in the evaluation and therapy of adult or pediatric outpatients. Students in this program are expected to develop a sense of responsibility for continuity of patient care and appreciation of the special problems that confront the physician of first contact. Students can complete the program through a four-week experience in our Advanced Ambulatory Family Medicine, Ambulatory Medicine, or Ambulatory Pediatrics clerkships.

All students are required to do a one-month Core Subinternship in family medicine, medicine, or pediatrics as well as a one-month Selective Subinternship in family medicine, medicine, obstetrics, pediatrics, or surgery. Functioning as an integral member of the patient-care team, the subintern assumes many of the responsibilities of a first-year resident under supervision of the resident and attending physician staff.

A one-month clerkship in Neurology rounds out the four months of required senior year courses.

A major part of the senior year is a seven-month elective period. Students choose from a wide selection of electives offered by virtually every department. Through the elective program, a student may choose to obtain additional subinternship experience, further training in ambulatory medicine and primary care, or participate in a research project. Electives in clinical specialties such as cardiology, infectious disease, endocrinology, dermatology, nephrology, gastroenterology, pulmonary medicine, and emergency medicine are very popular. Also available are programs in community medicine, drug abuse, alcoholism, and geriatrics. Students may arrange to take the [elective](#) in other medical schools in the United States or abroad. Funding may be available for students to travel abroad to participate in exchange programs with overseas medical schools or obtain clinical or research experience in less developed nations.

Highlights of the clinical curriculum include:

1. During clerkship rotations in the third year, students from different clerkships gather together in small groups to participate in case-based discussions of topics and issues in prevention, professionalism and ethics in a course entitled **Patients, Doctors, and Communities**.
2. Seminars and conferences on topics at the cutting edge of the scientific foundations of medicine are scheduled during third year clerkships.
3. There is enhanced emphasis on learning the fundamental skills of the physician-patient interaction, ensuring that students are adequately observed during the clinical encounter and assessing students' competence in this encounter.
4. A new Population Health and Practice of Medicine theme curriculum has integrated concepts of community medicine, health economics, health care systems, inter-professional team care, practice management, quality improvement, and safety sciences into clerkships.

YEAR 4				
Core Subinternship in Family Medicine, Medicine, or Pediatrics	Selective Subinternship in Family Medicine, Medicine, Obstetrics, Pediatrics, or Surgery	Ambulatory Care Program in Medicine, Pediatrics or Family Medicine	Neurology	ELECTIVES
1 month	1 month	1 month	1 month	7 months of electives available in blocks of one or two months

Scholarly Paper Requirement

Every Einstein student writes a [Scholarly Paper](#) (SP) as a requirement for graduation. This can be an opportunity to learn about a new field or to delve more deeply into an established area of interest. Students can write a research paper, a basic science review, a formal systematic review, a case report, or a paper based on a bioethical issue in medicine or research. These papers can be based on global health experiences, bench work, or library research resulting in a systematic review of existing medical literature. Montefiore’s [Clinical Looking Glass](#) is an existing data source that allows the student to explore clinical questions and can lead to an SP. Although SPs can take many forms, all students work with a mentor to develop their paper idea, write a paper proposal, and complete the SP. The Office of Medical Student Research assists students with the Scholarly Paper process, from finding a mentor, designing a feasible project through the submission of the final paper. The Office also oversees a variety research fellowships and research programs for students.

Electives and Enrichment Programs

The Albert Einstein College of Medicine encourages its students to become involved in projects and programs that improve the health of communities and promote appreciation for the social role and responsibilities of practicing physicians. Many of Einstein's students become regional and national leaders in organizations such as the American Medical Students Association, Medical Students' Section of the American Medical Association, Students National Medical Association, Asian Pacific American Medical Students Association, and Boricua Health Organization. It is under the umbrella of these and other student organizations that a large number of Einstein's students participate in the Hepatitis B Vaccination Program, the Children's Health Insurance Program, the Students Teaching AIDS to Students program and many other activities that enable students to acquire knowledge and skills in community health care through direct experiences. Einstein provides funding for a substantial number of students to attend conferences sponsored by student organizations, and it also provides whatever support is necessary to assure successful implementation of student-run community service programs. For additional information about community service projects, see [Student Organizations \(Einstein Umbrella\)](#).

Electives in Years 1 & 2

Medical Spanish Program

The large and still growing population of Spanish speaking persons in this nation, particularly in many of its largest cities, compels this and medical schools across the land to provide future physicians with at least a basic level of competence in conversational Spanish. The Medical Spanish program at Einstein

has been evolving over a period of more than 25 years and is still changing to meet students' needs. In the current program, students begin language classes in the first year and continue to practice and expand language-building skills throughout the second year. Classes are offered at beginning, intermediate, and advanced levels.

In the summer between first and second year, about 25 students receive funding to participate in Spanish language programs in Central America and Mexico.

Medical Mandarin Program

There is a large and ever growing population of Mandarin speaking persons in the Bronx as well as at several of Einstein's clinical sites. To meet this need, and at the urging of a second year student, Einstein recently began offering a one-semester elective in Medical Mandarin. The student must have a conversational knowledge of the language since the 19-session course immerses immediately into medical terminology and interviewing techniques.

Health Disparities: Awareness to Action

This elective, offered in the spring, enables students to define health disparities, describe the social determinants of health, including the impact of bias on medical decision making, and identify strategies for physicians to advocate for patients in the community. Students gain experience in planning and organizing advocacy campaigns.

Nutrition and Health: Patients and Populations

This elective, offered in the spring, provides students with an understanding of the USDA Dietary Guidelines, nutrition assessment and effectiveness of popular diets. Other topics include integration of motivational interviewing in discussions of nutrition & lifestyle issues with patients. Students also learn how to discuss the Nutrition Facts labels with patients with limited English literacy.

Successful completion of any of the above courses will be noted on the official transcript.

Electives in Years 4

Einstein offers a comprehensive selection of fourth-year [electives](#) for its students as well as for visiting students. The listing includes a description of the program and registration procedures.

Enrichment Programs

The **Einstein Community Health Outreach (ECHO)** is a free clinic staffed by Einstein student volunteers under the supervision of board-certified physicians specializing in Family Medicine or certified Family Nurse Practitioners. The ECHO Free Clinic provides high-quality, comprehensive health care to the uninsured population of the Bronx. ECHO embraces the spirit of volunteerism and service embodied in our health care professionals and student volunteers. The clinic is open on Saturdays throughout the year, and students at all levels of their medical education volunteer to assist in patient care.

For information about volunteer opportunities, please visit [Einstein Community Health Outreach \(ECHO\)](#).

The **Community Based Service Learning Program (CBSL)** oversees Einstein's Community Action Network (CAN), a collaboration of Einstein medical students, faculty and communities in the Bronx. Einstein CAN groups promote services and provide advocacy for vulnerable populations in the Bronx. We support our students who want to make a difference in the community by serving as a

clearinghouse for information and opportunities, providing guidance, assisting with logistical issues, and offering training, workshops and seminars to develop leadership and other skills necessary for community engagement.

For information about volunteer opportunities, please visit [Community Based Service Learning \(CBSL\)](#).

Social Medicine Course - Since 1998, students have planned and organized this annual winter-spring elective lecture series inviting speakers from Einstein and elsewhere to inform students about current issues in medical ethics, health economics, health policy and various other topics dealing with health and disease from a socio-economic perspective. Topics covered in the course have included: the practice of social medicine, correctional health, community-based clinics, the ethics of stem cell research, medical waste, drug policy in the US, no free lunch, healthcare for people with disabilities, the politics of abortion, gun violence, elder abuse, race/ethnicity and unequal treatment, refugee health, liberation medicine, and war as a public health problem. The lectures aim to encourage discussion and a sharing of ideas among those in attendance. The course welcomes student volunteers from all classes.

Healer's Art Course - This annual winter elective planned especially for first-year students addresses the hidden crisis in medicine: the growing loss of meaning and commitment experienced by physicians nationwide under the stresses of today's health care system. The Healer's Art is a process-based curriculum that enables the formation of a community of inquiry between students and faculty helping students perceive the personal and universal meaning in their daily experience of medicine. The course consists of five three-hour evening sessions spaced roughly two weeks apart, each divided into large-group presentations, small-group discussions, and exercises.

The Healer's Art curriculum was designed by Rachel Naomi Remen, M.D., Director of the Institute for the Study of Health and Illness at Commonweal, and Professor of Family and Community Medicine at the University of California, San Francisco (UCSF) School of Medicine.

Longitudinal Curriculum Themes

Thematic curricula are not distinct courses or clerkships. These critical topics in health care are integrated into existing courses and clerkships across all four years of training. The content is taught as part of didactics, small group discussions, case-based learning or team-based learning sessions. Student competencies related to these special subjects are also assessed within the existing educational programs.

Population Health and The Practice of Medicine (PHPM)



Medicine and the U.S. health care system are rapidly transforming. Today's physicians must achieve competencies beyond the knowledge of basic science principles, sound clinical reasoning, and effective communication skills. Modern doctors must be prepared to achieve competencies on the population

aspects of medical practice. Doctors must identify strategies that benefit from the integration of public health and clinical medicine approaches, such as the prevention and surveillance of chronic conditions. Physicians must work collaboratively with individuals from other health professions to provide more efficient, safe, equitable and cost-effective team-based care. Physicians must also practice behaviors that decrease inflated health care costs to patients, families, and society.

The Population Health and the Practice of Medicine (PHPM) theme curriculum was developed to train Einstein medical students to practice in an evolving and complex 21st century health care system.

The PHPM Educational Goals:

The student will:

1. *Understand the role of psychological, socioeconomic, environmental, cultural and other social factors in determining the health status and health care of individuals and populations.*
2. *Understand the role of public health and innovative public health interventions in promoting population health.*
3. *Apply relevant principles and methods of public health to the practice of medicine.*
4. *Access public health, social services and community-based resources needed to address both health and psychosocial needs of patients.*
5. *Apply fundamental approaches to quality improvement and patient safety in health care.*
6. *Discuss healthcare economics and financing.*
7. *Be aware of their responsibility in practicing value-added care (e.g., evidence-based, cost effective, patient-centered).*
8. *Work effectively as a member of inter-professional health care teams to improve healthcare outcomes.*
9. *Explore the legal, regulatory, and business realities of modern medical practice.*

This four-year theme curriculum is organized under ten PHPM sub-domains:

– **Public Health and Medicine – Health Disparities and Determinants of Health – Community, Occupational and Environmental Health**

– **Health Care and Quality Improvement – Enhancing Patient Safety in Medicine – Inter-professional (IP) Team Health Care and Training – Medical Economics – Health Care Systems – Practice Management – Law and Medicine**

The aim of the PHPM curriculum is to produce future physicians who can meet their societal obligations to promote health and prevent disease, and advocate for patients and families. The PHPM theme curriculum will enable Einstein students to provide care not just in their individual practices but also at community, society and global levels. Students will be able to navigate patients and communities through health system complexities.

EMERGE (Einstein Medical Education Research Gap-Year Experience)

Taking an extra year to do research is increasingly popular among medical students. For many students at Einstein, the emphasis on science and the value placed on evidence-based medicine engenders a desire to obtain a mentored research experience as part of their medical education. For some, taking a fifth research year is also a response to the heightened competition for particular

residencies. Regardless of a student's motivation, immersion in a research environment, focusing on a project of their own and the rapport that develops with a mentor is often a life-changing experience.

Students wishing to participate in EMERGE must submit an application to the Office of Medical Student Research by March 15th of their 3rd year of medical school. The application includes a research plan (maximum 3-4 pages, Font 11 and double spaced), a 250 word essay about the career plans, and curriculum vitae.

Applicants must have identified a mentor and the mentor must provide a confidential letter with their assessment of the student and a mentoring plan for the year. The Office of Medical Student Research ascertains that the applicants are in good academic standing before the applications are sent to the Medical Student Research Committee for evaluation according to criteria that include the quality of the mentoring plan, the proposed research plan, and the students past research experiences. Funding decisions will be based on the fellowship essay and the quality of the application.

These research fellows will be required to spend an additional year conducting mentor-guided research leading to a first-author original research manuscript that is suitable for publication. This manuscript will count towards the Scholarly Paper requirement. Fellows will be required to take the "Works- In- Progress for Einstein Research Fellows" course, write a progress report, which is signed by both fellow and mentor. Mentors will also be asked to write a confidential evaluation at the end of the fellowship year. These program requirements are in addition to the other requirements for the Doctor of Medicine degree set forth in this catalog.

Course Descriptions

First Year

Histology and Cell Structure

The Medical Histology and Cell Structure course provides students with a strong foundation of knowledge in the microscopic anatomy of cells, tissues, and organs with an emphasis on relationships between structure and function. The course also seeks to provide an understanding of molecular anatomy, a rapidly evolving field resulting from the integration of new technologies in imaging and molecular biology. Finally, the course introduces clinical topics and disease mechanisms so students may begin to integrate diverse sources of information to understand disease etiology and therapy. The core of knowledge developed in the Medical Histology and Cell Structure course will serve as a primer for first year courses in Clinical and Developmental Anatomy, Molecular and Chemical Foundations of Medicine, and Disease Mechanisms, and for the second year courses in organ systems. In addition, students will develop important skills for comprehending and critically evaluating the primary literature in medical journals.

Molecular and Cellular Foundations of Medicine

MCFM is an integrated basic science course taught by basic scientists, clinician scientists, and clinicians. It covers the genetic, immunological, cell growth, and metabolic principles that underlie clinical medicine. The goal of MCFM is to promote critical thinking, problem solving, and interpersonal skills relevant to clinical decision making.

The course is divided into five units, covering human genetics of normal and malignant cells, immunology, intermediary metabolism, and selected topics in the application of basic science with disease.

Clinical and Developmental Anatomy

Human anatomy is one of the fundamental courses in the medical school curriculum. The course is organized to provide students with a thorough introduction to the characteristics, development, gross structure, and clinical significance of the human body. Students will begin to learn the vocabulary of anatomy and become fluent in its language, an essential part of one's medical training that will soon be part of daily conversations. This working knowledge of anatomical nomenclature equips students with the tools needed to fully utilize the plethora of medical references at their disposal.

Disease Mechanisms

This course introduces students to the basic pathological processes, covering molecular mechanisms and pathways of abnormal function and cell death. Topics include inflammation, neoplasia, and forensic pathology. This course sets the stage for the pathologies seen in each organ system, and integrated into those systems courses beginning at the end of first year and continuing through all of second year.

General and Cardiovascular Physiology

The CV course has two main objectives. The first is to introduce and thoroughly cover the basic physiology. This includes membrane structure and function, basic principles of membrane electrophysiology, synaptic transmission, general physiology of skeletal and smooth muscle, introduction to cardiac muscle structure and function, and an introduction to the autonomic nervous system. The second is to provide students with a solid foundation of basic cardiovascular physiology on which the second year component of the course, Cardiovascular Medicine, is dependent. Using aerobic exercise as a paradigm, cardiovascular adaptations in response to changing physiologic demands and needs are studied. Finally, these physiologic principles are applied to understand the pathophysiology of disease states including electrophysiological abnormalities, valvular dysfunction, and coronary artery obstruction with loss of myocardium.

Principles of Pharmacology

Pharmacology in the pre-clerkship years is taught throughout the 1st and 2nd year. The Principles of Pharmacology course is an introduction to the topics of pharmacokinetics and pharmacodynamics, including drug disposition, receptors and other target systems, and toxicities. Several drug classes are described in detail: autonomic nervous system drugs; anesthetics; anticancer drugs; and anti-inflammatory drugs. These groups of drugs were selected for the Principles of Pharmacology course because they are excellent examples of the basic concepts introduced in the beginning of the course, and because they are not covered in detail in the specific systems courses in the 1st and 2nd year. The overall goal of the Principles of Pharmacology course is to enable students to understand how to choose the optimal drug and dose for the individual patient, based on the general concepts of pharmacokinetics, pharmacodynamics, and patient-specific factors.

Renal System

Early in the course students learn the normal physiologic role of the kidney and begin to learn some of the pathology that can develop as renal function fails, including disorders of body water balance, edema states, acid-base disorders, and electrolyte disorders. In the second part of this course, directly following the first part, you will learn the specific diseases of the kidney from their pathologic basis to their clinical constellations. This course will serve as the first introduction to the systems approach to learning clinical science.

Introduction to Clinical Medicine (MS-1 & MS-2)

The Introduction to Clinical Medicine (ICM) Program at the Albert Einstein College of Medicine teaches medical students clinical skills that are utilized in encounters with patients. These include interviewing, relationship building, physical examination, interpretation and synthesis of patient data, oral case presentations and case write-ups. In addition, the program promotes a whole patient or biopsychosocial approach to patient care and helping students identify the personal and social attitudes and values that influence optimal patient management. Furthermore, the course covers some of the behavioral science, content areas that appear on the USMLE Step 1 and 2. ICM is comprised of one course in the first year and one course in the 2nd year. Each course has 3 modules, communication (Comm), physical examination (PE) and the clinical experience (ClinExp). Over thirty cross-departmental clinical faculty members teach in the parts of ICM that are taught on campus. Well over 100 faculty teach in the clinical experience module. For this module in years 1 and 2, students each

have a unique assignment and are placed at various clinical sites throughout the Einstein affiliate network. *The Clinical Experience* modules function as practicum; it is here that students have opportunities to practice the medical interviewing and relationship building skills introduced in the classroom sessions. In both communication and physical exam skill modules the 1st year involves more basic or core skills with progression to more advanced skills in the 2nd year.

Epidemiology, Population Health & Evidence-Based Medicine (MS-1 & MS-2)

The EPHEM course introduces students to epidemiology and biostatistics as they relate to preventive medicine and clinical research. Einstein is passionate about prevention and public health and as such the course is taught in the context of health promotion, preventive and public health. Through several lectures followed by a series of small group sessions, students learn the science of clinical research methods, including study design and data analysis. Students acquire the tools necessary to evaluate published research and come to their own conclusions about clinical implication, rather than depending on author conclusions; they become critical readers of medical literature. These skills serve as a foundation for the Evidence Based Medicine Sessions in second year and for much of third and fourth years during which students continue to learn about interpretation of the medical literature in the context of patient care.

Bioethics 1 and 2

The bioethics education program is longitudinal in nature, so you will be learning about this subject throughout your four years of medical school. Since the practice of medicine is an intrinsically ethical field, and ethics is integral to Einstein's mission, bioethics is a core component of the medical school's curriculum. Whenever possible, bioethics topics that are covered in years one and two are linked to related basic science sessions. In this way, students have the opportunity to identify and learn about the many ethical issues that relate to topics covered in the basic science curriculum. Some bioethics sessions consist of a plenary session followed by small group discussions; others are small group exercises. Topics covered in Bioethics 1 include professionalism, ethics analysis, informed consent, decision-making capacity, ethical issues in genetics, research ethics, conflict of interest, and ethical issues at the end of life. Topics covered in Bioethics 2 include privacy, confidentiality and reportability, ethical issues in cross-cultural care, medical errors, public health emergencies, reproductive rights, organ donation and transplantation, and ethical issues in vaccination.

Second Year

Endocrine System

The Endocrine System course provides an integrated learning experience in normal and abnormal organ system structure and function. As such, it includes the study of the biochemistry, physiology, pathophysiology, pathology and pharmacology of a system that itself influences function of virtually every cell and organ in the body. Hormones that affect growth, development, and function of reproductive organs are considered in this course, but the major study of reproductive endocrinology will not occur until the Reproductive System course that immediately follows.

Nervous System and Human Behavior

The neurology course has three parts: Part A is an introduction to neuroanatomy and neurophysiology, with ties to sensory systems – it includes the two gross brain demonstrations, the brain dissection

laboratory, and four clinical conferences. Part B focuses on neurodevelopment and neurologic disorders – it includes the first two clinical case reviews and four clinical conferences. Part C is a newly organized segment that covers psychiatric and neurobehavioral issues, as well as higher cognitive functions – it includes two small group cases, a “forum” on eating disorders, a full day devoted to various aspects of substance abuse, and four clinical conferences.

Reproductive System and Human Sexuality

The overall objective of the course is to present the student with a general overview of the normal function and common disorders of the human reproductive systems. There are three interrelated topics addressed by the course: physiology/pathophysiology, human sexuality and pathology.

Cardiovascular Medicine

The course has three objectives. First, students learn to recognize pathological states and identify treatment options for the many pathophysiologic and pathologic expressions of major categories of cardiac disease. These include coronary artery disease, myocardial infarctions, hypertension, congestive heart failure, arrhythmias, valvular heart disease, pericardial disease, pulmonary hypertension and congenital heart disease. Second, students learn to identify, evaluate, and discuss treatment for the important risk factors for coronary artery disease and congestive heart failure. Finally, students develop skills required for recognition and treatment of common cardiovascular diseases and their common presentations, including developing appropriate differential diagnoses.

Pulmonary, Critical Care and Disaster Medicine

The first part of the course identifies the anatomy of the lung responsible for the aspects of physiology under discussion. You will also apply the proper equations to solve and identify the appropriate physiologic principles. Additionally, you will interpret blood gases, pulmonary function tests, and exercise tests to identify the physiologic processes and to grade the severity of the physiologic abnormalities. The second part of this course utilizes the skills from the first part to focus more on the pathophysiology of specific lung diseases, inhalation injury, and critical care illnesses emphasizing their presentation, diagnosis, and treatment options.

Infectious Diseases

This course introduces students to basic concepts in Microbiology, Microbial Pathogenesis and Infectious Diseases. The course covers bacteriology, mycology and virology and then looks at antimicrobial, antifungal and antiviral therapies. The main focus is on medically important bacteria, fungi and viruses and the infectious diseases they cause. The conceptual underpinnings of the course are based on the tenets that both the host and the microbe contribute to microbial virulence and pathogenicity and that infectious diseases only occur in susceptible hosts. As such, the lectures, laboratory sessions and case-based learning sessions will discuss both host and microbial features that influence the outcome of microbial infection.

Gastrointestinal System and Liver Pathology

This course presents students with a general overview of the normal function and common disorders of the human gastrointestinal and biliary systems. The three interrelated topics addressed by the course are physiology/ pathophysiology, nutrition, and pathology.

Parasitology and Global Health

This course is a whirlwind tour of parasites found across the globe. Einstein is unique in its focus on parasitology, primarily due to its connections to a well-known clinic staffed by excellent parasitologists. You will see incredible images of worms that will make you afraid to eat again. Ever.

Hematology

The objectives of this course include understanding normal hematopoiesis and regulation of blood cell production, understanding the functions of blood cells and how changes in blood cell concentrations may be caused by changes in production and/or changes in destruction, and may result in disease. You will also learn how abnormalities in hematopoiesis result in specific hematologic disorders, including hematologic malignancies. Finally, you will learn about normal and pathologic hemostasis, and how abnormalities of hemostasis result in pathologic bleeding and/or clotting.

Musculoskeletal System (a.k.a. Rheumatology)

This course focuses on the pathophysiology of arthritic and connective tissues diseases with regards to orthopedic and rheumatologic conditions. You will build upon prior knowledge from classes such as Anatomy and Histology to discuss pathological states of joints, skin and bone, as well as treatment options.

Third Year

Family Medicine Clerkship

Family medicine is a challenging medical specialty that provides comprehensive and continuous care of patients across the entire life cycle (from infancy to advanced age), with a focus on prevention. In this clerkship, students care patients of all ages in the ambulatory setting. They will learn how to:

1. Recognize and treat a broad array of common medical problems seen in the Family Medicine practice setting;
2. Manage acute and chronic medical conditions;
3. Foster health promotion and practice preventive medicine;
4. Form therapeutic alliances with patients and develop treatment plans; and
5. Place illness in the context of the whole patient.

Students will also step into the role of the family physician out in the community; they will provide health education in a local school and provide outreach to the community by working in a separate clinic providing free care to the uninsured population.

Geriatrics Clerkship

The Geriatrics Clerkship provides clinical exposure in the acute, ambulatory, home, and long-term care setting of the elderly patient. The purpose of this clerkship is to provide an introduction to the principles of geriatric medicine and to provide exposure to the clinical issues that face older adults, including: medication management, cognitive and behavioral disorders, self-care capacity, falls prevention, immobility, atypical presentations of disease, hospital care for older adults, and palliative care.

Learning objectives include:

1. Identifying medications that should be avoided or used with caution in older adults
2. Differentiating between presentations of delirium, dementia, and depression.
3. Learning to perform and interpret a cognitive assessment in older patients and to describe baseline and current functional abilities.
4. Identify potential hazards of hospitalization for older adult patients (including immobility, delirium, medication side effects, malnutrition, pressure ulcers, procedures, peri- and post-operative periods, and hospital acquired infections).
5. Identifying the psychological, social, and spiritual needs of patients with advanced illness and their family members, and link these identified needs with the appropriate interdisciplinary team members.
6. Finally, students learn about different types of code status, health care proxies, and advanced directives

Internal Medicine Clerkship

The internal medicine clerkship is a central activity of the third year curriculum. Over the eleven-week clerkship, students take a major step in the process of extending their knowledge of health and disease from the classroom to the bedside. The clerkship includes attending rounds, preceptor sessions, observed history and physical examination, seminars and evidence-based medicine exercise. Learning objectives include:

- ☐ Describe the clinical expression and basic management principles of common acute and chronic medical problems encountered on the inpatient internal medicine service.
- ☐ Formulate a complete differential diagnosis for an adult patient admitted to the internal medicine service based on the interpretation of the history, physical exam, and diagnostic testing.
- ☐ Order and interpret appropriate diagnostic tests applying the principles of sensitivity, specificity, pre-test and post-test predictive value probabilities, test performance characteristics, and cost.
- ☐ Design a rational treatment program under appropriate supervision including assessing the risks, benefits, and costs of treatment, selecting medications from within classes, and taking into consideration the values and preferences of the patient.
- ☐ Follow patients daily assessing the patient's response to the treatment program and adjusting the treatment program as indicated by clinical changes.
- ☐ Communicate clearly with patients and their families including establishing rapport, recognizing psychosocial issues, identifying hidden agendas, eliciting and educating patients on behavioral changes with sensitivity to the patient's values and preferences.
- ☐ Incorporate ethical practice into the care of patients through the active application of ethical principles, professionalism in all relationships, and participate with the team in discussion with patients when delivering bad news, reviewing advanced directives, and obtaining informed consent for procedures.

Obstetrics/Gynecology Clerkship

- ▣ This rotation, which takes place in both the inpatient and outpatient settings, educates third-year medical students through a defined core curriculum that will enable the students to master the basic skills needed to provide comprehensive health care to women.
- Educational Goals: The main units include the general approach to the patient, obstetrics, gynecology, reproductive endocrinology and infertility, neoplasia, human sexuality and violence against women. Also included are important issues such as professional behavior, preventative care and health maintenance and management, pregnancy prevention, contraception, breast disease screening and management, detection and intervention, sexually transmitted diseases, maternal and fetal physiology, prevention of birth defects, fetal growth restriction and management, preterm labor and delivery, the social ethical legal and policy aspects of women's health (i.e. access to prenatal care, financial coverage for diagnostic tests such as mammogram, and managed care), and issues related to cultural competency, alternative medicine, nutrition and palliative care.

Pediatrics Clerkship

This clerkship takes place in both the inpatient and outpatient settings. In the inpatient setting, the student functions as an integral member of the house staff team. Under resident and attending supervision, students learn to become the primary provider for patients with a wide range of pediatric illnesses requiring inpatient treatment. Students gain experience and proficiency in obtaining pediatric histories, performing physical exams, formulating differential diagnoses and management plans, managing psychosocial issues, evaluating test results and interacting with other services involved in the care of the child.

In the outpatient setting, students gain knowledge, develop skills, and gain experience regarding disease prevention in healthy children and the evaluation of common pediatric medical problems. An emphasis is placed on determining normal from abnormal history and physical findings, logical selection of diagnostic studies, accurate reporting and recording of data, and the development of management plans. The clerk begins to appreciate the importance of longitudinal relationships and the impact of the physician-patient-family interaction of comprehensive care.

Psychiatry Clerkship

The Psychiatry Clerkship rotation is geared toward the acquisition of knowledge and skills concerning patients identified with primarily psychiatric symptomatology. The objectives include the learning of interview techniques; mental status examination; to be mindful of medical conditions presenting with psychiatric symptomatology; to learn about the main psychotropic agents; to be aware of certain aspects in a patient's life, such as suicidal ideas and substance abuse; and to be able to organize and integrate what has been elicited and observed into a coherent presentation. The student gains understanding of the main psychiatric disorders including depression, anxiety, bipolar disorder, and schizophrenia and also gains ability to differentiate psychiatric illness from delirium and dementia.

Radiology Clerkship

Students learn about the various modalities in radiology, including chest radiography, plain abdominal films, cross-sectional body imaging, musculoskeletal radiology, ultrasonography, interventional radiology, neuroradiology and nuclear medicine. The students also have the learning objectives of: 1) being able to interpret a chest x-ray, 2) learning what the most appropriate imaging exam is for a given clinical condition and locating resources to find this information when in doubt, 3) understanding

radiation safety and 4) practicing presentation skills for effective communication of radiologic findings of disease processes.

Surgery Clerkship

During this clerkship, students will gain experience in the diagnosis and management of surgical problems on various surgical services. Students become familiar with the overall care of surgical patients pre-operatively and post-operatively and learn to assist in the operating room. Students also attend various conferences and a weekly didactic lecture series. Learning objectives include:

- ☐ Evaluate common general surgical disorders and describe the indications for operative intervention.
- ☐ Assess an acute abdomen
- ☐ Know the principles governing suturing and wound care
- ☐ Determine when a soft tissue infection needs drainage and/or debridement vs. when antibiotics alone are sufficient.
- ☐ Understand the role of nutritional support in treating severely ill patients.
- ☐ Describe the basic steps involved in common surgical operations
- ☐ Diagnose and manage common surgical complications
- ☐ Identify the proper rationale and timing for placing surgical consultations.
- ☐ Describe what surgical assessment and intervention can and cannot accomplish.

Fourth Year

Family Medicine Ambulatory

Students will be directly involved in the evaluation and treatment of ambulatory patients in patient care sites affiliated with Montefiore Medical Center, including the DFSM Family Medicine residency program. The student will gain broad medical experience serving the diverse urban communities. Students will work under the supervision of Family Medicine Faculty, and will be expected to independently evaluate patients and formulate treatment and follow-up plans for review with their preceptors, who will also see and assess the patient in order to provide an optimal learning and clinical experience. Students will attend educational conferences, tour community agencies of the Bronx, and will have opportunities to attend inpatient rounds of the Family Medicine service, participate in palliative care home visits, and precept cases with behavioral sciences faculty.

Family Medicine Subinternship

The Family Medicine subinternship is a four-week rotation in the Family medicine inpatient unit at Montefiore Medical Center or the Family Medicine Service at Jamaica Hospital Center. Students may opt to fulfill both of the school's required sub rotations in Family Medicine or split them between Family Medicine and another discipline (Medicine, Pediatrics, Ob/Gyn, Surgery). Students are expected to function at an intern level and carry the responsibility for their own patient panel. They will work within an interdisciplinary team to provide family-centered care. The focus will be on the patient as a whole person, and the student will address all of the medical and psychosocial issues to provide the best care for the patient.

Internal Medicine Subinternship

The subinternship in internal medicine is a challenging and exciting experience for the senior student. The student functions as an active and integral member of the patient-care team, assuming many of the roles of the primary physician. The learning objectives are similar to those of the 3rd year internal medicine clerkship, but the student is given a greater degree of responsibility. Appointment of the subintern places the student in an intellectually demanding position. The goal of the program is to prepare the student for the most competitive and demanding training programs in internal medicine, as well as to deepen the medical skills of those students preparing for training in another specialty.

Medicine Ambulatory Care

During this clerkship, students have the opportunity to provide primary care in an outpatient internal medicine clinic (adults only)—making diagnoses, devising treatment plans, delivering preventative care, dealing with psychosocial issues, and following up on patients.

Neurology

The Neurology clerkship is a 4 week block rotation during which students are exposed to a wide variety of neurological disorders. Students rotate on both inpatient ward and consult teams and attend outpatient clinics. Students are expected to function as part of the team and to present new cases during attending rounds and follow their patients over time. Students will also present cases for discussion at weekly preceptor rounds. The clerkship includes an extensive lecture series on the evaluation and management common neurological conditions such as stroke, headache and neuromuscular disorders. By the time of completion of the clerkship, the student is expected to perform a competent neurological examination and be able analyze the cases of patients with neurological disorders.

Obstetrics Subinternship

The Obstetrics Subinternship is a 4-week, intellectually challenging and exciting experience for the senior medical student. Students are expected to function as an active and integral part of the patient-care team, assuming similar responsibilities assigned to OB-GYN interns. There are two sites for the Obstetrics Subinternship: at Weiler Hospital or at Wakefield Hospital (aka: North Division). Students care for patients on our Labor and Delivery (L&D), Antepartum and Postpartum units. The learning objectives expand upon those of the 3rd year Obstetrics/Gynecology clerkship, but give the student a greater degree of responsibility. One goal of the program is to prepare the student for the most competitive and demanding training programs in Obstetrics/Gynecology, as well as to deepen their medical skills. During the clerkship students will learn to prioritize tasks and become more independent in managing both routine and high-risk Obstetrics patients antenatally through the labor process and during the postpartum period. Students will learn to utilize fetal assessment methods such as fetal heart-rate monitoring and ultrasound, become more proficient at vaginal deliveries, assist in operative deliveries (cesarean and forcep/vacuum), and care for postpartum patients (including breastfeeding counseling). Students will gain experience with commonly encountered obstetrical problems, such as preterm labor, premature rupture of membranes, preeclampsia, and hypertension in pregnancy.

Pediatric Ambulatory Care

By the end of the Pediatric Ambulatory Rotation, students will be able to independently conduct a focused interview of a child and/or parent; perform an accurate physical exam on well and ill children of different ages; evaluate a newborn infant; perform routine procedures, measurements, and screenings on children; appraise children's health during well child visits and provide anticipatory guidance to parents; assume more responsibility by making independent decisions in patient care; utilize appropriate interpersonal and communication skills in patient care; present findings of a clinical evaluation clearly and concisely in both oral and written forms; recognize the influence of families, communities, culture, and psychosocial problems on the care of children; recognize and assess infant and toddler developmental levels; provide parenting advice on common behavioral problems in young children; and evaluate pediatric patients with unique systems based on conditions in several subspecialty areas.

Pediatric Subinternship

The Pediatrics Subinternship is a 4 week, comprehensive inpatient experience where students function in an intern's role as an integral part of the house staff team. Students are the primary provider for patients with a wide range of pediatric illnesses requiring inpatient treatment. They are responsible for all aspects of care, working under the supervision of senior residents and hospitalist attendings. Students gain experience and proficiency in obtaining pediatric histories, performing physical exams, formulating differential diagnoses and management plans, managing psychosocial issues, evaluating test results and interacting with multiple services and disciplines involved in the care of the child. They are the primary line of communication with families and are active participants in sharing information on family centered rounds. Students acclimate to life as an intern, including being part of a clinical team, learning to prioritize tasks, and managing night float on call responsibilities. Most importantly, students learn how to recognize, assess and manage a "sick child" over the course of this rotation.

Surgery Subinternship

Students engaged in the Surgery Subinternship will be assigned the same duties and responsibilities as the regular Surgery PGY-1 residents, although with a lesser workload. Students are expected to be familiar with the work up and peri-operative care of surgical inpatients. The Subinterns will devote themselves largely to the floor care of hospitalized surgical patients, concentrating on those technical, cognitive, and judgmental skills required to provide first class surgical care and to prepare themselves to be highly successful Surgical PGY-1s after graduation. In addition to the various skill sets for taking care of individual patients, Subinterns will be mentored in providing care for a panel of hospitalized patients, managing workloads heavier than those shouldered during the core third year clerkship, and working as an integral member of the patient care team.

Electives

For a current listing of 4th Year Electives, please visit the [Office of the Registrar website](#).