

Weill Cornell Preparation to Teach Module (MSK Internal Use Only)

Introduction

Weill Cornell Medicine is deeply committed to promoting a culture of respect, diversity, and excellence across our medical center and at each of our affiliates. Education is the crown jewel of the tripartite mission, and in order to promote and maintain a positive and effective learning environment, it is critical that all instructors and students are aligned in expectations.

In order to prepare all of us to engage in an optimal educational environment, we have developed this module which includes key institutional policies and programs, medical program learning objectives, and methods of student assessment. The module will take approximately 30 minutes to complete.

Thank you for participating in this module! It's through a shared understanding of our educational goals and mission and the thoughtful engagement and commitment of our entire community that Weill Cornell Medicine can continue to excel and grow.

Medical Student Standards of Professionalism—Assessment and Remediation:

Purpose

The purpose of this policy is to establish the standards and expectations for Professionalism at the Weill Cornell Medical College (WCMC) and outline procedures for handling reported concerns of Lapses of Professionalism.

Scope

This policy applies to Weill Cornell Medicine (WCM) Workforce Members, as defined in this policy, who are members of the Medical College community (i.e., medical students, MD-PhD students, faculty, staff, residents, etc.).

Policy

Professionalism in medicine is essential for medical students, physicians and all members of the health care team. *Professionalism* is broader than just “ethical behavior” or “personal comportment.” It includes a larger overarching “construct” that includes other elements. However, central to any construct of Professionalism are responsibility, integrity, and respect for others. WCM expects that its students, faculty, staff and administrators will foster an environment characterized by Professionalism at all times in all settings and locations.

[See full Medical Student Standards of Professionalism—Assessment and Remediation Policy here](#)

Teaching Learning Environment and Student Mistreatment Policy

Purpose

The purpose of this policy is to ensure that Weill Cornell Medicine (WCM) medical and physician assistant students have an educational environment conducive for learning, to define Student Mistreatment, and to describe the process of reporting, monitoring, and responding in the event Student Mistreatment or Compromises to the Learning Environment occur. The standards of conduct set forth below are intended to prohibit teaching behaviors and other practices that are discriminatory or that may undermine professionalism.

Scope

This policy applies to all Workforce Members at WCM and affiliated institutions as defined in this policy. The purview of the Teacher-Learner Committee (TLC) is limited to concerns raised about the learning environment or mistreatment related to WCM medical or physician assistant students.

Policy

WCM is committed to providing a learning environment that fosters mutual respect and the values of professionalism, ethics, and humanism in the practice of medicine and biomedical research. Workforce Members are expected to treat students fairly and respectfully in all settings where students are educated and are expected to create and maintain an academic environment conducive to the pursuit of free inquiry, the respectful interchange of diverse ideas and differing viewpoints, academic integrity and the advancement of patient care.

WCM has a policy of zero tolerance for mistreatment of its students. It takes all allegations of Compromises to the Learning Environment and Student Mistreatment seriously and encourages students and other Workforce Members to report any such instances or perceived instances that involve medical students or physician assistant students to the WCM TLC. Likewise, WCM has zero tolerance for retaliation by any person against individuals who have reported Mistreatment or Compromises to the Learning Environment. See WCM Policy OOC-400.06 – *Non-Intimidation* and *Non-Retaliation*.

The Senior Associate Dean for Education of WCM, as the designee of the Dean of WCM & Provost for Medical Affairs of Cornell University, working with the Office of Civil Rights and Investigations (OCRI), the Office of Professionalism (OOP), Department and Program Chairs, other appropriate College officials, and the Human Resources Department of WCM, the NewYork-Presbyterian Hospital (NYPH) and its affiliates and that of non-network affiliates, has the ultimate responsibility for ensuring a safe and respectful learning environment.

By the implementation of this policy, students and other persons reporting Student

Mistreatment or Compromises to the Learning Environment to the TLC are entitled to understand:

1. The ways to report learning environment compromises or mistreatment;
2. The jurisdictional authority of the TLC;
3. The Reporter's and the Respondent's role in the investigation and resolution process;
4. The extent to which their anonymity may or may not be assured;
5. The timing of the investigative and adjudicative processes; and
6. Information about how the incident was resolved, to the extent permitted by WCM's by laws and by local, state, and federal laws.

[See full Teaching Learning Environment and Student Mistreatment Policy here](#)

Anti-Discrimination Policy: Prohibited Bias, Discrimination, Harassment, and Sexual and Related Misconduct Policy:

Policy Introduction

Cornell University is committed to providing a safe, inclusive, and respectful learning, living, and working environment for its students, faculty, and staff. The university does not discriminate on the basis of protected status in the education programs and activities it operates, including admission and employment. To this end, the university provides means through this policy to address bias, discrimination, harassment, and sexual and related misconduct (which is considered a form of sex-based discrimination).

Identities protected under this policy are those protected under federal, state, and local equal education and employment laws and regulations. These include race, ethnic or national origin, citizenship and immigration status, color, sex/gender, pregnancy or pregnancy-related conditions, age, creed, religion, actual or perceived disability (including persons associated with such a person), arrest and/or conviction record, military or veteran status, sexual orientation, gender expression and/or identity, an individual's genetic information, domestic violence victim status, familial status, marital status, caregiver status, height, weight, and any other legally protected class.

To Whom This Policy Applies

Policy 6.4 applies to every Cornell University staff member, faculty, and student, as well as all activities undertaken by or on behalf of the university. Cornell University includes Weill Cornell Medicine (WCM) as well as all other Cornell locations.

[Please see full Prohibited Bias, Discrimination, Harassment, and Sexual and Related Misconduct policy here](#)

Security, Student Safety, and Disaster Preparedness

All instructors and students are expected to promote a safe learning environment and follow specific protocols during [emergency situations](#). Instructors and students scheduled for coursework or clinical rotations at WCM should report emergency situations to the appropriate [WCM emergency response groups](#). Instructors at affiliated instructional sites and students scheduled for coursework or clinical rotations at these sites are expected to be familiar with their [clinical site-specific security, safety and emergency procedures](#) and follow these protocols during emergency situations.

Please contact WCM Environmental Health and Safety at 646-962-7233 or ehs@med.cornell.edu if you have any questions.

[More Information about Security, Student Safety, and Disaster Preparedness](#)

Student Exposure to Infectious and Environmental Hazards

Purpose

To describe the requirements for students to be educated about the methods for prevention of exposure to infectious and environmental hazards, to be able to locate procedures for care and treatment after exposure and to follow the policies related to exposure as set by Weill Cornell Medicine (WCM) or its affiliated institutions, including the financial responsibility for care, and the effects of infectious and environmental diseases or disability on learning activities.

Scope

The policy applies to all students enrolled in the MD program during all phases of their respective curriculums and to applicable Workforce Members at WCM and Affiliated Institutions, as defined in this policy, involved in any aspect of the medical education programs at WCM.

Policy

A. Education About the Methods for Prevention of Exposure Care

All students are responsible for being knowledgeable about the prevention of exposure to infectious and environmental hazards as specified by the WCM Office of Environmental Health and Safety (EHS). These include, but are not limited to:

- EHS Bloodborne Pathogens Exposure Control Plan (EHS Program Manual 3.1);
- EHS Airborne Infectious Disease Exposure Prevention Plan (EHS Program Manual 3.5);
and
- EHS Respiratory Protection Program (EHS Program Manual 7.1).

B. Procedures for Care and Treatments After Exposure

- Students are required to follow all procedures for obtaining immediate care, treatment and/or evacuation from hazardous exposures as specified by Student Health Services, the policies and procedures of WCM and its affiliated hospitals and institutions or as directed by emergency personnel or others in authority at the site of exposure to a hazard.
- Students are expected to follow all directives of Student Health Services regarding limiting the spread of infectious/contagious diseases (e.g., testing, masking, covering of contagious lesions, quarantine, etc. as relevant). This is to ensure that the exposed student receives proper care and does not, by virtue of their exposure, pose a hazard to other students and Workforce Members.
- Students are responsible for providing their health insurance information at the time of evaluation and treatment following exposure to infectious and/or environmental hazards. Evaluations at Student Health Services are provided at no charge to the student.
- Workforce Members at WCM or Affiliated Hospitals may not prevent a student from: following the established prevention policies or protocols; following procedures for obtaining immediate care, obtaining treatment or removal/evacuation from a potential or actual infectious or environmental hazard.

C. Effects of Infectious Environmental Diseases and Disability on Learning Activities

- Students who have been exposed to infectious or environmental hazards whose treatment requires that they miss required learning activities and/or are unable to complete required assignments or assessments (e.g., quizzes/examinations) will be allowed to these make-up requirements and in manner that does not adversely affect their performance assessment or grades.
- Students who incur a disability following an exposure related to infectious agents or environmental hazards incurred while enrolled or who have such a disability prior to enrollment and/or a medical condition that predisposes them to harm from exposure to infectious or environmental hazards (e.g., immunocompromised status) will be granted reasonable accommodations to participate in and complete all required learning activities and assessments.
- Students who are infected with any potentially transmissible disease will not be excluded from patient care or other learning activities or restricted in access to patient care areas or other educational facilities because of their health status unless medically-based judgments in individual cases conclude that exclusion or restriction

for a period of time is appropriate for the welfare of patients or other members of the health care and educational community.

- In situations in which infectious or environmental agents could result in exposure of any students or Workforce Members to the hazards, e.g., epidemics/pandemics, chemical spills, blizzards, fires, catastrophic weather events, earthquakes, etc., the Senior Associate Dean for Education acting in consultation with appropriate institutional leaders and hazard experts may issue new emergency policies and procedures that apply to students, including mandatory testing, restrictions to WCM areas affected by the hazard and/or the temporary suspension of learning activities while the hazard poses a threat. Students and Workforce Members are required to abide by these emergency policies and procedures. Students will be notified via email and are also responsible for checking the WCM website for any emergency alerts and/or updates.

[See full Student Exposure to Infectious and Environmental Hazards policy here](#)

Attendance Policy

Purpose

To set the criteria and process for handling MD student absences from academic duties.

Scope

This policy applies to all students enrolled in the MD program during their participation in all phases of the curriculum as well as students taking courses at the Medical College who are from other medical schools.

Policy

A central concept to the attendance policy is that students provide the faculty with a timely and valid request and/or notification for absences from any required curricular activities. The faculty considers a student's honesty regarding an absence to be the core principle that underlies all professional communication regarding the absence policy.

Likewise, the student can expect that the faculty will apply the attendance policy in a way that is both fair and consistent, but which also considers a student's individual situation.

When a student does not attend a required session and has not provided in advance an appropriate request for permission or explanation of the absence, the student is in violation of the standards of conduct required for students at the Medical College.

[See full Attendance Policy here](#)

Academic Evaluator Conflict of Interest

Purpose

To ensure that evaluations related to the assessment or academic promotion of Weill Cornell Medicine (WCM) medical and physician assistant students are free from actual or potential Conflicts of Interest concerning the current or prior delivery of health care to the student.

Scope

This policy applies to all students enrolled in the MD or PA program during their participation in all phases of the curriculum and all WCM Workforce Members (specifically faculty and staff) involved in performing these evaluative activities.

Policy

Workforce Members are not permitted to enter into or continue to serve in the following types of academic relationship with a student they have previously or are currently treating as a patient, as these would be a reportable Conflict of Interest:

- Evaluator of that student's performance in a course or clerkship (*assessment role*). Examples include but are not limited to small group facilitator, tutor or preceptor, evaluating attending, oral examiner, clinical skills preceptor, research mentor.
- A formal advisor to the student (*advising role*). Examples include academic, career, longitudinal advising.
- A participant in the discussion and final assessment of a student's academic performance on a committee charged with examining that student's performance (*evaluative committee role*). Examples include attending a meeting of the Promotion and Graduation Committee, Appeals Committee, or appointment to an ad hoc advisory committee to the Promotions and Graduation Committee involving that student.

[See full Academic Evaluator Conflict of Interest Policy here](#)

Student Course and Duty Hours Policy:

Purpose

To ensure that the Weill Cornell Medicine (WCM) medical school is appropriately determining and monitoring medical student time spent in required foundational and clinical educational activities throughout the curriculum, in accordance with LCME standards.

Scope

This policy applies to all students enrolled in the MD program during their participation in all phases of the curriculum and to clerkship/course directors who are responsible for developing student schedules.

Policy

A. Hours in Required Activities in the Foundational and Scholarship Phases

The maximum number of hours that a student is required to spend in classroom, clinical activities, laboratory activities, or required vodcast/online modules must not exceed 35 hours per week, on average, over the duration of a course.

Although scheduled time in required activities is limited by this policy, students are expected to spend considerable additional time studying, reviewing material, preparing for class and engaging in a scholarly pursuit of extracurricular activities that contribute to the formation of their professional identity as physicians.

B. Duty Hours During the Clerkships, Sub-Internships, and Clinical Electives

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

At a minimum, a student must have off 1 day (24 consecutive hours) per week. For clinical rotations that use a shift-based schedule:

- The maximum number of scheduled shift time per week is 60 hours, with an additional 12 hours permitted for transitions of care and education.
- The maximum number of continuous duty hours, inclusive of patient care activities and/or required educational events, is 16 hours. Individual shifts are limited to a maximum of 12 continuous patient care hours followed by a minimum of 10 continuous hours off duty after a day shift and 12 hours after a night shift.
- Students may not be scheduled for more than 6 consecutive night shifts.

[See full Student Course and Duty Hours Policy here](#)

Medical Education Program Objectives

Purpose

To define the Weill Cornell Medicine (WCM) Medical Education Program Objectives that guide the design, implementation, and evaluation of the MD curriculum, in alignment with LCME standards 6 and 8.

Scope

This policy applies to WCM Workforce Members involved in all components of the MD curriculum, including but not limited to: faculty, course and clerkship directors, curriculum committee/subcommittees, and education leadership.

Policy

The WCM Medical Education Program Objectives outline the competencies all graduates are expected to achieve by the completion of the MD program. These objectives guide curriculum development, teaching, assessment, and continuous quality improvement.

The education program objectives are approved by the Executive Medical Education Committee (EMEC) and are used to guide all curricular design and evaluation activities. Course directors must map teaching and assessment of course learning objectives to the education program objectives.

The Medical Education Program Objectives are organized by competency domains:

1. Knowledge (K)
2. Patient Care (PC)
3. Interpersonal and Communication Skills (ICS)
4. Professionalism (P)
5. Practice-Based Learning and Improvement (PBLI)
6. Healthcare System (HCS)
7. Scholarship (S)

[See full set of Medical Education Program Objectives here](#)

Foundational, Clerkship, and Post-Clerkship Course Learning Objectives

Please click on the link below to review the course and clerkship learning objectives for any course in which you may teach, supervise, or assess medical students.

[See full set of Foundational, Clerkship, and Post-Clerkship Learning Objectives here](#)

Clerkship Required Clinical Experiences

Please see full list of [Clerkship Required Clinical Experiences here](#)

Clerkship Grading & Assessment: Overall

All clerkships use “competency-based” grading, which means grades are criterion-based and determined according to the degree to which an individual student has fulfilled the goals and objectives of the course. There is no predetermined proportion of students who will receive each grade.

All clerkships lasting 4 weeks or longer use a tiered grading system for student performance (Honors / High Pass / Pass / Fail). **Your assessment of the student’s ability to perform core physician tasks¹ substantially contributes to their grade.**

A Student Performance Evaluation (SPE) is assigned to a student’s clinical supervisor to assess their performance. A modified entrustment scale is used to evaluate both clerkship and subinternship students on a continuum:

- Student observed**
Could not do after prompting
- Continuous input**
Could do appropriately with prompting at every step
- Frequent input**
Could do appropriately with prompts
- Occasional input**
Could do appropriately with rare or minor prompts
- Minimal (Ready for internship)**
Could do appropriately without prompting
- N/A - Did not assess**

Four components of professionalism² are also assessed, using a different rating scale. [Please review the Global Clinical SPE here](#)

All students **must** be supervised in clinical areas, but may be assessed to require varying levels of prompting to perform the task appropriately depending on skill and experience. Only observed tasks should be evaluated.

Students also complete mandatory assignments during their clerkship. Once all the SPEs and assessments have been assembled, **course leadership reviews each student’s performance and assigns a grade.** The standards determining Honors, High Pass, Pass and Fail are determined by the Medical College and are reviewed annually.

Clinical evaluators and supervisors do not assign Honors / High Pass / Pass grades to students.

Final grades in each Clerkship represent a summary evaluation student performance in the

following 5 clinical competencies:

- **Medical Knowledge:** Fund of knowledge and application of knowledge in clinical reasoning and patient care.
- **Patient Care:** Clinical performance in all settings (floors, outpatient offices, operating and procedure areas). This includes direct patient care and functioning as an effective member of the core clinical team.
- **Interpersonal and Communication Skills:** Communicating effectively and professionally with patients and care team members to achieve core physician tasks, both verbal and written.
- **Practice-based Learning and Improvement:** Proposing diagnostic and treatment plans using the best-available evidence and other clinical decision-making tools.
- **Professionalism:** Competency in the domains of responsibility, self-improvement, relationships with patients, and relationships with healthcare teams and systems.

¹ Apply foundational medical knowledge to patient care; perform a focused history and physical exam; formulate a differential diagnosis; Interpret investigations; apply clinical reasoning; formulate a plan of care; Communicate clinical findings to the care team; Document in the medical record.

² Acts with responsibility, honesty, integrity and reliability; Accepts constructive criticism and applies feedback; Patient interactions: Demonstrates respect, compassion, rapport, advocacy and confidentiality, Professional interactions: Demonstrates respect and cooperation with colleagues, care teams and systems

Foundational Curriculum Grading and Assessment

The Foundational Curriculum (Phase 1) is composed of two “principles” courses (Essential Principles of Medicine (EPOM)-A and EPOM-B), and four “organ-system” courses (Health, Illness and Disease 1 (HID1)-A, HID1-B, HID2-A and HID2-B).

Throughout these courses, WCM faculty use a variety of formats to assess a student’s performance including multiple-choice quiz items, problem-based learning (PBL) and clinical-based learning (CBL) exercises, clinical write-ups, case analyses and Objective Structured Clinical Examinations (OSCE). All assessments are designed to help students determine if they have met the course learning objectives. Some of these formats provide feedback in the form of numerical scores (e.g., quizzes); others provide only Pass/Fail ratings with narrative comments (e.g., some small groups) or formative narrative feedback without any overall rating. These assessments provide valuable feedback that can identify a student’s strengths and weaknesses and provide guidance for improving performance. All Phase 1 courses are Pass/Fail.

Course Directors and Unit Leaders monitor student performance regularly and will ask students having academic difficulty to meet with them to strategize ways to improve. Students are free to contact course leadership for advice or concerns they have about

assessment procedures or their performance. Course leadership may suggest students contact the WCM Learning Specialist, Office of Student Life. The Learning Specialist provides several academic support services: including Learning Optimization Workshops, Peer Tutoring and Learning Specialist Sessions.

Clinical Supervision Policy

Purpose

To ensure that medical students at Weill Cornell Medicine (WCM) provide patient care services only under appropriate supervision, aligning with institutional and accreditation standards. This policy defines levels of supervision and establishes clear expectations for supervisors and students. This policy aligns with LCME element 9.3.

Scope

This policy applies to: 1) all WCM medical students participating in educational activities in clinical environments; and 2) WCM Workforce Members such as faculty members, residents, and advanced practice providers involved in their supervision.

Policy

Medical students may only provide patient care services under the supervision of a WCM faculty member, an authorized graduate staff member, or advanced practice provider who is teaching and assessing under the supervision of a faculty member. There are two levels of supervision:

- **Indirect Supervision with Direct Availability:** The supervisor is physically present within the hospital or affiliate site and is immediately available to provide direct supervision. Activities permitted under this level include:
 - History and physical exams;
 - Entering history and physical exam findings into the patient’s medical record (must be co-signed by a privileged physician within 24 hours); and
 - Discussing conditions and treatment plans with patients.

- **Direct Supervision:** The supervisor is physically present with the student and patient and is able to visualize and direct care. All patient care activities performed by students, other than those listed under “indirect supervision with direct immediately available”, must be performed with this level of supervision. Examples of activities requiring direct supervision include:

- Complex patient care discussions;
- Sensitive physical exams (e.g., pelvic, breast exams);
- Obtaining informed consent for procedures;
- Performing diagnostic or therapeutic procedures (e.g., intravenous access, phlebotomy, suturing); and
- Entering orders for medications or treatments (must be co-signed by a supervisor before they are considered active and actionable).

Students are expected to seek immediate consultation or supervision from their clinical team or clerkship if they lack knowledge or experience in any situation related to patient care.

Supervisors must ensure that students are aware of how to contact them. If the designated supervisor is unavailable, an alternative supervisor must be identified and communicated to the student. The chain of command for patient care decisions, including the attending physician for each patient, must be clear. In addition, students must be provided with contact information for the site director of their clinical experience and the course director.

[See full Clinical Supervision policy here](#)

Medical School Technical Standards

Purpose

The Weill Cornell Medical College (WCMC) faculty believes that our educational mission is to graduate physicians who are broadly capable and skilled in general medicine, and ready to start residency training. This principle applies irrespective of any future plans for specialization or non-clinical careers. To this end, graduates of WCMC must demonstrate certain essential abilities, attributes and characteristics in order to fulfill our overall program learning objectives. As medical education differs from many other forms of higher education, in that graduates must be able to practice medicine and care for patients, candidates for admission, retention, promotion and graduation must possess not only intellectual but also physical, emotional and interpersonal abilities.

Scope

This policy applies to WCMC Candidates who are under consideration for retention, promotion, or graduation. Specific to this policy, the term “Candidate” applies both to applicants to the medical school and to matriculated students.

Policy

WCMC has identified five essential domains in which candidates must demonstrate ability. A candidate may receive Reasonable Accommodation to demonstrate these abilities. However, the use of an intermediary, a person performing a task on the candidate's behalf in a manner that compromises the candidate's independent judgement, is not permitted.

Technical Standard Domains

1. Observation
2. Communication
3. Motor Function
4. Cognitive, Intellectual and Quantitative Abilities
5. Behavioral and Social Attributes

The candidate must also possess the general physical and mental health necessary for performing the duties of a physician-in-training capably and safely.

All candidates must meet the goals and objectives of WCMC, with or without Reasonable Accommodations. See below for accommodation process.

[See Medical School Technical Standards here](#)