

ALBERT EINSTEIN COLLEGE OF MEDICINE STUDENT DISABILITY ACCOMMODATIONN POLICY

Purpose

This policy enables Albert Einstein College of Medicine (“Einstein”) to comply with the Americans with Disabilities Act (“ADA”) and Section 504 of the Rehabilitation Act of 1973, which require reasonable accommodations made for qualified students with disabilities and prohibit the colleges and universities from excluding such students from, or denying them the benefits of, its programs or activities.

Scope

This policy applies to all qualified students with a disability to obtain reasonable accommodations at Einstein. Only students who identify themselves as having a disability and seek accommodation using these procedures are eligible. Students who have been accepted but have not yet enrolled may also access this policy

Policy

It is the policy of Einstein to provide reasonable accommodation(s) for students with appropriately diagnosed and documented disabilities, provided that such accommodation does not change the fundamental nature of the educational program or adversely affect the safety of patients, staff or fellow trainees. Further related details of this policy follow, with some variance in procedures and limits as per the nature of the condition. Note that the quality/quantity of medical documentation required to take a "leave" is generally less than that required for a student seeking ongoing accommodations while engaged in the curriculum and/or taking examinations. In seeking accommodations of any type for any reason(s) (disability-related or otherwise), students are required to complete applicable paperwork and to provide the required background data and consent access to same.

A. Temporary Medical/Disability Leave

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

The start and end dates of this leave status may appear on the transcript. The student-on-leave may in some cases remain on the class roster (which entitles him/her to housing privileges, medical and disability insurance coverage, etc.) for up to six months, after which other

arrangements may become necessary. Policies regarding medical and related benefits are governed by contract language that is not subject to the authority of policy.

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

B. Longer-Term Disability/Illness Conditions

Einstein provides reasonable and appropriate accommodations in accordance with the ADA for individuals with documented disabilities who demonstrate a need for accommodation. The following information is provided for students, Einstein personnel who work with students, interested faculty, and others who may be involved in the process of discussing and/or documenting a request for accommodations. Much of the following is applicable to testing-related accommodations, but these procedures are applicable, as well, to other types of requested accommodations. Applicants requesting testing-related or other accommodations should share these guidelines with their evaluator, therapist, treating physician, etc., so that appropriate documentation can be assembled to support the request for test or other accommodations.

Accommodations for disabilities must be handled or cleared centrally by the academic program's dean or program director, or their designated staff members. Approaching course leaders or other "local" staff or supervisors without regard to Einstein's published policies (which include detailed documentary requirements) is considered non-compliant with this policy and may similarly jeopardize one's academic record as this record may have been affected by the improperly "authorized" accommodations.

Person with Disability Defined: The ADA and accompanying regulations define a person with a disability as someone with a physical or mental impairment that substantially limits one or more major life activities such as walking, seeing, hearing, or learning. The primary purpose of documentation is to validate that the individual is covered under the ADA as a disabled individual.

The purpose of accommodations is to provide equal access to the elements and the totality of medical education. Our intent is that accommodations "match up" with the identified functional limitation so that the area of impairment is alleviated by an auxiliary aid or adjustment to the testing procedures and/or to any other aspect of medical education, e.g., hearing a lecture in the case of hearing-impaired student. Functional limitation refers to the behavioral manifestations of the disability that impede the individual's ability to function, i.e., what someone cannot do on a regular and continuing basis as a result of the disability. For example, a functional limitation might be impaired vision, such that the individual is unable to view an examination in the standard lighting conditions. An appropriate accommodation might be additional task lighting. It is essential that the documentation provide a clear explanation of the functional impairment and a rationale for the requested accommodation, whether related to examinations or other medical student functions.

While presumably the use of accommodations in the identified activity will enable the individual to better demonstrate his/her knowledge or other skills, accommodations are not a guarantee of improved performance or of successfully meeting required performance standards.

General Guidelines:

The following guidelines are provided to assist the applicant in documenting a need for accommodation based on an impairment that substantially limits one or more major life activities. Documentation submitted in support of a request may be referred to experts in the appropriate area of disability for impartial professional review. The student must personally initiate a written request for accommodations and must provide appropriate consent to allow for communication/correspondence with medical or other providers/evaluators of the student.

To support a request for test accommodations, please submit the following:

1. Completed Accommodations Request Questionnaire (ARQ), and associated consent forms.
2. A detailed, comprehensive written report describing your disability and its severity and justifying the need for the requested accommodations.

The following characteristics are expected of all documentation submitted in support of a request for accommodations. Documentation must:

1. State a specific diagnosis of the disability.
2. Be a professionally recognized diagnosis for the particular category of disability, e.g., the DSM-V diagnostic categories for learning disabilities.
3. Be current.

Because the provision of reasonable accommodations is based on assessment of the current impact of the student's disability on the testing or other student activity, it is in the individual's best interest to provide recent documentation. As the manifestations of a disability may vary over time and in different settings, in most cases an evaluation should have been conducted within the past three years.

Describe the specific diagnostic criteria and name the diagnostic tests used, including date(s) of evaluation, specific test results and a detailed interpretation of the test results. This description should include the results of diagnostic procedures and tests utilized and should include relevant educational, developmental, and medical history. Specific test results should be reported to support the diagnosis, e.g., documentation for a student with multiple sclerosis should include specific findings on the neurological examination including functional limitations and MRI or other studies, if relevant.

Diagnostic methods used should be appropriate to the disability and current professional practices within the field. Informal or non-standardized evaluations should be described in enough detail that other professionals could understand their role and significance in the diagnostic process.

Describe in detail the individual's limitations due to the diagnosed disability and explain the relationship of the test results to the identified limitations resulting from the disability. The current functional impact on physical, perceptual and cognitive abilities should be fully described.

Recommend specific accommodations and/or assistive devices including a detailed explanation of why these accommodations or devices are needed and how they will reduce the impact of the identified functional limitations.

Establish the professional credentials of the evaluator that qualify him/her to make the particular diagnosis, including information about license or certification and specialization in the area of the diagnosis. The evaluator should present evidence of comprehensive training and direct experience in the diagnosis and treatment of adults in the specific area of illness or disability.

If no prior accommodations have been provided, the qualified professional expert should include a detailed explanation as to why no accommodations were given in the past and why accommodations are needed now.

Although Einstein will make every attempt to provide accommodations for physical disabilities, for those students in the medical or MD-PhD program, much of the time in the clinical (third and fourth) years is spent at affiliated hospitals over which Einstein does not have control or authority. Therefore, Einstein cannot guarantee the level of accommodations available at these sites.

Additional Guidelines for Learning Disabilities:

Documentation for applicants submitting a request for accommodations based on a learning disability or other cognitive impairment should contain all of the items listed in the General Guidelines section above. The following information explains the additional issues documentation must address relative to learning disabilities.

The evaluation must be conducted by a qualified professional. The diagnostician must have comprehensive training in the field of learning disabilities and must have comprehensive training and direct experience in working with an adult population.

Testing/assessment must be current. The determination of whether an individual is significantly limited in functioning according to ADA criteria is based on assessment of the current impact of the impairment. (See General Guidelines above). A developmental disorder such as a learning disability originates in childhood and, therefore, information that demonstrates a history of impaired functioning should also be provided.

Documentation must be comprehensive. Objective evidence of a substantial limitation in cognition or learning must be provided. At a minimum, the comprehensive evaluation should include a diagnostic interview and history taking.

Because learning disabilities are commonly manifested though not always formally diagnosed during childhood, relevant historical information regarding the individual's academic history and learning processes in elementary, secondary and post-secondary education should be investigated and documented. The report of assessment should include a summary of a comprehensive diagnostic interview that includes relevant background information to support the diagnosis. In addition to the candidate's self-report, the report of assessment should include:

1. A description of the presenting problem(s);
2. A developmental history;
3. Relevant academic history including results of prior standardized testing, reports of classroom performance and behaviors including transcripts, study habits and attitudes and notable trends in academic performance;
4. Relevant family history, including primary language of the home and current level of fluency in English;
5. Relevant psychosocial history;
6. Relevant medical history including the absence of a medical basis for the present symptoms;
7. Relevant employment history;

8. A discussion of dual diagnosis, alternative or co-existing mood, behavioral, neurological and/or personality disorders along with any history of relevant medication and current use that may impact the individual's learning;
9. Exploration of possible alternatives that may mimic a learning disability when, in fact, one is not present;
10. A psycho-educational or neuropsychological evaluation. The signed psycho-educational or neuropsychological evaluation must be submitted on the letterhead of a qualified professional, and it must provide clear and specific evidence that a learning or cognitive disability does or does not exist.

Assessment must consist of a comprehensive battery of tests. A diagnosis must be based on the aggregate of test results, history and level of current functioning. It is not acceptable to base a diagnosis on only one or two subtests. Objective evidence of a substantial limitation to learning must be presented. Tests must be appropriately normed for the age of the patient and must be administered in the designated standardized manner.

Minimally, the domains to be addressed should include the following:

1. **Cognitive Functioning:** A complete cognitive assessment is essential with all subtests and standard scores reported. Acceptable measures include but are not limited to: Wechsler Adult Intelligence Scale-III (WAIS-III); Woodcock Johnson Psycho-educational Battery-Revised: Tests of Cognitive Ability; Kaufman Adolescent and Adult Intelligence Test.
2. **Achievement:** A comprehensive achievement battery with all subtests and standard scores is essential. The battery must include current levels of academic functioning in relevant areas such as reading (decoding and comprehension) and mathematics. Acceptable instruments include but are not limited to the Woodcock-Johnson Psycho-educational Battery-Revised: Tests of Achievement; The Scholastic Abilities Test for Adults (SAT A); Woodcock Reading Mastery Tests-Revised. Specific achievement tests are useful instruments when administered under standardized conditions and when interpreted within the context of other diagnostic information. The Wide Range Achievement Test-3 (WRA T-3) and the Nelson-Denny Reading Test are not comprehensive diagnostic measures of achievement, and therefore neither is acceptable if used as the sole measure of achievement.
3. **Information Processing:** Specific areas of information processing (e.g., short- and long-term memory, sequential memory, auditory and visual perception/processing, auditory and phonological awareness, processing speed, executive functioning, motor ability) must be assessed. Acceptable measures include but are not limited to the Detroit Tests of Learning Aptitude Adult (DTLA-A), Wechsler Memory Scale-III (WMS-III), information from the Woodcock Johnson Psycho-educational Battery Revised: Tests of Cognitive Ability as well as other relevant instruments that may be used to address these areas.
4. **Other Assessment Measures:** Other formal assessment measures or nonstandard measures and informal assessment procedures or observations may be integrated with the above instruments to help support a differential diagnosis or to disentangle the learning disability from co-existing neurological and/or psychiatric issues. In addition to standardized test batteries, non-standardized measures and informal assessment procedures may be helpful in determining performance across a variety of domains.

Actual test scores must be provided (standard scores where available). Evaluators should use the most recent form of tests and should identify the specific test form as well as the norms used to compute scores. It is helpful to list all test data in a score summary sheet appended to the evaluation.

Records of academic history should be provided. Because learning disabilities are most commonly manifested during childhood, relevant records detailing learning processes and difficulties in elementary, secondary and postsecondary education should be included. Such records as grade reports, transcripts, teachers' comments and the like will serve to substantiate self-reported academic difficulties in the past and currently.

A differential diagnosis must be reviewed and various possible alternative causes for the identified problems in academic achievement should be ruled out. The evaluation should address key constructs underlying the concept of learning disabilities and provide clear and specific evidence of the information processing deficit(s) and how these deficits currently impair the individual's ability to learn. No single test or subtest is a sufficient basis for a diagnosis.

The differential diagnosis must demonstrate that:

1. Significant difficulties persist in the acquisition and use of listening, speaking, reading, writing or reasoning skills.
2. The problems being experienced are not primarily the result of lack of exposure to the behaviors needed for academic learning or to an inadequate match between the individual's ability and the instructional demands.
3. A clinical summary must be provided. A well-written diagnostic summary based on a comprehensive evaluative process is a necessary component of the report. Assessment instruments and the data they provide do not diagnose; rather, they provide important data that must be integrated with background information, historical information and current functioning. It is essential then that the evaluator integrate all information gathered in a well-developed clinical summary. The following elements must be included in the clinical summary:
 - a. Demonstration of the evaluators having ruled out alternative explanations for the identified academic problems as a result of poor education, poor motivation and/or study skills, emotional problems, attentional problems and cultural or language differences;
 - b. Indication of how patterns in cognitive ability, achievement and information processing are used to determine the presence of a learning disability;
 - c. Indication of the substantial limitation to learning presented by the learning disability and, for students in the medical or MD-PhD program, the degree to which it impacts the individual in the context of the USMLE; and
 - d. Indication as to why specific accommodations are needed and how the effects of the specific disability are mediated by the recommended accommodation(s).

Problems such as test anxiety, English as a second language (in and of itself), slow reading without an identified underlying cognitive deficit, or failure to achieve a desired academic outcome are not learning disabilities and therefore are not covered under the ADA.

Each accommodation recommended by the evaluator must include a rationale. The evaluator must describe the impact the diagnosed learning disability has on a specific major life activity as well as the degree of significance of this impact on the individual. The diagnostic report must include specific recommendations for accommodations and a detailed explanation as to why each accommodation is recommended. Recommendations must be tied to specific test results or clinical observations. The documentation should include any record of prior accommodation or auxiliary aids, including any information about specific conditions under which the accommodations were used and whether or not they were effective. However, a prior history of accommodation, without demonstration of a current need, does not in and of itself warrant the

provision of a like accommodation. If no prior accommodation(s) has been provided, the qualified professional expert should include a detailed explanation as to why no accommodation(s) was used in the past and why accommodation(s) is needed at this time.

C. Attention-Deficit/Hyperactivity Disorder (ADHD)

Documentation for applicants submitting a request for accommodations based on an Attention-Deficit/Hyperactivity Disorder (ADHD) should contain all of the items listed in the General Guidelines section above. The following information explains the additional issues documentation must address relative to ADHD.

1. The evaluation must be conducted by a qualified diagnostician.

Professionals conducting assessments and rendering diagnoses of ADHD must be qualified to do so. Comprehensive training in the differential diagnosis of ADHD and other psychiatric disorders and direct experience in diagnosis and treatment of adults is necessary. The evaluator's name, title and professional credentials, including information about license or certification as well as the area of specialization, employment and state in which the individual practices should be clearly stated in the documentation.

2. Testing/assessment must be current.

The determination of whether an individual is "significantly limited" in functioning is based on assessment of the current impact of the impairment on testing, and for students in the medical or MD-PhD program, the USMLE testing program. (See General Guidelines section above.)

3. Documentation necessary to substantiate the Attention-Deficit/Hyperactivity Disorder must be comprehensive.

Because ADHD is, by definition, first exhibited in childhood (although it may not have been formally diagnosed) and in more than one setting, objective, relevant, historical information is essential. Information verifying a chronic course of ADHD symptoms from childhood through adolescence to adulthood, such as educational transcripts, report cards, teacher comments, tutoring evaluations, and job assessments, are necessary.

- a. The evaluator is expected to review and discuss DSM-V diagnostic criteria for ADHD and describe the extent to which the patient meets these criteria. The report must include information about the specific symptoms exhibited and document that the patient meets criteria for long-standing history, impairment and pervasiveness.
- b. A history of the individual's presenting symptoms must be provided, including evidence of ongoing impulsive/hyperactive or inattentive behaviors (as specified in DSM-V) that significantly impair functioning in two or more settings.
- c. The information collected by the evaluator must consist of more than self-report.

Information from third party sources is critical in the diagnosis of adult ADHD. Information gathered in the diagnostic interview and reported in the evaluation should include, but should not necessarily be limited to, the following:

- A history of presenting attentional symptoms, including evidence of ongoing impulsive/hyperactive or inattentive behavior that has significantly impaired functioning over time;

- Developmental history;
- Family history for presence of ADHD and other educational, learning, physical or psychological difficulties deemed relevant by the examiner;
- Relevant medical and medication history, including the absence of a medical basis for the symptoms being evaluated;
- Relevant psychosocial history and any relevant interventions;
- A thorough academic history of elementary, secondary and postsecondary education;
- Review of psycho-educational test reports to determine if a pattern of strengths or weaknesses is supportive of attention or learning problems;
- Evidence of impairment in several life settings (home, school, work, etc.) and evidence that the disorder significantly restricts one or more major life activities.
- Relevant employment history;
- Description of current functional limitations relative to an educational setting and, for students in the medical or MD-PhD program, to USMLE in particular that are presumably a direct result of the described problems with attention;
- A discussion of the differential diagnosis, including alternative or co-existing mood, behavioral, neurological and/or personality disorders that may confound the diagnosis of ADHD; and
- Exploration of possible alternative diagnoses that may mimic ADHD.

4. Relevant assessment batteries

A neuropsychological or psycho-educational assessment may be necessary in order to determine the individual's pattern of strengths or weaknesses and to determine whether there are patterns supportive of attention problems. Test scores or subtest scores alone should not be used as the sole basis for the diagnostic decision. Scores from subtests on the Wechsler Adult Intelligence Scale-III (WAIS-III), memory functions tests, attention or tracking tests or continuous performance tests do not in and of themselves establish the presence or absence of ADHD. They may, however, be useful as one part of the process developing clinical hypotheses. Checklists and/or surveys can serve to supplement the diagnostic profile but by themselves are not adequate for the diagnosis of ADHD. When testing is used, standard scores must be provided for all normed measures.

5. Identification of DSM-V Criteria

A diagnostic report must include a review of the DSM-V criteria for ADHD both currently and retrospectively and specify which symptoms are present (see DSM-V for specific criteria). According to DSM-V, "the essential feature of ADHD is a persistent pattern of inattention and/or hyperactivity- impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development." Other criteria include:

- a. Symptoms of hyperactivity-impulsivity or inattention that cause impairment that were present in childhood.
- b. Current symptoms that have been present for at least the past six months.
- c. Impairment from the symptoms present in two or more settings (school, work, home).

6. Documentation must include a specific diagnosis

The report must include a specific diagnosis of ADHD based on the DSM-V diagnostic criteria. Individuals who report problems with organization, test anxiety, memory and concentration only on a situational basis do not fit the prescribed diagnostic criteria for ADHD. Given that many individuals benefit from prescribed medications and therapies, a positive response to medication by itself is not supportive of a diagnosis, nor does the use of medication in and of itself either support or negate the need for accommodation.

7. A clinical summary must be provided.

A well-written diagnostic summary based on a comprehensive evaluative process is a necessary component of the assessment. The clinical summary must include:

- a. Demonstration of the evaluators' having ruled out alternative explanations for inattentiveness, impulsivity, and/or hyperactivity as a result of psychological or medical disorders or non-cognitive factors;
- b. Indication of how patterns of inattentiveness, impulsivity and/or hyperactivity across the life span and across settings are used to determine the presence of ADHD;
- c. Indication of the substantial limitation to learning presented by ADHD and the degree to which it impacts the individual in the context for which accommodations are being requested (e.g., for students in the medical or MD-PhD program, impact on the USMLE program); and
- d. Indication as to why specific accommodations are needed and how the effects of ADHD symptoms, as designated by the DSM-IV, are mediated by the accommodation(s).

8. Each accommodation recommended by the evaluator must include a rationale.

The evaluator must describe the impact of ADHD (if one exists) on a specific major life activity as well as the degree of significance of this impact on the individual. The diagnostic report must include specific recommendations for accommodations. A detailed explanation must be provided as to why each accommodation is recommended and should be correlated with specific identified functional limitations. Prior documentation may have been useful in determining appropriate services in the past. However, documentation should validate the need for accommodation based on the individual's current level of functioning. The documentation should include any record of prior accommodation or auxiliary aid, including information about specific conditions under which the accommodation was used (e.g., standardized testing, final exams, NBME subject exams, etc.).

However, a prior history of accommodation without demonstration of a current need does not in itself warrant the provision of a similar accommodation. If no prior accommodation has been provided, the qualified professional and/or individual being evaluated should include a detailed explanation as to why no accommodation was used in the past and why accommodation is needed at this time.

Because of the challenge of distinguishing ADHD from normal developmental patterns and behaviors of adults, including procrastination, disorganization, distractibility, restlessness, boredom, academic underachievement or failure, low self-esteem and chronic tardiness or absenteeism, a multifaceted evaluation must address the intensity and

frequency of the symptoms and whether these behaviors constitute an impairment in a major life activity.

While students receiving exam accommodations may do so in a separate location from the bulk of their classmates, no provisions are made to allow for a private exam setting for a single student. Typically, accommodated exams (i.e., extended time, etc.) will be given to a group of accommodated students in one room and will be continuously proctored. While the reason(s) for a student's exam accommodations are kept private from those who do not need to know, we do not ascribe to a student's privilege to keep secret the fact they he/she is being accommodated and taking examinations under non-standard conditions.

Although Einstein may agree to provide various accommodations during Einstein exams (extra time, etc.), for students in the medical or MD-PhD program, there is no guarantee that the USMLE, which administers Step 1, Step 2 CK, Step 2 CS, and Step 3 licensing exams, will provide any or similar accommodation.

D. Psychiatric Illness (Other than LD, ADHD)

1. A student requesting accommodation for a psychiatric disability must present a properly documented diagnosis and recommendation for accommodation from a qualified professional with acceptable credentials and recognized expertise. The following principles and procedures will guide the process by which decisions concerning academic status and/or accommodations for psychiatric illness and/or symptoms will be made.

If applicable, the presence of a psychiatric illness does not preclude the student promotions committee for medical students and the Graduate Executive committee for graduate students (in either case, the "Applicable Committee") from deliberating and taking actions under the provisions related to academic performance and/or professional misconduct issues. This section's provisions are written, generally speaking, to address conspicuously illness-related lapses in a student's functioning. The Applicable Committee may consider the application of its full complement of by-laws, or portions thereof, as deemed appropriate in a given case.

The Applicable Committee members are cautioned to respond methodically to student claims of psychiatric illness, especially those claims that appear after disciplinary process has begun. The appropriate expert members of the Applicable Committee bear specific responsibility to try to prevent students from misusing such claims to mitigate the proper functioning of the Applicable Committee. Receiving a diagnosis of a mental illness does not automatically relieve a student of accountability for poor performance or behavior. Accommodations are not retroactive.

2. Where a student experiences an episode or series of episodes of psychiatric illness and/or symptoms that reasonably appears, in the judgment of the applicable academic program's dean or program director after appropriate psychiatric consultation, to render the student unable to safely continue to participate in the medical curriculum or the care of patients, the applicable academic program's dean or program director may immediately place the student on medical leave status. For students in the medical or MD-PhD program, the matter shall promptly be brought before its Applicable Committee, which is the Committee on Student Promotions and Professional Standards ("CSPPS"), which shall

assume the responsibility for further recommendations concerning leave in accordance with this policy.

3. Actions taken under the authority of this policy shall be in response, not to the presence of a "psychiatric illness/diagnosis" per se, but to documented aberrations of judgment or behavior that adversely affect clinical, interpersonal, community, and/or general social functions and relationships. Periods of impaired judgment, above all, pose a threat to patients, regardless of the specific diagnosis or etiology of the condition.
4. The student shall be notified of the date and time of the Applicable Committee meeting and shall be invited to attend the meeting and make a presentation to the Applicable Committee. At the request of the student or treating psychiatrist, the student may meet with a sub-committee consisting of three members, rather than the Applicable Committee as a whole. In such case, the sub-committee will present a report to the Applicable Committee. If the student is unable for medical reasons to attend a meeting, a written statement may be submitted or reasonable adjournment may be granted. If the student is, after a reasonable adjournment, still unable to attend a meeting or present a written statement, the meeting will nevertheless then be held.
5. The Applicable Committee shall review all available information concerning the episode or series of episodes of psychiatric illness. Based on expert consultation, the Applicable Committee shall decide whether the episode(s) is (are) of such character as to constitute a risk to the student or others or as to indicate that the student is potentially unable to withstand the stresses of medical school and whether or not to allow the student to immediately return to the curriculum upon resolution of the precipitating event. If the Applicable Committee determines that the student shall be allowed to immediately return to the curriculum, it may provide that the student shall return on probationary status and be observed for his/her ability to meet the course expectations including regular attendance, timely performances of assigned responsibilities, and the quality and appropriateness of behavior. In such probationary status, in order to preserve confidentiality, course or clerkship directors will be notified of the fact that the student is on probation, but without reference to the student's psychiatric status -except if such discretion would compromise the welfare of patients.
6. When in the judgment of the Applicable Committee it is deemed appropriate or necessary to do so, a student's period of medical leave may be extended by the Applicable Committee for an additional period, up to six months (extended medical leave for psychiatric reasons). The transcript will show the start and end dates and record this period as "Medical Leave," and the student-on-leave remains on the roster (preserving housing, medical coverage, and other student amenities) for up to six months, after which other arrangements may become necessary.
7. A student may appeal the Applicable Committee's decision to place him/her on extended medical leave for psychiatric reasons within 10 days of notification of the decision, by written appeal to the Dean who may affirm, modify, or overrule the Applicable Committee's decision, or may return the matter to the Applicable Committee for further inquiry. If the student is unable to the satisfaction of the Applicable Committee for medical reasons to prepare the written appeal, the time to appeal may be extended for up to an additional 20 days for a total of 30 days.

8. Students placed on extended medical leave for psychiatric reasons who wish to be considered for reinstatement must consent and request that their treating psychiatrist inform the Applicable Committee: a) of attendance at therapeutic sessions; b) whether the student has a realistic understanding of his/her illness; c) of the student's readiness to undergo the academic and emotional stresses of the medical curriculum if reinstated. The treating psychiatrist must also inform the Applicable Committee of the student's treatment regimen and attest that the regimen is stable. Neither the academic program's dean or program director nor the Applicable Committee may specifically require an individual to obtain psychiatric treatment; however, ongoing treatment may be designated as a condition for continued participation in the medical school program. Should such recommendation be made, the student requesting reinstatement after medical leave for psychiatric reasons will be expected to remain in psychiatric treatment in order to remain enrolled in the his/her academic program. All parties are reminded that our obligation to the welfare of patients, current and future, is paramount.
9. Prior to reinstatement, the student must consent and be evaluated by a psychiatrist selected (or approved) by Einstein, who will report to the Applicable Committee as to the student's readiness to re-enter the curriculum. The consent form shall provide that this evaluation is neither confidential nor privileged as would otherwise be customary in a doctor-patient relationship and must hold the evaluator harmless.
10. After reviewing the information from the student's treating psychiatrist as well as the information from the separate evaluating psychiatrist and any other relevant information, the Applicable Committee will decide whether the student may be reinstated. The student will again be permitted to make a presentation to the Applicable Committee if he or she so desires. In deciding whether to reinstate the student, the Applicable Committee shall consider, among other issues, whether the problems that precipitated the leave are resolved, whether the student will be able to function properly after graduation as a physician, etc.
11. If the Applicable Committee decides that the student is not ready for reinstatement, it may recommend extension of medical leave for psychiatric purposes for an additional period of up to six months. The Applicable Committee may also recommend, because of the nature of the student's behavior during the period of observation or extended leave, that the student should be withdrawn from the academic program. The student will be notified of the Applicable Committee's recommendation within seven days and may appeal the recommendation of the Applicable Committee within 10 days of notification. Such appeal shall be by written statement to the Dean, who may affirm or overrule the Applicable Committee's decision or return the matter to the Applicable Committee for further inquiry.
12. Reinstated students will be assigned to a curriculum designed by the academic program's dean or program director. If a student returns in the clinical curriculum at the discretion of the academic program's dean or program director, he/she may be required to take all rotations under the supervision of Einstein faculty during the first year of return. Any off-campus electives will require specific prior approval by the academic program's dean or program director.
13. Accommodations for psychiatric conditions consist substantially of, 1) an initial period of medical/psychiatric leave, particularly in cases where these symptoms are of new onset, and 2) the opportunity to avail oneself of psychiatric and psychological treatment

resources. Should a student forego either of these (i.e., not take an initial leave in response to acute symptoms, and/or not avail him/herself of intensive, ongoing treatment and monitoring) for any reason, subsequent difficulties that may have been averted by either of these measures may not be acceptable. Participation in and adherence to treatment(s) are the sole responsibility of the student in conjunction with the student's professional caregiver(s) and immediate family. A student's failure to take full advantage of treatment resources (or time off-duty) while continuing to have difficulties may weigh heavily as an indicator of a persistent pattern of poor judgment.

14. For students in the medical or MD-PhD program, to assure patient safety, at the discretion of the Deans for Students, clerkship leaders of the rotations to which a reinstated student is assigned will be advised that the student requires special support and observation of his/her performance. Although the student's privacy is of great concern, the CSPPS and its leadership will not compromise patient care in favor of maintaining that privacy.
15. A student may remain on extended medical leave for psychiatric illness for a maximum of one year, after which time the student will be dismissed from Einstein. The decision to recommend withdrawal will be based on the documented persistence, despite treatment, of aberrations of judgment or behavior that adversely affect clinical, interpersonal, community, and/or general social functions and relationships. Dismissal may also be recommended because of the student's failure to meet his/her obligations as outlined by this policy.
16. A student reinstated after extended medical leave for psychiatric reasons who does not meet course expectations, including regular attendance and timely performance of assigned responsibilities, and/or whose quality and appropriateness of behavior are adversely affected due to recurrence of psychiatric illness, may be dismissed from Einstein. The student will be permitted to make a presentation to the Applicable Committee at this time if he/she so desires. A student may appeal the Applicable Committee's recommendation for dismissal within 10 days of notification of the decision by written appeal to the Dean.

E. Maternity and Paternity Leave

1. A period of up to two months will be granted routinely upon request for maternity leave; one month for paternity leave. This applies as well to the adoption of a child. The effect on curricular programs and requirements will be minimized as far as possible, in recognition of the fact that many courses and rotations are only available at certain points in the year, and postponing such courses/rotations may complicate schedule planning and lead to a postponement of one's graduation date. The senior year has a two-month cushion intended to avert the need to postpone graduation for maternity reasons during that period of the curriculum.
2. Students are encouraged to meet with his/her academic program's staff when delivery dates are known, as advance planning can often minimize any effects on the progression through the medical school curriculum. If a physician recommends additional prenatal or postpartum excusal from clinical/academic duties, this will be granted for a period of up to six months, after which more specific arrangements may be necessary. Students remain on the student roster (preserving housing privileges, medical insurance, and other

amenities) during maternity/paternity leave and approved extensions of same. The transcript will reflect the start and end dates, designated as "Maternity/Paternity Leave."

F. Family Medical Leave

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

Effective Date

September 1, 2017

Policy Management and Responsibilities

The Office of the Dean is the Responsible Office under this Policy. The Executive Dean is the Responsible Executive, and each academic program's dean or program director are the Responsible Officers for the management of this policy.

Approved



Responsible Executive: Edward R. Burns, M.D.
Title: Executive Dean

09/01/2017

Date