

RSOM Academic Policies and Procedures 2025-26
Office of Undergraduate Medical Education

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Policy/Section Title: Introduction to the RSOM Academic Policies & Procedures	Policy/Section No.: 1.1	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education, Curriculum Committee	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: All RSOM community members
Relevant LCME Standards: N/A	Dissemination: Updated annually on UGME website; Presented annually to Curriculum Committee	

POLICY:

1.1 Introduction

The Medical Student Academic Policies and Procedures Manual is the official document on policies, procedures, and regulations for students attending Renaissance School of Medicine at Stony Brook University (RSOM). Any individual who enrolls in the RSOM voluntarily places them self under the rules and regulations of the State University of New York, Stony Brook University, RSOM, and affiliated hospitals, and the individual agrees to abide by these rules and regulations. Therefore, students, faculty, and administrative personnel need to be familiar with these policies and procedures, and they are responsible for remaining familiar with these provisions. The School of Medicine faculty has established these policies and procedures in alignment with the accreditation standards and elements of the Liaison Committee on Medical Education (LCME).

These policies and procedures were endorsed by the Dean and School of Medicine faculty to serve as guidelines for actions and decisions regarding academic policies and procedures. The Committee on Academic & Professional Progress (CAPP) is the body the faculty has charged with interpreting and applying the provisions herein. While every effort is made to provide accurate and current information, the School of Medicine reserves the right to change or amend policies, procedures, programs, and other matters without notice when circumstances dictate. Note that some items in this manual have a more detailed explanation included in Section 9 as an Annotation.

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Policy/Section Title: Administrative Structure of the RSOM	Policy/Section No.: 1.2	Approval Date: August 4, 2025
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Relevant LCME Standards: 2.3 Access and Authority of the Dean	Dissemination: Updated annually on UGME and Faculty Senate websites; Presented annually to Curriculum Committee and Faculty Senate	

POLICY:

1.2 Administrative Structure of the School of Medicine

The Dean of the School of Medicine is the Chief Academic Officer and has overall responsibility for the school's educational, research, and clinical missions. The various functions related to medical education are distributed among members of the Office of the Dean.

The educational mission is the primary focus of the Vice Dean for Undergraduate Medical Education, who works in conjunction with the Vice Dean for Graduate Medical Education. Assistant and associate deans and senior professional staff oversee admissions, student affairs, academic advising, career counseling, curriculum, evaluation and assessment, and instructional technology. Services coordinated by these offices have been designed to assist students in achieving their educational goals and include financial aid counseling and processing; registration and course scheduling; personal, academic and career counseling; residency application assistance; and other services.

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Policy/Section Title: Committees of the Faculty Senate	Policy/Section No.: 1.3	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education, Faculty Senate	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Faculty Senate	Effective Date: August 1, 2025	Applicability: All RSOM community members
Relevant LCME Standards: 1.3 Mechanisms for Faculty Participation 4.6 Responsibility for Medical School Policies	Dissemination: Updated annually on UGME and Faculty Senate websites; Presented annually to Curriculum Committee and Faculty Senate	

POLICY:

1.3 Committees of the Faculty Senate

1.3.1 The Curriculum Committee

The Curriculum Committee is appointed by the Faculty Senate to develop and provide oversight over the undergraduate medical education curriculum in collaboration with the Dean of the School of Medicine. The committee's functions include specifying the educational mission, goals, and objectives of the School of Medicine undergraduate medical education curriculum, defining the overall content of the curriculum, determining the length and sequence of courses, recommending course directors to the Dean of the School of Medicine, and regularly reviewing and evaluating individual courses, phases, and the curriculum as a whole. Student representation on the Curriculum Committee consists of one voting representative from each of the medical school classes, chosen from students in good standing by the student body, and one voting member from the Medical Scientist Training Program (MSTP), chosen from students in good standing by fellow MSTP student members. The Curriculum Committee meets monthly.

1.3.2 The Committee on Academic & Professional Progress (CAPP)

The Committee on Academic & Professional Progress (CAPP) is appointed by the Faculty Senate to monitor students' adherence to academic and professional standards. CAPP is charged with making academic standing and professional progress decisions. Four elected student representatives, one from each of the medical school classes, serve as non-voting members of CAPP and participate in all deliberations. The committee meets monthly.

1.3.3 The Committee on Student Affairs

The Committee on Student Affairs (CoSA) considers and recommends to the Dean and the Executive Committee of the Faculty Senate matters affecting the well-being of the student body. The primary charge of this committee is to monitor all learning environment and mistreatment concerns reported by the students and to follow the [University, RSOM, and WE SMILE Mistreatment Policies](#). The committee is chaired by a faculty member appointed by the Faculty Senate, and the Associate Dean for Student



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Affairs serves as a non-voting, administrative co- chair. Student representation on this committee consists of one voting student member from each medical school class, chosen from among students in good standing by the student body.

1.3.4 The Committee on Admissions

The Committee on Admission (COA) consists of at least thirty representatives from the Clinical and Basic Science Departments, including consortial representation; a representative from the Dean's Office, the Associate Dean for Admissions; and fourteen second year students. Voluntary or salaried faculty in good standing can serve on the Committee on Admissions. The Executive Sub-Committee of the Faculty Senate will solicit the entire faculty for volunteers to serve on the COA. The COA Chair or the Associate Dean for Admissions will review the list and select members to serve to maintain diversity amongst the group. Emeritus faculty members can also serve on the COA and Executive Sub-committee of the COA.

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Policy/Section Title: LEARN Curriculum Guiding Principles	Policy/Section No.: 2.1	Approval Date: August 4, 2025
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Relevant LCME Standards: N/A	Dissemination: Updated annually on UGME website; Presented annually to Curriculum Committee	

POLICY:

2.1 LEARN Curriculum Guiding Principles

The **LEARN** and **3YMD** curriculum tracks adhere to the **LEARN** Curricular Pedagogy Guiding Principles approved by the RSOM Curriculum Committee on February 1, 2021.

Whereas

- Professional identity formation is aided by early clinical exposure and commitment to self-directed learning
- Students learn best when they are actively engaged in the process
- Learning happens best when it is contextual
- Team-based problem-solving results in deeper approaches to learning
- Development of physician competencies should start with entry into medical school
- The LCME wants the majority of learning to happen in an active learning format
- Step 1 includes more questions with clinical integration and is taken at end of Phase II
- The deadline for MSPE release results in inadequate time for elective exposure for students

2.1.1 Teaching and Its Formats

1. Faculty and administration will facilitate the provision of high-quality e-lectures, and/or e-modules (to facilitate multimedia learning) to students.
2. Faculty will identify and recommend specific high-quality resources for student learning. Faculty may use or adapt existing institutional or other high quality/up to date resources to create an organized, detailed, and logical syllabus, which must be provided in every course.
3. Whenever possible faculty will use interactive techniques (audience response systems) during didactic presentations.
4. Sessions that are designed to emphasize, review, or apply the more difficult concepts contained in the course should be delivered in an active learning format (Team Based Learning, Problem Based Learning, Case Based Learning, OSCEs, simulations, laboratories, CPCs, etc.).
5. The Office of Faculty Affairs in conjunction with the Office of Undergraduate Medical Education will support and train faculty and students in new pedagogical and

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assessment approaches so faculty and students can develop skills and comfort with new methods.*

2.1.2 Learning and Its Formats

1. Our curriculum places a major emphasis on “student learning.”
2. Students will have the primary responsibility of learning the materials and achieving the SOM competencies. Faculty will serve as facilitators and mentors.

2.1.3 Curriculum and Evaluation

1. No single MCQ assessment should account for more than 40% of the final course grade.
2. Sessions can be mandatory only if they involve active learning, are amenable to measurement of at least three SOM competencies and use at least Level 2 of Bloom’s Taxonomy in their objectives. Sessions may also be mandatory if real patients are present.
3. Faculty will use AAMC MedBiquitous curriculum inventory standards in defining their instructional strategies, assessment methods and resources*
4. Multiple assessment types as appropriate to the content are encouraged for all courses.

2.1.4 Time Frame

Clinical clerkships will begin in January of the second year of medical school. During the clinical clerkships, there will be designated blocks (translational pillars) interspersed with clerkships to facilitate reinforcement of basic sciences, new /interdisciplinary curricular themes, and SOM competencies.

*This item also fits in **Learning and Its Formats** and **Curriculum and Evaluation**.

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Policy/Section Title: Progress Through the Curriculum & Requirements for Promotion	Policy/Section No.: 2.2 & 2.3	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education, Curriculum Committee, Committee on Academic and Professional Progress	Next Review Date: August 1, 2026	Revision Dates: August 4, 2025 June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: Phase I, Phase II, Phase III students
Relevant LCME Standards: 9.6 Setting Standards of Achievement 9.9 Student Advancement and Appeal Process 10.3 Policies Regarding Student Selection/Progress and Their Dissemination	Dissemination: Updated annually on UGME website; Presented annually at Phase registration class meetings; Presented annually to Curriculum Committee; Revisions forwarded to the CAPP Committee as needed	

POLICY:

2.2 Progress Through the Curriculum

Students in good standing automatically advance to the next course, academic year, or curriculum phase.

2.3 Requirements for Promotion

In general, a student will not be promoted to the next academic phase until successfully completing all the requirements of the preceding phase and meeting all health and certification requirements.

2.3.1 LEARN Curriculum Track

Phase I Requirements

1. Successful completion of all Phase I courses (Section 2.9)
2. Passing grade on the ICM Final Objective Structured Clinical Examination (OSCE)
3. Successful completion of the HIPAA Policy and Procedure Training
4. Signing the SBU Organized Health Arrangement (HIPAA Confidentiality Agreement).

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Phase II Requirements

1. Students may not begin Phase II until completing all Phase I requirements, including Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) certifications
2. Successful completion of all Phase II clerkships and courses (Section 2.9)
3. Successful completion of all Phase II clinical skills and conditions (Note: Students must document their completion of each clerkship's designated clinical skills and conditions in the Clinical Experiences e-Passport on CBase for release of grades.)
4. Passing score on the End-of-Phase II Clinical Performance Exam (CPX)
5. Taking the USMLE Step 1 and Step 2 examinations by the designated deadlines (Section 2.11)

Phase III Requirements

1. Students may not begin any Phase III coursework until completing all of Phase II clerkships and taking the USMLE Step 1 and Step 2 examinations by the designated deadlines (Section 2.11)
2. Students must meet with a Specialty Advisor to discuss and plan their Phase III schedule prior to Phase III registration. Students must attest to meeting with their chosen Specialty Advisor on CBase
3. Successful completion of a minimum of 40 weeks of required coursework, which include a Selective (4 wks), Sub-Internship (4 wks), Transition to Residency (General and Specialty-specific, 4 wks), Advanced Clinical Experience (2 wks), and 26 Elective weeks, of which a minimum of 14 must be clinical. (Section 2.9)
4. Passage of the USMLE Step 1 and Step 2 examinations

2.3.2 3YMD Curriculum Track

In general, students in the 3YMD curriculum track must fulfill the same requirements for promotion as students in the LEARN track. (See Section 2.4.1) Additionally, 3YMD students are expected to meet the following academic performance standards:

1. Achieve a passing grade in all Phase I courses (Section 2.10). Students who fail any Phase I course will exit the 3YMD track and enter the LEARN track
2. If required, pass any remediation exam taken in a Phase I course on the first attempt
3. 3YMD students who enter the Academic Success Program will be moved to the four-year LEARN track.
4. Pass all NBME Clinical Science Subject Exams (aka, Shelf Exams) on the first attempt. Any student who receives a Z in a clinical clerkship will be moved to the four-year LEARN track.
5. Achieve a passing grade in all Phase II clerkships. Students who fail any Phase II clerkship will exit the 3YMD track and enter the four-year LEARN track.
6. Pass the RSOM Clinical Performance Exam
7. Take the USMLE Step 1 and Step 2 examinations by the 3YMD designated deadlines and before beginning any Phase III coursework (Section 2.11)
8. Pass the USMLE Step 1 and Step 2 exams on first attempt
9. All USMLE exam results must be in by May of the third year
10. Exhibit high standards of professional behavior as described in the RSOM Academic Policies and Procedures throughout the entire curriculum



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11. Complete the requirements for the MD degree in three years including all coursework from Phase I and Phase II, a Sub-Internship (4 wks), Health Systems Performance (4 wks), GME Immersion (10 wks), Teaching in Medicine (2 wks), and 6 additional Elective weeks (Section 2.10).
12. Secure a direct pathway to a Graduate Medical Education (GME) program through the NRMP.
13. **3YMD** students who meet the criteria for exiting the track do not need to go to CAPP prior to exiting the **3YMD** track and entering the **LEARN** track.

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Policy/Section Title: Requirements for Graduation	Policy/Section No.: 2.4	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education, Curriculum Committee	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: Phase I, Phase II, Phase III students
Relevant LCME Standards: 9.6 Setting Standards of Achievement 9.9 Student Advancement and Appeal Process 10.3 Policies Regarding Student Selection/Progress and Their Dissemination	Dissemination: Updated annually on UGME website; Presented annually at Phase registration class meetings; Presented annually to Curriculum Committee; Revisions forwarded to the CAPP Committee as needed	

POLICY:

2.4 Requirements for Graduation

The MD degree will be conferred by Stony Brook University upon persons who have met the following requirements:

2.4.1 LEARN Curriculum Track

1. Successfully completed a minimum of 147 weeks of study in the **LEARN** curriculum track; (Section 2.9)
2. Attended four separate years of medical instruction and satisfactorily completed all coursework, examinations, and mandatory academic requirements
3. Achieved passing scores on the USMLE Step 1 and Step 2 exams (Section 2.11)
4. Maintained acceptable academic ethics and professional behavior
5. Paid all tuition, fees, and fines in full
6. For students who have received loans, completed an exit interview conducted by the Office of Student Affairs
7. Entered PGY1 contact information into CBase
8. The School strongly recommends that students complete the AAMC Graduation Questionnaire as a professional obligation and contribution to future generations of RSOM students.

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2.4.2 3YMD Curriculum Track

1. Successfully completed a minimum of 133 weeks of study in the 3YMD curriculum track (Section 2.10)
2. Attended three separate years of medical instruction and satisfactorily completed all coursework, examinations, and mandatory academic requirements
3. Achieved passing scores on the USMLE Step 1 and Step 2 exams (Section 2.11)
4. Secured a direct pathway to a GME position through the NRMP
5. Maintained acceptable academic ethics and professional behavior
6. Paid all tuition, fees, and fines in full
7. For students who have received loans, completed an exit interview conducted by the Office of Student Affairs
8. Entered PGY1 contact information into CBase
9. The School strongly recommends that students complete the AAMC Graduation Questionnaire as a professional obligation and contribution to future generations of Stony Brook students.

2.4.3 Phase III Graduation Requirements

All graduation requirements must be entered into CBase by January 31 of the graduating year and before the NRMP Rank Order List Certification deadline. If a student does not finalize their Phase III schedule in CBase by this deadline, the RSOM Registrar is authorized to finalize the schedule and lock the drop/add feature. This ensures that graduation requirements are met, allowing the student to be verified for the NRMP Match and eligible to begin residency training on July 1.

Phase III requirements:	
Step 1	Passing score
Step 2	Passing score
Selective	4 weeks
Sub-I	4 weeks
TTR and TTR-specialty	4 weeks
ACE-specialty	2 weeks
Electives	26 weeks (minimum 14 weeks clinical)
Total Weeks	40 weeks

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Policy/Section Title: Time Limit for Degree Completion & Delaying Graduation	Policy/Section No.: 2.5	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education, Curriculum Committee	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: Phase I, Phase II, Phase III students
Relevant LCME Standards: N/A	Dissemination: Updated annually on UGME website; Presented annually at Phase registration class meetings; Presented annually to Curriculum Committee; Revisions forwarded to the CAPP Committee as needed	

POLICY:

2.5 Time Limit for Degree Completion

Students must complete Phase I of the **LEARN** curriculum within three and one-half years after the date of first enrollment in the School of Medicine. There can be no more than two attempts to successfully complete Phase I.

All requirements for the MD degree must be met within seven years after the date of first enrollment in the School of Medicine, or within five years after the date of first enrollment for a student who transfers into the School of Medicine after the first year. This time limit is exclusive to students in the MSTP or other approved combined degree programs.

Students who borrow should note that eligibility for loans carries time limits as well.

2.5.1 Delaying Graduation

Medical students who are unmatched following the Match and SOAP may delay graduation for research, additional away rotations and electives, health, or personal reasons. Students may not delay graduation by deliberately failing to complete all Phase III requirements by the regular May graduation date. A minimum of 40 weeks of Phase III coursework must be registered in CBase no later than January 31 of the graduating year to ensure graduation requirements are met before the NRMP registration deadline. If a Phase III schedule is not finalized by the NRMP registration deadline, the RSOM Registrar is authorized to finalize a schedule and lock the drop/add to ensure graduation requirements remain intact. Failure to be a no-show in order to delay graduation will result in a professionalism note and referral to CAPP.

The requirements and policies for delaying graduation for each of the valid reasons for delay are presented in Table 2.5.1.

Students who wish to delay graduation will still be restricted to the 7-year limit for degree completion.

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Table 2.5.1 Reasons for Delaying Graduation

	Research	Aways/Electives	Health	Personal
Spring Term	Must complete Phase III requirements by the end of the term (June 30). May participate in aways/electives.*No extra tuition.	Must complete Phase III requirements by the end of the term (June 30). May participate in aways/electives.* No extra tuition.	Must stop immediately and be withdrawn from the Spring term. Cannot participate in medical school courses until Fall (July).	Must stop immediately and be withdrawn from the Spring term. Cannot participate in medical school courses until Fall (July).
Fall Term	Enroll in HM 910 to remain enrolled. Must graduate by mid-December in the Fall term. No extra tuition.	Enroll in HM 800. May participate in aways/electives.* Must graduate by mid-December. Extra tuition for full Fall semester.	Enroll in HM 800 when CAPS has authorized return to medical school. May participate in aways/electives.* Must graduate by mid-December. Extra tuition for full Fall semester.	Enroll in HM 800 when ready to return to medical school. May participate in aways/electives.* Must graduate by mid-December. Extra tuition for full Fall semester.
MSPE	Update MSPE with addendum to include courses/grades entered to CBase since the original letter was created. For unmatched students, a notation will be made that student is delaying graduation due to not matching.	Update MSPE with addendum to include courses/grades entered to CBase since the original letter was created. For unmatched students, a notation will be made that student is delaying graduation due to not matching.	Update MSPE with addendum to include courses/grades entered to CBase since the original letter was created. Notation will be made that student took a LOA for health reasons.	Update MSPE with addendum to include courses/grades entered to CBase since the original letter was created. Notation will be made that student took a LOA for personal reasons.
	*electives taken beyond the 3-specialty limit will be 0 credits and will not count towards the 40-week Phase III requirement.			

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Policy/Section Title: Combined Degree Program Requirements	Policy/Section No.: 2.6	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education, Curriculum Committee	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: Phase I, Phase II, Phase III students
Relevant LCME Standards: N/A	Dissemination: Updated annually on UGME website; Presented annually in Transition to Medical School; Presented annually to Curriculum Committee	

POLICY:

2.6 Combined Degree Program Requirements

2.6.1 Combined MD/PhD (Medical Scientist Training Program)

Students enrolled in the MSTP first complete Phase I of the **LEARN** curriculum and then pursue graduate study for three to four years. Upon completion of their graduate studies, students re-enter the School of Medicine and complete Phases II and III of **LEARN**.

MSTP students must take Step 1 after completion of all Phase I courses and before beginning their graduate studies.

MSTP students receive 18 weeks of Phase III elective credit for completion of PhD work. They must complete an additional 22 weeks of Phase III course work to attain the required 40 weeks of study. The 22 weeks include a Selective (4 wks), Sub-Internship (4 wks), Transition to Residency (General and Specialty Specific, 4 wks), Advanced Clinical Experience (2 wks), and 8 Elective weeks. (Section 2.9)

2.6.2 Combined MD/MPH

The combined MD/MPH program requires the completion of all School of Medicine requirements for the MD and all 54 credits of the MPH program. However, students will receive up to 8-10 weeks of Phase III elective credit for the following MPH courses:

HPH 506	Biostatistics I
HPH 507	Biostatistics II
HPH 508	Health Systems Performance
HPH 514	Epidemiology for Public Health

In addition, the Program in Public Health will accept 6-9 credits from the School of Medicine for the following courses, which will substitute for a 3-credit course within the core MPH curriculum and 3-6 credits within the respective concentration:

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MED 611	Introduction to Clinical Medicine (3 credits)
MED 612	Medicine in Contemporary Society (3 credits)
MED 616	Themes in Medical Education (3 credits)

Students have two options for completing the MD/MPH degree requirements:

Option 1: 5-Year Sequencing Option (RECOMMENDED): MD then MPH then MD – The student takes a one-year Leave of Absence for Participating in an Educational Program or Research between any two phases of the **LEARN** curriculum to enroll in full-time MPH course work. Some MPH coursework does need to be taken during medical school.

Option 2: 4-Year Sequencing Option (NOT RECOMMENDED): MPH during MD – The student completes all MPH course work during medical school. Some MPH course work is required during the summer prior to beginning medical school. (Note: Due to the rigorous nature of the MD program, students are strongly discouraged from pursuing Option 2.)

2.6.3 Combined MD/MBA

The combined MD/MBA program combines a 4-year MD degree and a 48 credit MBA degree. Students are expected to complete most of the MBA degree requirements either prior to starting the MD program or after completing the MD program. Due to the rigorous structure of the MD program, students should not enroll in MD and MBA courses concurrently. Students will receive 6 weeks of Phase III elective credit for the following MBA courses:

MBA 507	Ethics in Management (3 weeks)
MBA 592	Organizational Behavior (3 weeks)

Students receive both degrees upon completion of the entire program. If a student withdraws from the combined program, they will receive only the MD or MBA, providing they completed all the requirements for that degree.

2.6.4 Combined MD/MA

The combined MD/MA program combines a 4-year MD degree and an 18 credit MA degree in Medical Humanities, Compassionate Care and Bioethics. In addition to course work, MD/MA students must fulfill the requirements for the Scholarly Concentrations Program in Medical Humanities.

2.6.5 Combined MD/MSECR

The combined MD/MSECR program combines a 4-year MD degree and a 33-credit MS degree in Epidemiology and Clinical Research.

2.6.6 Combined MD/MSBMI (pending approval)

The combined MD/MSBMI program combines a 4-year MD degree and a 30-credit plus capstone project MS degree in Biomedical Informatics.

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Policy/Section Title: Electives	Policy/Section No.: 2.7	Approval Date: August 4, 2025
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Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: Phase I, Phase II, Phase III students
Relevant LCME Standards: 6.5 Elective Opportunities	Dissemination: Updated annually on UGME website; Presented annually in Transition to Medical School and Phase registration class meetings; Presented annually to Curriculum Committee	

POLICY:

2.7 Electives

Elective courses allow students to experience various aspects of the field of medicine outside of the required courses. These courses provide an opportunity for a well-rounded medical education aligning students' career interests with their preparation for residency.

2.7.1 Phase I Electives

1. Except for some longitudinal electives that are open to Phase I students, students may not register for any elective that conflicts with required Phase I courses.
2. Phase I electives will appear on a student's official transcript. Up to four weeks of electives taken in Phase I will count towards the required number of elective weeks for graduation, however the grades earned do not factor in MSPE quartile calculations.
3. Elective credit in Phase I is only given for courses or research offered at Stony Brook University.
4. Students on probation may not enroll in electives. CAPP may limit electives for students who are not in good academic standing, with CAPP determining a student's academic standing on a case-by-case basis.

2.7.2 Phase III Electives

1. Phase III electives are from one to four weeks in length. Some electives are longitudinal, e.g., the student receives two weeks of credit for an elective they completed over an extended period.
2. To ensure a well-rounded education, students are not permitted to take more than a **total** of four electives in any one specialty. This total **includes** electives taken here at Stony Brook and those taken elsewhere.
3. The 26 Elective weeks must include a minimum of 14 clinical elective weeks (does not apply to 3YMD and MSTP students).

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4. Students in the Scholarly Concentrations Program are required to take eight weeks of SCP Research Elective in Phase III. More than eight weeks of research electives require the approval of the Dean's Office.
5. Students outside of the Scholarly Concentrations Program may take up to eight weeks of Research Elective in Phase III. More than eight weeks of research electives require the approval of the Dean's Office.
6. The minimum number of weeks that a student may register for a research elective is four.
7. All electives requested within two weeks of the start date must be pre-approved by the elective course director and by the Assistant Dean for Clinical Education.
8. Students are required to submit the appropriate Elective Approval Form to the Office of Student Affairs for final approval and course entry into CBase. Students will not receive credit for electives that are not approved and scheduled on CBase.

If you do not submit the Elective Approval Form to the Office of Student Affairs for final approval, the elective will not be scheduled on CBase, and you will not receive credit for the elective.

2.7.3 Double Credit Policy

1. Students are not permitted to concurrently enroll in two electives listed as earning full-time elective credit. Students may take a two-week clinical elective twice to gain four weeks of exposure to a field. Students who do so will receive four weeks of elective credit in total, providing that the two elective blocks are not taken concurrently.

2.7.4 Away Electives

1. Students may not take more than 20 weeks of away electives.
2. To ensure a well-rounded education, students are not permitted to take more than a **total** of three away electives in any one specialty. Also see 2.7.2 for Phase III electives policies.
3. Students on away electives must be evaluated according to the RSOM Phase III Medical Student Evaluation Form – Sub-Internship/Electives. The student's RSOM transcript will report the grade as reported by the host institution.
4. In order to provide accurate information for future students, all students taking away electives are required to complete an online [Away Elective Course Evaluation Survey](#). This link is also on CBase.
5. For NYS to provide liability insurance coverage to students for away electives, NYS requires that an affiliation agreement be in place. A list of sites for which agreements are in place is available under the Course Information tab on CBase.
 2. If an affiliation agreement is not yet in place with an away site, the School of Medicine will make every effort to get one in place prior to the student's away rotation. In some instances, an agreement cannot be reached by either institutions. For example, Harvard does not enter into any affiliation agreements. In such cases, the away site often allows students to purchase their own liability insurance. Stony Brook students who want to do an away rotation at a site for which no affiliation agreement is in place, may do so if they purchase their own

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liability insurance. In all these cases, students must submit the appropriate Elective Approval paperwork to the Dean's Office for approval.

2.7.5 International Electives

All international electives must first be approved by the Director of Global Medical Education.

2.7.6 Assessment and Grading of Electives

The following electives are graded Pass/Fail:

1. All Phase I electives
2. All two-week Phase III electives
3. All non-clinical, non-research (primarily didactic-based) electives

All clinical/research electives longer than two weeks will use a five-tier Honors/High Pass/Pass/Low Pass/Fail grading scheme, but they may be graded Pass/Fail if so indicated in the course syllabus.

Given the broad range of courses and learning activities, the methods of student assessment may differ from course to course. However, all courses must use the same final grade submission form – the Phase III Medical Student Evaluation Form – Sub-Internship/Electives – that includes space for both the final course grade and narrative comments that will be included in the MSPE.

2.7.7 Electives in MSPE Quartile Determination

Phase III electives taken up to the first seven months of Phase III will be included in the MSPE quartile determination. Phase III electives will be weighted for the course duration and, regardless of the course grading scheme, will be counted as Pass/Fail. The MSPE will also include narrative comments.

2.7.8 Submission of Electives Grades

All Phase I electives' grades must be submitted no later than four weeks after the completion of the course. For Phase III electives, course directors must complete the final student RSOM Phase III Medical Student Evaluation Form – Sub-Internship/Electives that summarizes the student's performance and includes comments. Course directors must ensure that all clinical elective grades are submitted within six weeks of course completion, and grades for all non-clinical electives must be submitted within four weeks of course completion.

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Policy/Section Title: Placing Out of a Course	Policy/Section No.: 2.8	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education, Curriculum Committee	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: Phase I, Phase II, Phase III students
Relevant LCME Standards: N/A	Dissemination: Updated annually on UGME website; Presented annually to Curriculum Committee	

POLICY:

2.8 Placing Out of a Course

In special circumstances, a student may request to place out of a course. To determine whether this is possible, the student follows this process:

1. The student submits to the Registrar a course description of the course completed along with an official transcript.
2. The Registrar forwards this information to the course director for review and recommendation on the student's request.
3. The course director communicates their recommendation to the Registrar.
4. The Registrar notifies the student of the final decision and enters the decision into the student's permanent file.

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Policy/Section Title: LEARN Curriculum Course Track List	Policy/Section No.: 2.9	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education, Curriculum Committee	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: Phase I, Phase II, Phase III students
Relevant LCME Standards: 7.1 Biomedical, Behavioral, Social Sciences 7.2 Organ Systems/ LifeCycle/ Prevention/ Symptoms/ Signs/ Differential Diagnosis, Treatment Planning 7.3 Scientific Method/Clinical/Translational Research 7.4 Critical Judgment/Problem-Solving Skills 7.5 Societal Problems 7.6 Structural Competence, Cultural Competence and Health Inequities 7.7 Medical Ethics 7.8 Communication Skills 7.9 Interprofessional Collaborative Skills		Dissemination: Updated annually on UGME website; Presented in Transition to Medical School; Presented annually to Curriculum Committee

POLICY:

2.9 Four-year **LEARN Curriculum Track Course List**

Student must complete a minimum of 147 weeks of study in the **LEARN** curriculum track.

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Four-Year LEARN Curriculum Track Course List			
Phase I Courses			
Phase	Course Name	Course Code	Weeks
I	Transition to Medical School	MED 510	1.5
I	Biomedical Building Blocks: The Body	MED 500A	14
I	Biomedical Building Blocks: Molecular Foundations of Medicine	MED 500B	12
I	Biomedical Building Blocks: Pathogens and Host Defense	MED 500C	12
I	Biomedical Building Blocks: Basic Mechanisms of Disease	MED 500D	12
I	Integrated Pathophysiology: Cardiovascular/Pulmonary/Renal	MED 512	10
I	Integrated Pathophysiology: Gastrointestinal/Nutrition	MED 613	3
I	Integrated Pathophysiology: Endocrine/Reproduction	MED 614	4
I	Integrated Pathophysiology: Mind/Brain/Behavior	MED 615	7
I	Integrated Pathophysiology: Musculoskeletal	MED 617	1.5
I	Themes in Medical Education 1	MED 516A	1
I	Themes in Medical Education 2	MED 516B	1
I	Themes in Medical Education 3	MED 516C	1
I	Introduction to Clinical Medicine ¹	MED 611	Longitudinal
I	Medicine in Contemporary Society ¹	MED 612	Longitudinal
		Total Weeks:	56
¹ Courses are integrated throughout entire 18-month Phase I.			

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Phase II Courses			
Phase	Course Name	Course Code	Weeks
II	Transition to Clinical Care	MED 720	2
II	Medicine	MED 723	8.5
II	Primary Care	MED 722	4.5
II	Pediatrics	MED 726	6
II	Ob/Gyn	MED 724	6
II	Surgery	MED 729	8
II	Anesthesia	MED 725	2
II	Emergency Medicine	MED 721	2
II	Psychiatry	MED 727	6
II	Neurology	MED 731	4
II	Radiology	MED 728	2
		Total Weeks:	51
Phase III Courses			
Phase	Course Name	Course Code	Weeks
III	Selective ³	MED 4XX	4
III	Sub-Internship ⁵	MED 42X	4
III	Transition to Residency: General	MED 450	2
III	Transition to Residency: Specialty ⁶	MED 450x	2

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III	Advanced Clinical Experience ⁷	MED 452x	2
III	Electives ⁸	MED 8XX	26
		Total Weeks:	40
	³ There are a total of 7 Selective topics from which students choose 1.		
	⁵ Sub-Internships are offered in Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Ob-Gyn, Orthopaedics, Pediatrics, Plastic Surgery, Psychiatry, Surgery, and Urology.		
	⁶ Transition to Residency: Specialty is offered in Emergency Medicine, Internal Medicine, Ob-Gyn, Pediatrics, and Surgery		
	⁷ Advanced Clinical Experience is offered in Anesthesiology, Emergency Medicine, Internal Medicine, Neurology, Ob-Gyn, Pathology, Pediatrics, Radiology, and Surgery.		
	⁸ Of the 26 weeks of electives, a minimum of 14 weeks must be clinical electives		
Total Number of Weeks in Four-Year LEARN Curriculum Track:			147

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Policy/Section Title: 3YMD Curriculum Course Track List	Policy/Section No.: 2.10	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education, Curriculum Committee	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: 3YMD students
Relevant LCME Standards: 7.1 Biomedical, Behavioral, Social Sciences 7.2 Organ Systems/ LifeCycle/ Prevention/ Symptoms/ Signs/ Differential Diagnosis, Treatment Planning 7.3 Scientific Method/Clinical/Translational Research 7.4 Critical Judgment/Problem-Solving Skills 7.5 Societal Problems 7.6 Structural Competence, Cultural Competence and Health Inequities 7.7 Medical Ethics 7.8 Communication Skills 7.9 Interprofessional Collaborative Skills		Dissemination: Updated annually on UGME and 3YMD websites; Presented annually to 3YMD students; Presented annually to 3YMD Executive Committee; Presented annually to Curriculum Committee

POLICY:

2.10 Three-year 3YMD Curriculum Track Course List

Student must complete a minimum of 133 weeks of study in the 3YMD curriculum track.

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3YMD Curriculum Track Course List

Summer 1 Courses

Phase	Course Name	Course Code	Weeks
Summer 1	Health Systems Performance	MED 508	4
		Total Weeks	4

Phase I Courses

Phase	Course Name	Course Code	Weeks
I	Transition to Medical School	MED 510	1.5
I	Biomedical Building Blocks: The Body	MED 500A	14
I	Biomedical Building Blocks: Molecular Foundations of Medicine	MED 500B	12
I	Biomedical Building Blocks: Pathogens and Host Defense	MED 500C	12
I	Biomedical Building Blocks: Basic Mechanisms of Disease	MED 500D	12
I	Integrated Pathophysiology: Cardiovascular/Pulmonary/Renal	MED 512	10
I	Integrated Pathophysiology: Gastrointestinal/Nutrition	MED 613	3
I	Integrated Pathophysiology: Endocrine/Reproduction	MED 614	4
I	Integrated Pathophysiology: Mind/Brain/Behavior	MED 615	7
I	Integrated Pathophysiology: Musculoskeletal	MED 617	1.5
I	Themes in Medical Education 1	MED 516A	1
I	Themes in Medical Education 2	MED 516B	1
I	Themes in Medical Education 3	MED 516C	1

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I	Introduction to Clinical Medicine ¹	MED 611	Longitudinal
I	Medicine in Contemporary Society ¹	MED 612	Longitudinal
		Total Weeks:	56
	¹ Courses are integrated throughout the entire 18-month Phase I.		
Summer 2 Courses			
Phase	Course Name	Course Code	Weeks
Summer 2	GME Immersion	MED 509	10
Summer 2	Teaching in Medicine	MED 807	2
		Total Weeks	12
Phase II Courses			
Phase	Course Name	Course Code	Weeks
II	Transition to Clinical Care	MED 720	2
II	Medicine	MED 723	8.5
II	Primary Care	MED 722	4.5
II	Pediatrics	MED 726	6
II	Ob/Gyn	MED 724	6
II	Surgery	MED 729	8
II	Anesthesia	MED 725	2
II	Emergency Medicine	MED 721	2
II	Psychiatry	MED 727	6

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II	Neurology	MED 731	4
II	Radiology	MED 728	2
		Total Weeks:	51
Phase III Courses			
Phase	Course Name	Course Code	Weeks
III	Sub-Internship ²	MED 4XX	4
III	Electives	MED 8XX	6
		Total Weeks:	10
	² Sub-Internships are offered in Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Ob-Gyn, Orthopaedics, Pediatrics, Plastic Surgery, Psychiatry, Surgery, and Urology.		
Total Number of Weeks in 3YMD Curriculum Track:			133

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Policy/Section Title: USMLE Step 1 and Step 2	Policy/Section No.: 2.11	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education, Curriculum Committee	Next Review Date: August 1, 2026	Revision Dates: August 1, 2025 June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: Phase I, Phase II, Phase III students
Relevant LCME Standards: NA	Dissemination: Updated annually on UGME website; Presented annually at Phase registration class meetings; Presented annually to Curriculum Committee	

POLICY:

2.11 USMLE Step 1 and Step 2

Each student is responsible for registering for the USMLE with the National Board of Medical Examiners. Every medical student at RSOM is required to take and pass the USMLE Step 1 and Step 2 exams at the designated times in the curriculum to graduate.

2.11.1 USMLE Step 1

The deadline by which all students in each class must take Step 1 is provided in Table 2.11.1. This deadline is 12 weeks following the end of the fourth block of Phase II clinical clerkships. Any student who fails to take the USMLE Step 1 exam by the stated deadline for their class, or who requests extended time to prepare for the exam, will be placed on a mandatory leave of absence for extended study time for Step 1 or for academic remediation, and this LOA will appear on the student's official transcript and be noted in the MSPE.

2.11.1.1 Out-of-Sync Students

Students who are "out-of-sync" and require additional time to complete all Phase II clerkships will have 12 weeks from the time they complete all Phase II requirements in which to take Step 1. Such students must also successfully complete all Phase II requirements and take the USMLE Step 1 exam before beginning any Phase III courses. Any student who fails to take the USMLE Step 1 exam by the end of their 12-week dedicated prep time, or who requests extended time to prepare for the exam, will be placed on a mandatory leave of absence for extended study time for Step 1 or for academic remediation, and this LOA will appear on the student's official transcript and be noted in the MSPE.

2.11.1.2 MSTP Students

MSTP students must take Step 1 after completing Phase I and before starting their PhD program.

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2.11.1.3 3YMD Students

Because the 3YMD Curriculum Track has a shortened Phase III, 3YMD students must take both the USMLE Step 1 and Step 2 exams within 10 weeks of completing all Phase II requirements (see Table 2.11.2). 3YMD students will take the Clinical Performance Exam (CPX) near the end of their fourth clinical clerkship block.

All students must successfully complete all Phase II requirements, including any required remediations, before taking the USMLE Step 1 exam, and all students must take the Step 1 exam before beginning any Phase III courses.

2.11.1.4 Step 1 Failure

In the event a student fails the first attempt of Step 1, the repeat examination must be taken within six months of the first attempt date. If a student fails Step 1 and has begun Phase III coursework, then the student may finish the course in progress, but then must stop all coursework. The student must retake Step 1 before continuing with any other coursework. A student who fails Step 1 a second time will be placed on a mandatory leave of absence for academic remediation. Such a student must take the repeat examination within six months of the second attempt date. A student who does not pass Step 1 within three attempts will be invited to CAPP and may be subject to dismissal.

2.11.2 USMLE Step 2

Students are strongly recommended to complete both Step 1 and Step 2 prior to the start of the April Selective. This deadline is 12 weeks following the end of the fourth block of Phase II clinical clerkships. All students' first attempt of Step 2 must be completed no later than August 1st of Phase III (see Table 2.11.1). April 30th of the graduation year is the deadline for passing Step 2 to graduate in May.

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Table 2.11.1. LEARN deadlines for taking the USMLE Step 1 and Step 2 exams and the RSOM Clinical Performance Exam by graduation year.

Class of	Step 1 Deadline¹	CPX Dates²	Step 2 Deadline
2026	April 4, 2025	During 4 th clerkship block	August 1, 2025
2027	April 3, 2026	During 4 th clerkship block	August 1, 2026
2028	April 2, 2027	During 4 th clerkship block	August 1, 2027
2029	March 31, 2028	During 4 th clerkship block	August 1, 2028

¹Deadline for students who are “out of sync” is 12 weeks from the date they complete all Phase II requirements.

²Dates are approximate and subject to the availability of the Clinical Skills Center.

Table 2.11.2. 3YMD deadlines for taking the USMLE Step 1 and Step 2 exams and the RSOM Clinical Performance Exam by graduation year.⁴

Graduation Year	Step 1 Deadline³	CPX Dates	Step 2 Deadline³
2026	March 13, 2026	During 4 th clerkship block	March 13, 2026
2027	March 12, 2027	During 4 th clerkship block	March 12, 2027
2028	March 10, 2028	During 4 th clerkship block	March 10, 2028

³Deadlines are approximate, and each 3YMD student will need to consult with the Director of the 3YMD Curriculum Track, Dr. Lisa Strano-Paul, to discuss scheduling their Step exams.

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Policy/Section Title: Professional Behavior	Policy/Section No.: 3.1	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education, Committee on Academic and Professional Progress, Committee on Student Affairs	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: All medical students
Relevant LCME Standards: NA	Dissemination: Updated annually on UGME website; Presented in Transition to Medical School; Presented annually to Curriculum Committee	

POLICY:

3.1 Professional Behavior

Medical students are preparing for a career that demands the highest standards of honor, ethics, and professional behavior and appearance. All students are required to sign and act in accordance with the principles of the [Student Honor Code](#). All students are required to act in accordance with the [University Student Code of Responsibility](#) and in accordance with the laws of the State of New York.

The Renaissance School of Medicine at Stony Brook University promotes a sense of mutual respect among patients, faculty, staff, house staff, and students. Certain behaviors, such as violence, sexual harassment, and discrimination, are inherently destructive to the student/teacher, student/patient, and student/student relationships. Other behaviors, such as making demeaning or derogatory remarks, or giving destructive criticism, are also inappropriate and interfere with professional identity formation and professional development.

Unprofessional behavior may be reviewed by CAPP and may result in disciplinary action. Student behavior may also be reviewed by the Student Honor Committee, which may forward recommendations for action to the Office of Student Affairs. Student Affairs may impose the Student Honor Committee's recommendations, wholly or in part, or refer the matter to CAPP. Any professionalism concerns that rise to the level of CAPP will be noted in the student's MSPE. Students who exhibit behavioral problems may be referred by the Dean's Office or by CAPP to the University's Behavioral Assessment Committee for further review and recommendations.

3.1.1 Donor Cadavers in The Body (Anatomy) Course

Students participating in The Body (anatomy) course are expected to treat the donor cadavers with the utmost respect and sensitivity. Donors and their family members understand that their remains will be used for educational and scientific purposes. The donors and their families deserve our admiration and deepest gratitude. To treat a cadaver in any way that does not serve educational or scientific purposes constitutes

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unprofessional behavior. This type of behavior includes, but is not limited to, the taking of photographs (film or digital images) that serve no educational or scientific purpose. Any student known to have taken such a photograph will be referred to CAPP as having engaged in unprofessional behavior. Any student who has knowledge of a colleague having taken such a photograph is bound to follow the procedures of the Student Honor Code for dealing with unprofessional behavior by a colleague.

3.1.2 Recording of Instructional Materials

In all courses, students may not take photos or videos of slides or any other instructional materials that are presented by faculty in small group sessions. Any student known to have taken such a photograph or video recording will be referred to CAPP as having engaged in unprofessional behavior.

3.1.3 Professional Behavior in the Clinical Environment

Students are expected to fulfill their clinical obligations while exhibiting the highest level of professionalism and sensitivity to the diverse personal and cultural contexts in which medical care is delivered.

3.1.4 Professional Conduct at Affiliated Sites

Students are expected to become familiar with and follow any written rules of conduct and professional behavior at any clinical or research site at which the student trains. Students accorded housing at such sites are expected to treat this space and their host institution with respect. Students who damage property, engage in unlawful behavior, or act unprofessionally in that space may be referred to the host institution's committee on professionalism and/or RSOM's CAPP and are subject to such committee's decisions. If the student resides in group housing, all members of the group may be held responsible for any misconduct or damage that occurs in the space.

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Policy/Section Title: Social Networking Policy	Policy/Section No.: 3.2	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education, Committee on Academic and Professional Progress, Committee on Student Affairs	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: All medical students
Relevant LCME Standards: NA	Dissemination: Updated annually on UGME website; Presented annually to Curriculum Committee	

POLICY:

3.2 Social Networking Policy

Renaissance School of Medicine has a [Social Networking Policy](#), while Stony Brook University publishes [Social Media Guidelines](#). Students are expected to adhere to both.

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Policy/Section Title: Standards of Conduct for the Teacher-Learner Relationship	Policy/Section No.: 3.3	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education, Committee on Academic and Professional Progress, Committee on Student Affairs	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: All members of the RSOM community
Relevant LCME Standards: 3.5 Learning Environment/Professionalism	Dissemination: Updated annually on UGME website; Presented annually to Curriculum Committee	

POLICY:

3.3 Standards of Conduct for the Teacher-Learner Relationship

The School of Medicine is committed to maintaining a positive environment for study and training in which individuals are judged solely on relevant factors such as ability and performance and can pursue their educational and professional activities in a learning environment that is humane, respectful, and safe. Our core values are ICARE: Integrity, Compassion, Accountability, Respect and Excellence. Medical student mistreatment violates these fundamental principles and will not be tolerated in the medical school community.

Medical students are expected to sign the Teacher-Learner Compact at the White Coat Ceremony. Faculty review and sign the Teacher-Learner Compact at the beginning of their appointment.

3.3.1 The Faculty Code of Ethics

Section 2, Respect for Persons, delineates faculty behaviors demonstrating respect for other persons and the prohibition against discrimination and harassment. All members of the medical school and its students are expected to adhere to this [Code of Ethics](#) in their interactions with patients, colleagues, other health professionals, students, other trainees, other staff, and the public.

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Policy/Section Title: Student Mistreatment	Policy/Section No.: 3.4	Approval Date: May 1, 2025
Responsible Agents: Office of Undergraduate Medical Education, Committee on Student Affairs	Next Review Date: May 1, 2026	Revision Dates: May 1, 2025 June 17, 2024
Approved By: Committee on Student Affairs Curriculum Committee	Effective Date: August 1, 2025	Applicability: All members of the RSOM community
Relevant LCME Standards: 3.6 Student Mistreatment	Dissemination: Updated annually on UGME website; Presented in Transition to Medical School, Transition to Clinical Care, Transition to Residency; Presented annually to Curriculum Committee	

POLICY:

3.4 Student Mistreatment

Renaissance School of Medicine at Stony Brook University is a proud member of the University community, and as such, takes seriously conduct violations that compromise the safety of others as well as of the learning environment. Furthermore, the School is committed to maintaining a positive environment for medical study and training, in which individuals are evaluated solely on relevant factors such as ability and performance, reflecting the Renaissance School of Medicine's core values of Integrity, Compassion, Accountability, Respect, and Excellence (ICARE). The following outlines key policies and procedures of the University and the School which help to ensure a safe environment for learning and serving patients. It is incumbent on all members of Renaissance School of Medicine – faculty, staff, and students – to know their rights and responsibilities.

3.4.1 Statement of the University Non-Discrimination Policy:

Consistent with federal and state guidelines, Stony Brook University does not discriminate on the basis of race, color, sex, age, ethnicity, religion, national origin, sexual orientation, disability, marital status, gender identity and expression, or veterans' status in its educational programs or employment. If you are a student or an employee of Stony Brook University and you consider yourself to be a target of discrimination or harassment, you may file a complaint in writing with the Office of Equity and Access. If you choose to file such a complaint within the University, you do not lose your right to file with an outside enforcement agency such as the State Division of Human Rights, Equal Employment Opportunity Commission, or the Office of Civil Rights.

3.4.2 University Policy on Sexual Harassment (P106)

The University reaffirms the principle that students, faculty, and staff have the right to be free from discrimination based upon gender, commonly known as "sexual harassment."

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- Harassment on the basis of gender is a form of sexual discrimination and violates Title VII of the Civil Rights Act of 1964 and Title IX of the Education Amendments of 1972.
- The University is responsible for and fully committed to the prevention and elimination of gender harassment. Supervisors and department heads are responsible for promoting an atmosphere that prohibits such unacceptable behavior.
- Unwelcome sexual advances, requests for sexual favors and verbal or physical conduct of an abusive, sexual nature constitute harassment when such conduct interferes with an individual's work or academic performance, or creates an intimidating, hostile, or offensive work or academic environment. Harassment of employees by supervisors, or of students by faculty or administrators, is unlawful. Conversely, harassment of supervisors by employees, faculty by students, or individuals by co-workers, is also unlawful.
- The University does not tolerate gender harassment and treats it as a form of misconduct. Sanctions are enforced against individuals engaging in such behavior.

3.4.2 University-wide Resources

If you believe your right to engage freely in your education pursuits has been compromised as a result of a Title VII or Title IX Violation or a violation of the University's non-discrimination policy, contact the University ADA and Title IX Coordinator, Marjolie Leonard-Coker, 201 Administration Building, at 632-6280 or see <http://www.stonybrook.edu/titleix> for more information and/or to report an incident. The following offices are also areas where you can make an inquiry or request further information:

- Human Resource Services^[SEP] Room 390, Administration Building^[SEP] (631) 632-6200
- Office of the Provost^[SEP] Room 407, Administration Building^[SEP] (631) 632-7000
- Office of the Dean of the Graduate School^[SEP] Room 2401, Computer Sciences Building^[SEP] (631) 632-7040
- Health Sciences Center^[SEP] L-2, Room 400 Health Sciences Center^[SEP] (631) 444-2253
- Renaissance School of Medicine^[SEP] L-4, 170, Health Sciences Center^[SEP] (631) 444-1785

3.4.3 Relationships between University Staff and Students (P208)

All University employees, including administrative staff, medical personnel, full and part-time faculty, teaching assistants and academic mentors, act on behalf of the University and with its authority when supervising or evaluating student work, assigning grades for credit, or acting in an advisory capacity.

3.4.3.1 Personal Relationships:

Familial, romantic, and sexual relationships compromise the objectivity and integrity with which University employees discharge their academic, administrative, and supervisory responsibilities. The use of the student-faculty or student-supervisor relationship to seek or maintain a personal relationship is an

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abuse of power and is specifically prohibited by campus policies P105 Equal Opportunity / Affirmative Action and P106 Sexual Harassment.

3.4.3.2 Business Relationships:

Business relationships between faculty and students that actually or potentially entail obligations or concessions that may compromise the academic integrity of either party, or the academic program are not acceptable. See campus policies P209 Conflict of Interest and P508 Financial Transactions with Students.

Additionally, all full and part-time University staff, as State employees, are subject to the ethics provisions of the New York State Public Officers Law that prohibit acceptance of any personal gift of more than nominal value.

Individuals engaged in such behavior are subject to disciplinary and/or legal action.

3.4.4 Workplace Violence (P509)

It is Stony Brook University's policy to promote a safe environment that is free from violence for all members of the University community. The University will not tolerate any acts of workplace violence, such as physical assaults or acts of aggressive behavior including but not limited to: An attempt or threat, whether verbal or physical, to inflict physical injury; Any intentional display of force that gives reason for someone to fear or expect bodily harm; Intentional and wrongful physical contact with a person without their consent that entails some injury; Stalking with the intent of causing fear of material harm to the physical safety and health of the individual.

Workplace violence may occur within a wide spectrum of interactions between students, faculty, staff, patients, and visitors of the University. The University is committed to maintaining a campus environment that is free from workplace violence. It is the responsibility of all employees to create and maintain a campus environment free from acts of workplace violence. Reports of incidents of workplace violence will be taken seriously and dealt with appropriately. Individuals who commit acts of workplace violence may be removed from the premises by University Police and referred for disciplinary action, criminal penalty, or both.

In the event that employees observe or experience an incident of workplace violence involving an employee or visitor to the Stony Brook campus in which there is an imminent threat to someone's safety, or an injury has occurred, the employee must immediately contact University Police and in addition notify their immediate supervisor. Employees or supervisors who become aware of a workplace violence incident in which there is no imminent threat, and no physical injury has occurred may also report that incident to Human Resources. Human Resources will consult with the University Police Department on incidents reported directly to them. Questions about the workplace violence program, including what may constitute workplace violence, should be directed to Human Resources.

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3.4.4.1 Reporting ACTS of Workplace Violence

- Call 911 for University Police assistance from any Campus phone or (631) 632-6333 from an off-campus phone.

3.4.4.2 Further information about Workplace Violence:

To learn more about the University's Workplace Violence Prevention Program and Policies and Procedures, visit <http://www.stonybrook.edu/hr/misc/wvp/prevention-program.shtml>.

3.4.5 Disruptive Behavior Policy (P521)

Disruptive, Threatening, or Violent Behavior

Students, faculty, and staff have the right to be free from acts or threats of disruptive behavior and/or physical violence, including intimidation, harassment, and/or coercion, which involve or affect the University Community. The University does not tolerate any student, faculty member, administrator, or employee, acting individually or in concert with others, who clearly obstructs or disrupts any teaching, research, administrative, disciplinary, public service activity, or any other workplace activity held on campus property. The University prohibits retaliation against those who report or cooperate in the investigation of disruptive behavior.

Further information about Disruptive Behavior:

To learn more about the University's Workplace Violence prevention program and policies and procedures, visit <http://www.stonybrook.edu/hr/policy/disruptive-behavior-procedure.shtml>.

For a complete list of University policies, visit <http://www.stonybrook.edu/policy/>. Students can report any incident of discrimination, harassment or violence to the offices listed above without seeking permission of the School of Medicine, nor are students required to inform the School of Medicine of their intent to make a report. If a student would like support from the Administration of the School of Medicine to help guide them through the reporting process at the University, the Associate Dean for Student Affairs and student members of the Mistreatment peer review group are available to assist with the University's processes.

3.4.6 Renaissance School of Medicine Policy on Standards of Conduct for the Teacher-Learner Relationship

In addition to the University policies and procedures listed above, the Renaissance School of Medicine's Faculty Code of Ethics (www.stonybrookmedicalcenter.org/facultysenate/codeofethics), Section 2, Respect for Persons, delineates faculty behaviors demonstrating respect for other persons. For incidents that are a violation of the University policies listed above, the Renaissance School of Medicine will work with University administrators to address all issues brought forward. For incidents that are violations of Renaissance School of Medicine's policies on the learning environment alone, the following outlines the process of reporting such incidents.

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3.4.7 Gender-Based Mistreatment

In a combined effort with students, the administration has sought to expand the process by which students can report occurrences of sexual harassment or gender-based discrimination. A Gender-Based Mistreatment Committee was created to offer an alternate pathway for students to report concerns. The committee includes 1-2 students from each class serving as representatives to whom students can turn. These students can help facilitate the reporting process and, if requested, maintain the reporter's anonymity.

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Policy/Section Title: WE SMILE	Policy/Section No.: 3.5	Approval Date: May 1, 2025
Responsible Agents: Office of Undergraduate Medical Education, Committee on Student Affairs	Next Review Date: May 1, 2026	Revision Dates: May 1, 2025 June 17, 2024
Approved By: Committee on Student Affairs Curriculum Committee	Effective Date: August 1, 2025	Applicability: All members of the RSOM community
Relevant LCME Standards: 3.6 Student Mistreatment	Dissemination: Updated annually on UGME website; Presented in Transition to Medical School, Transition to Clinical Care, Transition to Residency; Presented annually to Curriculum Committee	

POLICY:

3.5 WE SMILE

The School of Medicine has a school-wide program titled **WE SMILE**, an acronym for “We can Eradicate Student Mistreatment In the Learning Environment.” The six components of the WE SMILE program include a) Definition, b) Education, c) Reporting, d) Review and Adjudication, e) Enforcement, and f) Communication/Closing the Loop. The School has defined mistreatment as physical, verbal, or emotional behavior that shows disrespect for medical students and unreasonably interferes with their respective learning process.

The six components of the WE SMILE program include a) Education b) Definition c) Reporting d) Review and Adjudication e) Enforcement and f) Communication/ Closing the loop.

3.5.1 Component One: Education

Information regarding all components of the WE SMILE program will be disseminated to students, residents, teaching faculty and staff through the RSOM website, orientation programs, class meetings and brochures.

3.5.2 Component Two: Definition of Student Mistreatment

The School has defined mistreatment as verbal or emotional behavior that shows disrespect for medical students and unreasonably interferes with their respective learning process. Examples of mistreatment include but are not limited to:

1. insults or unjustifiably harsh language in speaking to or about a person
2. public belittling or humiliation
3. requiring performance of personal services (e.g., shopping, babysitting)
4. intentional neglect or lack of communication (e.g., neglect, in a rotation, of students with interests in a different field of medicine)
5. disregard for student safety
6. denigrating comments about a student's field of choice

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7. assigning tasks for punishment rather than for objective evaluation of performance
8. exclusion of a student from any usual and reasonable expected educational opportunity for any reason other than as a reasonable response to that student's performance or merit
9. other behaviors which are contrary to the spirit of learning and/or violate the trust between the teacher and learner

3.5.3 Component Three: Reporting Mistreatment

Renaissance School of Medicine has created multiple avenues to report mistreatment to encourage reporting as well as track patterns and frequency of mistreatment to target specific prevention initiatives. Students should keep in mind that the range of responses available to the School of Medicine will be contingent not only on the nature of the mistreatment, but also the degree to which a student is willing to identify him/herself.

Further, the Renaissance School of Medicine may decide that a report of mistreatment rises to a level where University policy has been violated and be required to notify Office of Equity and Access, Labor Relations, and/or University Police.

While all reports are confidential and separate from any academic record, there are some forms of incident reporting where anonymity cannot be guaranteed. Students who are unsure of which route to take in addressing an incident of mistreatment can make use of consultation services of Counseling and Psychological Services at either the East Campus location (3rd floor, near the HSC Library) or West Campus location (2nd floor, Student Health Services Building). Licensed counselors are able to help a student talk through options available in a confidential setting including whether or not a student wants to report mistreatment. In cases where the student wishes to maintain anonymity, the student may designate a proxy to present the information for review by the Committee on Student Affairs.

3.5.3.1 Face to Face report

- a) Students may report any concerns of mistreatment to the Associate Dean for Student Affairs.
- b) Non-teaching personnel in the Renaissance School of Medicine conduct periodic focus groups and clerkship exit interviews with students. This serves as another safe venue for students to report concerns regarding the learning environment confidentially. Such reports will be directed to the Associate Dean for Student Affairs.

3.5.3.2 Online reporting

- a) **Professionalism Note:** The Professionalism note on the RSOM website (<https://cbase.som.sunysb.edu/cbase2/public/comments/index.cfm>) allows any student/staff member/trainee/faculty to anonymously or otherwise report potential concerns regarding the learning environment. Such reports will be reviewed by the Associate Dean for Student Affairs for appropriate further action.

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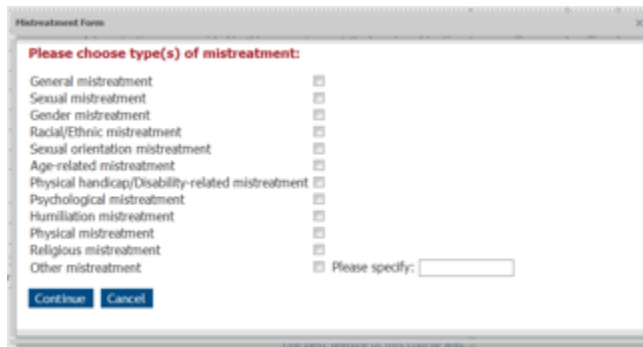
- b) **Mistreatment Note:** This note on CBase in the Feedback tab allows students to report confidentially or anonymously any mistreatment they have experienced or witnessed during their education at Stony Brook. Being available 24/7, students may choose to report events at the time or any time later, so that they can do so without any fear of retribution. These reports are sent to the Associate Dean for Student Affairs for review and report to the Committee on Student Affairs.
- c) **End of Course Evaluation form on CBase:** This form is completed by all students at the end of each course or clerkship and allows aggregate assessment of the prevalence of mistreatment and learning environment concerns anonymously. It also allows any student to report a mistreatment incident during that course/clerkship confidentially to the Associate Dean for Student Affairs. The screen shots from CBase are shown below.

CBase Screen Prints:

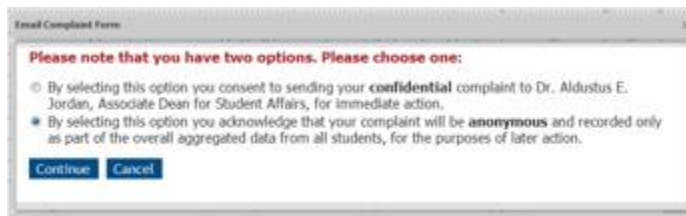
- Step 1: Identify if mistreatment occurred:



- Step 2: Classify type of mistreatment:



- Step 3: Identify reporting approach:



- Step 4: Refer back to policy for further information and additional reporting options.

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3.5.4 Component Four: Review and Adjudication

Regardless of the mechanism by which an incident is reported, the Associate Dean for Student Affairs serves as the focal point for the initial review of all mistreatment reports. Issues related to physical assault or sexual harassment, workplace violence, Title IX Violations, or discrimination will be referred immediately to the Office of Equity and Access and/or University Police as appropriate.

With regard to issues that are within the Associate Dean's purview, the Associate Dean shall use their best efforts to resolve the issue between the concerned parties. In the event that the matter is unable to be resolved by the Associate Dean for Student Affairs the matter will be referred to the Committee on Student Affairs for review and adjudication. The Committee on Student Affairs, a standing subcommittee of the Faculty Senate, will conduct its formal proceedings to decide the appropriate course of action in all such referrals.

Recommendations may range from:

1. dismissal of the concern
2. remediation through educational interventions
3. referral to the Office of Equity and Access
4. referral to the Stony Brook University Hospital Medical Board
5. referral to Labor Relations
6. referral to University Legal Counsel
7. referral to University Police
8. referral to University Community Standards
9. Other referrals as deemed appropriate

3.5.5 Component Five: Enforcement

The responsibility for the enforcement rests with the Dean School of Medicine and the university official to whom the recommendations/ further action was referred.

3.5.6 Component Six: Communication/ Closing the Loop

The Committee on Student Affairs will provide periodic reports to the Faculty Senate and to the Dean's Office on its activities and outcomes. In addition, aggregate reports will be made periodically to the SOM educational committees and student body.

3.5.7 Retaliation and False Claims

Retaliation against a person who reports, complains of, or provides information in a mistreatment investigation or proceeding is prohibited. Alleged retaliation will be subject to investigation and may result in disciplinary action up to and including termination or expulsion.



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A person who knowingly makes false allegations of mistreatment, or who knowingly provides false information in a mistreatment investigation or proceeding, will be subject to disciplinary action (and, in the case of students, consistent with the Honor Code).

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Policy/Section Title: Academic Integrity	Policy/Section No.: 3.6	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education, Committee on Academic and Professional Progress	Next Review Date: May 1, 2026	Revision Dates: May 1, 2025 June 17, 2024
Approved By: Committee on Academic and Professional Progress Curriculum Committee	Effective Date: August 1, 2025	Applicability: All medical students
Relevant LCME Standards: N/A	Dissemination: Updated annually on UGME website; Presented annually to Curriculum Committee	

POLICY:

3.6 Academic Integrity

The fundamental values of academic integrity – honesty, trust, fairness, respect, responsibility, and courage – are of prime importance within the Renaissance School of Medicine and Stony Brook University communities. Every member of the RSOM community is expected to uphold and promote these communal standards.

Academic dishonesty includes any act that is designed to obtain fraudulently, either for oneself or for someone else, academic credit, grades, or other recognition that is not properly earned or that adversely affects another's grade or misrepresents one's academic status. Breaches in academic integrity are taken seriously and will be referred to the appropriate student conduct committee.

In addition to these RSOM policies, all members of the RSOM community are expected to adhere to the [Stony Brook University Academic Integrity Policies](#).

3.6.1 Cheating

Dishonesty of any kind with respect to examinations, course assignments, alteration of records, or illegal possession of examinations shall be considered cheating. It is the responsibility of the student not only to abstain from cheating, but also to avoid the appearance of cheating and to guard against facilitating cheating by others. Students who cheat, and students who help others cheat, are equally culpable of academic dishonesty. Students must do everything possible to induce respect for the examining process and for honesty in the performance of assigned tasks in and out of class.

3.6.2 Fabrication

Students and professionals are expected to be honest in their representations of fact and not report as true information they do not know to be true, i.e., they are to report

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only what they know to have a basis in fact. Reporting false information in academic, research, or patient care settings is forbidden.

3.6.3 Plagiarism

Honesty requires full acknowledgement of any words, data, ideas, or materials taken from others and used for one's own written, graphic, or oral use. Any student who fails to give credit for words, data, ideas, or materials taken from other sources is guilty of plagiarism whether intentional or unintentional.

The language or ideas taken from others may range from isolated formulas, sentences, or paragraphs to entire sections of books, periodical articles, speeches, or the writings of others. Plagiarism also includes offering someone else's work as one's own or submitting, without acknowledgment, materials assembled or collected by others in the form of projects or collections. Additional information about Plagiarism is available to students in CBase and at various orientation programs.

3.6.4 Scientific Misconduct

Students involved in research are expected to conduct themselves according to the highest standards of scientific integrity. Anyone conducting research involving human subjects is required to undergo training in the ethical conduct of human subjects research and have their research protocol reviewed and approved by the [Stony Brook University Institutional Review Board](#). Similarly, anyone conducting animal research must have their research protocol reviewed and approved by the Stony Brook Institutional Animal Use and Care Committee (IACUC).

3.6.5 Appropriate Identification

It is improper for medical students to present themselves to patients or others as licensed physicians. In the clinical setting, students must wear, in a highly visible location, an official Stony Brook Medicine name badge which shows their name and photo as identification as a medical student. This badge should be worn in conjunction with additional name badges given to students at off-campus clinical training or research sites.

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Policy/Section Title: Student Use of Generative AI	Policy/Section No.: 3.7	Approval Date: July 7, 2025
Responsible Agents: Office of Undergraduate Medical Education, Committee on Academic and Professional Progress	Next Review Date: May 1, 2026	Revision Dates: February 3, 2025
Approved By: Committee on Academic and Professional Progress Curriculum Committee	Effective Date: August 1, 2025	Applicability: All Medical Students
Relevant LCME Standards: 3.5 Learning Environment/Professionalism	Dissemination: Updated annually on UGME website; Presented in Transition to Medical School; Presented annually to the Committee on Academic and Professional Progress and the Curriculum Committee	

POLICY:

3.7 Student Use of Generative AI

3.7.1 Introduction

Generative artificial intelligence (AI) refers to computer-based tools capable of producing text, images, and other media in response to user prompts. Examples include ChatGPT, Bard, Bing AI, and others. While some AI tools (e.g., Grammarly) are designed to support student learning by providing suggestions on their own writing, more advanced generative AI tools can generate and revise text independently, potentially completing parts—or all—of an assignment or research task on behalf of the student.

The use of such tools raises important questions about academic integrity and may undermine the achievement of key learning objectives. This policy provides guidance on acceptable student use of generative AI in courses and research activities.

3.7.2 Policy Statement

The use of generative AI by students for course assignments, assessments, or research is at the discretion of the faculty course director or research supervisor. Accordingly:

- All faculty must include clear guidance in their course syllabi or research expectations regarding whether and how generative AI may be used.
- When generative AI is permitted, faculty should clearly state:
 - Which tools may be used.
 - In what contexts or assignments use is allowed.
 - What kind of documentation or acknowledgment is required.

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Students are ultimately responsible for the accuracy, integrity, and appropriateness of any work they submit that involves generative AI tools. This includes evaluating the validity of AI-generated content and citing it properly, as appropriate.

3.7.3 Sample Policy Language for Faculty Use

The following examples are provided as sample language that faculty may adapt to their needs. These are not formal institutional policies but are meant to support consistent and transparent communication.

Maximally Restrictive Policy

All submitted work must be entirely the student's own. The use of generative AI tools—including but not limited to ChatGPT, CoPilot, or Grammarly's generative AI features—is not permitted at any stage of the assignment or research process.

Fully Permissive Policy

Students are encouraged to use generative AI tools such as ChatGPT, CoPilot, or Grammarly's generative AI features to support their learning and work. Any use of these tools must be clearly documented and cited. Students are responsible for verifying the accuracy and relevance of any AI-generated content submitted.

Mixed-use Policy

Students may use generative AI tools such as ChatGPT, CoPilot, or Grammarly's generative AI features only for assignments or research activities explicitly designated by the course director or supervisor. Unless otherwise noted, AI use is not permitted. Any permitted use must be documented and appropriately cited. Students remain responsible for the quality and integrity of all submitted work.

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Policy/Section Title: Communication	Policy/Section No.: 4.1	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: All medical students
Relevant LCME Standards: N/A	Dissemination: Updated annually on UGME website; Presented in Transition to Medical School; Presented annually to Curriculum Committee	

POLICY:

4.1 Communications

Each student is given an official @stonybrookmedicine.edu e-mail address and access to CBase, the web-based student academic record and course management system. Official communications from the school (deans, course directors, faculty, administrative support staff, etc.) occurs via the official @stonybrookmedicine.edu e-mail address that each student has been assigned. Students are responsible for accessing and reading their e-mail on a regular basis and, when required, responding appropriately and in a timely manner. The official email address of RSOM students is typically firstname.lastname@stonybrookmedicine.edu. Students are responsible for maintaining an up-to-date personal profile in CBase. If a student withdraws or is terminated, email access is terminated within a three-month period.

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Policy/Section Title: HIPAA Training & Confidentiality Agreement	Policy/Section No.: 4.2	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: All medical students
Relevant LCME Standards: 11.5 Confidentiality of Student Records	Dissemination: Updated annually on UGME website; Presented in Transition to Medical School; Students complete annually in July; Presented annually to Curriculum Committee	

POLICY:

4.2 HIPAA Training & Confidentiality Agreement

All RSOM faculty, staff, and students must complete training on HIPAA Policies and Procedures and sign a [Confidentiality Agreement](#). Instructions on fulfilling the HIPAA requirement can be found on CBase or on the [HSC Training Website](#). All students must complete their training and sign the [Confidentiality Agreement](#) by the end of their first semester enrolled in the School of Medicine.

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Policy/Section Title: Training Sites	Policy/Section No.: 4.3	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: All medical students
Relevant LCME Standards: 5.5 Resources for Clinical Instruction 5.6 Clinical Instructional Facilities/Information Resources	Dissemination: Updated annually on UGME website; Presented in Transition to Medical School; Presented at Phase II planning & registration class meeting; Presented annually to Curriculum Committee	

POLICY:

4.3 Training Sites

Students are assigned to their clinical training sites through a lottery system. If there are extenuating circumstances that affect a student at a particular training site, the student may request an alternate site by submitting a written request to the Associate Dean for Student Affairs.

4.3.1 Stony Brook University Hospital

Stony Brook University Hospital (SBUH) Stony Brook University Hospital (SBUH) is Long Island's premier academic medical center. With 628 beds, SBUH serves as the region's only tertiary care center and Level 1 Regional Trauma Center and is home to the Stony Brook University Heart Institute, Stony Brook Cancer Center, Stony Brook Children's Hospital and Stony Brook University Neurosciences Institute. SBUH also encompasses Suffolk County's only Level 4 Regional Perinatal Center, state-designated AIDS Center, state-designated Comprehensive Psychiatric Emergency Program, state-designated Burn Center, the Christopher Pendergast ALS Center of Excellence, and Kidney Transplant Center. It is also home of the nation's first Pediatric Multiple Sclerosis Center.

4.3.2 Stony Brook Southampton Hospital

Stony Brook Southampton Hospital (SBSHH), a campus of Stony Brook University Hospital, offers a diverse array of clinical services, ranging from primary medical care to specialized surgical procedures, including orthopedics and bariatrics. The sole provider of emergency care on Long Island's South Fork, Stony Brook Southampton Hospital is a provisional Level III adult Trauma Center. The hospital includes a Heart and Stroke Center, Breast Health Center, The Center for Advanced Wound Healing, and 32 satellite care centers throughout the South Fork of Long Island.

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4.3.3 Stony Brook Eastern Long Island Hospital

Stony Brook Eastern Long Island Hospital (SBELIH) is an acute care community hospital committed to delivering excellence in patient care and meeting the current and emerging health needs of the North Fork and Shelter Island. A campus of Stony Brook University Hospital, SBELIH provides regional behavioral health programs serving the greater Suffolk County area. Centers of excellence include Medical-Surgical, Advanced Ambulatory Care, Behavioral Health, Emergency, Geriatric, Diagnostic Services, Physical Therapy and Gastrointestinal Services.

4.3.4 Northport Veterans Affairs Medical Center

Northport Veterans Affairs Medical Center (VAMC) provides a full range of services with state-of-the-art technology as well as education and research. VAMC operates a 508-bed, acute care hospital, a 190-bed nursing care home facility and five community-based outpatient clinics.

4.3.5 Nassau University Medical Center

Nassau University Medical Center (NUMC) includes a 615-bed acute care facility integrated with a network of ambulatory primary care and specialty sites. NUMC also has an 889-bed, long-term care facility.

4.3.6 Mount Sinai South Nassau Hospital

Mount Sinai South Nassau Hospital is a 455-bed, acute care, not-for-profit teaching hospital located in Oceanside, NY.

4.3.7 Community-based Primary Care Practices

Students complete a four-week Primary Care Clerkship that emphasizes prevention, diagnosis, and management of common primary care health issues in adults. Students may rotate with a Family Practitioner, General Internist, or Geriatrician, participating in all aspects of their preceptor's clinical practice, including office visits, hospital rounds, nursing home visits, and home visits.

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Policy/Section Title: Attendance	Policy/Section No.: 4.4	Approval Date: March 3, 2025
Responsible Agents: Office of Undergraduate Medical Education	Next Review Date: August 1, 2026	Revision Dates: March 3, 2025 October 18, 2024
Approved By: Curriculum Committee	Effective Date: March 3, 2025	Applicability: All medical students
Relevant LCME Standards: N/A	Dissemination: Updated annually on UGME website; Posted in each course syllabus on Cbase; Presented annually to Curriculum Committee	

POLICY:

4.4 Attendance

Each faculty member has responsibility and authority for matters pertaining to the general attendance and classroom/clinic conduct of students. Faculty members have the responsibility to notify students which class/clinic activities are mandatory.

4.4.1 Mandatory Sessions

Except in extraordinary circumstances, all mandatory course activities will appear on the official academic calendar on CBase at least 30 days prior to the scheduled activity.

4.4.2 First Session and Day After Holiday Breaks

The first session of every course and clerkship is mandatory, regardless of whether it is indicated as such on the academic calendar on CBase. Additionally, the first day of class following a holiday break is mandatory for all classes, regardless of whether it is indicated as such on the academic calendar on CBase.

4.4.3 Day Prior to NBME Shelf Exam

The day prior to an NBME shelf exam in a clinical clerkship is a scheduled workday, thus there is no designated study day before such exams. Students are not allowed to take a personal day on the day prior to an NBME exam.

4.4.4 Phase II Objective Structured Clinical Examinations (OSCEs) Scheduling and Attendance

Regular attendance and punctuality are essential for the smooth administration and successful completion of clerkship OSCEs, a critical component of professional and clinical training. Students must arrive at the Clinical Simulation Center (CSC) at the time specified by the CSC and the clerkship director. The following guidelines ensure a fair and consistent approach to attendance and scheduling issues:

1. **Scheduling:** OSCE schedules will be posted on the CSC website one week in advance. See Item #7 for access instructions.

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2. **Confidentiality:** Students in earlier rotations must not discuss exam content with others.
3. **Late Arrivals:** Students arriving after the first rotation begins will not be permitted to start the OSCE. The clerkship director and CSC may allow rescheduling later that day if slots are available. Otherwise, students may take the OSCE on the next scheduled date, pending approval by the clerkship director.
4. **Absences:** Absences from OSCEs will only be accommodated under extreme circumstances.
 - a. **Notification:** Students must inform the clerkship director and CSC of any anticipated or sudden absence. Contact the CSC at 631-444-2098 or clinicalscenter@stonybrookmedicine.edu.
 - b. **Illness:** Students concerned about their health or potential infection risk must notify the clerkship director and CSC. A doctor's note is required for an excused absence for illness.
 - c. **Religious Observances:** Students requesting a scheduling accommodation or excused absence for religious observance must notify the clerkship director and CSC as early as possible. Failure to do so may limit scheduling options. Students will likely take the OSCE on the next scheduled date.
 - d. **Unplanned Events:** Students unable to take the OSCE due to a family emergency or other extenuating circumstances must request a makeup exam. The clerkship director and CSC have sole authority to grant these requests. If approved, students will likely take the OSCE on the next scheduled date.
5. **Location:** All OSCEs are administered in the Clinical Simulation Center (CSC), HSC Level 2, Room 180.
6. **Accommodations:** Refer to Section 6.1 of the *RSOM Academic Policies and Procedures* for complete information on accommodations.
 - a. Students requiring accommodation must register with the Student Accessibility Support Center (SASC) and provide documentation.
 - b. Students must follow SASC procedures and notify the CSC via email, clinicalscenter@stonybrookmedicine.edu, with a copy to the clerkship director at least two weeks before the OSCE.
 - c. Accommodations typically include extra time for reading door notes and post-encounter write-ups, but not extra time with standardized patient during encounters unless specified by the SASC.



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7. Accessing OSCE Schedules:

- a. Visit the CSC website:
<https://renaissance.stonybrookmedicine.edu/csc>
- b. Select "Participant Resources" > "SOM (School of Medicine)"
- c. Click "here" at the end of "You may log on here."
- d. Log in (case-sensitive):
 - i. **Username:** som (lowercase)
 - ii. **Password:** Som@11794 (S uppercase)
- e. Select the relevant course for the OSCE schedule.

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Policy/Section Title: Work Hours	Policy/Section No.: 4.5	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education, Curriculum Committee	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: All medical students
Relevant LCME Standards: 8.8 Monitoring Student Time	Dissemination: Updated annually on UGME website; Presented in Transition to Medical School; Posted in each course syllabus on Cbase; Presented annually to Curriculum Committee	

POLICY:

4.5 Work Hours

4.5.1 Phase I Work Hours

The maximum number of hours students may be scheduled in instructor-led activities in Phase I courses is five per day and 25 per week. Generally, instructor-led course activities in Phase I are scheduled each day from 9:00AM to 12:00PM and 1:00PM to 3:00PM.

The maximum number of total hours per week students may be scheduled in combined instructor-led activities and independent learning activities (ILAs) is 50. Independent learning activities include review of assigned preparatory content (e.g., readings, video recordings, etc.), homework assignments, assigned e-learning modules, and quiz and exam preparation. Students are to receive five hours of review time per midterm, unit, or final exam to be scheduled 24 hours before the exam, and these hours should be accounted for on Cbase.

Independent learning activities do not include time used for personal study based on student individual needs. Time used for such personal study does not count towards the 50 hours per week workhour limit.

Course Directors maintain workweek compliance and the Office of Undergraduate Medical Education reviews and approves the calendars prior to the start of each academic year.

4.5.2 Phases II and III Work Hours

The School of Medicine adheres to the Accreditation Council for Graduate Medical Education (ACGME) duty hour requirements for workload. Students are encouraged to report any violations of the 80-hour limit and/or duty hour rules. Specifically, students may not be requested to work more than 80 hours per week, averaged over a four-week

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period, inclusive of all in-house call activities. Duty periods must not exceed 24 hours in duration. Specifically, duty hours are defined as all clinical and academic activities related to the program, i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences. Duty hours do not include reading or preparation time spent away from the duty site. Students must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. Adequate time for rest and personal activities must be provided. Adequate time is defined as a minimum of eight-hour period provided between all daily duty periods and after in-house call. See the [Stony Brook University Hospital Graduate Medical Education \(GME\) Duty Hours Policy](#) for detailed information.

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Policy/Section Title: Enrollment	Policy/Section No.: 4.6	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: All medical students
Relevant LCME Standards: N/A	Dissemination: Updated annually on UGME website; Presented in Transition to Medical School; Posted in TGIF annually prior to class registration; Presented annually to Curriculum Committee	

POLICY:

4.6 Enrollment

Students must be registered at full-time status per medical school term to be considered active. There are a total of eight terms during the four years required for the MD degree. All blocks/holds in [SOLAR](#) must be resolved in order to be enrolled to avoid incurring late registration fees.

4.6.1 Enrollment in Combined Degree Programs (MD/PhD, MD/MPH, MD/MSECR, MD/MA, MD/MBA, MD/BMI)

Students in combined degree programs may not enroll in more than one course per semester in the supplemental degree program while enrolled in Phase I courses. Such students must remain in good academic standing in the School of Medicine. If the student loses good academic standing, then the student will be invited to CAPP, which may mandate completion of the joint program in five rather than four years.

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Policy/Section Title: Absences	Policy/Section No.: 4.7	Approval Date: July 7, 2025
Responsible Agents: Office of Undergraduate Medical Education, Phase II/III Committee	Next Review Date: August 1, 2026	Revision Dates: April 7, 2025 June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: All medical students
Relevant LCME Standards: 12.4 Student Access to Health Care Services	Dissemination: Updated annually on UGME website; Presented in Transition to Medical School; Posted in each course syllabus on CBase; Presented annually to Curriculum Committee	

POLICY:

4.7 Absences

Course requirements – including attendance requirements – are determined by course/clerkship directors within the guidelines for managing courses found in the [Course Director's Handbook](#). Hence, it is the course/clerkship director who has the authority to determine the nature of any make-up work. When a student is excused from required course activities, the Dean's office will notify the course/clerkship director, and it is the student's responsibility to arrange for and complete the make-up work in a timely fashion.

4.7.1 Excused Absences

Students may be excused from mandatory coursework in certain circumstances with the approval of the Associate Dean for Student Affairs. Students enter their request for an excused absence on CBase (under Documents/Excused Absence). Requests for excused absences on scheduled exam days will generally not be approved. The following are the only valid reasons for requesting an excused absence:

1. Medical illness or checkup, including care for an ill dependent (e.g., parent, child). *A doctor's note must be submitted to the Office of Student Affairs or uploaded to CBase **within 14 days** of the date of absence. If no note is provided, the excused absence will convert to an unexcused absence. **Students must submit an absence request due to illness on or before the missed day. Retroactive requests will not be approved.***
2. Death of a family member or significant other
3. Act of God, disaster, or nature occurrence
4. Significant educational experience. Students who wish to be excused from mandatory academic activities for a significant educational experience must request an excused absence through CBase **at least 30 days before** the event.
5. Religious observance. Students who wish to be excused from mandatory academic activities for religious observance must request an excused absence through CBase **at least 30 days before** the holiday.

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4.7.1.1 Jury Duty

All full-time students are excused from jury duty, thus excused absences will not be granted for jury duty.

Make-up requirements for extended absences (> 2 days) from a clinical clerkship are at the discretion of the clerkship director. Make-up requirements may include assigned clinical duties overnight and/or on weekends.

In general, students may not accumulate more than 10 excused absences per year. Students who accumulate more than 10 excused absences in an academic year may be invited to CAPP.

Students requesting to attend professional conferences must be in good standing at the time of the conference. No student shall request an excused absence to attend more than three conferences throughout medical school.

4.7.2 Unexcused Absences

An absence for any other reason will be noted as unexcused. Students who accumulate three or more unexcused absences will meet with the Associate Dean for Student Affairs. Students who accumulate five or more unexcused absences may be invited to CAPP.

If a student has an unexcused absence on an exam day, then the student will bear the cost of the makeup exam and the proctor.

4.7.3 Inclement Weather

In the case of inclement weather, students should call 631-444-SNOW or 631-632-SNOW and read their emails to learn whether to report for exams or other mandatory activities. The [Stony Brook University Emergency Management Website](#) posts university information regarding university closings and other emergency notifications. Students are also strongly encouraged to sign up for [SB Alert](#), the University's emergency notification system that automatically sends emergency alerts to mobile devices and computers. Sign-up for SB Alert is available on [SOLAR](#).

4.7.3.1 Phase I Students

If the Stony Brook University campus is closed, there will be no RSOM on-campus activities that day. This includes all lecture, laboratory, small-group, and clinical skills activities. However, because the academic calendar does not allow for the rescheduling of cancelled classes, course directors may arrange for remote learning activities for non-mandatory classes or laboratory sessions, or virtual sessions for small-group activities that have assessments. Students should check their @stonybrookmedicine.edu email for communications from course directors. If the university is closed on a scheduled NBME exam day, the exam will be rescheduled.

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4.7.3.2 Phase II Students

If the Stony Brook University campus is closed, all Phase II students, regardless of clinical site, are excused from clinical duties that day. This includes all clinical, didactic, and clinical skills activities. However, because the academic calendar does not allow for the rescheduling of cancelled classes, clerkship directors may arrange for remote learning activities on the day(s) the university is closed. Students should check their @stonybrookmedicine.edu email for communications from clerkship directors. If the university is closed on a scheduled NBME exam day, the exam will be rescheduled.

4.7.3.3 Phase III Students

If the Stony Brook University campus is closed, Phase III students on sub-internships are considered essential and are required to report as expected. Phase III students on electives, either clinical or didactic, are excused from clinical duties and/or class that day. However, course directors may arrange for remote learning activities on the day(s) the university is closed. Students should check their @stonybrookmedicine.edu email for communications from course directors.

4.7.4 Phase II Absence Policy

Students are expected to be present on all assigned working days, including scheduled weekends and nights, throughout Phase II. Clerkship students play a vital role on the healthcare team, and absences can significantly impact patients, clinical staff, peers, and themselves.

However, absences may be necessary for illness, religious observance, personal emergencies, or professional conferences. This policy outlines procedures for planned and unplanned absences, as well as required make-up work.

Students must act with integrity when requesting an excused absence and consider the impact of their absence on the clerkship director, clerkship coordinator, faculty, residents, fellow students, other team members, and patients.

4.7.4.1 General Absence Guidelines

1. Students must submit an excused absence request on CBase for all absences.
2. The Associate Dean for Student Affairs must review and approve all absence requests.
3. Students must coordinate with the Associate Dean for Student Affairs and clerkship director to schedule required make-up time.
4. A full day is equivalent to eight hours; students must specify the duration of their absence (e.g., a set number of hours, half-day, or full day).
5. Students must notify the clinical team and clerkship director/site director of any approved absence.

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4.7.4.2 Planned Absences

1. Students must submit an excused absence request on CBase at least 30 days in advance.
2. Absences are not permitted until approved by the Associate Dean for Student Affairs.
3. If an absence occurs on an exam day, students must coordinate with the clerkship director/coordinator and the Office of Undergraduate Medical Education to reschedule the exam within the clerkship block, ensuring it is taken on or before the original exam date.
4. Students should avoid scheduling healthcare appointments during essential clerkship activities (e.g., orientation, on call, OSCEs, feedback meetings, NBME exams).
5. If a healthcare appointment must be scheduled during essential clerkship activities, students must provide an explanation in their excused absence request.

4.7.4.3 Unplanned Absences

1. Unplanned absences include sudden illness (physical or mental) or personal/family emergencies.
2. Students must coordinate with the Associate Dean for Student Affairs and clerkship director/site director to schedule required make-up time.
3. Excused absence requests must be submitted on Cbase by the end of the day of the absence unless extenuating circumstances prevent it.
4. Students must notify both the clinical team and clerkship director/site director of their absence.
5. Retroactive requests will be considered only in exceptional cases.

4.7.4.4 Unexcused Absences

1. Any absence without an approved absence request or timely submission will be recorded as unexcused.
2. Students must coordinate with the Associate Dean for Student Affairs and clerkship director/site director to schedule required make-up time.
3. Students with three or more unexcused absences will meet with the Associate Dean for Student Affairs. Five or more unexcused absences may result in referral to CAPP.

4.7.4.5 Clerkship-specific Absence Limits

1. The clerkship director determines make-up requirements for missed days.
2. A maximum of ten absences (excused and/or unexcused) is allowed in Phase II.
3. Students exceeding ten absences must meet with the Associate Dean for Student Affairs and may be required to complete additional clinical time.
4. Clerkship-specific limits:
 - a. Eight-week clerkships (Medicine, Surgery): Maximum of three absences (excused or unexcused); additional absences require make-up days or work.



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- b. Four- and six-week clerkships (Primary Care, Neurology, Ob/Gyn, Pediatrics, Psychiatry): Maximum of two absences (excused or unexcused); additional absences require make-up days or work.
 - c. Two-week mini-clerkships (Emergency Medicine, Anesthesia, Radiology): Maximum of one absence (excused or unexcused); additional absences require make-up days or work.
- 5. Make-up time may be scheduled on weekends, wellness weeks, holidays, vacation time, or night shifts, ensuring minimal disruption to other learners.
- 6. Students must coordinate with the clerkship director/site director to determine appropriate make-up time and activities.

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Policy/Section Title: Holidays, Vacations, & Religious Observances	Policy/Section No.: 4.8	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: All medical students
Relevant LCME Standards: N/A	Dissemination: Updated annually on UGME website; Presented in Transition to Medical School; Posted regularly in TGIF; Included on Phase calendars; Presented annually to Curriculum Committee	

POLICY:

4.8 National and New York State Holidays, Vacations, and Religious Observances

Students will be excused from all academic activities for those National and New York State holidays that are fully observed by Stony Brook University. Students may also receive an excused absence from mandatory academic activities for religious observances. The School of Medicine academic calendar on CBase specifies the days on which there are mandatory academic activities.

4.8.1 SBU Fully Observed National and New York State Holidays

All University fully observed holidays will be observed for all students. During all fully observed holidays, no formal academic sessions will be scheduled, and students will not be expected to be do clinical work or be “on call.” University fully observed holidays include:

1. Christmas Day-New Year’s Day (winter break)
2. Martin Luther King Day
3. Memorial Day
4. Juneteenth
5. 4th of July
6. Labor Day
7. Thanksgiving (day of and day after)

In addition, Phase I students are given a one-week Spring Break in AY1 (mid-March) and a 10-week Summer Break between the end of AY1 and the start of AY2.

4.8.1.1 Phase III Students

Phase III students who are participating in sub-internships may be required to work on holidays. Attendance is at the discretion of the course director.

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4.8.2 Religious Observances

Stony Brook University and Renaissance School of Medicine are committed to providing the opportunity for all students to practice their faith in accordance with [New York State Education Law 224-A](#). To accomplish this, the Office of the Provost has undertaken the following strategic steps:

- Each spring the Office of the Provost will issue a listing of major religious holidays that will take place during the following academic year. This will ensure that faculty is aware of the major celebrations of the faiths practiced by our students.
- All student absences in order to practice their faith will be viewed as an 'excused absence', with no negative consequence.
- Faculty are strongly urged to avoid scheduling examinations, papers, presentations or other assignments to be due on any of the major listed holidays. When this is unavoidable, students will be given the opportunity for an equivalent make-up.

Students who wish to be excused from mandatory academic activities for religious observance must request an excused absence through CBase **at least 30 days before** the holiday. Missed work must be made up.

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Policy/Section Title: Leaves of Absence	Policy/Section No.: 4.9	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: All medical students
Relevant LCME Standards: N/A	Dissemination: Updated annually on UGME website; Presented in Transition to Medical School; Presented annually to Curriculum Committee	

POLICY:

4.9 Leaves of Absence (LOA)

A leave of absence may be granted to enable a student to resolve personal, health, or academic problems, or to further their education away from the School of Medicine. Except for leaves granted pursuant to degree granting or other approved programs, the maximum cumulative leave of absence for personal or health problems, or for supplemental education may not exceed a total of 18 months. All leaves of absence must be requested in writing and approved by the Associate Dean for Student Affairs. The Associate Dean may specify conditions that must be met for the student to be permitted to return after the leave of absence.

4.9.1 Leave of Absence for Personal or Health Reasons

Granted after a student has submitted a written request to the Associate Dean for Student Affairs containing supporting documentation and recommendation from the student's physician or other healthcare provider. All submitted materials will be kept in strict confidence.

4.9.2 Leave of Absence for Academic Remediation

Students may request a leave of absence for academic remediation for completion or makeup of academic work if their performance indicates a pattern of chronic academic difficulties. Such requests should be made in writing to the Associate Dean for Student Affairs explaining the reason for the request and the time requested. A student will not be granted a leave of absence solely to avoid completing course requirements in a timely manner.

4.9.2.1 Failure to Meet USMLE Deadlines

Any student who fails to take the USMLE Step 1 or Step 2 exam by the stated deadline for their class or who requests extended time to prepare for and take a Step exam will be placed on an LOA for extended study time/academic remediation for Step 1/2, and this LOA will appear on the student's official transcript and be noted in the MSPE.

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4.9.3 Leave of Absence to Participate in an Educational Program or Research

Students may request a leave of absence to participate in an educational program or research only after completing all Phase II requirements. Such requests should be made in writing to the Associate Dean for Student Affairs. The request must include a written petition specifying the goals, scope, and duration of study, and written verification from the supervisor of such activity. ***Students may not take an LOA for research after July 1st of Phase III.***

Phase III students who take an LOA for research are required to take the Step 2 exam no later than August 1 of Phase III. If a student fails to meet this deadline, then their LOA for research will be changed to an LOA for extended study time/academic remediation for Step 2. Upon taking Step 2, their LOA for extended study time/academic remediation will be changed to an LOA for research.

Students taking a leave of absence (or gap year) may have tuition/financial aid implications depending on start/end dates. Semesters run July-Dec (Fall) and Jan-Jun (Spring). Contact Mary.Allen@stonybrookmedicine.edu for tuition/financial aid questions. Contact Caroline.Lazzaruolo@stonybrookmedicine.edu for enrollment questions.

Traditional four-year LEARN students are required to pay tuition for a minimum of 8 semesters. 3YMD students are required to pay tuition for a minimum of 6 semesters.

4.9.4 Leave of Absence After Completion of Phase II

Students taking an LOA after Phase II may take a leave June 1 to May 31 or July 1 to June 30. Students must complete both the USMLE Step 1 and Step 2 exams and the RSOM Clinical Performance Exam (CPX) prior to starting a leave of absence after completion of Phase II clerkships.

In accordance with SUNY policy and federal guidelines for the administration of Title IV financial aid programs, there are billing and financial aid regulations that must be followed when beginning a leave of absence immediately following completion of Phase II.

- a. Phase II ends after the 100% tuition liability period for the spring term. Students beginning an LOA immediately after completing Phase II are NOT entitled to a refund of any portion of the spring term tuition.
- b. Students receiving federal loans for living expenses are required to return a portion of the loan proceeds based on the last date of attendance for the spring term. A Return of Title IV Funds calculation will be conducted by the university Financial Aid Office. The calculated loan funds returned to the federal government by the university will appear as a balance due to the university on the student's SOLAR account.
- c. Students returning from an LOA at the scheduled start of Phase III the following year will be billed for spring tuition/fees for the academic period ending on June 30th of that year. Fall tuition/fees will be charged for the period of July 1st through December 31st.

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4.9.5 Returning from a Leave of Absence

A student wishing to return from a leave of absence must request, in writing, authorization to do so from the Associate Dean for Student Affairs. The petition must include the anticipated date of return. For medical leaves of absence, the School requires a standard “fit for duty” letter from the treating physician. Students returning from a gap year or LOA will be added to the appropriate Phase of the **LEARN** curriculum and will be required to fulfill the current requirements for that Phase. Certain school requirements may expire during an LOA (or gap year). Students are required to ensure that all requirements are up to date prior to returning to medical school and resuming coursework (i.e., all health requirements, Mask Fit, ACLS/BLS, etc.).

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Policy/Section Title: Withdrawal from the School of Medicine	Policy/Section No.: 4.10	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: All medical students
Relevant LCME Standards: N/A	Dissemination: Updated annually on UGME website; Presented annually to Curriculum Committee	

POLICY:

4.10 Withdrawal from the School of Medicine

Students may withdraw from the School of Medicine by notifying the Vice Dean for Undergraduate Medical Education in writing. Once approved, the decision is final, and the student is no longer enrolled in the School of Medicine.

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Policy/Section Title: Supervision of Students	Policy/Section No.: 4.11	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: All medical students
Relevant LCME Standards: 9.2 Faculty Appointments 9.3 Clinical Supervision of Medical Students	Dissemination: Updated annually on UGME website; Presented in Transition to Clinical Care; Posted on each clinical course syllabus on Cbase; Presented annually to Curriculum Committee	

POLICY:

4.11 Supervision of Students

RSOM requires that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to their level of training, and that the activities supervised are within the scope of practice of the supervising health professional. These supervisory guidelines shall provide medical students with an educational program that is clinically and academically progressive and that complies with the requirements of RSOM. If any student believes that they have not been adequately supervised in the clinical environment, the student is strongly encouraged to submit a Clinical Supervision Note, which is under the Feedback and Assessments tab on CBase.

4.11.1 Supervision by RSOM Faculty

In all school sponsored clinical experiences, students are under the supervision of RSOM faculty. As such,

- All clerkship or course directors have faculty appointments
- All preceptors who assign grades to medical students have faculty appointments.
- Faculty supervise all non-physician health care providers (i.e., PA, CNM, NP) engaged in clinical teaching and ensure they are working and teaching within their scope of practice.
- The clerkship or course director is responsible for communicating policies and procedures related to supervision to faculty and students participating in their clerkship or course, and for monitoring compliance.
- The clerkship or course director is responsible for ensuring that the level of responsibility delegated to a medical student is appropriate to the student's level of training and experience, and for monitoring compliance.

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Policy/Section Title: Evaluation of Faculty, Curriculum, & Learning Environment	Policy/Section No.: 4.12	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: All medical students
Relevant LCME Standards: 8.5 Medical Student Feedback	Dissemination: Updated annually on UGME website; Posted in each course syllabus on Cbase; Presented annually to Curriculum Committee	

POLICY:

4.12 Evaluation of the Faculty, Curriculum, and Learning Environment by Students

It is the professional responsibility of the student to participate in the ongoing improvement of the RSOM curriculum and learning environment. The Office of Undergraduate Medical Education provides mechanisms for student input regarding their educational experiences at Stony Brook. These include student surveys, focus groups, exit interviews, and end of course evaluations. Such feedback is used by the Office of Undergraduate Medical Education and the Curriculum Committee to improve the structure and content of the educational program and of the learning environment. End of course evaluations on CBase are required to be completed before students can view their grades. Likewise, course faculty are required to enter grades before they can view student evaluations.

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Policy/Section Title: Student Records	Policy/Section No.: 4.13	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: All medical students
Relevant LCME Standards: 11.5 Confidentiality of Student Records 11.6 Student Access to Educational Records	Dissemination: Updated annually on UGME website; Presented annually to Curriculum Committee	

POLICY:

4.13 Student Records

The School of Medicine Registrar's Office maintains a record for each student that includes an academic file. The file contains registration material, evaluation forms, academic summaries, and other relevant correspondence. The academic file contains information deemed necessary for the proper documentation of the student's progress through the program. Student grades and evaluations are electronically posted on CBase, and students are encouraged to review them regularly. This electronic posting constitutes official notification of grades.

The maintenance and utilization of the student file are guided by national standards. The School of Medicine defines the official student record as stated by the *AAMC Handbook for Student Records Administrators*. A student has the right to inspect their academic file. Before the file is open to the student's inspection, it is checked for material not covered by the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment, also commonly known as FERPA). A student wishing to review their official record must submit a written request to the RSOM Registrar and then make an appointment for review. Any School of Medicine faculty member who has a legitimate need to know may review a student's academic file with explicit permission from the Assistant Dean for Student Affairs.

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Policy/Section Title: Students and FERPA Guidelines	Policy/Section No.: 4.14	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: All medical students
Relevant LCME Standards: 11.5 Confidentiality of Student Records 11.6 Student Access to Educational Records	Dissemination: Updated annually on UGME website; Presented in Transition to Medical School; Presented annually to Curriculum Committee	

POLICY:

4.14 Students and FERPA Guidelines

For the details regarding student rights and FERPA, visit the [SBU Registrar's FERPA website](#). FERPA gives students the following rights regarding educational records:

1. Right of inspection of records
2. Right to challenge records believed to be inaccurate
3. Right to consent to disclosure of personally identifiable records (with exceptions).

Upon written request, the School of Medicine shall provide a student with access to their educational records. The RSOM Registrar's Office has been designated by the institution to coordinate the inspection and review procedures for student education records, which include admissions, academic, and financial files.

A student wishing to review their educational record must submit a written request to the RSOM Registrar's Office listing the item(s) of interest. Educational records covered by FERPA will be made available to the student within 45 days of the request.

Directory information, including name, address, phone number, email address, date of attendance, degree awarded, enrollment status, and major field of study, will be disclosed to third parties upon such request without student permission (unless limited explicitly by the student).

However, non-directory information, such as SSN, identification number, race, gender, transcripts, and grade reports, requires student consent for release. Students may give consent for the release of records by going onto CBase and checking off the release box under the Documents/Release Information tab to enable smooth processing of such requests.

Transcripts are sent out by the Registrar's Office. Transcript requests must be made in writing by the student. Except when legally permitted to do so, transcripts will not be released unless the student gives permission to release in CBase.

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Policy/Section Title: Student Travel to Affiliate Sites	Policy/Section No.: 4.15	Approval Date: July 7, 2025
Responsible Agents: Office of Undergraduate Medical Education, Phase II/III Committee	Next Review Date: August 1, 2026	Revision Dates: June 2, 2025
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: All medical students
Relevant LCME Standards: 10.9 Student Assignment	Dissemination: Updated annually on UGME website; Presented in Transition to Medical School; Presented in Transition to Clinical Care; Presented annually to Curriculum Committee	

POLICY:

4.15 Student Travel to Affiliate Sites

During their course of study, students enrolled in the MD program at RSOM will participate in clinical experiences at various affiliate sites, including hospitals, private practices, and healthcare facilities. These sites provide exposure to diverse patient populations and healthcare environments, enriching the students' educational experience. Travel to these sites is a required component of the MD training program at RSOM.

4.15.1 Student Responsibilities

1. Transportation Arrangements

Students are responsible for arranging their own transportation to and from all assigned clinical training sites. Clinical sites are generally located within a 45-mile commuting distance from the Stony Brook University campus.

2. Transportation Methods

Students may choose to drive personal vehicles, carpool, use public transportation, or use other transportation services.

Regardless of the chosen method, students must ensure timely and reliable arrival at their clinical assignments.

3. Associated Travel Costs

Students who use personal vehicles are responsible for costs including, but not limited to, fuel, parking, maintenance, and tolls.

Students who use public transportation or other transportation services are also responsible for all commuting-related expenses.

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4. Accommodations & Site Reassignment

If a student anticipates undue difficulty in commuting to a specific site because of disability and accommodation, they may request an alternative site assignment in accordance with RSOM Academic Policy 6.1 Procedure for Determination of Disabilities and Accommodations.

5. Accountability

Students must secure adequate transportation for each clinical assignment.

In the absence of approved accommodations, transportation issues will not be accepted as a valid excuse for tardiness or absenteeism.

Failure to adhere to this policy may result in unexcused absences or other academic consequences as determined by RSOM Academic Policies and Procedures.

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Policy/Section Title: General Grading and Evaluative Comments	Policy/Section No.: 5.1	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education, Curriculum Committee	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: All medical students
Relevant LCME Standards: 9.6 Setting Standards of Achievement	Dissemination: Updated annually on UGME website; Presented in Transition to Medical School and Transition to Clinical Care; Presented annually to Curriculum Committee	

POLICY:

5.1 General Grading and Evaluative Comments

Students are evaluated on both the acquisition of knowledge and skills and of professional behaviors and values. Advancement throughout medical school depends on acquiring a solid foundation of medical knowledge, achieving competency in core clinical skills, communicating effectively, and demonstrating professional behaviors.

Grades and narrative comments are recorded in each student's record in CBase and reported in the Medical Student Performance Evaluation (MSPE) sent to residency programs. The assignment and distribution of grades in a course or clerkship are determined by the course/clerkship director, within the bounds of the RSOM grading policies, and are described in the syllabus of each course/clerkship.

The School of Medicine uses a two-tier grading system (Pass, Fail) for all Phase I courses, transition courses, longitudinal electives, two-week mini clerkships, selectives, Advanced Clinical Experience, short courses, and non-clinical electives. The School uses a five-tier grading system (Honors, High Pass, Pass, Low Pass, Fail) for all core clinical clerkships in Phase II and sub-internships and clinical electives in Phase III.

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Policy/Section Title: Grade Definitions	Policy/Section No.: 5.2	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education, Curriculum Committee	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: All medical students
Relevant LCME Standards: N/A	Dissemination: Updated annually on UGME website; Presented in Transition to Medical School; Presented annually to Curriculum Committee	

POLICY:

5.2 Grade Definitions

1. **Honors (H)** signifies exceptionally superior performance.
2. **High Pass (HP)** signifies above average performance.
3. **Pass (P)** signifies satisfactory performance.
4. **Low Pass (LP)** signifies less than satisfactory performance but not failing.
5. **Fail (F)** signifies that the student has not performed satisfactorily.

5.2.1 Other Grades

1. **Incomplete (I)** signifies that extenuating circumstances, usually out of the student's control, have prevented the student from completing the course requirements. A grade of Incomplete will be replaced by the final grade when the student completes the requirements.
2. **No Grade Yet (NGY)** is given in a Phase I course to a student who meets one or more of the following criteria:
 1. Receives an initial final overall course score less than 70.0
 2. Averages less than 70.0 on all course unit exams
 3. Receives a summative final exam score less than 70.0

An NGY is not a permanent grade that appears on the student's official transcript. The NGY will remain on CBase until the student either passes or fails ~~first~~ the remediation attempt. If the student passes the ~~first~~ remediation attempt, the NGY on CBase will be replaced with a P, and a grade of Pass will be recorded on the student's official transcript. If the student fails the ~~first~~ remediation attempt, the NGY on CBase will be replaced with an F, and a grade of Fail will be recorded on the student's transcript. A student who Fails two Phase I courses will be invited to CAPP.

3. **Z** is given in a core clinical clerkship to a student who has passed other elements of a clerkship, but who has failed the initial attempt of the NBME Clinical Science Subject Exam (i.e., shelf exam) for that clerkship. A Z is not a permanent grade that appears on the student's official transcript. If the student passes the second attempt of the NBME subject exam, the Z on CBase will be replaced with a P,

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and a grade of Pass will be recorded on the student's official transcript. A student with a Z may not earn a grade above Pass in that clinical clerkship, i.e., no H or HP will be awarded. If the student fails the second attempt, the Z on CBase will be replaced with an F, and a grade of Fail will be recorded on the student's transcript.

4. **Withdrawal (W)** signifies that the student withdrew before completing course objectives.
5. **Placed Out (PO)** signifies that the student was given credit for a course by (a) having previously taken the same or a similar course and/or (b) by passing an exam deemed appropriate and sufficient by the course director. With the consent of both the course director and the Vice Dean for Undergraduate Medical Education, a student may substitute an alternative educational experience for any course if consistent with the learning objectives of that course.

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Policy/Section Title: Evaluation of Academic Performance in Phase I	Policy/Section No.: 5.3	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education, Phase I Committee	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: Phase I students; Effective with the Class Entering 2024
Relevant LCME Standards: N/A	Dissemination: Updated annually on UGME website; Presented in Transition to Medical School; Presented annually to Curriculum Committee	

POLICY:

5.3 Evaluation of Academic Performance in Phase I

5.3.1 Phase IA: Biomedical Building Blocks (B3) Courses

The B3 courses include The Body, Molecular Foundations of Medicine, Pathogens and Host Defense, and Basic Mechanisms of Disease.

Final Course Grade

- All four B3 courses are graded Pass/Fail.
- The minimum passing score in all four B3 courses is 70.0.
- A student must achieve the following to pass each B3 course:
 - A final overall course score of 70.0 or more (includes all graded assessments), **and**
 - A score of 70.0 or more on each unit or final exam (i.e., each customized NBME exam or in-house exam).
- Thus, to pass each B3 course, a student must achieve **both** a final overall course score of > 70.0 and a score of > 70.0 on each of the course's unit and/or final exams.
- Course assessments and assignments may include unit exams, comprehensive final exam, quizzes, problem-solving exercises, laboratory practicals or reports, case- or team-based learning activities, essays and papers, oral exams, simulations and OSCEs, individual or small-group presentations, etc.
- Unit exams and comprehensive final exams can be either customized NBME exams or in-house exams.
- The combined weight of a course's unit exams and summative final exam, if given, is worth no more than 60% of the final course grade. Other assessments and assignments will comprise the remaining percentage of the final course grade. Course directors have the discretion to decide the exact percentages within these ranges.

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Quizzes and Mid-term Assessments

8. Quizzes and mid-term assessments (generally given on ExamSoft) are considered formative assessments. Students should receive feedback from these assessments to aid their learning.
9. If a student does not score a 70.0 or greater on a quiz or a mid-term assessment, they are not required to remediate the assessment.
10. The content tested on quizzes and mid-term assessments is also tested on unit or final course exams.

Homework Assignments

11. Students must either score a 70.0 or greater on each homework assignment that is graded as such or meet expectations on assignments that are not amenable to traditional numerical grading.
12. If a student does not score at least a 70.0 or meet expectations on a homework assignment, they are required to remediate that assignment, and the form of the remediation is at the discretion of the course director(s).
13. The highest score that a student may receive on a remediation assignment is the lowest passing score, e.g., 70.0.
14. All assignments and assessments must be completed by the due date posted on Cbase unless the student receives an approved extension (i.e., excused absence) by the Dean's Office and/or the course director(s).
15. Assignments received after the due date, and which did not receive an approved extension, will receive a 10% reduction in grade for each day that the assignment is late. Regardless of how late an assignment is, it must be turned in in order to pass the course.

Remediation of Failures

16. If a student fails any B3 course unit or final exam, they must remediate the exam failure. If a student fails only one exam in a B3 course, then they must remediate that one exam. If a student fails two or more exams in a B3 course, then they must remediate the failures with a comprehensive exam that assesses the entire content of the course.
17. Dates and times for all remediation exams will be established by the Office of Undergraduate Medical Education in consultation with the course director(s) and student. A student must take any remediation exam on its scheduled day and time.
18. A maximum of **2 remediation attempts** is allowed for the B3 courses.
19. A student who fails a B3 course will be assigned a temporary grade of NGY on CBase. An NGY is not a permanent grade that appears on the student's official transcript. The NGY will remain on CBase until the student either passes or fails the remediation attempt(s).
20. The first attempt to remediate a failure may be a repeat administration of a failed exam or of a format that is at the discretion of the course director(s). In either case, a student must score > 70.0 on the remediation exam in order to have successfully remediated the initial failure. Successful remediation will be indicated by the minimal passing score of 70.0 for the course, the replacement of

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the NGY on CBase with a P, and a grade of Pass recorded on the student's official transcript. If a student fails the first remediation attempt, the NGY on CBase remains and the student is given an opportunity at a second remediation attempt.

21. The second remediation attempt for each of the B3 courses follows:
 - The Body – Drexel University College of Medicine Summer Medical Gross Anatomy course, which is wholly online
 - Molecular Foundations of Medicine – Drexel University College of Medicine Summer Online Medical Biochemistry course
 - Pathogens and Host Defense – at the course directors' discretion
 - Basic Mechanisms of Disease – at the course directors' discretion
22. If a student fails the second remediation attempt in a B3 course, the NGY on CBase will be replaced by an F, and a grade of Fail will be recorded on the student's official transcript. If a student fails a course, the student must retake the course either by taking a makeup course offered by an LCME accredited medical school or, if no comparable course is offered, by a design of the course directors' choosing.
23. Subsequent successful retake of a failed B3 course will result in an F/P grade recorded on CBase and on the student's official transcript.
24. Unsuccessful remediation will result in an invitation to meet with CAPP.

5.3.2 Phase IB: Integrated Pathophysiology Organ Systems (IPP) Course Sequence

There are five IPP systems-based courses: Cardio/Pulmonary/Renal (CPR), Endocrine/Reproductive (ER), Gastrointestinal/Nutrition (GI-N), Mind, Brain, & Behavior (MBB), and Musculoskeletal (MSK).

Final Course Grade

1. All five IPP courses are graded Pass/Fail.
2. The minimum passing score in all five IPP courses is 70.0.
3. A student must achieve the following to pass each IPP course:
 - c. A final overall course score of 70.0 or more (includes all graded assessments), **and**
 - d. A score of 70.0 or more on each unit or final exam (i.e., each customized NBME exam or in-house exam).
4. Thus, to pass each IPP course, a student must achieve **both** a final overall course score of > 70.0 and a score of > 70.0 on each of the course's unit and/or final exams.
5. Course assessments and assignments may include unit exams, comprehensive final exam, quizzes, problem-solving exercises, laboratory practicals or reports, case- or team-based learning activities, essays and papers, oral exams, simulations and OSCEs, individual or small-group presentations, etc.
6. Unit exams and comprehensive final exams can be either customized NBME exams or in-house exams.
7. The combined weight of a course's unit exams and summative final exam, if given, is worth no more than 60% of the final course grade. Other assessments and assignments will comprise the remaining percentage of the final course

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grade. Course directors have the discretion to decide the exact percentages within these ranges.

Quizzes and Mid-term Assessments

8. Quizzes and mid-term assessments (generally given on ExamSoft) are considered formative assessments. Students should receive feedback from these assessments to aid their learning.
9. If a student does not score a 70.0 or greater on a quiz or a mid-term assessment, they are not required to remediate the assessment.
10. The content tested on quizzes and mid-term assessments is also tested on unit or final course exams.

Homework Assignments

11. Students must either score a 70.0 or greater on each homework assignment that is graded as such or meet expectations on assignments that are not amenable to traditional numerical grading.
12. If a student does not score at least a 70.0 or meet expectations on a homework assignment, they are required to remediate that assignment, and the form of the remediation is at the discretion of the course director(s).
13. The highest score that a student may receive on a remediation assignment is the lowest passing score, e.g., 70.0.
14. All assignments and assessments must be completed by the due date posted on Cbase unless the student receives an approved extension (i.e., excused absence) by the Dean's Office and/or the course director(s).
15. Assignments received after the due date, and which did not receive an approved extension, will receive a 10% reduction in grade for each day that the assignment is late. Regardless of how late an assignment is, it must be turned in in order to pass the course.

Remediation of Failures

16. If a student fails any IPP course unit or final exam, they must remediate the exam failure. If a student fails only one exam in an IPP course, then they must remediate that one exam. If a student fails two or more exams in an IPP course, then they must remediate the failures with a comprehensive exam that assesses the entire content of the course.
17. Dates and times for all remediation exams will be established by the Office of Undergraduate Medical Education in consultation with the course director(s) and student. A student must take any remediation exam on its scheduled day and time.
18. A maximum of **1 remediation attempt** is allowed for the IPP courses.
19. A student who fails an IPP course will be assigned a temporary grade of NGY on CBase. An NGY is not a permanent grade that appears on the student's official transcript. The NGY will remain on CBase until the student either passes or fails the remediation attempt(s).
20. The remediation of a failure may be a repeat administration of a failed exam or of a format that is at the discretion of the course director(s). In either case, a student must score > 70.0 on the remediation exam in order to have successfully

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remediated the initial failure. Successful remediation will be indicated by the minimal passing score of 70.0 for the course, the replacement of the NGY on CBase with a P, and a grade of Pass recorded on the student's official transcript.

21. If a student fails the remediation attempt in an IPP course, the NGY on CBase will be replaced by an F, and a grade of Fail will be recorded on the student's official transcript. If a student fails a course, the student must retake the course either by taking a makeup course offered by an LCME accredited medical school or, if no comparable course is offered, by a design of the course directors' choosing.
22. Subsequent successful retake of a failed IPP course will result in an F/P grade recorded on CBase and on the student's official transcript.
23. Unsuccessful remediation will result in an invitation to meet with CAPP.

5.3.3 Phase I Transition and Longitudinal Courses

Phase I includes one transition course – Transition to Medical School (TMS) – and three longitudinal courses – Medicine in Contemporary Society (MCS), Introduction to Clinical Medicine (ICM), and Themes in Medical Education (TiME).

1. All transition and longitudinal courses are graded Pass/Fail (P/F).
2. Course directors are given the prerogative to determine the best methods for assessing student performance for their courses.
3. Criteria for a passing grade in each course is established by the course director(s).
4. Attendance and small-group participation can count towards the final grade.
5. Narrative comments on the student's performance will be provided for ICM, MCS and TiME, and these comments will be included in the Medical Student Performance Evaluation (MSPE).

5.3.4 Phase I Final Course Grades

Phase I faculty have four weeks from the end of a course to submit final course grades. A single grade will be assigned at the end of each Phase I course. This is the grade that will be recorded on CBase and on the student's official transcript.

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Policy/Section Title: Evaluation of Academic Performance in Phase II	Policy/Section No.: 5.4	Approval Date: January 8, 2025
Responsible Agents: Office of Undergraduate Medical Education, Phase II/III Committee	Next Review Date: January 1, 2026	Revision Dates: January 6, 2025 June 17, 2024
Approved By: Curriculum Committee	Effective Date: January 13, 2025	Applicability: Phase II students
Relevant LCME Standards: N/A	Dissemination: Updated annually on UGME website; Presented in Transition to Clinical Care; Presented annually to Curriculum Committee	

POLICY:

5.4 Evaluation of Academic Performance in Phase II

5.4.1 Core Clinical Clerkships

There are seven core clinical clerkships in Phase II: Medicine, Neurology, Obstetrics and Gynecology, Pediatrics, Primary Care, Psychiatry, and Surgery.

1. All seven Phase II core clinical clerkships courses are graded on a 5-tier system: Honors (H) / High Pass (HP) / Pass (P) / Low Pass (LP) / Fail (F).
2. Grading in the core clinical clerkships is standardized across all seven clerkships:
 - a. Clinical contributes 40-60% to the overall final clerkship grade. Clinical performance is evaluated using the Common Competency-based Clerkship Evaluation (C3) Form.
 - b. NBME subject exam percentile contributes 20-30% to the overall final clerkship grade.
 - c. Clerkship-specific assignments and assessments, e.g., OSCEs, quizzes, oral presentations, tutorials, papers, etc. contribute 10-30% to the overall final clerkship grade.
3. Each core clinical clerkship requires passage of an NBME Clinical Science Subject Exam, i.e., Shelf Exam, at the **5th percentile, at minimum**, as determined by the latest academic year norms from the NBME for examinee performance.
4. A **Z** will be given in a core clinical clerkship to a student who has passed all other elements of the clerkship, but who has failed the initial attempt of the NBME subject exam for that clerkship. A Z is not a permanent grade that appears on the student's official transcript.
5. To be **eligible** for a grade of Honors,
 - a. Students must score at the **50th percentile or above** nationally on the NBME subject exam to be eligible for an Honors grade in a core clerkship. An NBME subject exam score \geq the 50th percentile **does not guarantee** a grade of Honors or High Pass.

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- b. Students must receive a minimum average score of 70% (equivalent to a 3.5 on the C3 Form) or above on all submitted clinical performance evaluation forms (as reported on the summative C3 Form on CBase) to be eligible for an Honors grade in a core clerkship. A clinical performance score $\geq 70\%$ (≥ 3.5 on the C3 Form) **does not guarantee** a grade of Honors or High Pass.
 - c. A student who receives an average score of 40% (equivalent to a 2.0 on the C3 Form) or less on any of the evaluated items under the Professional Attributes competency category on all submitted clinical performance evaluation forms (as reported on the summative C3 Form on CBase), will not receive a final clerkship grade higher than a Pass.
 - d. No more than 30% of the class should receive a grade of Honors, and no more than 30% of the class should receive a grade of High Pass.
6. If a student scores lower than the 5th percentile, then the student must remediate the shelf exam failure. A maximum of 1 remediation attempts is allowed.
7. Dates and times for all remediation exams will be established by the Office of Undergraduate Medical Education in consultation with the course director(s) and the student. A student must take any remediation exam on its scheduled day and time.
8. If the student passes the second attempt of the NBME subject exam, the Z is converted to a P on CBase, and a grade of P is recorded on the student's official transcript. A student with a Z may not earn a grade above Pass in that clerkship, i.e., no H or HP will be awarded.
9. A second failure of the NBME subject exam will result in the replacement of the Z with an F on CBase and on the student's official transcript.
10. A student who either accumulates two Zs at any time during Phase II or fails a clerkship will be stopped in their clinical rotations, and they will be reviewed by CAPP. The student can resume clinical rotations only after both Z's or the failed clerkship have been successfully remediated.
11. In the case of a clerkship failure, remediation of the clerkship must include a minimum of two weeks of additional clinical work, any additional remediation as determined by the clerkship director, and a passing grade on the NBME subject exam. Upon successful remediation of the clerkship, the student's academic record will reflect the failed clerkship; a second entry will show a grade of Pass, i.e., F/P.

5.4.2 Two-Week Mini-Clerkships

There are three two-week mini-clerkships in Phase II: Emergency Medicine, Radiology, and Anesthesiology.

1. The three mini-clerkships are graded Pass/Fail.
2. Final clerkship grades are based on clinical performance and on assignments and assessments such as written quizzes and exams, oral exams, case writeups and presentations, simulations, and OSCEs, etc.
3. A student who fails a mini-clerkship must retake the clerkship.

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5.4.3 Transition to Clinical Care (TCC)

1. TCC is graded Pass/Fail (P/F).
2. Course directors are given the prerogative to determine the best methods for assessing student performance for TCC.
3. Criteria for a passing grade will be established by the course director(s).
4. Attendance and small-group participation can count towards the final grade.

5.4.4 Final Course and Clerkship Grades

All clinical course grades must be submitted within six weeks of course completion, and grades for all non-clinical courses must be submitted within four weeks of course completion.

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Policy/Section Title: Evaluation of Academic Performance in Phase III	Policy/Section No.: 5.5	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education, Phase II/III Committee	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: Phase III students
Relevant LCME Standards: N/A	Dissemination: Updated annually on UGME website; Presented in Phase III planning and registration class meeting; Presented annually to Curriculum Committee	

POLICY:

5.5 Evaluation of Academic Performance in Phase III

5.5.1 Sub-internships and Clinical Elective Rotations

1. Sub-internships and clinical elective rotations in Phase III are graded on a 5-tier system: Honors (H) / High Pass (HP) / Pass (P) / Low Pass (LP) / Fail (F).
2. Clinical performance is evaluated using the Sub-internship/Elective/ACE Evaluation Form (CEPA).

5.5.2 Selectives and Non-clinical Electives

1. Selectives and non-clinical electives are graded Pass/Fail (P/F).
2. Criteria for a passing grade in each course will be established by the course director(s).
3. Attendance and small-group participation can count towards the final grade.

5.5.3 Transition to Residency (TTR) and Advanced Clinical Experience (ACE)

1. TTR-General, TTR-Specialty, and ACE are graded Pass/Fail (P/F).
2. Course directors are given the prerogative to determine the best methods for assessing student performance for their courses.
3. Criteria for a passing grade in each course will be established by the course director(s).
4. Attendance and small-group participation can count towards the final grade.

5.5.4 Final Course Grades

All clinical course grades must be submitted within six weeks of course completion, and grades for all non-clinical courses must be submitted within four weeks of course completion.

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Policy/Section Title: Evaluation of Professionalism	Policy/Section No.: 5.6	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: All medical students
Relevant LCME Standards: N/A	Dissemination: Updated annually on UGME website; Posted in course syllabi on Cbase; Presented annually to Curriculum Committee	

POLICY:

5.6 Evaluation of Professionalism and Teamwork

Throughout the **LEARN** curriculum, students are routinely evaluated by faculty, residents, and peers in areas such as class and clerkship preparation, attendance and participation, interpersonal communication and teamwork skills, leadership, and professionalism. Failure to meet expectations of professionalism and teamwork can lead to a failing grade in a course or clerkship.

RSOM Academic Policies and Procedures 2025-26
Office of Undergraduate Medical Education

Policy/Section Title: Narrative Assessment	Policy/Section No.: 5.7	Approval Date: July 7, 2025
Responsible Agents: Office of Undergraduate Medical Education, Phase I Committee, Phase II/III Committee	Next Review Date: May 1, 2026	Revision Dates: June 5, 2025 June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: All medical students
Relevant LCME Standards: 9.5 Narrative Assessment	Dissemination: Updated annually on UGME website; Presented in Transition to Medical School and Transition to Clinical Care; Presented annually to Curriculum Committee	

POLICY:

5.7 Narrative Assessment

A written narrative assessing a medical student's academic performance, professionalism, and non-cognitive achievements will be included in the student's summative assessment for each required course and clerkship when faculty have adequate, sustained interaction with the student.

Non-cognitive areas of achievement include professionalism, communication, leadership, conscientiousness, critical thinking, time management, and teamwork.

This narrative assessment highlights both strengths and areas for improvement, incorporating formative feedback and summative evaluation.

Summative narrative comments contribute to the final grade and are included in the MSPE. These narratives are compiled from feedback provided by supervising residents and faculty, either as direct quotes or synthesized by the course director.

5.7.1 Narrative Assessment in Phase I

1. A Phase I course will include a narrative assessment if students participate in at least four small-group sessions (12 or fewer students) with the same faculty facilitator.
2. Narrative assessments are provided in the ICM, MCS and TiME courses.
3. Students may appeal narrative comments on their transcript through the standard Grade/Comment Reconsideration Policy (5.8).

5.7.2 Narrative Assessment in Phases II and III

1. In Phase II, summative narrative assessments are provided in clerkships lasting four weeks or longer. Narrative assessments are completed using the Common Competency-based Clerkship Evaluation Form (C3).

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2. In Phase III, summative narrative assessments are provided in sub-internships and clinical electives. Narrative assessments are completed using the Sub Internship/Elective/ACE Evaluation Form (CEPA).
3. Once recorded on CBase, narrative comments are immediately available for student viewing.
4. Students may appeal narrative comments on their transcript through the standard Grade/Comment Reconsideration Policy (5.8).

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Office of Undergraduate Medical Education

Policy/Section Title: Grade/Comment Reconsideration	Policy/Section No.: 5.8	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education, Grade Appeals Committee	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: All medical students
Relevant LCME Standards: 11.6 Student Access to Educational Records	Dissemination: Updated annually on UGME website; Presented in Transition to Medical School and Transition to Clinical Care; Presented annually to Grade Appeals Committee, Presented Annually to Curriculum Committee	

POLICY:

5.8 Grade/Comment Reconsideration

At the completion of each course and clinical rotation, course/clerkship directors are responsible for making grades and narrative evaluations available on CBase as soon as possible. Phase I faculty have four weeks from the end of a course to submit final course grades. In Phases II and III, all clinical course grades must be submitted within six weeks of course completion, and grades for all non-clinical courses must be submitted within four weeks of course completion. Students are notified by e-mail when grades are entered into or changed in CBase. Students are responsible for checking their own grades and for completing the course evaluations necessary to gain access to course grades.

A student who wishes to contest a final course/clerkship grade or narrative evaluation must submit a written request for reconsideration to the course/clerkship director within five days after the grade has been posted. The course/clerkship director, who may consult with the appropriate course/clerkship faculty, will notify the student of their decision regarding the student's request. If the student wishes to appeal the course/clerkship director's decision, the student must submit an appeal in writing to the Associate Dean for Student Affairs within five days of receiving the course/clerkship director's decision. This written request must clearly state the basis for the appeal. The Grade Appeals Committee (GAC) is comprised of selected Phase I, Phase II, and Phase III course/clerkship directors in the RSOM. If the course/clerkship director who conducted the initial request for reconsideration is a member of the GAC, they will recuse themselves from the proceedings and deliberations on that specific case to avoid any conflict of interest. The GAC will notify the student of its decision within five days of reviewing the case. If the student wishes to appeal the GAC's decision, the student must submit an appeal in writing to the Vice Dean for Undergraduate Medical Education within five days of receiving the GAC's decision. The Vice Dean will rule on the matter, and the Vice Dean's ruling is final. The Vice Dean will notify the student of the final decision.



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Students should be aware that a grade/comment review may lead to a reduction in the student's course score, but that such a reduction in course score will not result in a reduction of the student's final course grade.

5.8.1 Revision of Clinical Evaluations

All questions regarding clerkship grades or narrative comments are to be directed to only the clerkship director. Students should not approach individual faculty members to request a revised clinical evaluation, and doing so will be considered a professionalism violation. Revisions of clinical evaluations will not be accepted.

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Policy/Section Title: Non-involvement of Providers	Policy/Section No.: 5.9	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: All medical students
Relevant LCME Standards: 12.5 Non-Involvement of Providers of Student Health Services in Student Assessment/Location of Student Health Records	Dissemination: Updated annually on UGME website; Presented in Transition to Medical School and Transition to Clinical Care; Posted in course syllabi on Cbase; Presented annually to Curriculum Committee	

POLICY:

5.9 Non-involvement of Providers of Student Health Services in Student Assessment and Academic Progress

Health professionals who provide health services to medical students, including medical and psychiatric care as well as psychological counseling, will ***not be involved in the academic assessment or promotion*** of a medical student receiving those services. A student assigned to a course, clerkship, or other educational activity with a treating healthcare provider may request, and will be granted, an alternative assignment. Students are encouraged to request such noninvolvement on CBase during the Phase registration period or to the Associate Dean for Student Affairs if outside the Phase registration period. In matters brought before the Committee on Academic and Professional Progress, a healthcare provider who serves on the committee must recuse themselves from deliberations related to the student whom they treat.

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Policy/Section Title: Remediation of Failures in Phase I	Policy/Section No.: 5.10	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education, Phase I Committee	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: Phase I students; Effective with the Class Entering 2024
Relevant LCME Standards: N/A	Dissemination: Updated annually on UGME website; Presented in Transition to Medical School; Presented annually to Curriculum Committee	

POLICY:

5.10 Remediation of Failures in Phase I

Failure to pass any Phase I course, whether a result of failing to achieve a final overall course score of > 70.0 **or** a score of > 70.0 on each of the course's unit and/or final exams, must be remediated. Two remediation attempts are permitted for the Biomedical Building Blocks courses (TBY, MFM, PHD, BMD). One remediation attempt is permitted for the Integrated Pathophysiology courses (CPR, MBB, Endo-Repro, GI-N, MSK).

5.10.1 Biomedical Building Blocks (B3) Courses

1. If a student fails any B3 course unit or final exam, they must remediate the exam failure. If a student fails only one exam in a B3 course, then they must remediate that one exam. If a student fails two or more exams in a B3 course, then they must remediate the failures with a comprehensive exam that assesses the entire content of the course.
2. Dates and times for all remediation exams will be established by the Office of Undergraduate Medical Education in consultation with the course director(s) and student. A student must take any remediation exam on its scheduled day and time.
3. A maximum of **2 remediation attempts** is allowed for the B3 courses.
4. A student who fails a B3 course will be assigned a temporary grade of NGY on CBase. An NGY is not a permanent grade that appears on the student's official transcript. The NGY will remain on CBase until the student either passes or fails the remediation attempt(s).
5. The first attempt to remediate a failure may be a repeat administration of a failed exam or of a format that is at the discretion of the course director(s). In either case, a student must score > 70.0 on the remediation exam in order to have successfully remediated the initial failure. Successful remediation will be indicated by the minimal passing score of 70.0 for the course, the replacement of the NGY on CBase with a P, and a grade of Pass recorded on the student's official transcript. If a student fails the first remediation attempt, the NGY on

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- CBase remains and the student is given an opportunity at a second remediation attempt.
6. The second remediation attempt for each of the B3 courses follows:
 - The Body – Drexel University College of Medicine Summer Medical Gross Anatomy course, which is wholly online
 - Molecular Foundations of Medicine – Drexel University College of Medicine Summer Online Medical Biochemistry course
 - Pathogens and Host Defense – at the course directors' discretion
 - Basic Mechanisms of Disease – at the course directors' discretion
 7. If a student fails the second remediation attempt in a B3 course, the NGY on CBase will be replaced by an F, and a grade of Fail will be recorded on the student's official transcript. If a student fails a course, the student must retake the course either by taking a makeup course offered by an LCME accredited medical school or, if no comparable course is offered, by a design of the course directors' choosing.
 8. Subsequent successful retake of a failed B3 course will result in an F/P grade recorded on CBase and on the student's official transcript.
 9. Unsuccessful remediation will result in an invitation to meet with CAPP.

5.10.2 Integrated Pathophysiology Courses

1. If a student fails any IPP course unit or final exam, they must remediate the exam failure. If a student fails only one exam in an IPP course, then they must remediate that one exam. If a student fails two or more exams in an IPP course, then they must remediate the failures with a comprehensive exam that assesses the entire content of the course.
2. Dates and times for all remediation exams will be established by the Office of Undergraduate Medical Education in consultation with the course director(s) and student. A student must take any remediation exam on its scheduled day and time.
3. A maximum of **1 remediation attempt** is allowed for the IPP courses.
4. A student who fails an IPP course will be assigned a temporary grade of NGY on CBase. An NGY is not a permanent grade that appears on the student's official transcript. The NGY will remain on CBase until the student either passes or fails the remediation attempt(s).
5. The remediation of a failure may be a repeat administration of a failed exam or of a format that is at the discretion of the course director(s). In either case, a student must score > 70.0 on the remediation exam in order to have successfully remediated the initial failure. Successful remediation will be indicated by the minimal passing score of 70.0 for the course, the replacement of the NGY on CBase with a P, and a grade of Pass recorded on the student's official transcript.
6. If a student fails the remediation attempt in an IPP course, the NGY on CBase will be replaced by an F, and a grade of Fail will be recorded on the student's official transcript. If a student fails a course, the student must retake the course either by taking a makeup course offered by an LCME accredited medical school or, if no comparable course is offered, by a design of the course directors' choosing.

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7. Subsequent successful retake of a failed IPP course will result in an F/P grade recorded on CBase and on the student's official transcript.
Unsuccessful remediation will result in an invitation to meet with CAPP.

5.10.3 Failure of Two Phase I courses

Failure of two Phase I courses in any one academic year constitutes a failure of that academic year. A student who fails an academic year must repeat the year in its entirety. At CAPP's discretion, any student who repeats an academic year may be exempted from re-taking courses in which the student scored at or above the class mean. Any student whose academic record displays a pattern of chronic failing academic performance will be invited to meet with CAPP and may be dismissed from the School of Medicine.

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Policy/Section Title: Remediation of Failures in Phases II and III	Policy/Section No.: 5.11	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education, Phase II/III Committee	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: Phase II and Phase III students
Relevant LCME Standards: N/A	Dissemination: Updated annually on UGME website; Presented in Transition to Medical School; Presented in Transition to Clinical Care; Presented annually to Curriculum Committee	

POLICY:

5.11 Remediation of Failures in Phases II and III

The criteria for passing a clinical course are included in each course syllabus, but, in general, student achievement is measured by clinical performance and performance on assignments and written, oral, and practical exams. All core clinical clerkships in Phase II require passage of an NBME Clinical Sciences Subject Exam (i.e., shelf exam) at the 5th percentile level, at minimum, as determined by the latest academic year norms from the NBME for examinee performance.

Failure of a clinical course can occur in three ways:

1. Not meeting expectations of clinical performance and/or academic course work
2. Not meeting expectations of professionalism and/or ethics
3. Failure of two NBME subject exams (i.e., Z + Z = F)

5.11.1 Grade of Z

If a student has only a single Z on their record, they may continue in their rotations. If a student accumulates two Zs at any time during Phase II or fails a clinical clerkship, the student will be stopped from further rotations and referred to CAPP. Any student who has a record that displays a pattern of chronic failing is at risk for delayed graduation or dismissal from the School of Medicine.

5.11.2 Probationary Status

Progress through Phases II & III will be interrupted if a student is put on probation or is suspended. A student who is on probation may not begin any new clerkship, sub-internship, or clinical elective. A student who is suspended will be precluded from participation in all academic and extracurricular activities.

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5.11.3 Failure of the CPX

Failure of the mandatory Clinical Performance Exam (CPX) at the end of Phase II requires remediation no later than August 31st of Phase III.

5.11.4 Scheduling Make-Up and Remediation Exams

Dates and times for *all* make-up and remediation exams will be established by the Office of Undergraduate Medical Education in consultation with the course director(s) and the student. A student *must* take any make-up/remediation exam on its scheduled day and time. Inquiries regarding the scheduling of makeup/remediation examinations should be directed to the Assistant Dean for Student Affairs, Ms. Mary Jean Allen, in the Office of Undergraduate Medical Education, Level 4, Room 147, (631) 444-2341 (mary.allen@stonybrookmedicine.edu).

5.11.4.1 Time Limit for Makeup Exams

Students must take any missed exam within 14 days of the original exam date. Students are strongly discouraged from taking any make-up exam in one course/clerkship while they are participating in another course/clerkship. Students who plan to take a make-up exam in one course/clerkship during class time in another course/clerkship need the written permission of the Associate Dean for Student Affairs. Students who choose to take an NBME subject exam at a time when a regularly scheduled NBME exam is not being offered will bear the cost of the exam and the proctor.

5.11.4.2 Time Limit for Remediating NBME Shelf Exam Failure

Students must take any remediation NBME shelf exams within two weeks of completing Phase II clerkships.

5.11.5 30-Day Minimum Before Restarting Clerkships

Students who receive two Z grades and are stopped in their clinical rotations must successfully remediate both Zs at least 30 days before their next clerkship begins. If a student fails to remediate both NBME Shelf Exam failures by this deadline, they will be removed from their next scheduled clerkship and will fall further out of sync.

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Policy/Section Title: Academic Status While Repeating a Course, Clerkship, Academic Year, or Phase	Policy/Section No.: 5.12	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: All students
Relevant LCME Standards: N/A	Dissemination: Updated annually on UGME website; Presented annually to Curriculum Committee	

POLICY:

5.12 Academic Status While Repeating a Course, Clerkship, Academic Year, or Phase

Any student who is given the opportunity to repeat a course or clerkship, an academic year, or a Phase will do so on probation, and the student is expected to demonstrate improved academic performance. A student on probation will be invited to CAPP if they receive a grade of Fail in any course. If the student is successful in demonstrating ongoing improved academic performance, the student will be taken off probation. Accumulation of additional course or clerkship failures while on probation may be grounds for dismissal from the School of Medicine.

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Policy/Section Title: Academic Success Program	Policy/Section No.: 5.13	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education, Committee on Academic and Professional Progress	Next Review Date: August 1, 2026	Revision Dates: July 30, 2025 June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: Phase I and Phase II students
Relevant LCME Standards: 11.1 Academic Advising and Academic Counseling	Dissemination: Updated annually on UGME website; Presented in Transition to Medical School; Presented annually to Curriculum Committee	

POLICY:

5.13 Academic Success Program

The Academic Success Program (ASP) is an early alert system to identify students who may be at-risk for failing an NBME Clinical Science Subject Exam (aka, Shelf Exam) in their Phase II clinical clerkships. ASP identifies at-risk students in Phase I and provides them with supplemental academic support to lessen their risk of a shelf exam failure in Phase II. ASP is an internal alert system, and a student's ASP status is not noted in their academic record (i.e., transcript), nor is it reported in their Medical Student Performance Evaluation (MSPE).

5.13.1 ASP in Academic Year 1

Students who fail (percent correct score < 70.0) any course unit or comprehensive exam in Phase I (see Table 5.13) are referred to their Advising POD faculty advisor and strongly encouraged to work with the RSOM success coaches/learning specialists. Any student who fails **four or more** course exams in Academic Year 1 (AY1) will enter the ASP. Students in the ASP are required to participate in the Summer Success Program (SSP), which includes development of a personalized academic success plan, online learning modules, and academic coaching. Any student who fails three course exams in AY1 will be strongly encouraged to participate in the SSP.

Any student who fails **five or more** course exams in AY1 will be referred to CAPP with the likelihood of having to take and pass the NBME Comprehensive Basic Science Exam (CBSE) after completing Phase I and before starting Phase II clinical clerkships.

If a student fails **six or more** Phase I course exams in AY1, then they will be referred to CAPP with the possibility of having to repeat the first year. If CAPP does not require the student to repeat the first year, then the student must take and pass the NBME Comprehensive Basic Science Exam (CBSE) after completing Phase I and before starting Phase II clinical clerkships.

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The School of Medicine recognizes the significant value that summer experiences provide to medical students in their educational and career development. Students participating in the SSP may also participate in a summer curricular or extracurricular program, e.g., the Scholarly Concentrations Program, Global Health, combined degree program, clinical shadowing, etc., providing they are able to fully participate in and complete the SSP. Any ASP student who does not complete the SSP by August 15th of AY2 may be invited to CAPP.

5.13.2 ASP in Academic Year 2

Students who entered the ASP in AY1 continue their work with the RSOM success coaches/learning specialists on honing their academic success skills in AY2.

Any student who fails **five or more** course exams in AY1 and AY2 combined will be referred to CAPP with the likelihood of having to take and pass the NBME Comprehensive Basic Science Exam (CBSE) after completing Phase I and before starting Phase II clinical clerkships.

5.13.3 Comprehensive Basic Science Examination (CBSE)

Students who are required to take the CBSE will be given the first six weeks of the first clerkship block to prepare for and take the CBSE, and they will be delayed in starting their clinical clerkships. The cost for the CBSE is covered by the RSOM. The CBSE score is reported as a two-digit equated percent correct, which is statistically adjusted from the actual percent correct to account for variations in difficulty from test to test. A student must score ≥ 62 on the CBSE to move on to Phase II

If a student scores ≥ 62 the CBSE, they will be given the option to begin their clinical clerkships or take an additional six weeks to prepare for and take the USMLE Step 1 exam before beginning clerkships.

If a student scores < 62 on the CBSE, then they must remediate the exam failure until they achieve a passing score. This may further delay their start to Phase II.

5.13.4 ASP in Phase II and Preparation for NBME Shelf Exams

ASP students in Phase II are strongly encouraged to take an NBME Clinical Mastery Series Exam (CMSE) prior to taking each clerkship NBME Shelf Exam. The cost for the CMSE is covered by the RSOM, and ASP students will be given a voucher to take the CMSE online. ASP students are strongly encouraged to continue working with the RSOM success coaches/learning specialists to review their performance on the CMSE and to prepare a study plan for the subsequent shelf exam.

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Table 5.13 Phase I Examinations that are Tracked for the Academic Success Program.

Exams in AY1	Exams in AY2
TBY Unit Exam 1	MBB Comprehensive Exam
TBY Unit Exam 2	Endo-Repro Comprehensive Exam
TBY Unit Exam 3	GI Comprehensive Exam
TBY Unit Exam 4	MSK Comprehensive Exam
MFM Unit Exam 1	TiME Comprehensive Exam
MFM Unit Exam 2	
MFM Unit Exam 3	
MFM Unit Exam 4 (BPP)	
PHD Unit Exam 1	
PHD Unit Exam 2	
PHD Unit Exam 3	
BMD Unit Exam 1	
BMD Unit Exam 2	
CPR Cardio Unit Exam	
CPR Pulmonary Unit Exam	
CPR Renal Unit Exam	

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Policy/Section Title: NBME Clinical Science Subject Exams in Phase II	Policy/Section No.: 5.14	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education, Phase II/III Committee	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: Phase II students
Relevant LCME Standards: N/A	Dissemination: Updated annually on UGME website; Presented in Transition to Medical School; Presented in Transition to Clinical Care; Presented annually to Curriculum Committee	

POLICY:

5.14 NBME Clinical Science Subject Exams in Phase II

Students are expected to sit for NBME Clinical Science Subject Exams (aka, Shelf Exams) at the time specified by the Clerkship Director and the Office of Undergraduate Medical Education. Students seeking an excused absence from a Subject Exam must notify the Clerkship Director and submit a request for an excused absence on CBase prior to the exam start time. Requests for excused absences from examinations will only be granted under extreme circumstances. If the request for an excused absence is granted, then alternate arrangements for taking the exam will be made with input from the Clerkship Director and the Office of Student Affairs. In all cases, students must take any missed NBME Subject Exam within 14 days of completing the clinical rotation.

If a student fails to take a scheduled NBME Subject Exam without an excused absence, they will be charged for any costs associated with the missed or unused exam, and they may have a Professionalism Note placed in their student record.

If a student wishes to take a leave of absence upon completing a clerkship, the student must first take the clerkship NBME Subject Exam before taking the leave. If a student does not take the subject exam before being placed on an LOA, then the student must retake the clerkship in its entirety.

5.14.1 NBME Clinical Science Subject Exam Failure

A **Z** will be given in a core clinical clerkship to a student who has passed other elements of a clerkship, but who has failed the initial attempt of the NBME Subject Exam for that clerkship. A **Z** is not a permanent grade that appears on the student's official transcript. If the student passes the second attempt of the NBME Subject Exam, the **Z** on CBase will be replaced with a **P**, and a grade of Pass will be recorded on the student's official transcript. A student with a **Z** may not earn a grade above Pass in that clinical clerkship, i.e., no **H** or **HP** will be awarded. If the student fails the second attempt, the **Z** on CBase will be replaced with an **F**, and a grade of Fail will be recorded on the student's transcript.

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A student who either accumulates two Zs at any time during Phase II or fails a clerkship will be stopped in their clinical rotations, and they will be reviewed by CAPP. The student can resume clinical rotations only after both Z's have been successfully remediated. In the case of a clerkship failure, remediation of the clerkship must include a minimum of two weeks of additional clinical work, any additional remediation as determined by the clerkship director, and a passing grade on the NBME Subject Exam. Upon successful remediation of the clerkship, the student's academic record will reflect the failed clerkship; a second entry will show a grade of Pass, i.e., F/P.

5.14.2 Time Limit for Retaking a Failed NBME Subject Exam

A student must retake any failed NBME Subject Exam no later than 21 days after they complete their last Phase II clerkship. Students who do not meet this deadline will be placed on an LOA for academic remediation.

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Policy/Section Title: Introduction to Clinical Medicine (ICM) Final OSCE and End-of-Phase II Clinical Performance Exam (CPX)	Policy/Section No.: 5.15	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: Phase I and Phase II students
Relevant LCME Standards: N/A	Dissemination: Updated annually on UGME website; Presented at Phase planning and registration class meetings; Presented annually to Curriculum Committee	

POLICY:

5.15 Introduction to Clinical Medicine (ICM) Final OSCE and End-of-Phase II Clinical Performance Exam (CPX)

5.15.1 ICM Final OSCE

At the end of Phase I, students must take and pass the ICM Final OSCE. Students who fail the ICM Final OSCE must successfully remediate the failure by the end of the first clerkship block in Phase II. If the student fails the first retake, they have six months to take and pass a second retake. If the student fails the second retake, they will be reviewed by CAPP.

5.15.2 End-of-Phase II CPX

During the fourth clerkship block of Phase II, students must take and pass the CPX. Students who fail the CPX must successfully remediate the failure by August 31st of Phase III. If the student fails the retake, they will be reviewed by CAPP.

A student who fails both the ICM Final OSCE and the End-of-Phase II CPX will be invited to CAPP.

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Policy/Section Title: In Good Standing	Policy/Section No.: 5.16	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education, Committee on Academic and Professional Progress	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: All medical students
Relevant LCME Standards: N/A	Dissemination: Updated annually on UGME website; Presented annually to Curriculum Committee	

POLICY:

5.16 In Good Standing

A student in good standing:

1. Has received passing grades in all courses, clerkships, electives, standardized patient exams, and other mandatory exercises; and
2. Has passed the appropriate USMLE exams in the recommended time during medical school; and
3. Is not on academic probation; and
4. Behaves in accordance with high standards of professional and academic ethics.

CAPP may review the record of any student who loses good standing. Absent an exception granted by CAPP, only students in good standing will be permitted to begin a new phase. Loss of good standing ends a student's eligibility for some special programs or activities, e.g., the Scholarly Concentrations Program, Global Health Program, dual degree programs, approval for conference travel, and permission to take clinical electives at other institutions. Loss of good standing may result in loss of [Academic Eligibility for Financial Aid](#). For purposes of international electives, due to travel arrangements involved, good standing will be assessed based on the student's record one semester before travel. However, students with chronic academic concerns may not be eligible for international electives or research scholarships. In such situations, the Associate Dean for Student Affairs will make the final decision regarding such eligibility.

A student who has lost good standing will return to good standing upon completion of the required remediation and of the required probation period.

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Policy/Section Title: Academic Probation	Policy/Section No.: 5.17	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education, Committee on Academic and Professional Progress	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: All medical students
Relevant LCME Standards: N/A	Dissemination: Updated annually on UGME website; Presented annually to Curriculum Committee	

POLICY:

5.17 Academic Probation

All assignments to probationary status will appear in the student's MSPE.

5.17.1 Placement on Academic Probation

Students are placed on academic probation by CAPP as a warning that they are in danger of suspension or dismissal. CAPP may put a student on academic probation if the student:

1. Fails any course, clerkship, elective, or mandatory exercise
2. Has been cited for lack of acceptable academic ethics or professional behavior (Note: Any professionalism concerns that rise to the level of CAPP will be noted in the student's MSPE.)
3. Does not take and/or pass USMLE Step 1 and Step 2 in a timely manner
4. Has two or more Incompletes and/or Zs
5. Has a pattern of chronic academic concerns

5.17.1.1 Two Incompletes and/or Zs

A student who receives two Incompletes (I) and/or Z's cumulatively must stop rotations, retake the failed exams, and complete other unmet requirements before starting other coursework. The student may start an elective rotation while waiting for score reports from retaken exams.

5.17.2 Ending Probation

CAPP may remove a student from academic probation after the student has, to the satisfaction of the committee, remedied the problem giving rise to probation.

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Policy/Section Title: Suspension	Policy/Section No.: 5.18	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education, Committee on Academic and Professional Progress	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: All medical students
Relevant LCME Standards: N/A	Dissemination: Updated annually on UGME website; Presented annually to Curriculum Committee	

POLICY:

5.18 Suspension

A student will be automatically suspended, i.e., precluded from participation in all academic and extracurricular activities, when the student:

1. Has been cited for lack of acceptable academic ethics or professional behavior as determined by the Vice Dean for Undergraduate Medical Education; and/or
2. Poses an imminent risk of danger to self, others, or the institution as determined by the Vice Dean for Undergraduate Medical Education.

The student has 14 days from notification of suspension to appeal the decision to the Dean of the School of Medicine. The suspension of any student who poses a threat to the community begins immediately. The Vice Dean will refer all such students to CAPP and/or Counseling and Psychological Services. The student is removed from the class list and from any remaining courses during the suspension period.

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Policy/Section Title: Mandatory Leave of Absence for Academic Remediation	Policy/Section No.: 5.19	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education, Committee on Academic and Professional Progress	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: All medical students
Relevant LCME Standards: N/A	Dissemination: Updated annually on UGME website; Presented in Transition to Medical School; Presented in Transition to Clinical Care; Presented annually to Curriculum Committee	

POLICY:

5.19 Mandatory Leave of Absence for Academic Remediation

A student will be referred to CAPP and placed on a Leave of Absence for Academic Remediation for the following circumstances.

Phase I

1. Failure of any two courses
2. Accumulation of two Incompletes
3. Failure of both remediation attempts of the ICM Final OSCE

Phase II

1. Failure of any one clerkship
2. Accumulation of two Zs

Phase III

1. Failure to take the USMLE Step 1 or Step 2 exams by the stated deadlines
2. Failure of the USMLE Step 1 or Step 2 exams more than once
3. Failure of any one course

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Policy/Section Title: Medical Student Performance Evaluation	Policy/Section No.: 5.20	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: All medical students
Relevant LCME Standards: 11.2 Career Advising 11.4 Provision of MSPE	Dissemination: Updated annually on UGME website; Presented in Transition to Medical School; Presented in Transition to Clinical Care; Presented a Phase III planning and registration class meeting; Presented annually to Curriculum Committee	

POLICY:

5.20 Medical Student Performance Evaluation (MSPE)

The deans in the Office of Undergraduate Medical Education compose the MSPE letters. Each student chooses the dean whom they want to write their MSPE. Evaluative comments from required courses and clerkships are not substantively edited by the MSPE writers. The final draft of the MSPE is prepared after meeting with each student, and students are permitted to review the MSPE with the MSPE writer and correct only factual errors, if any.

5.20.1 MSPE Quartile Determination

Although Renaissance School of Medicine does not have a formal class ranking system, students are placed into quartiles just before the MSPEs are released to residency programs. Quartile determination is based solely on course grades weighted for course length. Class quartile is calculated based on academic performance in Phase I (35%), Phase II (55%), and Phase III (10%). The first quartile is the highest and represents the top students in a graduating class. MSPE quartile placement is based on a student's standing relative to other members of their **graduating class**, not their entering class.

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Policy/Section Title: Mid-clerkship Feedback in Phase II	Policy/Section No.: 5.21	Approval Date: January 8, 2025
Responsible Agents: Office of Undergraduate Medical Education, CCD Committee, Curriculum Committee	Next Review Date: January 1, 2026	Revision Dates: December 18, 2024
Approved By: Curriculum Committee	Effective Date: January 13, 2025	Applicability: Phase II students
Relevant LCME Standards: 9.7 Formative Assessment and Feedback	Dissemination: Updated annually on UGME website; Presented in Transition to Clinical Care; Presented annually to Curriculum Committee	

POLICY:

5.21 Mid-clerkship Feedback in Phase II

Formal formative feedback during each required clerkship that is four-weeks or longer is essential so that students have an opportunity to improve their clinical skills or to remediate performance issues before the end of the clerkship. Providing this feedback at the mid-point of the clerkship allows students sufficient time for reflection, self-assessment, and improvement. Clerkships that are less than four weeks in length should provide alternate means by which medical students can evaluate their progress in learning.

The following standards for mid-clerkship feedback must be met:

1. Formal mid-clerkship feedback must be given to all students in every clerkship that is four weeks or longer in duration (Medicine, Neurology, Ob/Gyn, Pediatrics, Primary Care, Psychiatry, Surgery).
2. Clerkship directors are responsible for ensuring each student receives formal mid-clerkship feedback.
3. Formal mid-clerkship feedback sessions must occur no less frequently than once per clerkship and at a date that is near the mid-point of the clerkship.
4. Mid-clerkship feedback must include a review of the clerkship's required clinical experiences (skills and conditions), as well as any other assessment of student performance that is available at the time of the meeting.
5. All mid-clerkship feedback sessions should be documented and verified by the clerkship or site director and the student to allow for centralized tracking.
6. Students are prompted to report whether they received mid-clerkship feedback in the End-of-Clerkship Evaluation Form on CBase.

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Policy/Section Title: Mid-course Feedback in Phase I	Policy/Section No.: 5.22	Approval Date: July 7, 2025
Responsible Agents: Office of Undergraduate Medical Education, Phase I Committee	Next Review Date: May 1, 2026	Revision Dates: April 2, 2025
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: Phase I students
Relevant LCME Standards: 9.7 Formative Assessment and Feedback	Dissemination: Updated annually on UGME website; Presented in Transition to Medical School; Presented annually to Curriculum Committee	

POLICY:

5.22 Mid-course Feedback in Phase I

Formal formative feedback is essential in all required courses lasting four weeks or longer. This ensures students have the opportunity to improve their academic performance or address any issues before the course ends. Providing feedback at the mid-point allows for reflection, self-assessment, and improvement. Courses shorter than four weeks should offer alternative methods for students to evaluate their progress.

Mid-course Feedback Standards

1. All students must receive formal mid-course feedback in courses lasting four weeks or more.
2. Feedback may include performance on quizzes, mid-term assessments, homework assignments, practice exams, team-based learning (TBL) exercises, and audience response questions.
3. Course directors must ensure every student receives formal mid-course feedback.
4. Formative feedback on assessments should be provided within one week of completion or submission.
5. Students may report whether they received mid-course feedback in the End-of-Course Evaluation Form on CBase.

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Policy/Section Title: Procedure for Determination of Disabilities and Accommodations	Policy/Section No.: 6.1	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: All medical students
Relevant LCME Standards: N/A	Dissemination: Updated annually on UGME website; Presented in Transition to Medical School; Presented in Transition to Clinical Care; Posted in course syllabi on Cbase; Presented annually to Curriculum Committee	

POLICY:

6.1 Procedure for Determination of Disabilities and Accommodations

The School of Medicine has specified certain criteria ([Technical Standards](#)) which all medical students are expected to meet in order to participate in the entire medical education program and the practice of medicine. These Technical Standards are not intended to deter any candidate or enrolled student for whom reasonable accommodation will allow the fulfillment of the complete curriculum. Candidates for admission, academic promotion, and graduation must meet these Technical Standards, with or without reasonable accommodation.

6.1.1 Federal Law and University Policy

Federal law and University policy assure that *"no otherwise qualified handicapped individual ... shall solely by reason of his/her handicap be ... be denied the benefit of ... any program or activity receiving federal financial assistance."* ([Section 504, Rehabilitation Act of 1973](#)) In other words, a student with a physical, psychological, medical or learning disability that may impact coursework, may have a right to "reasonable accommodations," e.g. extra time on written exams, special support facilities, special transportation or parking facilities, etc.

6.1.2 Seeking Appropriate Accommodations

Students are responsible for seeking accommodations, though the School of Medicine is ready and willing to help. The [Student Accessibility Support Center](#) (SASC) is the Stony Brook University office that works with a student to assure every request for accommodations is handled appropriately. Any student seeking assistance from the SASC must self-disclose the believed presence of a specific disability. To receive services, appropriate documentation, complete with a diagnosis and stated specific limitations, must be provided to the SASC. All information and documentation are confidential.

If necessary and if the student requests, the School of Medicine will help the student to get evaluated for a disability and facilitate SASC review to determine what

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accommodations are necessary and appropriate. A student who already has a documented disability may contact SASC directly (631-632-6748). A student who wishes to determine whether they have a disability that qualifies for accommodations should notify the Associate Dean for Student Affairs of their desire. At that point three avenues are available:

1. For psycho-educational testing, the student will usually be referred to the [Krasner Psychological Center](#) (KPC) on West Campus (631-632-7830). KPC conducts a wide array of testing depending on the question at hand (e.g., ADHD evaluation). KPC does not accept insurance, but their fees are based on a sliding scale according to income. The KPC also offers reduced fees to Stony Brook University students. The student must pay the testing fee upfront, and then submit a claim to their health insurance provider. Some insurers may reimburse a portion of the out-of-pocket expense.
2. If the Committee on Academic and Professional Progress (CAPP) recommends that a student undergo psycho-educational testing, the School of Medicine will cover the reasonable out-of-pocket costs that are not covered by the student's insurance. The student must arrange to have the test results forwarded, in confidence, to the Office of Undergraduate Medical Education. The student will also receive a copy of the report.
3. A student who needs other than psycho-educational testing will, with the assistance of the Office of Undergraduate Medical Education, be referred for the necessary testing to an appropriate specialist or facility.

A student may choose to pay out-of-pocket for testing from a private specialist or facility. Sharing the results with the Office of Undergraduate Medical Education will, if accommodation is granted, better enable the school to tailor the accommodation to the student's needs.

When a student has documentation of a disability, they should contact the [Student Accessibility Support Center](#) to arrange an appointment (631-632-6748) in order to determine eligibility for accommodations. SASC reviews the available information and determines for what, if any, accommodations the student qualifies. This determination is confidential, and the student determines who is notified. If accommodation is being sought in the School of Medicine, the confidential notification must be sent to the Assistant Dean for Student Affairs. A copy of this notification, as well as the testing report, if available, will be securely placed by the Registrar in the confidential portion of the student's record. SASC, the student, and the Office of Undergraduate Medical Education will come to an accord regarding what constitutes an accommodation that is "reasonable" in the School of Medicine. The School of Medicine's internal decisions about disability and accommodations do not govern the National Board of Medical Examiners' licensing exams.

The policies of the School of Medicine require that if a student wishes to take advantage of SASC and RSOM-approved accommodations, the student is responsible for notifying directors of courses/clerkships and the Clinical Simulation Center in which the accommodations are sought no later than the first day of the course/clerkship. To be guaranteed testing accommodations for an examination, the student must submit an

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accommodation notification request at least five days before the exam. Testing accommodations typically apply to written exams and post-OSCE encounters. The notification must be made before the beginning of each course/clerkship every year. SASC or the Dean's Office will notify course directors only when specifically asked to do so by a student.

Students with approved testing accommodations must take all exams at the Student Accessibility Support Center located in the Student Union on West Campus. Reservations must be made at least 5 days in advance using the SASC online scheduling tool.

In situations where a decision regarding accommodation must be made urgently and testing has been requested but the results are pending, the Associate Dean for Student Affairs in consultation with the other Deans may make a temporary determination.

6.1.3 SASC Release Form

"In evaluating a student's documentation or disability, the SASC may require additional information from a treating professional. In order to request this information, the student must ask the treating professional to release that information. This [form](#) should be completed in order to authorize that information to be released to the Student Accessibility Support Center."

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Policy/Section Title: Technical Standards	Policy/Section No.: 6.2	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education, Curriculum Committee	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: All medical students
Relevant LCME Standards: 10.5 Technical Standards	Dissemination: Updated annually on UGME website; Attestation upon acceptance of admission; Attestation in Transition to Clinical Care; Presented annually to Curriculum Committee	

POLICY:

6.2 Technical Standards

The Renaissance School of Medicine (RSOM) faculty has specified certain criteria (Technical Standards) which all medical students are expected to meet in order to participate in the entire medical education program and the practice of medicine. These Technical Standards are not intended to deter any candidate or enrolled student for whom reasonable accommodation will allow the fulfillment of the complete curriculum. Candidates for admission, academic promotion, and graduation must meet these Technical Standards, with or without reasonable accommodation.

Students must review the RSOM Technical Standards and confirm that they meet these standards, either without accommodation or with reasonable accommodation, at the time of matriculation and just before starting Phase II clinical clerkships.

The SOM Technical Standards Committee shall determine whether a student or applicant is able to meet these technical standards and, if not, whether reasonable accommodation would allow them to meet the standards. The Technical Standards Committee will review each candidate case by case with careful consideration of all the candidate's skills and attributes. The Technical Standards Committee shall report its findings, in the case of an applicant, to the Admissions Committee, and, in the case of an enrolled student, to the Committee on Academic and Professional Progress (CAPP).

The SOM Technical Standards are as follows:

1. Observation and Participation

The medical student must be able to participate actively in all demonstrations and laboratory exercises in the basic medical sciences. S/he must also participate actively in all clinical exercises and demonstrate the ability to assess and comprehend the condition of all patients presented for examination, diagnosis, and treatment. The medical student must attend, participate in, and complete mandatory

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activities. Such observation, information acquisition, and participation require the functional use of visual, auditory, and tactile sensation.

2. Communication

The medical student must be able to communicate effectively and sensitively with patients in order to elicit information, describe changes in mood, activity, and posture, assess non-verbal communications, and be able to effectively and efficiently transmit information to patients, fellow students, faculty, staff, and all members of the health care team. Communication skills include speaking, reading, and writing, as well as the observation skills described above.

3. Motor

The medical student must have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers, be able to perform basic laboratory tests, possess all skills necessary to conduct diagnostic procedures, and be able to execute motor movements reasonably required to provide general care and emergency treatment to patients.

4. Intellectual, Conceptual, Integrative, and Quantitative Abilities

The medical student must be able to measure, calculate, reason, analyze, and synthesize. Problem solving, the critical skill demanded of physicians, requires all of these intellectual abilities. In addition, the medical student must be able to comprehend three dimensional relationships and to understand the spatial relationships of structures. The medical student must have the capacity to perform these problem-solving skills in a timely fashion.

5. Behavioral and Social Attributes:

The medical student must possess the emotional health required for full utilization of his or her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with all patients and others. The medical student must also be able to tolerate taxing workloads, work erratic shifts, take overnight call, function effectively under stress, adapt to changing environment, display flexibility, and learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, commitment, and motivation are personal qualities that each medical student should possess.

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Policy/Section Title: Health Requirements and Immunizations	Policy/Section No.: 7.1	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: All medical students
Relevant LCME Standards: 12.7 Immunization Requirements and Monitoring	Dissemination: Updated annually on UGME website; Presented in Transition to Medical School; Presented in Transition to Clinical Care; Posted on Cbase; Presented annually to Curriculum Committee	

POLICY:

7.1 Health Requirements and Immunizations

All entering medical students must meet the following health requirements before matriculation:

1. A comprehensive physical exam within 12 months prior to matriculation.
2. Documentation of immunization for rubella, tetanus, polio, rubeola, diphtheria, varicella, and Hepatitis B. (Students who choose not to complete the Hepatitis B series must contact the Office of Student Affairs to sign a declination and to be informed of their rights waived in case of infection.)
3. Lab reports showing quantitative values of titers for measles, mumps, rubella, varicella, and Hepatitis B prior.
4. Results of TB testing within 12 months prior to matriculation. Students with positive TB readings must submit a copy of a chest x-ray report dated within the last two years.
5. Annual immunization with influenza vaccine is strongly recommended.
6. Clinical sites may have additional health requirements, and students must comply with these requirements in addition to SBU and RSOM requirements.

Pertinent health information (date of annual physical, TB testing, titers) is included in the CBase record for each student. Students must have updated physical exams and TB testing every 12 months. The dates of these updates are noted in CBase, and students will receive email reminders beginning 30 days prior to their expiration. Health updates should be submitted to the Office of Student Affairs, or they can be uploaded directly into CBase.

Payment for these immunizations is the student's responsibility. Health requirements are determined through University Hospital Rules and Regulations and are consistent with the NYS Department of Health requirements. Changes that might occur from year to year are reflected in the [Student Health Services Health Form](#). The university is required to distribute information about meningococcal disease and vaccination to all enrolled students. This information includes availability and cost of meningococcal meningitis vaccine. All students are required to respond to receipt of this information through the [SOLAR](#) system. Additionally, students must provide a record of meningococcal meningitis immunization within the past ten years OR a signed

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acknowledgement of meningococcal disease risks and refusal of meningococcal meningitis immunization. This acknowledgement can also be submitted through the [SOLAR](#) system.

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Policy/Section Title: HIV	Policy/Section No.: 7.2	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: All medical students
Relevant LCME Standards: 12.8 Student Exposure Policies/Procedures	Dissemination: Updated annually on UGME website; Presented in Transition to Medical School; Presented in Transition to Clinical Care; Exposure Procedures Card; Presented annually to Curriculum Committee	

POLICY:

7.2 HIV

The Renaissance School of Medicine has established guidelines for the management of Human Immunodeficiency Virus (HIV) seropositivity, and Acquired Immunodeficiency Syndrome (AIDS) in students of the School. An individual whose behavior significantly deviates from guidelines at the practice site, thereby placing patients, staff, or colleagues at risk of exposure to HIV infection, may be suspended from participation at the practice site pending the prompt review by the Dean of the School of Medicine. Students who wish to know their HIV antibody status may be tested, at the student's expense. [Student Health Services](#) offers on-campus STI and HIV testing by appointment. They also offer comprehensive reproductive health services for all students. To make an appointment, call (631) 632-6740. Testing will be done confidentially and reported only to the individual tested and to any agency required by state and local health codes.

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Policy/Section Title: Exposure to Infectious and Environmental Hazards	Policy/Section No.: 7.3	Approval Date: October 18, 2024
Responsible Agents: Office of Undergraduate Medical Education	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: All medical students
Relevant LCME Standards: 12.8 Student Exposure Policies/Procedures	Dissemination: Updated annually on UGME website; Presented in Transition to Medical School; Presented in Transition to Clinical Care; Exposure Procedures Card; Presented annually to Curriculum Committee	

POLICY:

7.3 Exposure to Infectious and Environmental Hazards

Contact with patients may entail exposure to hazards, including exposure to patients with contagious diseases that can be transmitted to students and other healthcare providers by way of airborne droplets or needle-puncture wounds involving infected body fluids.

Students are mandated to complete educational trainings on universal precautions for blood-borne pathogens and protection strategies against airborne and droplet pathogens during student orientation sessions for the Transition to Medical School course, which students take prior to beginning their Introduction to Clinical Medicine and the Body courses and the Transition to Clinical Care course, which students take prior to beginning their clinical clerkship rotations. Additionally, an Infection Control PowerPoint presentation is available online and may be accessed by any student at any time. All clinical students receive and are expected to carry in their ID Badge holder the most recent Exposure to Blood-borne Pathogens Card which includes Universal Precautions and what to do in case of exposure to a potential blood-borne pathogen for each of our clinical sites. Additionally, students receive training in proper blood-drawing techniques and patient-isolation policies prior to the intense clinical exposure in Phases II and III. Finally, the school reserves the right to restrict student contact with a patient believed to pose a risk to the health of the student.

7.3.1 Procedures for Care and Treatment of Blood-borne Pathogen Exposure

The following are instructions in the policy for what students should do should they experience a needlestick or blood-borne pathogen exposure from a splash or sharps during clinical or educational activities.

If a student is exposed to the blood of a patient, the following is recommended:

1. Immediately following an exposure to blood: "Wash needle stick or sharps-induced injuries and cuts with soap and water. Flush splashes to the nose,

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mouth, or skin with water. Irrigate eyes with clean water, saline or sterile irrigation solution.

2. Immediately inform the supervising resident or attending physician and complete an incident report. Prompt reporting is essential because, in some cases, post-exposure treatment may be recommended, and it should be started as soon as possible. The student who sustains occupational exposure should access post-exposure services within hours as opposed to days, after the exposure.
3. Go to the appropriate Post-Exposure Services depending on where the exposure occurred:
 - a. **Stony Brook University Hospital**
Monday-Friday (8 AM - 4 PM) - Go immediately to Employee Health and Wellness (EHW) Services at Stony Brook University Hospital located on Level 8, Room 140. Phone number is 631-444-8187 (4-8187 in-house).

At all other times, go immediately to the Emergency Department at Stony Brook University Hospital
 - b. **Southampton Hospital and South Nassau Communities Hospital**
Go to the Emergency Department. The clinician in the Emergency Department (ED) evaluates the type and severity of exposure and counsels the student on the risk of transmission of HIV, HBV, and HCV. Post-exposure management and prophylaxis (PEP) will be recommended in accordance with CDC guidelines. See [CDC website](#). Since the student may only be given a one or two-day supply of post-exposure medication, it is important to schedule a follow-up appointment as soon as possible.
 - c. **VA Medical Center and Nassau University Medical Center**
Go to Employee Health during regular business hours and the Emergency Department at all other times.
4. The clinician in EHW or the ED will contact the source patient's physician, nurse practitioner, midwife, or physician's assistant to determine whether the source's HIV, HBV or HCV status are known. If the HIV status of the source patient is known, the information may be accessed from the medical record to assist in the decision-making process for initiation of PEP. If the HIV status of the patient is not known, consent for voluntary HIV testing of the source patient will be sought as soon as possible after the exposure. In NYS, when the source patient has the capacity to consent to HIV testing, the individual should be informed that HIV testing will be performed unless they object to being tested. Key points about HIV should be provided. If the patient objects to the test, HIV testing cannot be performed. If the patient lacks capacity to consent, consent can be provided by the healthcare agent, guardian or other person lawfully authorized to make healthcare decisions for the patient.

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If the student is treated in the Emergency Department, they may only be given a one- or two-day supply of post-exposure medication.

All students should go to Stony Brook University Student Health Services on West Campus for follow-up treatment and counseling. Call (631) 632-6740 for an IMMEDIATE appointment. Students should clearly indicate that they are a medical student and that they are requesting a post-exposure follow-up appointment.

After a student has reported the blood-borne exposure and received initial management from the Emergency Department, they should inform the Office of Undergraduate Medical Education of the incident. In the event of non-blood-borne exposure, the student should see their primary care practitioner on an acute visit basis.

7.3.2 Reimbursement of Medical Costs Associated with Blood-borne Pathogen Exposure

Students should first submit payment claims through their health insurance carrier, regardless of whether they are enrolled in the University's Student Health Insurance Plan or have private health insurance coverage. The Dean's Office will reimburse students for out-of-pocket expenses up to the policy deductible. Students requesting reimbursement must follow protocols for exposure incidents and the claims procedure as directed by their insurance carrier before requesting payment/reimbursement. The Office of Student Affairs can provide details on applying for reimbursement/payment.

7.3.3 Visiting Students

Visiting students are expected to provide proof of OSHA training and/or completion of an Infection Control and Barrier Precautions training. Evidence of such training may be provided in a certificate or via a letter drafted by their home institution stating that the student has completed the training and the date the training occurred. Additionally, visiting students are provided with a document as part of their onboarding materials which provides instructions in case of a blood-borne pathogen exposure. This includes where to go for evaluation should it occur in the hospital or at an outpatient site. Additionally, they are also provided the Exposure to Blood-borne Pathogens Card to place in their ID badge holder.

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Policy/Section Title: Exposure to Emerging Pathogens	Policy/Section No.: 7.4	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: All medical students
Relevant LCME Standards: 12.8 Student Exposure Policies/Procedures	Dissemination: Updated annually on UGME website; Presented in Transition to Medical School; Presented in Transition to Clinical Care; Stony Brook Hospital Intranet (The Pulse); Presented annually to Curriculum Committee	

POLICY:

7.4 Exposure to Emerging Pathogens

In case of notification by reporting agencies of unusual and high-risk pathogens (e.g., bioterrorism or other emerging high-risk infections), medical students must refrain from providing care to infected individuals to minimize risks to themselves.

7.4.1 COVID

The School of Medicine follows Stony Brook University Hospital guidelines and policies regarding COVID. Check the [Coronavirus Update](#) website on the Stony Brook University Hospital intranet (log-in required) for the latest information.

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Policy/Section Title: Student Health Insurance	Policy/Section No.: 7.5	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: All medical students
Relevant LCME Standards: 12.6 Student Health and Disability Insurance	Dissemination: Updated annually on UGME website; Presented in Transition to Medical School; Presented in Transition to Clinical Care; Presented annually to Curriculum Committee	

POLICY:

7.5 Student Health Insurance

All students are required to have and provide documentation of adequate health insurance coverage for inpatient and outpatient care. Stony Brook University offers all full-time domestic students a health insurance plan that fulfills this requirement. The plan pays for most medically necessary bills, such as doctor visits, mental health counseling, prescriptions, emergency room visits, lab testing, diagnostic testing, surgery, hospitalization, etc.

All full-time RSOM students are automatically billed for the [Student Health Insurance Plan \(SHIP\)](#) at the beginning of each semester. The cost of the plan for 2025-26 is \$5,701.00 for medical students. The policy year is August 16, 2025 through August 15, 2026. The cost will be pro-rated for students who, due to a qualifying event, enroll in the plan after the start of the policy year.

Waivers for this plan and fee are given only if the student has health insurance through a job, a parent, a spouse, another related individual, Medicaid, or "Healthy New York." To file a waiver, students must go to the [SOLAR](#) system and follow the instructions under "Student Requirements" on the menu. For the waiver process to be complete, documentation of other insurance coverage must be provided to the Office of Student Affairs.

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Policy/Section Title: Medical Student Blood-Borne Pathogen Infection	Policy/Section No.: 7.6	Approval Date: January 8, 2025
Responsible Agents: Office of Undergraduate Medical Education, Phase II/III Committee	Next Review Date: January 1, 2026	Revision Dates: December 2, 2024
Approved By: Curriculum Committee	Effective Date: January 13, 2025	Applicability: All medical students
Relevant LCME Standards: 12.8 Student Exposure Policies/Procedures	Dissemination: Updated annually on UGME website; Presented in Transition to Medical School; Presented in Transition to Clinical Care; Stony Brook Hospital Intranet (The Pulse); Presented annually to Curriculum Committee	

POLICY:

7.6 Medical Student Blood-Borne Pathogen Infection

The purpose of this RSOM policy is to promote patient safety, minimize the risk of transmission of a blood-borne pathogen from an infected student, and provide a work environment that is free from discrimination.

Under NYSDOH regulations (10 N.Y.C.R.R. § 405.3(b)), all licensed healthcare facilities are responsible for ensuring that their employees, medical staff, and volunteers do not have physical or mental impairments related to blood-borne pathogen (BBP) infection or any other condition that would interfere with the performance of their duties or pose a risk to patients.

Medical students infected with blood-borne pathogens

1. have a professional and ethical responsibility to inform the Associate Dean for Student Affairs if they are infected with a blood-borne pathogen,
2. may pursue their studies only as long as their coursework does not pose a health risk to themselves or others,
3. will have their condition reviewed and monitored by an Expert Review Panel at the request of the Associate Dean for Student Affairs,
4. may have their clinical duties or clinical exposure modified, limited, or abbreviated based on recommendations from the Expert Review Panel, and
5. are required to immediately disclose if they expose a patient to their blood-borne pathogen. Pre-notification of patients is not required.

7.6.1 Definitions:

1. Blood-borne pathogen – In this policy, blood-borne pathogen (BBP) refers to Hepatitis B, Hepatitis C, and/or HIV infection.

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7.6.2 Exposure-prone Procedures at Stony Brook University Hospital

1. Mandatory Infection Prevention and Control Training – RSOM will ensure that all students are trained in infection control and prevention techniques as per New York State Regulation 10 N.Y.C.R.R. § 405.11. All students should be provided a safe work environment with appropriate engineering and work practice controls and personal protective equipment.
2. Monitoring and Enforcement of Infection and Prevention Control Standards – As per NYS regulation 10 N.Y.C.R.R. § 405.11, Stony Brook University Hospital is responsible for monitoring and enforcing proper use of infection prevention and control practices and Standard Precautions by healthcare workers, students, and volunteers functioning under its jurisdiction.
3. Training on OSHA Blood-borne Pathogen standard and Hepatitis B vaccination – RSOM will provide regular training that covers all elements of the OSHA blood-borne pathogen standard including, but not limited to information on blood-borne pathogens and diseases, methods used to control occupational exposure, hepatitis B vaccine, and medical evaluation and post-exposure follow-up procedures.

7.6.3 Medical Student Expectations

1. All students are expected to always adhere to standard precautions for patient care.
2. Students at risk for blood-borne pathogen infection have a professional responsibility to obtain appropriate testing and counseling through their personal physician(s) and ascertain their HIV, Hepatitis C, and Hepatitis B immune status. Medical students diagnosed with a blood-borne pathogen are strongly encouraged to undergo any necessary treatment and monitoring and notify the Associate Dean of Student Affairs if their role as a student could result in exposing others to HIV, Hepatitis B, or Hepatitis C or if their health status may compromise safe performance of their clinical duties.
3. Students who may have exposed others to their blood or body fluids in the course of clinical duties must notify their immediate supervisor/course director of the incident and comply with all applicable reporting and follow-up protocols. In such incidents, the student, as the exposure “source,” is strongly encouraged to undergo diagnostic testing for blood-borne pathogens to guide the care of the exposed individual.
4. Students who are exposed to a patient’s blood or body fluids should notify their immediate supervisor/course director and Employee Health and Wellness. An exposed student is strongly encouraged to obtain post-exposure counseling and testing through Employee Health and Wellness (or the Emergency Department after hours and on weekends) and complete any necessary monitoring.
5. Infected students who are determined by the Expert Review Panel to require ongoing monitoring must sign and comply with all aspects of the Expert Review Panel contract.

7.6.4 Employee Health and Wellness

1. Employee Health and Wellness will provide appropriate testing and counseling of students involved in occupational blood-borne pathogen exposures, including post-exposure prophylaxis if indicated. If a BBP exposure incident occurs after hours or

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- on weekends, the Emergency Department will provide initial testing, counseling, and post-exposure prophylaxis, and EHW will provide any necessary follow-up.
2. Routine screening of students for Hepatitis B, Hepatitis C and HIV is not required. Students at risk of BBPs are encouraged to obtain testing and counseling through their personal physicians.
 3. If Employee Health and Wellness becomes aware of a student's infection with a BBP, EHW is responsible for
 - a. confirming infection status and assessing whether the student is receiving adequate medical care,
 - b. assisting with referrals for care, if necessary,
 - c. counseling the student regarding precautions to prevent BBP transmission,
 - d. counseling the student regarding signs of disease progression that may interfere with safe performance of their clinical duties.
 - e. notifying the SBUH Expert Review Panel of students that may require Expert Panel Review and ongoing monitoring due to disease status as defined by the Society for Healthcare Epidemiology (SHEA) and CDC guidelines, and
 - f. performing periodic monitoring evaluations of infected students per Expert Review Panel recommendations.

7.6.5 Confidentiality

Confidentiality concerning the student's health status will be maintained to the greatest extent possible. The Chairperson of the Expert Review Panel may be consulted by the EHW provider for guidance. If the case goes before the Expert Review Panel, the name of the infected student will be kept confidential if possible.

7.6.6 Expert Review Panel

1. Membership – The Expert Review Panel is chaired by the Medical Director of Employee Health and Wellness and may include but is not limited to representation from: Infection Control/Healthcare Epi, Infectious Disease and/or Hepatology, Occupational Medicine, legal counsel, hospital administration, the medical specialty of the infected provider, and his/her treating physician if possible.
2. The Panel is responsible for evaluating individual cases referred from EHW (SBUH employees including residents, medical students) or Occupational Medicine (School of Dental Medicine students and employees). As per NYSDOH policy, the Expert Review Panel recognizes that blood-borne pathogen infection alone is not sufficient justification to limit the professional duties of a healthcare worker/student. The determination of whether an individual healthcare worker/student poses a significant risk to patients that warrants job modification, limitation, or restriction requires a case-by-case evaluation that considers the multiple factors that can influence risk. Using the SHEA and CDC guidelines and other currently available evidence from medical literature, the Panel will determine if the infected healthcare provider requires Expert Review Panel oversight by considering the following factors:
 - a. disease status including viral load, disease symptoms/progression, and co-infections (e.g., tuberculosis)
 - b. clinical status and laboratory data from EHW and/or employee's personal physician

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- c. job duties – Invasive procedures with high risk of exposures (i.e. Category I under updated guidelines for Hep B infection, Category III under SHEA guidelines)
 - d. history of BBP transmission or exposure incidents involving blood or body fluid of infected healthcare provider
 - e. infected provider's adherence to institutional infection control plan
3. If it is determined by the Expert Review Panel that the infected healthcare provider/student requires ongoing monitoring and Panel oversight, the Panel will prepare a written contract to be signed by the infected healthcare provider/student. The contract will outline responsibilities of the infected healthcare provider, which may include but is not limited to
- a. routine follow-up with EHW, specifying frequency of follow-up and any lab results or documentation that should be provided upon follow-up,
 - b. follow-up with personal physician with expertise to monitor and/or treat the healthcare worker's condition,
 - c. consultation with EHW or other expert regarding optimal infection control procedures and strict adherence to all recommended procedures,
 - d. if indicated, restrictions or prohibitions on performance of certain procedures with high risk of exposure, and
 - e. notification of manager or supervisor and EHW of any incident in which patients or coworkers may have been exposed to the healthcare provider's blood or body fluids.
4. Confidentiality will be maintained to the greatest extent possible. The name of the infected healthcare worker/student will be kept confidential in Expert Panel Review proceedings if possible. Other individuals will be informed of any job restrictions relating to the healthcare worker or student on a need-to-know-basis only (e.g., informing department chair or supervisor that a provider is restricted from performing a certain procedure or must use additional safeguards to perform a procedure).

7.6.7 Policy Cross Reference

- 1. Hepatitis B Vaccine Protocol
- 2. Relevant Standards/Codes/Rules/Regulations/Statutes NYCRR Title 10, Section 405.3
- 3. OSHA Blood-borne Pathogen Standard

7.6.8 References and Resources

- 1. <https://www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/management-of-healthcare-personnel-living-with-hepatitis-b-hepatitis-c-or-human-immunodeficiency-virus-in-us-healthcare-institutions/71C331662FBEDDF7F62369E22A22E4F0>
- 2. Centers for Disease Control and Prevention. Updated CDC Recommendations for the Management of Hepatitis B Virus-Infected Healthcare Providers and Students. MMWR. 2012; 61(3).



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3. Henderson DK et al. SHEA Guideline for Management of Healthcare Workers Who Are Infected with Hepatitis B Virus, Hepatitis C Virus, and/or Human Immunodeficiency Virus. *Infect Control Hosp Epidemiol.* 2010; 31 (3): 203-232.

RSOM Academic Policies and Procedures 2025-26
Office of Undergraduate Medical Education

Policy/Section Title: Institutional Emergency and Disaster Preparedness	Policy/Section No.: 7.7	Approval Date: July 7, 2025
Responsible Agents: Office of Undergraduate Medical Education	Next Review Date: July 1, 2026	Revision Dates: July 7, 2025
Approved By: Curriculum Committee	Effective Date: July 13, 2025	Applicability: All medical students
Relevant LCME Standards: 5.7 Security, Student Safety, and Disaster Preparedness	Dissemination: Updated annually on UGME website; Presented in Transition to Medical School; Presented in Transition to Clinical Care; Stony Brook Hospital Intranet (The Pulse); Presented annually to Curriculum Committee	

POLICY:

7.7 Institutional Emergency and Disaster Preparedness

Stony Brook Medicine and Stony Brook University have policies and procedures in place for institutional emergency and disaster preparedness. They utilize a comprehensive emergency management plan based on the National Incident Management System (NIMS) to address a range of potential emergencies, including natural disasters and human-caused incidents.

7.7.1 Key Aspects of Stony Brook's Emergency Preparedness

- **Emergency Management Plan:** A comprehensive plan outlines procedures for responding to, controlling, and recovering from various emergency situations, from fires and hazardous materials to security threats.
- **Emergency Operations Center (EOC):** University officials, along with the Incident Commander and Command Staff, use the EOC to evaluate situations and manage the response efforts.
- **Incident Command System (ICS):** This system structures the emergency response team into functional positions, ensuring efficient communication and organization.
- **All-Hazards Approach:** The plan is designed to address a wide range of emergencies, including acts of terrorism, civil disturbances, natural disasters, and more.
- **Priorities for Emergency Response:** The plan prioritizes prevention, protection, mitigation, response, and recovery efforts.

7.7.2 Notification in Emergency Situations:

Stony Brook utilizes a multi-faceted approach to inform the campus community, including the School of Medicine, during emergencies:

- **SB Alert:** This is a comprehensive emergency notification system that sends alerts about major emergencies, threats, or impending situations via various devices, including mobile phones and email.
- **SB Guardian:** This system offers a "personal blue light phone" feature to quickly contact University Police and a precautionary timer for users traveling on campus.

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- **Emergency Communications Plan:** This plan details communication methods for responders and includes the use of fire alarm systems, email, website updates, campus cable TV, and radio.
- **Mass Notification System:** Stony Brook employs a mass notification system through a private vendor to send urgent communications to the campus community.
- **NY Alert:** University officials can also use NY Alert, a system developed by the State Emergency Management Office, to send emergency messages.
- **Outdoor Warning Siren:** A siren is installed on the main campus to alert individuals outdoors about emergencies. The "S.O.S." actions (Stop, Observe, Shelter) should be taken when the siren sounds.
- **Digital Signage:** New digital signage is being planned for installation in large assembly areas, which will be centrally controlled for disseminating geographically specific emergency information.
- **Voice Fire/PA Systems:** Fire alarm systems are being upgraded to enhance voice capabilities and broadcast emergency messages.
- **Campus Safety Website:** A dedicated website provides resources and information on emergency preparedness and safety.
- **Emergency Command Vehicle:** An SUV equipped with communication equipment can serve as a mobile command post during major incidents.
- **Reporting Emergencies:** Individuals can call University Police at 333 from any campus phone or (631) 632-3333 from a cell phone to report emergencies.

7.7.3 Procedures Specific to the School of Medicine

- In case of extreme disaster, physicians and dentists are expected to report to assigned posts and follow the procedures outlined in the emergency preparedness plan.
- Coordination of activities during an emergency proceeds as outlined in the emergency preparedness plan.
- The Designated Institutional Official (DIO) is the primary contact for graduate medical education during a disaster and facilitates communication with program directors and other officials.
- Communication regarding emergency mitigation strategies for human research protection is developed and distributed to relevant personnel, including researchers, IRB members, and staff.
- Emergency preparedness plans related to human research protection are filed with the Office of Emergency Management and reviewed annually.

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Policy/Section Title: Registration	Policy/Section No.: 8.1	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: All medical students
Relevant LCME Standards: N/A	Dissemination: Updated annually on UGME website; Presented at Phase planning and registration class meetings; Posted in TGIF; Presented annually to Curriculum Committee	

POLICY:

8.1 Registration

The RSOM Registrar's Office registers all medical students with Stony Brook University for each term of enrollment. Enrollment in courses outside those prescribed in the medical curriculum is permitted only when the student is participating in an approved combined degree program or secures the approval of the Vice Dean for Undergraduate Medical Education. Registration is not complete, and enrollment may not occur until the student has paid all fees and complied with all immunization and health insurance requirements. These are resolved in the [SOLAR](#) system by the student prior to the start of a new semester. Medical students who have not complied with the above will not be permitted to attend classes or clinical experiences. Inquiries regarding registration should be directed to the School of Medicine Registrar, Caroline Lazzaruolo, in the Office of Undergraduate Medical Education, Level 4, Room 150, (631) 638-2005 (caroline.lazzaruolo@stonybrookmedicine.edu).

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Policy/Section Title: Academic Fees	Policy/Section No.: 8.2	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: All medical students
Relevant LCME Standards: N/A	Dissemination: Updated annually on UGME website; Posted in TGIF; Presented annually to Curriculum Committee	

POLICY:

8.2 Academic Fees

Students are expected to pay the annual rate charged for the academic year regardless of the beginning and ending dates. School of Medicine fees, as approved by the Stony Brook University Board of Trustees, will be billed by the Stony Brook University Office of the Bursar and payment will be due on the following schedule (approximate):

8.2.1 First- and Second-Year Students

Fall semester (August)
Spring semester (January)

8.2.2 Third- and Fourth-Year Students

Fall semester (July)
Spring semester (January)

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Policy/Section Title: Other Fees and Educational Expenses	Policy/Section No.: 8.3	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: All medical students
Relevant LCME Standards: N/A	Dissemination: Updated annually on UGME website; Posted in TGIF; Presented annually to Curriculum Committee	

POLICY:

8.3 Other Fees

The University and the School of Medicine assess other, non-academic fees. Unless waived, fee bills for both Fall and Spring registrations will include an assessment for one-half the required health insurance annual premium.

The University Comprehensive Fee is billed to all university students. Included in the comprehensive fee are the College Fee, Academic Excellence Fee, Student Health Service Fee, Technology Fee, and Transportation Fee. The School of Medicine Fee includes the School of Medicine Student Activity Fee and Clinical Skills Center Fee. First-year students are assessed Anatomy and Laboratory Fees. Second-year students are assessed a Laboratory Fee.

These fees are subject to change based on University administrative action. Account details are posted to [SOLAR](#) upon term enrollment. For exact academic year rates, contact the [Student Financial Services](#) Office at (631) 632-9316. Current tuition and fee rates may be viewed on the: [Tuition and Fees](#) website.

8.3.1 Other Educational Expenses

Educational expenses not billed to each student include room and board, books and supplies, transportation expenses, healthcare expenses, board exam fees, and personal expenses. Only required educational expenses may be considered in determining financial aid eligibility.

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Policy/Section Title: Refund Policy	Policy/Section No.: 8.4	Approval Date: August 4, 2025
Responsible Agents: Office of Undergraduate Medical Education	Next Review Date: August 1, 2026	Revision Dates: June 17, 2024
Approved By: Curriculum Committee	Effective Date: August 1, 2025	Applicability: All medical students
Relevant LCME Standards: N/A	Dissemination: Updated annually on UGME website; Posted in TGIF; Presented annually to Curriculum Committee	

POLICY:

8.4 Refund Policy

8.4.1 Financial Aid Policy and Procedure in Case of Student Withdrawal, Dismissal, or Leave of Absence During the Academic Semester

Federal regulations determine the amount of federal Title IV financial aid students are entitled to keep once they withdraw from classes or are placed on leave prior to the end of a semester. This amount is determined by the date when a student last attended classes. Title IV funds available to medical students are the Unsubsidized Stafford and the Grad PLUS loan programs.

The University policies and schedules for class withdrawals, refunds, tuition and fee adjustments, and tuition and fee liability are provided on the [Student Financial Services](#) website.

The term start date is the first day of the term for which each class is enrolled.

2025-2026 Term	Start Date
Fall 2025 Year 1	August 5, 2025
Fall 2025 Year 2	August 12, 2025
Fall 2025 Years 3 and 4	July 1, 2025
Spring 2026 ALL YEARS	January 2, 2026

* Week starts Monday and ends Sunday; refer to the up-to-date liability schedule at: [Withdrawals & Refunds](#).

1. Students are eligible to retain all their federal aid only if withdrawing or placed on leave after the 60% point of the start date of the term has passed. The start date of the term and the 60% point are determined by the RSOM Registrar.

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2. If a student withdraws or is placed on leave prior to the 60% point, a Return to Title IV calculation will be performed by the Stony Brook University Office of Financial Aid.
3. This calculation will determine the amount of aid the student is eligible to keep and the amount that the University needs to refund to the federal government. Factored into this calculation is the start date of the term **AND** the last date of attendance for the student.
4. The last date of attendance is the last day on which the student attended classes or took exams. The last date is **not** the date on which the student's leave of absence or withdrawal is approved if they stopped attending classes/took exams prior to that date.
5. Students are strongly advised to consult with the Assistant Dean for Student Affairs for further clarification of this policy.