

CLERKSHIP INFORMATION SHEET

Surgery-Anesthesiology Clerkship

Academic Year: 2024-2025 **Duration of Clerkship:** 8 Weeks

CLERKSHIP OVERVIEW	
CLERKSHIP CONTACTS	
MISSION STATEMENT OF THE CLERKSHIP	1
GOALS OF THE CLERKSHIP	1
CLERKSHIP POLICY OVERVIEW	2
CLERKSHIP OBJECTIVES	2
WORK SCHEDULE/DUTY HOURS	3
GENERAL CLINICAL SCHEDULE	3
CALL SCHEDULE	3
ORIENTATION DAY REPORTING	3
CLERKSHIP SCHEDULE	4
WORK HOUR POLICY	4
METHODS OF INSTRUCTION	4
METHODS OF ASSESSMENT	5
DETERMINIATION OF GRADING:	5
CRITERION-REFERENCED ASSESSMENT/OBJECTIVE ASSESSMENT MAP	5
BEHAVIORAL GRADING CRITERIA	7
FAIL & REMEDIATION REQUIREMENTS:	8
SHELF EXAM PERCENTILE TO CLERKSHIP SCORE CONVERSION	8
REQUIRED CLINICAL EXPERIENCES (RCE)	<u>c</u>
CLERKSHIP GRADE SUBMISSION DEADLINES	10
RECOMMENDED CLERKSHIP READINGS/TEXTS	10
STUDENT RESOURCES AND POLICIES	11
ATTENDANCE & ABSENCE REQUEST POLICY	11
CONFLICT OF INTEREST (COI) POLICY	11
SPECIAL ACCOMMODATIONS	11
GRADING POLICY	11

	WORK HOURS POLICY	11
	SUPERVISION POLICY	11
	REMEDIATION POLICY	12
	ACADEMIC INTEGRITY POLICY	12
	REQUIRED CLINICAL EXPERIENCES	12
	CONFIDENTIAL COMPLIANCE HOTLINE	12
	TITLE IX	12
	OMBUDS OFFICE	12
C	ONTACT INFORMATION:	12
	CLINICAL CURRICULUM TEAM	12
	STUDENT AFFAIRS:	12

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MISSION STATEMENT OF THE CLERKSHIP

To provide an intensive exposure into Surgery and Anesthesiology so that students can actively participate in the team management of patients in the perioperative period.

GOALS OF THE CLERKSHIP

To provide an integrated learning environment in which students may acquire the attitudes, skills, and knowledge related to the fields of surgery and anesthesiology that are necessary to effectively manage patients during the pre-operative, intraoperative and post-operative periods.

CLERKSHIP POLICY OVERVIEW

CLERKSHIP OBJECTIVES

At the end of this clerkship, a student will be able to:

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Clerkship Objective	MD Program Objective
Formulate a differential diagnosis	 Clinical Reasoning 1 (I.D.1)
for common surgical conditions.	24 11 15 11 24 15 4
Develop a management plan for	Medical Decision Making 1 (I.E.1)
common surgical conditions	Healing and Therapeutics 4 (II.C.4)
Discuss the ethical and	Ethical Principles of Medical Practice and Research
socioeconomic issues affecting the	` ,
practices of Surgery and	Ethical Principles of Medical Practice and Research (1)
Anesthesiology	2 (II.F.2)
	Social Determinants of Health 1 (II.D.1)
	Service 1 (IV.A.1)
Evaluate and optimize the patient	 History Taking 1 (I.A.1)
undergoing surgery and	 Clinical Reasoning 1 (I.D.1)
anesthesia and formulate a simple	Clinical Reasoning 2 (I.D.2)
anesthetic plan	 Medical Decision Making 1 (I.E.1)
	 Communication Skills 2 (I.F.2)
	 Organ Structure and Function 1 (II.A.1)
	 Healing and Therapeutics 3 (II.C.3)
	 Healing and Therapeutics 4 (II.C.4)
Function effectively as a member	 Procedural Skills 2 (I.C.2)
of a peri-operative healthcare	 Communication Skills 3 (I.F.3)
team	Communication Skills 4 (I.F.4)
	Teamwork 1 (III.C.1)
	 Honesty and Integrity 1 (IV.C.1)
	Honesty and Integrity 2 (IV.C.2)
Demonstrate knowledge of	Characteristics and Mechanisms of Disease 2
surgical diseases and anesthesia	(II.B.2)
principles	Characteristics and Mechanisms of Disease 4 (U.P. 4)
	(II.B.4)
	Characteristics and Mechanisms of Disease 5 (U.P.F.)
	(II.B.5)
Perform basic skills related to	Healing and Therapeutics 3 (II.C.3) Dragge dural Skills 3 (I.C.3)
Surgery and Anesthesiology	 Procedural Skills 2 (I.C.2)
Demonstrate insight and	Healing and Therapeutics 4 (II.C.4)
understanding of the integration	 Procedural Skills 1 (I.C.1)
of the practice of Surgery and	 Medical Decision Making 1 (I.E.1)
Anesthesiology	• Wiedical Decision Making 1 (I.L.1)
Obtain an accurate and focused	History Taking 1 (I.A.1)
history from the patient	

Perform a physical examination related to the patient's chief complaint	Physical Examination 1 (I.B.1)
Communicate gathered clinical data effectively through oral and written presentations	Communication Skills 3 (I.F.3)Communication Skills 5 (I.F.5)
Demonstrate interpersonal and communication skills that facilitate effective interactions with patients and their families and other healthcare professionals	 Communication Skills 1 (I.F.1) Communication Skills 2 (I.F.2) Communication Skills 3 (I.F.3)

WORK SCHEDULE/DUTY HOURS

GENERAL CLINICAL SCHEDULE

On the General Surgery core rotation, students are expected to pre-round – generally at 5:00/6:00am depending on the site and then will round with their team. They will be expected to go to the operating room, outpatient practice, team conferences and afternoon rounds. The day generally ends around 7-8 pm but is variable depending on site and team assignments.

On the Anesthesiology core rotation students are expected to arrive at 7:00/7:15 am and their day will generally end around 4pm. On the subspecialty rotation, the schedule will vary by subspecialty. Students will have didactics every Monday afternoon.

CALL SCHEDULE

Students are expected to take 3 weekday calls and one weekend call day during their Surgery core rotation. There is no call on the subspecialty rotation or on the Anesthesiology rotation. Call is until 9 pm at all locations except Elmhurst where it is overnight call. If a student stays past 9 pm they get the next day off. Otherwise they are expected at work the next day. All students get the post-call day off at Elmhurst.

One of the four call days is a weekend call day and these should be distributed among the students at the individual site. Students do not need to cover call on the weekend after they have completed their core rotation. All students make their own call schedule with their colleagues and the call is flexible enough that all students should be able to accommodate any personal needs. If a student has an individualized request that they are concerned cannot be fulfilled, they should discuss the matter with the clerkship directors in advance.

ORIENTATION DAY REPORTING

Precise instructions will be sent one week before the clerkship but orientation generally starts at 8:00 am and will include didactics via zoom and in-person skills sessions. Orientation generally lasts the entire day and there are no clinical responsibilities on that day.

CLERKSHIP SCHEDULE

Surgery-Anesthesiology

Assessments:

Direct Observation (AM and PM): 8th Thursday of the Clerkship

Shelf Exam (AM)- 8th Friday of the Clerkship

Block	FlexTime (4th/8th Monday	Direct Observations:	Shelf Exams (AM):
	AM- Ends at 12PM)		
1AB	Monday, July 22, 2024	Thursday, August 22, 2024	Friday, August 23, 2024
	Monday, August 19, 2024		
1BC	Monday, August 19, 2024	Thursday, September 19, 2024	Friday, September 20, 2024
	Monday, September 16, 2024		
2AB	Monday, October 21, 2024	Thursday, November 21, 2024	Friday, November 22, 2024
	Monday, November 18, 2024		
2BC	Monday, November 18, 2024	Thursday, December 19, 2024	Friday, December 20, 2024
	Monday, December 16, 2024		
3AB	Monday, January 27, 2025	Thursday, February 27, 2025	Friday, February 28, 2025
	Monday, February 24, 2025		
3BC	Monday, February 24, 2025	Thursday, March 27, 2025	Friday, March 28, 2025
	Monday, March 24, 2025		
4AB	Monday, April 28, 2025	Thursday, May 29, 2025	Friday, May 30, 2025
	Monday, May 26, 2025		
4BC	Monday, May 26, 2025	Thursday, June 26, 2025	Friday, June 27, 2025
	Monday, June 23, 2025		

WORK HOUR POLICY

Please view the ISMMS Clinical Student Work Hour Policy, which outlines the instructional time limitations for third- and fourth-year students, <u>here</u>.

https://icahn.mssm.edu/education/students/handbook/student-work-hours

METHODS OF INSTRUCTION

Students are provided with weekly instruction throughout the span of the Surgery Anesthesiology Clerkship, which will teach principles of general surgery, anesthesiology and numerous surgical subspecialties.

Instruction is provided through:

- lectures
- case-based didactics
- simulation sessions
- web-based learning modules
- weekly quizzes pertaining to the corresponding teaching sessions and recommended reading

Students will also attend an 'Ethi cs Session', providing them with insight, knowledge, and tools for identifying and addressing issues relating to ethics experienced in the fields of surgery and anesthesiology. Lastly, each student is assigned an attending surgical and anesthesiology physician faculty mentor with whom they meet to present and discuss clinical cases.

METHODS OF ASSESSMENT

DETERMINIATION OF GRADING

Grading decisions are ultimately at the discretion of the Grading Committee for each clerkship. The clerkship Grading Committee will review student performance and may modify grades assigned by the Clerkship Director if there is evidence of error, inaccurate data, bias and/or outliers. The procedure for assigning grades (Honors, Pass, Fail) is outlined in the ISMMS Grading – Years 3 and 4 policy, here. (icahn.mssm.edu > Education > Medical Student Handbook > Assessment and Grading).

Below is a list of clerkship assessments mapped to each clerkship objective. Students must demonstrate competency in all objectives by passing each of the associated assessments. Some objectives are pass/fail, and some objectives are tiered honors/pass/fail. For tiered objectives, students may demonstrate honors-level performance by meeting the criteria listed in the associated assessments. To achieve a grade of Honors for the clerkship, students must demonstrate honors-level performance in 6 out of 10 of the tiered objectives.

Students who exhibit a concerning pattern of behavior as outlined in the Behavioral Grading Criteria may have their clerkship grade impacted, among other actions. Please see below for more details.

CRITERION-REFERENCED ASSESSMENT/OBJECTIVE ASSESSMENT MAP

Objective	Assessment -	Criteria Pass	Criteria Honors
Formulate a differential diagnosis for common surgical conditions	 CE: Differential diagnosis/ assessment (S/Sub) 	CE: On average, meets expectations (column 3)	CE: On average, above expectations (>= column 4)
Develop a management plan for common surgical conditions	CE: Plans and follow- up (S)	CE: On average, meets expectations (column 3)	CE: On average, above expectations (>= column 4)
Discuss the ethical and socioeconomic issues affecting the practices of Surgery and Anesthesiology	Writeup for ethics fellow	Completed and submitted	
Evaluate and optimize the patient undergoing surgery and anesthesia and formulate a simple anesthetic plan	 CE: Differential diagnosis/ assessment (S/A/Sub) 	CE: On average, meets expectations (column 3)	CE: On average, above expectations (>= column 4)
Function effectively as a member of a peri-operative healthcare team	CE: Dependability (S/A/Sub)CE: Engagement (S/A/Sub)	CE: On average, meets expectations (column 3)	CE: On average, above expectations (>= column 4)

Demonstrate knowledge of surgical diseases and anesthesia principles	•	CE: Knowledge base NBME exam Quizzes (5) WISE MD modules	expectations (column 3)	NBME shelf >= 15 th %ile on 1 st attempt* AND Quiz average ≥ 65% AND WISE MD modules
Perform basic skills related to Surgery and Anesthesiology	•	Clinical skills card	>= 8/11 items on skills card completed	completed on time
Demonstrate insight and understanding of the integration of the practice of Surgery and Anesthesiology	•	Written reflection – longitudinal project	Pass >= 7/10	>= 9/10
Obtain an accurate and focused history from the patient	•	CE: History taking (S/A) DO: History		CE: On average, above expectations (>= column 4)
	•	Observed H&P	AND	AND
			DO >= 70% on 1 st or 2 nd attempt	DO >= 90% on 1 st attempt
			AND	AND
				Observed H&P completed
Perform a physical examination related to the patient's chief complaint	•	CE: Physical examination (S/A/Sub)	expectations (column 3)	CE: On average, above expectations (>= column 4)
	•	Observed H&P DO: Exam	AND	AND
			DO >= 70% on 1 st or 2 nd attempt AND	DO >= 90% on 1 st attempt AND
			AND	AND
			Observed H&P completed	Observed H&P completed

Communicate gathered clinical data effectively through oral and written presentations	•	CE: Oral presentation CE: Written communication	CE: On average, meets expectations (column 3)	CE: On average, above expectations (>= column 4)
	•	Written Case Presentation x2 (Surgery, Anethesia)	Written Case Presentation Avg >=7/10	Written Case Presentation Avg >=9/10 (and submitted on time)
Demonstrate interpersonal communication skills that facilitate effective interactions with patients and their families and other healthcare professionals.		CE: CIS – patient (S/A/Sub) CE: CIS – team (S/A/Sub)	CE: On average, meets expectations (column 3)	CE: On average, above expectations (>= column 4)
	Requir Experie	ed Clinical ences	Log every RCE in One45 prior to end of clerkship	

^{*}To meet this criterion, student may NOT have delayed sitting for the NBME subject exam due to lack of academic readiness. A student MAY delay the exam due to an excused absence (eg for illness) and still meet this criterion.

Note: Clinical evaluation forms include Surgery (S), Anesthesiology (A), Surgical subspecialty (Sub)

Note: The clerkship grading committee will review any student who does not achieve Honors and at its discretion may modify scores upward if there is evidence of inaccurate data, bias and/or outliers

CE = Clinical Evaluation

DO = Direct Observation

RCE = Required Clinical Experience

NBME = National Board of Medical Examiners

CIS = Communication and Interpersonal Skills

BEHAVIORAL GRADING CRITERIA

Any and all behaviors listed in the table below are concerning and will result in referral to the Office of Student Affairs. If the behavior is egregious and/or part of a concerning pattern of behavior, it may also result in referral to the Promotions Committee for consideration of disciplinary action and/or documentation in the Academic Progress section of the Medical Student Performance Evaluation (MSPE). Additionally, the list below is not exhaustive; there are behaviors not described below that may result in escalation and/or disciplinary action (see: Student Code of Conduct).

The following table is used to determine the impact of the listed behaviors **on the student's clerkship grade.**The Clerkship Director has the discretion to determine if the student has exhibited any of the listed behaviors and will incorporate these observations into the calculation of the student's final grade.

- 1 mark Eligible for Honors. Referral/escalation as above
- 2-3 marks Not eligible for Honors. Eligible for grade of Pass or Fail. Referral/escalation as above
- 4 or more marks Fail grade. Referral/escalation as above

Behavior	Marks (per	Assessment	Relevant Policy		
	occurrence)	Method			
Unexcused Absences (including arriving late or leaving early) from					
Clinical experiences (e.g. patient encounters,	1	CT*, CE**			
team rounds, preceptor rounds)	1	CT , CL			
Clerkship assessments (e.g. Direct	1	СТ			
Observations, NBME Subject Exam)	_	Ci	Excused Absence Policy		
Classroom-based learning activities (e.g.	1	СТ	Excused Absence Policy		
didactics, sim sessions)	1	Ci			
Clerkship meetings (e.g. orientation, mid-	1	СТ			
clerkship meetings)	1	Ci			
Unexcused Late Submissions^					
Written case presentations ("write-ups")	1	СТ			
Skill or assessment card	1	СТ	Clerkship Specific		
Required online modules	1	СТ	Requirements		
Quizzes	1	СТ			
Other					
Violatos acadomic integrity policy	Fail Grade	СТ	Academic Integrity		
Violates academic integrity policy	raii Graue		<u>Policy</u>		

^{*}CT – Clerkship Team. Includes behaviors directly observed by clerkship team (e.g. Clerkship Director, Assistant/Associate Director, Site Director, Clerkship Coordinator, Site Coordinator) and/or communicated to clerkship team by another individual

^In order to request an excused late submission of a clerkship assessment or assigned task, student must submit the request by email to the Clerkship Director and/or Associate Clerkship Director *prior to the deadline* for the assessment or assignment. The decision to grant (or deny) the request is at the sole discretion of the Clerkship Director.

FAIL & REMEDIATION REQUIREMENTS

Students who fail a clerkship or clerkship assessment should refer to our ISMMS remediation policy, here. (icahn.mssm.edu > Education > Medical Student Handbook > Assessment and Grading).

SHELF EXAM PERCENTILE TO CLERKSHIP SCORE CONVERSION

- There is one cutoff for the entire academic year
- SOURCE: NBME Data from 2022-23 AY Norms

Clerkship	Pass Cutoff (5 th Percentile)	15 th Percentile
Surgery	59	63

^{**}CE – Clinical Evaluation form (via One45)

REQUIRED CLINICAL EXPERIENCES (RCE)

RCE ensure that students have adequate exposure to a variety of specialty-relevant presenting complaints commonly seen in the clerkship's clinical setting. RCE are logged online in One45. This process tracks that students are meeting the educational goals of the clerkship.

Students MUST have logged all RCEs in One45 by the day of the clerkship's shelf exam in order to pass the clerkship.

Students will perform <u>all</u> components listed next to each RCE:

Surgery- Anesthe	siology Clerkship
Abdominal Pain	 obtain the patient history conduct a physical exam Interpret data Present case
Fluid or Electrolyte Disorder	interpret pertinent patient data
Assess for postoperative pain	Obtain patient historyConduct a physical exam
Assess a surgical incision for signs of healing and infection	Conduct a physical exam
Perform airway management	 perform at least one patient airway management techniques, including mask ventilation AND either laryngeal airway (LMA) or endotracheal tube placement, in a real or simulated patient.
Perform dressing change	 perform at least one dressing change on a surgical patient
Discuss an ethical dilemma	 discuss a clinical case they have participated in which has raised an ethical dilemma
Demonstrate appropriate scrubbing technique	
Demonstrate the proper procedure for suture or staple removal	
Demonstrate knot-tying technique	
Demonstrate suturing technique	
Perform indwelling urinary catheter insertion (male)	
Perform indwelling urinary catheter insertion (female)	

Start Date	End Date	Pod	Grades Due (6 wks from end date)
7/1/2024	8/23/2024	1AB	10/4/2024
7/29/2024	9/20/2024	1BC	11/1/2024
9/30/2024	11/22/2024	2AB	1/5/2025
10/28/2024	12/20/2024	2BC	1/31/2025
1/6/2025	2/28/2025	3AB	4/11/2025
1/27/2025	3/28/2025	3BC	5/9/2025
4/7/2025	5/30/2025	4AB	7/11/2025
5/5/2025	6/27/2025	4BC	8/8/2025

RECOMMENDED CLERKSHIP READINGS/TEXTS

- Clerkship Syllabus (available on-line to all students)
- Anesthesia intranet site
- WiseMD http://www.med-u.org/wisemd
- ACS Surgery: Principles and Practices
- Up-to-Date Online
- Porrett PM, Frederick JR, Roses RE, Kaiser LR. The Surgical Review: An Integrated Basic and Clinical Science Study Guide. 3rd Edition. Lippincott, Williams, & Wilkins, 2009.
- Blackbourne, Lorne H. Surgical Recall. Lippincott, Williams, & Wilkins, 3rd Edition, 2002.
- Brunicardi, F. Charles, Anderson, Dana K., Billiar, Timothy R., Dunn, David L, & Hunter, John G. Schwartz's Principles of Surgery. McGraw-Hill Professional, 8th Edition, 2004.
- Jarrell, Bruce E., Carabasi, Anthony, & Radomski, John S. NMS Surgery. Lippincott, Williams, & Wilkins, 4th Edition, 2000.
- Karp, Seth, Morris James, Soybel, & David I. Blueprints of Surgery. Blackwell Publishers, 3rd Edition, 2002.
- Lawrence, Peter F., Bell, Richard M., & Dayton, Merril T., Essentials of Surgery. 3rd Edition, 2000.
- Mckown, Cornelius, DeMaria, Eric, & Dyke, Cornelius M. Surgical Attending Rounds. Lippincott, Williams, & Wilkins, 3rd Edition, 2004.
- Sarpel, Umut. Surgery: An Introductory Guide (E-Book). Springer Science & Business Media, 2014.
- Snow, Norman. Surgery: Pre-Test Self-Assessment and Review: 10th Edition. McGraw-Hill Medical, 10th Edition, 2003.
- Townsend, Courtney M., Beauchamp, R. Daniel, Evers, B. Mark, & Mattox, Kenneth. In-Depth Surgical Textbooks Sabiston Textbook of Surgery: The Biological Basis of Modern Surgical Practice. W.B. Saunders Company, 17th Edition, 2004.
- Wapnick, Simon & Goldberg, Max. Question Books: Appleton and Lange Review of Surgery. McGraw-Hill Medical, 10th Edition, 2003.

STUDENT RESOURCES AND POLICIES

ATTENDANCE & ABSENCE REQUEST POLICY



Absence Requests should be submitted *at least* 4 weeks in advance of the first day of the clerkship (this does not pertain to illness or death in the family). It is the responsibility of the Clerkship Director to approve excused absences. More information about Attendance Standards can be found in the Student Handbook online, or by clicking this link.

To request clerkship absences, students must complete the *Year 3 & 4 Absence Request Form*, by scanning the QR code.

CONFLICT OF INTEREST (COI) POLICY

The COI policy ensures that a provider of any health services to a medical student has no current or future involvement in the academic assessment of, or in decisions about the promotion of that student. This applies to all faculty, residents, other clinical staff, and current or prior clinical or familial/intimate relationship with that faculty. Students and educators may submit the names of any individual with whom they have a conflict of interest to the Clerkship Director. The Clerkship Director will reassign any student. The reason given for the reassignment is duality of interest; the nature of the specific duality of interest situation need not be identified.

While the primary responsibility for reporting COI sits with each educator, students can also report potential conflicts of interest. **Students should report a possible COI to the Clerkship's Director and Coordinator.** Reports should be made *at least* **4** weeks in advance of the first day of the clerkship.

SPECIAL ACCOMMODATIONS

The Icahn School of Medicine is committed to providing equal access to learning opportunities to students with documented disabilities. To ensure access to this class, and your program, please contact the Disability Officer, Christine Low, to engage in a confidential conversation about the process for requesting accommodations.

More information can be found online at http://icahn.mssm.edu/education/students/disability or by contacting the Disability Officer: christine.low@mountsinai.org

GRADING POLICY

Please view the ISMMS grading policy for Years 3 and 4 in our student handbook here.

https://icahn.mssm.edu/education/students/handbook/grading

WORK HOURS POLICY

Please view the ISMMS Clinical Student Work Hour Policy, which outlines the instructional time limitations for third- and fourth-year students, here.

https://icahn.mssm.edu/education/students/handbook/student-work-hours

SUPERVISION POLICY

Please view the ISMMS Supervision Policy for Years 3 and 4 here.

https://icahn.mssm.edu/education/students/handbook/year-3-4-policies-procedures

REMEDIATION POLICY

Please view the ISMMS the Year 3 remediation policy <u>here</u>.

https://icahn.mssm.edu/education/students/handbook/grading

ACADEMIC INTEGRITY POLICY

Please review the following Student Code of Conduct and Academic Integrity policies.

https://icahn.mssm.edu/education/students/handbook/student-faculty-conduct

REQUIRED CLINICAL EXPERIENCES

Please view the ISMMS RCEs policy in the Student Handbook under Year 3 and 4 Policies and Procedures, here.

https://icahn.mssm.edu/education/students/handbook/grading

CONFIDENTIAL COMPLIANCE HOTLINE

1-800-853-9212 To report legal, ethical, quality, behavioral or practical concerns.

TITLE IX

TitleIX@mssm.edu Cell: 646-245-5934

OMBUDS OFFICE

ombudsoffice@mssm.edu

A confidential, informal, neutral, and independent resource for students to discuss any issue of concern.

CONTACT INFORMATION:

CLINICAL CURRICULUM TEAM

clerkships@mssm.edu; 212-241-6691

STUDENT AFFAIRS:

Student.affairs@mssm.edu; 212-241-4426