



CLERKSHIP INFORMATION SHEET

InterACT - Interclerkship Ambulatory Care Track

Academic Year: 2024-2025

Duration of Clerkship (# of weeks): 12.5 Weeks

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CLERKSHIP OVERVIEW

CLERKSHIP CONTACTS

Clerkship Director	Shyam Sundaresh, MD	Shyam.Sundaresh@mountsinai.org
Clerkship Coordinator	Jennifer Reyes	Jennifer.Reyes@mssm.edu

MISSION STATEMENT OF THE CLERKSHIP

The overall goal of the Interclerkship Ambulatory Care Track (InterACT) is to develop a student committed to the practice of patient centered care for patients with chronic illness - one who is able to navigate healthcare systems addressing the socioeconomic and cultural factors which impact healthcare in an urban setting.

GOALS OF THE CLERKSHIP

To provide a longitudinal curriculum that places third year medical students at the center of care for community-dwelling patients with chronic illness.

To establish opportunities for medical students to learn and teach humanism, advocacy, and interdisciplinary care in the context of working longitudinally with the medically disenfranchised.

To develop longitudinal mentoring relationships with a variety of faculty from different medical disciplines.

CLERKSHIP POLICY OVERVIEW

CLERKSHIP OBJECTIVES

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

Clerkship Objective	MD Program Objective
Establish a sound foundation in the provision of primary health care delivered in the ambulatory care setting, including incorporating preventive services, to a diverse patient population.	<ul style="list-style-type: none">• Clinical Reasoning 3 (I.D.3)• Medical Decision Making 1 (I.E.1)• Medical Decision Making 2 (I.E.2)• Communication Skills 4 (I.F.4)
Demonstrate appropriate diagnostic and therapeutic skills to manage common acute and chronic medical conditions in populations of all ages.	<ul style="list-style-type: none">• Clinical Reasoning 1 (I.D.1)• Clinical Reasoning 2 (I.D.2)• Medical Decision Making 1 (I.E.1)• Medical Decision Making 2 (I.E.2)
Discuss the unique needs of the inner urban population and formulate strategies to address these needs.	<ul style="list-style-type: none">• Social Determinants of Health 1 (II.D.1)• Service 4 (IV.A.4)
Identify areas of strengths and weaknesses to direct learning and enhance patient care.	<ul style="list-style-type: none">• Self-awareness & Commitment to Self-improvement 1 (III.A.1)• Self-awareness & Commitment to Self-improvement 2 (III.A.2)

Utilize relevant evidence-based and best evidence data to inform rational decision-making in patient care.	<ul style="list-style-type: none"> • Medical Decision Making 3 (I.E.3)
Communicate effectively with various members of the ambulatory patient health care team, including the patient, caregivers and other health care professionals.	<ul style="list-style-type: none"> • Communication Skills 1 (I.F.1) • Communication Skills 2 (I.F.2) • Communication Skills 3 (I.F.3) • Teamwork 1 (III.C.1)
Empower patients about their role in the prevention and management of their own diseases and illnesses.	<ul style="list-style-type: none"> • Communication Skills 1 (I.F.1) • Communication Skills 2 (I.F.2) • Communication Skills 3 (I.F.3)
Formulate effective strategies for patient and population-based advocacy.	<ul style="list-style-type: none"> • Service 1 (IV.A.1) • Service 2 (IV.A.2) • Service 3 (IV.A.3) • Service 4 (IV.A.4)
Recognize how health based systems and health policies directly and indirectly affect patient care.	<ul style="list-style-type: none"> • Medical Decision Making 2 (I.E.2)
Utilize health information systems and technology to improve patient care both on a patient and population-based level.	<ul style="list-style-type: none"> • Medical Decision Making 3 (I.E.3)
Discuss the economic, psychological, social, environmental and cultural factors contributing to maintaining and promoting health and wellness.	<ul style="list-style-type: none"> • Social Determinants of Health 1 (II.D.1) • Health Care Resources and Delivery Systems 2 (II.E.2)
Identify resources, community services and referrals that match the patient's needs.	<ul style="list-style-type: none"> • Social Determinants of Health 1 (II.D.1) • Service 1 (IV.A.1) • Service 2 (IV.A.2) • Service 3 (IV.A.3) • Service 4 (IV.A.4)
Demonstrate professional responsibilities and adhere to ethical standards and to principles of interdisciplinary and team based care.	<ul style="list-style-type: none"> • Communication Skills 3 (I.F.3) • Ethical Principles of Medical Practice and Research 1 (II.F.1) • Teamwork 1 (III.C.1) • Honesty & Integrity 1 (IV.C.1) • Honesty & Integrity 2 (IV.C.2)
Recognize and effectively reconcile the existing tension between personal and professional goals related to patient care.	<ul style="list-style-type: none"> • Service 1 (IV.A.1) • Service 3 (IV.A.3) • Honesty & Integrity 1 (IV.C.1) • Honesty & Integrity 3 (IV.C.3)

Generate an appropriate differential diagnosis based on recognition of the typical and atypical presentations of common medical conditions in populations of all ages in the ambulatory setting.	<ul style="list-style-type: none"> • Clinical Reasoning 1 (I.D.1) • Clinical Reasoning 2 (I.D.2) • Clinical Reasoning 3 (I.D.3)
Intervene in the natural history of disease processes through prevention, treatment, and/or palliation.	<ul style="list-style-type: none"> • Medical Decision Making 1 (I.E.1) • Medical Decision Making 2 (I.E.2) • Healing and Therapeutics 4 (II.C.4)

WORK SCHEDULE/DUTY HOURS

ORIENTATION DAY REPORTING

Orientation will take place the first day of the first week of InterACT block #1, typically in the morning. You will report directly to preceptors on clinic days. Find their locations on Blackboard and the documents that will be emailed to you before the start of the clerkship.

Week 6	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Independent Study	Visiting Docs – 9:30am – 1:30pm	Pediatrics – 10am-12pm	Medicine – 9am – 12pm	Psychiatry – JMC 9am - 12pm
PM	Pediatrics – 1pm -4pm	Family Medicine 2pm – 5pm	Didactics	Plastic Surgery 1pm -5pm	Independent Study

ASSESSMENT DAY

All NBME shelf subject area examinations will begin at 9:00am.

WORK HOUR 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>

METHODS OF INSTRUCTION

CURRICULUM OVERVIEW

The curriculum includes clinical instruction in general internal medicine, general pediatrics, surgery subspecialties, medicine subspecialties, pediatric subspecialties, psychiatry, Visiting Doctors, and classroom exercises. Clinical instruction will occur in a variety of sites. Because students are likely to have quite different experiences in each clinical site, we have designed a classroom program to assure that every student learns about key topics and illnesses.

CLINICAL ROTATIONS

In most clinical sites, InterACT students will practice with an attending physician and will see the physician's patients. Physicians at all clinical sites will encourage students to become actively involved in the care of patients. Under close supervision, students will take primary responsibility for at least two patients per half-day session by seeing the patient before other providers, writing the visit note when possible, and following-up on tests. Whenever possible, the student will see patients in return visits. In addition to active learning, students will also observe senior clinicians at work. The purpose of this observation is to acquaint students with the attitudes, interviewing skills, and examination skills of accomplished clinicians.

EHHOP

Note: EHHOP is an optional component of this clerkship. Should students opt to be an EHHOP Chronic Care or Mental Health Program, their schedule will allow for 3 interim patient management sessions per week, instead of 1.

Students enrolled in the EHHOP Chronic Care Program will spend 8 Saturdays throughout the academic year from 8:30am - 4pm at EHHOP. Students should have preselected Saturdays on the Google spreadsheet distributed by the Chief TS. During this component, InterACT students will be responsible for the primary management of patients with chronic illness with a stress on the following diseases: diabetes, hypertension, cardiovascular disease, asthma and depression. Students will be responsible for regular meetings with their assigned teaching seniors to discuss goals of care, long-term management plans, obstacles to care and coordination of care. Students will be assessed in their ability to collaborate with team members, advocate for patients and work with interdisciplinary partners and create clear and succinct hand-offs. The mission of the EHHOP component is to establish students as partners with patients as well as with other team members in caring for this vulnerable population.

SELF-DIRECTED LEARNING

The required learning activities for InterACT correspond to the program goals and objectives. The basic responsibility for accomplishing the course objectives rests with the InterACT student. The role of the clinical preceptor is to suggest appropriate patient care experiences in the office and other clinical settings. Faculty didactic presenters will highlight important aspects of diagnosis and management of patients in the ambulatory setting. Clearly, the breadth of clinical content in the ambulatory urban primary care setting exceeds the amount of material that can be presented via clinical and didactic learning experiences. Thus, students must acquire a reasonable foundation of knowledge outside their structured time. There is a sufficient amount of time built into the clerkship for you to direct your own learning. This will be the time to read about your patients, research questions that arise during the day, prepare for case conferences, and prepare for didactic sessions and scholarly projects. You are encouraged to use the evenings and other free time to build your knowledge of medicine as well as reflect and learn from your patient encounters.

Didactic Presentations

During InterACT weeks, didactic presentations will be facilitated by InterACT faculty and senior student InterACT mentors. Sessions will vary in content and style and will stress key topics in ambulatory medicine.

Students will be expected to come prepared to each session and will be assessed on their degree of engagement. The following is a summary of each didactic element. In addition to these didactic presentations, InterACT students are required to attend Pediatric clerkship didactic sessions that take place during the weeks taken from that clerkship. Attendance at the ACC/Geri lectures are optional.

Case Discussions

Students will come prepared to discuss an ambulatory care case that stresses a key topic in ambulatory care medicine. The case discussions should be brief and stress the key elements of the history, physical, laboratories and medical management that support the topic. The discussions should allow for the student to "teach" the topic to the InterACT faculty members and fellow students. Teaching cases can be basic in the beginning of the year (eg. how to work up a case of anemia) but should grow more complex by the end of the year (eg. "does my patient with a cardiac murmur require endocarditis prophylaxis?"). Discussions should stem from cases seen in the ambulatory care setting and may emphasize ethical quandaries, questions about medical management and/or diagnostic work-up, or quality issues. All cases may be discussed with the InterACT Director and senior InterACT student mentors prior to the session should the student require advice on how to focus the discussion.

EHHOP CASE DISCUSSIONS

These sessions are meant to help students define longitudinal goals of care for EHHOP patients under their care. Students will periodically discuss goals of care, barriers to care, clinical or ethical quandaries or medical decision-making that directly impacts the care of their patients. These sessions will be held at least three times a year with Dr. Meah or Dr. Thomas.

EHHOP GRAND ROUNDS

Students will be encouraged to present once this year during EHHOP grand rounds. Students may present in partnership with each other. This is not required but highly encouraged.

METHODS OF ASSESSMENT

DETERMINATION 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 policy, [here](https://icahn.mssm.edu/education/medical-student-handbook/assessment-and-grading). (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 5 out of 8 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

Clerkship Objective	Assessment Method(s)	Criteria – Pass	Criteria – Honors
Demonstrate appropriate management of common acute and chronic medical conditions in populations of all ages.	<ul style="list-style-type: none"> CE: Knowledge base CE: plans/follow up CE: NBME subject exam 	CE: On average, meets expectations (column 3) AND NBME SHELF EXAM ≥5%ile 1 st or 2 nd attempt	CE: On average, above expectations (≥ column 4) AND NBME shelf pass ≥ 15 th percentile 1 st attempt*
Discuss the unique needs of the inner urban population and formulate strategies to address these needs from a biopsychosocial perspective	<ul style="list-style-type: none"> Didactic – Peer Feedback 	Completed	
Identify areas of strengths and weaknesses to direct learning and enhance patient care.	<ul style="list-style-type: none"> CE: Self-awareness CE: Responsiveness to feedback 	CE: On average, meets expectations (column 3)	
Utilize relevant evidence-based and best evidence data to inform rational decision-making in patient care.	<ul style="list-style-type: none"> Didactic - EBM 	Completed	
Communicate and interact effectively with members of the interdisciplinary ambulatory patient health care team, including other health care professionals.	<ul style="list-style-type: none"> CE: CIS/team CE: Preparation for session 	CE: On average, meets expectations (column 3)	CE: On average, above expectations (≥ column 4)

Communicate effectively with patients and caregivers; empower patients about their role in the prevention and management of their own diseases and illnesses.	<ul style="list-style-type: none"> • CE: Relationship to patients/ Interpersonal Skills • CE: CIS/patient 	CE: On average, meets expectations (column 3)	CE: On average, above expectations (\geq column 4)
Obtain pertinent information from the history and physical exam for patients presenting with acute and chronic medical problems	<ul style="list-style-type: none"> • CE: History Taking • CE: Physical Exam 	CE: On average, meets expectations (column 3)	CE: On average, above expectations (\geq column 4)
Communicate gathered clinical data effectively through oral and written presentations	<ul style="list-style-type: none"> • CE: Oral presentation • CE: Written communication/skills 	CE: On average, meets expectations (column 3)	CE: On average, above expectations (\geq column 4)
Formulate effective strategies for patient advocacy including the identification of community resources that match the patient's needs.	<ul style="list-style-type: none"> • CE: Advocacy 	CE: On average, meets expectations (column 3)	
Recognize how health based systems and health policies directly and indirectly affect patient care.	<ul style="list-style-type: none"> • Didactic • CE: plans/follow up 	Completed AND CE: On average, meets expectations (column 3)	
Demonstrate professional responsibilities and adhere to ethical standards and to principles of interdisciplinary and team based care.	<ul style="list-style-type: none"> • CE: Time Management • CE: Self Awareness • CE: CIS/team 	CE: On average, meets expectations (column 3)	

Generate an appropriate differential diagnosis based on recognition of the typical and atypical presentations of common medical conditions in populations of all ages in the ambulatory setting.	<ul style="list-style-type: none"> CE: Differential Diagnosis 	CE: On average, meets expectations (column 3)	CE: On average, above expectations (\geq column 4)
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***To meet this criterion, students 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.**

CE = Clinical Evaluation

RCE = Required Clinical Experience

NBME = National Board of Medical Examiners

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 AI grade**. The AI 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. The AI Director makes the decision to assign "marks" for the behaviors listed below, and may decide to adjust the grade based upon this review.

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

<i>Behavior</i>	<i>Marks (per occurrence)</i>	<i>Assessment Method</i>	Relevant Policy
Unexcused Absences (including arriving late or leaving early) from...			
Clinical experiences (e.g. patient encounters, team rounds, preceptor rounds)	1	CT*, CE**	Excused Absence Policy
Clerkship assessments (e.g. Oral Presentation)	1	CT	

Classroom-based learning activities (e.g. didactics, sim sessions)	1	CT	
Clerkship meetings (e.g. orientation, mid-rotation and end of rotation meetings)	1	CT	
Unexcused Late Submissions^			
Clerkship assessments or assigned tasks	1	CT	Clerkship Specific Requirements
Other			
Violates academic integrity policy	Fail Grade	CT	Academic Integrity Policy

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

**CE – Clinical Evaluation form (via One45)

[^]In order to request an excused late submission of a clerkship assessment or assigned task, student must submit the request by email to their Site 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 Site 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).

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.

1. Back pain

- Obtain the patient history
- Conduct a physical exam
- Interpret pertinent patient data
- Present the case including a discussion of differential diagnosis, assessment, and plan

2. Diabetes mellitus

- Obtain the patient history
- Interpret pertinent patient data
- Present the case including assessment and plan

3. Dyslipidemia

- Obtain the patient history
- Interpret pertinent patient data
- Present the case including assessment and plan

4. Hypertension

- Obtain the patient history
- Interpret pertinent patient data
- Present the case including assessment and plan

5. Joint pain

- Obtain the patient history
- Conduct a physical exam
- Interpret pertinent patient data
- Present the case including a discussion of differential diagnosis, assessment, and plan

6. Urinary incontinence

- Obtain the patient history
- Present the case including a discussion of differential diagnosis, assessment, and plan

7. Perform cognitive assessment

- Perform cognitive assessment on an adult with cognitive concerns using MMSE, MOCA, Mini-Cog

8. Perform depression screening

- Perform a depression screen on an adult using PHQ-2 and/or PHQ-9

9. Perform functional assessment

- Perform appropriate functional assessments (ADL, IADL, Chair Rise/Timed Up and Go/Balance Test) on an adult patient at risk of falling

10. Perform medication reconciliation w/ an adult patient

11. Discuss atherosclerotic cardiovascular disease (ASCVD) risk w/ an adult patient

12. Discuss age-appropriate cancer screening tests w/ an adult patient

13. Discuss age-appropriate immunizations w/ an adult patient

14. Observe a family meeting on goals of care

- Observe a family meeting focused on goals of care discussion in a patient with serious illness or at the end of life.

15. Address unhealthy substance use using the Screening, Brief intervention and Referral to Treatment (SBIRT)

- utilize SBIRT to address unhealthy substance use in an adult patient

CLERKSHIP GRADE SUBMISSION DEADLINES

Start Date	End Date	Pod	Grades Due (6 wks from end date)
7/1/2024	6/27/2024	Annually	8/8/2025

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 [here](#).

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

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>

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>

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