



Stony Brook University



Stony Brook  
School of Health Professions

# FAR BEYOND

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Orientation  
June 3, 2024

# Orientation Agenda

## School of Health Professions

- Presentation from the Dean's Office
- Student and Academic Affairs
- Office of Diversity, Equity, and Inclusion
- Relocate - Interprofessional Education
- Lunch
- University Partners

# STACY JAFFEE GROPACK, PT., PHD., FASAHP

DEAN AND PROFESSOR



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**ADMISSIONS & STUDENT AFFAIRS ADMINISTRATOR**



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DIRECTOR OF ACCREDITATION AND OUTREACH



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**ANGELA SCAUSO, MAPP**  
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DIRECTOR OF SOUTHAMPTON OPERATIONS



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**ABIGAIL LUIZZI**

ASSISTANT TO THE DIRECTOR OF SOUTHAMPTON OPERATIONS



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# Team Approach to Health Care

Clinical Laboratory Scientist

Applied Health  
Informatics

Respiratory  
Therapist

Physician Assistant

Speech Language  
Pathologist

Occupational Therapist

Physical Therapist

Athletic Trainer



# STONY BROOK UNIVERSITY

- West Campus
- South Campus
- East Campus- Health Sciences Center
- Southampton Campus

# HEALTH SCIENCES

- School of Medicine
- School of Nursing
- School of Social Welfare
- School of Dental Medicine
- School of Health Professions

# WHAT YOU NEED TO KNOW

- Communication from SBU vs. SHP
- SBU- may be interesting but check with us
  - SHP-important
  - AHI or SLP- important
  - Graduate School- not relevant
- Academic requirements
  - Health Sciences Bulletin
  - SHP and Program Academic Policies and Procedures Handbook



# WHAT YOU NEED TO KNOW

- Academic Calendar-Modules
- Email accounts - you must use your stonybrook.edu email account
- ID Badges are required
- Outstanding conditions of admission- must be submitted a.s.a.p. but no later than next week
- Student Health History and Examination Forms



# EMERGENCY COMMUNICATION

## Voice, Email and Text Messages

- A mass notification system is used to provide voice, email and text messages to members of the campus community.
- Log into SOLAR and use the phone and email menu selection to enter your data (If you do not provide a preferred email address the system will use your campus EPO address.)

\*Please note that your wireless carrier may charge you a fee to receive messages on your wireless device.

# ENROLLMENT, TUITION AND FEES

- All enrollment is done via SOLAR
- Students must enroll prior to the first day of the term
- Refer to the Health Sciences Academic Calendar for specific enrollment dates:  
<http://www.stonybrook.edu/commcms/hsstudents/recordsandregistration/calendars>
- Tuition liability: Refer to the Bursar/Student Accounts website for specific information <http://www.stonybrook.edu/bursar/>  
Tuition and Fees: (Click tuition and fees link)

# POLICIES AND PROCEDURES

- Independent Study
- Course Waivers
- Challenge Exams
- Academic Standing
- Academic Dishonesty

# ACADEMIC INTEGRITY

- Honor Code
- Students are held to the highest standards as future health care team members

## Policies on Non-Discrimination and Sexual Harassment

- Learning environment:
  - in which a diverse population can live and work in an atmosphere of tolerance, civility and respect
  - that is free from all forms of inappropriate and disrespectful conduct that may be deemed as sexual harassment
- TITLE IX
  - Title IX of the Education Amendments of 1972 states that: No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance.....



Stony Brook University



Stony Brook  
School of Health Professions

# FAR BEYOND

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**CASTLEBRANCH**

**Teresa Ann Blaskopf, Admissions and Student Affairs Administrator**

# Incoming Students

1. [You will need to complete the four page Health History Examination Form](#)
2. Once the form is completed the student would submit on the Wolfie Portal which is “Wolfie Portal”.
3. This should be completed before the start of Orientation in June.

# Documents Required for the University

To ensure a healthy and safe campus community, if you plan to enroll in at least one in-person class, live on campus, or access in-person services or facilities on Stony Brook's campuses, you are required to comply with mandatory immunization requirements. Evidence of MMR immunity includes any of the following as long as the first dose is administered on or after the first birthday and the second dose is administered at least 28 days after the first dose:

TWO DOSES of MEASLES/MUMPS/RUBELLA (MMR) VACCINE

TWO DOSES of MEASLES VACCINE, ONE DOSE OF MUMPS VACCINE AND ONE DOSE OF RUBELLA VACCINE

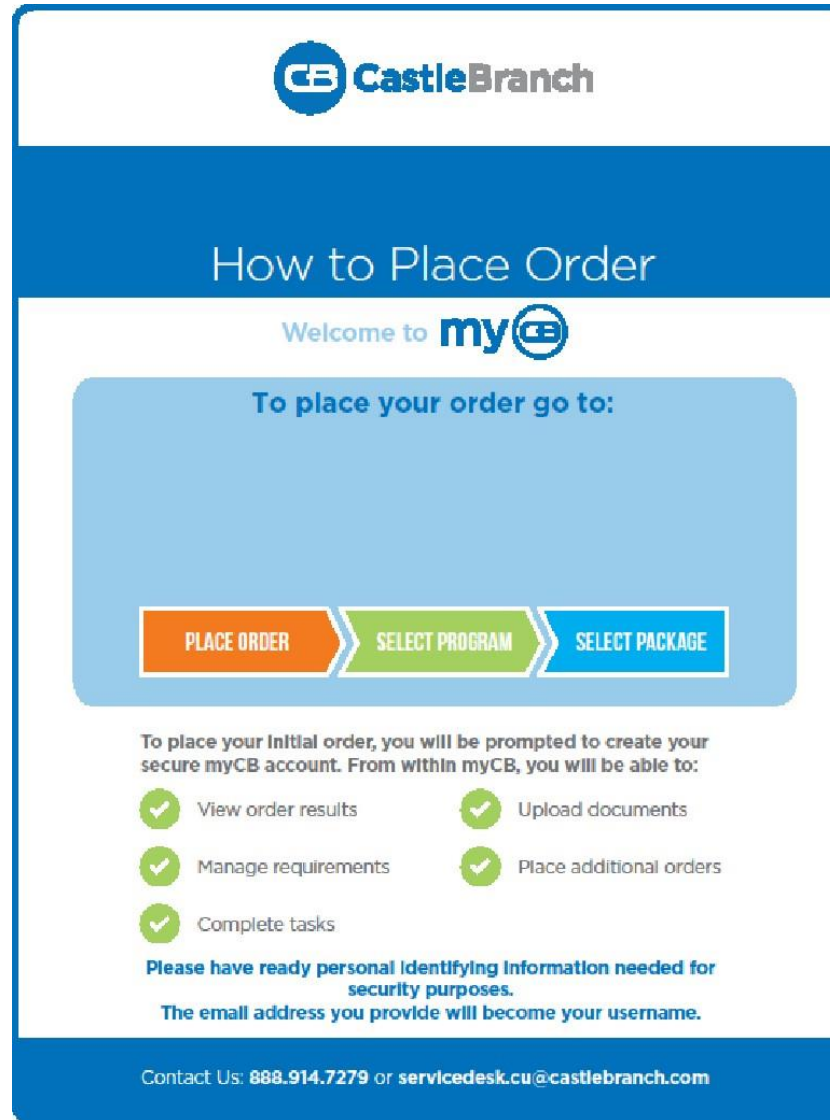
TWO DOSES OF MEASLES, MUMPS, RUBELLA, VARICELLA (MMRV) VACCINE

In lieu of (not in addition to) an acceptable combination of vaccines above, a positive blood test (a quantitative titer only) showing protective antibodies to measles (rubella), mumps and rubella is acceptable to prove immunity. A copy of the official lab report must be provided.



# For Clinical Rotations

For students to participate in clinical rotations, it is the students' responsibility to have all required documents uploaded to CastleBranch® and to check that they are in compliance with their individual program requirements before attending any clinical rotation. Any student out of compliance will not be allowed to attend any clinical activities.



The screenshot shows the CastleBranch website interface. At the top is the CastleBranch logo. Below it is a blue header with the text 'How to Place Order'. Underneath is a white section with 'Welcome to myCB' and a light blue box containing the instruction 'To place your order go to:' followed by three colored arrows: 'PLACE ORDER' (orange), 'SELECT PROGRAM' (green), and 'SELECT PACKAGE' (blue). Below this is a list of capabilities for a myCB account, each preceded by a green checkmark. At the bottom of the white section is a note about providing personal identifying information. The entire page is framed by a blue border.

**CastleBranch**

## How to Place Order

Welcome to **myCB**

To place your order go to:

**PLACE ORDER** **SELECT PROGRAM** **SELECT PACKAGE**

To place your initial order, you will be prompted to create your secure myCB account. From within myCB, you will be able to:

- ✓ View order results
- ✓ Upload documents
- ✓ Manage requirements
- ✓ Place additional orders
- ✓ Complete tasks

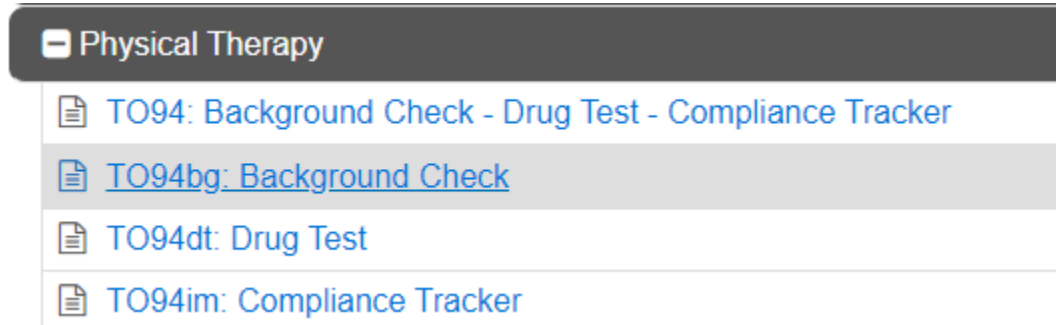
Please have ready personal identifying information needed for security purposes.  
The email address you provide will become your username.

Contact Us: 888.914.7279 or [servicedesk.cu@castlebranch.com](mailto:servicedesk.cu@castlebranch.com)

# Making an Account on CastleBranch

## CastleBranch

1. Once you are at the CastleBranch website, click Place Order.
2. Then click “Please Select (It is a drop-down menu. Click your specific program.)”
3. You will see 4 items to choose from.
  - a. If you need a Background Check, Drug Test, and Health Compliance, as instructed by your program, you can click the first Tracker.
  - b. If you only need the Health Compliance, then click the last Tracker.
  - c. You can do the Background Tracker and Drug Test Tracker separately if instructed, by your program.



# Prices for CastleBranch

- a. Health Compliance \$43
- b. Background Check \$140
- c. Drug Screening \$40

*\*This may change\**



# Uploading Documents



## Physical Examination- Page 2

HSC School/Program: [REDACTED] Stony Brook ID No.: [REDACTED]

**PART I-HEALTH HISTORY**  
 Students Please complete all sections on pages 2 and 3 according to your health profession's certification

Name: [REDACTED] Date of Birth: [REDACTED]  
 Sex:  Male  Female Medical Status:  Current  Single  Married

Home Address: [REDACTED] Apt. No.: [REDACTED]  
 Local Campus Address (if known): [REDACTED] Campus: [REDACTED]

Person to be Notified in Case of an Emergency: [REDACTED] Relationship: [REDACTED]  
 Address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

Name and address of parent, guardian, or spouse, if under 18 years of age: [REDACTED]  
 Address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

Physician: [REDACTED] Address: [REDACTED]

Where have you lived most of your life? (check one)  
 United States  Canada  Mexico  Central America  South America  Caribbean  Europe  
 Africa  Middle East  India  Oceania  Far East  Australia/Oceania  Other

**RELEASE OF INFORMATION AUTHORIZATION**  
 I give authorization for the release of my health information to the Office of Student Services, the Dean of the School of Health Professions, and the Director of the Health Professions Center for the Student Health Professions, the School of Health Professions, and the Office of Student Services, in order to receive a clinical rotation position in the Department of Health Professions, School of Health Professions, Stony Brook University.

[REDACTED Signature] [REDACTED Date]

**PERMISSION FOR TREATMENT FOR STUDENTS UNDER 18 YEARS OF AGE**  
 When seeking medical advice, a minor's consent will be made for all necessary questions or services. On occasion, we may provide such services. To avoid delay in treatment, we reserve the right to accept the signed legal consent, legal guardian, or consent of emergency personnel if there is no legal authority to do otherwise. (This is not a release of liability.)

[REDACTED Signature] [REDACTED Date]

2



# Uploading Documents



## Physical Examination- Page 3

Lauren Russo 1/8/98

### HEALTH HISTORY

**A. FAMILY HISTORY**

Relationship	Age	Sex	Occupation	Education	Religion	Marital Status	Health Status	Notes
1. Father	61	Good	Teacher	MA	N/A	N/A		
2. Mother	60	Good	Teacher	MA	N/A	N/A		
3. Grandfather	81	Good	Retired	MA	N/A	N/A		
4. Grandmother	78	Good	Retired	MA	N/A	N/A		
5. Sister	28	Good	Teacher	MA	N/A	N/A		
6. Brother	26	Good	Student	MA	N/A	N/A		

**B. PERSONAL HEALTH HISTORY - PLEASE ANSWER ALL QUESTIONS**

Question	Yes	No	Other
1. Current or former smoker?			
2. Alcohol consumption?			
3. Sexually transmitted diseases?			
4. Menstrual problems?			
5. Headaches?			
6. Fainting or dizziness?			
7. Chest pain or difficulty breathing?			
8. High blood pressure?			
9. Diabetes?			
10. Rheumatoid arthritis?			
11. Gout?			
12. Epilepsy or seizures?			
13. Mental health problems?			
14. Allergies?			
15. Recent weight change?			
16. Recent travel to high altitude?			
17. Recent travel to tropical areas?			
18. Recent travel to international waters?			
19. Recent travel to areas with endemic diseases?			
20. Recent travel to areas with communicable diseases?			
21. Recent travel to areas with vector-borne diseases?			
22. Recent travel to areas with zoonotic diseases?			
23. Recent travel to areas with prion diseases?			
24. Recent travel to areas with tick-borne diseases?			
25. Recent travel to areas with mosquito-borne diseases?			
26. Recent travel to areas with sandfly-borne diseases?			
27. Recent travel to areas with snail-borne diseases?			
28. Recent travel to areas with shellfish-borne diseases?			
29. Recent travel to areas with shellfish-borne diseases?			
30. Recent travel to areas with shellfish-borne diseases?			
31. Recent travel to areas with shellfish-borne diseases?			
32. Recent travel to areas with shellfish-borne diseases?			
33. Recent travel to areas with shellfish-borne diseases?			
34. Recent travel to areas with shellfish-borne diseases?			
35. Recent travel to areas with shellfish-borne diseases?			
36. Recent travel to areas with shellfish-borne diseases?			
37. Recent travel to areas with shellfish-borne diseases?			
38. Recent travel to areas with shellfish-borne diseases?			
39. Recent travel to areas with shellfish-borne diseases?			
40. Recent travel to areas with shellfish-borne diseases?			

**C. MEDICATION**

Are you currently taking any medications?  Yes  No (List including both medical and OTC)

None (None)

**COMMENTS:**

None

Physician Signature: *Q. Russo*  
 (Typed name of the physician)

MOUNT SINAI SCHOOL OF HEALTH PROFESSIONS  
 LONG ISLAND  
 69 Southern Blvd.  
 Nassauville, NY 11767



# Uploading Documents



## Physical Examination- Page 4

STUDENT'S NAME: [REDACTED] SMILEY CODE: [REDACTED]

DATE OF BIRTH: [REDACTED]

Major Program (check one from below):  
 J.D.  J.D./M.D.  J.D./M.D./Ph.D.  M.D.  M.D./Ph.D.  M.D./Ph.D./J.D.  M.D./Ph.D./J.D./Ph.D.

### PART II - PHYSICAL EXAMINATION

To the Examining Practitioner:  
 Please advise the Student's Probity and complete responsibility and the following form. Please indicate for all groups whether THIS STUDENT HAS BEEN ADJUSTED TO THE ACADEMY. The student is not eligible for admission to the University if a background check or background check report is necessary, and a check is not on file. The student is not eligible for admission to the University if a background check report is necessary, and a check is not on file. Please indicate for all groups whether THIS STUDENT HAS BEEN ADJUSTED TO THE ACADEMY. The student is not eligible for admission to the University if a background check or background check report is necessary, and a check is not on file. Please indicate for all groups whether THIS STUDENT HAS BEEN ADJUSTED TO THE ACADEMY. The student is not eligible for admission to the University if a background check or background check report is necessary, and a check is not on file.

1. Height: [REDACTED] 2. Weight: [REDACTED] 3. Blood Pressure: [REDACTED] 4. Pulse: [REDACTED]

5. Temp: [REDACTED] 6. Respiration: [REDACTED] 7. Blood Sugar: [REDACTED]

8. Neck: [REDACTED] 9. Lungs: [REDACTED] 10. Heart: [REDACTED] 11. Abdomen: [REDACTED] 12. Genitalia: [REDACTED] 13. Muscles: [REDACTED] 14. Bones: [REDACTED] 15. Skin: [REDACTED] 16. Vision: [REDACTED] 17. Hearing: [REDACTED] 18. Balance: [REDACTED] 19. Reflexes: [REDACTED] 20. Mental Status: [REDACTED]

21. Head: [REDACTED] 22. Neck: [REDACTED] 23. Lungs: [REDACTED] 24. Heart: [REDACTED] 25. Abdomen: [REDACTED] 26. Genitalia: [REDACTED] 27. Muscles: [REDACTED] 28. Bones: [REDACTED] 29. Skin: [REDACTED] 30. Vision: [REDACTED] 31. Hearing: [REDACTED] 32. Balance: [REDACTED] 33. Reflexes: [REDACTED] 34. Mental Status: [REDACTED]

### PART III - IMMUNIZATION HISTORY

IMMUNIZATIONS REQUIRED (Date of Birth: [REDACTED])

21. POLIO (INJ)	11/15/13	11/15/13	11/15/13
22. POLIO (V)	11/15/13	11/15/13	11/15/13
23. DTP (INJ)	11/15/13	11/15/13	11/15/13
24. DTP (V)	11/15/13	11/15/13	11/15/13
25. Tdap (INJ)	11/15/13	11/15/13	11/15/13
26. Tdap (V)	11/15/13	11/15/13	11/15/13
27. Hib (INJ)	11/15/13	11/15/13	11/15/13
28. Hib (V)	11/15/13	11/15/13	11/15/13
29. Hepatitis B (INJ)	11/15/13	11/15/13	11/15/13
30. Hepatitis B (V)	11/15/13	11/15/13	11/15/13
31. MMR (INJ)	11/15/13	11/15/13	11/15/13
32. MMR (V)	11/15/13	11/15/13	11/15/13
33. Varicella (INJ)	11/15/13	11/15/13	11/15/13
34. Varicella (V)	11/15/13	11/15/13	11/15/13
35. Meningococcal (INJ)	11/15/13	11/15/13	11/15/13
36. Meningococcal (V)	11/15/13	11/15/13	11/15/13
37. Tetanus (INJ)	11/15/13	11/15/13	11/15/13
38. Tetanus (V)	11/15/13	11/15/13	11/15/13
39. Pertussis (INJ)	11/15/13	11/15/13	11/15/13
40. Pertussis (V)	11/15/13	11/15/13	11/15/13

Examining Practitioner:  
 Signature: [Signature] Date of Examination: 6/15/14  
 Name: NORTH SHORE MEDICAL GROUP Address: 58 Southern Blvd., New Canaan, NY 11770  
 Phone: (631) 659-1700



# Uploading Documents



## Physical Examination- Lab Results

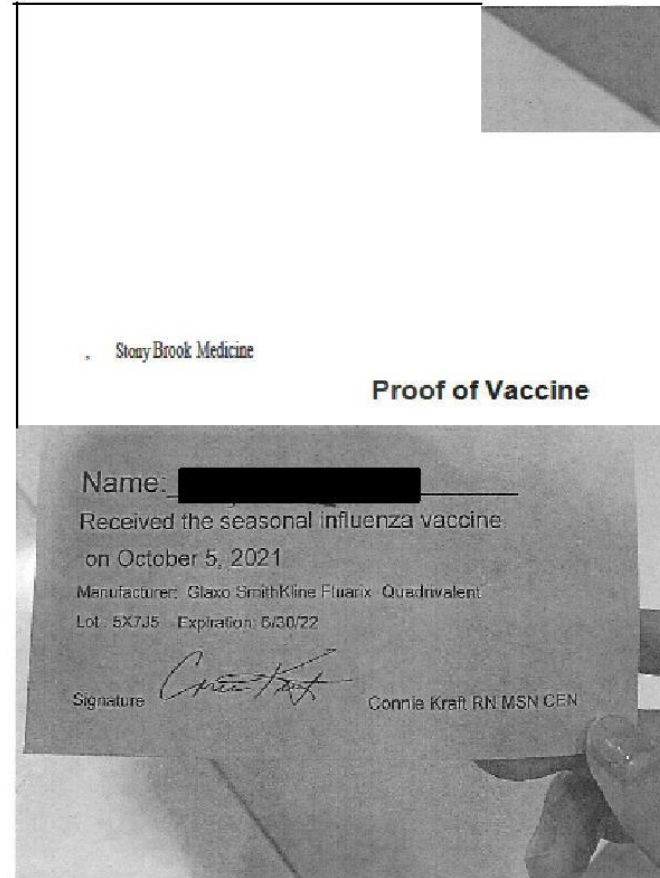
ORDERED: 06/10/2021 12:00 AM-0400 GMT BY  
 ENTERED: 06/15/2021 09:45 AM-0400 GMT BY OTHERLAB  
 REPORT DATE: 06/14/2021 06:05 PM-0400 GMT  
 OBSERVE DATE: 06/10/2021 10:17 AM-0400 GMT  
 PROVIDER: 003 NASC, STACI  
 TEST: VARICELLA ZOSTER ABS, IGG/IGM  
 ACCESSION #: 161E0480670

SPECIMEN TYPE:  
 COLLECTION DATE: SPECIMEN COND.:  
 SPECIMEN ACTION CODE:

OBSERVATION	RESULT	UNITS	REF. RANGE	ABNORMAL FLAG	STATUS
VARICELLA ZOSTER IGG	<135		Immune >165	I	F
			Negative <135		
			Equivocal 135 - 165		
			Positive >165		
A positive result generally indicates exposure to the pathogen or administration of specific immunoglobulins, but it is not indication of active infection or stage of disease.					
VARICELLA-ZOSTER AB, <0.91			0.00-0.90		F
IGM					
			Negative <0.91		
			Borderline 0.91 - 1.09		
			Positive >1.09		



## Flu Vaccine





# Uploading Documents

## Elu Vaccine

Vaccine Name: Flu (Inactivated)

First Name: \_\_\_\_\_ Date: \_\_\_\_\_


...had had (one) the Polio P1 (1) Sheets and/or Vaccine Information Statements, regarding the decision. I voluntarily assume full responsibility for any reactions or consequences that may result from the administration of this vaccine for 15 minutes or longer after the vaccination to be monitored for potential adverse reactions. I have signed and dated this consent form. My doctor or P1 (1) has the information provided regarding eligibility for the vaccine be given, to me or to the person previously named or with my firm authorized to make this request. State of \_\_\_\_\_ I have signed and dated this consent form. I have had a physical exam within the past year. Health care providers state that I am eligible to receive this vaccine.

... I authorize CVS Pharmacy (CVS) to release medical information to Medicare, Medicaid or any other third party. I understand that this information may be used for purposes of determining eligibility for benefits to be made on my behalf to CVS. I certify that the information provided about me is true and correct.

... I understand that CVS may be required to or may voluntarily disclose my health information with respect to this vaccine to my health care providers, my insurance plan, health systems, and local, state or federal agencies. I understand CVS will not disclose my health information as set forth in the CVS Notice of Privacy Practices (copy is available in-store, online or by requesting a paper copy from the pharmacy). State of California: I agree to have my immunization data shared with the California Immunization Registry (CAIR) and the State of California Department of Public Health (CDPH) for the purpose of maintaining the immunization registry. I understand that my name, vaccine appointment date and time will be provided to the clinic coordinator.

Date: \_\_\_\_\_

Vaccine Administration Information:

Administration Date	10/07/2021	Vaccine	FLUCELVAK QUAD 2021-2022 BYR	Manufacturer	SEQRUS, INC.
Lot #	8305450	Exp. Date	06/30/2022	Route	IM
Volume (ml)	0.5	VIS version Date	08/15/2019	Date VIS Given to PI	10/07/2021
Verifying Pharmacist				Dose	1 of 1
Administering Immunizer Name & Title	 CVS PHARMACY 2306 139 MILLER PLACE, NY 11764				

Page 5 of 5



# Uploading Documents



## COVID Vaccine and Booster



# Questions



# Dean's Advisory Board

*The Student Advisory Committee to the Dean is composed of one student from each class of the SHP professional programs (one from the first year, one from the second year, and, if relevant, one from the third year classes), representatives from each section in the Health Science program, Stacy Jaffee Gropack, and Associate and Assistant Deans. Each class should elect its representative as soon as possible after the beginning of classes for the new academic year. The Dean's Advisory Committee meets regularly, usually once a month, according to a schedule chosen by the members. It may meet more often as required by student needs.*







Stony Brook University



Stony Brook  
School of Health Professions

# Office of Diversity, Equity, and Inclusion (DEI)

<https://youtu.be/nQsfo0BhRaA>

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**FAR  
BEYOND**

# Interprofessional Education

Kathleen McGoldrick, MLS  
Director, Interprofessional Education  
Clinical Associate Professor



# Welcome to the Stony Brook University School of Health Professions



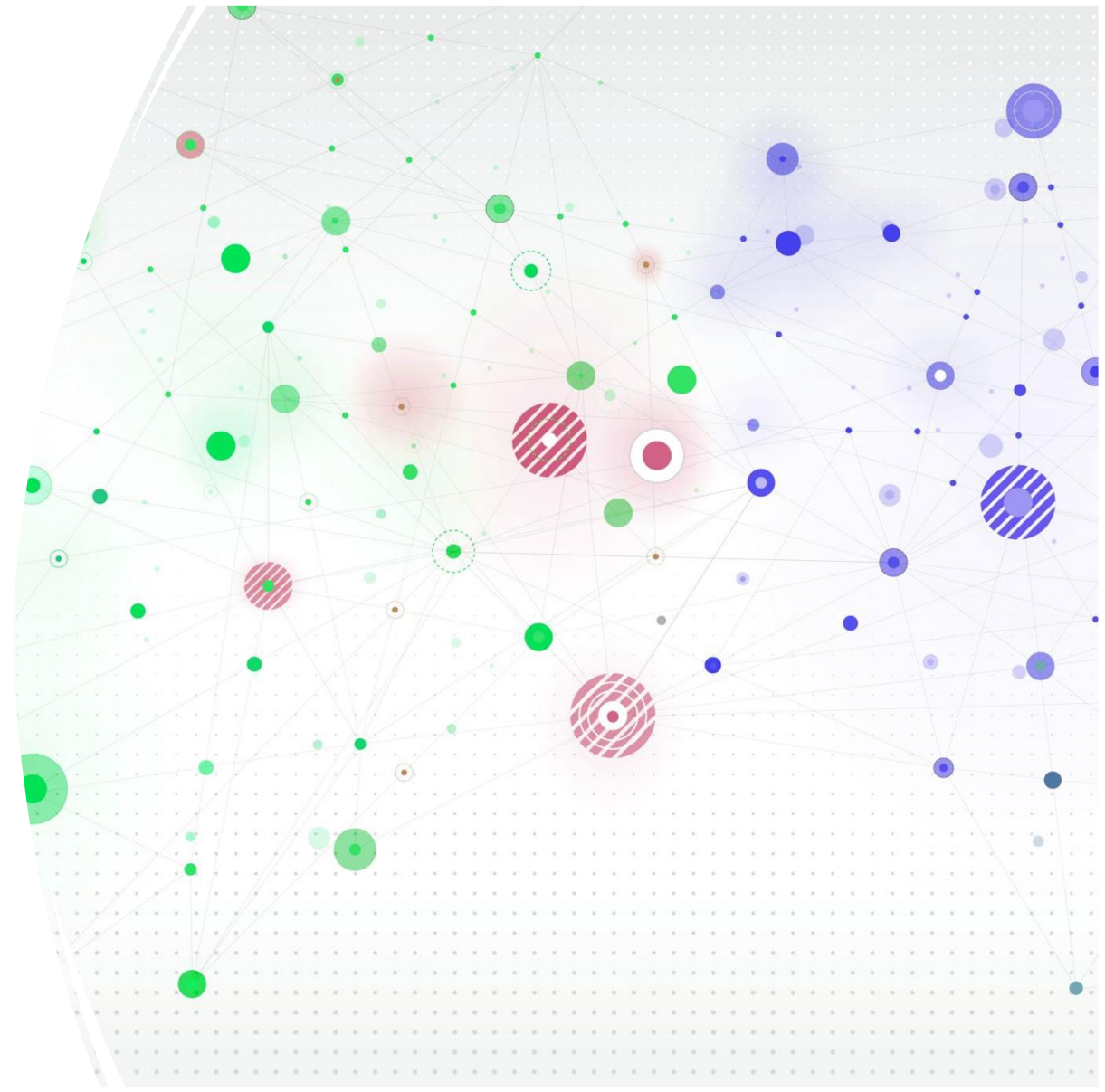
Stony Brook **Medicine**



Stony Brook  
School of Health Professions

## What is IPE?

Interprofessional education:  
“When students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.” (WHO 2010)



## Interprofessional Education (IPE)

- IPE has been recognized by the World Health Organization (WHO) as a necessary step in preparing a “collaborative practice-ready” health workforce.

## Interprofessional Collaborative Practice (ICP)

- Collaborative practice happens when multiple health workers from different professional backgrounds work together with patients, client’s families, caretakers and communities to deliver the highest quality of care.



# Interprofessional Collaboration



## Collaborative Practice

*Can improve:*

- Access to and coordination with health services
- Appropriate use of specialists
- Outcomes for those with chronic diseases
- Patient care and safety

*Can decrease:*

- Total patient complications
- Length of stay
- Tension and conflict among caregivers
- Staff turnover
- Hospital admission
- Mortality rates



## Core competencies for Interprofessional Collaborative Practice (IPEC expert panel, 2011)

### *Values and ethics*

- Work with individuals of other professions to maintain a climate of mutual respect and shared values

### *Roles and responsibilities*

- Use the knowledge of one's own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served

### *Interprofessional communication*

- Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.

### *Teams and teamwork*

- Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient/population-centered care that is safe, timely, efficient, effective, and equitable.



# In 2016, IPEC updated Core Competencies

Developed shared taxonomy among the health professions to facilitate:

Better achievement of the **Triple Aim** with an emphasis on population health.

1. Improve the patient experience of care
2. Improve the health of populations
3. Reduce the per capita cost of health care



Here's My Card

SCAN ME



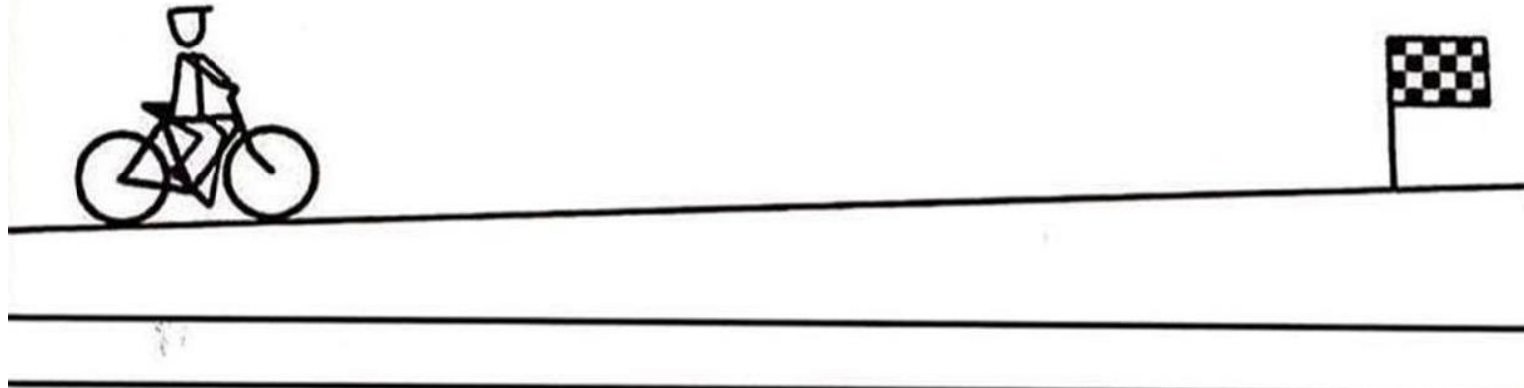
Let's see what  
you know about  
your new  
colleagues.



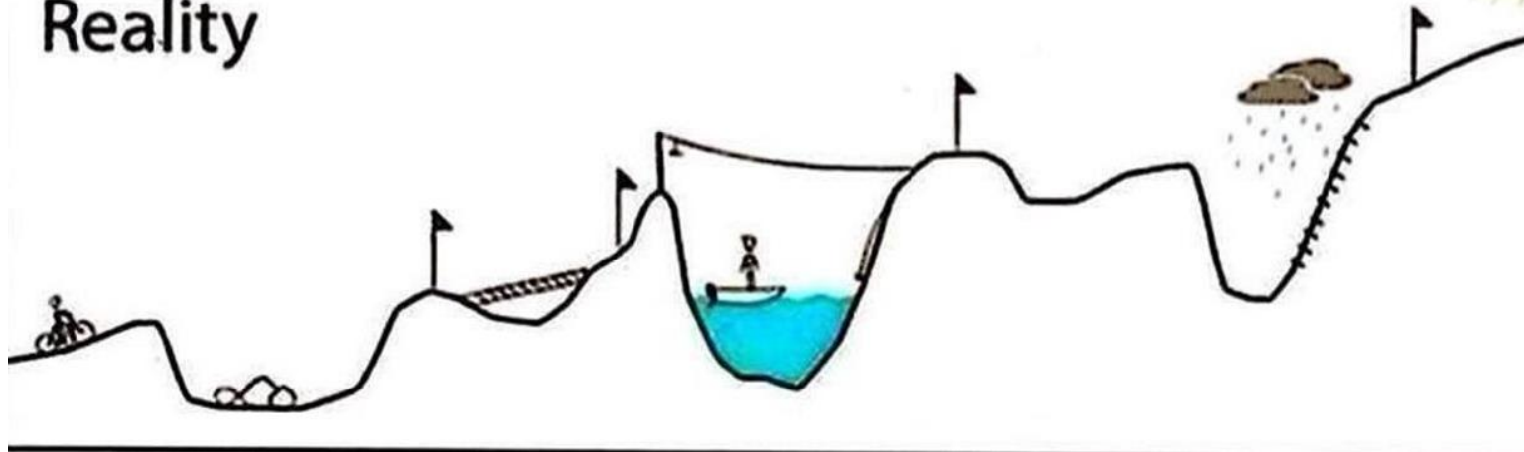




## Your plan



## Reality



## HSC Library

<https://library.stonybrook.edu/healthsciences/>

## IT Support

<https://it.stonybrook.edu/>

## Career Center

<https://www.stonybrook.edu/career-center/>

## Writing Center

<https://www.stonybrook.edu/writingcenter/>

## **Office of Diversity, Inclusion and Intercultural Initiatives (D13)**

<https://www.stonybrook.edu/diversity/>

### **Multicultural Affairs**

<https://www.stonybrook.edu/commcms/studentaffairs/oma/>

### **LGBTQ\* Center**

<https://www.stonybrook.edu/commcms/studentaffairs/lgbtq/>

### **Office of Equity and Access**

<https://www.stonybrook.edu/commcms/oea/>



**Have a concern? Don't know where to go? Or, just need information?**

There's never a wrong reason to come to the [Ombuds Office](#).

Services are available for *students, faculty and staff*. The ombuds provides *confidential and impartial assistance*, listens to your concerns, explores options and helps to resolve problems fairly.

Visit the website for resources such as [Quick Tips](#), [Library](#) or [Workshops](#).

Call 632-9200 or email [donna.buehler@stonybrook.edu](mailto:donna.buehler@stonybrook.edu)

Appointments available in person at East or West Campuses, Zoom or telephone.

GSEU - The Graduate Student Employees Union (GSEU) represent all grad student employees. Available to speak with grad student employees about their rights and benefits as members of that bargaining unit.

<https://www.cwa1104gseu.com/gseu-stony-brook>

## Student Health, Wellness & Prevention Services (includes)

- Center for Prevention and Outreach (CPO)
- Counseling and Psychological Services (CAPS)
- Student Health Services
- Student Accessibility Support Center (SASC)
- Recreation and Wellness
- Student Support Team

Student Life

Financial Aid

Staller Center

# WELCOME SEAWOLVES



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**FAR  
BEYOND**