



# Medical Student Handbook

**August 2016**

*“Education is not the filling of a pail,  
but the lighting of a fire.”*

– William Butler Yeats

Effective Date: August 1, 2016

All material in this Medical Student Handbook is intended to be consistent with other medical school policies. In an environment as dynamic as the medical school, change periodically occurs in the policies and procedures that apply to medical students. The current Medical Student Handbook and all other medical school policies are available online.

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## Abbreviations

AAMC	Association of American Medical Colleges
ACA	Affordable Care Act
ACCME	Accreditation Council for Continuing Medical Education
ACGME	Accreditation Council for Graduate Medical Education
ACIP	Advisory Committee on Immunization Practices
ACLS	Advanced Cardiovascular Life Support (an AHA course)
AHA	American Heart Association
AMA	American Medical Association
AMCAS	American Medical College Application Service (of the AAMC)
AMSA	American Medical Student Association
AMWA	American Medical Women's Association
AOA	Alpha Omega Alpha Honor Medical Society
BLS	Basic Life Support (an AHA course)
CBSE	Comprehensive Basic Science Examination (of the NBME)
CDC	Centers for Disease Control and Prevention
EAP	Employee Assistance Program
EPA	Entrustable Professional Activity
ERAS	Electronic Residency Application Service (of the AAMC)
FAQ	Frequently Asked Question
FERPA	Family Educational Rights and Privacy Act of 1974
gRAT	Group Readiness Assurance Test
HIV	Human Immunodeficiency Virus
HLC	Higher Learning Commission
iRAT	Individual Readiness Assurance Test
LCME	Liaison Committee on Medical Education
MCAT	Medical College Admission Test
MD	Doctor of Medicine degree
MFR	Medical First Responder
MMR	Measles, Mumps, and Rubella vaccine
MS	Master of Science degree
MSPE	Medical Student Performance Evaluation
MSPR	Medical School Performance Record
MSS	Medical Student Section (of the AMA)
NBME	National Board of Medical Examiners
NRMP	National Resident Matching Program
OSCE	Objective Structured Clinical Examination
OSR	Organization of Student Representatives (of the AAMC)
PPD	Purified Protein Derivative (intradermal tuberculin)
RIME	Reporter, Interpreter, Manager, Educator
SHEA	Society for Healthcare Epidemiology of America
SOAP	Subjective/Objective/Assessment/Plan
SNMA	Student National Medical Association
STEP	Smart Traveler Enrollment Program (of the US Department of State)
TBL	Team-Based Learning

Td	Tetanus and Diphtheria Vaccine
Tdap	Tetanus, Diphtheria, and Acellular Pertussis Vaccine
tRAT	Team Readiness Assurance Test
TST	Tuberculin Skin Test
USMLE	United States Medical Licensing Examination
USMLE Step 1	United States Medical Licensing Examination Step 1 examination
USMLE Step 2 CK	United States Medical Licensing Examination Step 2 Clinical Knowledge examination
USMLE Step 2 CS	United States Medical Licensing Examination Step 2 Clinical Skills examination
VSAS	Visiting Student Application Service (of the AAMC)
WMU	Western Michigan University

## **Section I: General Information**

### **Welcome to Western Michigan University Homer Stryker M.D. School of Medicine**

Western Michigan University Homer Stryker M.D. School of Medicine recruits outstanding students from across the US. Our students have demonstrated academic excellence as an undergraduate and can work together as a team, know how to problem solve, demonstrate compassion and a dedication to serve others, communicate effectively, and make decisions with integrity.

We value the unique qualities and life experiences that each person possesses, and our application process is designed to highlight these qualities and diverse experiences. Our medical school graduates are prepared to excel in any chosen specialty field. Our goal is for our medical students to have a strong foundation that enables them to realize their individual potential and contribute to patient, family, and community well-being throughout their careers.

This Medical Student Handbook serves as the medical student bylaws, course catalog, and reference guide to the roles and responsibilities of medical students of Western Michigan University Homer Stryker M.D. School of Medicine.

Each medical student must conduct themselves at all times in accordance with the medical school Code of Professional Conduct, the Educational Pledge, the Medical Student Handbook, and all pertinent medical school policies. The faculty and the office of Student Affairs have assembled this handbook to help students excel in medical school. Any questions or comments from medical students regarding this handbook or policies should be addressed to the associate dean for Student Affairs.

We are confident that our students will excel in our curriculum and graduate successfully to become outstanding clinicians, leaders, educators, advocates, and researchers.

The Faculty and Staff of  
Western Michigan University Homer Stryker M.D. School of Medicine

## Message from the Dean



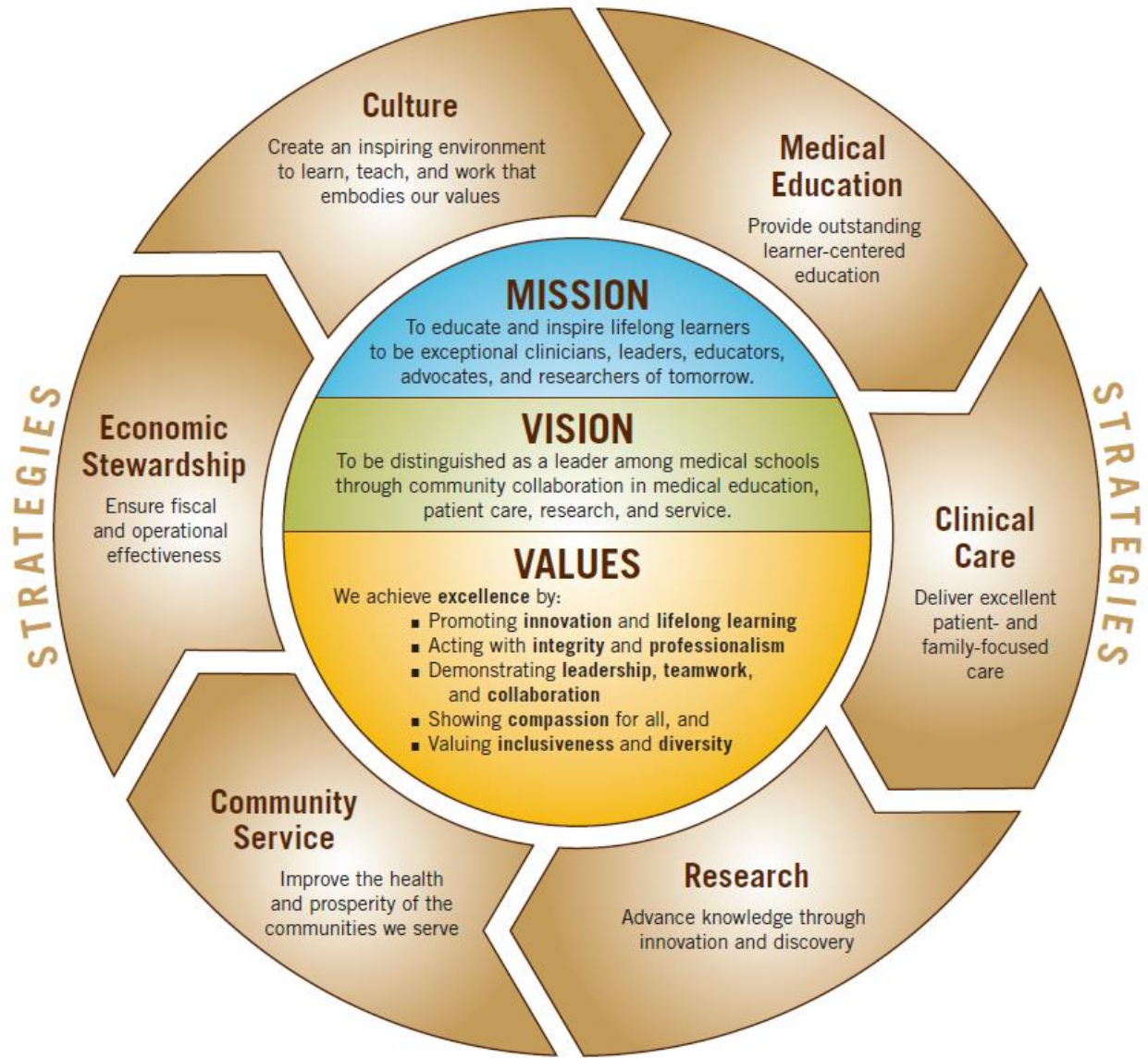
Western Michigan University Homer Stryker M.D. School of Medicine recognizes the need for innovative medical education to meet the changing healthcare needs of individuals, our communities, and the global society. We promote a learner-centered approach that comes to life through adult learning principles of self-directed, peer-supported and experiential inquiry and learning to fulfill our mission to advance the health of humanity through excellence in medical education, clinical care, research, and service to our community and globally.

Our contemporary model of medical education better integrates basic sciences and clinical sciences across all four years. Outcomes-based learning objectives, innovative technologies, and high-quality, experienced faculty facilitate learning that leads to graduation, but also developing lifelong learning habits that will help you achieve success in your career as an outstanding clinician, leader, educator, advocate, and researcher.

It is an exciting curriculum to be part of, both for our learners and for our educators.

Hal B. Jenson, MD, MBA  
Founding Dean

# Mission, Vision, Values, and Strategies



## **Accreditation Statement**

Western Michigan University Homer Stryker M.D. School of Medicine is a collaboration involving Western Michigan University and Kalamazoo's two teaching hospitals, Borgess Health and Bronson Healthcare. The medical school is incorporated as a private 501(c)(3) nonprofit corporation. The board of directors comprises representatives from Western Michigan University, Borgess Health, Bronson Healthcare, the faculty of the medical school, and the community. The medical school is supported by private gifts, clinical revenue, research activity, tuition from students, and endowment income.

The medical school is approved by the State of Michigan as a nonpublic university with authority to grant the Doctor of Medicine degree and other healthcare related degrees. The medical school is a Candidate for accreditation with the Higher Learning Commission (HLC), one of six regional institutional accreditors in the United States that accredits degree-granting post-secondary educational institutions. The medical school has been granted Accreditation, Provisional Status, by the Liaison Committee on Medical Education (LCME) for the educational program leading to the Doctor of Medicine degree. The medical school is the sponsoring institution for graduate medical education programs accredited by the Accreditation Council for Graduate Medical Education (ACGME), and for continuing medical education accredited by the Accreditation Council for Continuing Medical Education (ACCME).

## **Misrepresentation**

The medical school is committed to providing clear and accurate information in writing, visually, orally, and other means so that it does not misrepresent the nature of its educational programs, financial charges, and the employability of its graduates.

## **Commitment to Diversity and Inclusiveness**

Diversity recognizes and encourages the continuous expression, development, and representation of the uniqueness of all individuals. Inclusiveness is defined as valuing diversity and fostering respect for all individuals and points of view without judgment, bias, or stereotype. The medical school is committed to fostering an environment that is inclusive, trusting, open, and draws upon the collective strength of the diversity of our students, residents, fellows, faculty, and staff. The medical school is dedicated to a culture that facilitates increased understanding and appreciation for the diverse backgrounds, inherent worth, rights, and dignity of all individuals. The medical school promotes the strength that comes from individuals working together to achieve worthy goals and strives to remove the barriers that may exist in promoting diversity and achieving a culture of inclusiveness.

The medical school is committed to being a learning and working environment that:

- Values diversity and inclusiveness as being integral to: the humanistic practice of medicine; an enriched educational environment; and a culture of

discovery and scholarship that addresses the needs of diverse communities and is engaged in meaningful community service;

- Welcomes a diverse body of students, residents, fellows, faculty, and staff from all segments of a global society to enhance the learning experiences of all learners;
- Celebrates human diversity and cultural pluralism through inclusiveness, acceptance, mutual respect, and empowerment;
- Enables all to learn, understand, and respect the cultural values, beliefs, interpersonal styles, attitudes, and behaviors of those who are different from themselves;
- Delivers excellent clinical care with equity; and
- Appreciates diversity of experiences, perspectives, ideas, contributions, talents, and goals.

### ***Notice of Nondiscrimination***

Western Michigan University Homer Stryker M.D. School of Medicine is an Equal Employment Opportunity employer. The medical school complies with all applicable federal and state laws regarding nondiscrimination with respect to students, faculty, and employees in the administration and operation of its policies and programs, activities, facilities, financial aid (loans and scholarships), and admissions. The medical school is committed to equal opportunity for all persons. All actions and decisions made by the medical school with respect to students, faculty, and employees are on the basis of individual merit, qualifications, experiences, attributes, talent, abilities, skills, background, life experiences, and other relevant criteria and without discrimination on the basis of race, ethnicity/national origin, creed, color, religion, gender, pregnancy, sexual orientation, gender identity, age, disability, veteran status, genetic or family medical information, height, weight, marital status, familial status, or any other status protected by applicable law or local ordinance.

Inquiries or complaints may be addressed to the associate dean for Administration and Finance, 1000 Oakland Drive, Kalamazoo, MI 49008-8010, 269.337.4504.

### ***Affirmative Action Statement***

Western Michigan University Homer Stryker M.D. School of Medicine is an Affirmative Action employer and complies with all applicable federal laws regarding affirmative action requirements.

Inquiries or complaints may be addressed to the associate dean for Administration and Finance, 1000 Oakland Drive, Kalamazoo, MI 49008-8010, 269.337.4504.



## Section II: Administration and Academic Departments

### Administration

The administrative organization of the medical school is shown in Figure 1.

#### A. The Dean

The dean is president and chief executive officer of Western Michigan University Homer Stryker M.D. School of Medicine, the chief academic and administrative officer of the medical school, and has direct charge of the business of the medical school subject to the general control and direction of the board of directors. The dean is responsible for all aspects of the medical school and has ultimate responsibility and oversight of educational, clinical, research, administrative, financial, and operational components of the medical school. The dean is responsible for fostering excellence and collaboration in education, healthcare delivery, research, and community service, and ensuring implementation of curricula and programs that meet or exceed all accreditation standards and regulatory requirements. The dean is supported by associate deans in each of the following areas: Educational Affairs, Graduate Medical Education, Clinical Affairs, Research, Health Equity and Community Affairs, Faculty Affairs, Student Affairs, Administration and Finance, and Planning and Performance Excellence. Assistant deans support associate deans. The dean appoints the associate and assistant deans. The associate deans, department chairs, and program chiefs report directly to the dean. The Dean's Cabinet, which is chaired by the dean, is the senior leadership of the medical school and includes all associate deans. The department chairs and program chiefs represent and are advocates for their discipline as well as for department/program faculty. The department chairs constitute the Chairs Council, which is chaired by the dean. The dean reports to the chair of the medical school board of directors.

#### B. Associate Dean for Educational Affairs

The associate dean for Educational Affairs is responsible for the central oversight and coordination of certificate and degree programs, and continuing education programs for the medical school. The associate dean for Educational Affairs collaborates with the Curriculum Committee for the MD degree program, and specific program committees for each of the other degrees and certificates. The associate dean for Educational Affairs oversees continuing education through the assistant dean for Continuing Education and the committee for Continuing Education. The associate dean for Educational Affairs collaborates with the associate dean for Graduate Medical Education to support residencies and fellowships and their integration with other educational programs of the medical school. The associate dean for Educational Affairs also collaborates with the faculty of the department of Medical Education to identify curriculum and program needs and to develop solutions that support instructors by providing

technical support, training, and faculty development for all aspects of medical education as well as medical education scholarship.

The associate dean for Educational Affairs administers the grading and student advancement and graduation policies and procedures of the medical school. For the MD degree program, the associate dean for Educational Affairs works in collaboration with the Medical Student Performance Committee, and also develops the Medical Student Performance Evaluation (MSPE). For other degree and certificate programs, the associate dean for Educational Affairs works in collaboration with the program committees.

The Associate Dean for Educational Affairs is assisted by:

1. Assistant Dean for Foundations of Medicine

The assistant dean for Foundations of Medicine in collaboration with the subcommittee for Foundations of Medicine is responsible for oversight of the courses and electives in the MD degree program in years 1 and 2, with the exception of the Introductory Clinical Experiences courses. The assistant dean collaborates with the course directors, discipline directors, and elective directors.

2. Assistant Dean for Clinical Applications

The assistant dean for Clinical Applications in collaboration with the subcommittee for Clinical Applications is responsible for oversight of the courses, clerkships, and electives in the MD degree program in years 3 and 4, and the Introductory Clinical Experiences courses in years 1 and 2. The assistant dean collaborates with the course directors, clerkship directors, discipline directors, and elective directors.

3. Assistant Dean for Simulation

The assistant dean for Simulation is responsible for directing the Simulation Center as a resource for the medical school and a regional resource for southwest Michigan. The assistant dean collaborates with course/clerkship directors, program directors, department chairs, and faculty to develop and implement simulation technologies into the undergraduate and graduate medical education curricula.

4. Assistant Dean for Continuing Education

The assistant dean for Continuing Education is responsible for developing and implementing continuing education programs as a regional resource for southwest Michigan. The assistant dean collaborates with department chairs.

5. Director of Educational Affairs

The director of Educational Affairs oversees staff in support of the curriculum, including the registrar role.

C. Associate Dean for Graduate Medical Education

The associate dean for Graduate Medical Education serves as the Designated Institutional Official for graduate medical education, and is responsible in collaboration with the Graduate Medical Education Committee for oversight of all graduate medical education programs at the medical school. The associate dean for Graduate Medical Education collaborates with all program directors and department chairs.

The associate dean for Graduate Medical Education is assisted by:

1. Director of Resident Affairs

D. Associate Dean for Clinical Affairs

The associate dean for Clinical Affairs is responsible for the faculty group practice and oversees physicians, nurses, and allied healthcare providers in the medical school clinics. This includes oversight of clinic access, scheduling, billing, quality, and quality improvement programs to assure excellent clinical care while also providing education of medical students, residents, fellows, and other learners.

The associate dean for Clinical Affairs is assisted by:

1. Director of Health Information Management

2. Director of Nursing

E. Associate Dean for Research

The associate dean for Research is responsible for planning and overseeing the research mission of the medical school. This includes facilitating, fostering, coordinating, and developing research activities that enhance and grow laboratory, translational, clinical, and community-based research within the medical school and with affiliates based on the skills and interests of the faculty, local and national opportunities, and community needs. The office of the associate dean for Research acts a resource for identifying funding opportunities and advocacy of faculty and proposals, providing necessary expertise and funding of pilot projects to encourage innovation and creativity, and provides grants and contracts administration in collaboration with accounting and finance.

The Associate Dean for Research is assisted by:

1. Assistant Dean for Research Compliance

The assistant dean for Research Compliance is responsible for establishing and maintaining systems and processes for responsible conduct of research including laboratory and biological safety, Human Research Protection Program, Institutional Animal Care and Use Committee, and Sponsored Programs Administration.

2. Assistant Dean for Clinical Research

The assistant dean for Clinical Research is responsible for facilitating clinical research led by faculty, and supporting involvement of residents, fellows, and students.

3. Assistant Dean for Investigative Medicine

The assistant dean for Investigative Medicine is responsible for facilitating basic science laboratory-based research led by faculty, and supporting involvement of residents, fellows, and students.

4. Assistant Dean for the Innovation Center

The assistant dean for the Innovation Center is responsible for facilitating entrepreneurial research and commercialization at the Innovation Center, and supporting involvement of residents, fellows, and students.

F. Associate Dean for Faculty Affairs

The associate dean for Faculty Affairs is responsible for developing and implementing faculty development programs, faculty recognition and awards, and all personnel actions related to faculty including implementing the process for faculty appointments and promotions.

G. Associate Dean for Student Affairs

The associate dean for Student Affairs is responsible for supporting all non-academic issues related to medical and graduate students including financial aid, scholarships, career development, career counseling, assisting students with improving their learning skills and finding tutoring, student recognition, awards, welcoming and graduation events, and student interest groups. For medical students, the associate dean for Student Affairs is also responsible for the White Coat Ceremony, Medical Student Council, student organizations including Gold Humanism Honor Society and Alpha Omega Alpha Honor Society, overseeing and supporting the medical student learning communities, and residency application.

The associate dean for Student Affairs is assisted by:

2. Director of Admissions and Student Life
3. Director of Financial Aid

#### H. Associate Dean for Health Equity and Community Affairs

The associate dean for Health Equity and Community Affairs facilitates community engagement with the medical school, and is responsible for developing and supporting community-based partnerships, coalitions, and outreach programs. This includes pipeline programs for grade school, middle school, and high school students to expand recruitment of underrepresented minorities and disadvantaged students into the health professions.

The associate dean for Health Equity and Community Affairs is assisted by:

1. Director of Community Affairs

#### I. Associate Dean for Administration and Finance

The associate dean for Administration and Finance is responsible for many of the administrative support and financial operations of the medical school, and is authorized as the institutional signatory official. The associate dean for Administration and Finance works in collaboration with medical school committees that oversee specific functions including Information Technology, the Library, and Facilities.

The Associate Dean for Administration and Finance is assisted by:

1. Director of Facilities
2. Director of Information Technology
3. Library Director
4. Director of Human Resources
5. Director of Accounting and Controller

The associate dean for Administration and Finance serves as the Chief Compliance Officer for the medical school, and in this role is assisted by:

1. Research Integrity Officer, who reports directly to the dean as well.

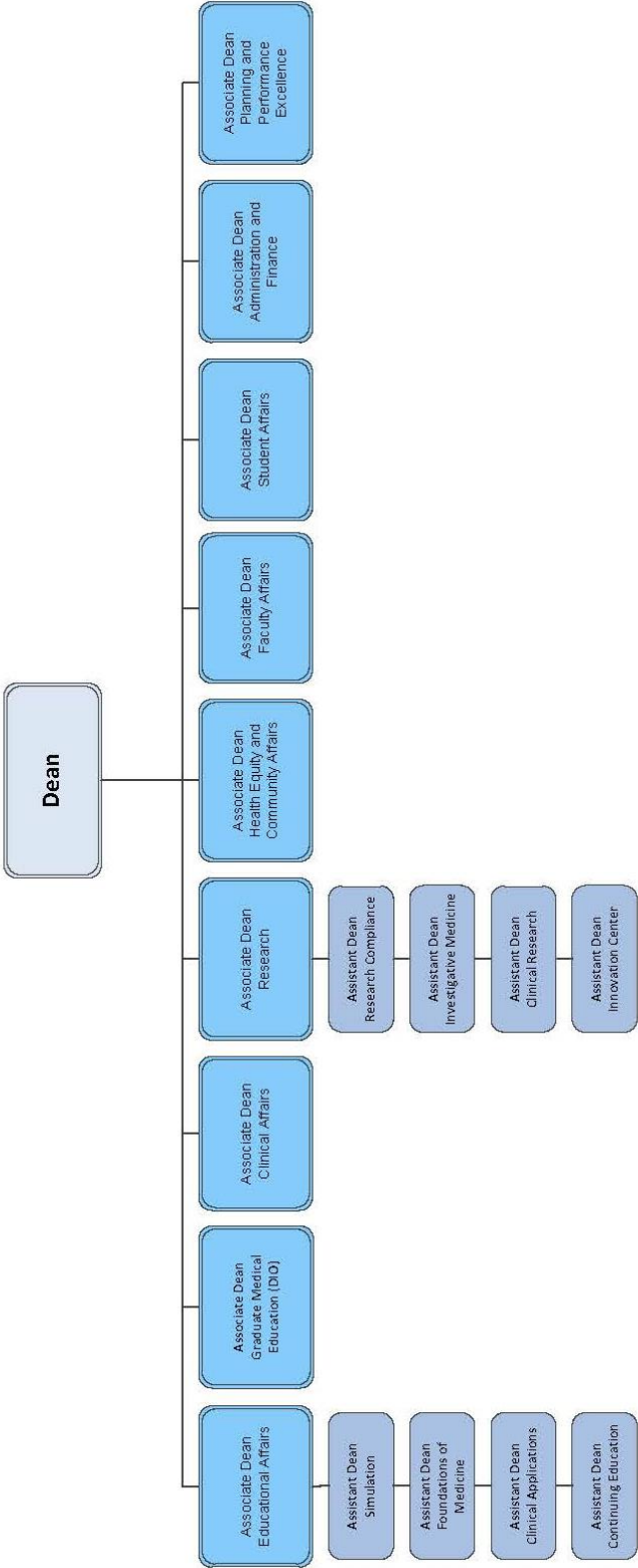
## J. Associate Dean for Planning and Performance Excellence

The associate dean for Planning and Performance Excellence is responsible for strategic and systematic institutional planning to meet the mission of the medical school and all accreditation requirements.

The associate dean for Planning and Performance Excellence is assisted by:

1. Director of Communications
2. Director of Institutional Effectiveness and Research

Figure 1. Medical School Deans



## **Academic Departments and Programs**

The dean establishes, and closes if necessary, academic departments and programs to meet the needs of the medical school (Figure 2). The dean appoints the department chair, or co-chairs, to lead each department. Department chairs report to the dean. The dean establishes, and closes if necessary, divisions within a department in consultation with the department chair, or co-chairs. A division chief who is appointed by the dean heads each division within a department. Division chiefs report to the department chair. The dean appoints one or more faculty as program chief to lead an academic program. Program chiefs report to the dean.

All faculty of the medical school must hold a primary faculty appointment in a department or program (or in certain circumstances, the office of the Dean) and may hold secondary appointments in other departments and programs. Faculty, department chairs, division chiefs, and program chiefs are appointed by the dean on the authority of, and ratified by, the medical school board of directors. Department chairs and program chiefs report directly to the dean. All faculty appointed in departments and programs report to the dean through the department chairs.

### ***Academic Departments***

The clinical departments represent each of the major disciplines involved in the clinical instruction of medical students, residents, and fellows. The faculty of clinical departments are primarily physicians and other healthcare professionals but may include nonclinical professionals.

#### **A. Department of Biomedical Sciences**

The chair of the department of Biomedical Sciences reports to the dean. This department is responsible for the content related to the instruction of the basic sciences within the medical school curriculum. The chair and faculty work collaboratively with associate and assistant deans, other department chairs, program directors and faculty in other departments on educational curriculum development and delivery specific to the basic sciences. It is intended that the basic sciences are integrated throughout all four years of the curriculum for medical students. Faculty employed by the medical school in the Department of Biomedical Sciences have additional responsibilities for scholarly activities and community service.

#### **B. Department of Medical Education**

The chair of the department of Medical Education reports to the dean. This department is responsible for consultation and training of faculty to advance learning across the continuum of medical education to strengthen educational skills for classroom, small group and clinical teaching. Training responsibilities include contributing to faculty development for instructional design, curriculum development, evaluation and measurement, and the training of residents and



medical students to develop basic skills as educators. Faculty in the department of Medical Education are responsible for overseeing the medical student requirement for mentored teaching activities. Faculty employed by the medical school in the department of Medical Education have additional responsibilities for scholarly activities and community service.

#### C. Department of the Medical Library

The chair of the Department of the Medical Library also serves as the director of the medical library. For educational and academic roles and responsibilities the chair reports to the dean. For administrative roles in directing library services provided by the medical school, the chair reports to the associate dean for Administration and Finance. Faculty employed by the medical school in the department of the Medical Library have additional responsibilities for scholarly activities and community service.

#### D. Clinical Departments

The chairs of the clinical departments report to the dean. Clinical department chairs not employed by the medical school report to the dean with regard to their educational and academic roles and responsibilities at the medical school. There are 11 clinical departments (anesthesiology, emergency medicine, family and community medicine, medicine, obstetrics and gynecology, orthopaedic surgery, pathology, pediatric and adolescent medicine, psychiatry, radiology, and surgery) each headed by a department chair. Faculty employed by the medical school in the clinical departments have additional responsibilities for clinical services, scholarly activities, and community service.

### ***Academic Programs***

#### A. Biomedical Informatics

The program chief of the Program in Biomedical Informatics reports to the dean. This program is responsible for informatics education and training of medical students, graduate students, and residents, and also research in biomedical informatics. Faculty employed by the medical school in the program in Biomedical Informatics have additional responsibilities for clinical services, scholarly activities, and community service.

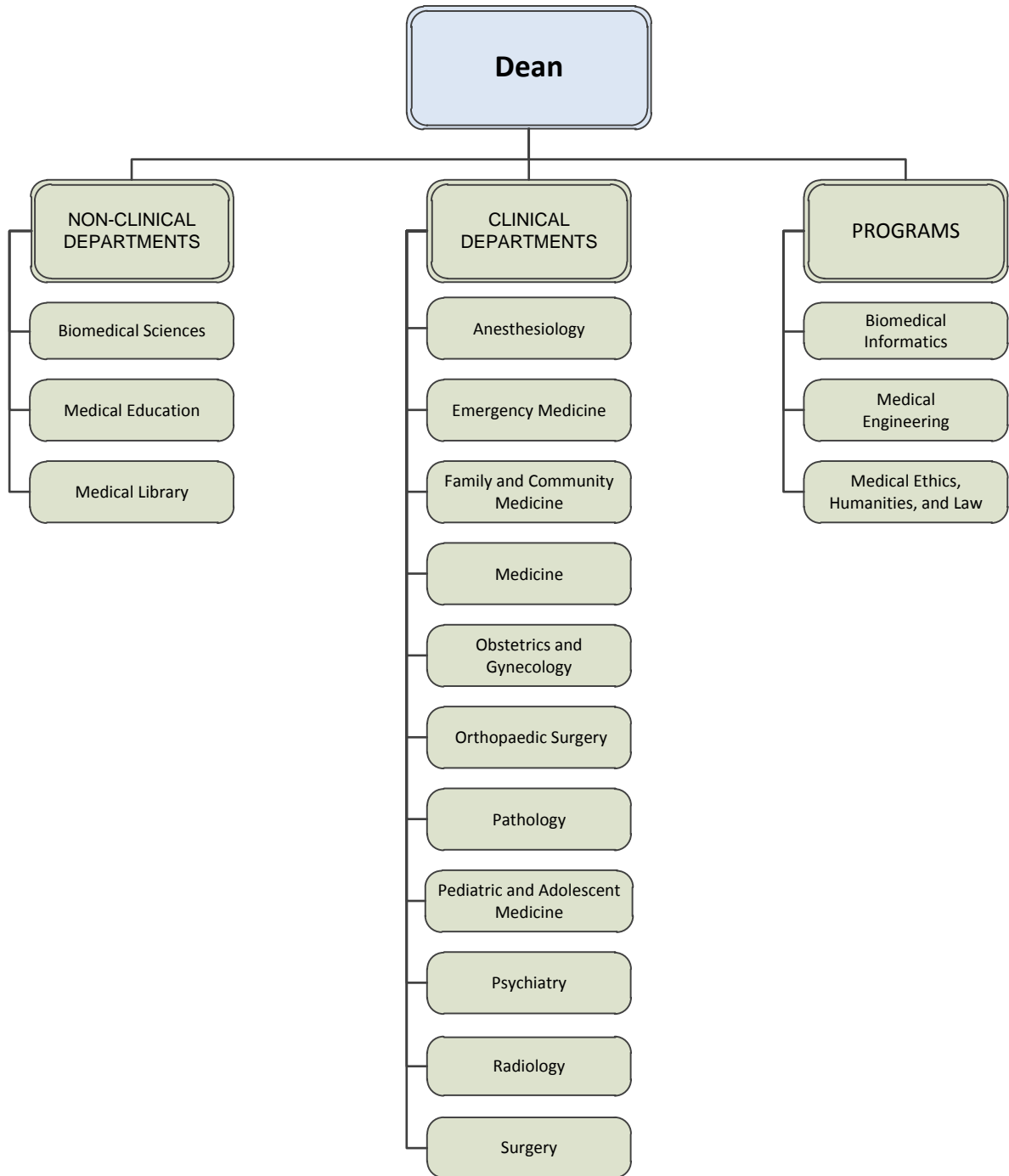
#### B. Medical Engineering

The program chief of the Program in Medical Engineering reports to the dean. This program is responsible for medical engineering education and training of medical students, graduate students, and residents, and also research in medical engineering. Faculty employed by the medical school in the program in Medical Engineering have additional responsibilities for scholarly activities and community service.

### C. Medical Ethics, Humanities, and Law

The program chief of the Program in Medical Ethics, Humanities, and Law reports to the dean. This program is responsible for clinical ethics, medical ethics, humanities, and medical-legal training and education of medical students, graduate students, and residents, and also research in clinical ethics, medical ethics, humanities, and medical-legal issues. Faculty employed by the medical school in the program in Medical Ethics, Humanities, and Law have additional responsibilities for clinical services, scholarly activities, and community service.

Figure 2. Medical School Departments and Programs



## Section III: Academic Learning and Working Environment

### Educational Philosophy

Western Michigan University Homer Stryker M.D. School of Medicine recognizes the need for innovative medical education to meet the changing healthcare needs of individuals, our communities, and the global society. We promote a learner-centered approach that comes to life through adult learning principles of self-directed, peer-supported, and experiential inquiry and learning to achieve our vision to be distinguished as a leader among medical schools through community collaboration in:

- Medical education – across the continuum of undergraduate, graduate, and continuing education supporting all healthcare professionals as lifelong learners;
- Patient care – of individual patients as well as community public health and global health;
- Research – including discovery and other forms of scholarship; and
- Service – to our community and globally.

The faculty use contemporary technologies and instructional strategies that focus on problem-solving in a stimulating team-oriented learning and working environment. We respect our learners' initiative for self-directed learning, and decision-making abilities to make sound decisions as they gain maturity, insight, and experience. We understand the need for connecting medical knowledge to real-world situations through reflection, hands-on experience, and faculty mentoring in a climate of psychological safety. Faculty help learners establish achievable development goals and hold them accountable for their own learning.

At the medical school, learning is a shared activity that requires our students to acquire and integrate new knowledge through experiential interaction with faculty, peers, and others in a collegial and supportive atmosphere. Our team-oriented environment enables individual and group learning through problem-based active learning strategies including team-based learning, case-based learning, and simulation-based learning.

Our patient- and family-focused curriculum encompasses the breadth of biomedical sciences and clinical medicine—from genes to cells to individuals to society and the world—that embodies professionalism, scientific thinking, integrative reasoning, evidence-based problem-solving, personalized medicine, healthcare quality, team-based interprofessional care, scholarship, active citizenship, and lifelong learning. Our graduates are knowledgeable, ethical and skilled physicians who are prepared to excel in any chosen specialty field and will become outstanding clinicians, leaders, educators, advocates, and researchers.

## Learning and Working Environment

The learning and working environment for medical education shapes the future patient care environment. The highest quality of safe and effective care for patients as well as the highest quality of effective and appropriate education are both rooted in human dignity.

Western Michigan University Homer Stryker M.D. School of Medicine is committed to an environment and professional workplace that inspires learning, compassion, accountability, and commitment to ethical patient care. The learning and working environment must exemplify a pervasive shared sense of respect, collegiality, cooperation, and teamwork. These values must be exhibited at all sites; in all events; in all settings; across all clinical care, education, research, and service activities; and among all members of the healthcare team, which includes all professionals, all administrators, all staff, and all learners.

The learning environment “is a social system that includes the learner (including the external relationships and other factors affecting the learner), the individuals with whom the learner interacts, the setting(s) and purpose(s) of the interaction, and the formal and informal rules/policies/norms governing the interaction.” (Strategies for transforming the medical education learning environment. American Medical Association, Initiative to Transform Medical Education. December, 2008.) To promote a positive learning and working environment, the medical school establishes values and norms that are embodied in formal policies and in organizational procedures and practices that address:

- Faculty qualifications, expectations, appointments, and promotions.
- Student and resident selection policies.
- Advancement and graduation requirements.
- Teacher-learner relationships.
- Nondiscrimination, as stated in the medical school Notice of Nondiscrimination.
- Learner mistreatment.
- Sexual misconduct.
- Other forms of misconduct.
- Workplace violence.

Medical school policies and procedures are guided by codes of professional organizations, standards of professional conduct, accreditation standards for academic programs, state and federal laws and regulations, and requirements for physician licensure.

To promote a positive learning and working environment for students, the Curriculum Committee establishes the competencies of the educational program, and the Curriculum Committee and Medical Student Performance Committee monitor student achievements of knowledge, skills, attitudes, behaviors, and values.

To promote a positive learning and working environment for residents and fellows, the associate dean for Graduate Medical Education and the Graduate Medical Education Committee collaborate to oversee all residency and fellowship training programs. They have responsibility to ensure compliance with all institutional and program requirements, and to monitor resident and fellow achievements of knowledge, skills, attitudes, behaviors, and values.

To achieve excellence in clinical care, education, research, and service, the medical school recognizes that frank feedback to learners and constructive criticism regarding learner performance are necessary. We are all lifelong learners, and we must demonstrate resilience even as we experience feelings of discomfort in recognizing our own errors and shortcomings. To ensure that feedback and criticism are delivered and received in a manner appropriate to a strong, mutually respectful teacher-learner relationship, the medical school developed the Educational Pledge and the Code of Professional Conduct (GENO1). All faculty members, fellows, residents, students, and staff must comply with the Educational Pledge, the Code of Professional Conduct, and all medical school policies as a condition of their employment, faculty appointment, or admission as a student to the medical school. The Code of Professional Conduct serves also as an honor code for students, residents, and fellows. These standards apply to all instructional personnel in the medical school – including employed and volunteer faculty, fellows, residents, and other professionals – in all of their interactions with students both on-and off-campus, and both in educational (including classroom and clinical sites) and social settings.

### ***Learning and Working Environment Committees***

To promote the medical school's culture and values for the learning and working environment, Learning and Working Environment Committees are established for the major sites of medical school instruction. This structure facilitates broad, interprofessional engagement at each site, and includes an institutional leader at the site. The associate dean for Educational Affairs and associate dean for Graduate Medical Education are ex officio members of each committee, which facilitates integration of information across sites and early detection of trends and issues across multiple sites. Committees are established at the following major sites of instruction:

- School of Medicine sites (Upjohn Campus, Oakland Drive Campus, Parkview Campus) and Family Health Center.
- Borgess Health including the medical school department of Psychiatry.
- Bronson Healthcare.
- Battle Creek VA Medical Center.

The charge of these four committees is to promote a learning and working environment that supports students and residents/fellows in educational and clinical settings. The committees work with other faculty, fellows, residents, students, and site leadership, as well as nurses and other healthcare professionals to proactively monitor the environment and promote best practices. The committees receive and address concerns and complaints of learner mistreatment and reports of unprofessional behaviors regardless of the alleged perpetrator, raise awareness about mistreatment to promote

the positive aspects of the learning and working environment, monitor and evaluate the environment to identify positive and negative influences on the development of learners' professional attributes and professional identity, and promote best practices that favorably influence the learning and working environment.

The committees at each site have the following members:

- Faculty based at the site.
- An institutional leader at the site.
- A faculty member with an appointment in Medical Ethics, Humanities, and Law.
- Nurses, including from a medical unit and surgical unit, where appropriate.
- Residents.
- Medical students.
- The associate dean for Educational Affairs and the associate dean for Graduate Medical Education, as ex officio members, to monitor trends and issues across multiple sites.

### ***Learner Mistreatment***

The medical school is committed to providing a learning and working environment at all sites in which all participants can teach and learn to the best of their abilities in a climate of nondiscrimination and psychological safety. All must feel free to speak out, contribute ideas, ask questions, raise concerns, and identify and work to rectify mistakes made by themselves and others without fear of reprimand, punishment, or humiliation. Our learning and working environment must be free of learner mistreatment, which applies to everyone as lifelong learners.

Using the reasonableness standard for both educators and learners for conduct, behaviors, and perceptions, the medical school defines learner mistreatment as any of the following:

- Malicious intent.
- Physical or sexual abuse or harm.
  - Physical abuse.
  - Sexual misconduct.
  - Threatened physical abuse or harm.
  - Threatening behavior.
- Discrimination, as stated in our Notice of Nondiscrimination, based on race, ethnicity/national origin, creed, color, religion, gender, pregnancy, sexual orientation, gender identity, age, disability, veteran status, genetic or family medical information, height, weight, marital status, or familial status:
  - Denied opportunities for training or rewards.
  - Received lower evaluations or grades.
  - Subjected to offensive remarks or names.
- Public humiliation (occurrences of being publicly embarrassed that are not intentionally perpetrated on learners by others are not considered to fall under learner mistreatment).

- Intimidation on purpose.
- Harassment including sexual harassment, such as:
  - Subjected to offensive sexist remarks.
  - Denied opportunities for training or rewards based solely on gender or membership in a legally-protected group.
  - Received lower evaluations or grades solely because of gender or membership in a legally-protected group.
  - Subjected to unwanted sexual advances.
  - Asked to exchange sexual favors for higher grades or other rewards.
- Retaliation.
- Exploitation.
  - Performing personal services.
  - Trading for favors.

Sexual misconduct is defined as sexual discrimination or harassment (eg, on the basis of gender identity or sexual orientation), sexual assault, sexual exploitation, rape including acquaintance rape, dating violence, intimate partner violence, domestic violence, and stalking.

We affirm our commitment to shaping a culture of teaching, learning, and working that is founded on constructive collaboration, mutual respect, and human dignity, and that fosters excellence, compassion, integrity, and resilience in all of our patient care, education, research, and service activities.

### *Duty to Report*

All students, residents, fellows, faculty, administrators, directors, and staff have a duty to report, in a timely manner, discrimination, harassment, mistreatment, unprofessional behavior, and criminal activity that they observe, become aware of, or have information about occurrences on medical school premises or that involves any person affiliated with the medical school. Individuals who report discrimination, harassment, mistreatment, and other unprofessional behavior have a right to seek timely review and effective remediation, as appropriate, with the full support of the medical school.

To be timely, the information must be reported within 30 working days after the alleged occurrence, and also for students no later than 30 working days after the end of the academic term of the alleged occurrence.

### *Means to Report*

Specific mechanisms are provided for everyone at the medical school to bring forward concerns of unprofessional behavior, including discrimination and learner mistreatment, exhibited by anyone at any time in the learning and working environment.



Reports or complaints of sexual misconduct are reported to the medical school Title IX Coordinator (Shayne McGuire, director of Human Resources; 269.337.4408; Shayne.McGuire@med.wmich.edu).

Medical students have several additional means to report observations or information about discrimination and mistreatment including to course/clerkship directors, members of the Learning and Working Environment Committees at the site, their learning community Scholar-Advisors, their designated individual mentor, associate dean for Student Affairs, assistant dean for Foundations of Medicine, assistant dean for Clinical Applications, associate dean for Educational Affairs, course/clerkship evaluations, and using the online forms on the medical student portal (Report of Learner Mistreatment, Report of Student Concern or Complaint, and Student Feedback Form) and the resident feedback form in New Innovations. Every course/clerkship evaluation, which is completed by every medical student at the end of each course/clerkship, includes questions about learner mistreatment. The online forms provide a mechanism for medical students to bring forward any concerns or complaints contemporaneously with options for confidential or anonymous reporting, and also for requesting delayed intervention by the medical school until after the current course/clerkship concludes. Individuals who learn of such conduct of students have the duty to further report the information to their immediate supervisor and to the medical school senior leadership.

Graduate students have several additional means to report observations or information about discrimination and mistreatment including to course directors, Program Committee members, associate dean for Student Affairs, associate dean for Educational Affairs, course evaluations, and using the online forms on the graduate student portal (Report of Learner Mistreatment, Report of Student Concern or Complaint, and Student Feedback Form) and the resident feedback form in New Innovations. Every course evaluation, which is completed by every graduate student at the end of each course, includes questions about learner mistreatment. The online forms provide a mechanism for graduate students to bring forward any concerns or complaints contemporaneously with options for confidential or anonymous reporting, and also for requesting delayed intervention by the medical school until after the current course concludes. Individuals who learn of such conduct of students have the duty to further report the information to their immediate supervisor and to the medical school senior leadership.

Residents and fellows have several additional means to report observations or information about discrimination and mistreatment including to their program director, department chair, chief resident, peer-selected GMEC representative, associate dean for Graduate Medical Education, members of the Learning and Working Environment Committees at the site, Human Resources, and through the online reporting system (the Student Feedback Form, and the resident feedback form in New Innovations). Individuals who learn of such conduct of residents and fellows have the duty to further report the information to their immediate supervisor and to the medical school senior leadership.

Faculty have several additional means to report observations or information about discrimination and mistreatment including to the course/clerkship directors or program director, department chair, associate dean for Student Affairs, assistant dean for Foundations of Medicine, assistant dean for Clinical Applications, associate dean for Educational Affairs, associate dean for Graduate Medical Education, associate dean for Faculty Affairs, members of the Learning and Working Environment Committees at the site, Human Resources, and through the online reporting system (the Student Feedback Form, and the resident feedback form in New Innovations). Individuals have the duty to further report the information to their immediate supervisor and to the medical school senior leadership.

Staff have several additional means to report observations or information about discrimination and mistreatment including to their supervisor or director, who works with them to continue the report through the most appropriate mechanism, members of the Learning and Working Environment Committees at the site, Human Resources, and through the online reporting system (the Student Feedback Form, and the resident feedback form in New Innovations). Individuals have the duty to further the information to their immediate supervisor and to the medical school senior leadership.

### *Confidentiality*

Reports of mistreatment or unprofessional behavior are managed confidentially to the extent possible for the committees to investigate the reports. Investigations and actions may be deferred at the student's request until the end of the current course/clerkship, for example as provided on the online form, Report of Learner Mistreatment, on the medical student portal. Reports or complaints of sexual misconduct are forwarded by the director of Admissions and Student Life to the medical school Title IX Coordinator (Shayne McGuire, director of Human Resources; 269.337.4408; Shayne.McGuire@med.wmich.edu).

The deliberations, minutes, reports, and other products of the Learning and Working Environment Committees are strictly confidential and are disclosed only outside the committee on a need-to-know basis. Confidentiality is especially important in consideration of information about individual applicants, students, residents, fellows, faculty, and employees. It is a violation of trust and the medical school Code of Professional Conduct to disclose or discuss committee deliberations or actions inappropriately.

### *Procedure*

Sexual misconduct is managed under policy GENo8, Sexual and Gender-Based Harassment and Violence, Intimate Partner Violence, and Stalking.

All reports of learner mistreatment are reviewed by the appropriate Learning and Working Environment Committee in a timely fashion, even if action has already been taken at the site. The committee reviews and determines if further action is indicated, which may include:

- Serving as a sounding board for individuals uncertain of the complaint.
- Providing guidance to the learner about such situations.
- Engaging in discussion and coaching individuals involved in learner mistreatment.
- Formal notice provided to medical school leadership as well as the leadership and medical staff office at the site.
- Maintaining a record to monitor trends and repeat offenses.

Committee reports are provided to the associate dean for Educational Affairs and the associate dean for Graduate Medical Education, who monitor all such reports and ensure that there is communication to Learning and Working Environment Committees at all sites to facilitate recognition of patterns and to promote dissemination of best practices. The associate dean for Educational Affairs and associate dean for Graduate Medical Education provide a report of the learning and working environment throughout the medical school quarterly to the dean and annually to the Faculty Academic Council.

Learner mistreatment by faculty and staff must be corrected. Repeated learner discrimination and mistreatment by faculty will result in reassignment of some or all teaching and other responsibilities, denial of promotion, nonrenewal of appointment, or termination of faculty appointment. Repeated learner mistreatment by faculty will result in nonrenewal or termination of faculty appointment, and for employed and contracted faculty will result in nonrenewal or termination of employment or contract.

Retaliation or reprisals against a person who, in good faith, reports or provides information during an investigation is prohibited and may result in separate academic or corrective action.

## **Educational Pledge**

Western Michigan University Homer Stryker M.D. School of Medicine is committed to providing an environment that promotes excellence in teaching and learning, service, research, and discovery, and the practice of medicine and clinical care. All persons in the medical school shall respect every person's worth and dignity, and contribute to a positive learning and working environment. To that end, students, residents, fellows, faculty, staff, and administrators take this Educational Pledge (Figure 3) to create an atmosphere in which all participants can teach and learn to the best of their abilities.

Figure 3. Educational Pledge

# EDUCATIONAL PLEDGE

Western Michigan University Homer Stryker M.D. School of Medicine is committed to providing an environment that promotes excellence in teaching and learning, service, research and discovery, and the practice of medicine and clinical care. All persons in the medical school shall respect every person's worth and dignity, and contribute to a positive learning environment. To that end, medical students, residents, fellows, faculty, staff and administrators take this pledge to create an atmosphere in which all participants can teach and learn to the best of their abilities.

<p><b>As a Learner at Western Michigan University Homer Stryker M.D. School of Medicine, I pledge to:</b></p> <ul style="list-style-type: none"> <li>● Acquire the knowledge, skills, attitudes and behaviors necessary to fulfill all established educational objectives</li> <li>● Treat educators, learners, staff and patients with respect and fairness</li> <li>● Embody the professional virtues of integrity, altruism, respect, collaboration, empathy, compassion, honesty, courage, and trustworthiness in all of my interactions</li> <li>● Respect others by being on time for and participating fully in all educational and clinical experiences</li> <li>● Take responsibility for my learning experience and commit the time and energy to studies necessary to achieve the goals and objectives of each experience</li> <li>● Communicate concerns and provide educators with timely feedback, constructive suggestions and opportunities for improvement for the curriculum, didactic methods, and the learning environment in a respectful and professional manner</li> <li>● Assist my fellow learners in meeting their professional obligations, while fulfilling my own obligations as a professional</li> <li>● Be willing to try new methods, ideas, technologies and other innovations with a positive and inquisitive attitude, accepting that the pursuit of knowledge and positive change includes some risk of failure but contributes to a positive learning environment</li> </ul>	<p><b>As an Educator at Western Michigan University Homer Stryker M.D. School of Medicine, I pledge to:</b></p> <ul style="list-style-type: none"> <li>● Strive to maintain currency in my professional knowledge and skills</li> <li>● Strive for excellence in my instruction that conveys knowledge and skills in an effective format for learning</li> <li>● Accept feedback and strive to improve my teaching skills</li> <li>● Treat educators, learners, staff and patients with respect and fairness</li> <li>● Embody the professional virtues of integrity, altruism, respect, collaboration, empathy, compassion, honesty, courage, and trustworthiness in all of my interactions</li> <li>● Respect others by being on time for and participating fully in all educational and clinical experiences</li> <li>● Provide learners with timely, formative feedback in a professional and respectful manner with constructive suggestions and opportunities for improvement and remediation</li> <li>● Assess learners equally and objectively based on performance and without influence of conflicts of interest or conflicts of commitment</li> <li>● Provide proper notification and respond appropriately to unprofessional behavior by any participant in the educational process</li> <li>● Nurture learner commitment to achieve personal, family and professional balance</li> <li>● Be willing to try new methods, ideas, technologies and other innovations with a positive and inquisitive attitude, accepting that the pursuit of knowledge and positive change includes some risk of failure but contributes to a positive learning environment</li> </ul>	<p><b>As a Staff Member at Western Michigan University Homer Stryker M.D. School of Medicine, I pledge to:</b></p> <ul style="list-style-type: none"> <li>● Strive to maintain currency in my professional knowledge and skills</li> <li>● Help ensure excellence of an educational curriculum that conveys knowledge and skills in an effective format for learning</li> <li>● Treat educators, learners, staff and patients with respect and fairness</li> <li>● Embody the professional virtues of integrity, altruism, respect, collaboration, empathy, compassion, honesty, courage, and trustworthiness in all of my interactions</li> <li>● Be willing to try new methods, ideas, technologies and other innovations with a positive and inquisitive attitude, accepting that the pursuit of knowledge and positive change includes some risk of failure but contributes to a positive learning environment</li> </ul>
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**WESTERN MICHIGAN UNIVERSITY**  
Homer Stryker M.D.  
**SCHOOL OF MEDICINE**

## **Section IV: Medical Student Admissions**

Admission to medical school is a very competitive process. Successful applicants are competitive in each area of the application including academic, extracurricular, and personal dimensions. The criteria are holistic and broad-based, aligned with our mission and values, and promote multiple dimensions of diversity as essential to achieving excellence. Admission is offered after holistic review to those applicants who present the highest qualifications for the study and practice of medicine based on the academic, physical, behavioral, and ethics standards of the curriculum. Meeting all of these standards is necessary to progress satisfactorily through our program of study and to graduate.

Policies and procedures related to admissions to the MD degree program are in the Medical Student Admissions Handbook.

### **Admissions Philosophy**

The medical school seeks medical students who will excel in our curriculum and graduate to become outstanding clinicians, leaders, educators, advocates, and researchers. The medical school seeks to identify and admit students from among the categories of specific groups identified by the medical school that add value to the learning and working environment with the highest qualifications for the study and practice of medicine based on the academic and behavioral standards of the curriculum. Meeting these standards is necessary to progress satisfactorily through our program of study and to graduate.

The medical school admits students who will excel in an increasingly interdisciplinary, collaborative, and technology-driven medical environment that is diverse, multicultural, and globally connected. The admissions process incorporates a holistic review to give blended consideration to the breadth and depth of life experiences and skills, personal attributes and characteristics, and academic metrics of cognitive capabilities that reflect the value that the applicant would bring to the medical school learning and working environment and as a future physician to improve the health of all. The holistic approach for selection of medical students underscores our commitment to equal opportunity and equality of the selection process through recognizing and valuing multiple dimensions of diversity—where everyone from across our society can participate and has the opportunity to fulfill their potential. The medical school applies the criteria equitably across the entire applicant pool, giving each applicant thorough consideration of all submitted information with the intent to create a richly diverse interview and selection pool and student body.

The medical student selection process balances each applicant's academic portfolio with ethical and personal values, the capacity for critical thinking and logic, and the personal attributes that demonstrate preparation for the rigors of medical school and the potential for success as a physician. Individualized consideration is given to each applicant to recognize how each may contribute to the medical school learning and working environment and the practice of medicine.

## **Admissions Inquiries**

The medical school [website](#) is the first resource for an interested applicant to learn more about the medical school, our curriculum, and our application and selection processes. The website is regularly updated with new information and frequently asked questions.

All inquiries about admissions to Western Michigan University Homer Stryker M.D. School of Medicine should be directed to the office of Admissions at [admissions@med.wmich.edu](mailto:admissions@med.wmich.edu) or 269.337.6103. Staff from the office of Admissions are available to meet with potential applicants individually or in groups during designated times.

Staff from the office of Admissions are available to meet with potential applicants individually or in small groups during designated times. The director of Admissions balances the time for staff spent recruiting and coaching future applicants with management of the application and selection processes.

All applicants are treated consistently following the same defined admissions process that incorporates a holistic review to give consideration to the breadth of life experiences, personal attributes, and academic metrics that reflect the breadth and value that a student brings to the medical school learning and working environment and as a future physician to improve the health of all.

## **Transfer Students and Transfer Credit**

Our medical school curriculum for the degree of Doctor of Medicine is an integrated curriculum. Basic sciences and clinical sciences are introduced and reinforced throughout the four years of medical school. Because of the highly integrated approach, it is extremely difficult to accommodate advanced placement of medical students from another medical school into this curriculum. The medical school does not consider requests of medical students to transfer with advanced standing, and does not accept transfer credit from other institutions.

## **Section V: Academic and Clinical Requirements for the MD Program**

### **Curriculum**

The medical curriculum includes all levels of objectives, all forms of content, all mechanisms of delivery, and all individual and group assessments that are organized to achieve the educational outcomes. Curriculum content is provided to students through a variety of means including the curriculum management system. The medical school curriculum management system (CLEARvue) and medical school intranet are considered extensions to this handbook and provide additional information about the curriculum, its delivery, and student assessment.

### ***Curriculum Map***

The curriculum of the medical school (Figures 4-7) is divided into two phases, Foundations of Medicine (years 1 and 2) and Clinical Applications (years 3 and 4), covering four distinct curriculum years.





Figure 5. Class of 2019 Curriculum Map

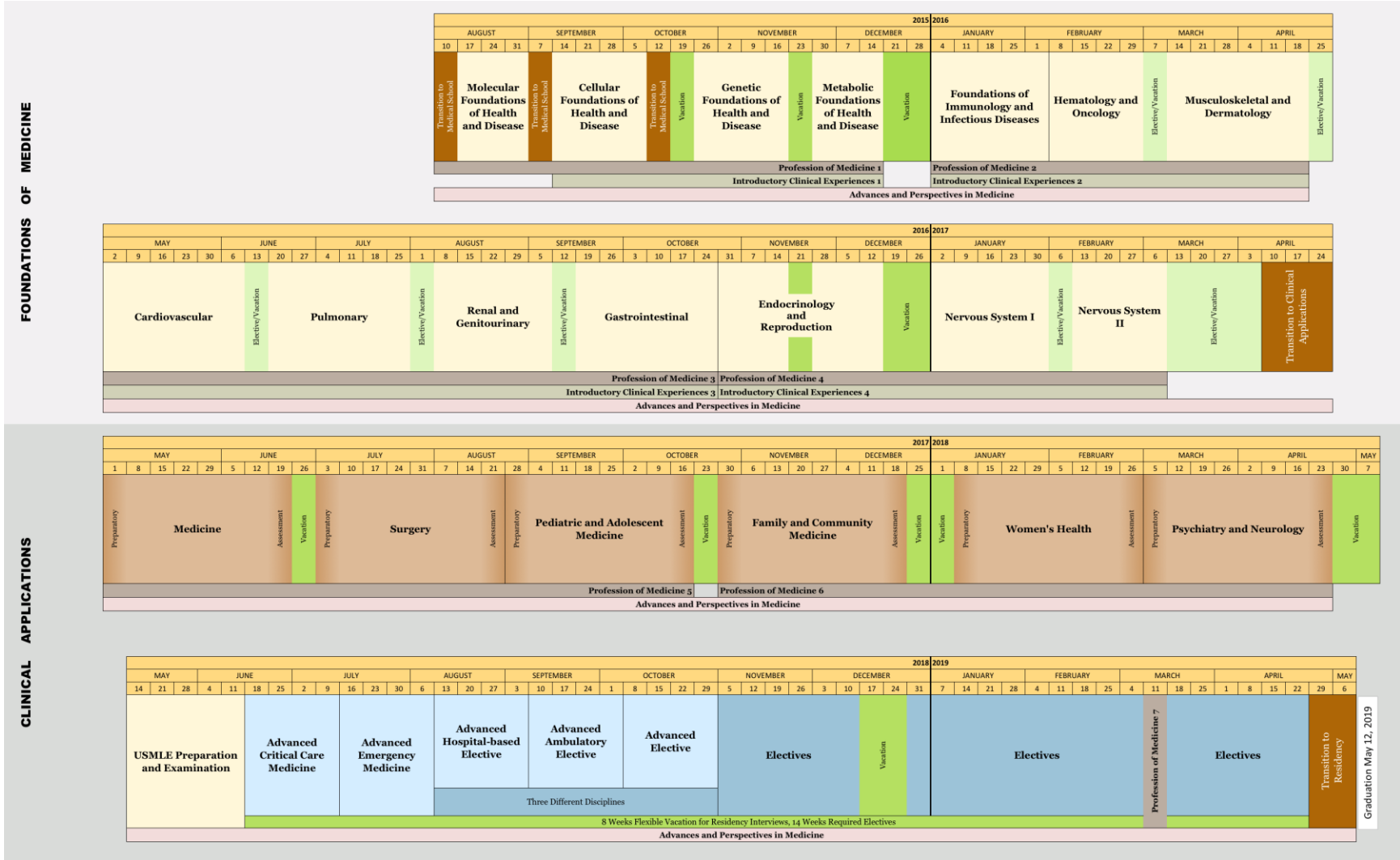
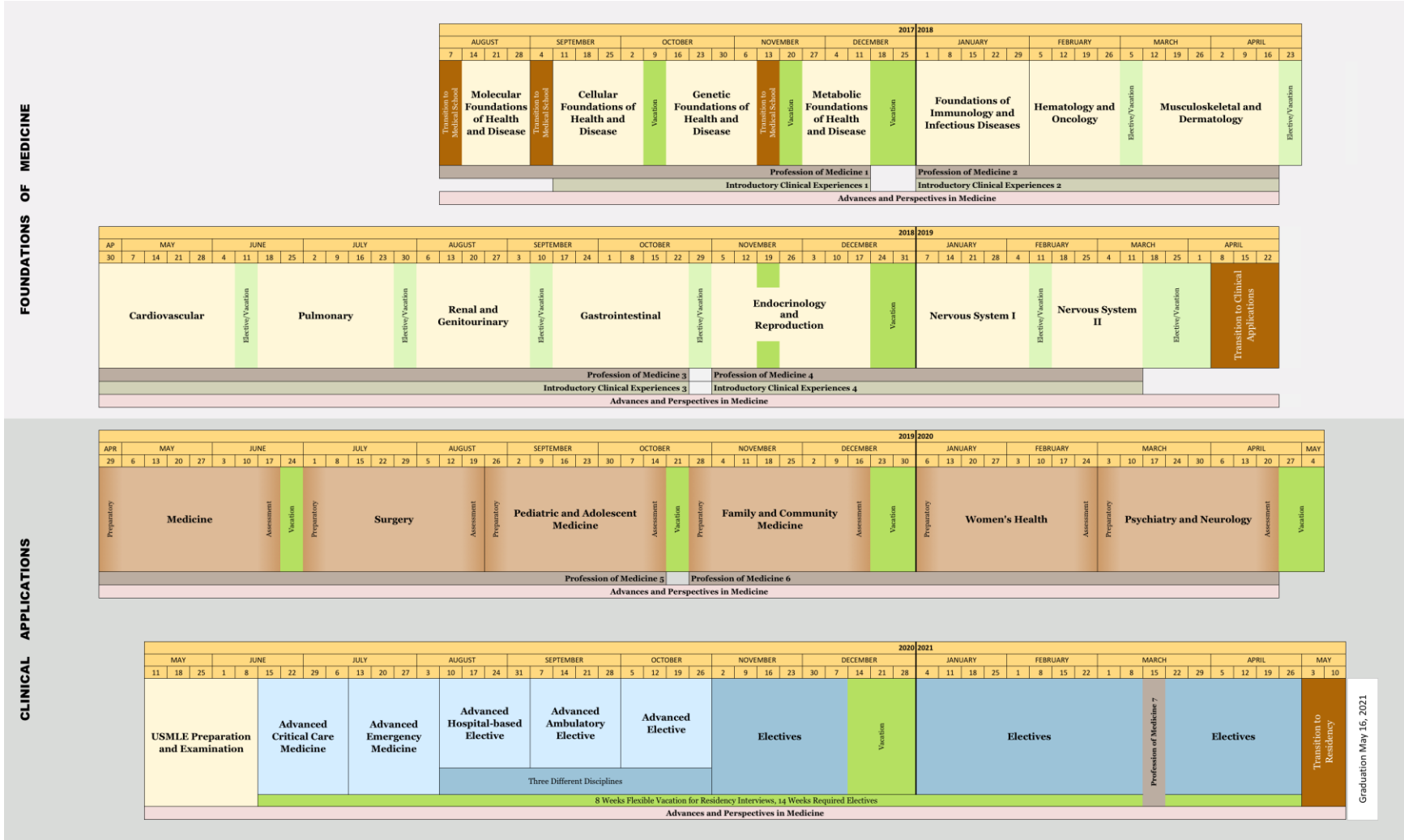




Figure 7. Class of 2021 Curriculum Map



## ***Team-Based Learning (TBL)***

The primary goal of our TBL sessions is for medical students to integrate basic science and clinical science principles in the management of clinically relevant problems. Students are expected to incorporate fundamental principles in formulating a team-based solution to problems presented in a clinical scenario.

It is expected that students develop the following competencies through TBL experiences:

- **Scientific content:** Students construct a working knowledge of material presented in courses/clerkships and apply this knowledge to differentiate the biological and molecular mechanisms underlying clinical manifestations of disease.
- **Scientific and clinical reasoning:** Students integrate basic science and clinical science principles to analyze symptoms and laboratory data in a scientifically critical and rigorous manner.
- **Attitudes and values:** Students use higher-order thinking skills to evaluate what they need to know, and then through peer-to-peer communication achieve a team consensus to solve both basic medical science and clinical science problems.
- **Self-study:** Students obtain, analyze, synthesize, and validate material delivered in a non-classroom setting and apply information to clinical scenarios to arrive at a team-based solution.
- **Providing and receiving feedback:** Students learn how to provide peer feedback in a constructive and positive manner, and receive peer feedback, in a supportive environment.

Specific learning objectives for each TBL session are reviewed by the faculty at the conclusion of the case-based application exercise.

The following are the faculty expectations of students for effective TBL learning activities:

- **Punctuality,** being on time, and attending and participating in the entire TBL.
- **Preparation:** Students are expected to come prepared for the TBL sessions by pre-reading and reviewing relevant content from prescribed reading and independent learning resources. Individual readiness assessment tests (iRATs) are given at the beginning of the TBL and included in the course grading.
- **Participation:** Students are expected to actively participate in the TBL sessions. This includes participation in the group readiness assessment tests (gRATs) and application exercises, both of which are included in the course grading.

Students are assigned to four different TBL groups during Foundations of Medicine. At the end of each of the four periods, students provide anonymous and confidential peer evaluation of each member of their TBL group. Aggregated results are provided to each student as formative feedback only. There is class discussion of general findings, as needed, and individual students review the feedback they receive with their Scholar-Advisor or designated individual mentor.

## ***Interprofessional Collaboration***

Interprofessional collaboration is one of the eight domains of competencies of the medical student curriculum.

Collaboration is “a process through which parties who see different aspects of a problem can constructively explore their differences and search for solutions that go well beyond their own vision of what is possible” (Gray B: Collaborations: Finding common ground for multiparty problems. San Francisco: Jossey-Bass. 1989). Interprofessional collaboration encompasses interprofessional education that facilitates interprofessional practice. Interprofessional education includes training for the skills of collaboration, as well as education that occurs in an interprofessional setting “when two or more professions learn with, from, and about each other to improve collaboration and the quality of care” ([CAIPE, 2002](#)).

Medical students have significant opportunities for interprofessional collaboration during Foundations of Medicine through the curricular components of clinical scenarios in Profession of Medicine courses, the interprofessional education component of the Introductory Clinical Experiences courses, and the Advances and Perspectives in Medicine seminars course including the Common Read program. During Clinical Applications, medical students learn and work alongside individuals and other learners representing many healthcare professions.

## ***Self-Directed Learning***

Self-directed learning facilitates learners to diagnose their own learning needs, reflect critically on what they need to learn, and design a learning plan to obtain the needed information (Fink, 2003). In self-directed learning, the learner has a role in defining his or her own learning outcomes and/or those of his or her peers.

Self-directed learning is a type of learning where the students engage in a structured learning sequence to independently or collaboratively with peers to:

1. Identify, analyze, and synthesize information relevant to their individual learning needs.
2. Assess the credibility of information sources.
3. Share the information with the peers and supervisors.
4. Receive feedback from peers and faculty on their information-seeking skills.
5. Provide feedback to peers.

Self-directed learning requires learners to use higher-order thinking skills (Michaels and Knight, 2004) to evaluate what they know, what they need to know (Fink, 2003), and where to independently obtain, analyze, synthesize, and validate needed information. Self-directed learning promotes the development of lifelong learning skills, and requires assessment and feedback on applications using these skills.

Self-directed learning requires facilitated learning experiences that promote learner development in order to adequately perform these tasks. During Foundations of Medicine, students participate in small group sessions called Explorations that promote self-directed learning. The Explorations component of the curriculum provides protected time in the formal schedule for students to independently identify learning topics of interest, develop learning objectives, and then actively synthesize learning products to fulfill those objectives. Explorations provides multiple opportunities for students to develop the critical judgment, problem-solving skills, and decision-making skills required to independently shape learning. Honing these skills early in the medical careers is expected to help our medical students transition smoothly from the highly-structured Foundations of Medicine curriculum into the environment of self-directed learning, which is a core component of Clinical Applications. Explorations builds the basic skills and strong foundation that are necessary for lifelong learning.

Explorations sessions are moderated by a faculty member who facilitates group discussions, monitors group activities, and assesses the overall group learning products. Over the course of approximately 12 months, starting toward the end of the first year and through all of the second year, student groups develop and present approximately 8-10 learning topics and subsequent learning products to a faculty facilitator, who provides constructive feedback on the learning topic, final list of learning objectives, and final learning product, evaluating the entire learning project. For each learning product, the facilitator provides direct feedback and assesses the entire process on a pass/fail basis.

Time is provided in the schedule, currently three times during Foundations of Medicine courses in the second year, for groups to present their best learning products to increasingly larger audiences. The first presentation is made to classmates and all faculty facilitators in a digital poster session where all groups simultaneously present their learning products in a joint session and interact directly with one another. The second presentation is made to a larger and broader audience that includes classmates, faculty, and first-year students, to further gain experience and confidence in presentation skills. The third presentation is given at the conclusion of second year. Each group selects its best learning product and presents it in a showcase event that is open to a faculty audience that includes community clinicians.

The goal of the Explorations learning activities is for students to develop life-long learning skills through a self-directed learning process. Student are expected to develop the following competencies:

- Identify their individual learning needs.
- Reflect critically on what they need to learn.
- Design and implement a strategy that obtains the needed information.
- Validate, sort, and analyze information.
- Disseminate medically relevant information using various presentation formats.
- Respond to critical feedback in a professionally manner.

Students are assigned to two different Explorations groups during Foundations of Medicine. At the end of each of the two periods, students provide anonymous and confidential peer evaluation of each member of their Explorations group. Aggregated results are provided to each student as formative feedback only. There is class discussion of general findings, as needed, and individual students review the feedback they receive with their Scholar-Advisor or designated individual mentor.

## **Medical Student Competencies**

The overall goal of medical education at the medical school is to train physicians across the continuum from medical school through residency and into practice to be outstanding clinicians, leaders, educators, advocates, and researchers. The medical student curriculum is structured as competencies, which are complex knowledge, skills, attitudes, behaviors, and values applied to specific situations. The medical school defines 58 required competencies across eight domains of competencies. Objectives are stated for each competency and are behavioral statements describing the goals of instruction. The curriculum competencies determine the learning objectives of each event, which inform both the learning activities and the associated assessments.

The competencies underscore that the practice of medicine is simultaneously both an art and a science, and that these separate elements must be integrated through the knowledge, skills, attitudes, behaviors, and values of each individual physician graduate. The medical school provides a competency-based education using a course-based approach with competencies across eight domains that prepares graduates to achieve these goals (Englander R, Cameron T, Ballard AJ, Dodge J, Bull J, Aschenbrener CA: Toward a common taxonomy of competency domains for the health professions and competencies for physicians. *Acad Med* 2013;88:1088-1094).

Medical students must achieve and demonstrate individually by the time of graduation all of the knowledge, skills, attitudes, behaviors, and values embodied in each of the 58 required competencies across the eight domains.

1. Patient Care
2. Knowledge for Practice
3. Practice-Based Learning and Improvement
4. Interpersonal and Communication Skills
5. Professionalism
6. Systems-Based Practice
7. Interprofessional Collaboration
8. Personal and Professional Development

### **1. Patient Care**

Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

- 1.1 Perform all medical, diagnostic, and surgical procedures considered essential for the area of practice.
- 1.2 Gather essential and accurate information about patients and their conditions through history taking, physical examination, and the use of laboratory data, imaging, and other tests.
- 1.3 Organize and prioritize responsibilities to provide care that is safe, effective, and efficient.
- 1.4 Interpret laboratory data, imaging studies, and other tests required for the area of practice.
- 1.5 Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
- 1.6 Develop and carry out patient management plans.
- 1.7 Counsel and educate patients and their families to empower them to participate in their care and enable shared decision-making.
- 1.8 Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes.
- 1.9 Provide healthcare services to patients, families, and communities aimed at preventing health problems or maintaining health.
- 1.10 Provide appropriate role modeling.
- 1.11 Perform supervisory responsibilities commensurate with one's roles, abilities, and qualifications.

## **2. Knowledge for Practice**

Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.

- 2.1 Demonstrate an investigatory and analytic approach to clinical situations.
- 2.2 Apply established and emerging biophysical scientific principles fundamental to health care for patients and populations.
- 2.3 Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision-making, clinical problem-solving, and other aspects of evidence-based health care.
- 2.4 Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations.
- 2.5 Apply principles of social-behavioral sciences to provision of patient care, including assessment of the impact of psychosocial and cultural influences on health, disease, care seeking, care compliance, and barriers to and attitudes toward care.
- 2.6 Contribute to the creation, dissemination, application, and translation of new health care knowledge and practices.



### **3. Practice-Based Learning and Improvement**

Demonstrate the ability to investigate and evaluate one's care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

- 3.1 Identify strengths, deficiencies, and limits in one's knowledge and expertise.
- 3.2 Set learning and improvement goals.
- 3.3 Identify and perform learning activities that address one's gaps in knowledge, skills, and/or attitudes.
- 3.4 Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement.
- 3.5 Incorporate feedback into daily practice.
- 3.6 Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems.
- 3.7 Use information technology to optimize learning.
- 3.8 Participate in the education of patients, families, students, trainees, peers, and other health professionals.
- 3.9 Obtain and utilize information about individual patients, populations of patients, or communities from which patients are drawn to improve care.
- 3.10 Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes.

### **4. Interpersonal and Communication Skills**

Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

- 4.1 Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.
- 4.2 Communicate effectively with colleagues within one's profession or specialty, other health professionals, and health related agencies (see also 7.3)
- 4.3 Work effectively with others as a member or leader of a healthcare team or other professional group (see also 7.4)
- 4.4 Act in a consultative role to other health professionals.
- 4.5 Maintain comprehensive, timely, and legible medical records.
- 4.6 Demonstrate sensitivity, honesty, and compassion in difficult conversations, including those about death, end of life, adverse events, bad news, disclosure of errors, and other sensitive topics.
- 4.7 Demonstrate insight and understanding about emotions and human responses to emotions that allow one to develop and manage interpersonal interactions.

## **5. Professionalism**

Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles

- 5.1 Demonstrate compassion, integrity, and respect for others.
- 5.2 Demonstrate responsiveness to patient needs that supersedes self-interest.
- 5.3 Demonstrate respect for patient privacy and autonomy.
- 5.4 Demonstrate accountability to patients, society, and the profession.
- 5.5 Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
- 5.6 Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations.

## **6. Systems-Based Practice**

Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

- 6.1 Work effectively in various healthcare delivery settings and systems relevant to one's clinical specialty.
- 6.2 Coordinate patient care within the healthcare system relevant to one's clinical specialty.
- 6.3 Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care.
- 6.4 Advocate for quality patient care and optimal patient care systems.
- 6.5 Participate in identifying system errors and implementing potential systems solutions.
- 6.6 Perform administrative and practice management responsibilities commensurate with one's role, abilities, and qualifications.

## **7. Interprofessional Collaboration**

Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care.

- 7.1 Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust.
- 7.2 Use the knowledge of one's own role and the roles of other health professionals to appropriately assess and address the healthcare needs of the patients and populations served.
- 7.3 Communicate with other health professionals in a responsive and responsible manner that supports the maintenance of health and the treatment of disease in individual patients and populations.

- 7.4 Participate in different team roles to establish, develop, and continuously enhance interprofessional teams to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable.

## **8. Personal and Professional Development**

Demonstrate the qualities required to sustain lifelong personal and professional growth.

- 8.1 Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors.
- 8.2 Demonstrate healthy coping mechanisms to respond to stress.
- 8.3 Manage conflict between personal and professional responsibilities.
- 8.4 Practice flexibility and maturity in adjusting to change with the capacity to alter one's behavior.
- 8.5 Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients.
- 8.6 Provide leadership skills that enhance team functioning, the learning and working environment, and/or the health care delivery system.
- 8.7 Demonstrate self-confidence that puts patients, families, and members of the healthcare team at ease.
- 8.8 Recognize that ambiguity is part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty.

## **Entrustable Professional Activities (EPAs)**

Achieving all of the competencies of the curriculum incorporates the demonstration of the 13 core behaviors and activities identified as “Core Entrustable Professional Activities for Entering Residency” (AAMC, 2014; accessed at <https://www.mededportal.org/icollaborative/resource/887>). The following 13 Entrustable Professional Activities (EPAs) are activities that our MD program graduates are able to perform without direct supervision (which is defined as a supervising physician being physically within the hospital or other site of patient care, and is immediately available to provide direct supervision) and regardless of specialty choice. Confirmation of all of these abilities and behaviors is a graduation requirement. Each EPA is mapped to specific competencies within the eight domains of the MD program curriculum (indicated in parentheses) that are critical to entrustment decisions. Each EPA is also predicated on the competencies of trustworthiness and self-awareness of limitations that leads to appropriate help-seeking behavior.

EPA 1: Gather a history and perform a physical examination.

- Patient Care (1.2)
- Knowledge for Practice (2.1)
- Interpersonal and Communication Skills (4.1, 4.7)
- Professionalism (5.1, 5.3, 5.5)

EPA 2: Develop a prioritized differential diagnosis and select a working diagnosis following a patient encounter.

- Patient Care (1.2, 1.4)
- Knowledge for Practice (2.2, 2.3, 2.4)
- Practice-Based Learning and Improvement (3.1)
- Interpersonal and Communication Skills (4.2)
- Personal and Professional Development (8.8)

EPA 3: Recommend and interpret common diagnostic and screening tests.

- Patient Care (1.4, 1.5, 1.7, 1.9)
- Knowledge for Practice (2.1, 2.4)
- Practice-Based Learning and Improvement (3.9)
- Systems-Based Practice (6.3)

EPA 4: Enter and discuss patient orders/prescriptions.

- Patient Care (1.2, 1.5, 1.6)
- Knowledge for Practice
- Practice-Based Learning and Improvement (3.1, 3.7)
- Interpersonal and Communication Skills (4.1)
- Systems-Based Practice (6.3)

EPA 5: Provide documentation of a clinical encounter in written or electronic format.

- Patient Care (1.4, 1.6)
- Interpersonal and Communication Skills (4.1, 4.2, 4.5)
- Professionalism (5.4)
- Systems-Based Practice (6.1)

EPA 6: Provide an oral presentation/summary of a patient encounter.

- Patient Care (1.2)
- Practice-Based Learning and Improvement (2.1)
- Interpersonal and Communication Skills (3.1, 3.2)
- Professionalism (4.1, 4.3)
- Personal and Professional Development (8.4, 8.7)

EPA 7: Form clinical questions and retrieve evidence to advance patient care.

- Knowledge for Practice (2.3, 2.4)
- Practice-Based Learning and Improvement (3.1, 3.3, 3.6, 3.7, 3.9)
- Interpersonal and Communication Skills (4.2)

EPA 8: Give or receive a patient handover to transition care responsibility to another healthcare provider or team.

- Patient Care (1.8)
- Practice-Based Learning and Improvement (3.5, 3.7)
- Interpersonal and Communication Skills (4.2, 4.3)
- Professionalism (5.3)

EPA 9: Participate as a contributing and integrated member of an interprofessional team.

- Interpersonal and Communication Skills (4.2, 4.3, 4.7)
- Professionalism (5.1)
- Systems-Based Practice (6.2)
- Interprofessional Collaboration (7.1, 7.2, 7.3)

EPA 10: Recognize a patient requiring urgent or emergent care, initiate evaluation and treatment, and seek help.

- Patient Care (1.1, 1.2, 1.3, 1.4, 1.5, 1.6)
- Interpersonal and Communication Skills (4.2, 4.6)

EPA 11: Obtain informed consent for tests and/or procedures that the day 1 intern is expected to perform or order without supervision.

- Patient Care (1.3, 1.6, 1.7)
- Interpersonal and Communication Skills (4.1, 4.5, 4.7)
- Systems-Based Practice (6.3)
- Personal and Professional Development (8.7)

EPA 12: Perform general procedures of a physician.

- Patient Care (1.1, 1.7)
- Interpersonal and Communication Skills (4.5, 4.6)
- Professionalism (5.6)
- Systems-Based Practice (6.3)
- Personal and Professional Development (8.7)

EPA 13: Identify system failures and contribute to a culture of safety and improvement.

- Knowledge for Practice (2.1)
- Practice-Based Learning and Improvement (3.4, 3.10)
- Interpersonal and Communication Skills (4.2)
- Professionalism (5.4)
- Systems-Based Practice (6.4, 6.5)

## **Medical Student Duty Hours During Clinical Applications**

During the clinical experiences in Clinical Applications it is important for medical students to model the lifestyle of the clinicians caring for all patients. This is part of the educational process. Learning to care for patients means taking professional responsibility, making personal sacrifices of time, and showing altruism, dedication, compassion, and integrity. While all students' customs and practices are respected, medical education includes clinical activities on weekends and holidays.

The total time commitment of medical students during Clinical Applications includes all scheduled events and clinical activities, and also personal study time for independent learning, and is generally 60-70 hours per week, on average, in the

third-year and required fourth-year clerkships, and 50-60 hours per week, on average, in the fourth-year elective clerkships.

The following guidelines help ensure that students are not over-extending their clinic time at the expense of their own health and personal study time. Excessive work hours can diminish the impact of training by decreasing the time students have to read and assimilate information. Generally, student hours should mirror those of the physicians and residents that the student is assigned to work with. If the physicians and residents work late, the medical student should stay late, and if the physicians and residents work on weekends, the medical student should be present on weekends.

Medical students rotating on clinical services are subject, by medical school standards, to the same principles that govern duty hours for first-year residents, based on current ACGME duty hours standards. The medical school develops student schedules following these principles:

- Medical student duty hours include clinical and academic activities that are part of the medical student curriculum (ie, patient care, provision for transfer of patient care, and scheduled academic activities such as conferences). Medical student duty hours do not include study time while away from the duty site.
- Duty hours are limited to a maximum of 80 hours per week, averaged over a four-week period.
- There must be at least one day free of duty every week, averaged over a four-week period.
- Continuous on-site duty, including in-hospital overnight call, must not exceed 16 consecutive hours.
- There should be at least 10 hours, and there must be at least eight hours, free of duty between scheduled duty periods.
- Medical students are not generally assigned duty periods that fall outside of normal workday hours. There must be no more than six consecutive nights of scheduled night duty periods.

The medical school encourages and expects students to report duty hours circumstances that are not consistent with medical school standards. These circumstances should be reported to the Clerkship Director, associate dean for Student Affairs, or using the online form, “Report of Duty Hours Concern.” The medical school does not tolerate punitive actions against students who, in good faith, report potential duty hours concerns, even if the concerns prove unsubstantiated.

## **Course Directors**

At least two course directors lead the design, implementation, management, student assessment, and course evaluation in alignment with the medical student competencies, recommendations of the Curriculum Committee and its standing subcommittees, and pertinent national recommendations.

One (or more) course director(s) is a basic scientist and one (or more) course director(s) is a clinician. Each has shared and equal responsibilities for design, implementation, student assessment, and course evaluation. The basic scientist course director is also the principal administrator of the course and responsible for the operational and logistic administration.

Course directors are a key link between students and faculty, demonstrating interpersonal and leadership skills that earn the trust of both groups. Additionally, course directors provide leadership in medical school educational endeavors and demonstrates scholarly activities in medical education.

Course directors are responsible for developing and maintaining the vision for the short-term and long-term development and activity of the course. This is a continuing effort that entails development, planning, reporting, evaluating, and monitoring to balance the discipline-specific interests with the interdisciplinary and overall curricular interests.

Course directors must remain informed of trends and practices in medical education, pedagogy, technology, and administration. Planning involves consultation with faculty, staff and instructors, and administration.

For this role, course directors report to the assistant dean for Foundations of Medicine and work closely with the assistant dean for Foundations of Medicine, other course directors, and discipline directors to optimize integration of the course into the overall curriculum.

Course directors must communicate and collaborate effectively with students, faculty, staff and instructors, and administration. The Curriculum Committee monitors the overall accomplishments of the course, and reviews and approves any necessary or significant revisions in scope, content, and curriculum delivery.

Course directors may serve on the Curriculum Committee and/or the Foundations of Medicine Subcommittees.

### ***Course Director Responsibilities***

#### *Teaching Expectations*

- Participate directly in a significant proportion of all lectures, small group activities, simulations and other course activities of at least six contact hours per week for the basic scientist course director, and at least three contact hours per week for the clinical scientist course director.
- Work collaboratively with diverse faculty, discipline directors, the Curriculum Committee and the assistant dean for Foundations of Medicine to develop and implement a course curriculum that achieves the learning objectives for each student.

- Work collaboratively with faculty for continuing curriculum improvement to assure that the required educational content is provided effectively and optimal learning methods are utilized.
- Work collaboratively with faculty to achieve comparable educational experiences and equivalent methods of evaluation across all learning sites, and to assure that any limitations in learning environments do not impede accomplishing the objectives.
- Develop and implement appropriate student performance measures and grading system.
- Effectively communicate course learning objectives, grading system and outcome measures to orient all students and faculty.
- Develop formative measures, provide feedback to students, and review outcomes results to facilitate early identification of students with deficiencies, and develop and initiate remediation plans in a timely manner.
- Develop summative measures and review outcome results that assess the achievement of learning objectives in the context of the competencies, provide benchmarking with national trends, incorporate student feedback and demonstrate continuing improvement.
- Work collaboratively with the department of Medical Education, Simulation Center, Library and Library staff, and Information Technology staff to enhance teaching and assessment in the course.
- Work collaboratively with the Curriculum Committee, the Foundations of Medicine Subcommittee and other directors and leaders to coordinate, sequence and integrate curricular content with minimal redundancy.

### *Administrative Expectations*

- Attend and monitor a significant proportion of all lectures, small group activities and other course activities to assure quality and consistency.
- Assure efficient scheduling of students and faculty to maximize learning.
- Maintain open access to students and faculty to address individual needs and concerns.
- Define and establish standards and parameters for grading, adhering to medical school policies and directives.
  - Calculate and calibrate student grades including narratives, noting both strengths and opportunities for improvement.
  - Prepare aggregate formative/summative feedback for students from individual evaluations.
- Review and respond appropriately and in a timely manner to student course evaluations, including meeting with student course groups.
- Provide the registrar with student grades and narrative competency assessments within one week of course completion.
- Provide outcome results to the Curriculum Committee and the Medical Student Performance Committee.



- Submit the annual course report to the Curriculum Committee, including a report on teaching contributions (for both quality and quantity) of faculty and instructors.
- Respond to requests from the Curriculum Committee and the Foundations of Medicine subcommittee.
- Review annually with the associate dean for Educational Affairs (or designee) for performance evaluation based on the director's responsibilities.
- Identify and assign/reassign faculty for specific teaching responsibilities in the course.
- Recognize faculty achievements and promote faculty success in the course.
- Participate in identifying and recruiting additional faculty as educators the course.
- Monitor and administer budgetary resources for implementation of the course.
- Work collaboratively with the associate dean for Faculty and Clinical Affairs and the Department of Medical Education to contribute to faculty development activities to improve teaching and assessment.
- Systematically review student and peer evaluations of individual faculty and instructors, and provide timely feedback to the individuals, department chairs and the Curriculum Committee.
- Maintain contact and familiarity with faculty and instructors for other areas to ensure consistency, coordination, and integration with minimal redundancy.
- Oversee the course coordinator.

### *Scholarly and Personal Development Expectations*

- Participate in faculty development activities for personal improvement of teaching and assessment skills.
- Engage in scholarly activities in medical education as evidenced by curriculum development, oral or poster presentations at regional or national meetings, publications, and participation or leadership in educational grant opportunities and programs.
- Serve on education committees of national and professional organizations.

### *Service Activities*

- Attend and participate in the Curriculum Committee and the Foundations of Medicine Subcommittee, as requested.
- Attend and participate in course director meetings and other educational committees including serving, when requested, in leadership roles.
- Mentor faculty to be able to assume leadership roles in the course.
- Participate in developing and implementing remediation plans for students with academic deficiencies.
- Serve as a knowledgeable resource about science careers, and resident programs for physician directors, and provide career counseling, when asked.
- Provide timely letters of recommendation, when asked, for student applications to residency programs.

## **Course Director Competencies**

- Ability to manage and oversee the course.
- Knowledge of and ability to articulate the goals and objectives of the medical student curriculum.
- Ability to communicate effectively with students and faculty.
- Ability to provide effective feedback and achieve consistent and fair evaluation of students and faculty.
- Ability to work with other directors and education committees in curriculum development and implementation.
- Ability to serve as a good mentor and teacher.

## **Course Director Resources**

Each course is provided by the medical school with:

- A course coordinator to assist in running the course.
- A budget for the course and proper instruction and assistance in the management of the budget.
- Recognition of faculty time and effort for education.
- Assistance in identifying opportunities for educationally-directed scholarly work.
- Faculty development, mentoring, and training for educational skills and educational research skills.
- Director time and effort:
  - Basic Science Course Director (in general, though individual courses may vary)
    - 80% time for the duration of the course.
    - 40% time for 2 weeks prior to the course, for preparation.
    - 40% time for 2 weeks after the course, for finalizing grades and planning for the next year.
    - 10% time for the rest of the year to participate in curriculum planning, course improvement, and faculty development.
  - Clinical Science Course Director
    - 30% time for the duration of the course.
    - 10% time for 2 weeks prior to the course, for preparation.
    - 10% time for 2 weeks after the course, for finalizing grades and planning for the next year.
    - 5% time for the rest of the year to participate in curriculum planning, course improvement, and faculty development.

## **Clerkship Directors**

Clerkship directors leads the design, implementation, management, student assessment, and course evaluation of a clerkship in alignment with the medical student competencies, recommendations of the Curriculum Committee and its standing subcommittees, and pertinent national recommendations.

Clerkship directors are a key link between students, faculty and clinical staff, demonstrating interpersonal and leadership skills that earn the trust of all groups. Additionally, clerkship directors provide leadership in medical school educational endeavors and demonstrate scholarly activities in medical education.

Clerkship directors are responsible for developing and maintaining the vision for the short-term and long-term development and activity of the clerkship. This is a continuing effort that entails development, planning, reporting, evaluating, and monitoring to balance the discipline-specific interests with the interdisciplinary and overall curricular interests.

Clerkship directors must remain informed of trends and practices in medical education, pedagogy, technology, clinical operations, and administration. Planning involves consultation with faculty, staff and instructors, and administration.

For this role, clerkship directors report to the assistant dean for Clinical Applications and work closely with the assistant dean for Clinical Applications, other clerkship directors, and discipline directors to optimize integration of the clerkship into the overall curriculum.

Clerkship directors must communicate and collaborate effectively with students, faculty, staff and instructors, and administration. The Curriculum Committee monitors the overall accomplishments of the clerkship, and reviews and approves any necessary or significant revisions in scope, content, and curriculum delivery.

Clerkship directors may serve on the Curriculum Committee and/or the Clinical Applications Subcommittee.

### ***Clerkship Director Responsibilities***

#### *Teaching Expectations*

- Participate directly in a significant proportion of all lectures, small group activities, simulations, teaching rounds and other clerkship activities including at least six contact hours during the first week and six contact hours during the last week of the clerkship.
- Work collaboratively with diverse faculty, discipline directors, the Curriculum Committee and the assistant dean for Clinical Applications to develop and implement a clerkship curriculum that achieves the learning objectives for each student.
- Work collaboratively with faculty for continuing curriculum improvement to assure that the required educational content is provided effectively and optimal learning methods are utilized.
- Work collaboratively with faculty to achieve comparable educational experiences and equivalent methods of evaluation across all learning sites, and to assure that any limitations in learning environments do not impede accomplishing the objectives.

- Develop and implement appropriate student performance measures and grading system.
- Effectively communicate clerkship learning objectives, grading system, and outcome measures to orient all students and faculty.
- Develop formative measures, provide face-to-face feedback to students, and review outcomes results to facilitate early identification of students with deficiencies, and develop and initiate remediation plans in a timely manner.
- Develop summative measures and review outcome results that assess the achievement of learning objectives in the context of the competencies, provide benchmarking with national trends, incorporate student feedback, and demonstrate continuing improvement.
- Work collaboratively with the Department of Medical Education, Simulation Center, Library and Library staff, and Information Technology staff to enhance teaching and assessment in the clerkship.
- Work collaboratively with the Curriculum Committee, the Clinical Applications subcommittee and other directors and leaders to coordinate, sequence, and integrate curricular content with minimal redundancy.

### *Administrative Expectations*

- Attend and monitor a significant proportion of all lectures, small group activities, teaching rounds at all sites, and other clerkship activities to assure quality and consistency.
- Assure efficient scheduling of students and faculty to maximize learning.
- Maintain open access to students and faculty to address individual needs and concerns.
- Define and establish standards and parameters for grading, adhering to medical school policies and directives.
  - Calculates and calibrates student grades including narrative noting both strengths and opportunities for improvement.
  - Prepares aggregate formative/summative feedback for students from individual evaluations.
- Review and respond appropriately and in a timely manner to student clerkship evaluations, including meeting with student clerkship groups.
- Provide the registrar with student grades and narrative competency assessments within three weeks of clerkship completion.
- Provide outcome results to the Curriculum Committee and the Medical Student Performance Committee.
- Submit the annual clerkship report to the Curriculum Committee, including a report on teaching contributions (for both quality and quantity) of faculty and instructors.
- Respond to responses to requests from the Curriculum Committee and the Clinical Applications subcommittee.
- Review annually with the associate dean for Educational Affairs (or designee) for performance evaluation based on the director's responsibilities.

- Identify and assign/reassign faculty for specific teaching responsibilities in the clerkship.
- Recognize faculty achievements and promotes faculty success in the clerkship.
- Participate in identifying and recruiting additional faculty as educators the clerkship.
- Monitor and administer budgetary resources for implementation of the clerkship.
- Work collaboratively with the associate dean for Faculty Affairs and the department of Medical Education to contribute to faculty development activities to improve teaching and assessment.
- Systematically review student and peer evaluations of individual faculty and instructors, and provide timely feedback to the individuals, chairs, and the Curriculum Committee.
- Maintain contact and familiarity with faculty and instructors for other areas to ensure consistency, coordination, and integration with minimal redundancy.
- Oversee the clerkship coordinator.

### *Scholarly and Personal Development Expectations*

- Participate in faculty development activities for personal improvement of teaching and assessment skills.
- Engage in scholarly activities in medical education as evidenced by curriculum development, oral or poster presentations at regional or national meetings, publications, and participation or leadership in educational grant opportunities and programs.
- Serve on education committees of national and professional organizations.

### *Service Activities*

- Attend and participate in the Curriculum Committee and/or the Clinical Applications Subcommittee, as requested.
- Attend and participate in clerkship director meetings and other educational committees including serving, when requested, in leadership roles.
- Mentor faculty to be able to assume a leadership role in the clerkship.
- Participates in developing and implementing remediation plans for students with academic deficiencies.
- Serves as a knowledgeable resource about science careers, and resident programs for physician directors, and provide career counseling, when asked.
- Provide timely letters of recommendation, when asked, for student applications to residency programs.

### ***Clerkship Director Competencies***

- Ability to manage and oversee the clerkship.
- Knowledge of and ability to articulate the goals and objectives of the medical student curriculum.
- Ability to communicate effectively with students and faculty.

- Ability to provide effective feedback and achieve consistent and fair evaluation of students and faculty.
- Ability to work with other directors and education committees in curriculum development and implementation.
- Ability to serve as a good mentor and teacher.

### **Clerkship Director Resources**

Each clerkship provided by the medical school includes:

- One clerkship director.
- A clerkship coordinator to assist in running the clerkship.
- A budget for the clerkship and proper instruction and assistance for the director and coordinator in the management of the budget.
- Recognition of faculty time and effort for education.
- Assistance in identifying opportunities for educationally-directed scholarly work.
- Faculty development, mentoring, and training for educational skills and educational research skills.
- Director time and effort:
  - Third-year Clerkship Director
    - 40% FTE (entire year for 6- to 8-week clerkships)
      - Orientation: 4 hours/clerkship
      - Feedback (oral and written): 3-6 hours/student/clerkship
      - Curriculum instruction: 8 hours/clerkship
      - Curriculum development: 16 hours/clerkship
      - Administrative time: 8 hours/clerkship
      - Meetings: 16 hours/clerkship
      - Faculty development: 3-5 days per year
  - Fourth-year Required Clerkship Director
    - 20% FTE (entire year)
  - Fourth-year Elective Clerkship Director
    - 2-10% FTE depending on the number of students and complexity of the clerkship.

### **Discipline Directors**

One discipline director may be named for selected disciplines to lead the integration of the discipline content across all courses and, to a lesser extent, required clerkships, in alignment with the medical student competencies, directions of the Curriculum Committee and its standing subcommittees, and relevant national recommendations.

For this role, discipline directors report to the assistant dean for Foundations of Medicine and the assistant dean for Clinical Applications. Discipline directors work collaboratively with all course and clerkship directors in the design, implementation, and assessment of the discipline content in the curriculum. Discipline directors work collaboratively with faculty to coordinate curriculum delivery, and participate directly in curriculum delivery.

- Participate directly in delivery of a significant proportion of curriculum content in the discipline of at least 12 hours per academic year.
- Stay abreast of current information and educational needs in the discipline.
- Identify national guidelines, model curricula and best practices for medical student curricula in the discipline.
- Integrate model curricula with the medical school curriculum.
- Coordinate and correlate curriculum content of the discipline across all medical school courses.
- Ensure that all discipline objectives are met in the curriculum content.
- Ensure that all discipline content is current and up to date.
- Identify and help resolves gaps and redundancies in the curriculum content.
- Embed use of technology and simulation methodology as appropriate for instruction in the discipline.
- Assist course directors and clerkship directors in assessment of student learning in the discipline.
- Assist course directors and clerkship directors in assessment of curriculum delivery and faculty performance.
- Participate in course and curriculum assessment to improve curriculum objectives, content, delivery, and assessment.

## **Course and Curriculum Assessment**

Curriculum assessment is a continuous process designed to ensure that the curriculum is learner-centered and aligned with curriculum domains and competencies. The curriculum competencies are used to determine the learning objectives of each event, which inform both the event learning activities and the associated assessments. Event learning objectives support the course objectives, which support the curriculum objectives that in turn support all 58 required competencies across all eight domains.

The course evaluation process (Figure 8) is an ongoing process for each course that contributes to curriculum development, implementation, and assessment process as part of the curriculum evaluation process (Figure 9). Event evaluations (of both content and instructors), course evaluations, and aggregate learner performance data all inform curriculum assessment and drive the curriculum improvement process.

- Course Evaluation Process (Figure 8)
  - Event Evaluations
    - Student Event Evaluations (of both content and instructors)
  - Course Evaluations
    - Course Evaluation Report (students and course directors)
      - Incorporates aggregate learner performance results.
    - Course Self-Study (course directors and assistant dean for Foundations of Medicine)
- Curriculum Evaluation Process (Figure 9)

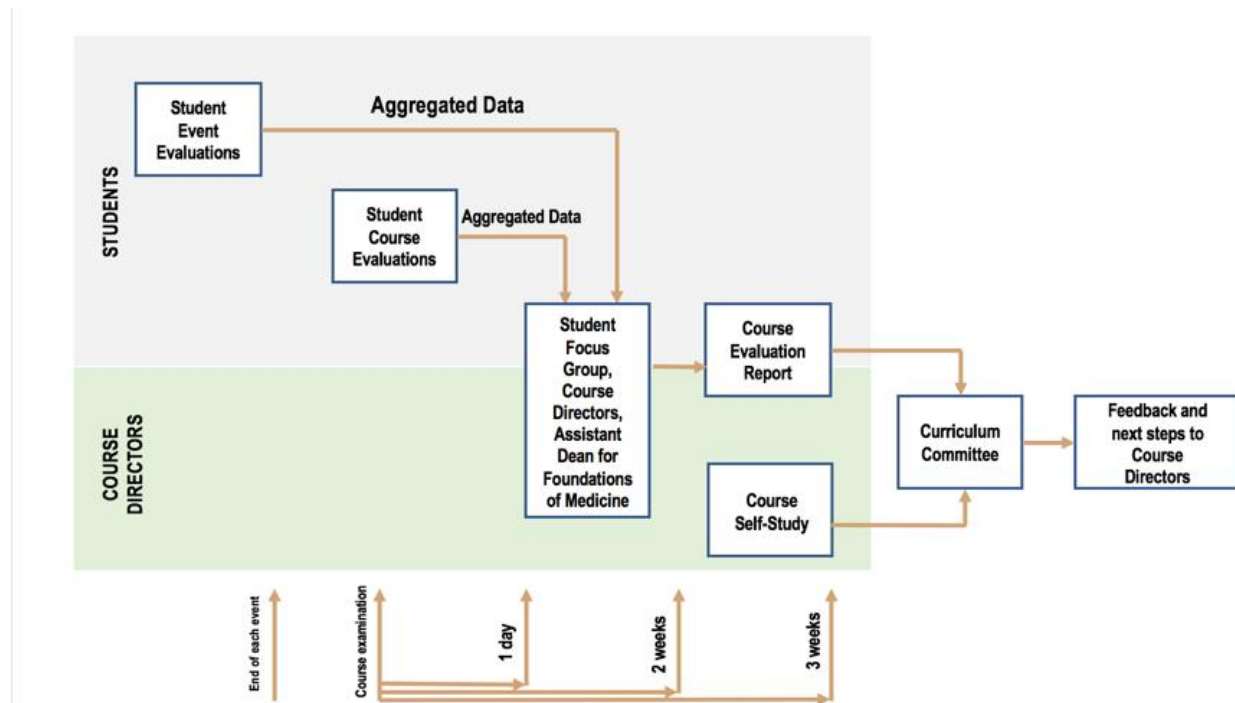
- Biannual cycle of review of one of the following, in a six-year cycle:
  - 1) Foundations of Medicine; 2) Clinical Applications; and 3) the entire curriculum.

Faculty evaluations of teaching are included in the course evaluation process and the curriculum evaluation process, and are also included in individual faculty performance evaluations, which is distinct from curriculum assessment.

### Course Evaluation Process

The course evaluation process (Figure 8) includes two components: student event evaluations of all events (of both content and instructors), and course evaluations, of which there are two components: the Course Evaluation Report, which is prepared by an assigned representative group of students and course instructors, and the Course Self-Study, which is prepared by course directors and the assistant dean for Foundations of Medicine. Both reports are reviewed by the Curriculum Committee in their annual evaluation of each course. The process used by the Curriculum Committee incorporates peer-review of the reports by two members of the Curriculum Committee who are not involved with the course, who provide specific recommendations for course improvement, as well as discussion at a full Curriculum Committee meeting with recommendations to the Curriculum Committee for further actions.

Figure 8. Course Evaluation Process





### *Student Event Evaluations*

During each week of Foundations of Medicine, students in one learning community (one quarter of all students for the course) are assigned, and required, to provide student event evaluations of each course event and assignment that involves the entire class. All other students in the course have the option to provide narrative event evaluations for each course event and assignment. Student event evaluations provide feedback on both content and instructors to facilitate continuing improvement of both. Student event evaluations are included in the Course Evaluation Report.

An email is sent to the one-quarter of students at the beginning of the week with separate links to an evaluation for each day of the week, listing the titles of the events and assignments to be evaluated. Student event evaluations are submitted electronically. Event evaluations from the students assigned for a given week include both objective assessments using a three-point Likert scale about the content and also about the instructor(s), as well as open-ended narrative feedback. Submission of the required student event evaluations is tracked as an element of professionalism. All other students may provide open-ended narrative feedback of events and assignments. All student event evaluations may be completed at the end of each day, and no later than one day following the end of the week.

Student event evaluations are intended to provide the impetus for further investigation, as needed, by the course directors and the student focus group during the next steps of the course evaluation process.

Many curriculum events are delivered in multiple sessions to subgroups of students, and this process is not used. The Clinical Skills and Active Citizenship components of Profession of Medicine, Introductory Clinical Experiences, and Explorations are evaluated in separate processes.

Student event evaluations are also used to inform the faculty evaluation process.

### *Student Course Evaluations*

Each course is given once per year, and is evaluated each year.

Individual student event evaluations are aggregated by event and a summary is provided to course directors, the assistant dean for Foundations, and the associate dean for Educational Affairs. Course directors see all aggregated student event evaluations for all events in their course.

An email is sent to all students at the conclusion of the course with links to the course evaluation. All students submit a student course evaluation that includes both objective assessments using a five-point Likert scale as well as open-ended narrative feedback. Submission of course evaluations is required of all students and submission of student course evaluations is tracked as an element of professionalism. All student course

evaluations must be completed no later than three days following the end of the course. Student course evaluations are included in the Course Evaluation Report.

### *Course Evaluation Report*

Usually within one week following the end of the course, a student focus group consisting of one student from each of the four learning communities meets with a member of the department of Medical Education first, and are then joined by the course directors and the assistant dean for Foundations of Medicine to review the aggregated student event evaluations and student course evaluations. This group provides narrative feedback on individual events as well as the overall course.

Usually within two weeks following the end of the course, which is usually within one week following the student focus group meeting, a summary course evaluation report is drafted by the group. Aggregate learner performance results are incorporated in the course evaluation report. Course directors and students who participated in the focus group confirm their agreement with the report, or submit a minority opinion outlining the areas of disagreement, and the course evaluation report is finalized.

### *Course Self-Study*

Within two weeks following the end of the course, course directors complete a course self-study.

### *Curriculum Committee Review*

When completed, the course evaluation report and course self-study are submitted to the Curriculum Committee for review.

The Curriculum Committee reviews the course objectives, curriculum content, aggregated student event evaluations, aggregated student course evaluations, aggregated student performance results, course evaluation report, and course self-study. The Curriculum Committee provides feedback to the course directors and initiates whatever actions are appropriate related to the course based on the data.

Course evaluation reports and course self-studies, along with aggregated student performance results, are used also to inform the curriculum evaluation process.

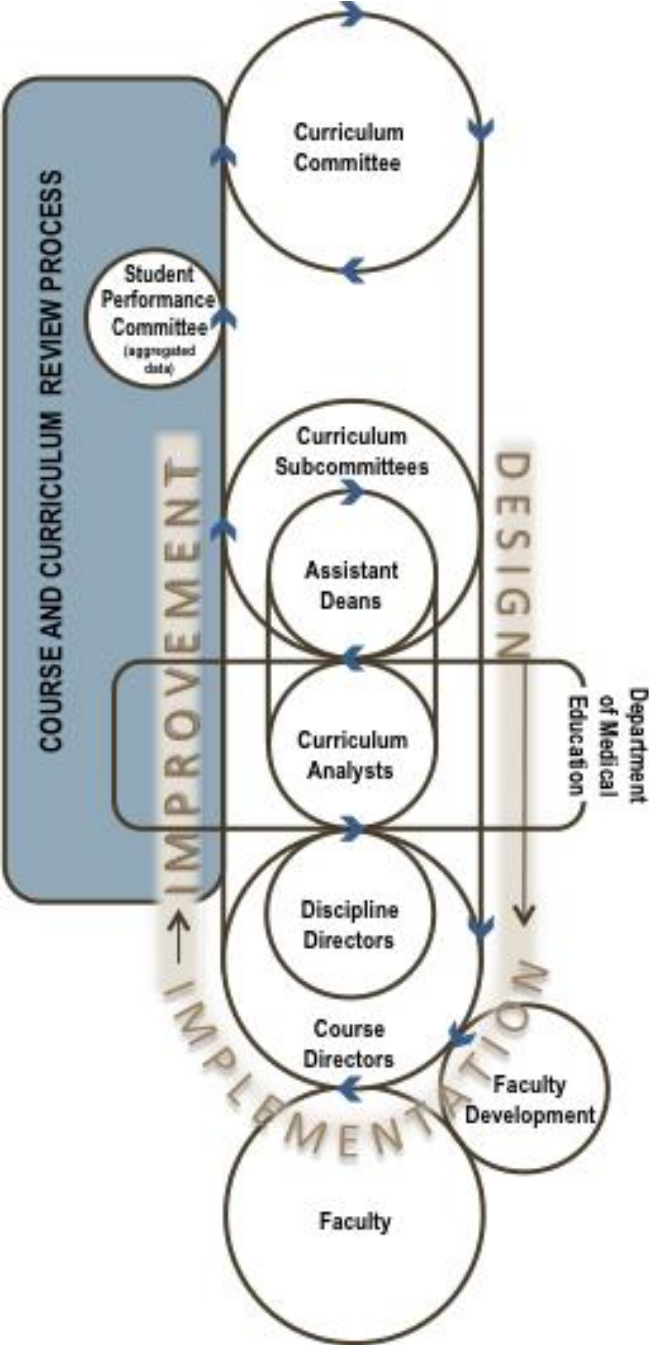
### *Faculty Assessment Process*

Faculty assessment is a distinct process to improve faculty expertise and effectiveness in teaching, and occurs in parallel with curriculum assessment. Faculty evaluations obtained as part of the curriculum assessment are used to inform faculty assessment. Individual student event evaluations for each faculty member are aggregated and the aggregate evaluations for each event of each faculty member is provided to the faculty member, their department chair, assistant dean for Foundations of Medicine, and associate dean for Educational Affairs.

**Curriculum Evaluation Process**

The curriculum evaluation process (Figure 9) is a biannual cycle of review of one of the following, in a six-year cycle: 1) Foundations of Medicine; 2) Clinical Applications; and 3) the entire curriculum. Each review is under the oversight of the associate dean for Educational Affairs and the Curriculum Committee.

Figure 9. Curriculum Development, Implementation, and Assessment Process



## **Changes to the Curriculum**

Medicine is dynamic and ever changing. Components of the curriculum, course and clerkship structure and content, methods of instruction, methods of assessment, testing standards, grading, advancement requirements, and graduation requirements may change and be implemented as needed and approved by the Curriculum Committee and the dean.

## **Essential Abilities for Completion of the Medical Curriculum**

Medical education requires the acquisition of knowledge, skills, attitudes, behaviors, and values to provide highly effective patient care. Graduates of the medical degree program must have the broad base of knowledge and the skills and competencies that are essential to be a skilled and effective practitioner of medicine or serve in another professional capacity. Our graduates are prepared to excel in any chosen specialty field. Accordingly, every medical student must complete all aspects of the curriculum and achieve all of the competencies as determined by the faculty. Our graduates must have the ability to function effectively in a variety of clinical situations and provide a wide spectrum of clinical care. Medical students must possess the essential abilities necessary to undertake and complete the curriculum in a reasonably independent manner and must demonstrate an ability to personally perform activities and achieve competencies required by the curriculum.

The essential abilities for completion of the medical curriculum of the medical school define the essential cognitive, physical, emotional, interpersonal, and behavioral abilities that are necessary to participate and progress satisfactorily in our MD program curriculum and to meet the graduation requirements. An applicant/student must be able to perform each of these abilities as prerequisites for admission to the MD program, continuation, and advancement through our program of study, and graduation.

The medical school does not discriminate against students with disabilities and strives to provide equal opportunity for all students. The buildings and facilities of the medical school are accessible to persons with physical challenges. The medical school complies with the Americans with Disabilities Act and provides equal access through reasonable accommodations for qualified students with documented disabilities but may not be reasonably able to provide every accommodation requested by students.

The medical school has determined the essential abilities that must be met by all medical students and the process for providing reasonable accommodations for persons with qualified disabilities. The Medical Student Admissions Committee considers any applicant who meets the academic and other application requirements and also demonstrates these essential intellectual, physical, and behavioral abilities with or without reasonable accommodations. Acceptance into the medical school as a medical student to the MD program, or as a graduate student to the MS program in Biomedical Sciences (Bridge to MD) program, does not depend on merely meeting these essential

abilities for completion of the medical curriculum and the minimum admission requirements.

The medical school helps medical students with disabilities identify the necessary resources, if available, to facilitate the medical student's development. The medical student is responsible for expenses resulting from diagnosis and treatment of disabilities, including expenses for optional resources selected by the medical student.

Should, despite reasonable accommodation, whether the medical student chooses to use the accommodation or not, an applicant's or medical student's existing or acquired disability: fundamentally alters the nature or integrity of a course, clerkship, program, or event; lowers academic standards; poses a direct threat to the health or safety of the student and/or others; poses an undue financial or administrative burden; or requires the use of an intermediary; or otherwise impedes the ability to complete the MD program and advance to graduation, residency, training, or licensure, the candidate may be denied admission or may be dismissed from the program.

The essential abilities for completion of the medical curriculum of the medical school are adapted from: AAMC Special Advisory Panel on Technical Standards for Medical School Admission (AAMC, Memorandum #79-4, approved by the AAMC Executive Council on January 18, 1979).

### ***Intermediaries***

Students must possess the essential abilities necessary to undertake and complete the curriculum in a reasonably independent manner and must demonstrate an ability to personally perform activities and achieve competencies required by the curriculum. Reliance on an intermediary, such as another person or assistant, normally creates a substantial risk that the intermediary could impose external power or influence of selection and observation on the student's independent judgment and behavior. As a result, use of an intermediary generally fundamentally alters the nature of the educational program and is not a reasonable accommodation that can be made available.

### ***Areas of Essential Abilities***

The following abilities and skills are deemed essential and necessary throughout our program of study for the medical degree program and the MS program in Biomedical Sciences (Bridge to MD program), and are required for admission, continuation, advancement, and graduation.

#### ***Sensory Abilities***

The applicant/student must be able to: observe and participate in demonstrations and experiments in the basic and clinical sciences including microscopic studies; observe a patient accurately at a distance and close by; perform all elements of a complete physical examination; observe electrocardiographs, radiographs, and other visual results; and

deliver patient care. Obtaining a medical history, observation, examination, and patient care necessitate the functional sensory abilities of vision, hearing and touch, and are enhanced by the functional sensory ability of smell.

### *Communication Abilities*

The applicant/student must be able to listen, speak and observe patients in order to: listen effectively; elicit and synthesize information; explain medical information in a patient- and family-focused manner; recognize, acknowledge and describe changes in mood, activity, and posture; recognize, acknowledge and respond appropriately to emotions; and perceive nonverbal communications. The applicant/student must be able to communicate effectively and sensitively with patients, families, peers, staff, and faculty of both genders and across a diversity of ages, disabilities, ethnicities, socioeconomic and cultural backgrounds, sexual orientation, and religious beliefs. Communication includes speech, reading, writing and keyboarding and the ability to maintain comprehensive, timely, and legible records. The applicant/student must be able to communicate effectively and efficiently in oral, written, and electronic forms with physicians and all healthcare professionals.

### *Motor Skills*

The applicant/student must have sufficient motor function and physical dexterity to master technical and procedural aspects of patient care including the ability to elicit information from patients by palpitation, auscultation, percussion and other diagnostic maneuvers. The applicant/student must be able to perform basic laboratory tests, perform physical diagnostic procedures, and read and interpret electrocardiograms, x-rays, and other graphical data. The applicant/student must be able to execute motor movements reasonably required to provide general care and emergency treatment to patients. Such actions require coordination of both gross and fine muscular movements, equilibrium and functional use of the senses of touch and vision. The applicant/student must have sufficient strength to perform the essential duties and the adequate physical stamina and energy to perform taxing duties over long hours.

### *Intellectual, Conceptual, Integrative, and Quantitative Abilities*

These abilities include measurement, calculation, reasoning, analysis, and synthesis. Problem solving, the critical skill demanded of physicians, requires all of these intellectual abilities. The applicant/student must be able to comprehend and learn factual knowledge from readings and didactic presentations, gather and assimilate information independently, analyze and synthesize material, and apply information to specific clinical situations. The applicant/student must be able to comprehend three-dimensional relationships and to understand spatial relationships. The applicant/student must be able to independently access and interpret medical information and patient records; identify significant findings from history, physical examination and laboratory data; synthesize a reasoned explanation of probable diagnoses; develop appropriate plans of therapies and medications; and retain and recall information in an efficient manner. The applicant/student must be able to

incorporate new information from peers, teachers and the medical and scientific literature. The applicant/student must demonstrate sound judgment in patient assessment, diagnosis, and therapeutic planning.

### *Behavioral, Social, and Professional Abilities*

The applicant/student must demonstrate: the emotional health required for full utilization of his/her intellectual abilities; the exercise of sound judgment; the prompt completion of all responsibilities attendant to the diagnosis and care of patients; the development of mature, sensitive, and effective relationships with patients that respect patient privacy and autonomy; accountability to patients, society and the medical profession; the ability to work effectively as a member or leader of a healthcare team; and the emotional maturity and stability to tolerate taxing workloads and to function effectively under stress. The applicant/student must be able to adapt to circumstances that are unpredictable or that change rapidly, display flexibility, and learn to function in the face of uncertainties inherent in the clinical problems of many patients. The applicant/student must be able to work effectively as a member or leader of a healthcare team or other professional group. The applicant/student must consistently exhibit the personal qualities of integrity, ethics, responsibility, accountability, compassion, empathy, altruism, tolerance, and responsiveness to patient needs that supersedes self-interest, respect for others, commitment to excellence, interest, initiative, motivation, and the exercise of the requisite judgment for the practice of medicine. These personal qualities and interpersonal skills are assessed throughout the admission and education processes.

### ***Hearing Enhancement Headsets***

Hearing enhancement is available for activities in the two TBL Halls and in the auditorium using systems that transmit audio wirelessly from the room microphones to individual headsets. The hearing enhancement headsets are available to borrow upon request from the Information Technology help desk. Headsets are available upon request to students and others for short-term needs, and may be assigned to students with long-term needs without the need to request accommodations. There is no charge for use of the hearing enhancement devices if the devices are returned as agreed and undamaged.

### ***Applicants***

Applicants with disabilities are evaluated for admission according to the same standards and selection criteria that are used for all applicants to the MD program. The review of each application for students with or without disabilities takes into account the necessity of meeting the essential abilities for completion of the medical curriculum with or without reasonable accommodations.

All applicants admitted to the medical degree program and the MS program in Biomedical Sciences (Bridge to MD program) are required to submit a completed Student History and Physical Examination form prior to matriculation. This includes a

complete health history, physical examination by a licensed health care provider, record of immunizations, record of tuberculosis testing, and additional laboratory testing results. The physical examination form also includes a copy of the Essential Abilities for Completion of the Medical Curriculum for the examiner to review. Both the applicant and the licensed health care provider must attest to the student's capability to consistently comply with all elements of the Essential Abilities for Completion of the Medical Curriculum. All forms should be completed within two months prior to matriculation, and must be completed, signed, and dated by the applicant and their licensed healthcare provider.

Applicants with disabilities should begin discussion with the associate dean for Student Affairs as soon as the offer of admission is accepted. Upon request following the offer of admission, applicants must submit the signed form "Essential Abilities for Completion of the Medical Curriculum Attestation." Failure to provide a signed form could result in rescinding the offer of admission. Falsification of information on the form is a violation of the Code of Professional Conduct.

### ***Students***

Annually each student in the medical degree program and the MS program in Biomedical Sciences (Bridge to MD program) must submit the signed form "Essential Abilities for Completion of the Medical Curriculum Attestation." Failure to provide a signed form could delay or preclude advancement or graduation. Falsification of information on the form is a violation of the Code of Professional Conduct.

### ***Essential Abilities Committee***

The charge of the Essential Abilities Committee is to evaluate and determine whether applicants and students meet the essential abilities for completion of the medical curriculum and, if not, to define the reasonable accommodations tailored to their individual needs and circumstances that would allow them to meet the essential abilities. If the committee determines that an issue is not within the scope of essential abilities, the committee refers the issue to the associate dean for Educational Affairs and associate dean for Student Affairs.

The members of the Essential Abilities Committee include two faculty and the director of Human Resources. Members of the committee must disclose conflicts of interest, and are expected to recuse themselves from discussions and decisions for a particular applicant or student if there is a material conflict of interest as determined by the chair. The committee may seek consultation as needed, including legal counsel, and may invite other individuals to attend meetings.

The chair shall be responsible for calling and conducting all meetings of the committee as needed to address requests for accommodations, requests for revisions to accommodations, and continued review of all accommodations at least annually. A quorum for any committee action shall be three members. Voting may be in person or by telephone in a committee meeting, or by email submitted to the committee chair. A



majority vote of the members voting shall be sufficient for passage of any action. The Essential Abilities Committee reviews the Essential Abilities for Completion of the Medical Curriculum annually and as needed, with recommendations for revisions, if any, submitted to the Curriculum Committee and the dean.

Essential Abilities Committee members must recuse themselves from participating in the review for students for whom they have provided the student with sensitive health, psychiatric, or psychological care, including as determined solely by the student; served as the student's private tutor or designated individual mentor; or otherwise have a conflict of interest related to the student.

### ***Request for Accommodations***

If at any time a medical student requires a reasonable accommodation to obtain equal access to the medical school's educational program, it is the medical student's responsibility to notify the office of Student Affairs of the disability in writing, and to provide adequate documentation of the nature and extent of the disability and the functional limitations that are requested to be accommodated. Applicants who are offered admission as well as students whose abilities and skills do not meet these essential abilities for completion of the medical curriculum have an obligation to the medical school to: 1) self-identify and report the presence of a disability or suspected disability; 2) provide appropriate, complete, and accurate documentation of the disability in a timely manner; and 3) self-identify and report the need for reasonable accommodations, including the accommodations that are requested.

It is the applicant's and student's responsibility to provide complete, accurate, and timely information that documents the general nature of the disability, extent of the disability, ramifications of the disability, anticipated progression of the disability, and functional limitations that need to be accommodated, and the specific accommodations that are requested.

Applicants and students acknowledge by seeking accommodations that accommodations provided by the medical school may not be provided by other entities, such as for USMLE examinations. Medical students who are provided accommodations by the medical school are still required to meet all course/clerkship requirements, and advancement and graduation requirements regardless of whether accommodations are provided by the medical school and other entities.

Applicants and students seeking accommodations must submit the Essential Abilities for Completion of the Medical Curriculum Attestation along with a Request for Reasonable Accommodation providing documentation that verifies that the disability substantially limits meeting the essential abilities and that supports the requested accommodation. Complete documentation, meeting all of the criteria below, must be submitted to the office of Student Affairs at least 20 school days in advance of the requested start date of the proposed accommodation, including temporary accommodation, if requested. An applicant's or student's documentation shall be at the applicant's or student's expense and must meet all of the following criteria:

- **Qualified Professional:** The documentation must include an evaluation conducted by a qualified professional (the “evaluator”). Documentation must include information about the professional credentials of the evaluator, including their training and licensure for their area of specialization. Additional information about their relevant experience with the diagnosis and treatment of patients with similar disabilities is recommended. An appropriate evaluator for learning disabilities is generally a licensed clinical, educational, or neuropsychologist. The evaluator should not be a family member or have other conflicts of interest with the student. The committee may request further clarification regarding the qualifications of the evaluator. Final determination of the appropriateness of the evaluator rests with the Committee.
- **Current Documentation:** The current impact of the disability upon the student’s ability to meet the essential abilities for completion of the medical curriculum, and the impact on the student’s performance to fulfill academic requirements is the crux of determining an effective reasonable accommodation. As such, documentation and the evaluation must be recent.
  - For accommodation requests for a physical disability, if the physical disability is a permanent and static condition, the committee will consider documentation from any period. If the physical disability is a new or temporary condition, the committee will consider documentation within one year.
  - For accommodation requests for a non-physical disability, documentation must be within two years.
- **Comprehensive Evaluation:** The evaluation conducted by a qualified professional and submitted by the student must provide information in five areas. The committee may, in its sole discretion, request additional and/or more recent documentation.
  - A specific medical diagnosis of a physical, mental, or learning disorder.
  - A description of how the diagnosis was confirmed based on established diagnostic criteria. Diagnostic testing and methods must be currently utilized and recognized in professional practices in the relevant field.
  - A description of how the diagnosis affects the essential abilities, and the expected duration of the limitation.
  - The medical and educational history of the disability.
  - Specific, realistic recommendation(s) for accommodations with a rationale for each specific recommendation.

### ***Review of Request for Accommodations***

Following submission of the complete required documentation, a student may request consideration for temporary accommodations pending full review by the Essential Abilities Committee. The chair of the Essential Abilities Committee, after preliminary determination by the chair that the documentation is complete, on a case-by-case basis may temporarily approve such a request until the Essential Abilities Committee is able to meet and fully consider the student’s request. Such temporary accommodations are limited to a maximum of 20 school days in duration.

The committee considers the documentation, strives to understand current challenges and foresee the potential future challenges these students might face, and considers creating equal opportunities through accommodation. The committee must ensure that the essential aspects of the curriculum as well as the safety of patients, other students, faculty, and staff are given appropriate consideration in the process. Although not limited to the following, the Essential Abilities Committee considers the following aspects:

- Disabilities that are stable or progressive.
- Health issues that are recurring or unpredictable.
- Diseases that may be treatable but where the treatment itself is known to produce a serious impairment of intellectual, physical, psychological, or behavioral function.

In order to determine eligibility, the committee reviews the documentation submitted by the student and the evaluator and determines whether the documentation meets all requirements. If all documentation requirements are met, the committee determines whether the student has a disability that is eligible for an accommodation.

The committee may, in its sole discretion, require additional documentation, more recent documentation, or an additional evaluation conducted by another qualified professional. The committee must provide the student with an explanation of why further evaluation is required. If the documentation provided by the student is incomplete, the committee may require the student to obtain additional information from the original evaluator, and the medical student bears the cost. If the documentation is deemed by the committee to be complete but the committee requires an additional independent evaluation, the medical school bears the cost. The second evaluator must be a qualified professional and is of the committee's choosing.

If the student is eligible for accommodation, and after discussion with the student and others as needed, the committee determines the appropriate and specific accommodation(s) to be implemented, as determined by the committee in its sole discretion. The committee should give priority consideration to the specific accommodation requested by the student unless it is deemed not appropriate by the committee because other reasonable accommodations are available.

An accommodation is not reasonable if it: fundamentally alters the nature or integrity of a course, clerkship, program, or event; lowers academic standards; poses a direct threat to the health or safety of the student and/or others; poses an undue financial or administrative burden; or requires the use of an intermediary. The determination of “reasonable” is individually determined by the Essential Abilities Committee after a student requests accommodation. Each type of disability has variable manifestations, and each student’s learning needs are different. Decisions regarding accommodations are made on a case-by-case basis and there is no standard accommodation for any particular type of disability.

The decision of the Essential Abilities Committee is final. The student may request additional review by the committee if there is additional information or a justified concern that the defined process was not followed. The committee determines whether to perform a further review based on the additional information and justification provided by the student.

The committee provides its decisions regarding the need for accommodation, whether reasonable accommodation can be made, and approved accommodations, if any, to the student in writing. The committee findings and approved accommodations are considered confidential.

If accommodations are approved, the accommodations are provided to the associate dean for Educational Affairs and the associate dean for Student Affairs. This information does not include the underlying basis for the need for accommodation, including sensitive health, psychiatric, or psychological information. The associate dean for Educational Affairs is responsible for implementing the accommodations. The associate dean for Educational Affairs may share the accommodations with course/clerkship directors, other faculty, and staff who need to know the approved accommodations.

The committee reviews the accommodation status of each student with approved accommodations at least annually to ensure that the student is meeting the essential abilities requirements and that the continued accommodation is necessary and sufficient. The committee may, in its sole discretion, require additional documentation, more recent documentation, or an additional evaluation conducted by another qualified professional to support continued accommodations. The committee must provide the student with a written explanation of the additional required evaluation.

### ***Reporting Accommodations***

Requests for accommodations, the minutes and actions of the Essential Abilities Committee, and the accommodations that are provided by the medical school are considered confidential. Information about accommodations, including requests for accommodations, is provided only as needed to faculty and staff, is not reported on transcripts and the Medical Student Performance Evaluation (MSPE), and is not released to outside persons or entities except in response to an order from a court of competent jurisdiction.

### **Courses and Clerkships (Course Catalog)**

This information serves as the course catalog for the medical degree program.

The medical school curriculum management system (CLEARvue) provides a description of each course/clerkship, course/clerkship learning objectives, and course/clerkship directors with their contact information. Required and recommended learning resources (both electronic and print) are provided to medical students at the beginning of each

year. Methods of learner assessments and course grading are described in the Medical Student Handbook.

The first and second year, Foundations of Medicine, provides a minimum of 102 credits during a minimum of 77 weeks of instruction. The third and fourth year, Clinical Applications, provides a minimum of 91.5 credits during a minimum 90 weeks of instruction. These are the minimum credits necessary for advancement and graduation.

Courses and clerkships have a prefix abbreviation (Table 1) for the discipline and a four-digit numeric designation. Tables 2-4 show the courses/clerkships offered as part of the curriculum leading to the medical degree. A description of each course/clerkship as well as the course/clerkship objectives are provided on the medical student portal. This information is also included in the introductory material in CLEARvue for each course/clerkship.

Table 1. Prefix Abbreviations for Course Names

Prefix	Full Name
ALHS	Allied Health Sciences
ANES	Anesthesiology
AWAY	Electives or experiences taken for credit at sites other than core training sites
BINF	Biomedical Informatics
BIOM	Biomedical Sciences
CLIN	Clinical Education and Training (including multidisciplinary and interprofessional clinical education and training)
EMER	Emergency Medicine
FMED	Family and Community Medicine
IND	Independent Study
MENG	Medical Engineering
MED	Medicine
MEDU	Medical Education
OBGY	Obstetrics and Gynecology
ORTH	Orthopaedic Surgery
PATH	Pathology
PEDS	Pediatric and Adolescent Medicine
PROF	Profession of Medicine
PSYC	Psychiatry
RAD	Radiology
RES	Research
SIM	Medical Simulation
SURG	Surgery
TRAN	Transition (to the next level of education and training)

Courses and clerkships for the MD degree program are numbered with a four-digit course designation according to the following standard:

- Seminar courses 6 - - -
- First- and second-year courses 7 - - -
  - PROF courses 73 - -
  - CLIN courses 74 - -
  - Electives 75 - -
- Third-year clerkships and courses 8 - - -
  - PROF courses 83 - -
- Fourth-year clerkships and courses 9 - - -
  - Research electives 921 -
  - International electives 924 -
  - PROF courses 93 - -
  - Subspecialty clerkships 94 - -, 95 - -, and 96 - -
  - Advanced clerkships 97 - -
  - Advanced critical care clerkships 98 - -

## Foundations of Medicine

Courses in Foundations of Medicine include transition courses (2), biomedical science courses (14), Profession of Medicine courses (4), Introductory Clinical Experiences courses (4), one-week electives (4), and the seminars course (2). There are generally no more than 28 structured hours in each week of Foundations of Medicine.

Table 2. Foundations of Medicine Required and Elective Courses

Course	Number	Name	Credits
<b>Required Courses</b>			
TRAN	6900	Transition to Medical School	3
BIOM	7110	Molecular Foundations of Health and Disease	2
BIOM	7120	Cellular Foundations of Health and Disease	4
BIOM	7130	Genetic Foundations of Health and Disease	4
BIOM	7140	Metabolic Foundations of Health and Disease	3
BIOM	7150	Foundations of Immunology and Infectious Diseases	5
BIOM	7210	Hematology and Oncology	4
BIOM	7220	Musculoskeletal and Dermatology	6
BIOM	7230	Cardiovascular	6
BIOM	7240	Pulmonary	6
BIOM	7250	Renal and Genitourinary	5
BIOM	7260	Gastrointestinal	6
BIOM	7270	Endocrinology and Reproduction	6
BIOM	7280	Nervous System I	5
BIOM	7282	Nervous System II	4
PROF	7310	Profession of Medicine 1	5
PROF	7312	Profession of Medicine 2	5
PROF	7320	Profession of Medicine 3	6
PROF	7322	Profession of Medicine 4	6
CLIN	7410	Introductory Clinical Experiences 1	1
CLIN	7412	Introductory Clinical Experiences 2	1
CLIN	7420	Introductory Clinical Experiences 3	1
CLIN	7422	Introductory Clinical Experiences 4	1
TRAN	7900	Transition to Clinical Applications	3

Table 2 (continued). Foundations of Medicine Required and Elective Courses

Course	Number	Name	Credits
<b>Elective Courses</b>			
<i>Four, 1-week electives are required during Foundations of Medicine (7500 series)</i>			
ALHS	7510	Selected Topics in Allied Health Sciences	0.5
ANES	7510	Selected Topics in Anesthesiology	0.5
BIOM	7510	Selected Topics in Biomedical Sciences	0.5
CLIN	7510	Selected Topics in Clinical Medicine	0.5
EMER	7510	Selected Topics in Emergency Medicine	0.5
EPID	7510	Selected Topics in Epidemiology and Biostatistics	0.5
FMED	7510	Selected Topics in Family and Community Medicine	0.5
INFM	7510	Selected Topics in Biomedical Informatics	0.5
MENG	7510	Selected Topics in Medical Engineering	0.5
MED	7510	Selected Topics in Medicine	0.5
MEDU	7510	Selected Topics in Medical Education	0.5
OBGY	7510	Selected Topics in Obstetrics and Gynecology	0.5
ORTH	7510	Selected Topics in Orthopaedic Surgery	0.5
PATH	7510	Selected Topics in Pathology	0.5
PEDS	7510	Selected Topics in Pediatric and Adolescent Medicine	0.5
PROF	7510	Selected Topics in Profession of Medicine	0.5
PSYC	7510	Selected Topics in Psychiatry	0.5
RAD	7510	Selected Topics in Radiology	0.5
RES	7510	Selected Topics in Research	0.5
SIM	7510	Selected Topics in Simulation	0.5
SURG	7510	Selected Topics in Surgery	0.5
AWAY	7510	Away elective at a non-LCME-accredited site	0.5
AWAY	7520	Away elective at an LCME-accredited site	0.5
AWAY	7530	Away elective at an international site	0.5
<b>Seminar (required each year)</b>			
MEDU	6800	Advances and Perspectives in Medicine (1 credit each in year 1 and year 2)	2
<b>Total for Foundations of Medicine</b>			<b>102</b>

Generally, no more than two Foundations of Medicine one-week electives may be taken in the vacation/elective period immediately preceding the Transition to Clinical Applications course.



## **Clinical Applications**

Courses in Clinical Applications include a transition course, third-year clerkships (6), Profession of Medicine courses (3), required fourth-year advanced clerkships (a total of 20 weeks), fourth-year electives (a total of at least 14 weeks), and the seminars course (2).

Table 3. Clinical Applications Required Courses and Clerkships

Course	Number	Name	Credits
<b>Third-Year Required Courses and Clerkships</b>			
MED	8110	Medicine	8
SURG	8110	Surgery	8
PEDS	8110	Pediatric and Adolescent Medicine	8
FMED	8110	Family and Community Medicine	8
OBGY	8110	Women's Health	8
PSYC	8110	Psychiatry and Neurology	8
PROF	8330	Profession of Medicine 5	2
PROF	8332	Profession of Medicine 6	2

Table 3 (continued). Clinical Applications Required Courses and Clerkships

<b>Fourth-Year Required Courses and Clerkships</b>			
TRAN	9100	USMLE Preparation and Examination	1
EMER	9710	Advanced Emergency Medicine	4
At least one advanced hospital-based clerkship (971-) for four weeks			
FMED	9710	Advanced Hospital Family Medicine	4
MED	9710	Advanced Hospital Medicine	4
OBGY	9710	Advanced Women's Health	4
PEDS	9710	Advanced Hospital Pediatrics	4
PSYC	9710	Advanced Hospital Psychiatry	4
SURG	9710	Advanced General Surgery	4
SURG	9712	Advanced Pediatric Surgery	4
At least one advanced ambulatory clerkship (972-) for four weeks			
FMED	9720	Advanced Ambulatory Family Medicine	4
MED	9720	Advanced Ambulatory Medicine	4
MED or PEDS	9721	Advanced Ambulatory Medicine/Pediatrics	4
PEDS	9720	Advanced Ambulatory Pediatrics	4
PSYC	9720	Advanced Ambulatory Psychiatry	4
At least four weeks of an advanced clerkship (971- or 972-) in a discipline different than those that the student completed for the other required advanced clerkships			
FMED			
MED			
OBGY			
PEDS			
PSYC			
SURG			
At least one advanced critical care clerkship (98--) for four weeks			
MED	9810	Advanced Medicine Critical Care	4
MED	9820	Advanced Medicine Cardiac Critical Care	4
MED	9830	Advanced Medicine Neurologic Critical Care	4
PEDS	9810	Advanced Pediatric Critical Care	4
PEDS	9820	Advanced Neonatal Critical Care	4
SURG	9810	Advanced Trauma/Surgery Critical Care	4
At least 14 weeks	94--, 95--, and 96--	14 weeks of fourth-year elective clerkships (see Table 4)	14
PROF	9340	Profession of Medicine 7	0.5
TRAN	9900	Transition to Residency	2
<b>Seminar (required each year)</b>			
MEDU	6800	Advances and Perspectives in Medicine (1 credit each in year 3 and year 4)	2
<b>Total for Clinical Applications</b>			<b>91.5</b>

### Fourth-Year Elective Clerkships

In the fourth year, students have a total of 22 weeks to complete 14 weeks of elective clerkships. The additional eight weeks of flexible time are provided to accommodate interviewing for residency.

Not all fourth-year clerkships are offered each year for all potential dates and lengths of duration. The available clerkships and dates are provided to students annually near the middle of the third-year as the medical school initiates the process for student selection of fourth-year electives.

Table 4. Fourth-Year Elective Clerkships

Course	Number	Name	Credits
ANES	9210	Anesthesia Research	4 – 8
ANES	9410	Anesthesiology	2 or 4
ANES	9420	Pain Management	2 or 4
BIOM	9210	Biomedical Sciences Research	4 – 8
MEDU	9210	Medical Education Research	4 – 8
MEDU	9410	Medical Education	2 or 4
MEDU	9420	Medical Simulation	2 or 4
EMER	9210	Emergency Medicine Research	4 – 8
EMER	9410	Emergency Medical Services	2 or 4
EMER	9420	Air Medicine	2 or 4
EMER	9710	Advanced Emergency Medicine	2 or 4
FMED	9210	Family and Community Medicine Research	4 – 8
FMED	9410	Rural Family Medicine	2 or 4
FMED	9420	Sports Medicine	2 or 4
FMED	9710	Advanced Hospital Family Medicine	2 or 4
FMED	9720	Advanced Ambulatory Family Medicine	2 or 4
MED	9210	Medicine Research	4 – 8
MED	9240	International Medicine	2 - 6
MED	9410	Allergy	2 or 4
MED	9420	Cardiology	2 or 4
MED	9430	Dermatology	2 or 4
MED	9440	Endocrinology	2 or 4
MED	9450	Gastroenterology	2 or 4
MED	9460	Geriatrics	2 or 4
MED	9470	Hematology and Oncology	2 or 4
MED	9480	Infectious Diseases	2 or 4
MED	9490	Medicine/Pediatrics Infectious Diseases	2 or 4
MED	9510	Nephrology	2 or 4
MED	9520	Neurology	2 or 4
MED	9530	Physical Medicine and Rehabilitation	2 or 4
MED	9540	Pulmonary Medicine	2 or 4
MED	9550	Rheumatology	2 or 4
MED	9710	Advanced Hospital Medicine	2 or 4
MED	9720	Advanced Ambulatory Medicine	2 or 4
MED	9721	Advanced Ambulatory Medicine/Pediatrics	2 or 4

Course	Number	Name	Credits
MED	9810	Advanced Medicine Critical Care	4
MED	9820	Advanced Medicine Cardiac Critical Care	4
MED	9830	Advanced Medicine Neurologic Critical Care	4
OBGY	9210	Obstetrics and Gynecology Research	4 – 8
OBGY	9410	Perinatology –High Risk Obstetrics	2 or 4
OBGY	9420	Reproductive Endocrinology and Infertility	2 or 4
OBGY	9430	Gynecologic Oncology	2 or 4
OBGY	9440	Female Pelvic Medicine and Reconstructive Surgery	2 or 4
OBGY	9450	Enhanced Female Pelvic Anatomy	2 or 4
OBGY	9710	Advanced Women’s Health	2 or 4
ORTH	9210	Orthopaedic Surgery Research	4 – 8
ORTH	9410	Orthopaedic Surgery	2 or 4
PATH	9210	Pathology Research	4 – 8
PATH	9410	Anatomic Pathology	2 or 4
PATH	9420	Forensic Pathology	2 or 4
PEDS	9210	Pediatric and Adolescent Medicine Research	4 – 8
PEDS	9240	International Pediatric and Adolescent Medicine	2 or 4
PEDS	9410	Pediatric Endocrinology	2 or 4
PEDS	9420	Pediatric Hematology and Oncology	2 or 4
PEDS	9430	Pediatric Neurology	2 or 4
PEDS	9440	Pediatric Pulmonary Medicine	2 or 4
PEDS	9450	Neonatology	2 or 4
PEDS	9460	Adolescent Medicine	2 or 4
PEDS	9470	Developmental Behavioral Pediatrics	2 or 4
PEDS	9710	Advanced Hospital Pediatrics	2 or 4
PEDS	9720	Advanced Ambulatory Pediatrics	2 or 4
PEDS	9721	Advanced Ambulatory Medicine/Pediatrics	2 or 4
PEDS	9810	Advanced Pediatric Critical Care	4
PEDS	9820	Advanced Neonatal Critical Care	4
PSYC	9210	Psychiatry Research	4 – 8
PSYC	9410	Addiction Psychiatry	2 or 4
PSYC	9420	Adolescent Psychiatry	2 or 4
PSYC	9430	Adult Psychiatry	2 or 4
PSYC	9440	General Psychiatry	2 or 4
PSYC	9450	Psychosomatic Medicine	2 or 4
PSYC	9710	Advanced Hospital Psychiatry	2 or 4
PSYC	9712	Advanced Hospital Geriatric Psychiatry	2 or 4
PSYC	9720	Advanced Ambulatory Psychiatry	2 or 4
RAD	9210	Radiology Research	4
RAD	9410	Diagnostic Radiology	2 or 4
RAD	9420	Musculoskeletal Radiology	2 or 4
RAD	9430	Neuroradiology	2 or 4
RAD	9440	Mammography	2 or 4
RAD	9450	Ultrasonography	2 or 4
RAD	9460	Interventional Radiology	2 or 4
RAD	9510	Radiation Oncology	2 or 4
SURG	9210	Surgery Research	4 – 8
SURG	9410	Cardiothoracic Surgery	2 or 4

Course	Number	Name	Credits
SURG	9420	Plastic and Reconstructive Surgery	2 or 4
SURG	9430	Trauma and Critical Care Surgery	2 or 4
SURG	9440	Neurosurgery	2 or 4
SURG	9450	Otolaryngology	2 or 4
SURG	9460	Urologic Surgery	2 or 4
SURG	9470	Vascular Surgery	2 or 4
SURG	9480	Breast Surgery	2 or 4
SURG	9490	Pediatric Surgery	2 or 4
SURG	9510	Enhanced General Surgical Anatomy	2 or 4
SURG	9710	Advanced General Surgery	2 or 4
SURG	9712	Advanced Pediatric Surgery	2 or 4
SURG	9810	Advanced Trauma/Surgery Critical Care	4
IND	7110	Independent Study (if taken prior to completing the first third-year clerkship)	2 – 8
IND	9110	Independent Study (if taken after completing the first third-year clerkship)	2 – 4
AWAY	9110	4 <sup>th</sup> year away elective at a non-LCME-accredited site	2 – 8
AWAY	9120	4 <sup>th</sup> year away elective at an LCME-accredited site	2 – 8
AWAY	9130	4 <sup>th</sup> year away elective at an international site	2 – 8

### ***Electives Away from the Medical School***

Medical student participation in electives away from the medical school is a privilege that is optional and not required for advancement or graduation. Students in Foundations of Medicine may not register for an elective away from the medical school if they have failed the initial summative examination in a course during the current or previous term.

The course prefix “AWAY” designates a curriculum elective for credit with content approved by the medical school even though the medical school faculty do not directly deliver the curriculum and supervise the students. Participating in curriculum electives for credit away from the medical school is a privilege. Medical school approval is required of all medical student curriculum experiences away from the medical school to assess the awarding of academic credit, assure that it does not adversely affect the student’s academic progress, and address concerns of student safety, risk, liability, and potential impact on the financial aid status of the student.

A maximum of one of the four required one-week electives in Foundations of Medicine may be performed at a site that is not affiliated with the medical school and for which the medical school faculty do not directly deliver the curriculum and supervise the students, with prior approval of the associate dean for Educational Affairs.

A maximum of 12 weeks of fourth-year elective clerkships or experiences (designated by the prefix, AWAY) may be performed at sites that are not affiliated with the medical school and for which the medical school faculty do not directly deliver the curriculum and supervise the students (eg, approved electives at other LCME-accredited medical schools), including a maximum of 6 weeks at non-LCME-accredited sites, with prior approval of the associate dean for Educational Affairs.

## ***International Health Activities Sponsored by the Medical School***

The medical school may sponsor international health activities that are taught by medical school faculty who deliver the curriculum and supervise the medical students. Medical student participation in international health activities away from the medical school is a privilege that is optional and not required for advancement or graduation. Students in Foundations of Medicine may not register for an international health activity if they have failed the initial summative examination in a course during the current or previous term.

A maximum of one of the four required one-week electives in Foundations of Medicine may be performed at an international site for which the medical school faculty directly deliver the curriculum and supervise the students, with prior approval of the associate dean for Educational Affairs.

A maximum of six weeks of fourth-year clerkships or experiences may be performed at an international site for which the medical school faculty directly deliver the curriculum and supervise the students, with prior approval of the associate dean for Educational Affairs.

## ***Seminar Courses***

Seminar courses may be repeated for credit.

Advances and Perspectives in Medicine (MEDU 6800) is an interdisciplinary seminar course for 0.5 credit per term (1 credit for the academic year). These sessions explore advances in biomedical and health sciences with translational applications to clinical medicine and the broad context of medicine in society. MEDU 6800 is required of all medical students in each year, including medical students in dual-degree programs. The course is also required for students who are required to repeat an entire year for any reason.

Table 5. Seminar Courses

Course	Number	Name	Credits
MEDU	6800	Advances and Perspectives in Medicine	0.5 (1 credit per academic year)

## ***Independent Study***

Independent Study courses (IND 7110 if taken prior to completing the first third-year clerkship, and IND 9110 if taken after completing the first third-year clerkship) may be repeated for credit, from one to eight credits each, up to a maximum of eight credits per course. Only eight credits of independent study taken at any time during medical school (either IND 7110 or IND 9110) may count toward meeting graduation credit requirements.

Students who take up to eight weeks of IND 7110 before taking the first third-year clerkship, such as for additional time required to achieve a passing score on the CBSE, begin the deferred third-year clerkship at the first opportunity following the USMLE Preparation and Examination course.

Table 6. Independent Study

Course	Number	Name	Credits
IND	7110	Independent Study	1-8
IND	9110	Independent Study	1-8

## Credits

The MD degree program is continuous from matriculation to graduation. There are two terms (Term 1 and Term 2), or periods of enrollment, in each year of the program, for a total of eight terms over four years.

The medical school defines one credit as the amount of work, planned and directed by the faculty, that for the average medical student is represented in intended learning outcomes and verified by evidence of student achievement that reasonably approximates: 1) a minimum of 15 hours of direct faculty instruction and 30 hours of out-of-class student work; or 2) a minimum of 35 hours of supervised student work with training in a clinical setting and 10-15 hours of related student work outside of the clinical setting. This definition is intended to permit flexibility that recognizes the differences across disciplines as well as types of coursework that best achieve curriculum objectives, while providing a consistent measure of student work for purposes of accreditation and federal programs.

One credit for courses in Foundations of Medicine, and the first and last weeks of the third-year clerkships, represents generally a minimum of 15 contact hours of scheduled faculty instruction given to students with content planned and directed by the faculty. There is an expectation by the faculty of approximately 30 hours of additional out-of-class student work for each credit, which may vary from student to student.

One credit for the clinical instruction in clerkships in Clinical Applications, and courses with clinical instruction in Foundations of Medicine, represents generally a minimum of 35 hours of supervised student work with training in a clinical setting directed by the faculty. There is an expectation by the faculty of a minimum of 10 hours, and generally approximately 15 hours, of additional out-of-setting student work for each credit, which may vary from student to student.

## Registration

The medical student curriculum requires full-time participation, and all medical students are enrolled with full-time student status. The registrar registers students for courses/clerkships, holding virtual lotteries as necessary to assure equitable opportunities for all students. The medical school may use a tentative course

registration (TENT 9000) as interim designation for proposed individual fourth-year electives, such as electives being planned that are away from the medical school, until all necessary arrangements are completed and final assignments are confirmed.

## **Evaluation of Student Performance**

Individual student performance throughout the curriculum is continually monitored by the Medical Student Performance Committee, as well as the student's learning community Scholar-Advisor and designated individual mentor, who meet regularly with each student to review progress and foster habits of informed self-assessment. Student performance, as defined by the medical school, includes the entire student record, both academic performance as well as behavioral and other non-academic performance. The Medical Student Performance Committee has access to and is responsible for evaluating the entire student record, and makes determinations to ensure fairness and balance in the best interests of the student, the standards of the medical school and the curriculum, the integrity of the profession, and, most importantly, the health and safety of patients who will be treated by the school's graduates.

Students are evaluated throughout the curriculum with the expectation that they are functioning at their best and without physical, psychological, or emotional limitations or other circumstances that affect their performance. Students should seek the assistance of their Scholar-Advisor, designated individual mentor, or associate dean for Student Affairs with any concern they have about their performance or any current or developing circumstances that the student believes to have, or is likely to have, a significant adverse impact on their performance. It is important, and an expectation, that the student in a timely manner brings to the attention of their Scholar-Advisor, designated individual mentor, or associate dean for Student Affairs any individual or other circumstances or concerns that may affect their performance.

In all courses/clerkships, the course/clerkship directors are the instructors of record and assign grades at the end of each course/clerkship. Course/clerkship directors and all instructors evaluate students in a manner that is consistent, objective, fair, and unbiased using the criteria and mechanisms stated in the Medical Student Handbook and the course/clerkship syllabus.

Assessment of student learning, including course/clerkship grades, and evaluation of student performance are based solely on performance during the course/clerkship and determined independently of having met matriculation subject requirements and recommendations.

Western Michigan University Homer Stryker M.D. School of Medicine may dismiss at any time any student who fails to demonstrate satisfactory evidence of academic ability, satisfactory academic progress, earnestness of purpose, or active cooperation in all requirements.



## ***Evaluation of Students by Faculty with Health Care Provider Relationships***

Faculty and other health care professionals must recuse themselves from involvement in the academic assessment and consideration for advancement and graduation of the medical student if they have provided the medical student with sensitive health, psychiatric, or psychological care. Either the student or faculty, or both, may declare the status of any care as being “sensitive” care. No further information or clarification is required.

Faculty are required to review the list of their assigned medical students prior to the beginning of student courses/clerkships to identify conflicts of interest and resolve the conflicts with the course/clerkship director or associate dean for Educational Affairs. Faculty and all evaluators must attest as part of completing the medical student evaluation form that they have not: provided sensitive health, psychiatric, or psychological care, including as determined solely by the medical student; served as the medical student’s private tutor or designated individual mentor; or otherwise have a conflict of interest related to the medical student. Medical students may bring concerns of conflicts to course/clerkship directors or associate dean for Student Affairs, who will address the conflicts as appropriate. Faculty must not participate in course/clerkship grading or Medical Student Performance Committee review, including decisions about advancement and graduation, if they have such a conflict. Medical Student Performance Committee members must recuse themselves from both the discussion and actions for medical students for whom they have such a conflict.

### ***Medical Student Performance Committee***

The Medical Student Performance Committee has the responsibility to monitor learning and performance— academic progress as well as student behavior, and professional and personal conduct –of all medical students, and make faculty recommendations for medical student advancement and graduation. In this role, the committee is responsible for maintaining, developing, and overseeing policies regarding requirements for advancement and graduation. The Medical Student Performance Committee purview includes student misbehavior, especially if related to curricular activities, including isolated instances of student misbehavior that are not sufficiently serious to warrant dismissal. However, the Medical Student Performance Committee may take any action up to and including dismissal for failure to comply with corrective actions and remediation steps, including failure to resolve academic and/or behavioral deficiencies, or a pattern of student misbehavior. Serious student misconduct that could warrant a reprimand, probation, or dismissal, in the sole discretion of the associate dean for Educational Affairs, is generally managed through the misconduct process. The process to address student academic, non-academic, and/or behavioral deficiencies is managed generally through a “learning contract,” regardless of the scope of academic and behavioral terms of the contract. Learning contracts, as defined by the medical school, embody action plans, corrective actions, and remediation plans.

The Professionalism Subcommittee of the Medical Student Performance Committee receives and reviews all input related to student behavior, conduct, and professionalism,

which comes from course/clerkship evaluations, Report of Student Concern or Compliant (which is on the medical student portal and can be submitted anonymously as well as confidentially), Student Feedback Form (which is on the student and faculty/staff portals and can be submitted by anyone at any time), Learning and Working Environment Committees, and any documentation submitted directly to the subcommittee from the Medical Student Performance Committee, associate dean for Educational Affairs, and associate dean for Student Affairs. The Professionalism Subcommittee may act on trends and patterns of student behavior, conduct, and professionalism even if there has been satisfactory performance within each individual course/clerkship. The Professionalism Subcommittee makes recommendations, such as for learning contracts, to the Medical Student Performance Committee, which may assign the Professionalism Subcommittee with a role such as to monitor student progress and report back to the Medical Student Performance Committee.

Specifically, the Medical Student Performance Committee is responsible for:

- Making recommendations for standards for determination of satisfactory academic progress, satisfactory progress for advancement and graduation of medical students, and professionalism.
- Establishing consistent standards and methods for assessing medical student performance and correcting academic and other deficiencies of medical students.
- Monitoring learning and performance – academic progress as well as professional and personal conduct – of all medical students on a continuing basis with comprehensive assessments and formal determinations of satisfactory academic progress twice each academic year, at the conclusion of each term. This includes medical students enrolled in dual-degree programs even during the time that the medical student is primarily pursuing the second degree.
- Working in collaboration with the associate dean for Educational Affairs to identify medical students experiencing significant difficulty with academic coursework or professional or personal conduct and who require learning contracts, providing guidance to and charging the associate dean for Educational Affairs with developing learning contracts with medical students, monitoring medical student performance while subject to a learning contract, and approving completion of learning contracts. Any medical student on warning academic status requires a learning contract to be in place.
- Confirming on a continuing basis the appropriate status of medical students including advancement of medical students through the curriculum.
- Responding to student concerns regarding advancement of medical students and developing policies and procedures for learning contracts.
- Conducting a formal review of the process for any medical student dismissed from medical school through the Medical Student Performance Committee to confirm that all procedural actions were conducted fairly and in conformity with prescribed procedures. Under extraordinary circumstances, the Medical Student Performance Committee may recommend an exception to the requirement for dismissal for a medical student who is not making satisfactory academic progress, as described under “Satisfactory Academic Progress.”

- Toward the conclusion of the medical student’s academic program at the medical school and after reviewing a graduation audit prepared by the registrar and with input from the associate dean for Educational Affairs and associate dean for Student Affairs, recommending appropriate candidates to the dean for the conferral of the Doctor of Medicine degree.

The Medical Student Performance Committee follows principles that embody the academic and professional standards of the medical school for overseeing medical student academic progress and professional development. The Medical Student Performance Committee applies these principles consistently while recognizing that each medical student’s situation is reviewed on individual merit and circumstances.

- Medical students must meet all of the requirements for advancement and graduation. The committee must uphold all of the standards of the medical school while simultaneously supporting the medical student's continuation in the program by allowing appropriate corrective actions or modifications of the student’s educational activities when there is convincing evidence to the committee that the student can be successful in the program. Corrective actions and modifications of the medical student’s educational activities are incorporated into a learning contract.
- The committee weighs all aspects of a medical student's performance and should consider extenuating circumstances. The committee has the appropriate latitude to consider a variety of corrective actions to support the medical student's continuation in the medical school.
- In developing corrective actions, the committee should incorporate input and insights from the medical student on how they learn to determine which corrective actions may work best for the medical student.
- The Medical Student Performance Committee should take into account extenuating circumstances. For issues of academic performance with extenuating circumstances, the committee may permit the medical student to have the opportunity to continue in the program at the medical school. It is the responsibility of the medical student to resolve extenuating circumstances so they do not continue to interfere with the student performance in subsequent coursework. The committee may mandate a leave of absence to give the medical student additional time to resolve extenuating circumstances, and may recommend dismissal if it is evident that the medical student is unable to perform at an acceptable level, or is unable or unwilling to resolve extenuating circumstances.

The Medical Student Performance Committee reviews the aggregated and individual performance records of all medical students on a continuing basis, and conducts formal hearings of individual medical students with significant academic and other deficiencies, and of medical students dismissed from medical school. Medical Student Performance Committee members shall not serve in a principal role for providing remediation or implementing learning contracts, and must maintain a clear demarcation of their role on the Medical Student Performance Committee to evaluate medical student learning and performance.

Medical Student Performance Committee members must recuse themselves from both the discussion and vote for actions for medical students whose performance is being reviewed by the Medical Student Performance Committee and for whom they have: provided the medical student with sensitive health, psychiatric, or psychological care, including as determined solely by the medical student; served as the medical student's private tutor or designated individual mentor; or otherwise have a conflict of interest related to the medical student.

Medical students who have a formal hearing scheduled by the Medical Student Performance Committee because of academic and other deficiencies must meet with the committee, and are accorded the following rights:

- To be notified by email at least two days in advance of the formal hearing.
- To request and receive from the chair of the Medical Student Performance Committee a written list of the student's deficiencies that necessitated the formal hearing.
- To have an opportunity to discuss their academic or other deficiencies with their Scholar-Advisors or designated individual mentor.
- To submit a written proposal before the formal hearing for consideration by the Medical Student Performance Committee for a program of corrective and remedial actions and time lines.
- For any case managed through the Medical Student Performance Committee involving potential suspension or dismissal from the medical school, to appear in person at the scheduled Medical Student Performance Committee meeting during the presentation of their case prior to the closed deliberation of the committee. Students appearing before the committee may also have one faculty member attend the presentation of the case as an advocate for the student.

The Medical Student Performance Committee may *require* any corrective actions and remediation steps, and stipulate the time limits to address academic and other deficiencies. The Medical Student Performance Committee may *recommend* that the medical student have any combination of actions and steps including but not limited to tutoring, mentoring, coaching, psychological or other professional evaluation, diagnostic testing to assess potential learning differences and evaluation for eligibility of accommodation, and counseling. The medical student is responsible for all additional costs that might be incurred to fulfill the actions and steps, whether required or recommended. For medical students with repeated failures to remediate academic and/or behavioral deficiencies or failure to comply fully with the learning contract, the committee may require a mandatory leave of absence as part of a revised learning contract, if believed to be of benefit to the medical student, or impose an action of dismissal from the medical school for career redirection. The action of dismissal by the Medical Student Performance Committee may be appealed by the medical student to the Student Appeals Committee.

The medical student receives a written report of the outcome of the hearing from the chair of the Medical Student Performance Committee generally within 10 working days. The associate dean for Educational Affairs is responsible for implementing the decisions

and corrective actions of the Medical Student Performance Committee. Corrective actions are typically implemented in the form of a learning contract with the associate dean for Educational Affairs, who provides periodic reports of medical student progress of compliance with the learning contract to the Medical Student Performance Committee. The learning contract may stipulate requirements for satisfactory academic requirements that are more stringent than, but not less stringent than, the usual requirements. Failure to comply fully with the learning contract and required time lines may result in additional actions by the Medical Student Performance Committee, up to and including dismissal from the medical school.

Actions stipulated by the Medical Student Performance Committee may be implemented as final actions by the associate dean for Educational Affairs upon receipt of the written report from the committee. The medical student may appeal the final action of advancement, graduation, suspension, and dismissal to the Student Appeals Committee. Final actions are not permanent until the appeal deadline has passed, the appeal process is exhausted, or the medical student provides notice in writing of a decision not to appeal.

### ***Student Appeals Committee***

Medical students may appeal: a decision of the Medical Student Performance Committee and action of the associate dean for Educational Affairs regarding advancement, graduation, suspension, and dismissal; a decision of the associate dean for Student Affairs to refuse to permit a student to return from an approved leave of absence; and sanctions of a misconduct process. Grades as well as learning contracts (ie, corrective actions and remediation plans) are not subject to appeal to the Student Appeals Committee.

Final actions that are subject to medical student appeal are not implemented until the appeal deadline has passed, the appeal process is exhausted, or the medical student provides notice in writing of a decision not to appeal.

### ***Appeal Process***

A request for an appeal must be submitted in writing or by email to the associate dean for Educational Affairs within five working days of the notice of the final action of the Medical Student Performance Committee, associate dean for Student Affairs, or Investigation Committee. A request for an appeal must meet two conditions: (1) cite the basis of the appeal; and (2) provide sufficient and detailed information to support the appeal. Failure to meet these conditions, in the sole discretion of the Student Appeals Committee, shall be sufficient cause for the Student Appeals Committee to deny an appeal.

Within 10 working days of receipt of a written or email request from the student for an appeal, the Student Appeals Committee shall convene to review the final action and the appeal. The appeal process shall be limited to a review of the record and supporting documents of the initial review except for new information that was not known to the

student at the time of the review and that was provided also by the student with the request for the appeal.

Student Appeals Committee members must recuse themselves from participating in the appeal process for students for whom they have: provided the medical student with sensitive health, psychiatric, or psychological care, including as determined solely by the medical student; served as the medical student's private tutor or designated individual mentor; or otherwise have a conflict of interest related to the medical student. The dean shall appoint another faculty member to serve on the Student Appeals Committee, if needed, for the appeal process for the student.

The Student Appeals Committee, in the sole discretion of the Student Appeals Committee, may offer the student an opportunity to meet with the Student Appeals Committee. The Student Appeals Committee is not required to meet with the student.

The following are the only accepted bases for review by the Student Appeals Committee:

- To determine whether the review was conducted fairly and in conformity with prescribed procedures.
- To determine whether the decision reached regarding the actions of the student was based on sufficient information. That is, to determine whether the facts in the case were sufficient to establish that it is more likely than not that the medical student's actions were not in alignment with medical school academic requirements or policies, and that the student bore responsibility.
- To determine whether the sanction(s) imposed or final actions were appropriate for the medical student's actions.
- To consider new information sufficient to alter a decision, that was not available at the original review because such information was not known to the student at the time of the original hearing.

Upon consideration of the request for an appeal, the Student Appeals Committee may:

- Determine not to review the case as the appeal was not submitted within the required time limit, or the basis for the appeal lacks merit. The process is closed and the findings and sanctions by the Medical Student Performance Committee, associate dean for Educational Affairs, or Investigation Committee stand as the final action.
- Review the case, and deny the appeal. The process is closed and the findings and sanctions by the Medical Student Performance Committee, associate dean for Educational Affairs, or Investigation Committee stand as the final action.
- Review the case, and require that the Medical Student Performance Committee, associate dean for Student Affairs, or Investigation Committee, as appropriate, review the case again based on the availability of new information that was not available at the time of the original hearing. The outcome of the subsequent review of the case by the Medical Student Performance Committee, associate dean for Student Affairs, or Investigation Committee is also subject to appeal by the student.

- Review the case, and reverse or modify the findings or sanctions that constitute the final action, which may be based on a modified finding of responsibility of the student for any or all actions. The process is closed and the modified findings and sanctions by the Student Appeals Committee stand as the final action.

## **Course/Clerkship Requirements and Sequencing**

All required courses/clerkships, including at least the minimum number of elective courses/clerkships, required activities, and other requirements must be completed satisfactorily before a student can be recommended for graduation.

With prior approval of the associate dean for Educational Affairs, one third-year clerkship other than Medicine or Surgery may be deferred until the fourth curricular year. Such deferment will be considered only when the student has consistently demonstrated good academic performance to date, has not had any non-academic performance issues, and when the curricular change poses no significant problem for affected departments, clinical services, or scheduling for other students. Students begin the deferred third-year clerkship at the first opportunity following the USMLE Preparation and Examination course. If the reason for requesting a deferment is to permit early scheduling of research or clinical experience particularly relevant to career planning:

- the student must still meet all prerequisites that may be required to be eligible for the requested elective experience; and
- the elective experience must qualify for academic credit according to the usual criteria of the medical school.

Any other exceptions to the usual course sequencing must be in the context of a learning contract that is approved by the Medical Student Performance Committee.

Any changes to the usual curricular sequence shall not change in any way the graduation requirements of the MD program nor shorten or change in other way the requirements of a deferred course/clerkship.

## **Testing Standards**

For computer-based examinations, students must bring their own laptop to the examination. Loaner laptops are available from the library but availability at all times is not assured. If sufficient loaner laptops are not available, students who do not bring their own laptop or whose laptop has an unauthorized operating system or software may be rescheduled to take the examination later that day or another day using a loaner laptop.

Unauthorized items may not be brought into the testing room. Unauthorized devices include but are not limited to:

- Mechanical or electronic devices such as cell phones, tablets, pagers, calculators, watches of any type, recording or filming devices, iPods/media players, radios, fitness and tracking monitors, and any device with transmitting or receiving capabilities (eg, Bluetooth);
- Outerwear, such as coats, jackets, head wear, and gloves;
- Book bags, backpacks, handbags, and briefcases;
- Notes, written materials, and scratch paper;
- Food, candy, gum, and beverages.

All personal items are subject to inspection and may be prohibited in the testing room.

Students desiring noise reduction may bring and use soft-foam earplugs, which must be removed from the packaging and available for inspection by testing room staff.

Once the student begins an examination, the score will be recorded at the end of the scheduled time regardless of whether the student feels they have had sufficient time to complete, or if they leave the test room and terminate the test for any reason.

### ***Test Seating Standards***

For web-based tests and summative evaluations, such as the comprehensive final examination for each course, examinees are positioned such that examinees can neither communicate nor observe the computer monitor of other examinees. Examinees all face forward with a minimum four-foot separate between each examinee, both side-to-side and back-to-back. For tables eight feet or more in length, two examinees can be seated at a table, one examinee toward each end. For tables less than eight feet in length, one examinee is seated at each table near the center. This examinee positioning is used both for rooms with level and elevated seating.

In addition to separation by spacing, privacy dividers are used to separate each student for summative examinations.

When used for testing, proctors must be present in the room and must have an unobstructed, well-lighted view using normal room lighting of the student and their entire test area, and unimpeded access to every examinee.

Medical school test seating standards meet the requirements of the National Board of Medical Examiners (NBME) for web-based testing.

### **Grading System**

In all courses/clerkships, the course/clerkship directors are the instructors of record and assign grades in a manner that is consistent and objective using criteria and mechanisms that are provided to students in the Medical Student Handbook and the course/clerkship syllabi. Grading is based on performance that meets or exceeds established criteria and incorporates psychometrics and performance metrics to evaluate student assessment methods. Students in the medical education program



complete most components of the Foundations of Medicine phase of the curriculum (years 1 and 2) in the same location and with the same faculty members, simplifying application of a single standard for advancement to Clinical Applications. Some clinical elements of the Foundations of Medicine phase of the curriculum and the Clinical Applications phase of the curriculum (Years 3 and 4) occur in multiple clinical settings. The use of standardized assessment policies and processes and training of preceptors/evaluators in the use of assessment instruments assures that students are evaluated comparably in different clinical training sites.

Grading of student performance in required and elective courses is criterion-based and incorporates both quantitative and qualitative measures of components in each course/clerkship. Only the course/clerkship grades are part of the permanent student record. Grades reflect the amalgam of all course measures and are based on individual student performance that meets or exceeds established criteria, not solely based on how other students perform. The grading system itself incorporates psychometrics and performance metrics to evaluate and improve the student assessment methods that are used. The passing standard is high for courses/clerkships and students are challenged to excel in a group-oriented learning and working environment.

Two grades of credit (Pass and Fail/Pass) and three grades of non-credit (Incomplete, Fail, and Withdrawal) are recognized for required and elective courses in Foundations of Medicine, and Profession of Medicine courses. Three grades of credit (Honors, Pass, and Fail/Pass) and three grades of non-credit (Incomplete, Fail, and Withdrawal) are recognized for required and elective clerkships in Clinical Applications.

One grade of credit (Pass) and three grades of non-credit (Incomplete, Fail, and Withdrawal) are recognized for the courses of Transition to Medical School, Transition to Clinical Applications, USMLE Examination and Preparation, Transition to Residency, and Introductory Clinical Experiences courses.

Two grades of credit (Pass, and In Progress) and three grades of non-credit (Incomplete, Fail, and Withdrawal) are recognized for the course of Advances and Perspectives in Medicine.

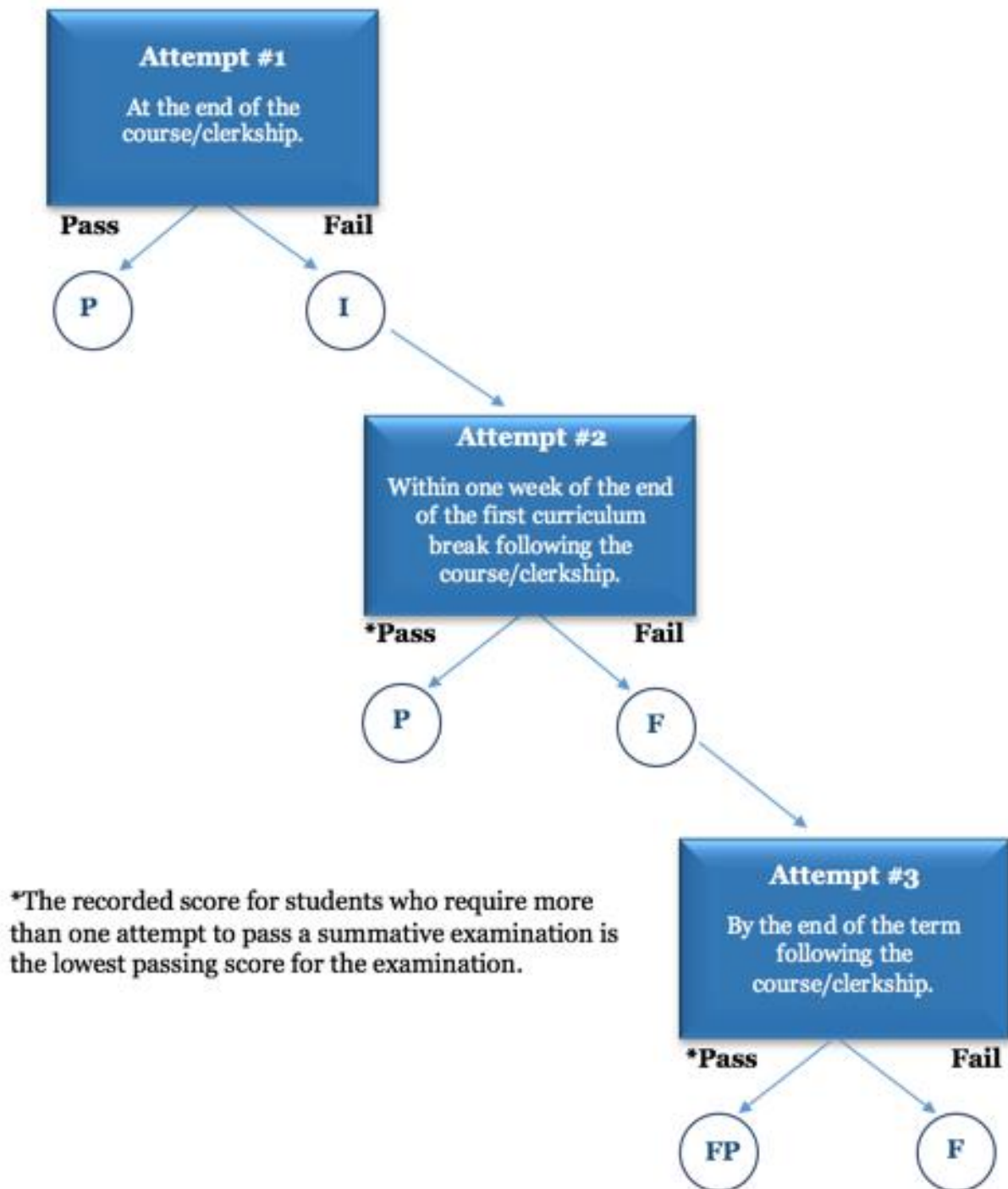
Two levels of credit (complete, and complete with commendation) and one level of non-credit (incomplete) are recognized for each of the four required student activities.

The designation “Fail/Pass,” which is shown on the transcript as “FP,” designates an initial course grade of Fail resulting from not achieving a passing score on a course/clerkship summative examination within two attempts followed by passing score on the third attempt, thereby successfully remediating that course/clerkship grade component(s) and, if all other components of the course/clerkship have been satisfactorily completed, achieving a course/clerkship grade of Pass. The recorded score for students who require more than one attempt to pass a summative examination is the lowest passing score for the examination. The final grade designation is Fail/Pass (FP), which is a passing course/clerkship grade and is for credit. An initial grade of Incomplete based on unsatisfactory performance for professionalism as component of a

course/clerkship is managed in a similar manner and timeframe as for a grade of Incomplete or Fail for a summative examination. Unsuccessful remediation of one or more course/clerkship grade components results in a final course/clerkship grade of Fail (Figure 10). Transcripts of students who fail a course/clerkship and must remediate by taking the entire course/clerkship again will show multiple course/clerkship entries, with each entry showing a final course/clerkship grade.

Grade point averages for medical students are not calculated, provided, or reported.

Figure 10. Grade consequences of failing a course/clerkship summative examination (assuming passing all other course/clerkship components). Grades are shown in circles.



## **Grade Definitions**

### *Honors*

The grade of honors (H) is awarded only in Clinical Applications clerkships and recognizes performance that significantly exceeds clerkship requirements as defined by the criteria in the clerkship syllabus. The honors student demonstrates performance with distinction in each major component of the clerkship: 1) engagement and professionalism with no unapproved absences during the clerkship, and no significant or repeated behavior that raises concerns; 2) clinical performance; 3) summative clinical examinations; and 4) summative written examination. The grade of honors generally is awarded to no more than the highest quartile of all students. Students requiring remediation on any component of summative assessments are not eligible for the clerkship grade of honors.

### *Pass*

The grade of pass (P) is assigned if the student's performance meets minimum course/clerkship requirements as defined by the criteria in the course/clerkship syllabus.

### *Fail*

The grade of fail (F) is assigned if the student's performance fails to meet the minimum requirements for completing a course/clerkship as defined in the Medical Student Handbook and the course/clerkship syllabus, or if the student:

- Has failed once the summative written examination, anatomy examination, OSCE, or other scored component for a course/clerkship, and has not attempted the second examination as scheduled by the course director, generally within one week of the end of the first curriculum break following the initial failed examination.
- Has failed twice the summative written examination, anatomy examination, OSCE, or other scored component for a course/clerkship. Under these circumstances, the grade is subject to change to the designation fail/pass (FP), which is a passing course/clerkship grade and is for credit, if the student passes the summative examination on the third attempt as scheduled by the course/clerkship director within the term following the course/clerkship. The recorded score for students who require more than one attempt to pass a summative examination is the lowest passing score for the examination.
- Has failed three times the summative written examination, anatomy examination, OSCE, or other scored component for a course/clerkship. Under these circumstances the grade of fail is final and is not subject to change. The student is not making satisfactory academic progress and is subject to dismissal from the MD program. If the Medical Student Performance Committee makes an exception and permits the student to retake the course, or if the student is readmitted to the MD program, the entire course/clerkship must be repeated

meeting all course/clerkship requirements in the repeated course/clerkship to obtain credit for the course/clerkship.

- Has failed the assessment for the clinical performance component of a clerkship.
- Has failed to meet the minimum conduct for professionalism required for the course/clerkship, which includes personal and professional conduct that is entirely in accordance with the Code of Professional Conduct and other medical school policies and procedures.
- Has failed to complete for any reason all of the requirements of a course/clerkship including successfully remediating all required events, and achieve a passing grade, within the term following the course/clerkship.
- Withdraws after the start of a course/clerkship without the prior written approval of the associate dean for Student Affairs.

### *Incomplete*

The grade of incomplete (I) is assigned if the student:

- Has absences, regardless of the reason for the absences, or required components of a course/clerkship that have not been satisfactorily remediated by the end of the course/clerkship or as rescheduled by and to the satisfaction of the course/clerkship director. The remediation must be taken as scheduled by the course director, generally within one week of the end of the first curriculum break following the course/clerkship, or the grade for the course/clerkship is changed from incomplete to fail.
- Has not taken as scheduled the summative written examination, anatomy examination, OSCE, or other scored component for a course/clerkship. The student is eligible to take the examination as scheduled by the course director before receiving a final course grade. The examination must be taken as re-scheduled by the course director, generally within one week of the end of the first curriculum break following the initial failed examination, or the grade for the course/clerkship is a non-credit grade of fail.
- Has taken and failed once the summative written examination, anatomy examination, OSCE, or other scored component for a course/clerkship. The student is eligible to take a second examination before receiving a course grade. The second examination must be taken as scheduled by the course director, generally within one week of the end of the first curriculum break following the initial failed examination, or the grade for the course/clerkship is changed from incomplete to fail. A student is generally only eligible to take a second course/clerkship summative examination in a maximum of three courses within two consecutive terms during Foundations of Medicine, or a maximum of two clerkships within two consecutive terms during Clinical Applications. The recorded score for students who require more than one attempt to pass a summative examination is the lowest passing score for the examination.

The course/clerkship director communicates the basis for the grade of incomplete to the student with feedback concerning the completed portion of the course/clerkship and the process and timetable for completing the course/clerkship requirements.

It is an expectation that medical students who receive a grade of incomplete in a course/clerkship will meet regularly, such as daily, with the course/clerkship director and/or other faculty designated by the course/clerkship director during the one week of the first curriculum break as part of their individual effort to achieve a grade of pass. Course/clerkship directors and faculty provide additional learning guidance and support for these students. It is the student's responsibility to avail themselves of this additional guidance and support.

A grade of incomplete that is not changed to a grade of honors, pass, fail, or withdrawal within three weeks of the end of the course/clerkship requires meeting with the Medical Student Performance Committee and establishing a learning contract that outlines a path to resolve the grade of incomplete in a timely manner. A course/clerkship grade of incomplete must be changed to a grade of honors, pass, or fail by the end of the term following the term in which the course/clerkship was taken.

The grade of incomplete is changed to the grade of pass, or possibly the grade of honors for a clerkship, when the student satisfactorily completes all required work for the course/clerkship within the time period granted for the extension and satisfactorily meets all other requirements. If the student has not completed the required work in a satisfactory manner within the time period granted for the extension, and in no case later than the term following the course/clerkship or four weeks before graduation, whichever is earlier, the grade of incomplete is changed to a final grade of fail.

### *Fail/Pass*

The grade of fail/pass (FP) is assigned if the student has failed twice the summative written examination, anatomy examination, OSCE, or other scored component for a course/clerkship, and then passes the examination on the third attempt as scheduled by the course/clerkship director within the term following the term in which the course/clerkship was taken. The recorded score for students who require more than one attempt to pass a summative examination is the lowest passing score for the examination.

### *In Progress*

The grade of in progress (IP) is assigned only in Advances and Perspectives in Medicine, which is delivered over two contiguous terms each year. This grade is for credit and assigned to signify satisfactory academic progress with work in progress at the end of term one. The final grade for the course is assigned at the end of term two and is posted for both terms.

### *Withdrawal*

The grade of withdrawal (W) is assigned and no credit is received when a student officially requests and withdraws from a course while in good academic standing and upon recommendation of the associate dean for Educational Affairs, or is withdrawn by the medical school for excessive or extended absenteeism.

## Evaluation Intervals

Frequent interim formative evaluative comments from the faculty directly to the student are required during all courses/clerkships, and students share in the responsibility for facilitating such feedback. Faculty are required to communicate to each student information concerning the student's performance and, as appropriate, recommendations for improvement at regular intervals during the course/clerkship. A written narrative mid-course/mid-clerkship evaluation is provided to the student by the course/clerkship director for all courses/clerkships of two or more weeks in duration, with the exception of seminars courses. The evaluation may be provided in writing or faculty may meet with the student personally to discuss the mid-course/mid-clerkship evaluation. Mid-course/mid-clerkship evaluations are also made available to the student's Scholar-Advisors and designated individual mentor to facilitate academic advising. Mid-course/mid-clerkship grades are not reported on the final student transcript. The course/clerkship director of any student receiving an unsatisfactory mid-course/ mid-clerkship evaluation notifies the associate dean for Educational Affairs immediately.

## Student Assessment

Assessment is an interactive process between students and faculty that informs faculty how well their students are learning what they are teaching. Each course/clerkship has both formative and summative assessments. Formative assessments are learning tools that are learner-centered and course/clerkship-based that are given during the learning process and do not contribute to the final course/clerkship grade. Summative assessments are assessments of learning, and not a learning tool, and are given typically near the end of the course and always contribute to the final course/clerkship grade. Course/clerkship grades may reflect components other than course content and mastery level, including discussions, cooperation, interpersonal skills, attendance, engagement, and professionalism.

Specific questions and answers of summative examinations are not shared with students in order to maintain confidentiality of examinations for future use. This practice mirrors USMLE and other summative licensing examinations that students will take during their entire career where they will not receive specific feedback nor have an opportunity to review the questions and answers. Students need to learn the skill to assess and reflect on their examination performance knowing only their total score, and sometimes scores on subsets of the examination, and without being able to review the actual questions and answers.

Some of the summative assessments such as Application Exercises, iRATs, and gRATs are also expected to be used formatively by students. Additional formative-only assessments are included in each course and include weekly formative examinations, quizzes in iBooks and online modules, and quizzes using the audience response system.

There is mid-course narrative feedback from the course/clerkship directors. Narrative formative feedback about student performance, including non-cognitive achievement, is

a central component of the clinical skills and active citizenship components of the Profession of Medicine courses, Introductory Clinical Experiences courses, and all clerkships, and is included in the foundations courses and organ-based courses for course components where teacher-student interaction permits this form of assessment.

### ***Student Assessment for Foundations Courses and Organ-Based Courses***

The final grade for foundations courses (five courses) and organ-based courses (seven courses) is determined by the following assessments:

- Professionalism.
- Explorations assessments.
- TBL group work for the Application Exercises.
- TBL Individual Readiness Assurance Tests (iRATs).
- TBL Group (or Team) Readiness Assurance Tests (gRATs).
- Anatomy laboratory quizzes and examinations.
- Summative course examination using NBME or NBME-style questions.

Students must pass each course component individually to achieve a course grade of pass. Minimum requirements for pass are established for each academic component of each course separately based on the curriculum content of the course. Failure to meet the minimum requirements for pass on one or more components results in a course grade of incomplete. Components may be remediated individually or collectively, which is specified in the learning contract as part of the remediation plan.

Table 7. Schema for Grading Student Performance for Foundations Courses and Organ-based Courses

Item	Weighting
Engagement and Professionalism	Minimum of satisfactory
Explorations	Minimum of pass in each event
TBL application exercises	Minimum of pass in each event
TBL iRATs	15%
TBL gRATs	5%
Anatomy laboratory (in BIOM 7220 and BIOM 7240)	
Quizzes	Minimum of pass for each quiz
Examinations	10%
Summative examination	70%

Note: Students must pass each course component individually to achieve a course grade of pass. For courses that do not include anatomy, the percentages of the other three scored components are increased proportionately in the calculation of the course score.

### ***Student Assessment for Introductory Clinical Experiences (ICE) Courses***

Students are directly observed and provided feedback by the preceptors at each site. Because of the wide variety of experiences and limited interactions with the same preceptor, narrative evaluations are provided at the end of the course but not as a



mid-course narrative evaluation. The final grade for Introductory Clinical Experiences courses is determined by assessment of engagement and professionalism in each course component:

- Primary Care (Family Medicine, Pediatrics, Internal Medicine).
- Community Experiences (Emergency Care, Community Care).
- Longitudinal Clinical Experience.
- Interprofessional Experiences.

The courses are graded as pass/fail. Students must pass each of these three components individually to achieve a course grade of pass. Minimum requirements for pass are established for each component of each course separately based on the curriculum content of the course. Failure to meet the minimum requirements for pass on one or more components results in a course grade of incomplete or fail. Components may be remediated individually or collectively, which is specified in the learning contract as part of the remediation plan.

### ***Student Assessment for Profession of Medicine Courses***

Narrative formative feedback about student performance, including non-cognitive achievement, is a central component of the clinical skills and active citizenship components of the Profession of Medicine courses.

The final grade for Profession of Medicine courses is determined by the following assessments:

- Clinical Skills.
- Active Citizenship in Community Health.
- Principles of Profession of Medicine.

Students in the first year are introduced, in the courses Transition to Medical School (including Medical First Responder) and Profession of Medicine, to the clinical skills concepts at the reporter stage. Students in the second year, in the courses Profession of Medicine and Transition to Clinical Applications, further develop these skills and are expected to be functional reporters by the end of the second year. Second-year students are also introduced to interpreter skills, with the expectation that they will advance their skills during the third-year clerkships.

The courses are graded on a pass/fail basis. Students must pass each of these three components individually to achieve a course grade of pass. Minimum requirements for pass are established for each component of each course separately based on the curriculum content of the course. Failure to meet the minimum requirements for pass on one or more components results in a course grade of incomplete or fail. Components may be remediated individually or collectively, which is specified in the learning contract as part of the remediation plan.

Table 8. Schema for Grading Student Performance for Profession of Medicine Courses 7310, 7312, 7320, and 7322

Item	Pass	Weighting
Engagement and Professionalism	Minimum of satisfactory	
Principles of Profession of Medicine		
Quality Improvement	Minimum of pass for each event	
Medical Spanish (in PROF 7320 and PROF 7322)	Minimum of pass	
Library Searches	Minimum of pass for each event	
Summative examinations	Minimum of pass for each examination	
Clinical Skills		
OSCE	Minimum of pass for each event	60%
Standardized patient encounters	Minimum of pass for each event	20%
History and physical examinations	Minimum of pass for each event	20%
Simulation cases	Minimum of pass for each event	
Reflections	Minimum of pass for each event	
Active Citizenship in Community Health		
Active citizenship project (in PROF 7322)	Minimum of pass	
Reflections	Minimum of pass for each event	

Note: Students must pass each course component individually to achieve a course grade of pass.

Table 9. Schema for Grading Student Performance for Profession of Medicine Courses 8330 and 8322

Item	Pass	Weighting
Engagement and Professionalism	Minimum of satisfactory	
Principles of Profession of Medicine	Minimum of pass for each event, either a reflection or narrative response	

Note: Students must pass each course component individually to achieve a course grade of pass.

### ***Student Assessment for Clinical Applications Clerkships***

The assessment for all clerkships includes assessment by the clinical site supervisors. For all six third-year clerkships and for selected fourth-year clerkships, a summative examination is given. The six third-year clerkships also include a discipline-specific OSCE. The clerkship grade of Honors/Pass/Fail is based on evaluation of all components of the clerkship. Clerkship grades may reflect components other than clerkship content and mastery level, including discussions, cooperation, interpersonal skills, attendance, engagement, and professionalism.

#### ***Assessment of the Clinical Component***

The medical school uses the RIME framework (Pangoro L: A new vocabulary and other innovations for improving descriptive in-training evaluations. *Acad Med* 1999;74:1203-

1207) to evaluate student performance in clinical care (Table 10). The RIME framework is based on the progress of the student through a sequence of four developmental stages:

- Reporter
- Interpreter
- Manager
- Educator

The RIME stage descriptions and criteria for each stage as implemented by the medical school are specific to medical student education. Different guidelines using the RIME framework may be used for other learners, such as residents and fellows.

Narrative feedback about student performance, including non-cognitive achievement, is a central component that is required for third-year and fourth-year clerkships.

Students in the first year are introduced, in the courses Transition to Medical School (including Medical First Responder) and Profession of Medicine, to the clinical skills concepts at the reporter stage. Students in the second year, in the courses Profession of Medicine and Transition to Clinical Applications, further develop these skills and are expected to perform at the “Functional Reporter” stage by the end of the second year. Second-year students are also introduced to interpreter skills, with the expectation that they will advance their skills during the third-year clerkships.

Students in the third-year clerkships must perform at the “Functional Reporter” stage to achieve a grade of pass. Third-year students with consistently strong reporting and interpreting skills who function generally at the “Excellent Reporter, Good Interpreter” stage, or better, demonstrate performance indicative of Honors distinction in the clinical performance component of the clerkship.

Students in the fourth-year clerkships must function generally at the “Proficient Reporter-Interpreter, Beginning Manager” stage to achieve a grade of pass. Fourth-year students with consistently strong manager skills demonstrate performance indicative of Honors distinction in the clinical performance component of the clerkship.

The RIME stage descriptions and criteria are adapted from: Holmboe ES, Hawkins RE: Practical guide to the evaluation of clinical competence. Mosby, 2008.

- Reporter
  - Focus at this stage: Reliable, accurate, complete data gathering and presentation of clinical information.
  - Emphasis on the S/O (Subjective/Objective) components of SOAP.
  - The student is able to answer the “What” questions (eg, What is the patient’s blood pressure? What are the medications the patient taking? What findings are present on physical examination?).
  - Students are expected move through the reporter stage during clinical training in Foundations of Medicine.

- Interpreter
  - Focus at this stage: Diagnostic reasoning.
  - Emphasis on the A (Assessment) component of SOAP.
  - The student can answer the “Why” and “What” questions (Why does this patient have chest pain? What does this exam finding mean?)
  - Able to analyze and prioritize patient problems.
  - Begins to connect how details fit together.
  - Data gathering and reporting become more purposeful, more focused on pertinent positive and negative information and exploring diagnostic possibilities.
  - Students are expected to move into the interpreter stage during the third-year clerkships.
- Manager
  - Focus of this stage: Treatment planning including diagnostic testing and therapy.
  - Emphasis on the P (Plan) component of SOAP.
  - Student can answer the “How” and “What’s Next” questions. (How do we solve or treat this clinical problem? What do we need to do next for the patient?)
  - Data gathering and decision-making become more flexible, individualized and patient centered. The student thinks critically about recommendations and takes a more sophisticated approach to using medical literature to support patient care, and consistently proposes reasonable options incorporating patient preferences.
  - The student at this stage takes primary responsibility for ensuring patient’s well-being and ensuring that care plans are carried through. Patients, fellow team members, and staff view the student as a key provider.
  - Students are expected to move into the manager stage during the fourth-year advanced clerkships.
- Educator
  - At the Educator stage students:
    - Reflect on experiences to identify learning needs.
    - Define important questions to address and learn about in more depth.
    - Can critically apply knowledge to specific patient circumstances.
    - Take full ownership for self-improvement including soliciting multisource feedback from patients, peers and educators that is used by the student to improve performance.
    - Share new learning with others.
  - Features of the educator stage are threaded as developing traits through all other stages.

Table 10. Third-year clerkship Clinical Performance Assessment

<b>Professional:</b>	Reliable, responsible, effective team member, respectful of others' values, punctual, respectful of staff-peers-patients-families, appropriate attire, appropriate demeanor and comportment.
<b>Reporter:</b>	Owens facts, accurately and independently; uses appropriate terminology; interacts professionally; consistent and reliable in carrying out responsibilities.
<b>Interpreter:</b>	Takes ownership of explaining patient findings; demonstrates ability to identify and prioritize problems; offers reasonable explanations for new problems; generates and defends differential diagnoses with data.
<b>Manager:</b>	Exhibits confidence and ability to make patient management decisions; proficiently tailors individualized patient plans; demonstrates sound interpersonal and procedural skills; shows increasing confidence, skill, organization, maturity.
<b>Educator:</b>	Functions beyond basics; reads deeply, sharing new learning with others; derives relevant clinical questions; finds best evidence to answer questions; applies the information to patients; confidence to lead and educate other health care team members.

Engagement and Professionalism	Year	Unacceptable	Acceptable	As Expected	Better Than Expected	Superior	Role Model
Conduct and Behavior	3 & 4	Disregards boundaries: touches or communicates with patient/colleague inappropriately. Lacks responsibility. Complains about assignments/requests. Judgment/hostility shown to specific individuals/groups with no initiative to correct situation. Overly casual/critical. Little self-motivation. Fails to complete required work.	Shows professional behavior in events (e.g., not talking out of turn, avoiding non-session related activities such as online shopping and use of phones, respectful when addressing faculty or peers) and in patient contacts. Accepts constructive criticism well. Listens politely to personal views and opinions of differing views. Hesitant or resistant to critically reflect on own personal views. Appropriate attire.	<b>Previous, and</b> shows integrity in professional behavior. Interacts with patients/faculty/colleagues in an appropriate manner. Accepts constructive criticism and incorporates feedback for self-improvement. Demonstrate high standard of mental and emotional behavior. Self-motivated. Punctual to scheduled events.	<b>Previous, and</b> always puts patient's interests first. Consistently demonstrates altruistic attitude during all activities. Empathetically listens in a non-judgmental manner. Acknowledges the perspectives of others. Demonstrates willingness to critically analyze one's personal views. Actions demonstrate respect, integrity and honesty. Willingly acknowledges errors.	<b>In addition to previous,</b> able to identify and discuss opportunities for improving level of professionalism in her/his behavior (emotional intelligence applied to interactions and social situations).	<b>In addition to previous,</b> able to discuss how he/she may apply knowledge of emotional/social intelligence to making behavioral change (will ask for observation and assessment of behaviors to further personal change).

EPA	Year	Needs Improvement Not Reporter	Functional as Reporter Only	Good Reporter, Beginning Interpreter	Excellent Reporter, Good Interpreter	Proficient Reporter-Interpreter, Beginning Manager	Proficient Reporter-Interpreter, Competent Manager
1. Gather history, perform physical examination	3 & 4	<p>Fails to collect history in an organized logical fashion.</p> <p>Fails to tailor exam to chief complaint.</p> <p>Misses key physical exam findings.</p> <p>Has difficulty recognizing recurring patterns of information.</p> <p>Fails to anticipate or read other's emotions.</p> <p>Displays lapses in professional conduct.</p> <p>Unable to articulate or fails to demonstrate key components of HIPPA.</p> <p>Struggles with stereotyping others.</p>	<p>Uses a prioritized, organized manner to gather complete and accurate history and physical without supervision.</p> <p>Tailors exam to the clinical situation and specific patient.</p> <p>Overly reliant on secondary data.</p> <p>Jumps to conclusions without probing.</p> <p>Generalizes based on patient's age, gender, culture, race, etc.</p>	<p><b>Previous, and</b> obtains secondary source data when needed.</p> <p>Increased knowledge base allowing more connections, pattern recognition, and clinical reasoning yet inconsistent at developing care plan.</p> <p>Communicates with patients and families avoiding medical jargon.</p> <p>Respectful of patient privacy and confidentiality.</p>	<p><b>Previous, and</b> able to integrate scientific foundations of medicine with clinical reasoning skills to guide information gathering.</p> <p>Demonstrates good interpersonal skills when obtaining clinical findings simultaneously with prioritizing and analyzing patient's problems.</p> <p>Performs robust physical exam.</p>	<p><b>Previous, and</b> demonstrates patient-centered interview skills.</p> <p>Demonstrates patient-centered examination techniques.</p> <p>Links signs and symptoms of current patient to previous patients.</p> <p>Demonstrates clinical reasoning in gathering focused information relevant to patient care.</p>	<p><b>In addition to previous,</b> able to change course during performance of the history and physical (in response to context, patient/family needs, attitude, request, etc.) adapting to the situation to assure collection of necessary data.</p>
2. Prioritize differential diagnosis from clinical encounter	3 & 4	<p>Communicates with rules-based recitation of facts.</p> <p>Gathers too little information or uses a template.</p> <p>Fails to apply biophysical principles and/or clinical science principles to common conditions and basic care.</p> <p>Fails to apply epidemiologic principles to common conditions and basic care.</p> <p>Does not match communication tool to situation.</p>	<p>Consistently uses communication strategies and tools appropriate for clinical situation.</p> <p>May make errors in clinical reasoning.</p> <p>Able to identify the most likely possible diagnoses.</p> <p>Lacks consistency in developing differential and working diagnoses.</p>	<p><b>Previous, and</b> communications show evidence of synthesizing information from previous records, history and physical exams.</p> <p>Effectively communicates a patient's story and makes a differential.</p> <p>Recognizes limitations and seeks help for patient's sake.</p> <p>Recognizes uncertainty when deliberating diagnostics.</p>	<p><b>Previous, and</b> at appropriate level, applies biophysical scientific principles and clinical science knowledge to common medical and surgical conditions.</p> <p>Integrates patient data to formulate an assessment.</p> <p>Develops and prioritizes a list of potential diagnoses.</p> <p>Develops and clearly communicates differential diagnosis.</p>	<p><b>Previous, and</b> articulates management plan based on well-reasoned differential diagnoses.</p> <p>At an appropriate level, applies epidemiologic knowledge to common medical and surgical conditions.</p> <p>Continuously reflects and updates diagnoses.</p>	<p><b>Previous, and</b> reasoning process as documented or described indicates recognition of probabilities based upon H&amp;P, explaining contingencies for management decisions.</p>

3. Recommend and interpret common diagnostic and screening tests	3 & 4	Lacks comprehension of pre-test probability and test-performance characteristics. Does not filter clinical facts when presenting. Displays personal biases. Does not consider patient's specific circumstance. Not familiar with health maintenance concepts. No consideration of population health or cost issues in care.	Needs assistance with interpreting basic diagnostic tests. Not consistent at recognizing recurring patterns. Communicates in respectful tone. Rarely uses medical jargon when talking with patient/family. Uses tools and information technology to support decision making.	<b>Previous, and</b> assesses patient/family understanding. Performs patient-specific screening procedures. Focuses cognitive processes to discern relevant information, identify unknowns, and make connections. Actively listens to patient/family.	<b>Previous, and</b> recognizes recurring patterns. Consistently interprets basic diagnostic tests accurately. Applies appropriate required knowledge. Seeks assistance in interpreting abnormal results when needed. Interprets basic diagnostic tests accurately.	<b>Previous, and</b> presents a well-synthesized and organized differential diagnosis and management plan with rationale for test(s) ordered. Engages in required public health reporting. Incorporates costs and pre/post-test probability in diagnostic plan.	<b>Previous, and</b> incorporates patient preference into diagnostic and management plans. Adopts strategies to decrease cost and risk to individuals. Offers anticipatory guidance without prompting.
4. Enter and discuss orders and prescriptions	3 & 4	Fails to gather appropriate information during exam. Misses key exam findings. Fails to filter clinical facts. Lacks analytical reasoning needs to recognize patterns. Absence of focused differential and working diagnosis. Communicates with patient/family in unidirectional manner. Fails to use reflection to recognize limitations and when help is needed.	Gathers appropriate information but lacks analytic reasoning skills required to compose complete orders. Overreliance on secondary data. Recognizes patient preference but uses technology for decision-making, patient care and learning.	<b>Previous, and</b> consistent in presentation of patient's current condition. Requires guidance when composing and processing orders. Inconsistent use of safety alerts and information resources when composing orders.	<b>Previous, and</b> accurately presents patient's current condition and preference underpinning orders. Knowledge of processing protocol for orders. Demonstrates an understanding of verbal, written and electronic orders. Actively uses safety alerts and information resources when composing orders. Incorporates patient specific factors when composing orders.	<b>Previous, and</b> reflects on limitations. Communicates bidirectionally with patient/family. Relies on directives from attending/ resident for management plan.	<b>Previous, and</b> accounts for patient specific factors when composing orders. Bidirectionally discusses orders and prescriptions with patient/family.
5. Document a clinical encounter in the patient record	3 & 4	Documentation may be inconsistent with institutional policies. Does not solicit patient/family preferences. Does not engage patient/family in care plan.	Filters, organizes, and prioritizes information. Documents patient/family preferences. Able to document encounter accurately.	<b>Previous, and</b> creates appropriate problem list as part of assessment and plan. Documentation is timely, legible and complete.	<b>Previous, and</b> synthesize information into a narrative. Records working and differential diagnosis and plan. Provides reasoning for ranked items in differential and plan based upon available data.	<b>Previous, and</b> identifies information needing emphasis in documentation. Verifies authenticity and origin of documented information.	<b>Previous, and</b> accurately documents clinical reasoning supporting decision making, sequencing of work-up and management plan.

6. Provide oral presentation of a clinical encounter	3 & 4 Communication does not change based on audience. Avoids difficult conversations. Professional conduct diminishes when under stress or tired. Low level of emotional intelligence.	Presents information that has been personally gathered or verified in a logical, sequential fashion. Difficult time making decisions in challenging situations. Professional.	<b>Previous, and</b> accurate, concise, and well-organized presentation. Recognizes personal triggers. Acknowledges areas of uncertainty when presenting.	<b>Previous, and</b> flexibility practiced. Communications assure a shared understanding of patient condition and needs. Tailors presentation to needs of the receiver.	<b>Previous, and</b> engages with team in developing management plan.	<b>Previous, and</b> shows resilience and confidence daily and during stressful times.
7. Form clinical questions and retrieve evidence to advance patient care	3 & 4 Struggles to apply knowledge to patient care. Unfamiliar with strengths/weaknesses of medical literature. Not involved with community healthcare needs and assets.	Communicates findings to health care team. Uses information technology to acquire accurate, reliable medical information.	<b>Previous, and</b> applies findings from information searches to patient(s). Focused on individual patients only.	<b>Previous, and</b> develops well-formed, focused, pertinent clinical questions. Demonstrates basic awareness and skills in assessing applicability of evidence/studies to patients.	<b>Previous, and</b> identifies sources of information about needs and resources in community. Demonstrates awareness and skills to appraise sources and content of medical information.	<b>Previous, and</b> shows curiosity, objectivity, and use of scientific reasoning in acquiring knowledge and applying to patient care.
8. Give or receive a patient handover to responsibly transition care	3 & 4 Varies in transfer of information from one patient to next. Errors in the handoff. Inefficient transition jeopardized quality of care. Limited incorporation of feedback into practice. Unable to decide which database to use for clinical queries. Limited contribution to team discussion. Limited acknowledgement of others' contribution.	Demonstrates respect for patient privacy and confidentiality. Provides relevant data. Asks clarifying questions.	<b>Previous, and</b> follows a structured template for verbal communication. Able to describe patient risks.	<b>Previous, and</b> documents in electronic handover tool. Communicates with entire healthcare team that transition of responsibility has occurred.	<b>Previous, and</b> conducts handover communication minimizing known threats to transitions of care. Provides verbal communication conveying illness severity, situational awareness, action planning, and contingency planning.	<b>Previous, and</b> assumes full responsibility for required care during entire care encounter. Elicits and provides feedback about handover transition assuming primary responsibility for the patients.



9. Collaborate as a member of an interprofessional team	3 & 4	<p>Limited interaction with team.</p> <p>Self-centered approach. Unaware of emotional cues. Puts others in position to remind, enforce, and resolve conflicts. Develops care plans independently. Not engaged in the transition of care. Dismisses input from professionals other than physicians. Fails to use other team members as resource.</p>	<p>Identifies roles and responsibilities of other team members. Establishes and maintains a positive team climate. Shows respect when communicating with team members. Uses attentive listening skills. Fails to recognize the importance of other team members.</p>	<p><b>Previous, and</b> recognizes own role and personal limits. Helps team members in need. Recognizes the importance of other team members.</p>	<p><b>Previous, and</b> adjusts communication content and style to align with communication needs. Prioritizes team needs over personal needs. Seeks help from team members when needed.</p>	<p><b>Previous, and</b> able to describe and analyze events occurring among members of the team, identifying opportunities for improving team work and performance.</p>	<p><b>In addition to previous,</b> able to make recommendations regarding how the team may improve work and performance.</p>
10. Recognize a patient requiring urgent/ emergent care and initiate evaluation and management <i>(Examples: chest pain, mental status changes, shortness of breath and hypoxemia, fever, hypotension and hypertension, tachycardia and arrhythmias, oliguria, anuria, urinary retention, electrolyte abnormalities, hypoglycemia)</i>	3 & 4	<p>Lacks basic procedural skills. Unable to stay focused on task when interrupted. Unable to focus care on multiple patients simultaneously. Unable to adjust plan based on patient needs.</p>	<p>Apply basic and advanced life support as needed. Shows ability to recognize some signs of patient deterioration/condition change.</p>	<p><b>Previous, and</b> documents patient assessments and interventions in medical record. Communicates emergent situation to responding team members.</p>	<p><b>Previous, and</b> recognizes vital signs and variations based on patient/disease factors. Engages with team in developing management plan. Able to initiate a code response.</p>	<p><b>Previous, and</b> recognizes signs of severity and indications for escalating care. Starts initial care plan for decompensating patient.</p>	<p><b>Previous, and</b> communicates patient status and care plans to family. Clarifies deteriorating condition care goals.</p>

<p>11. Obtain informed consent for tests/procedures <i>(This includes: immunizations, central lines, contrast and radiation exposures, blood transfusions)</i></p>	<p>3 &amp; 4</p>	<p>Fails to consider patient &amp; circumstances. Fails to engage patient/family in discussion. Does not solicit patient preferences. Documentation not available in time to be used. Demonstrates frustration with cost-containment. Behaviors make families uneasy.</p>	<p>Communicates risks and benefits of procedure with patient/family. Uses medical jargon. Respects patient preferences. Seeks interpretive services when needed. Identifies limitations and seeks help if needed.</p>	<p><b>Previous, and</b> appropriately documents in health record. Documentation completed in an appropriate timeframe.</p>	<p><b>Previous, and</b> demeanor puts patient/family at ease. Assesses patient/family understanding.</p>	<p><b>Previous, and</b> communicates with patient/family to ensure understanding of procedure. Engages family to ask questions.</p>	<p><b>Previous, and</b> communicates indications, alternatives, and complication of procedures. Uses behavior indicating comfort with physician role. Engages in shared decision making with patient/family.</p>
<p>12. Perform general procedures of a physician</p>	<p>4</p>	<p>Lacks basic procedural skills. Fails to enable shared decision making. Documentation incomplete, inaccurate, inconsistent or untimely. Lacks appropriate emotions when communicating difficult information. Fails to apply ethical principles. Interactions with others elicits worry/concern.</p>	<p>Appropriately communicates pre- and post-procedure explanations and instructions.</p>	<p><b>Previous, and</b> demonstrates confidence putting patient/family at ease. Fails to consider costs.</p>	<p><b>Previous, and</b> correctly demonstrates skills for core procedure.</p>	<p><b>Previous, and</b> exhibits comprehensive understanding and implications of core procedures.</p>	<p><b>Previous, and</b> manages post-procedure complications. Takes steps to mitigate complications of procedures. Considers cost.</p>
<p>13. Identify system failures and contribute to a culture of safety and improvement</p>	<p>4</p>	<p>Not fully engaged in role of physician. Lacks reasoning skills. Fails to recognize conditions needing to be addressed. Fails to reflect to improve. Requires assistance applying new knowledge to care. Fails to critically assess clinical research findings. Lacks focus on populations or systems of care. Does not recognize system error. Defensive when medical error encountered.</p>	<p>Performs common safety behaviors.</p>	<p><b>Previous, and</b> recognizes "workarounds" as an opportunity to improve. Participates in system improvement activities.</p>	<p><b>Previous, and</b> active member of team accepting responsibility for own errors. Uses system mechanisms for reporting errors.</p>	<p><b>Previous, and</b> understands systems and their vulnerabilities. "Speaks up" in professional manner when witnessing a possible error.</p>	<p><b>Previous, and</b> identifies actual and potential errors in care. Develops an improvement plan.</p>

**Comments (areas of excellence & for improvement):**

**Participants in assessment of this student:**

No conflicts of interest identified

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

## Summative Examination

A summative examination is given at the end of each third-year clerkship, and at the end of some fourth-year clerkships.

## Grading for Third-Year Clerkships

The grade for third-year clerkships includes assessment for the clinical activities, a discipline-specific OSCE, and a summative examination that is a standardized examination (NBME Shelf examination).

Table 11. Schema for Grading Student Performance for Third-Year Clerkships

Item	Pass	Honors	Weighting
Engagement and Professionalism	Minimum of "Acceptable"	Minimum of "As Expected"	
Clinical Performance (EPAs using the RIME framework)	All domains evaluated must be rated "Functional as Reporter Only" or better	All domains evaluated must be rated "Good Reporter, Beginning Interpreter" or better, with $\geq 60\%$ of domains rated "Good Reporter, Beginning Interpreter" or better	50%
Summative OSCE, which includes items specific for each clerkship, such as: <ul style="list-style-type: none"> <li>• Communication skills</li> <li>• Physical or mental status examination</li> <li>• USMLE-style patient note(s)</li> <li>• Oral examination</li> <li>• Electrocardiogram interpretation</li> <li>• Chest x-ray interpretation</li> <li>• Vaginal Delivery Checklist</li> </ul>	$\geq 70\%$ for each item	$\geq 70\%$ for each item	20%
Summative written examination	$\geq 5^{\text{th}}$ percentile	$\geq 70^{\text{th}}$ percentile with no remediation required for any component	30%

Note: Students must pass each clerkship component individually to achieve a clerkship grade of pass or honors. Students requiring remediation of any component of the summative OSCE or summative written examination are not eligible for the clerkship grade of honors.

## Grade Reporting

Within two weeks of the conclusion of a course/clerkship, the course/clerkship director must submit to the associate dean for Educational Affairs a single course/clerkship grade for each student. In addition, course directors must submit a report of

professionalism and engagement for the course, and clerkship directors must submit a narrative report for each student. The narrative report must be signed by the clerkship director and should address the student's attributes, including fund of knowledge, level of comprehension, clinical skills, interpersonal and communication skills, and professionalism. The report for engagement and professionalism for a course, and the narrative report for each student for a clerkship, includes identifying personal or professional conduct that is not in accord with the Code of Professional Conduct and other medical school policies and procedures, or raises any mental health concerns of safety and well-being for the student or their contacts. Medical student course/clerkship performance records, including academic and other aspects of performance such as professionalism, are transmitted to the registrar for inclusion in the permanent student record.

The associate dean for Educational Affairs is notified immediately of any student receiving a non-passing score on a summative examination or a non-credit course/clerkship grade. The associate dean for Educational Affairs reviews all course/clerkship reports and consults with course/clerkship directors, faculty, Medical Student Performance Committee, and others as necessary to take appropriate actions.

The associate dean for Educational Affairs and the associate dean for Student Affairs are notified immediately of any student who demonstrates personal or professional conduct that is not in accord with the Code of Professional Conduct and other medical school policies and procedures, or behavior that raises any concerns of safety and well-being for the student or their contacts. Allegations of serious student misconduct are managed according to the misconduct process outlined for medical students in this handbook. Mental health concerns for the safety and well-being of students and their contacts must be reported immediately as they are identified to the associate dean for Student Affairs, who is responsible to take appropriate corrective actions to address the concerns.

A single final component evaluation and narrative must be submitted for each component of a course/clerkship to the course/clerkship director. If a student receives an unsatisfactory or failing evaluation for any component(s) of a course/clerkship and does not successfully remediate the component(s) within the proscribed limits, the student must repeat the entire course/clerkship. The course/clerkship director provides for emphasis of the specific area(s) of deficiency during the repeat course/clerkship. The final grade for the course/clerkship cannot be higher than pass if a student repeats a course/clerkship because of an initial unsatisfactory or failing evaluation in any component(s).

## **Professionalism**

Fitness to assume professional responsibility is demonstrated by maturity, emotional stability, honesty, integrity, showing respect for patient's dignity and rights, civility, courtesy, appropriate relationships to others, and the ability to accept and discharge the duties of the medical profession. Professionalism is one of the eight domains of the medical student curriculum and is continually evaluated. The final grade for each

course/clerkship encompasses both academic performance and behavior during the course/clerkship activities.

Medical students must conduct themselves in accordance with the Code of Professional Conduct at all times, including: all curricular and co-curricular activities such as large group sessions, small group sessions, and classroom work; laboratory work; clinical experiences; community activities; examinations; experiences away from the medical school; and all other activities. The lack of professionalism includes personal or professional conduct that is not civil, not in accordance with the Code of Professional Conduct and other medical school policies and procedures, or that raises any concerns of safety and well-being for the student or their contacts. Concerns for safety and wellbeing of students or their contacts must be reported immediately as they are identified to the associate dean for Student Affairs, who is responsible for ensuring that the concerns are appropriately addressed. Based on the assessment, the associate dean for Student Affairs may involve others as needed, including the Medical Student Performance Committee.

The “classroom” is a communal space, and the learning and working environment throughout the medical school and all affiliate facilities is shared. Students have the responsibility to ensure that they do not diminish the opportunities for others to learn and work by participating in distracting activities that create obstacles for others to pay attention and pursue their duties and responsibilities.

All reports regarding issues of professionalism are incorporated in the evaluation of the medical student for the current course/clerkship and may also be placed in the permanent student record. All information regarding issues of professionalism or behavior including personal or professional conduct that is not in accordance with the Code of Professional Conduct and other medical school policies are examined and addressed using all available resources including discussions with the student. Allegations of serious medical student misconduct are managed according to the misconduct process outlined for medical students in this handbook.

### ***Evaluation of Professionalism During Courses/Clerkships***

Professionalism is continually evaluated throughout all four years of the curriculum. Course/clerkship directors are required to document each student’s professional attitudes and behaviors and to include an assessment of the student’s professionalism and behavior as part of student evaluation for the course/clerkship. Lack of professionalism may result in a grade of incomplete or fail. In addition, the course/clerkship director has authority to require the student demonstrating lack of professionalism to withdraw during the course/clerkship, which will result in a grade of incomplete and the requirement to repeat the entire course/clerkship.

### ***Evaluation of Professionalism During Peer Group Activities***

Students provide feedback to peers in their peer groups (e.g., Explorations, TBL groups) at the end of each group cycle over the first two years. The feedback is confidential, and

is provided to the student as aggregated results. The feedback is not included in a course grade but is monitored by the associate dean for Educational Affairs to help identify serious peer-to-peer mistreatment and to be able to intervene as necessary to correct unprofessional behavior.

### ***Evaluation of Professionalism at All Times***

In addition to scheduled evaluations of professionalism during courses/clerkships, at any time any person including all faculty and staff may provide confidential feedback about any medical student using the online Student Feedback Form. This feedback describes any incident that either reflects exemplary behavior for recognition, or a concern or problem that reflects attitude or behavior. This form is available on each of the medical school intranet portals, including the portals for medical students, faculty, and staff. The feedback is submitted confidentially and reviewed by the associate dean for Student Affairs. Confidentiality is maintained. Individuals must provide a name in order to permit the associate dean for Student Affairs to provide follow up as needed. The medical school does not encourage anonymous feedback.

After review, the associate dean for Student Affairs or designee communicates confidentially with the student, as appropriate, providing positive recognition or discussing the concern or problem, and keeping the identity of the person submitting the feedback anonymous to the student. Based on the assessment, the associate dean for Student Affairs may involve others as needed and may refer significant concerns and problems to the Medical Student Performance Committee for further review. The associate dean for Student Affairs will follow-up with the person who submitted the form, generally within 30 days, to confirm receipt of the feedback and inform them generally of the types of steps taken while also maintaining appropriate confidentiality for the student.

### **USMLE Examination Requirements**

Passing the USMLE Step 1, Step 2 CK, and Step 2 CS examinations are required for graduation. The National Board of Medical Examiners (NBME) sets the level for passing the steps of the USMLE examinations.

The USMLE Step 1 and Step 2 CK examinations are administered by computer at Prometric Test Centers. Testing is available throughout the year except for the first two weeks in January. Information of availability of testing times at Prometric is posted at [www.prometric.com](http://www.prometric.com). Testing for USMLE Step 2 CS is offered at five Clinical Skills Evaluation Collaboration test centers across the country. Information about these locations is posted at [usmle.org/step-2-cs/#testcenters](http://usmle.org/step-2-cs/#testcenters).

Students are responsible for scheduling the USMLE Step 1, Step 2 CK (Clinical Knowledge), and Step 2 CS (Clinical Skills) examinations so that they do not interfere with medical school activities and responsibilities. Students are responsible for all examination fees and travel expenses to the testing sites for USMLE examinations.

## ***USMLE Examination Preparation***

Our integrated curriculum provides a solid foundation for students to prepare and perform well on the USMLE examinations. Reflecting the integration of basic sciences and clinical sciences even on the USMLE Step 1 exam, in our curriculum clinical experiences begin in the first weeks of medical school, and basic sciences are reinforced during each of the third-year clerkships. The curriculum content is closely coordinated with USMLE question content.

Beyond the courses in Foundations of Medicine, the first and last week of each of the six third-year clerkships bring the entire class back together for unique integrative experiences that reinforce basic science principles from the first two years. Students don't "forget" during the third year what they learned in the basic sciences during the first two years because the principles are reinforced with greater clinical context, specifically preparing students for the USMLE Step 1 examination. The medical school contracts with an outside consultant to provide additional strategy-based guidance to students during the third year to prepare for the USMLE Step 1 examination.

In addition to preparation throughout the curriculum, the fourth-year begins in May with a one credit, three-week course, "USMLE Examination and Preparation," for final preparation immediately prior to taking the USMLE Step 1 examination. This provides more than sufficient time for return of USMLE Step 1 examination scores for incorporation of examination performance in the Medical Student Performance Evaluation (MSPE) as part of the application to residencies.

The medical school provides comprehensive testing preparation to facilitate medical student success on the USMLE examinations. Many assessments incorporate questions from NBME that mirror actual USMLE questions and provide the most reliable feedback to the student and the medical school about projected performance on the actual USMLE examinations.

During Foundations of Medicine courses, students take both formative and summative examinations. The formative exams are taken weekly. As formative exams, these results are not used for the course grade but they are used for mid-course formative feedback to confirm that students are learning the course content, and to help students identify individual gaps in knowledge. Summative assessment exams at the end of each course are used to as a component of the grading of the course and also to provide feedback to the student.

The NBME Comprehensive Basic Science Examination (CBSE) is taken as a formative examination twice during the first two years. Each CBSE has different questions. The CBSE is taken again as a summative examination, once near the end of Foundations of Medicine and again as part of the Transition to Clinical Applications course. Students must achieve a passing score on one of these two summative attempts of the CBSE, and may be excused from the second attempt if they achieve a passing score on the first attempt. Each examination must be taken as scheduled, or as re-scheduled by the associate dean for Educational Affairs, to maintain satisfactory academic progress.



These examination results are used to assess the student's readiness for advancement to Clinical Applications, and to guide the student's plan for individual study during the third year. The CBSE is used as a summative written examination, and the score is used as a grading component, of the Transition to Clinical Applications course. Students must achieve a passing score on the CBSE to pass the Transition to Clinical Applications course and advance to Clinical Applications. The CBSE is taken again as a formative examination at the beginning of the fourth-year as part of the USMLE Preparation and Examination course as part of the final preparation for the USMLE Step 1 examination.

The NBME Comprehensive Basic Science Self-Assessment is optional and resembles the USMLE Step 1 examination. It may be taken in preparation for the examination at the student's expense. The medical school does not require or use the results of this self-assessment unless it is required as part of a learning contract.

NBME Clinical Science Mastery self-assessment examinations are taken toward the end of third-year clerkships as formative evaluations. NBME Clinical Science Mastery assessment examinations (subject examinations) are taken at the end of each of the third-year clerkships and are a component of the grading for the clerkships.

The NBME Comprehensive Clinical Science Self-Assessment is optional and resembles the USMLE Step 2 CK examination. It may be taken in preparation for the examination at the student's expense. The medical school does not require or use the results of this self-assessment unless it is required as part of a learning contract.

The NBME Comprehensive Clinical Science Examination is taken by students only if it is required as part of a learning contract.

### ***USMLE Step 1 Examination***

All students are required to take the USMLE Step 1 examination upon successful completion of the six third-year clerkships and before advancing to the fourth year of medical school. Students are not permitted by the medical school to take the USMLE Step 1 examination prior to successfully completing all six third-year clerkships. A student should have a passing score on the USMLE Step 1 examination before advancing to the fourth year of medical school. However, students who have taken USMLE Step 1 but who have not received notification of the result may begin the first required or elective clerkship of their planned fourth year.

A student who fails the USMLE Step 1 examination on the first attempt and receives notification of the result before beginning the first required or elective clerkship of the fourth year is not permitted to advance to the fourth year. A student who fails the USMLE Step 1 examination and receives notice after beginning the first required or elective clerkship of the fourth year will not be permitted to enroll in additional fourth-year required or elective clerkships, at the medical school or elsewhere, until they attain a passing score on the USMLE Step 1 examination. The student will receive credit for the first fourth-year clerkship if performance was satisfactory. The student must work with the associate dean for Educational Affairs to define a learning contract including a

course of study and the schedule to take the USMLE Step 1 examination the second time, which should be taken within four weeks and no later than 12 weeks of notification of the first score. These time limits may be extended by a leave of absence if part of a learning contract. The student must acknowledge agreement by signing the learning contract and fully cooperating in completing all of the requirements and elements of the learning contract in accordance with the specified timetable. Failure to comply with all of the requirements and elements of the learning contract will result in dismissal from the medical school. Following the second examination, the student may resume fourth-year required or elective clerkships. A student who fails USMLE Step 1 a second time is removed immediately from the current required or elective clerkship and must work with the associate dean for Educational Affairs to define a learning contract including a course of study and the schedule to take the USMLE Step 1 examination the third time, which must be taken no later than one year after the first USMLE Step 1 test date. This time limit may be extended by a leave of absence if part of a learning contract. The student must acknowledge agreement by signing the learning contract and fully cooperate in completing all of the requirements and elements of the learning contract in accordance with the specified timetable. Failure to comply with all of the requirements and elements of the learning contract, or failure to take the USMLE Step 1 examination for a third attempt within the prescribed time period will result in dismissal from the medical school. Upon notification to the medical school of a passing score on the USMLE Step 1 examination the student may resume enrollment in fourth-year required and elective clerkships. A third failure on the USMLE Step 1 examination will result in dismissal from the medical school.

### ***USMLE Step 2 CK and CS Examinations***

All students are required to take the USMLE Step 2 CK and CS examinations by February 1 of the year of graduation, and are strongly encouraged to take the USMLE Step 2 CK examination by September 1 of the year prior to graduation. The medical school must receive confirmation of successfully passing both examinations prior to graduation. A student is permitted to take the USMLE Step 2 CK and CS examinations only after passing the USMLE Step 1 examination.

A student is permitted a total of three attempts to pass each the USMLE Step 2 CK and CS examinations. A student who fails USMLE Step 2 CK or CS examination must work with the associate dean for Educational Affairs to define a learning contract including a course of study and a schedule to take the USMLE Step 2 CK or CS examination the second time. The student must acknowledge agreement by signing the learning contract and fully cooperate in completing all of the requirements and elements of the learning contract in accordance with the specified timetable. The student may remain enrolled in Clinical Applications clerkships and electives and may enroll in additional Clinical Applications clerkships and electives with the approval of the Associate Dean for Educational Affairs. A third failure on the USMLE Step 2 CK or CS examination results in dismissal from the medical school.

Passing USMLE Step 2 examinations are prerequisites for taking USMLE Step 3 examination during residency and subsequent licensure. In addition, many residency

programs including the military residency programs require passing USMLE Step 2 CK and CS examinations by a specified date.

### **Advance Information to Course/Clerkship Directors**

In certain circumstances it is in the best interest of the student for the medical school to provide information to course/clerkship directors in advance of the student beginning the course/clerkship, such as for students who have had significant difficulty in prior academic coursework or professional and personal conduct. The intent of providing advance information is to facilitate early intervention to rectify the area(s) of concern before developing into a sustained or major deficiency that is permanently recorded in the student's transcript. The area(s) of concern may be in any area of evaluation, cognitive or non-cognitive, and may embody a single episode or a pattern of repeated episodes. The objectives for providing advance information are to facilitate early intervention for individualized support and assistance for the student in the area(s) of concern, and to ensure that there is adequate feedback to the student and ongoing evaluation of the area(s) of concern. Course/clerkship directors should use advance information to customize the educational experience of the student to facilitate the student's ability to strengthen and rectify the area(s) of concern. Advance information allows the course/clerkship director to make appropriate group assignments, assign additional tutoring, and directly manage situations that may arise during the course/clerkship regarding the student's performance and interactions with faculty, residents, fellows, and other students.

As part of the continuing evaluation of each student after each course/clerkship, the Medical Student Performance Committee shall make determinations of the need for providing advance information to course/clerkship directors. The Medical Student Performance Committee may make specific recommendations and set specific requirements for each course/clerkship to facilitate addressing the area(s) of concern, including the need for interval reports from the course/clerkship director to the associate dean for Educational Affairs and the Medical Student Performance Committee. The committee shall approve the content of the information to be sent to the course/clerkship director. The student is notified that advance information is being provided and receives a copy of the information sent to the course/clerkship director describing the area(s) of concern. The student is advised to contact the course/clerkship director prior to beginning of the course/clerkship in order to discuss the area(s) of concern and to agree upon the mechanism for addressing problems should they arise. The course/clerkship director shall monitor the student's performance as for all students and give specific attention to discreetly evaluate the student's performance in the area(s) of concern.

To minimize the possibility of negative bias in evaluations, advance information is provided only to individuals with a legitimate educational or business need, which is generally only the course/clerkship directors and not additional faculty, residents, fellows, or other individuals involved in course/clerkship instruction. The use of the process of providing advance information is not noted on the student's transcript.

## Satisfactory Academic Progress

Satisfactory academic progress is the successful completion of degree requirements according to established increments that lead to the awarding of the degree within established time limits. Standards of satisfactory academic progress in the medical school are established to facilitate students achieving their education and graduating in a timely manner, with the understanding that students learn at different rates and through different study techniques. These standards include both quantitative (time-based) and qualitative (grade-based) criteria that are applied consistently to all students. Medical students are required to earn sufficient credits each term to graduate within the required timeframe. Students receiving federal financial aid must maintain satisfactory academic progress as described in the Medical Student Handbook and also in medical school financial aid policies as a condition of their continued eligibility for federal financial aid.

The Medical Student Performance Committee monitors performance – academic progress as well as professional and personal conduct – of all medical students on a continuing basis with comprehensive assessments and formal determinations of satisfactory academic progress twice each academic year, at the conclusion of each term. Notifications of any change in a student’s status related to satisfactory academic progress are sent by the Medical Student Performance Committee to the student, associate dean for Educational Affairs, associate dean for Student Affairs, director of Admissions and Student Life, and director of Financial Aid.

As a single, uniform standard for all medical students, each student must receive a final grade of at least pass in all courses/clerkships, take the NBME Comprehensive Basic Science Examinations as scheduled or as re-scheduled by the medical school, meet the advancement requirements from Foundations of Medicine to Clinical Applications after completing all courses in Foundations of Medicine, and maintain substantial compliance with the Code of Professional Conduct and all other medical school policies and procedures. A student is maintaining satisfactory academic progress even if the student has demonstrated academic difficulties provided that the student:

- Fails the course summative examination on the first attempt, with an initial grade of incomplete, in no more than three courses within two consecutive terms during Foundations of Medicine, and in no more than two clerkships within two consecutive terms during Clinical Applications.
- Attempts remediation of a course/clerkship grade of incomplete as scheduled by the course director generally within one week of the end of the first curriculum break following the initial failed examination.
- Remediates an initial course/clerkship grade of fail, if eligible, and achieves a grade of fail/pass by the end of the term following the term in which the course/clerkship was taken.
- Has not received a final course/clerkship grade of fail/pass in more than two courses/clerkships within two consecutive terms.
- Has not received a final course/clerkship grade of fail after attempted remediation.

- Achieves a passing score on the NBME Comprehensive Basic Science Examination (CBSE) within the term following the Transition to Clinical Applications course.
- Receives a passing score on the USMLE Step 1 examination within 12 months of completing the third-year clerkships.
- Receives a passing score on both the USMLE Step 2 CK and CS examinations within 18 months of completing the third-year clerkships.
- Adheres to all requirements of any learning contract that is in place;
- Maintains substantial compliance with the Code of Professional Conduct and all other medical school policies and procedures including maintaining compliance with any learning contracts.

A student demonstrating significant academic difficulties or inappropriate professional or personal conduct must work with the Medical Student Performance Committee to define a learning contract including corrective actions and timeframes that achieve appropriate remediation. The student must acknowledge agreement by signing the learning contract and fully cooperating in completing all of the requirements and elements of the learning contract in accordance with the specified timetable. A student who is meeting all of the requirements and elements of the learning contract in accordance with the specified timetable is making satisfactory academic progress. A student who does not acknowledge agreement by signing the learning contract or is not meeting all of the requirements and elements of the learning contract in accordance with the specified timetable is not making satisfactory academic progress and is dismissed and loses federal financial aid eligibility.

Students who meet the conditions of satisfactory academic progress at the time of the start of an approved leave of absence maintain status of satisfactory academic progress throughout the approved duration of the leave of absence.

As a single, uniform standard for all medical students, any medical student who fails to maintain satisfactory academic progress is dismissed from the medical school. The Medical Student Performance Committee conducts a formal review of the process for any student dismissed from medical school through the Medical Student Performance Committee to confirm that all procedural actions were conducted fairly and in conformity with prescribed procedures. Under extraordinary circumstances, the Medical Student Performance Committee may recommend an exception to the dean of the requirement for dismissal for a student who is not making satisfactory academic progress, which must be supported by an explanatory document from the committee and a plan for rectifying deficiencies in the form of a learning contract signed by the student and the associate dean for Educational Affairs. Any exception to the requirement for dismissal requires the approval of the dean of the medical school.

Students who fail to comply with all of the requirements and elements of a learning contract, including failure to meet deadlines for successful remediation of any grades of incomplete or fail, are subject to dismissal through a formal hearing conducted by the Medical Student Performance Committee.

## **Warning Academic Status**

A medical student who fails the initial attempt on more than one course/clerkship summative examination within two consecutive terms, receives a final grade of fail in one or more courses/clerkships, or does not maintain substantial compliance with the Code of Professional Conduct and all other medical school policies and procedures (including compliance with learning contracts, if any) as determined by the Medical Student Performance Committee is placed immediately on warning academic status through at least the following term. The student is eligible for financial aid. Determination of warning academic status may not be appealed.

A student on warning academic status must work with the Medical Student Performance Committee to define a learning contract including a course of study defining key milestones, and a timetable that demonstrates appropriate remediation. The student must acknowledge agreement by signing the learning contract and fully cooperating in completing all of the requirements and elements of the learning contract in accordance with the specified timetable. A student who is repeating a course/clerkship, repeating part or an entire academic year, or preparing to retake a USMLE examination in accordance with the requirements and elements of a learning contract is making satisfactory academic progress. A student who is not meeting all of the requirements and elements of the learning contract in accordance with the specified timetable is not making satisfactory academic progress and is subject to dismissal through a formal hearing conducted by the Medical Student Performance Committee.

A student who has not received a passing score on the USMLE Step 1 examination within six months of completing the third-year clerkships is placed on warning academic status. The student is eligible for financial aid. Determination of warning academic status may not be appealed. A student who has not received a passing score on the USMLE Step 1 examination within 12 months of completing the third-year clerkships has not maintained satisfactory academic progress in the medical school and is subject to dismissal through a formal hearing conducted by the Medical Student Performance Committee.

A student who has not received a passing score on USMLE Step 2 CK and/or CS examinations within 12 months of completing the third-year clerkships is placed on warning academic status. The student is eligible for financial aid. Determination of warning academic status may not be appealed. A student who has not received a passing score on both the USMLE Step 2 CK and CS examinations within 18 months of completing the third-year clerkships has not maintained satisfactory academic progress in the medical school and is subject to dismissal through a formal hearing conducted by the Medical Student Performance Committee.

## **Dual-Degree Programs**

The medical school provides established opportunities for dual Doctor of Medicine-Master's degrees with both degrees from the medical school, dual Doctor of Medicine-Doctor of Philosophy degrees with the PhD degree from either WMU or Van Andel

Institute of Graduate Studies, and dual Doctor of Medicine-Master of Business Administration degrees with WMU Haworth College of Business. Other dual-degree programs may be approved on an individual basis.

Students may be accepted into a dual-degree program at the time of admission to the medical school, or may be accepted after matriculation in the MD program. All students must have a plan for completing both degrees that is approved by the associate dean for Educational Affairs, and, if applicable, the affiliated institution. The Medical Student Performance Committee is responsible for monitoring performance – academic progress as well as professional and personal conduct – of all medical students on a continuing basis with comprehensive assessments and formal determinations of satisfactory academic progress twice each academic year, at the conclusion of each term, including while primarily at another institution for the second degree. The Medical Student Performance Committee must approve the transition of the student from the MD curriculum to the second degree curriculum, and also the transition for re-entry to the MD curriculum. The Medical Student Performance Committee may stipulate additional requirements prior to transition to the second degree curriculum, prior to re-entry into the MD curriculum, or at any other time to facilitate student success. Students in dual-degree programs must continue to be enrolled in MEDU 6800 (Advances and Perspectives in Medicine) during each term, and must achieve a grade of pass in MEDU 6800 to maintain satisfactory academic progress at the medical school. Students in dual-degree programs continue at all times to be subject to all medical school policies, including the Code of Professional Conduct and the requirement to provide notice of adverse actions.

## **Time Limits**

Medical students must complete all requirements for the Doctor of Medicine degree within six years (72 months) of their matriculation date. The associate dean for Educational Affairs may extend the degree completion time limit to more than six years for students who are pursuing additional approved scholarly activities or enrolled in a dual-degree program that includes a degree at the medical school.

For all medical students, no more than three years may be taken to complete all requirements Foundations of Medicine (courses in years 1 and 2), and no more than three years may be taken to complete all requirements of Clinical Applications (courses and clerkships in years 3 and 4).

The time period of approved leaves of absence is not included in the time limits for completion of the MD degree program. Enrollment during summer months is considered part of the academic year for purposes of this measure.

Students enrolled in a combined Doctor of Medicine-Master's degree program must complete all requirements for the Doctor of Medicine degree within seven years of the matriculation date. Students enrolled in a combined Doctor of Medicine-Doctor of Philosophy degree program must complete all requirements for the Doctor of Medicine degree within 10 years of the matriculation date.

## Advancement Requirements

Students are approved to advance to the next course/clerkship only if they comply with all medical school policies and continuously meet all academic requirements and professional standards of the medical school.

A student may advance from Foundations of Medicine to Clinical Applications after meeting the following requirements, which serve as a single standard for all medical students:

- Maintain compliance with the Code of Professional Conduct and all other medical school policies and procedures.
- Attain a minimum of 102 credits during Foundations of Medicine.
  - Attain a final grade of pass in all required courses of Foundations of Medicine.
  - Attain a final grade of pass in a minimum of four, one-week elective courses.
- Pass the National Registry examination for Medical First Responder (MFR) and apply for the MFR license from the state of Michigan by the end of the first term of the first year of medical school (unless the student at matriculation already holds a current license from the state of Michigan as a MFR, Emergency Medical Technician, or paramedic), and obtain the MFR license from the state of Michigan by the end of the second term of the first year of medical school. Students are responsible for scheduling the MFR examination so that it does not interfere with medical school activities and responsibilities. The medical school reimburses the medical student one-time for the MFR examination fee. Students are responsible for all travel expenses to the testing sites for the MFR examination.
- Complete the Advanced Cardiovascular Life Support (ACLS) course and achieve certification, which, as provided by the medical school, also includes the BLS course and certification (during Foundations of Medicine).
- Pass the Comprehensive History and Physical Diagnosis Competency Examination that is given as part of Profession of Medicine (PROF 7322).
- Pass each of the interval summative assessments that are given during Foundations of Medicine.
- Pass the NBME Comprehensive Basic Science Examination that is given during Transition to Clinical Applications.

Students who take up to eight weeks of IND 7110 before taking the first third-year clerkship, such as for additional time required to achieve a passing score on the CBSE, begin the deferred third-year clerkship at the first opportunity following the USMLE Preparation and Examination course. Students who take more than eight weeks of additional time before taking the first third-year clerkship must develop a course of study approved by the associate dean for Educational Affairs.



A student may advance from the third year to the fourth year after meeting the following requirements, which serve as a single standard for all medical students:

- Maintain compliance with the Code of Professional Conduct and all other medical school policies and procedures.
- Attain a minimum of 53 credits in the third-year clerkships and courses, including:
  - Attain a final grade of pass or honors in all six third-year required clerkships.
  - Attain a final grade of pass in the two Profession of Medicine courses in the third-year.
  - Attain a final grade of pass in the Advances and Perspectives in Medicine in the third-year.
- Pass the USMLE Step 1 examination.

Students with passing scores but marginal performance on one or more of the three interval summative assessments, the NBME Comprehensive Basic Science Examination, or one or more of the Clinical Science Mastery assessment examinations of the six third-year clerkships may be required by the Medical Student Performance Committee to complete additional structured review (taken as a fourth-year elective) as part of their preparation for the USMLE Step 1 examination.

Any exceptions to any advancement requirements must be in the context of a learning contract that is approved by the Medical Student Performance Committee.

## **Graduation Requirements**

Medical students are approved to graduate only if they comply with all medical school policies and meet all academic requirements and professional standards of the medical school. To receive the degree of Doctor of Medicine, a student must complete a course of study that meets all of the graduation requirements of the medical school, which includes achieving and demonstrating individually by the time of graduation all of the knowledge, skills, attitudes, behaviors, and values embodied in each of the 58 required competencies across the eight domains. Satisfactory grades and performance in individual components of the curriculum do not guarantee that the student's performance, even when viewed as including the totality of academic performance, meets graduation requirements for awarding the degree of Doctor of Medicine.

Each medical student, as part of the graduation requirements, must successfully demonstrate scholarship skills, quality improvement skills, active citizenship in community health, and teaching skills. Activities in each of these areas complements the knowledge competencies and helps medical students identify areas of personal interest, promote individual inquiry and exploration, establish and achieve individual self-directed learning objectives, and develop lifelong learning skills and habits through active learning. Students achieve all of these skills through work that is integrated as part of the curriculum and overseen by the Curriculum Committee. The Medical Student Performance Committee reviews the performance of students who have not completed

sufficient activities to achieve one or more of the four required skills through the curriculum, and establishes a learning contract for the student to satisfactorily demonstrate these skills.

Students may pursue additional, optional activities in these four areas such as mentored, independent extracurricular work that may lead to recognition of achieving these skills “with commendation.” To be eligible, the work must be conducted for the most part after matriculation to medical school. Faculty, including those in the role of the student’s Scholar-Advisor and designated individual mentor, may assist in mentoring student planning and performance of these student activities. The processes for activity approval, assessment of completion, and recognizing completion with commendation are overseen by the Curriculum Committee. Recognition of demonstrating skills “with commendation” requires generally presentation of the project (or written notice of acceptance of the project) in a peer-reviewed oral or poster presentation at a recognized regional or national meeting, or publication as a peer-reviewed publication. This recognition may be included in the MSPE if achieved by the date the MSPE is created, may be included in the addendum to the MSPE if achieved by the time the addendum is created, and may be shown on the transcript if achieved by the time of graduation. A single project and presentation/publication may be applied to meet this criterion for commendation for only one of the four areas.

An international health activity is an optional student activity and is not required for graduation.

A student may graduate and be awarded the Doctor of Medicine degree after meeting the following requirements, which serve as a single standard for all medical students:

- Maintain compliance with the Code of Professional Conduct and all other medical school policies and procedures.
- Achieve competency for all 58 of the medical student competencies across all eight domains.
- Successfully demonstrate skills in:
  - Scholarship.
  - Quality improvement.
  - Active citizenship in community health.
  - Teaching.
- Demonstrate the skills and behaviors of the 13 Entrustable Professional Activities.
- Foundations of Medicine
  - Pass all required courses.
  - Pass a minimum of four, one-week elective courses (generally taken during the 10 available weeks of electives in Foundations of Medicine).
    - A maximum of one week of first-year elective courses may be performed at a site that is not affiliated with the medical school, with prior approval of the associate dean for Educational Affairs.
  - Pass the Comprehensive History and Physical Diagnosis Competency Examination.

- Achieve a passing weighted summary score of the three interval summative assessments.
- Achieve a passing score on the NBME Comprehensive Basic Science Examination.
- **Clinical Applications**
  - Pass all six third-year required clerkships.
    - Students are not permitted to take third-year clerkships at other institutions to meet this requirement.
  - Pass all five fourth-year required clerkships.
    - Students are not permitted to take the required fourth-year clerkships at other institutions to meet this requirement.
  - Pass the Profession of Medicine courses in Clinical Applications.
  - Pass a minimum of 14 weeks of elective fourth-year clerkships or independent study.
    - A maximum of eight weeks as a fourth-year research elective may be taken at the beginning of the third year. Students begin the deferred third-year clerkship at the first opportunity following the USMLE Preparation and Examination course.
    - A maximum of eight weeks of fourth-year elective clerkships in an individual subspecialty even if at different LCME-accredited sites may count toward meeting graduation credit requirements.
    - A maximum of 12 weeks of fourth-year elective clerkships or experiences (designated by the course prefix, AWAY) performed at sites that are not affiliated with the medical school (such as other LCME-accredited medical schools), including a maximum of six weeks at non-LCME-accredited sites, with prior approval of the associate dean for Educational Affairs, may count toward meeting graduation credit requirements.
    - A maximum of eight weeks of Independent Study taken at any time during medical school (either IND 7110 or IND 9110) may count toward meeting graduation credit requirements.
- **Assessments**
  - Attain an MFR license by the end of the first year of medical school (unless the student at matriculation already held a current license from the state of Michigan as a MFR, Emergency Medical Technician, or paramedic).
  - Complete the Advanced Cardiovascular Life Support (ACLS) course and achieve certification, which as provided by the medical school also includes the BLS course and certification (during medical school).
  - Pass the USMLE Step 1 examination.
  - Pass the USMLE Step 2 CK and CS examinations.

## **Medical Student Performance Evaluation (MSPE)**

The MSPE is an objective, written evaluative interim report of your performance in medical school that is prepared during the early part of the fourth year. It is a required component of the application to residency and becomes part of the permanent student

record. Any attachments are also part of the MSPE and part of the permanent student record.

The MSPE is prepared following the AAMC guidelines (AAMC: A guide to the preparation of the Medical Student Performance Evaluation. 2002.) The MSPE is only one component of a residency application, which includes letters of recommendation and a personal statement. Interviews are very important also in obtaining a residency position.

The associate dean for Educational Affairs is responsible for developing the MSPE and is charged with maintaining objectivity and ensuring that student performance meets all of the requirements and demands of the educational curriculum.

Students must submit the MSPE Information Form (as a Microsoft Word document), available on the student portal, to the associate dean for Educational Affairs by August 1 of the fourth year. The MSPE Information Form describes the student's significant activities and accomplishments, including those prior to and during medical school.

### ***MSPE Format and Content***

The MSPE format is formulaic and includes the following:

- A description of significant accomplishments during college and prior to coming to medical school.
- A description of significant accomplishments while at medical school.
- The medical school grading policy.
- A summary of the student's professional behaviors, attitudes, and conduct.
- A summary of individual academic progress during medical school:
  - List of all courses completed in Foundations of Medicine (which are graded on a pass/fail basis).
  - A single, cumulative, weighted average score and quartile for courses in Foundations of Medicine (years 1 and 2), including the cumulative, weighted class average and distribution.
  - Summary evaluation comments from courses in years 1 and 2.
  - List of all clerkships completed (which are graded on an honors/pass/fail basis), highlighting those in which the grade of honors was received.
  - Summary evaluation comments from third-year required clerkships, including clinical performance comments.
  - Summary evaluation comments from fourth-year required and elective clerkships that have been completed, including clinical performance comments.
  - Details of any non-passing grades and required formal remediation actions.
- A list of all courses scheduled to be taken prior to graduation.
- Descriptions of any leaves-of-absence or extensions of curriculum.
- USMLE Step 1 examination score.

- USMLE Step 2 examination scores, if available.
- Descriptions of any behavioral, professional, or other non-academic issues.
- Achievement status on each of the eight competencies.
- Achievement status on each of the four required student activities (incomplete, complete, or complete with commendation).
  - Demonstration of scholarship skills
  - Demonstration of quality improvement skills
  - Demonstration of active citizenship in community health
  - Demonstration of teaching skills
- Unique characteristics
  - Leadership roles
  - Service on committees
  - Participation in student government and student activities, including:
    - Medical Student Council
    - Association of American Medical Colleges (AAMC) Organization of Student Representatives (OSR)
    - American Medical Association Medical Student Section (AMA-MSS)
    - American Medical Student Association (AMSA)
    - Student National Medical Association (SNMA)
    - American Medical Women’s Association (AMWA)
    - Alpha Omega Alpha (AOA) Honor Society
    - Gold Humanism Honor Society
    - Membership on medical school committees
  - Volunteer work and active citizenship
  - Research activities
  - Presentations
  - Publications
  - Commendations and awards
  - If the results of a criminal background check initiate dismissal from medical school, this information is included in the MSPE
- A summative performance rating by the associate dean for Educational Affairs commenting on individual strengths and qualities as a candidate for residency training. This paragraph includes a descriptive key adjective.
- An attachment that lists information and comparative statistics about the student’s class performance (Western Michigan University Homer Stryker M.D. School of Medicine Class Performance Information).

Information about accommodations, including requests for accommodations, is not reported on MSPE.

### ***The Key Adjective***

The key adjective is used as the overall performance designation and is included in the first paragraph of the MSPE as well as the final paragraph. The five key adjectives used in the MSPE to describe medical student performance are:

- Outstanding
- Superior
- Excellent
- Very Good
- Good

Grades of “Honors” in the six third-year clinical clerkships are used to determine eligibility for overall performance designations of outstanding and superior. Students eligible for “Outstanding” must have earned grades of “Honors” in at least three of the third-year clerkships, and students eligible for “Superior” must have earned grades of “Honors” in two of the third-year clerkships. For both designations, students must have also consistently demonstrated strong performance across all competency domains throughout medical school, have not required repeating course/clerkship final examinations for academic reasons, and had no behavioral or professionalism issues requiring formal remediation actions.

The profile of the medical student class performance is included as part of every MSPE and specifies the percentage of graduating students receiving each key adjective, and includes a bar graph that displays percentages of “Honors” awarded in each third-year clerkship.

### ***Evaluative Comments Included in the MSPE***

Summary evaluation comments are included in the MSPE as submitted or as edited by the associate dean for Educational Affairs. All summary evaluation comments from clerkships that are received by the deadline are included or summarized in the MSPE. Evaluation comments received after the MSPE is transmitted, or summary evaluation comments, may be sent to residency programs as an addendum to the MSPE at the medical school’s discretion upon student request. The addendum includes evaluation comments, or summary evaluation comments, received that were received after the MSPE deadline that were not included in the original MSPE. Generally, only one addendum is sent for each student, and the student is responsible for ensuring that all relevant courses are completed before requesting the addendum. An addendum becomes a permanent part of the MSPE.

### ***Reviewing a Draft of the MSPE***

All students have the opportunity to review a draft of their MSPE before it is finalized and transmitted through ERAS to residency programs. Students have the opportunity to correct any factual inaccuracies but not to suggest changes to content, grades, evaluation comments, or the summary of evaluation comments. ERAS generally releases the MSPE to residency programs around October 1 of each year.

### **Letters of Recommendation**

Letters of recommendation for students are subject to FERPA requirements. Letters of recommendation for a student require signed release using the Request for Letter of

Recommendation, which is available from the office of Student Affairs. Faculty and other individuals providing a letter of recommendation containing information that is part of the student's education record must provide the office of Student Affairs with a copy of the signed release along with a copy of the signed letter of recommendation.

## **Examination Question Challenges**

With the exception of standardized examinations that are obtained from external sources, such as third-year clerkship examinations, course/clerkship directors routinely review examination results immediately after the examination to determine if there is need to adjust examination scoring.

In addition, students may challenge examination questions of iRATs, gRATs, and summative examinations that they believe are flawed. Disputed examination questions must be brought to the attention of the course/clerkship directors either by flagging the question using the examination software during the examination, or notifying the course/clerkship directors immediately after the examination, and no later than two hours after the examination. The course/clerkship director may consult with other faculty involved in the curriculum, and the assistant dean for Foundations of Medicine or assistant dean for Clinical Applications, as appropriate. Challenges are resolved by the course directors, whose decisions are final. If the scoring of an examination question is changed as a result of a challenge, the same adjusted standard shall be applied uniformly to the examination for all students enrolled in the same course/clerkship.

## **Performance Evaluation and Grade Appeals**

Students may appeal subjective performance evaluations and final course/clerkship grades that they believe have been assigned in an inappropriate, arbitrary, or capricious manner. The student must first attempt to informally resolve the dispute with the course/clerkship directors. The course/clerkship directors may consult with other faculty involved in the curriculum. The course/clerkship directors and student may consult with the assistant dean for Foundations of Medicine or assistant dean for Clinical Applications, as appropriate. If the final grade is changed as a result of the student request, the same adjusted standard shall be applied uniformly to the final grades of all students enrolled in the same course/clerkship.

If the dispute remains unresolved for any reason, the student may formally appeal the performance evaluation or grade assignment to the associate dean for Educational Affairs. To initiate the appeal process, the student must submit the appeal in writing or email to the associate dean for Educational Affairs within three working days of the evaluation or grade being posted. The appeal must include the student's statement addressing how the evaluation or grade is perceived to have been assigned in an inappropriate, arbitrary, or capricious manner. If, prior to the official release of the course grade, the course director informs the student in writing that the final calculation of course grades indicates that the student will receive an evaluation of unsatisfactory or final grade of fail, the three working day period to submit an appeal begins with the notification.

Within 10 working days following receipt of an appeal, the associate dean for Educational Affairs reviews the course/clerkship syllabus, the grading policy, and all written documents evaluating the student's performance that have been shared previously with the student. All of this information is available to the student making the appeal.

If the associate dean for Educational Affairs finds that the performance evaluation or final course/clerkship grade resulted from consistent and fair application of the mechanisms of evaluation, the associate dean for Educational Affairs informs the student in writing that the appeal is denied and the process is terminated.

If the associate dean for Educational Affairs identifies any aspects deemed to be inappropriate, arbitrary, or capricious, the associate dean for Educational Affairs works with the course/clerkship director and others as appropriate, and defines a plan to address the deficiencies. The course/clerkship director applies the plan and revises the performance evaluation and recalculates the final grade. The same adjusted standard shall be applied uniformly to the performance evaluations and grades of all students enrolled in the same course/clerkship. The course/clerkship director provides revised grades to the registrar and a written report of actions to the associate dean for Educational Affairs and the Medical Student Performance Committee within 10 working days. The associate dean for Educational Affairs informs the student in writing of the outcome and the process is terminated. The course/clerkship syllabus and grading policy for the course/clerkship are revised as appropriate for subsequent courses/clerkships.

## **Withdrawal**

Students may withdraw from the MD program by notification in writing of the reason and receiving prior written approval of the associate dean for Student Affairs. Students with approved withdrawal may be eligible for partial or full tuition refund, receive a non-credit grade of withdrawal for all courses/clerkships in which currently enrolled, and are eligible to apply for readmission, which is not assured. If the student is readmitted, the medical school, in the sole discretion of the associate dean for Educational Affairs, may require repeating any or all courses/clerkships, including courses/clerkships completed before withdrawal. Tuition for terms in which withdrawal is approved is reviewed in accordance with the refund of tuition schedule. There is no refund of tuition for withdrawal after the deadline as stated in the refund of tuition schedule. No credit is earned if any or all tuition is refunded. The annual parking charge, if already paid by the student, is refunded for the remainder of the academic year. Students who withdraw from medical school without the prior written approval of the associate dean for Student Affairs, including students with absences for five consecutive days during any term, are not entitled to any refund of tuition, receive a non-credit grade of fail in all courses/clerkships in which currently enrolled, and are not entitled to apply for readmission.



## Section VI: Student Policies

### Fiscal Year and Academic Year

The medical school operates on a fiscal year of July 1 through June 30. This is also the award year for federal financial aid. Many of the academic programs of the medical school, including the residency programs, also operate on an academic year of July 1 through June 30.

The academic year for the MD program, which is generally August through April for the first-year and May through April for other years, is defined each year based on the following dates:

- First-year (9 months): First day of the Transition to Medical School course to the last day of the Musculoskeletal and Dermatology course.
- Second-year (12 months): First day of the Cardiovascular course to the last day of the Transition to Clinical Applications course.
- Third-year (12 months): First day of the first third-year clerkship to the last day of the sixth third-year clerkship.
- Fourth-year (12 months): First day of the USMLE Preparation and Examination course to the last day of the Transition to Residency course.

### School Days and Working Days

For the purposes of medical student policies, school days and working days are defined as weekdays, whether or not classes are scheduled for an individual student or class, and excluding the observed holidays for which the medical school is closed.

### Observed Holidays

The medical school formally recognizes and observes federal holidays (Table 11). The MD curriculum has scheduled breaks for all medical students that accommodates six of these holidays. For the remaining four holidays, medical student course events are not held during Foundations of Medicine; medical students during Clinical Applications are required to participate in clerkships based on the schedule specific for the clinical site where they are assigned.

Table 11. Recognized Holidays and Corresponding Dates of Observance

Holiday	2016	2017	2018	2019
New Year's Day	January 1	January 2	January 1	January 1
Martin Luther King, Jr. Day	January 18	January 16	January 15	January 21
Memorial Day	May 30	May 29	May 28	May 27
Independence Day	July 4	July 4	July 4	July 4
Labor Day	September 5	September 4	September 3	September 2
Thanksgiving Day	November 24	November 23	November 22	November 28
Thanksgiving Observance	November 25	November 24	November 23	November 29
Christmas Eve ( <i>Close at noon</i> )	December 23	December 22	December 24	December 24

Holiday	2016	2017	2018	2019
Christmas Day	December 26	December 25	December 25	December 25
New Year's Eve ( <i>Close at noon</i> )	December 30	December 29	December 31	December 31

During the clinical experiences in Clinical Applications, it is important for medical students to model the lifestyle and professionalism of the clinicians caring for all patients and at all times. This is part of the educational process. Learning to care for patients means taking professional responsibility, making personal sacrifices of time, and showing dedication, compassion, and integrity. While all students' customs and practices are respected, medical education includes clinical activities on weekends and holidays. Students on clinical activities participate on weekends and holidays based on the schedule of the activities at the sites to which they are assigned.

## Criminal Background Check

Generally, to be licensed by a state to act as a physician, an individual must meet certain standards regarding past or current criminal activities. The medical school employs similar standards as part of the criteria in selecting medical students and making admissions determinations, and in decisions regarding medical student advancement and graduation. The criminal background check includes information about misdemeanors and felonies, and all convictions and conviction-equivalent adjudications, arrests regardless of final adjudication (including not guilty, nolo contendere or no contest, dismissals, and similar outcomes), and arrests without final adjudication.

Background checks are necessary to:

- Ascertain the eligibility of accepted applicants and enrolled medical students to meet some of the criteria that are required to eventually become licensed as physicians.
- Bolster the public's trust in the medical profession.
- Enhance the safety and welfare of patients, peers, and employees of the medical school and affiliates.
- Minimize the liability of the medical school and affiliated clinical facilities.

The following are examples of the information that may be required and reviewed by the medical school as part of the criminal background check:

- **Fingerprint check:** A search of the Integrated Automated Fingerprint Identification System, which is the central database of fingerprints and arrest data managed by the Federal Bureau of Investigation.
- **Social Security Number Search:** A search of credit report header data to help confirm the applicant's identifying information such as name, aliases, addresses, and Social Security Number and to determine areas of prior residence.
- **County Criminal Records Searches:** A direct search of county courthouse records for any felony or misdemeanor criminal history. All records are researched to help ensure positive identification and complete, easy-to-read details.

- **Statewide Criminal Records Search:** A search conducted through statewide criminal records repositories or court systems for any felony or misdemeanor criminal history.
- **Federal Criminal Records Search:** A direct search of federal courthouse records for any felony or misdemeanor criminal history. All records are researched to help ensure positive identification and complete, easy-to-read details.
- **National Criminal Database Search:** A multi-jurisdiction private database search covering more than 194 million criminal records collected from across the country. While the database does not contain information from all states, it supplements county, statewide and federal criminal searches. To ensure compliance with Fair Credit Reporting Act (FCRA), all database findings are verified directly through the source of information to ensure that records reported are current and up-to-date.
- **National Sexual Offender Database Search:** A search of a national private database that contains sex offender data collected from across the country. All records are researched to help ensure positive identification.
- **U.S. Department of Health and Human Services Office of Inspector General List of Excluded Individuals/Entities Search:** A search of the U.S. Department of Health and Human Services Office of Inspector General List of Excluded Individuals/Entities (LEIE), a database that provides information to the public, health care providers, patients, and others relating to parties excluded from participation in the Medicare, Medicaid, and all Federal health care programs.
- **Search for Dishonorable Discharge from the Armed Forces:** Military records are verified through either telephone interviews with the subject's former commander or by obtaining the applicant's DD-214 form. Verification generally includes subject's name, Service Number, rank, dates of service, awards and decorations, and place of entrance and separation.
- **International Screening:** International criminal records searches are generally performed by facilitating the applicant in obtaining an official Police Clearance or Police Certificate from a specific country. In those countries that have established third-party criminal records search facilities, including Canada and Great Britain, searches are obtained directly through those channels.

All criminal background check information is deemed confidential. Confidentiality of criminal background check information is maintained consistent with FERPA guidelines by storing these results and supporting documentation separately from students' permanent files. The office of Admissions is responsible for storing criminal background check information for applicants, and the office of Student Affairs is responsible for storing criminal background check information for students. Criminal background check information may be shared with Medical Student Admissions Committee, Medical Student Performance Committee, medical school administration, and others on a need-to-know basis.

### ***Prior to Matriculation***

All applicants offered admission to the MD degree program undergo a criminal background check conducted by a service selected by the AAMC as part of the AMCAS

application process. Applicants receive the results of the background check report to ensure accuracy and to initiate an appeal, if needed. The background search is conducted using social security number, areas of prior residence (on county-wide, state-wide and national levels), and sex offender databases. The background check seeks conviction information for all criminal felonies and misdemeanors committed as an adult, as well as for all unresolved offenses and arrests. The background check does not encompass offenses committed as a juvenile with the exception of those offenses for which the juvenile was deemed an adult.

Admissions decisions by the medical school are made prior to and without regard to the background check results. Once an applicant is offered acceptance to the MD degree program, which is conditional pending the results of the criminal background check as well as fulfilling other requirements, the results of the criminal background check are provided by AAMC to the office of Admissions. In cases where criminal activity appears in the background check, the applicant is contacted and asked to submit a written response to the director of Admissions within 10 working days of notification.

The director of Admissions and Student Life and the chair of the Medical Student Admissions Committee review the criminal background check information. For all criminal convictions and adjudications, consideration is given to: the nature and seriousness of the offense and potential future risk to others; the age of the individual when the offense was committed; whether the offense was an isolated incident or part of a pattern; the period of time that has elapsed since the offense was committed; the impact to prohibit the individual from obtaining a medical license in the future; and especially the potential jeopardy to patient care and welfare. The director of Admissions and Student Life and chair of the Medical Student Admissions Committee may request further information and consult with others in the medical school as needed, and make a final determination to accept the student without condition, accept the application with conditions, or rescind the offer of admission. If the background check information reveals that inaccurate, misleading, or incomplete information was submitted by the applicant during the application process, that the applicant would not be permitted to participate in any portion of the curriculum, or that the results are deemed to be not acceptable, in the sole discretion of the chair of the Medical Student Admissions Committee, the offer of admission is rescinded.

The criminal background check results obtained during the application process are maintained in the office of Admissions and do not become part of the permanent student records. These records are not forwarded to future employers or residency programs. Students should retain their own copies of the admission background check for such purposes.

### ***After Matriculation***

Additional criminal background checks of students may be performed at any time by affiliates as a condition for participation with the affiliate, and may be required at any time by the medical school including but not limited to when required by law, if the student exhibits unprofessional behavior, or if criminal behavior is suspected of a

student. Upon receiving notification from an affiliate that a student has criminal background check information that is not acceptable, the medical school requires the student to undergo an additional criminal background check at the student's expense with results reported directly to the medical school.

Failure of a student to fully comply with the medical school to obtain a criminal background check will result in dismissal from medical school. If the background check information reveals that inaccurate, misleading, or incomplete information was submitted by the student during the application process or to the medical school after matriculation, the student will be referred to the Medical Student Performance Committee or to the associate dean for Educational Affairs to manage as a case of possible student misconduct.

The associate dean for Student Affairs reviews the criminal background check information and, as needed, presents the information to the Medical Student Performance Committee for action, which may include a learning contract and sanctions, up to and including dismissal from medical school. The information may also be provided to the associate dean for Educational Affairs for review through the student misconduct process. Criminal background check information is included in decisions regarding medical student advancement and graduation. If the results of any criminal background check lead to a learning contract or sanctions by the medical school or legal action, the information and action may be included in the MSPE.

## **Notice of Adverse Actions**

Applicants must inform the director of Admissions within five working days if they are arrested, charged, or convicted of a felony or misdemeanor; receive or are subject to a restraining order or personal protection order; or a recipient of an institutional disciplinary action or employment action such as termination after submitting the AMCAS application.

Students must inform the associate dean for Student Affairs within five working days if they are arrested, charged, or convicted of a felony or misdemeanor; receive or are subject to a restraining order or personal protection order; receive a subpoena or any legal document related to their medical student activities; or a recipient of any adverse action including but not limited to an institutional disciplinary action or employment action such as termination. This requirement also applies to students who are on an approved leave of absence.

## **Medical Student Conduct**

All Western Michigan University Homer Stryker M.D. School of Medicine faculty (including employed, contracted, clinical, research, community, adjunct, and emeriti faculty), residents, fellows, students including matriculating students who have accepted an offer of admission, and staff are expected to conduct themselves in accordance with the high ethical and professional standards expected of physicians, educators, and healthcare professionals. Physicians, and medical students after graduation, are licensed

to practice medicine and assume responsibilities for the life and welfare of other human beings. Each individual participating in clinical care, education, research, and service must demonstrate competence and behaviors consistent with their responsibilities.

The medical school Code of Professional Conduct (GEN01) is found with all medical school policies accessible to students, faculty, and staff, and is also on the medical school website for all student, faculty, and staff applicants.

All medical students are required to: understand and abide by the Medical Student Handbook and all medical school policies; conduct themselves in accordance with the Code of Professional Conduct (GEN01), which states professional standards and proscribed conduct, and the Educational Pledge; personify the values of the medical school; demonstrate institutional citizenship working collaboratively and effectively with the faculty and other learners to facilitate meeting the mission of the medical school; and model behaviors that create an environment enriched by diversity.

The medical school graduates only those students who are deserving of the public's trust. The medical school has the right to sever at any time the relationship it has with any faculty, student, employee, or associate determined, after appropriate due process, to be unfit for a career in medicine or medical education.

The Medical Student Performance Committee is responsible for oversight of the performance and progress of medical students, and generally manages student misbehavior, especially if related to curricular activities. In this role, the committee is responsible for maintaining, developing, and overseeing policies regarding requirements for advancement and graduation. The Medical Student Performance Committee purview includes isolated instances of student misbehavior that is not sufficiently serious that it could warrant dismissal. However, the Medical Student Performance Committee may take any action up to and including dismissal for failure to comply with corrective actions and remediation steps such as may be implemented through a learning contract, including failure to resolve academic and/or behavioral deficiencies that leads to a pattern of student misbehavior. Misconduct that is sufficiently serious that it could warrant dismissal, in the sole discretion of the associate dean for Educational Affairs, is generally managed through the misconduct process.

## **Medical Student Misconduct**

Misconduct by medical students, and others, in research and scholarly activities conducted at, under the auspices of, or using the services or resources of the medical school is managed under policy RES04, Misconduct in Research and Scholarly Activities. Sexual misconduct by medical students, and others, is managed under policy GEN08, Sexual and Gender-Based Harassment and Violence, Intimate Partner Violence, and Stalking. Sexual misconduct is defined as sexual discrimination or harassment (eg, on the basis of gender identity or sexual orientation), sexual assault, sexual exploitation, rape including acquaintance rape, dating violence, intimate partner violence, domestic violence, and stalking. Employed and contracted faculty and staff are also subject to medical school employment policies, which define mechanisms for

review and employment actions. Other types of misconduct are managed under the procedures described in the Faculty Handbook for faculty, the Medical Student Handbook for medical students, and the Graduate Student Handbook for graduate students. Allegations may necessitate separate investigations or may permit a combined investigation, as appropriate and as possible, of research misconduct, sexual misconduct, and other misconduct. If separate investigations are conducted, findings of research misconduct and sexual misconduct proceedings may be used to inform medical student misconduct proceedings for additional sanctions. Faculty play a key role in all medical student misconduct processes – research, sexual, and other – to stipulate the sanctions and participate in the appeal process.

When a medical student’s conduct does not meet the high ethical and professional standards expected of physicians, including violation of the Medical Student Handbook or other medical school policies, in most instances the medical student will be given the opportunity to correct such conduct under the guidance and mentoring of the faculty and the Medical Student Performance Committee. Serious medical student misconduct that does not involve research misconduct or sexual misconduct, and that could warrant a formal reprimand, probation, or dismissal, in the sole discretion of associate dean for Educational Affairs, is generally managed through the medical student misconduct process.

The medical school is committed to taking appropriate and diligent steps outlined in this Medical Student Handbook and with due regard for other applicable policies in response to allegations of medical student misconduct in order to:

- Protect the safety and well-being of patients, learners, and the community.
- Facilitate thorough, competent, objective, fair, and timely response to allegations of wrongdoing and misconduct.
- Protect or restore the reputations of persons who in good faith make allegations and persons who provide information or serve in any capacity in furtherance of this policy.
- Protect or restore the reputations of medical students when allegations are not confirmed.
- Protect the privacy and confidentiality of persons making allegations and all others.
- Provide medical students with adequate notice and opportunity for comment.
- Secure the service of persons with the necessary and appropriate expertise to participate in the implementation of relevant portions of this policy.
- Avoid real and perceived conflicts of interest on the part of any person providing such service.
- Take actions appropriate to each case, including, where applicable, making reports required under relevant law.

Notwithstanding any provision of this policy or the Medical Student Handbook, in the event of an allegation of serious medical student misconduct, nothing in this policy or the Medical Student Handbook shall preclude the associate dean for Educational Affairs

from taking immediate action at any time to suspend or place restrictions on a medical student's continued participation in any or all activities at the medical school when such action is deemed, in the sole discretion of the associate dean for Educational Affairs, to be: (1) appropriate and in the best interests of patients, other students, faculty, the medical school, or academic integrity; or (2) necessary to comply with directives from law enforcement authorities or order from a court of competent jurisdiction.

The associate dean for Educational Affairs shall recuse himself/herself if there is a significant conflict of interest that is identified at any step in this process. Under such circumstances, the dean shall designate an individual to manage the misconduct process. The dean shall recuse himself/herself if there is a significant conflict of interest. Under such circumstances, the board of directors shall designate an individual to manage the misconduct process.

### ***Allegation***

Any member of the medical school community may provide information (the "allegation") to the associate dean for Educational Affairs regarding alleged violation(s) by a medical student of the medical school Code of Professional Conduct, Medical Student Handbook, or a medical school policy. The information should include sufficient detail to allow for adequate assessment of the allegation(s) such as identification of the person(s) engaged in such conduct and the names of witnesses and corroborators, if any. The person or persons (the "reporter") submitting the allegation should be identified. However, anonymous allegations shall not be rejected as long as they contain sufficient information to permit an objective inquiry into the allegations.

### ***Initial Inquiry***

The associate dean for Educational Affairs makes an initial inquiry to determine whether the allegation has merit and is sufficiently credible and specific so that potential evidence of misconduct might be identified through an investigation, or if the allegations are frivolous, maliciously false, or otherwise do not warrant further inquiry or action. The associate dean for Educational Affairs may determine that the circumstances do not warrant further investigation and can be resolved administratively with no subsequent proceedings. In making such a determination, the associate dean for Educational Affairs may, but is not required to, consult with any other person who may assist in the initial inquiry.

If the associate dean for Educational Affairs determines that the allegation is frivolous, false, or otherwise does not warrant further investigation or action, this determination generally is communicated to the student and reporter, if known, and such other persons or entities as the associate dean for Educational Affairs determines appropriate under the circumstances. If the associate dean for Educational Affairs determines that the allegation was maliciously false and not provided in good faith, the associate dean for Educational Affairs initiates appropriate action, which may include a finding of misconduct against the reporter.



## ***Investigation***

Within 10 working days of the determination by the associate dean for Educational Affairs that an investigation is warranted, the associate dean for Educational Affairs shall:

- Appoint an Investigation Committee comprised of three or more persons with appropriate background for evaluating the report. Investigation Committee members must recuse themselves from involvement in the appeal process if they have provided the medical student with sensitive health, psychiatric, or psychological care, including as determined solely by the medical student, or otherwise have a conflict of interest related to the medical student, as determined by the associate dean for Educational Affairs.
- One member shall be appointed as chair of the Investigation Committee.
- Within a reasonable amount of time after determining that an investigation is warranted but before the investigation begins, provide written notice to the student that the investigation will proceed.
- To the extent not already done, take reasonable and practical steps to obtain custody of the relevant records and any other evidence that reasonably may be relevant to the investigation and maintain them in a secure manner.

The Investigation Committee shall operate according to the following guidelines:

- The Investigation Committee meetings are closed meetings.
- All procedural determinations are subject to the final decision of the chair of the Investigation Committee.
- The investigation shall begin within 20 working days after the associate dean for Educational Affairs determines that an investigation is warranted.
- The Investigation Committee will use best efforts to complete the investigation and submit its Investigation Committee Report no later than 30 working days after appointment of the Investigation Committee. If the Investigation Committee believes that the circumstances warrant an extension, it must submit a written request to the associate dean for Educational Affairs for an extension before the expiration of the 30-day period, stating the reasons why additional time is necessary. The associate dean for Educational Affairs may accept or reject the request. In the event of an extension, the associate dean for Educational Affairs will state the period of extension and may require one or more written periodic reports from the Investigation Committee of the progress of the investigation.
- The Investigation Committee shall examine all pertinent documentation including data and documentation, publications, written and email correspondence, memoranda of telephone calls, and any written comments received from the student or others.
- The Investigation Committee should interview the reporter, corroborators, witnesses, and any other persons who may have information relevant to the

allegations in the report including, to the extent reasonable and practical, witnesses identified by the student.

- The Investigation Committee should interview the student. The failure of the student to appear before the Investigation Committee shall not preclude the hearing process from proceeding.
- The student and reporter shall not be entitled to have legal counsel or other persons present at the interview with the Investigation Committee, unless the allegation involves alleged conduct that could constitute a crime, for which the student has the option to have one other individual (which may be legal counsel) accompany them at the interview with the Investigation Committee. The student must answer all questions of the committee directly. The individual accompanying the student may not provide statements or answer questions. The student may request that the committee excuse the two of them to confer privately in a nearby room. The student, reporter, or other individual (if permitted to attend) may not take photographs or make audio or video recordings.
- At the discretion of the Investigation Committee, one or more persons interviewed may be given a copy of any summaries made of the respective interviews and may be given an opportunity to provide comments or revisions, which shall be included with the record. In the event portions of records or other evidence are provided or made available to the student or others pursuant to this policy, all reasonable and practical efforts shall be made to remove the names of and identifying information concerning individuals who made the report, who provided information to the Investigation Committee, or who otherwise provided information or documents concerning these proceedings unless otherwise deemed appropriate by the associate dean for Educational Affairs. Access to such records and other evidence shall be in a supervised setting, and no copying of materials is permitted.
- The Investigation Committee shall document its findings and conclusions, based on a preponderance of the evidence, in a written report (the “Investigation Committee Report”). The Investigation Committee Report should incorporate comments verbatim provided by or on behalf of the student as well as from the reporter, and shall include the following: (1) a summary of the allegation(s); (2) summary of how the investigation was conducted, including how and from whom information was obtained and a summary of such information; (3) the findings, including the basis for the findings, of the Investigation Committee; (4) the conclusion of the Investigation Committee as to whether or not one or more instances of misconduct occurred; and (5) sanctions and other actions to be imposed or taken by the medical school.
- The Investigation Committee Report shall be submitted to the associate dean for Educational Affairs.

The associate dean for Educational Affairs shall give a copy of the Investigation Committee Report to the student, who will be given the opportunity to provide written comments. The student must submit any such comments within 10 working days of receipt of the Investigation Committee Report. Comments submitted by the student shall be attached to the Investigation Committee Report. The associate dean for

Educational Affairs may determine that a longer period of time is warranted, based on a written request from the student submitted before the expiration of the 10 working day period, stating the period of time requested and the reasons for the request of the extension.

### ***Sanctions***

Sanctions shall be determined as a discrete and separate part of the hearing process and only after a finding of violation and individual responsibility has been reached. Sanctions are determined by the Investigation Committee, or, if applicable, the Student Appeals Committee.

The following sanctions as final actions may be imposed upon any student found to be responsible for misconduct, including violation of the medical school Code of Professional Conduct or any medical school policy. Sanctions shall be based on the severity of the violation, multiplicity of violations, history of previous violations, current status of the student, and the threat to the health, safety, and property of any person because of the violation. Sanctions may be applied individually or in combination, even for a single violation, depending on the particular circumstances of the violation. Sanctions may be imposed upon more than a single individual. Repeated and multiple violations shall increase the severity of sanctions applied. Sanctions are included in the permanent student record and MSPE, and may appear on the medical school transcript.

Sanctions are listed in order of severity from least severe to most severe:

#### ***Reprimand***

An official written censure containing three components: a reprimand for inappropriate conduct, notice that the conduct associated with the violation must cease immediately and permanently, and notice that additional violations shall result in more severe sanctions.

#### ***Learning Contract***

A written learning contract between the student and the medical school wherein the student agrees to correct inappropriate conduct with additional discretionary stipulations as appropriate. The process to address student academic, non-academic, and/or behavioral deficiencies is managed generally through a “learning contract,” regardless of the scope of academic and behavioral terms of the contract. Learning contracts, as defined by the medical school, embody action plans, corrective actions, and remediation plans. Discretionary components of sanctions may include requirements for: service to the medical school, affiliate, or community; attendance at educational seminars, classes, or workshops; written assignments; presentations; or other activities deemed appropriate by the Investigation Committee. The learning contract is referred to the Medical Student Performance Committee, which manages the learning contract. The student is required to submit written proof of required actions including evidence of completion of the sanction(s) to the Medical Student Performance Committee. The

student is responsible for any registration and travel costs for seminars, classes, and workshops that are required as part of the learning contract.

### *Restitution*

Compensation for loss, damage, or injury. This may take the form of appropriate service or monetary or material replacement.

### *Loss of Privileges*

Denial of specified privileges for a defined period of time or indefinitely. Examples of privileges that can be denied include: access to a building or portion of a building; access to a program; association with specific individuals or groups of the medical school; or any other privilege that the Investigation Committee deems appropriate.

### *Probation*

Probation requires that a student's conduct be monitored for a specified period of time. During probation, the student may have loss of privileges. The associate dean for Educational Affairs may develop a written learning contract consistent with the sanctions imposed by the Investigation Committee that stipulates any conditions of the probationary period. All conditions must be fully satisfied for the probationary period to end. The associate dean for Educational Affairs is responsible for monitoring the student during the probationary period and verifying satisfaction of the probation conditions. If the student is found responsible for violation of any institutional policy during the probationary period, additional and more severe sanctions may be applied, including dismissal of the student from medical school.

### *Suspension*

Separation of the student from the medical school or a medical school program for a period of time, after which the student may be dismissed or eligible for re-admission. The associate dean for Educational Affairs shall develop a written plan consistent with the sanctions imposed by the Investigation Committee that stipulates the conditions for re-admission. During a suspension, the student may have loss of privileges and shall forfeit all other rights of student status for the duration of the suspension. The associate dean for Educational Affairs is responsible for monitoring the faculty member during the suspension and verifying satisfaction of the suspension conditions. If a student is found responsible for violation of any institutional policy during the suspension, additional and more severe sanctions may be applied. Under these circumstances, the associate dean for Educational Affairs may specify additional conditions for re-admission and re-enrollment, and time limits. Failure of the student to meet the specified conditions and time limits to the satisfaction, in the sole discretion, of the associate dean for Educational Affairs may result in dismissal of the student from medical school.

## *Dismissal*

Permanent separation of the student from the medical school. A dismissed medical student shall have no access to medical school premises and shall forfeit immediately and permanently all rights of student status upon dismissal.

## ***Appeal***

A request for an appeal must be submitted in writing or by email to the associate dean for Educational Affairs within five working days of the notice of the final action. A request for an appeal must meet two conditions: (1) cite the basis of the appeal; and (2) provide sufficient and detailed information to support the appeal. Failure to meet these conditions, in the sole discretion of the Student Appeals Committee, shall be sufficient cause for the Student Appeals Committee to deny an appeal.

Within 10 working days of receipt of a written or email request from the student for an appeal, the Student Appeals Committee shall convene to review the final action and the appeal. The appeal process shall be limited to a review of the record and supporting documents of the Investigation Committee except for new information that was not known to the student at the time of the hearing and that was also provided by the student with the request for the appeal.

The Student Appeals Committee shall operate under the same guidelines as for the Investigation Committee. The appeal process and role of the Student Appeals Committee is described under the Student Appeals Committee in this handbook.

## ***Final Actions***

Final actions of the misconduct process are not implemented until the appeal deadline has passed, the appeal process is exhausted, or the student provides notice in writing of a decision not to appeal.

The associate dean for Educational Affairs is responsible for implementing actions by the medical school that are consistent with the full extent of the sanctions imposed by the Investigation Committee or the Student Appeals Committee, monitoring compliance of the student with the sanctions, and ensuring compliance with all reporting and other obligations concerning substantiated allegations of misconduct, consistent with relevant law.

The associate dean for Educational Affairs is responsible for notifying affiliated institutions and others, including individuals within the medical school and entities external to the medical school, where appropriate or required under medical school policies, or with a need to know, in the sole discretion of the associate dean for Educational Affairs.

The reporter may be notified of whether the investigation resulted in a finding of misconduct, and may be permitted to review relevant portions of the Investigation

Committee Report for comment, at the sole discretion of the associate dean for Educational Affairs. In the event portions of the Investigation Committee Report are made available for review, none of the materials may be copied, and all reasonable and practical efforts shall be made to remove the names of, and identifying information concerning, individuals who provided information to the Investigation Committee during the investigation.

The final institutional investigation materials consist of the Investigation Committee Report, summary of the information provided by all persons interviewed by the Investigation Committee, and any comments; Student Appeals Committee report, if applicable; report of the associate dean for Educational Affairs of actions taken, or to be taken, by the medical school that are consistent with the sanctions imposed by the committee; and a plan by the associate dean for Educational Affairs for monitoring compliance of the faculty member with the sanctions imposed by the committee.

The associate dean for Educational Affairs shall retain the final institutional investigation materials in a secure and confidential manner for at least seven years after the final action, or for such longer time period as may be required by relevant law, medical school policies, or the circumstances of the case.

## **Reporting Concerns and Raising Questions**

The medical school expects all faculty, residents, fellows, students, and staff to display respect for others and professional behavior at all times. Medical school policies include the duty to report unprofessional behaviors as they are recognized.

Specific mechanisms are provided for medical students to bring forward concerns of unprofessional behavior, including learner mistreatment and sexual misconduct, exhibited by anyone at any time in the learning and working environment, including other medical students. Using the form, Report of Learner Mistreatment, on the medical student portal, students can, and are expected to, report occurrences contemporaneously at any time. The form and process provide options for confidential or anonymous reporting, and also for requesting delaying intervention by the medical school until after the current course/clerkship concludes.

Options for medical students to report concerns and raise questions are reviewed with students in the Transition to Medical School course and are periodically thereafter.

Options for medical students, individually or collectively, to report concerns and raise questions include:

- Working directly with the faculty or staff member who has responsibility for the issue, such as the course/clerkship directors for course- and clerkship-related issues.
  - Direct involvement is encouraged as the medical school seeks to empower students, staff, and faculty to identify and solve problems as they are recognized. However, the medical school appreciates that in a teacher-

learner or supervisor-employee relationship that this is not always comfortable or possible, which is why many other options are provided.

- Working with the medical student members, or any other member, of the Learning and Working Environment Committees, which are established at each major site of medical school instruction and charged with promoting a learning and working environment that support students and residents in educational and clinical settings.
- Working with the assistant dean for Foundations of Medicine for course-related issues, the assistant dean for Clinical Applications for clerkship-related issues, or the assistant dean for Simulation for simulation-related issues.
- Providing feedback about a concern or problem related to another medical student using the Student Feedback Form that is on the medical student portal, or a concern or problem related to a resident using the resident feedback form in New Innovations.
- Working with the appropriate department chairs.
- Working with their Scholar-Advisors in their learning community.
- Working with their designated individual mentor.
- Working through the Medical Student Council, either directly or indirectly through an elected student representative.
- Reporting concerns and asking questions in the scheduled Student Forums with the associate dean for Educational Affairs and the associate dean for Student Affairs.
- Reporting concerns and asking questions in the scheduled Dean's Forums with the dean.
- Working directly with the director of Admissions and Student Life.
- Working directly with the associate dean for Student Affairs or associate dean for Educational Affairs.
- Working directly with the associate dean for Administration and Finance, who is the medical school's Chief Compliance Officer.
- Working directly with the dean.

### ***Student Concern or Complaint Form***

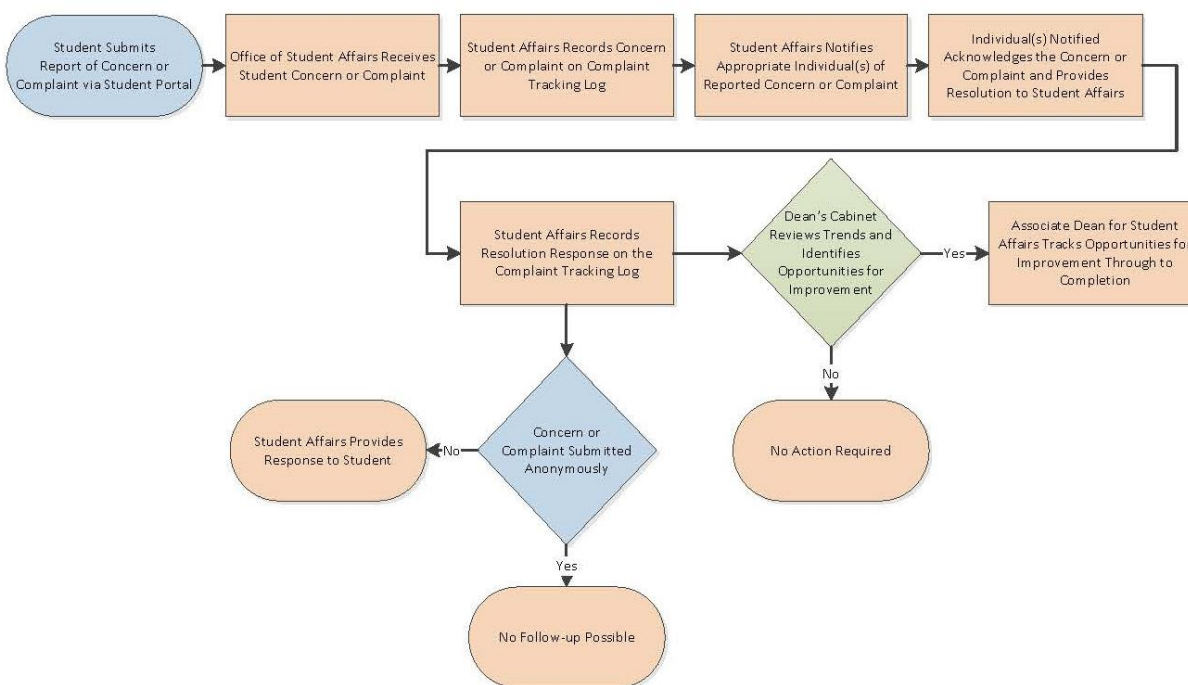
Student concerns and questions that have not been resolved through the numerous processes outlined above should be submitted in writing using the form, Report of Student Concern or Complaint, on the medical student portal. This provides for the concern or complaint to be submitted confidentially with follow-up, or anonymously without follow-up.

The director of Admissions and Student Life triages the concern or complaint, assures that it receives appropriate action by the responsible individuals, oversees and tracks the process to ensure complete and timely review and response, and, unless the concern or complaint was submitted anonymously, provides feedback to the student and ensures that the outcome is perceived by the student to be responsive (Figure 11). Reports or complaints of sexual misconduct are forwarded by the director of Admissions and Student Life to the medical school Title IX Coordinator (Shayne McGuire, director of

Human Resources; 269.337.4408; Shayne.McGuire@med.wmich.edu). Sexual misconduct is defined as sexual discrimination or harassment (eg, on the basis of gender identity or sexual orientation), sexual assault, sexual exploitation, rape including acquaintance rape, dating violence, intimate partner violence, domestic violence, and stalking.

All concerns and complaints are tracked and regularly reviewed by the Dean’s Cabinet also to identify opportunities to improve teaching, learning, and the relevant operations of the medical school.

Figure 11. Process for Managing Student Concerns and Complaints Submitted via the Report of Student Concern or Complaint Form



## Communications

Medical students have individual accounts that are established on medical school information systems, including the curriculum management system (CLEARvue) and email. Email is the preferred means of communication of the medical school. Each medical student is responsible for all communications posted for students on the curriculum management system as well as all communications sent to their medical school email address. Notices sent by email to the student's medical school email address are deemed to have been sent in writing.



## ***Emergency Alerts***

Upon matriculation, medical students are automatically enrolled in the medical school's emergency notification system using their medical school email address. Medical students are provided with information during the Transition to Medical School course about the system and *strongly* encouraged to add up to three mobile device numbers as well as additional email addresses. Access to the emergency notification system to add or edit mobile device numbers and email addresses is provided on the medical student portal on the Campus Information resource page.

In addition to the medical school emergency notification system, medical students are provided with information during the Transition to Medical School course about the WMU emergency notification system and are *strongly* encouraged to subscribe to this system as well.

## **Information Technology and Library Systems**

The medical school library provides access to network resources such as walk-up computers, printers, network peripherals, software, email, and internet for academic purposes related to the study and practice of medicine. Medical school computers shall not be used for personal entertainment such as playing games or to access non-academic sites that may be offensive to other users or staff.

Data files and messages traversing the medical school network are not private communications. The medical school reserves its right, as owner of the network, to examine or inspect any message transmitted over the network and any information stored on medical school-owned devices.

All members of the medical school community must recognize that electronic communication is not absolutely confidential and that during the course of ordinary management of computing and networking services, network administrators and others may view user files or messages. If a user is suspected of violations of prevailing laws or medical school policies, the user's privacy is superseded by the medical school's need to maintain network integrity and compliance with applicable laws and regulations.

In order to protect the security and integrity of the medical school network and computer resources, the medical school reserves the right to limit, restrict, or terminate any account or use of network resources, and to inspect, copy, remove or otherwise alter any data, file, or system resources that may undermine authorized use. The medical school shall not be liable for, and the user assumes the risk of, inadvertent loss of data or interference with files resulting from the medical school's efforts to maintain the privacy, integrity, and security of the medical school network and resources.

Users of portable computers and mobile devices must take responsibility for the security of their equipment, software, and data in their care. Individuals are responsible for protecting usernames and passwords for all computer accounts that are assigned to them and may not give anyone else access to their accounts. Individuals are responsible

for the security of passwords, which must be changed on a regular basis. Passwords shall not be conveyed to others or written down in a way that provides access. Much of the educational software provided by the medical school cannot be legally copied. All software installed on computers or electronic devices owned by the medical school must comply with copyright laws.

Use of library systems and its licensed materials is for the purposes of education, research, and other non-commercial use. Users may display, download, and print licensed materials to support teaching, learning, and training related to patient care, education, and research directly associated with the medical school. Users may not, at any time, remove copyright notices, create any derivative work based on the licensed material, post or produce copies for redistribution outside the medical school's network, or use a crawler or other automated downloading programs to continuously and automatically search, extract, and systematically download licensed materials.

The medical school does not permit any medical school official to request or require that a student or prospective student grant access to, disclose information that allows access to, or allow observation of personal internet accounts. The medical school may access directly, or request or require that a medical student disclose access information to the medical school to provide access to, an electronic device owned by the medical school, or an account or service provided or funded in whole or in part by the medical school. The medical school may also view, access, and use information about a student or prospective student that can be obtained without requiring specific information from the student for access or that is available in the public domain.

### *Copyright Violation*

The medical student curriculum includes instruction on federal copyright law and the appropriate use of copyrighted material. Violation of copyright such as unauthorized use and distribution of copyrighted material, including unauthorized peer-to-peer file sharing, may subject the student to civil and criminal liabilities including actual or "statutory" damages, court costs, attorneys' fees, imprisonment, and fines. For details, see Title 17, United States Code, Sections 504, 505. Violation of copyright is also a violation of the Code of Professional Conduct that is subject to medical school discipline, up to and including dismissal from the medical school.

### **Computer Standards**

The medical school curriculum uses multimedia content that is developed for and delivered via multi-touch texts using iBooks, which permits learning interactions that are not possible on all personal computers and many types of devices. Our computer standards for medical students reflect this intensive use of technology for content organization and delivery.

All medical students must have, at their own expense, a laptop computer that meets the minimum specifications to access and display curriculum content, use in classroom and team settings, and for examinations. MacBook Pro laptops are required rather than

Windows-based laptops because of compatibility with iBooks. A 15-inch display is recommended for optimal display of curriculum content and also for web-based examinations. Other devices such as netbooks, iPads, iPhones, Android devices, and Kindles do not meet the requirements for all of these purposes.

Entering medical students are advised to defer purchase of computers and other devices, if any, until they receive additional information with their offer of acceptance for admission. Students are eligible for a discount on Apple products through the medical school site on the [Apple Store for Education](#).

### ***Laptop Specifications***

- MacBook Pro OS X-based computer (see [Apple Store for Education for MacBook Pro laptops](#))
  - OS X 10.10 Yosemite or newer required.
  - 15-inch retina display recommended.
  - MacBook Pro laptops meeting these requirements have a minimum of 16 GB RAM and 256 GB hard drive, which meet the requirements for the medical school curriculum. Students may choose additional RAM and a faster processor speed for enhanced performance.

### ***Software Requirements, Specifications, and Configuration***

The following software is required of all medical students.

- Apple ID: create an [Apple ID](#), which is needed for downloading Apple software.
- Antivirus software: must be purchased and kept current (software selection and license purchased by students). Students must install and maintain current antivirus software. The medical school recommends one of the following:
  - [Sophos](#) (free)
  - [Avira](#) (free)
  - [Kaspersky](#) (purchase)
- Firewall: the operating system or antivirus software firewall must be enabled at all times.
  - To enable the OS X firewall, click Apple Menu > System Preferences > Security & Privacy > Firewall tab > Turn on Firewall (if off).
  - Alternatively, the firewall of your selected antivirus program may be enabled. Follow the instructions provided by your antivirus software.
- Programs and Apps (current versions are required)
  - Microsoft Office 365: license purchased by the medical school. Students are provided credentials to access their Office 365 account, which permits downloading the latest Office for Mac suite of programs, as well as access to online Office apps.
  - [Firefox](#) (internet browser; free)
  - iBooks (free; included with OS X 10.10 Yosemite or newer).
    - The iBook app can also be downloaded on other Apple products including the iPhone, iPad, and iPod Touch. iBooks can be stored

- on iCloud, making your books accessible from all of your Apple devices.
  - Audience Response System (license purchased by the medical school and provided to students).
  - SofTest (AiM for ExamSoft) (license purchased by the medical school and provided to students).
    - Students are given an ExamSoft SofTest Student ID and Password, and instructions for downloading.
    - Students login at [the medical school site for ExamSoft](#) with their Student ID and Password.
    - SofTest-M is an iPad app. Not all examinations are accessible using an iPad and this is not recommended.
  - [AirMedia](#) (for wirelessly accessing Crestron-enabled displays in classrooms and group rooms; free).
    - To install AirMedia on a MacBook Pro, scroll down the page and select the “OS X Deployable Application.” Apps are also available on this site for the iPhone, iPad, and Android devices.
    - Soundflower (for sound while wirelessly accessing Crestron-enabled displays in classrooms and group rooms). This will be installed as part of AirMedia using the OS X Deployable Application.
- Web Services
  - Inkling (for the textbooks are purchased by students through the Library)
    - Inkling is the online digital textbook provider for our students. Inkling permits course instructors to highlight and annotate the digital text and allows both faculty and students to share notes, all as a means of fostering collaborative learning. The medical school discloses the cost of required and optional textbooks during the matriculation process.
    - Do *not* create your own account using your medical school email address or you will be charged twice. The Library will provide you with your credentials when it is time to grant you access to Inkling digital textbooks.
  - DynaMed (license purchased by the medical school and provided free to students through the Library).
  - VisualDx (license purchased by the medical school and provided free to students through the Library).
  - Mendeley (license purchased by the medical school and provided free to students through the Library).

### **Tablets and Other Devices**

Students may find that an iPad tablet and other devices may be useful for specific purposes. The medical school provides medical students with an iPad mini at the beginning of Clinical Applications for use on clerkships. During Foundations of Medicine, the use of devices other than a MacBook Pro laptop is optional, and no other device is required or formally recommended. Many types of tablets (eg, Android devices,

Kindle, and Windows-based tablets) and smartphones are not optimal because they do not support iBooks. If a student chooses to use a tablet or a smartphone as an ancillary device, compatibility with iBooks is preferred (eg, an iPad or iPhone). Cellular network access is not necessary as all medical school facilities and affiliates provide wireless network access for medical students.

## **Cell Phone Standards and Use**

Medical students during Clinical Applications are required to carry a personal cell phone for text messaging and phone contact. A cell phone during Foundations of Medicine is strongly recommended as one of the means for receiving emergency notifications from the medical school.

Cell phones should be in silent mode or turned off in student study areas designated for quiet study, the Simulation Center, anatomy laboratory, classrooms, and during team-based activities. Cell phones should be in silent mode anytime students are working with patients. Certain designated patient care areas may require that cell phones be turned off.

The medical school does not provide cell phones or pagers for medical students.

## **Social Media**

The use of the internet and social networking sites (Facebook, Twitter, YouTube, blogging sites, etc.) has potential for inappropriate content and misinterpretation. Medical students are representatives of the medical school and the medical profession. Medical student actions reflect on everyone affiliated with the medical school. Medical students must take this responsibility seriously and represent themselves professionally at all times. Postings on the internet, including postings anonymously or under a pseudonym, that state, imply, or reflect an affiliation with the medical school are subject to the Code of Professional Conduct.

Still photographs, video recordings with or without audio, or audio recordings of medical school learning activities or patients shall not be published on any personal website or posted on any social networking site. Postings on social networking sites of inoffensive materials related to medical school social activities are permissible.

The following guidelines are provided to medical students and faculty to facilitate the appropriate use of social media. Medical students and faculty should:

- Recognize that the internet is a public domain and that once posted the content and photographs are beyond an individual's control. Maintain a favorable, professional brand identity in the content that you post.
- Monitor personal brand identity on the internet by monitoring the information about you that your friends post. Conduct internet searches on a regular basis, or set automatic searches, to identify postings that include your name. Take measures to remove postings that potential employers and others might find

controversial or offensive.

- Protect individual privacy by reviewing privacy settings on all social networking sites that are used. Appropriate privacy settings help protect one's identity and personal information.
- Protect patient privacy by not discussing patients or patient care in hallways, elevators, other public spaces, or on social media sites.
- Protect institutional confidentiality by not discussing confidential information in hallways, elevators, other public spaces, or on social media sites.
- Take responsibility and use good judgment. Incomplete, inaccurate, inappropriate, threatening, or poorly worded postings may be harmful to others. They may damage relationships, undermine the reputation of the medical school and other organizations, discourage teamwork, and adversely affect the institution's commitment to outstanding clinical care, education, research, and service.

## Recognition of Scholarship

All written scholarly work submitted for publication in journals or websites, or as abstracts or posters, by all medical students and all other individuals affiliated with the medical school must comply with all medical school policies including policy GEN06, Authorship, which provides requirements to ensure that the contributions of individuals to scholarly works are appropriately identified and acknowledged. These requirements follow the [Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals](#), published by the International Committee of Medical Journal Editors (ICMJE), December, 2015.

## Intellectual Property

During the course of studies and research undertaken as part of the curriculum or related activities, or while using medical school facilities (owned or leased), equipment, intellectual property, know-how, confidential information, confidential samples, or other resources, a medical student might contribute in some manner, significant or otherwise, to the conception or reduction to practice of an invention. Such inventions made solely by a medical student, or jointly by a medical student and one or more employees of the medical school, shall be owned solely by the medical school. Medical students must comply with all medical school policies and cooperate fully with medical school attorneys in the preparation, prosecution, and maintenance of any patent applications covering such inventions, including signing appropriate powers of attorney and any necessary documents to protect the medical school's rights in any such inventions. Decisions as to the filing and prosecution of any such patent applications in this country and in any foreign countries are solely at the discretion of the medical school. The decision as to whether to maintain any pending patent applications or issued patents is solely at the discretion of the medical school. The medical school pays all expenses in connection with the preparation and prosecution of any patent applications that it elects to file and prosecute, and pays all maintenance fees for any patent applications or issued patents that it elects to maintain.

## **Course/Clerkship Attendance**

In the medical school, learning is a shared activity that requires students to acquire and integrate new knowledge through experiential interaction with faculty, peers, and others in a collegial and supportive atmosphere. Our team-oriented environment in Foundations of Medicine enables individual and group learning through engaged learning strategies including team-based learning (TBL), simulation-based learning, and case-based learning.

Clinical activities in Foundations of Medicine and Clinical Applications require attendance and engagement. In the classroom setting, student engagement in group learning activities is impossible without being present. Absence diminishes the experience for both the student who is absent as well as the other students in the group who are present. Because of this dynamic, attendance and active participation in all required student activities is necessary in each course/clerkship to achieve a grade with credit.

The professionalism required of medical students includes arriving to educational activities on time and actively participating through the entire event. Professionalism also requires students minimizing personal disruptions of the educational activity, including preventing distractions by personal electronic devices and cell phone calls.

Students arriving after an event has begun may be refused admission to the event, which requires rescheduling the event with the course/clerkship directors. Students arriving after an examination has begun may be refused admission to the examination, which requires rescheduling the examination with the course/clerkship directors. A student who must reschedule events and examinations may incur additional charges.

### ***Attendance Requirements***

Attendance and engagement is an element of professionalism in each course/clerkship in the evaluation of student performance. Each course/clerkship includes the requirement of achieving a grade of pass for professionalism in order to achieve a course/clerkship grade for credit.

Students are expected to arrive on time and prepared to participate. For the purposes of medical student policies, the term absence encompasses missing the entire event, arriving late to the event, excessive absence during an individual event, and leaving before the event is scheduled to end.

### ***Student Attendance Tracking***

Student attendance at course/clerkship events is recorded routinely for events that incorporate engaged learning (eg, TBL sessions and small group discussions) and hands-on training (eg, clinical skills, anatomy laboratory, community experiences, and clinical experiences), and for summative examinations, and may be sampled for other types of events. Student attendance at events may be recorded at any time during the

event at the discretion of the course director or assistant dean. Student absence for all or any portion of an event where attendance is recorded is deemed an absence for the event.

Students must submit a completed Course/Clerkship Absence Form to Educational Affairs for all absences. It is strongly recommended that the Course/Clerkship Absence Form be submitted prior to the start of the event and the absence. Submission of a completed Course/Clerkship Absence Form before the absence is considered in the decision to waive the charges, which also facilitates prior notice to the student whether the charges will be waived for the planned absence.

Educational Affairs, under the oversight of the associate dean for Educational Affairs, provides attendance reports at the end of each course/clerkship to the course/clerkship directors. Attendance reports are included in the Course Self-Study that is reviewed by the Curriculum Committee.

### *TBL Events*

Team-based learning (TBL) events are an integral component of the curriculum of the Foundations of Medicine courses and Principles of Medicine courses.

Students are expected to arrive at the posted beginning time for iRATs. Students arriving after the start of the iRAT are considered tardy but may take the iRAT using the balance of time remaining in the original 12 minutes of allotted time.

Students who do not complete one or more iRATs receive an initial course grade of incomplete and must remediate the missed iRAT(s) as directed by the course director, which may be either paper-based or electronically. Upon completing the iRAT, students who miss an iRAT with an approved absence are awarded their score. Students who miss an iRAT because of an unapproved absence are awarded their individual score but not higher than the minimal passing score for the iRAT.

Students who do not attend all gRATs receive an initial course grade of incomplete and must remediate the missed gRAT(s) as directed by the course director. Students who miss a gRAT with an approved absence receive their scaled iRAT score as their gRAT score. Students who miss a gRAT because of an unapproved absence forfeit their group gRAT score and receive a score of zero.

Students who do not attend all application exercises receive an initial course grade of incomplete and must remediate the application exercise(s) as directed by the course director. Students who miss an application exercise with an approved absence are allowed to complete the application exercise under course director supervision, which may be before or soon after the TBL date. Alternatively, if approved by the course director, the student may write a new case using the TBL application exercise remediation assignment. Students who miss an application exercise because of an unapproved absence are required to write a new case using the TBL application exercise remediation assignment.



### *Review Sessions, Lectures, and Forums*

Medical students are expected to attend all required curricular events and co-curricular activities of the courses/clerkships in order to prepare them to attain all of the goals and objectives leading to the Doctor of Medicine degree. Attendance at certain events, such as those events designated in CLEARvue as review sessions and as “Lecture,” is optional, unless marked as “Mandatory” in CLEARvue. Lectures are routinely scheduled to be recorded and available for students to view at other times. Students are accountable and personally responsible for attending and participating in all other scheduled curriculum activities.

Students are responsible for the content of all events designated as “Lecture” in CLEARvue regardless of the availability of lecture recordings. Students should not rely solely on the availability of lecture recordings. Not all of the lecture visual content and audio discussion may be captured in the recording, and technical issues may prevent a lecture from being recorded or published.

Medical student attendance at Student Forums and Dean’s Forums is encouraged but is not required.

### *Summative Examinations*

Students are expected to arrive at the posted beginning time for the beginning of summative examinations. Students arriving within 10 minutes of the start of the examination, as determined by the time on the proctor’s computer issuing the exam start code, may begin the examination but are not given additional time after the scheduled end of the examination. Students arriving 10 minutes or more after the start of the examination are considered late, are not be permitted into the examination room, and are required to reschedule the examination.

Students who must reschedule an examination with an approved absence take the same examination as directed by the course director, and are awarded their score. Students who must reschedule an examination because of an unapproved absence are required to take a rescheduled examination as directed by the course director and are awarded their individual score but not higher than the lowest passing score for the class for the examination.

Students must submit a completed Course/Clerkship Absence Form to Educational Affairs for consideration for approval to reschedule a summative examination. The form must be accompanied by appropriate supporting documentation, as determined in the sole discretion of the director of Educational Affairs, at least three days prior to the scheduled examination. Students who do not obtain prior approval to reschedule a summative examination and do not take the summative examination as scheduled receive a score of zero on the summative examination. The associate dean for Student Affairs may make exceptions, such as for illness, for notices from students received less than three days but still prior to the scheduled examination.

## *Infectious Diseases*

Students should not attend any activities if they have an infectious disease and the infection is likely to be contagious. Students must submit a completed Course/Clerkship Absence Form to the office of Student Affairs for all absences, including those related to an infectious disease. The form should be submitted prior to the start of the event and the absence. A student with an infectious disease requiring absence of three or more consecutive days must submit a completed Course/Clerkship Absence Form accompanied by satisfactory supporting documentation, such as the form Certification from Health Care Provider for Student Medical Condition, which is completed by the student's health care provider or the provider's office. This form must be completed and submitted within two working days of the third day of absence.

## ***Attendance and Grades***

Students are responsible for all curricular content that is delivered in each course/clerkship, regardless of individual student attendance. Curriculum learning objectives and competencies are not modified because of individual student absences and students must achieve the required levels of performance regardless of absences, regardless of the reason. All absences other than for review sessions and lectures, regardless of the reason for the absence, must be remediated as rescheduled by and to the satisfaction of the course/clerkship director.

The final grade for each course/clerkship encompasses both academic performance and behavior during the course/clerkship activities. Preparation, attendance, timeliness of arriving, participating for the full duration of the event, and behavior during the event are included in every course/clerkship evaluation as part of the continuing assessment of professionalism. Evaluations of poor professionalism, including absenteeism, may require course/clerkship remediation and may result in a course/clerkship non-credit grade of incomplete or fail. Serious or repeated evaluations of poor professionalism, including absenteeism, are referred to the Medical Student Performance Committee.

The grade of honors, which is awarded only in Clinical Applications clerkships, recognizes exceptional professionalism and behavior including no unapproved absences during the clerkship.

The office of Educational Affairs provides all course/clerkship evaluations and records, including attendance records, to the Medical Student Performance Committee for consideration in the determination of satisfactory academic progress, performance, and professionalism.

## ***Excessive Absenteeism***

Absenteeism in an element of professionalism in the evaluation of student performance for each course/clerkship. Excessive absenteeism limited to a single course/clerkship is addressed through the evaluation process for that course/clerkship.

The associate dean for Student Affairs initiates corrective actions for students with a pattern of excessive absenteeism in more than one course/clerkship per term through referral of the student to the Medical Student Performance Committee.

A pattern of excessive absenteeism across multiple courses represents unprofessional behavior that is included in the comments in the MSPE.

The course/clerkship director in collaboration with assistant dean for Foundations of Medicine (for courses) or assistant dean for Clinical Applications (for clerkships) have the authority and may withdraw a student from a course/clerkship if the student has excessive absenteeism, regardless of the reason, that adversely affects the student's exposure to the course/clerkship curriculum and experiences. Withdrawal results in a non-credit grade of incomplete and the requirement to repeat the entire course/clerkship. The student is automatically referred to the Medical Student Performance Committee.

### ***Extended Absenteeism***

A student who has absences of three or more consecutive days because of personal illness must submit a completed Course/Clerkship Absence Form accompanied by satisfactory supporting documentation such as Certification from Health Care Provider for Student Medical Condition, which is completed by the student's health care provider or the provider's office. This must be completed and submitted within two working days of the third day of absence.

A student who has absences for five consecutive days during any term and has not submitted a completed Course/Clerkship Absence Form is deemed to have voluntarily withdrawn from the MD program and is not entitled to any refund of tuition, automatically receives a failing grade in all courses/clerkships in which currently enrolled, and is not entitled to return and must apply for readmission. Readmission is not assured. If the student is readmitted, the medical school, in the sole discretion of the associate dean for Educational Affairs, may require repeating any or all courses/clerkships, even for courses/clerkships completed before withdrawal.

### ***Remediation Requirements***

All absences other than for review sessions and lectures, regardless of the reason for the absence, must be remediated as rescheduled by and to the satisfaction of the course/clerkship director. Remediation requirements vary according to the event objectives and the content and experiences that were missed, and may take into account student performance and competence in achieving course objectives.

Planned absences with advance notice may be remediated under the direction of the course/clerkship director even before the event is normally scheduled.

Students are responsible for monitoring their recorded absences in CLEARvue and contacting and working with the course/clerkship director to fulfill all remediation as

required by and to the satisfaction of the course/clerkship director. Failure to remediate all requirements by the last scheduled day of the course/clerkship results in a non-credit grade of incomplete, which may be changed to a credit grade of pass upon completing all remediation requirements as scheduled by and to the satisfaction of the course/clerkship director. Failure to remediate completely all requirements as rescheduled by and to the satisfaction of the course/clerkship director results in a non-credit grade of fail.

Sufficient time for remediation of rescheduled events must be provided for the student before taking the summative examination. Therefore, the summative examination may be postponed for a student if it is not feasible, in the sole discretion of the course/clerkship director and assistant dean, for the student to satisfactorily complete and the course/clerkship director to evaluate the remediation requirements by the day prior to the examination.

### ***Charges for Rescheduled Events and Examinations***

Because of the additional expense for the medical school, charges are assessed to students to reschedule certain curriculum events (eg, clinical skills events, simulation events, and clinical events) and examinations (eg, summative examinations, OSCE, CBSE, and anatomy examinations) to accommodate absences even if the circumstances necessitating the absences are beyond the student's control. Failure to attend the rescheduled event or examination may result in a course/clerkship non-credit grade of fail, and may result in a repeat charge to again reschedule the event or examination.

The charges for rescheduled curriculum events and examinations are:

- Clinical Skills event \$200
- Clinical half-day (eg, ICE, clerkships) \$100
- Anatomy examination \$300
- Summative course/clerkship examination, OSCE, CBSE \$200

Charges are not made for additional examinations required by a student to remediate a component of a course because of a non-passing score, with the exception of more than one additional attempt to achieve a passing score on the CBSE.

The associate dean for Student Affairs may waive charges for rescheduled curriculum events and examinations required because of approved absences or upon the student providing satisfactory supporting documentation or information in substantiation, as determined in the sole discretion of the associate dean for Student Affairs. The associate dean for Student Affairs may consider submission of a completed Course/Clerkship Absence Form before the absence in the decision to waive the charges, which also facilitates timely notice to the student whether the charges will be waived for the planned absence.

## **Student Guests**

Students are not permitted to invite or have family members, friends, or other guests attend or otherwise participate in courses/clerkships or other medical student curriculum events unless specifically invited by the course/clerkship director or faculty supervisor.

Students are each permitted to host one or two guests at a time at the W.E. Upjohn M.D. Campus during normal building hours, including evenings and weekends when the building is normally accessible to students, and when the hosting student is not scheduled for any curricular activities. During weekdays from 7 am to 5 pm, all student guests should sign in and out with security at the front desk, and will be provided with a visitor identification badge. On weekends, all students and student guests must sign in and out of the building using the Weekend Access Log. Permission is required from the director of Admissions and Student Life for students to host more than two guests at a time. Guests must be accompanied by the student at all times and may not access areas where guests of students are not permitted such as the: fitness center; fourth, fifth, and seventh floors; and third floor outside of normal business hours.

## **Signal and Guide Dogs, and Pets**

Signal and guide dogs and pets associated with curriculum training, such as in pet therapy, are permitted on medical school facilities. Student pets are not permitted on medical school premises or at affiliated sites.

## **Inclement Weather**

The medical school rarely closes because of inclement weather. Closures are announced through the medical school's emergency notification system to registered student cell phones and email addresses, and are also announced on [WWMT](#), a local television station. If there is a question about closure, students should always refer to the medical school website, where the homepage is updated immediately with notices of school closures and emergencies. Closures may affect patient care activities and educational activities differently. Patient care responsibilities are not obviated generally by adverse weather conditions. Students are expected to make up missed work in a timely manner if they are unable to attend a scheduled or assigned activity for any reason.

When students are assigned to a clinic or hospital that may require a longer drive and travel time, students should consider these questions during inclement weather:

- Will patients be able to make it in? Generally, if patients can be there, so can the healthcare providers and the students.
- What does the forecast look like? If the forecast predicts worsening conditions, then alternatives should be considered.
- Which direction will the student be going? If traveling toward Lake Michigan (and the lake effect snow belt), students may need to be more cautious.

- Call ahead. It may be snowing in Kalamazoo and sunny just a few miles away. The opposite may also be true. A phone call to out-of-town-sites is a great way to help understand the weather conditions.
- Keep an eye on the weather. If a storm is coming, be prepared to spend the night at an out-of-town location if return travel is unsafe.

In addition to notices provided through the emergency notification system and the medical school website, students may contact also the site supervisors about attendance at the site during inclement weather. Students must use good judgment and make their own decisions regarding traveling in poor weather or hazardous conditions.

## **Accommodating Religious Obligations**

The medical school includes a diverse, multicultural community. We embrace both individual responsibility and respect for our differences. We seek to permit students, residents/fellows, and faculty the opportunity to fulfill their religious obligations according to their faith.

In constructing the academic calendar for students and residents/fellows, religious holy days are considered but are not the sole factor in determining dates and times that classes and activities will be held. Course/clerkship directors and residency/fellowship program directors should attempt to facilitate religious obligations by permitting planned absence from classes and activities, with appropriate remediation, to accommodate religious obligations and religious holy days. Learners should understand that the logistical constraints of certain activities, such as summative course/clerkship examinations on the last day of the course/clerkship, might necessitate scheduling on religious holy days.

The requirements of patient care and associated clinical education are significantly different from classroom education. In clinical settings, students, residents/fellows, and faculty are expected to model professional responsibility for continuous patient care, which may preclude the individual's observance of religious obligations.

Course/clerkship directors and residency/fellowship program directors should assume that a learner's claim of a religious obligation has veracity. Learners who desire to be excused from scheduled curriculum events because of a scheduling conflict with religious obligations are responsible to make mutually agreeable arrangements for remediation with course/clerkship directors or residency/fellowship program directors well in advance, generally at least four weeks prior to the conflict. Course/clerkship directors and residency/fellowship program directors should provide reasonable accommodations for learners to remediate activities and events that are missed because of religious obligations. Reasonable accommodations do not fundamentally change the essential nature of the activity, interfere with the delivery of content, or create an unreasonable burden on the program, faculty, course/clerkship directors, or residency/fellowship program directors.

Learners retain individual responsibility for their learning experience and must commit the time and energy necessary to meet all obligations and achieve the goals and objectives of each activity. This includes fulfilling reasonable accommodations and remediation requirements resulting from observance of religious obligations.

Course/clerkship directors and residency/fellowship program directors are not obligated to provide additional materials to students beyond the materials that would have normally been distributed to all participants.

## **Student Guidelines for Dress and Appearance**

### ***For the Classroom***

Dress for the classroom is casual. However, reasonable discretion should be exercised. Clothes may be casual and comfortable but should not include any of the following: plunging neckline, midriff exposure, strapless blouses, crop tops, short shorts or miniskirts, or t-shirts with slogans or images that may cause offense. Attire may be comfortable but should not detract from the educational atmosphere. In the lecture or small group environment with patients present, students are required to adhere to the guidelines described for clinical experiences.

### ***For Clinical Experiences***

Students are expected to appear and act as the professionals and clinicians that they are being educated and trained to become. Courtesy, patience, attentiveness, and professional appearance facilitate favorable interactions with patients and others the healthcare community.

Scrutiny begins the first day of the clinical experience. This means maintaining standards of personal grooming and appearance that are generally well received by the public. Conventional attire is expected by the public and is important to gain the confidence of one's patients.

The following guidelines have been established in order to maintain safety and infection control as well as promote a professional student image. They are intended to be compliant with requirements of hospital and clinical accrediting bodies, and with infection control guidelines from the Centers for Disease Control and Prevention and other professional groups. These guidelines apply to all student interactions with the public at all inpatient and ambulatory sites of the medical school and affiliate sites, including with standardized patients and simulated clinical encounters in the Simulation Center so that students learn to the same standards as are required with patients. Some clinical sites may permit minor variances from these guidelines.

- Students should always identify themselves as a student. This should be done by:
  - Introducing oneself as a “medical student.”
  - Wearing the name badge that includes a picture at all times while interacting with patients and other professionals. Remember that the most important

part of the badge is the word “Student” because it conveys to the patients and other healthcare professionals that the individual is a student in training. It is the student’s responsibility to clarify this role to the patient.

- Unless otherwise directed by a preceptor, a clean, short white coat must be worn.
- All clothes and shoes must be clean and in good repair.
- Hair must be neat and clean. Beards, mustaches, and sideburns must be kept trimmed.
- Students must manicure fingernails to a reasonable length of no more than ¼ inch beyond the tip of each finger. Artificial nails, nail extenders, and nail enhancements are not allowed.
- In the hospital or ambulatory clinic setting, men generally should wear: traditional shirt with collar and tie, or turtleneck; dress pants; socks; and dress shoes (eg, no tennis shoes). Women generally should wear: dress pants or skirt; blouse, shirt or turtleneck; and dress shoes.
  - Anatomy scrubs are provided by the medical school and are to be worn only while on the seventh floor of the W.E. Upjohn M.D. Campus.
  - Clean hospital scrubs are acceptable within the hospitals in certain settings outside of the operating or procedure rooms but require wearing also a clean white coat. Hospital scrubs that are worn outside of the hospital are not acceptable to be worn inside of the hospital.
  - Tennis shoes may be acceptable in certain settings with prior approval of the site supervisor.

The following apparel is not allowed and students will be sent home if any of these are worn:

- Denim, such as blue jeans and denim jumpers.
- Clothing considered for casual, non-business activities including sweatshirts, sweatpants, halter tops, shorts, leggings/stirrup pants, tube tops, military fatigues, jogging suits, sleeveless or spaghetti strap sundresses (unless worn with a jacket).
- Muscle shirts, bare midriffs, low necklines, or transparent clothing.
- T-shirts.
- Attire with inappropriate slogans or images.
- Skirt length shorter than 3 inches above the top of the knee.
- Opened-toed shoes, sandals, stiletto heels, or platform shoes exceeding one inch.
- Bare legs or feet; hosiery, socks, or tights are required at all times.
- No rings, hoops, and jewelry worn in non-traditional manner including nose rings, large studs, or other body piercing such as eyebrow, lip, or tongue. Small ear piercing and nose stud are acceptable.
- Hair that is dyed an unnatural color.
- Hats or caps; head coverings are permitted only for religious reasons.
- Large visible tattoos; tattoos must be concealed generally by clothing or makeup.
- Overwhelming or strong perfumes, after-shave, or colognes.
- Other personal guidelines include:
  - Do not chew gum.



- Use deodorant every day.
- Avoid eating and drinking in front of patients or in patient care areas.
- Avoid speaking loudly in hospitals and clinics.
- Be cognizant of how levity and loud laughter in the face of serious patient health concerns may be perceived as being uncaring.
- Never discuss patient information in public areas.

If unsure about a choice or option for dress, always choose conventional attire.

## **Medical Student Hours During Foundations of Medicine**

The explosion in scientific and medical knowledge means that physicians in training are expected to assimilate a tremendous amount of knowledge. The medical school is sensitive to the academic workload of medical students in the curriculum.

During Foundations of Medicine, the faculty restrict medical student scheduled, required contact hours to, generally, an average of no more than 28 hours per week, when averaged over all Foundations of Medicine courses. This includes all scheduled events with required attendance as well as scheduled lectures, review sessions, Dean's Forums, and Student Forums even though attendance at these events is optional. Because of the introductory nature of the content and the format, this calculation excludes the Transition to Medical School and Transition to Clinical Applications courses, which are structured more similarly to clerkships rather than to courses and do not have as demanding requirements for independent study.

The total time commitment of medical students during Foundations of Medicine includes all scheduled events and also personal study time for independent learning, and is generally 50-60 hours per week, on average, over all Foundations of Medicine curriculum weeks.

## **Student Records**

### ***Legal and Preferred Names***

Students are required to provide their full legal name at the time of application, and confirm their full legal name at the time of matriculation. The legal name must be used for certain medical school records, documents, and business processes such as reporting, financial aid, transcripts, diplomas, and other records where use of legal name is required by law or the medical school.

As an inclusive and diverse community, the medical school allows students to request use of a preferred first name, such as a nickname, that is different from their legal first name and by which the student wishes to be identified for certain purposes, where appropriate, such as for directories, class lists, group lists, and identification badges. Students have the opportunity to designate a preferred first name at matriculation and thereafter. The preferred first name must be respectful, appropriate, and not used for any purpose of misrepresentation. The medical school reserves the right to deny use and

remove a preferred first name from the records if it is deemed inappropriate in the sole discretion of the medical school. Once designated, the preferred first name will be used where appropriate until the student requests a change. The student's legal first name and preferred first name are both included in the medical school student information system and accessible to faculty and staff.

### ***Family Educational Rights and Privacy Act (FERPA)***

The medical school takes seriously its commitment to protect the privacy of our students and their education records. The medical school complies fully with the requirements of the Family Educational Rights and Privacy Act (FERPA) of 1974, a federal law designed to protect the privacy of students' education records, and applies these rights and protections to all enrolled students and formerly enrolled students for as long as the medical school retains their education records.

Students are notified of their FERPA rights at least annually through the annual update of the Medical Student Handbook. These rights, which are provided in full by the medical school, include:

- The right to inspect and review the student's education records within 45 days of the date the medical school receives a request for access. The medical school routinely provides students with contemporaneous access to their individual education records for each course/clerkship through the curriculum management system.
- The right to request the amendment of the student's education records that the student believes is inaccurate.
- The right to consent to disclosures of personally identifiable information contained in the student's education records except to the extent that FERPA authorizes disclosure without consent, which includes medical school officials with legitimate educational interests.
- The right to file a complaint with the US Department of Education concerning alleged failures by the medical school to comply with the requirements of FERPA. The contact information of the office that administers FERPA is: Family Policy Compliance Office, US Department of Education, 400 Maryland Avenue, SW Washington, DC 20202-5901.

The registrar is the compliance officer for FERPA for the medical school, under the oversight of the associate dean for Administration and Finance who serves as the chief compliance officer for the medical school. Specific questions about FERPA should be directed to the registrar.

### ***Confidentiality and Privacy of Student Records***

The FERPA definition of education records includes all of the information and records in any format that are used by the medical school in the instruction and evaluation of students. Education records include any information or documentation that is recorded in any way, including records produced by handwriting, computer, email, audio, and

video, among others. Education records contain information directly related to a student, and may be maintained by the medical school or any party acting on its behalf.

The matriculation date and also the date of attaining the status a student is defined by the medical school as the start date of the first course for which the student is registered.

Certain records are deemed not to be education records, and therefore are not subject to FERPA, including: admissions records of applicants who do not matriculate; financial aid records; health records; alumni records (records created or updated after the student is no longer enrolled); records that are made by instructional, supervisory, and administrative personnel that are kept in the sole possession of the maker of the record and are not accessible or revealed to another individual except a replacement; and still photographs, audio recordings, and video recordings with or without audio used to privately and publicly promote medical school activities for informational, promotional, marketing, and fundraising purposes as well as for educational purposes.

FERPA protects the privacy of students' education records by setting forth strict instructions and limitations governing the release of information about students. Disclosure without consent is permitted to medical school officials with a need to know and legitimate educational interests, which are defined by the medical school to include: curriculum development, delivery, and assessment; assessment of student performance; student life and wellness; student advising and mentoring; student health; and student financial aid including scholarships. A medical school official has a legitimate need to know and educational interest if the official needs to review an education record in order to fulfill a professional medical school responsibility. The following individuals have legitimate academic and business needs to access and know this information and are provided with confidential knowledge to meet these needs and also to facilitate the student's successful progress.

- The student's Scholar-Advisors.
- The student's designated individual mentors.
- Course/clerkship directors.
- Associate Dean for Educational Affairs.
- Assistant Dean for Foundations of Medicine.
- Assistant Dean for Clinical Applications.
- Director of Educational Affairs and staff of Educational Affairs, including the registrar.
- Associate Dean for Student Affairs, and staff on a need-to-know basis.
- Director of Admissions and Student Life, and staff on a need-to-know basis.
- Director of Financial Aid, and staff on a need-to-know basis.
- Associate Dean for Administration and Finance, and staff on a need-to-know basis.
- Dean, and staff on a need-to-know basis.
- Student Scholarship Committee in the review of each individual student's performance for consideration for scholarships and awards, and committee staff on a need-to-know basis.

- Medical Student Performance Committee in the review of each individual student's performance, and committee staff on a need-to-know basis.
- Student Appeals Committee in the course of an individual student's appeal, and committee staff on a need-to-know basis.
- Affiliated entities that are participating with the medical school in the delivery of the MD curriculum, such as for clinical and community experiences, for purposes related to the student's participation in the MD curriculum.
- WMU for students that are enrolled or intending to enroll in WMU courses, including all medical students for enrollment in the WMU course IPE 6800 (Interprofessional Education 6800: Advances and Perspectives in Medicine and Health), for purposes related to the student's enrollment at WMU.
- Institutions of affiliated degree programs that request the records for students enrolled or intending to enroll in dual-degree programs, for purposes related to the student's enrollment at the other institution.
- To comply with an order from a court of competent jurisdiction.
- Other individuals with a legitimate educational or business need to know this information such as:
  - Security staff.
  - Human Resources staff.
  - Occupational Health staff.
  - Information Technology staff.
  - An individual or company with whom the medical school has contracted, such as an attorney, auditor, or collection agent.
  - An individual serving on the Board of Directors.
  - An individual serving on a medical school committee.
  - An individual assisting a medical school official in performing an official task.
  - An individual faculty member to whom the student has specifically given permission in writing to review the records. Under these circumstances, the sections of the records pertaining to the actions of the Medical Student Performance Committee and Student Appeals Committee are removed for the review.

De-identified or aggregated medical student information may be provided to other individuals in the medical school and to outside entities such as for accreditation and reporting purposes.

The medical school is committed to providing an exceptional medical educational program and curriculum. Students enrolled at the medical school should expect to be active participants in the process to continually evaluate and improve the educational experience. As a component of our efforts to continually improve the curriculum, all medical student records including application materials, assessments, evaluations, examination scores, student reports, surveys, MCAT scores, NBME scores, and USMLE scores may be analyzed to assess the effectiveness of the curriculum and other programs. The results are used to improve the curriculum, and de-identified or aggregated medical student information and performance results may be shared through scholarly presentations and publications. Improvements that result from these

analyses benefit students and faculty in our program and also students and faculty in other medical education programs.

Inquiries regarding confidentiality and privacy of student records should be made to the registrar.

### ***Request to Review Individual Education Records***

Students have the right to inspect and review their individual education records that are maintained by the medical school. The medical school provides each student with contemporaneous access to their individual education records through the curriculum management system.

If there are additional individual education records that exist that a student desires to review, the student should submit to the registrar a written request that specifies the individual education records they seek to review. The registrar will make arrangements for access and notify the student of the date, time, and place where the records may be reviewed. It is expected that most requests to review individual education records will be accommodated within 30 days, and in all cases within 45 days of the date the medical school receives the request to review. In no instance may records be removed from the place provided, nor may they be copied or altered by the student. The student is required to sign a Review of Records form documenting their review of that record on a specified date, and the registrar stores the Review of Records form. If the medical school does not maintain the requested records, the registrar shall advise the student of the appropriate individual to whom such a request should be addressed.

### ***Request to Amend Individual Education Records***

Students may ask the medical school to amend a record that they believe is inaccurate or misleading. Students should notify the registrar in writing and clearly identify the part of the record they want changed, specifying the basis for the perceived inaccuracy. Copies of evidence relating to the record being questioned should accompany the request. The registrar and associate dean for Educational Affairs (or designee) evaluate the student's request and consult, as needed, with other individuals possessing information relevant to the record to determine whether revision of the record is warranted. The registrar notifies the student of the decision in writing within 15 days. If the student's request is supported the registrar amends the records. If the request is not supported, the student is permitted to attach a notation in the record stating the basis of the disagreement.

### ***Release of Individual Education Records***

Students must provide written consent that follows the format specified in FERPA before any education records may be released to any third party, including the students' parents, relatives, friends, other students, and employers. Particularly sensitive information includes but is not limited to students' social security numbers,

race/ethnicity, gender, nationality, grades, academic performance, and disciplinary records.

If a record contains information about more than one student, only the content regarding the student requesting and authorizing the release can be disclosed.

Requests for disclosure of official records must be made in writing to the registrar's office. It is expected that most requests will be accommodated within 30 days, and in all cases within 45 days.

### ***Sole Possession Notes***

Individual faculty members may create and maintain sole possession notes as an individual observation or recollection about a student. Sole possession notes that are not shared with medical school administration or another person, except a replacement, are not education records, are not part of the permanent student record, and are not subject to FERPA regulations.

### ***Student Directory Information***

Pursuant to FERPA, this notice is provided to students annually to advise them that certain information classified by the medical school as directory information may be disclosed to the public even in the absence of student consent unless the student files written notice within three weeks before September 1 of each school year informing the medical school not to disclose any or all of the directory information for that year, through August 31. Notice not to disclose student directory information must be filed with the registrar.

The items classified by the medical school as directory information include:

- Student's full legal name, and preferred first name (if any).
- Local and permanent addresses.
- Local and permanent telephone numbers, including cell telephone numbers.
- Email addresses.
- Date and place of birth.
- Country of citizenship, or US permanent resident status
- State of residence.
- Photographs and electronic images and recordings.
- Program(s) in which the student is enrolled.
- Student's classification and enrollment status.
- Dates of attendance and graduation.
- Degrees and certificates received.
- Honors and awards received.
- Previous colleges and universities attended.
- Degrees and certificates, and dates of each, earned at previous colleges, universities, and other organizations.

- Participation in medical school committees and student organizations that are officially recognized by the medical school.

Students may restrict the release of items of information considered directory information by completing and submitting the Directory Information Restriction form available from the registrar. The decision to restrict directory information applies to all requests for directory information from outside the medical school, including prospective employers and academic programs. Students should be aware of the possible consequences of restricting release of directory information such as missed messages and announcements, and non-verification of enrollment or degree status for prospective employers and academic programs. Restrictions on release of directory information remain in effect until August 31 or the registrar is informed in writing to remove the restrictions.

### ***Permanent Student Record***

The medical school maintains the permanent student record and provides official transcripts for all current and former students. The registrar is responsible for maintaining permanent student records, and providing timely and accurate records and transcript services. The permanent student record contains demographic information, documentation of leaves of absence, and academic records including admissions records and documentation of student performance related to the medical degree curriculum. Prior to matriculation, the office of Admissions removes all comments and committee voting records from admissions records that are retained as part of the permanent student record. Non-academic records include financial aid records and health records, which are not part of the permanent student record. Records and related documents of committee proceedings are maintained by the medical school and are not part of the permanent student record. Alumni records, which are created or updated after the individual is no longer enrolled, are not part of the permanent student record.

The permanent student record for each medical student includes the following academic records, which are maintained by the registrar:

- Demographic information including preferred first name, photograph, representative student signature, and documentation of name changes.
- Documentation of leaves of absence and returns from leaves of absence.
- Copy of certificates and diplomas from the medical school.
- Admissions records.
  - AMCAS application.
  - Supplemental application.
  - Complete, official transcripts showing all academic work prior to matriculation to the medical school.
- Start dates and end dates for each course/clerkship in which the student enrolled.
- The date that all degree requirements were completed, or the date that the student was dismissed or withdrew.
- Official transcript of all coursework for which any grade was given.

- Copy of diplomas of degrees awarded from other institutions, including dual-degree programs affiliated with the medical school.
- Copy of certificates of programs completed at other institutions while enrolled at the medical school.
- Documentation of grade changes.
- Learning contracts implemented by the Medical Student Performance Committee.
- Letters and reports of actions, including sanctions and final actions, of the Medical Student Performance Committee, Investigation Committees for student misconduct, Student Appeals Committee, and the associate dean for Educational Affairs (eg, suspension).
- Documentation of student withdrawal.
- MSPE including attachments, if any.
- Letters of recommendation provided through the medical school for residency applications and other purposes, including submitted requests for letters of recommendation.
- Medical student course/clerkship performance records, including academic performance and other aspects of performance such as professionalism.
- USMLE scores, USMLE ID number, and examination dates including notation of pass/fail. This information includes the score required to pass the examination.
- AAMC ID number.

The following information may be kept by the medical school but is not part of the permanent student record. This information may be kept while the student is enrolled and for a period of years following graduation or separation from the medical school.

- Financial aid records that are maintained by the office of Financial Aid.
- Health records, including vaccination records and other health records, which are maintained by Occupational Health and health care providers.
- Alumni records (records created or updated after the student is no longer enrolled).
- Records of course/clerkship drops/adds, test scores, formative and summative examination scores, subjective performance evaluations including student performance evaluations of experiences away from the medical school, and final course/clerkship evaluations.
- Student attendance and participation records, including documentation of absences.
- Advising records (in addition to those that are kept in the sole possession of the maker).
  - Memos to file that are submitted to the registrar from the associate dean for Student Affairs, Scholar-Advisors, and designated individual mentors.
  - Notes and summaries that are maintained by the registrar regarding academic and non-academic issues.
- Completed medical school forms submitted by students, and related documents.
- Records and related documents of committee proceedings, including but not limited to:



- Records and related documents of the Medical Student Performance Committee regarding performance.
- Records and related documents of the Student Appeals Committee of appeals by the student.
- Records and related documents of the Essential Abilities Committee regarding accommodations, including requests for accommodations.
- Records and related documents of allegations, initial inquiries, and investigations, including of Investigation Committees, for student misconduct.
- Records and related documents of the medical school providing official transcripts, letters of verification of training, and forms for licensing and privileges.
- Other records as determined by the medical school.

Curriculum requirements, include advancement and graduation requirements, are described in the Medical Student Handbook and are not maintained as part of the permanent student record.

Grade point averages for medical students are not calculated, provided, or reported. The medical school may generate, as needed for internal purposes, analyses of performance of medical students. Such analyses include individual course/clerkship and cumulative performance, as well as course/clerkship and cumulative weighted class averages and performance distribution in Foundations of Medicine courses (not including Transition courses and Introductory Clinical Experiences), third-year clerkships, and selected fourth-year clerkships. The results of such analyses are reported also in conjunction with individual student cumulative, weighted average and quartile performance in the student's MSPE. Individual student and class analyses and reports using aggregated data are not part of the permanent student record, though individual student results may be reported in the context of class results in the MSPE and other reports that are part of the permanent student record.

### ***Identification Badge and Photograph***

Medical students are issued a medical school identification badge, which includes an identification photograph, and are required to wear their badge at all times and at all sites when they are in the role as a student having any interaction with patients or the public.

The identification badge is the property of the medical school and must be returned to the medical school upon request or student separation or graduation. There is a charge for replacement of a lost, stolen, or misplaced identification badge.

An identification photograph taken by the medical school is required to obtain a medical school identification badge, which is necessary to assure faculty and staff at different settings that medical students are legitimate learners in the hospital and clinic environment. The identification photograph may be used and distributed for informational, promotional, and educational purposes.

The medical school publishes and distributes pictures, picture directories, and class photographs of medical students to meet the educational needs of the medical school, including publishing student information and pictures on the medical school websites. Directories and pictures are distributed publicly and are available to students, faculty, medical school staff, and affiliated hospitals and clinics. While the medical school classifies photographs, electronic images, and recordings as directory information, these are not generally released to parties outside the medical school without the student's permission.

### ***Still Photographs, Video Recordings With or Without Audio, and Audio Recordings***

The medical school is committed to quality education and training. Toward this end, students and faculty are routinely observed and evaluated as an integral part of their education and development of their professional competencies, either directly or through still photographs, video recordings with or without audio, and audio recordings, as appropriate to the objectives and format of the experience. These records are an integral part of the teaching and assessment methods of medical students. In addition, the medical school records both visually and audibly many campus events and daily activities such as classes, educational events, commencement, convocations, student events, and public events. These images and recordings, as well as other information about students and faculty, may be published by the medical school in print or on websites regularly as part of the medical school's coverage of campus life and portrayal of the medical school to a variety of audiences. The medical school generally restricts the use of any image or recording to the representation, marketing, or promotion of medical school activities only.

By virtue of accepting an offer of admission, registering for courses/clerkships, and participating in medical school activities, medical students consent that their image and voice in still photographs, audio recordings, and video recordings with or without audio obtained in the course of medical school activities, at any site and at any time, may be recorded, used, and distributed by the medical school now and in the future to:

- Provide formative feedback to learners and educators to improve their performance.
- Formally assess student achievement.
- Help evaluate and improve the medical school curriculum.
- Evaluate our teaching process.
- Promote medical school activities for informational, promotional, marketing, and fundraising purposes as well as for educational purposes.

Still photographs, video recordings with or without audio, and audio recordings that are created during the delivery of the medical school curriculum may be accessed by medical school faculty and staff only for official authorized purposes including student education, student evaluation, educator evaluation, and curriculum development, implementation, and oversight. Only those medical school faculty and staff with a legitimate educational or business need to use this information have access to these

records. Portions of still photographs, audio recordings, and video recordings with or without audio may be used by the medical school to privately and publicly promote medical school activities for informational, promotional, marketing, and fundraising purposes as well as for educational purposes.

Medical students are provided with access to still photographs, video recordings with or without audio, and audio recordings that are part of the medical school curriculum, including recordings that are created from lectures, curricular and co-curricular activities and experiences, standardized patient experiences, simulation experiences, and clinical or patient-related experiences related to medical school events and activities. Making copies of these recordings in any format including on laptops and personal electronic devices, posting or publishing in any format, or showing or distributing to other individuals without prior written authorization is prohibited.

Still photographs, audio recordings, and video recordings with or without audio recordings related to student performance that are created during curriculum delivery are retained generally for about one year after the student has graduated or is no longer officially associated with the medical school, whichever comes first. Generally at that time, recordings of individual students are destroyed and no longer available. Certain recordings may be retained and used indefinitely for educational and business purposes, but these recordings no longer represent performance of the individual student or group.

#### *Personal Cameras and Recording Devices*

Use of a personal camera or recording device (for photography, or audio, video, or audiovideo recording) to record any clinical or patient-related experience with patients must be in accordance with the policies of the clinical site. To minimize misperception, students and faculty should not have a personal camera or recording device within the view of a patient unless permission to photograph or record has been obtained through the policies and procedures of the clinical site. Use of a personal camera or recording device by students and faculty is not permitted in the setting of anatomy instruction, standardized patients, and simulation training.

#### *Publishing and Posting on the Internet*

Students, faculty, and staff shall not post or publish still photographs, video recordings with or without audio, audio recordings, written records, or in any other form the content of curriculum events including but not limited to lectures, iBooks and independent learning resources, standardized patient experiences, simulation experiences, examination questions, and clinical and patient-related experiences related to medical school events and activities in any format including the internet, such as social networking sites and personal websites whether with or without restricted access, including posting anonymously or under a pseudonym.

## ***Commencement and Graduation Activities***

Submitting the Intent to Graduate form signals that a student is preparing to graduate. By signing the Intent to Graduate form, the student is giving permission to the medical school to print the following information in any medical school graduation program and announce this information at any medical school graduation ceremony: the student's name as indicated on the Intent to Graduate form, any honors or awards received, the medical school degree, previous colleges and universities attended, and degrees earned at those previous colleges and universities. If a Directory Information Restriction form was previously submitted, the student's signature on the Intent to Graduate form permits the directory information to be published for the graduation program and graduation ceremony. The student's signature also permits the medical school to release the student's name and address to the external photography vendor with whom the medical school contracts, and to have the vendor place graduation photographs of the student on its website. The student's signature also permits the medical school to publish the student's picture in a picture composite and the student's image in a video of the Commencement ceremony that is created and distributed. The recording of the graduation ceremony may be posted on the medical school website and social media sites such as YouTube and Facebook. The student's signature also permits publication of the student's name, photograph, previous degrees earned, and other information in medical school publications.

## ***Records of Deceased Students***

Since, according to FERPA, the privacy interests of an individual expire with that individual's death, the disposition of records held by medical school pertaining to a deceased student is not a FERPA issue but a matter of institutional policy and/or state law.

Following the death of a student, the medical school releases educational records of the individual student to third parties only: 1) if the student had submitted a signed authorization designating the person(s) eligible to receive the educational records; 2) if a release is authorized by the executor of the student's estate, parents, or next of kin if an executor has not been appointed; 3) in response to an order from a court of competent jurisdiction; or 4) at the sole discretion of the medical school. The deceased student's educational records may be shared with medical school individuals who have legitimate academic and business needs to access and know this information, and may be made available for medical school research purposes.

## ***Use of Contact Information***

Contact information including names, addresses, phone numbers, and email addresses of current and former faculty is used only for medical school and related academic purposes. This information is not used, sold, or distributed for other purposes. Medical students may not use medical school mailing and emailing lists for unauthorized fundraising or for commercial, private, or political purposes.

## **Tuition**

Tuition is charged and provides for the single sequence of scheduled curriculum activities for the courses for which the student is enrolled.

Tuition is charged annually for each of the four academic years and is assessed in two equal installments, with one-half of the annual tuition due at the beginning of each term. For 2016-17, tuition is \$52,500 for each of the four classes. For 2017-18, tuition is \$54,500 for each of the four classes. Tuition includes the cost of disability insurance, professional liability (malpractice) insurance, software licenses for some required software and web-based resources, costs for some examinations, consumable training supplies, and other miscellaneous expenses.

Tuition is subject to annual review and change by the Western Michigan University Homer Stryker M.D. School of Medicine board of directors.

### ***Tuition Payment Due Dates***

For first-year students, the first tuition payment is due by the first Wednesday in August, and the second tuition payment is due by the second Wednesday in January. For second-year, third-year, and fourth-year students, tuition payments are due by the second Wednesday of each term.

Students paying their account charges entirely from personal sources (ie, not borrowing through federal or private loans paid through the medical school) may elect to pay tuition term charges in two equal installments with the first installment due on the due date and the second installment due four weeks later. Students must submit the Payment Plan Agreement to the office of Financial Aid to enroll for this payment option.

Financial aid is considered as disbursed upon posting to the student account.

## Financial Calendars

Table 12. Financial Calendar for the Class of 2018

Class of 2018	2014 – 2015		2015 – 2016		2016 – 2017		2017 – 2018	
	Term 1	Term 2	Term 1	Term 2	Term 1	Term 2	Term 1	Term 2
Term begins	18 Aug 2014	5 Jan 2015	4 May 2015	2 Nov 2015	2 May 2016	31 Oct 2016	15 May 2017	13 Nov 2017
Term ends	19 Dec 2014	1 May 2015	30 Oct 2015	29 Apr 2016	21 Oct 2016	28 Apr 2017	10 Nov 2017	11 May 2018
If no payment plan, payment due date	13 Aug 2014	14 Jan 2015	13 May 2015	12 Nov 2015	11 May 2016	9 Nov 2016	24 May 2017	22 Nov 2017
If payment plan, payment #1 due date	13 Aug 2014	14 Jan 2015	13 May 2015	12 Nov 2015	11 May 2016	9 Nov 2016	24 May 2017	22 Nov 2017
If payment plan, payment #2 due date	10 Sep 2014	11 Feb 2015	10 Jun 2015	9 Dec 2015	8 Jun 2016	7 Dec 2016	21 Jun 2017	20 Dec 2017
Students registered for courses	30 Jun 2014	14 Nov 2014	13 Mar 2015	11 Sep 2015	21 Mar 2016	9 Sep 2016	24 Mar 2017	22 Sep 2017
Tuition invoices posted to student accounts	1 Jul 2014	17 Nov 2014	16 Mar 2015	14 Sep 2015	24 Mar 2016	12 Sep 2016	27 Mar 2017	25 Sep 2017
75% Tuition refund deadline	1 Sep 2014	19 Jan 2015	18 May 2015	16 Nov 2015	16 May 2016	14 Nov 2016	29 May 2017	27 Nov 2017
50% Tuition refund deadline	8 Sep 2014	26 Jan 2015	25 May 2015	23 Nov 2015	23 May 2016	21 Nov 2016	5 Jun 2017	4 Dec 2017
25% Tuition refund deadline	15 Sep 2014	2 Feb 2015	1 Jun 2015	30 Nov 2015	30 May 2016	28 Nov 2016	12 Jun 2017	11 Dec 2017
Financial aid disbursed to the medical school	8 Aug 2014	26 Dec 2014	4 May 2015	2 Nov 2015	2 May 2016	31 Oct 2016	15 May 2017	13 Nov 2017
Financial aid posted to student accounts	11 Aug 2014	29 Dec 2014	5 May 2015	3 Nov 2015	3 May 2016	1 Nov 2016	16 May 2017	14 Nov 2017
Financial aid credit balances issued to students	11 Aug 2014	31 Dec 2014	15 May 2015	13 Nov 2015	13 May 2016	10 Nov 2016	25 May 2017	22 Nov 2017

*Shading represents previous terms.*

Table 13. Financial Calendar for the Class of 2019

Class of 2019	2015-2016		2016-2017		2017-2018		2018-2019	
	Term 1	Term 2	Term 1	Term 2	Term 1	Term 2	Term 1	Term 2
Term begins	10 Aug 2015	4 Jan 2016	2 May 2016	31 Oct 2016	1 May 2017	30 Oct 2017	14 May 2018	12 Nov 2018
Term ends	18 Dec 2015	29 Apr 2016	28 Oct 2016	28 Apr 2017	20 Oct 2017	27 Apr 2018	9 Nov 2018	10 May 2019
If no payment plan, payment due date	5 Aug 2015	13 Jan 2016	11 May 2016	9 Nov 2016	10 May 2017	8 Nov 2017	23 May 2018	21 Nov 2018
If payment plan, payment #1 due date	5 Aug 2015	13 Jan 2016	11 May 2016	9 Nov 2016	10 May 2017	8 Nov 2017	23 May 2018	21 Nov 2018
If payment plan, payment #2 due date	2 Sep 2015	10 Feb 2016	8 Jun 2016	7 Dec 2016	7 Jun 2017	6 Dec 2017	20 Jun 2018	19 Dec 2018
Students registered for courses	2 Jul 2015	13 Nov 2015	11 Mar 2016	9 Sep 2016	10 Mar 2017	8 Sep 2017	23 Mar 2018	21 Sep 2018
Tuition invoices posted to student accounts	6 Jul 2015	16 Nov 2015	14 Mar 2016	12 Sep 2016	13 Mar 2017	11 Sep 2017	26 Mar 2018	24 Sep 2018
75% Tuition refund deadline	24 Aug 2015	18 Jan 2016	16 May 2016	14 Nov 2016	15 May 2017	13 Nov 2017	28 May 2018	26 Nov 2018
50% Tuition refund deadline	31 Aug 2015	25 Jan 2016	23 May 2016	21 Nov 2016	22 May 2017	20 Nov 2017	4 Jun 2018	3 Dec 2018
25% Tuition refund deadline	7 Sep 2015	1 Feb 2016	30 May 2016	28 Nov 2016	29 May 2017	27 Nov 2017	11 Jun 2018	10 Dec 2018
Financial aid disbursed to the medical school	31 Jul 2015	28 Dec 2015	2 May 2016	31 Oct 2016	1 May 2017	30 Oct 2017	14 May 2018	13 Nov 2018
Financial aid posted to student accounts	3 Aug 2015	29 Dec 2015	3 May 2016	1 Nov 2016	2 May 2017	31 Oct 2017	15 May 2018	14 Nov 2018
Financial aid credit balances issued to students	3 Aug 2015	8 Jan 2016	13 May 2016	10 Nov 2016	11 May 2017	9 Nov 2017	24 May 2018	21 Nov 2018

*Shading represents previous terms.*

Table 14. Financial Calendar for the Class of 2020

Class of 2020	2016-2017		2017-2018		2018-2019		2019-2020	
	Term 1	Term 2	Term 1	Term 2	Term 1	Term 2	Term 1	Term 2
Term begins	8 Aug 2016	3 Jan 2017	1 May 2017	30 Oct 2017	30 Apr 2018	29 Oct 2018	13 May 2019	11 Nov 2019
Term ends	16 Dec 2016	28 Apr 2017	27 Oct 2017	27 Apr 2018	19 Oct 2018	26 Apr 2019	8 Nov 2019	8 May 2020
If no payment plan, payment due date	3 Aug 2016	11 Jan 2017	10 May 2017	8 Nov 2017	9 May 2018	7 Nov 2018	22 May 2019	20 Nov 2019
If payment plan, payment #1 due date	3 Aug 2016	11 Jan 2017	10 May 2017	8 Nov 2017	9 May 2018	7 Nov 2018	22 May 2019	20 Nov 2019
If payment plan, payment #2 due date	31 Aug 2016	8 Feb 2017	7 Jun 2017	6 Dec 2017	6 Jun 2018	5 Dec 2018	19 Jun 2019	18 Dec 2019
Students registered for courses	1 Jul 2016	11 Nov 2016	10 Mar 2017	8 Sep 2017	9 Mar 2018	7 Sep 2018	22 Mar 2019	20 Sep 2019
Tuition invoices posted to student accounts	5 Jul 2016	14 Nov 2016	13 Mar 2017	11 Sep 2017	12 Mar 2018	10 Sep 2018	25 Mar 2019	23 Sep 2019
75% Tuition refund deadline	22 Aug 2016	17 Jan 2017	15 May 2017	13 Nov 2017	14 May 2018	12 Nov 2018	27 May 2019	25 Nov 2019
50% Tuition refund deadline	29 Aug 2016	24 Jan 2017	22 May 2017	20 Nov 2017	21 May 2018	19 Nov 2018	3 Jun 2019	2 Dec 2019
25% Tuition refund deadline	5 Sep 2016	31 Jan 2017	29 May 2017	27 Nov 2017	28 May 2018	26 Nov 2018	10 Jun 2019	9 Dec 2019
Financial aid disbursed to the medical school	29 Jul 2016	27 Dec 2016	1 May 2017	30 Oct 2017	30 Apr 2018	29 Oct 2018	13 May 2019	12 Nov 2019
Financial aid posted to student accounts	1 Aug 2016	28 Dec 2016	2 May 2017	31 Oct 2017	1 May 2018	30 Oct 2018	14 May 2019	13 Nov 2019
Financial aid credit balances issued to students	1 Aug 2016	6 Jan 2017	12 May 2017	9 Nov 2017	11 May 2018	9 Nov 2018	24 May 2019	22 Nov 2019



Table 15. Financial Calendar for the Class of 2021

Class of 2021	2017-2018		2018-2019		2019-2020		2020-2021	
	Term 1	Term 2	Term 1	Term 2	Term 1	Term 2	Term 1	Term 2
Term begins	7 Aug2017	2 Jan 2018	30 Apr 2018	29 Oct 2018	29 Apr 2019	28 Oct 2019	11 May 2020	9 Nov 2020
Term ends	15 Dec2017	27 Apr 2018	26 Oct 2018	26 Apr 2019	18 Oct 2019	24 Apr 2020	6 Nov 2020	7 May 2021
If no payment plan, payment due date	2 Aug2017	10 Jan 2018	9 May 2018	7 Nov 2018	8 May 2019	6 Nov 2019	20 May 2020	18 Nov 2020
If payment plan, payment #1 due date	2 Aug2017	10 Jan 2018	9 May 2018	7 Nov 2018	8 May 2019	6 Nov 2019	20 May 2020	18 Nov 2020
If payment plan, payment #2 due date	30 Aug2017	7 Feb 2018	6 Jun 2018	5 Dec 2018	5 Jun 2019	4 Dec 2019	17 Jun 2020	16 Dec 2020
Students registered for courses	30 Jun2017	10 Nov2017	9 Mar 2018	7 Sep 2018	8 Mar 2019	6 Sep 2019	20 Mar 2020	18 Sep 2020
Tuition invoices posted to student accounts	3 Jul2017	13 Nov2017	12 Mar 2018	10 Sep 2018	11 Mar 2019	9 Sep 2019	23 Mar 2020	21 Sep 2020
75% Tuition refund deadline	21 Aug2017	16 Jan 2018	14 May 2018	12 Nov 2018	13 May 2019	11 Nov 2019	25 May 2020	23 Nov 2020
50% Tuition refund deadline	28 Aug2017	23 Jan 2018	21 May 2018	19 Nov 2018	20 May 2019	18 Nov 2019	1 Jun 2020	30 Nov 2020
25% Tuition refund deadline	4 Sep2017	30 Jan 2018	28 May 2018	26 Nov 2018	27 May 2019	25 Nov 2019	8 Jun 2020	7 Dec 2020
Financial aid disbursed to the medical school	28 Jul2017	26 Dec2017	30 Apr 2018	29 Oct 2018	29 Apr 2019	28 Oct 2019	11 May 2020	9 Nov 2020
Financial aid posted to student accounts	31 Jul2017	27 Dec2017	1 May 2018	30 Oct 2018	30 Apr 2019	29 Oct 2019	12 May 2020	10 Nov 2020
Financial aid credit balances issued to students	31 Jul2017	5 Jan 2018	11 May 2018	9 Nov 2018	10 May 2019	8 Nov 2019	22 May 2020	20 Nov 2020

## ***Credit Balances***

The medical school refunds credit balances on student accounts within 14 days of funds being posted to the account.

## ***Refund of Tuition***

Students who obtain written approval from the associate dean for Student Affairs to withdraw from the MD program, or are granted a leave of absence from the MD program, may be eligible for a partial credit of tuition that has been assessed by the medical school and also that has been paid by the medical student, according to the following guidelines:

- All unpaid charges, such as for books and other student account charges, including charges for WMU services and tickets, must be paid in full before any tuition is refunded. The charge for parking, if the student selected medical parking, is refunded on a pro-rated basis from the date of withdrawal or start date of the leave of absence. The medical school does not charge student fees that are subject to refund.
- 75% refund of the tuition paid by the student if the associate dean for Student Affairs receives notice by email or letter within 14 days of the start of the term.
- 50% refund of the tuition paid by the student if the associate dean for Student Affairs receives notice by email or letter within 21 days of the start of the term.
- 25% refund of the tuition paid by the student if the associate dean for Student Affairs receives notice by email or letter within 28 days of the start of the term.
- There is no refund of the tuition paid by the student for withdrawal after 28 days of the start of the term.

The associate dean for Student Affairs shall make the determination to refund or not refund tuition, and of the refund amount, which may be adjusted based on outstanding student charges that have been incurred or are not able to be canceled. The associate dean for Students Affairs may also deem a student eligible for partial or full refund of tuition at any time in the case of exceptional circumstances such as illness, death, involuntary call to military service, or administrative error.

No credit is earned if any or all tuition is refunded, and the grade for any course/clerkship in which the student is enrolled at the time of refund of tuition is the non-credit grade of Withdrawal.

A student who withdraws during any term without the prior written approval of the associate dean for Student Affairs is not entitled to any refund of tuition, and the grade for any course/clerkship in which the student is enrolled is the non-credit grade of Withdrawal.

Tuition is refunded for an approved leave of absence in accordance with the refund of tuition schedule. The associate dean for Student Affairs may extend the period of time for the training normally covered by a given tuition payment.

## ***Refund of Federal Title IV Financial Aid***

Students seeking to withdraw or be granted a leave of absence must submit a signed and dated written request to the associate dean for Student Affairs. Students who stop attending school for any reason including withdrawal, leave of absence, or dismissal prior to the end of a term in which they have received federal financial aid are subject to the return of federal Title IV financial aid. The office of Financial Aid calculates “earned” versus “unearned” federal aid according to the percentage of the term completed. Students completing at least 60% of the term are deemed to have “earned” 100% of the federal aid disbursed. Any “unearned” funds are returned to the appropriate federal program in the following order:

1. Direct unsubsidized loan.
2. Direct Grad PLUS loan.

## **Other Student Account Charges**

In addition to tuition, the medical school charges students for the following:

- Required electronic books.
- Health insurance for students who purchase health insurance through the medical school insurance provider.
- Parking for students who choose to purchase parking from the medical school.
- The annual access fees for Sindecuse Health Center (for health services, including psychiatry services but excluding counseling services provided by Sindecuse Counseling Services) and the WMU Student Recreation Center for students who choose to purchase access to these services.
- Photocopying exceeding the allowance of \$200 per student per academic year.
- Medical school property loaned to the student (eg, locker keys, identification badges, and equipment) that is damaged or not returned.

In addition to tuition, the medical school may charge students for the following:

- Rescheduling events for remediation and examinations resulting from student absences.
- Repeating events, examinations, and courses resulting from a grade of withdrawal, fail, or incomplete.
- Fees charged to the medical school by external entities for actions requested by the student.
- Damage by the student to medical school property.

Charges for required electronic books, health insurance (if selected), and parking (if selected) are assessed in two equal installments biannually along with tuition. Charges for the annual access fees for Sindecuse Health Center (for health services, including psychiatry services but excluding counseling services provided by Sindecuse Counseling Services) and the WMU Student Recreation Center, photocopying (beyond the annual

allotment), replacement of items, rescheduled events and examinations, and any other charges are due within 30 days upon posting to the student account. Payments received from or on behalf of the student are applied first to tuition, and then to charges for required electronic books, health insurance (if selected), parking (if selected), and outstanding charges (if any).

### **Unpaid Tuition or Charges**

Unpaid tuition or charges, including unpaid charges at WMU, beyond 30 days from the due date may result in restricting the medical student from attending class and other events, loss of access to facilities and curriculum materials, loss of access to the medical school network and email, inability to register for courses/clerkships, not fulfilling requests for transcripts, and loss of all other rights and privileges as a medical student.

### **Cost of Attendance**

The cost of attendance, also referred to as the "student budget," represents the allowable costs for one academic year of study. These costs include tuition; books, supplies, and equipment; health insurance, which is waived with proof of adequate coverage; and a reasonable living allowance for rent, food, utilities, travel, transportation, parking, and miscellaneous personal expenses. The standard amount used by the medical school for living expenses is based on reasonable preferences and not on an individual's lifestyle and spending habits.

Table 16. Estimated Cost of Attendance for 2016-2017

<b>Expenses</b>	<b>Year 1 Amount</b>	<b>Year 2 Amount</b>	<b>Year 3 Amount</b>
Tuition*	\$52,500	\$52,500	\$52,500
Living allowance	11,025	14,700	14,700
Books, supplies, and equipment	1,456	740	400
Laptop computer and software	3,000	0	0
Personal expenses	2,475	3,300	3,300
Travel and transportation (including parking)	2,970	3,960	5,160
USMLE Step 1	0	0	600
USMLE Step 2 CK and CS	0	0	1,875
Health insurance**	1,620	2,222	2,222
<b>Total estimated cost of attendance</b>	<b>\$75,046</b>	<b>\$77,422</b>	<b>\$80,757</b>

\*Tuition is subject to annual review and change by the Western Michigan University Homer Stryker M.D. School of Medicine board of directors.

\*\*Health insurance that provides coverage for preventive, diagnostic, therapeutic, and mental health services is required of all students beginning at the start of courses and continuing throughout medical school to graduation. Students may satisfy the health insurance requirement with annual documentation of health insurance coverage that meets the Essential Benefits requirements of the Affordable Care Act (ACA) under a parent plan, spouse/partner plan, or separate individual/family health insurance plan. A student has the option to purchase individual/family health insurance through the medical

school. Additional premiums apply to include family members. The student is responsible for the cost of individual/family health insurance.

The medical school provides students with disability insurance and professional liability (malpractice) insurance.

For 2016-17, tuition is \$52,500 for each of the four classes. For 2017-18, tuition is \$54,500 for each of the four classes. Estimated cost of attendance for 2017-18 will be available in early 2017.

### ***Appeal for an Individual Budget Increase***

Students with additional education-related expenses may submit the form, “Appeal for an Individual Budget Increase,” as an appeal to the office of Financial Aid for an individual student budget increase. Examples of possible allowable additional budget expenses include: daycare during periods the student is enrolled and the spouse is employed or enrolled; emergency medical or dental expenses not covered by insurance; and disability-related expenses such as special equipment or services. The office of Financial Aid reviews requests and makes decisions for individual budget increases on a case-by-case basis. Submission of a request does not assure approval. The decision of the office of Financial Aid is final.

### **Scholarships**

The Student Scholarship Committee oversees the process for awarding all scholarships provided by the medical school. The committee membership includes 3 to 5 faculty appointed by the dean advised by the Faculty Academic Council, and 1 to 2 medical students in the fourth year appointed by the dean advised by the Medical Student Council and associate dean for Student Affairs. The dean appoints the chair and vice chair of the committee. Faculty members must constitute the majority of voting members at all meetings. The director of Financial Aid is an ex officio, non-voting committee member and provides administrative support to the committee.

All of the committee meetings are closed meetings, and all committee deliberations are confidential.

Generally by spring of each year, the dean confers with the chair of the Student Scholarship Committee and director of Financial Aid and provides the Student Scholarship Committee with the: total amount of medical school funds that are designated for student scholarships for the next academic year for each medical school class; amounts and selection criteria for named, endowed student scholarships for the next academic year; target financial aid distribution, if directed, between needs-based awards and merit-based scholarships; and target range of scholarship amounts.

Merit-based scholarships do not require a separate application. For applicants to the MD program who have been offered admission, the Student Scholarship Committee considers the applicant’s entire medical school application – experiences, attributes,

and metrics – to determine eligibility and scholarship amount. For medical students in the second, third, and fourth years, the Student Scholarship Committee considers the student’s entire record in medical school – academic performance, citizenship, and leadership – to determine eligibility and scholarship amount. While the Foundations of Medicine courses are graded on a pass/fail basis, and Clinical Applications clerkships are graded on an honors/pass/fail basis, many quantitative scores on summative examinations and other evaluations are recorded. The Student Scholarship Committee receives reports from the office of Educational Affairs and the Medical Student Performance Committee about both academic and non-academic student performance. This information is used also by the Student Scholarship Committee to award merit-based scholarships.

Needs-based scholarships require that students submit annually a separate application that describes the applicant’s or student’s financial circumstances including personal and family income, assets, and available sources of financial support in order to determine eligibility and scholarship amount.

Named, endowed scholarships and awards that may be available require an application and are based on specific criteria of the donors in order to determine eligibility and award amount.

Following the awarding of scholarships and awards, the student must maintain full-time enrollment, satisfactory academic progress, adherence to the Code of Professional Conduct and all medical school policies and procedures, and meet any additional requirements as stipulated by the Student Scholarship Committee. Failure to continuously meet all requirements may result in termination of the scholarship or award at any time by the medical school.

The Student Scholarship Committee reports its decisions to the associate dean for Student Affairs, who ratifies the decisions and notifies the applicants and students of the awards. The associate dean for Student Affairs may meet with the committee as needed to address any issues related to scholarships and awards. The committee also reports its decisions for continuing students to the director of Financial Aid, with initial awards generally by April 1 of each year. The committee also reports its decisions for applicants to the director of Financial Aid and director of Admissions and Student Life, with initial awards generally by May 1 of each year. The director of Financial Aid disburses scholarship awards provided by the medical school in two equal payments according to the financial calendar. Students who take a leave of absence, withdraw, or are dismissed from medical school automatically forfeit any undisbursed scholarship funds.

The office of Financial Aid coordinates all medical school merit scholarships and awards with other sources of funding including external scholarships, needs-based awards that the student is eligible to receive, and student loans. Eligibility for, and the total amounts of awards, including student loans, may be restricted by federal law and donor-specified criteria. Medical school scholarship funds that are unused for any reason, including leave of absence or voluntary or involuntary separation from the medical school, revert to the medical school.

## **Travel Awards for International Health Activities**

Medical student participation in activities at international health sites is an optional medical student activity and is not required for graduation.

The medical school does not permit international travel on school-sponsored activities to locations for which the US Department of State has issued a [Travel Warning](#) that remains in place. Individuals who travel internationally on school-sponsored activities are expected to heed US Department of State [Travel Alerts](#) about disturbances and elevated risks.

All international travelers on school-sponsored activities are required to enroll in the US Department of State [Smart Traveler Enrollment Program \(STEP\)](#). This is a free program that provides you with travel alerts and warnings, and makes it easier for the US Department of State to locate you in an emergency.

The medical school provides a limited number of travel awards for medical students to support international health activities of at least two weeks in duration that are part of a clerkship taken for credit, generally during the fourth-year, and at sites outside the United States and Canada. Reimbursement for allowable travel expenses is up to \$750 for a clerkship of 2 credits, and up to \$1,500 for a clerkship of 4 (or more) credits. Each medical student is eligible for travel awards to a maximum of \$1,500 though preference is given to supporting a greater number of students.

Applications for travel awards for international health activities must be submitted to the office of Student Affairs. Determinations of travel awards for international health activities are based on merit and financial need. Preference is given to applications received by May 1 for the upcoming year.

## **Travel Awards for Presentations at Professional Academic Meetings**

The medical school provides medical students with travel awards for presenting a poster or oral presentation at approved professional academic meetings of an abstract or manuscript for which they are listed as an author and are making the poster or oral presentation at the meeting. Reimbursement for allowable travel and meeting expenses is up to \$250 for a meeting held in Michigan and contiguous states, and up to \$500 for a meeting that is held outside of the region. Travel awards are provided for only one meeting for each eligible abstract or manuscript, and only for the medical student(s) making the poster or oral presentation. For abstracts or manuscripts with multiple medical students making the poster or oral presentation, the travel award is divided equitably among the medical students based on participation, as determined by the medical school in its sole discretion. A medical student may receive multiple travel awards for multiple poster and oral presentations of different abstracts and manuscripts.

Applications for travel awards for presentations at approved professional academic meetings must be submitted along with the complete abstract to the office of Student Affairs at least four weeks prior to the meeting.

## **Leaves of Absence**

A student may be granted a leave of absence when a temporary interruption of the student's academic schedule is in the best interest of the student or the medical school. Students are not enrolled in any courses/clerkships during a leave of absence and are not reported by the medical school as enrolled students. Students on leaves of absence continue to be subject to all medical school policies, including the Code of Professional Conduct and the requirement to provide notice of adverse actions within five working days of the action. Students on leaves of absence are strongly encouraged to maintain, throughout the entire leave, health insurance that provides coverage for preventive, diagnostic, therapeutic, and mental health services.

All requests for leaves of absence are made in writing directly to and granted at the discretion of the associate dean for Student Affairs. A leave of absence constitutes a mutual agreement between the medical school and student with regard to utilization of time during the leave, as well as the requirements that must be met prior to re-entering the curriculum. The Medical Student Performance Committee may also require a leave of absence as part of a learning contract.

The medical school recognizes three types of leaves of absence, each of which requires the approval of the associate dean for Student Affairs:

1. Academic leave of absence: an approved leave of absence generally for up to one year, granted to pursue a specified course of study or academic experience.
2. Medical leave of absence: an approved leave of absence generally for up to one year, granted because of a personal medical condition.
3. Personal leave of absence: an approved leave of absence generally for up to one year, granted because of temporary, extenuating personal and family circumstances.

Conditions and circumstances that necessitate an interruption of studies for longer than one year should be managed generally by resignation from the medical school.

The Leave of Absence Request must be submitted in writing by the student, and must include the reason for the leave of absence and the proposed start date and end date of the leave. Students requesting a leave of absence must meet with the director of Financial Aid to complete the required loan counseling requirements. If the leave is approved, the student receives written confirmation of approval from the associate dean for Student Affairs. This approval summarizes any conditions pertinent to the individual student's leave and establishes the date by which time the student must notify the registrar of intent to return to the medical school, and the date by which the student must return to enrollment and full participation in courses/clerkships.



Grades of Incomplete at the start of a leave of absence are changed to a grade of either Fail or Withdrawal.

Tuition that has been paid for the term in which a leave of absence is approved is reviewed in accordance with the refund of tuition schedule. There is no refund of tuition for leaves of absence starting after the deadline as stated in the refund of tuition schedule. No credit is earned if any or all tuition is refunded, and the grade for any course/clerkship in which the student is enrolled at the time of refund of tuition is the non-credit grade of Withdrawal. Charges for parking, if already paid by the student, are refunded on a prorated basis. The associate dean for Student Affairs, based on the individual circumstances on the leave of absence, and upon approved return from a leave of absence, may extend the period of time for the student to complete the courses/clerkships covered by a tuition payment that is not refunded.

Students must submit a completed Request to Return from Leave of Absence to the associate dean for Student Affairs at least four weeks prior to the requested date to return. Students who do not request a return, or whose return is not approved, are dismissed from medical school effective on the working day following the end date of the approved leave of absence.

### ***Satisfactory Academic Progress and Leaves of Absence***

Students who meet the conditions of satisfactory academic progress at the time of the start of an approved leave of absence maintain status of satisfactory academic progress throughout the leave. Students who fail to meet the conditions stipulated by the medical school during the leave of absence or fail to return to medical school within the approved time limit no longer meet the conditions of satisfactory academic progress and are subject to dismissal through a formal hearing conducted by the Medical Student Performance Committee.

### ***Time Limitations of Leaves of Absence***

In general, leaves of absence for medical students are not granted for a period longer than 12 months. A return to the academic program leading to the Doctor of Medicine degree is subject to the availability of space in the appropriate medical student class. The time period of approved leaves of absence is not included in the maximum time limitations for completion of degree programs.

### ***Appeal of Refusal to Permit Return from Leave of Absence***

A student who requests a return from an approved leave of absence may appeal a refusal by the associate dean for Student Affairs by submitting an appeal in writing to the associate dean for Student Affairs within five working days after receipt of the refusal. The appeal must state the grounds for the appeal.

The associate dean for Student Affairs submits the appeal to the Student Appeals Committee, which is responsible for the appeal process. The Student Appeals

Committee shall meet separately with the student and the associate dean for Student Affairs, and others as the committee deems appropriate, as soon as possible but not more than 30 working days from the date of the receipt of the appeal. Within 30 working days of concluding all meetings, the committee shall report its findings and decision to the dean for disposition. The decision of the Student Appeals Committee is final.

## Section VII: Student Health and Services

### Health Requirements

All applicants admitted to the medical school are required to submit prior to matriculation a complete health history, results of physical examination by a licensed health care provider, record of immunizations, record of tuberculosis testing, and additional required laboratory test results. The physical examination form also includes a copy of the Essential Abilities for Completion of the Medical Curriculum for the examiner to review. Both the applicant and the licensed health care provider must attest to the applicant's capability to consistently comply with all elements of the Essential Abilities for Completion of the Medical Curriculum. All forms should be completed at least two months prior to matriculation, and must be completed, signed, and dated by both the applicant and the licensed healthcare provider.

### Required Immunizations

Students learn about the practice of medicine one patient at a time. Contact with patients is integral to medical education, and providing patient care involves potential exposure to contagious diseases that can be transmitted to students and other healthcare providers by way of airborne droplets or needle puncture wounds involving contaminated blood and body fluids. Examples of these diseases include but are not limited to pertussis, measles, mumps, rubella, varicella, influenza, hepatitis B, hepatitis C, HIV, meningococcus, and tuberculosis.

Although the risk of contracting serious illness is low, the most effective protection against infection is immunization. The immunization requirements are about protecting each student as well as protecting every individual with whom the student comes in contact, including other patients. Students must complete these immunization requirements in a timely fashion and before any clinical activity.

Immunization forms and instructions are provided after the applicant accepts the offer of admission. Immunization forms should be completed and submitted as soon as possible, and, time permitting, must be submitted four weeks prior to the beginning of the first course. Entering students should submit the forms and review necessary tests and immunizations with Occupational Health before obtaining additional tests or immunizations.

Occupational Health reviews the student immunization forms and laboratory tests prior to matriculation to verify that the student's immunizations meet the medical school requirements. This allows Occupational Health to recommend additional immunizations and obtain additional titers if necessary. All matriculating students are required to provide written documentation of vaccination or immunity to tetanus, pertussis, measles, mumps, rubella, varicella, hepatitis B, and meningococcus. Applicants and students who complete the recommended immunization schedule but have an inadequate post-vaccination titer are revaccinated according to CDC guidelines, which may require another post-vaccination titer. Applicants and students who do not

meet the immunization requirements before the beginning of the first course are required to initiate needed immunizations and obtain clearance from Occupational Health before participating in any medical school courses or activities. Annual influenza immunization and a tuberculin skin test (TST) using PPD (intradermal tuberculin) testing is required for enrolled medical students and is provided by the medical school.

If a student is unable to complete any of the required immunizations because of a medical reason, a signed letter from a licensed physician documenting the medical exemption is required, and the student must sign a form acknowledging the risks. All medical exemptions to the required immunizations are subject to review by the medical school Occupational Health to certify the merit of the medical exemption. Only medical exemptions are permitted to immunizations required by the medical school, and are generally limited to the following situations: 1) the student's immune status is compromised by a permanent or temporary condition; 2) the student has a documented history of a serious allergic reaction to a vaccine component; or 3) the student has a documented history of a serious adverse event directly attributed to a vaccination. If there is a local outbreak of the infectious disease to which a student does not have documented immunity, Occupational Health may restrict student participation in some or all clinical care activities until the local outbreak is over.

Failure to maintain compliance with all immunization and testing requirements shall result in immediate suspension of all activities in the medical school until rectified.

Required immunizations and tests are based on CDC guidelines (Centers for Disease Control and Prevention: Immunization of health-care personnel. Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR* 2011;60(RR-7):1-45.) The required immunizations and testing for medical students include:

- *Tetanus/Pertussis*: All students must have written documentation of immunization of a Tdap at any age, and Tdap or Td within 10 years. All students should receive a single dose of Tdap as soon as feasible if they have not previously received Tdap and regardless of the time since their most recent Td vaccination. Students who have received Tdap should receive Td every 10 years as booster vaccinations against tetanus and pertussis.
- *Measles, Mumps, Rubella (MMR)*: All students must have written documentation of either two doses of MMR vaccine or laboratory evidence of immunity (eg, measles, mumps and rubella titers). Students who have written documentation of two doses of MMR who are tested and have negative or equivocal serologic results for immunity for MMR are considered to have presumptive evidence of immunity and are not in need of additional MMR doses.
- *Varicella (chickenpox)*: All students must have written documentation of two doses of varicella vaccine at least 28 days apart, laboratory evidence of immunity (eg, varicella titer), diagnosis or verification of a history of varicella disease by a healthcare provider or diagnosis or verification of a history of herpes zoster by a

healthcare provider. Students without acceptable documentation should receive two doses of varicella vaccine at least 28 days apart.

- *Influenza*: All students must have annual influenza vaccination, which is administered in the fall of each year during which the student is enrolled.
- *Hepatitis B*: All students must have written documentation of three doses of hepatitis B vaccine and laboratory evidence of immunity (eg, anti-HBs). Students who have not yet completed the series should receive the necessary doses and tested for anti-HBs one to two months after the third dose to document immunity. Students who are non-immune after the primary vaccination series should be revaccinated with a second complete 3-dose series, followed by testing for anti-HBs one to two months after the third dose.
- *Meningococcus*: All students must have written documentation of at least one dose of meningococcal vaccine as proof of vaccination to meningococcal disease.
- *Tuberculosis*: A tuberculin skin test (TST) using PPD (intradermal tuberculin) is required of matriculating students and annually for enrolled students. A two-step TST is required for initial testing, following CDC guidelines. For matriculating students, if the most recent documented TST was within 12 months, one TST should be performed within three months prior to matriculation. If it has been longer than 12 months, a two-step TST must be completed prior to the first clinical experience. If the TST is positive, a chest x-ray or interferon-gamma release assay is required. All students with a positive TST or history of tuberculosis require follow-up consultation with Occupational Health for continuing management.

## **Mask Fit Testing**

Because of the increasing prevalence of tuberculosis and the appearance of drug resistant strains, local hospitals and clinical sites require that medical students be fitted for a micro-particulate respirator. Initial fit testing is performed during the Transition to Medical School course, and annually thereafter.

## **Alcohol, Tobacco, and Controlled Substances**

The medical school is committed to protecting the health, safety, and welfare of its students, staff, and patients. To carry out this commitment, the medical school seeks to assure that a drug-free workplace is maintained and that students perform their duties unimpaired by the effects of alcohol, tobacco, and controlled substances (including cannabis). Controlled substances include all illegal drugs as well as drugs that require a prescription for legal possession or use.

Any student who possesses, sells, offers to sell, distributes, or prepares to distribute alcohol or tobacco at medical school or affiliate facilities, or controlled substances at any

time without a prescription for possession and use, will be dismissed from medical school, and law enforcement officials will be informed.

The medical school does not admit or enroll students who: abuse alcohol, as evidenced by binge drinking, public intoxication, and other signs of excessive use; use tobacco products including cigarettes, cigars, chewing tobacco, smokeless tobacco, snuff, nicotine gum, nicotine patches, e-cigarettes, and vaporizers; use controlled substances without a prescription; use illegal drugs; use cannabis or cannabinoids in any form with or without a prescription or registration card; or have a substance dependence. All applicants who accept an offer of admission are required to undergo testing prior to matriculation or during the Transition to Medical School course for alcohol, tobacco (which screens for cigarettes, cigars, chewing tobacco, smokeless tobacco, nicotine gum, nicotine patches, e-cigarettes, and vaporizers), and controlled substances. Applicants/students who test positive on the initial test may request a second test.

Applicants/students who refuse to be tested with an alcohol breath test, blood, urine, and/or saliva drug test will be considered to have a positive result for the tests. The following actions constitute a refusal to submit to alcohol and drug testing:

- failing to appear at a collection/testing site on time when directed to report;
- failing to remain at the collection/testing site as directed;
- failing to provide a sufficient breath, blood, urine, or saliva;
- failing to permit a monitored or observed urine collection or otherwise refusing to follow instructions during the monitored or observed collection/testing process;
- failing or declining to take an additional drug test that the medical or the collector/tester has directed;
- failing to undergo a medical examination or evaluation that the medical school has directed;
- failing to cooperate with any part of the collection/testing process;
- possessing or wearing a prosthetic or other device that interferes with the collection/testing process; or
- having provided an adulterated or substituted specimen.

Applicants who refuse to be tested, and applicants whose initial and second test results are positive and who do not have an appropriate prescription, are in violation of this policy, will have their admission rescinded, and will not be permitted to re-apply for admission for one year.

While enrolled as students, additional testing may be required of any or all students at any time, including testing of students by affiliates as a condition of participation with the affiliate. Individual students may be tested at any time based upon a reasonable cause as determined solely by the medical school including but not limited to:

- Any concern about student conduct, including signs and symptoms that are consistent with substance use.

- Any concern about student academic performance, including a failing grade in any course/clerkship.
- Administrative evaluation such as when any student returns from a leave of absence or extended rotation away from the medical school.
- Information provided to the medical school by other students, faculty, or staff, or obtained by the medical school such as in police reports.
- Any student who self-reports a concern or problem that is consistent with substance use.

Signs and symptoms of possible substance-related impairment include but are not limited to: disheveled appearance; odor of alcohol, tobacco, or cannabis (marijuana) on the student; slurred or incoherent speech; change in personality; difficulties with relationships with others; and decline in academic performance. If, in the judgment of the instructor or supervisor, the student appears impaired, the student will be referred to the office of Student Affairs, and required to be tested immediately. Testing may include an alcohol breath test as well as blood, urine, and saliva tests.

Failure of a student to fully comply with the medical school to be tested with an alcohol breath test, blood, urine, and/or saliva test will be considered to have a positive result for all of the tests and will result in dismissal from medical school.

Violation of the ban on abuse of alcohol, use of tobacco and controlled substances without a prescription, and substance dependence, as may be indicated by a single positive drug test, whether random or for cause, arrest or conviction of substance abuse, admission of use or substance dependence, or a finding of use or substance dependence will result in a learning contract that may include required additional testing and any other actions as well as a verbal or written reprimand, suspension, or dismissal, as determined by the medical school in its sole discretion.

If the reason for suspension or expulsion is drug addiction, which addiction is successfully treated, and with the recommendation of an attending addictionologist, re-admission may be granted on the condition of additional testing and any other actions, as determined by the medical school in its sole discretion, that any relapse, recurrence, or re-offense will result in automatic and immediate dismissal. Under these circumstances there is no possibility of re-admission to the medical school under any circumstances.

The associate dean for Student Affairs reviews drug test information and, as needed, presents the information to the Medical Student Performance Committee for action, which may include a learning contract and sanctions, up to and including dismissal from medical school. The information may also be provided to the associate dean for Educational Affairs for review through the medical student misconduct process. Drug test information is included in decisions regarding medical student advancement and graduation. If the results of any drug test lead to a learning contract or sanctions by the medical school or legal action, the information and action may be included in the MSPE.

## **Hazardous Materials and Infectious Pathogens**

The curriculum includes experiential activities that involve the use of cells, human tissues, blood and body fluids, human cadavers and anatomical specimens, animal tissues, animals and biologics. Hazardous exposures include physical, chemical, radiological, and biological hazards.

Failure to maintain compliance with all precautions including all immunization and testing requirements shall result in immediate suspension of all activities in the medical school until rectified to the satisfaction of the medical school.

All medical students must have health insurance that provides coverage for preventive, diagnostic, therapeutic, and mental health services beginning at the start of courses and continuing throughout medical school to graduation.

### ***Exposures to Infectious Pathogens***

Medical student health, and the health of all healthcare providers, is a priority. Contact with patients is an integral part of the medical education experience. Training in medicine may involve risks to one's own health such as exposure to patients with contagious diseases that can be transmitted to students and other healthcare providers by way of airborne droplets or needle puncture wounds involving infected body fluids. Examples of these diseases include (but are not limited to) tuberculosis, hepatitis B, hepatitis C, and HIV. Students are required to follow this procedure immediately after any needle stick, splash or other body fluid exposure. Upon exposure the student is automatically excused from all educational or clinical responsibilities until the issue is fully addressed. Medical attention includes cleansing and treating any wound, obtaining blood samples from the student and the host blood for testing, and the provision of counseling of the student on follow-up treatment and testing. At the time of any potential contamination, students are automatically and immediately excused from the current activity and shall complete the following steps immediately:

- Immediately wash the exposed area thoroughly with soap and running water. If blood is splashed in the eye or on a mucous membrane, flush the affected area with running water for 15 minutes.
- Report the exposure to the preceptor and the supervisor of the clinical site.
- Follow the process of the institution where the incident occurred. Based on the circumstances, for most sites including hospitals this may be an immediate evaluation in the emergency department or an appointment in occupational health or occupational medicine. A hospital incident report will likely be required and should be completed. A medical school incident report must also be completed.
- Contact medical school Occupational Health as soon as time permits and complete the necessary reporting.
- Required laboratory testing should be completed as required by the institution – both for the student and the patient as protocol dictates. This will likely include testing for bloodborne pathogens including hepatitis B, hepatitis C, and HIV.



Based on risk of exposure to these pathogens, postexposure prophylaxis may be offered to the student. In addition, testing of the source patient may be performed.

- Students are responsible for all clinical and laboratory charges for testing that is performed related to the incident. The medical school will reimburse students up to \$500 per incident for costs of all required testing and recommended treatment that are not covered by the student's health insurance. Unreimbursed costs greater than \$500 per incident are the responsibility of the student. Receipts showing actual expense and date of service are required for any reimbursement of required laboratory tests or immunizations.

To minimize the risk of exposure of contagious diseases to yourself or others, always follow standard precautions with any patient, during any procedure, and with any exam. Wear gloves, eye protection and a facemask during procedures. Change gloves between patients. Wear gloves when handling soiled items, touching soiled surfaces, performing procedures, handling blood or body fluid specimens, starting intravenous lines or drawing blood and when emptying a urinary catheter. Treat all patients and bodily fluids as if they are infected. Avoid contamination of open cuts, abrasions, or mucous membranes with blood or other body fluids. Wash your hands frequently. Do not recap needles, and dispose of all sharp objects immediately after use.

Students receive annual training and review on the appropriate management of exposure to infectious and environmental pathogens.

### ***Students with an Infectious Disease***

Accommodations for absence may be made for personal illness. Students should not attend medical school activities if they have a contagious infectious disease that is likely to spread by direct contact or airborne transmission.

Because of the risk of transmission, students must notify the medical school when they have an infectious disease, and adhere to medical school procedures to minimize the risk of transmission of infectious pathogens to patients, students, and staff (see Policy IC12, Employee and Student Restrictions for Infectious Diseases).

### ***Students Infected with Bloodborne Pathogens***

Healthcare providers, including students, have a professional responsibility to self-identify personal behaviors and events that pose a risk for infection with a bloodborne pathogen, ensure that they have appropriate testing in the presence of any risk factors for infection, and notify their employer of a bloodborne infection.

It is the responsibility of each medical school applicant, upon acceptance of an offer of admission, and each student at any time before graduation to notify the associate dean for Student Affairs in a timely manner, and before further participating in any invasive procedures, of information that suggests or confirms infection with a bloodborne pathogen including but not limited to hepatitis B virus, hepatitis C virus, and HIV.

Decisions for participation in clinical experiences for students known to be infected with a bloodborne pathogen are based on CDC and SHEA guidelines of measures to be taken by the healthcare community to minimize the risk of transmission of hepatitis B virus, hepatitis C virus, and HIV from infected healthcare workers to patients (Centers for Disease Control and Prevention: Updated CDC recommendations for the management of hepatitis B virus–infected health-care providers and students. *MMWR* 2012;61(RR-3):1-12; Henderson DK, Dembry L, Fishman NO, et al: SHEA guidelines for management of healthcare workers who are infected with hepatitis B virus, hepatitis C virus, and/or human immunodeficiency virus. *Infect Control Hosp Epidemiol* 2010;31:203-32). The medical school generally follows these recommendations although an expert review panel considers each case individually. Affiliated organizations may impose additional restrictions at their sites for students infected with a bloodborne pathogen.

The responsibilities of the student infected with a bloodborne pathogen include compliance with each of the following:

- Students with hepatitis B virus, hepatitis C virus, or HIV infection are required to have physical examinations by a licensed physician who has expertise in management of the infection and also viral burden determinations at least twice each year and as requested by the associate dean for Student Affairs. The findings and reports of all medical evaluations and test results must be submitted in a timely manner by the student’s physician directly to the associate dean for Student Affairs.
  - The student must provide the medical school with signed authorization using the medical school form for authorization to disclose protected health information. Failure of the student to sign the authorization is grounds for dismissal from the medical school.
- Students with HIV infection must receive pneumococcal vaccine, annual influenza vaccine, and all other recommended immunizations.
- Students with HIV infection must undergo screening for tuberculosis every 12 months.
- The associate dean for Student Affairs convenes an expert review panel to evaluate the student’s condition at least twice annually. The associate dean for Student Affairs and expert review panel may consult with the applicant’s/student’s personal physician to define limitations, if any, of the student’s participation in clinical activities and any medical school activities. The expert review panel and associate dean for Student Affairs develop a formal contract, modeled after the contract used by the medical school for employees infected with bloodborne pathogens, delineating specific requirements and restrictions, if any, regarding the student’s activities, training in infection control, conduct of specific procedures, follow-up, and management. The student shall provide signed agreement with all requirements and restrictions in order to participate in any clinical activities. Failure of the student to sign the contract and comply fully with all requirements and restrictions is grounds for dismissal from the medical school.

- Students infected with a bloodborne pathogen are counseled concerning their potential risk to patients. All students receive training in standard precautions and are required to practice standard precautions in all settings and at all times.
- Confidentiality regarding medical student health matters is maintained to the extent that is possible, and as permitted by federal and state laws and professional standards. The student is generally not required to disclose information about infection with a bloodborne pathogen to patients.
- The student must provide the medical school with signed authorization using the medical school form for authorization to disclose protected health information to permit the associate dean for Student Affairs to directly obtain the medical records and information, and also to inform department chairs, clinic directors, clerkship directors, supervising faculty, attending physicians, residents, fellows, and others as determined by the associate dean for Student Affairs of the student's bloodborne infection and any limitations on the student's activities. The student has the responsibility to discuss their bloodborne infection status with the clerkship director and supervising attending physicians prior to each clerkship or experience.
- The student has the responsibility to immediately inform faculty, attending physicians, residents, fellows, and others as appropriate and to withdraw from participating in procedures if the student believes that participation presents a risk for provider-to-patient transmission.
- The medical school will make reasonable efforts, without reducing or changing the requirements for advancement and graduation, to assist the student in completing the requirements for the Doctor of Medicine degree. Affiliated organizations may impose additional restrictions at their sites for students infected with a bloodborne pathogen, which may adversely affect the ability of students to complete all requirements for advancement and graduation. In addition, the medical school will offer career counseling to the student of career options, potential limitations, and probable issues related to clinical practice resulting from infection with a bloodborne pathogen.

Noncompliance with any of these student responsibilities, including noncompliance with prescribed treatment regimens, may result in immediate loss of privileges or suspension of the student by the associate dean for Student Affairs from any or all activities in the medical school. Continued noncompliance that results in continued loss of privileges or suspension that adversely affects making satisfactory academic progress may result in dismissal from the medical school.

## **Health Insurance**

The medical school requires that all students have health insurance that provides coverage for preventive, diagnostic, therapeutic, and mental health services beginning at the start of courses and continuing through graduation. The health insurance must include, within the limits, copays, and terms of the insurance, coverage for medical problems and emergencies that might occur during the educational and clinical training that is part of the degree program curriculum.

Students may satisfy the medical school health insurance requirement using the health insurance offered through the medical school, or alternatively with documentation, which is required annually, of health insurance coverage that is obtained through the government [healthcare exchange](#), Medicaid insurance, or private health insurance under a parent plan, spouse/partner plan, or separate individual/family health insurance plan. The health insurance must meet the [Essential Benefits requirements of the Affordable Care Act](#) (ACA), such as the bronze, silver, and gold plans of the ACA. While meeting the medical school health insurance requirement, there are important differences between plans in the coverage that is provided, including copays and coverage for diagnostic testing, mental health and counseling services, and when traveling out of the state of Michigan. Students are individually responsible for understanding the terms of their health insurance and selecting the plan that best meets their individual circumstances.

If a student does not provide annual documentation of alternative appropriate health insurance coverage, the medical school will automatically enroll the student in a health insurance plan through the medical school and charge the student accordingly, with the full annual payment due with the fall term tuition payment. This plan meets the medical school health insurance requirement but, like all insurance options, has terms of coverage that may not be the best option for every individual student. If the student already has appropriate health insurance and does not wish to be automatically enrolled, the student must provide the office of Student Affairs with satisfactory documentation of health insurance coverage including the name of the insurance provider and the policy number. This must be done annually by August 1. The office of Student Affairs makes the final determination of whether health insurance plans meet the Essential Benefits requirements of the ACA.

The student is responsible for the all costs of their health care, including the costs of health insurance. Students may elect additional coverage, at their expense, for spouses and dependent children.

### ***WMU Sindecuse Health Center***

Sindecuse Health Center on the main campus of Western Michigan University offers convenient services for evaluation and treatment for a variety of illnesses and injuries, preventive health check-ups, periodic health monitoring, as well as health promotion opportunities that enhance individual and community health.

Sindecuse Health Center does not provide care for children younger than 12 years of age.

Students have the option to access, using their Bronco ID card and by paying an additional annual access fee, Sindecuse Health Center for health services, including psychiatry services but excluding counseling services provided by Sindecuse Counseling Services. The access fee does not replace health insurance. Using Sindecuse Health Center requires health insurance as well as payment of the additional annual access fee. For students who pay the annual student access, their spouse and dependent children 12 years of age and older of may also use Sindecuse Health Center by obtaining a Bronco

ID card and paying the annual access fee for themselves, or alternatively paying a modest fee at each visit. For additional information about eligibility, [click here](#).

Sindecuse Health Center determines which health insurance plans they accept, and students are advised to confirm with Sindecuse Health Center that their health insurance is accepted before selecting to be charged the annual access fee. Sindecuse Health Center does accept some Medicaid plans (e.g., Meridian Medicaid) but not all, and also accepts the student insurance that is offered through the medical school, using the Cofinity network. The [Sindecuse Health Center website](#) provides information about [insurance plans](#) that are accepted.

A Bronco ID card and payment of the annual access fee are required to access the Sindecuse Health Center.

*For students who do not have dependents younger than 12 years of age*, the medical school recommends that students obtain health insurance that is accepted by Sindecuse Health Center, such as the health insurance plan that is offered through the medical school, and also choose the option to pay the annual access fee to use Sindecuse Health Center for their individual healthcare needs.

Students who elect to use Sindecuse Health Center for health care are charged the annual access fee by the medical school, which then submits the payments to WMU on behalf of the students. Annual access fees for Sindecuse Health Center are set by WMU and are subject to change each year. Students are individually responsible for any other fees charged to them by Sindecuse Health Center, which are charged directly to the individual medical student, including by posting to their WMU student account, and collected by WMU.

The annual access fee for medical student access to the WMU Sindecuse Health Center for 2016-17 is:

- First-year medical students (for August through April) \$160.88
- Second- and third-year medical students (for May through April) \$214.50
- Fourth-year medical students (for May through graduation) \$214.50

Parking for medical students visiting Sindecuse Health Center is provided without additional cost. Students are given a parking token prior to leaving the building that is used to exit the gated parking area.

## **Disability Insurance**

Disability insurance to cover injuries during their educational training period that might result in chronic disability is required of all medical students and is provided by the medical school. Medical students may accumulate significant debt and are particularly vulnerable to the financial hardships that may result from a disability that results in being unable to complete their medical education. The medical school provides disability insurance for all medical students beginning at the start of courses and continuing throughout medical school to graduation. This disability insurance remains

in effect as long as the student is enrolled as a full-time student, even during international experiences and vacation periods. The insurance provides for a long-term disability benefit of \$1,500 per month for complete disability, and other benefits. Additional information is available on the medical student portal and through the office of Student Affairs. Students may purchase additional disability insurance from a provider of their choice and at their own cost.

### **Professional Liability (Malpractice) Insurance**

Western Michigan University Homer Stryker M.D. School of Medicine provides medical students enrolled in the medical school and in good standing with professional liability insurance for activities *in the United States only* that are part of the medical school curriculum. The insurance provides coverage of \$2,500,000 per occurrence and \$5,000,000 in the aggregate.

The professional insurance provides coverage for activities as a student in any activity as a learner in the approved curriculum for the MD degree that is provided in the United States. The professional insurance does *not* provide coverage for medical students for any jobs or roles outside of the MD degree program, including but not limited to: prior to matriculation; after graduation; during a leave of absence; extracurricular activities, including volunteer and shadowing experiences; and activities outside of the United States.

### **Insurance for Student International Travel**

Medical student participation in activities at international sites is optional and not required for advancement or graduation.

The medical school does not permit international travel on school-sponsored activities to countries for which the US Department of State has issued a [Travel Warning](#) that remains in place. Individuals who travel internationally on school-sponsored activities are expected to heed US Department of State [Travel Alerts](#) about disturbances and elevated risks.

All international travelers on school-sponsored activities are required to obtain all necessary immunizations and take all necessary precautions appropriate for the travel sites and the activities conducted.

All international travelers on school-sponsored activities are required to enroll in the US Department of State [Smart Traveler Enrollment Program \(STEP\)](#). This is a free program that provides travel alerts and warnings, and makes it easier for the US Department of State to locate individuals in an emergency.

The medical school recommends that students who are participating in experiences in foreign countries have health insurance, emergency medical evacuation and repatriation insurance, disability insurance, and professional liability (malpractice) insurance.

Health insurance that provides coverage for preventive, diagnostic, therapeutic, and mental health services is required of all students beginning at the start of courses and continuing throughout medical school to graduation. The health insurance policy offered through the medical school provides coverage while traveling internationally, and also emergency medical evacuation and repatriation coverage, for both school-related and personal travel. Students who have other insurance must check with their insurance carrier regarding health insurance coverage in foreign countries.

The medical school has insurance that provides for emergency assistance, including emergency medical evacuation and repatriation coverage, for medical students, residents/fellows, and faculty while traveling internationally on school-sponsored activities. Individuals on school-sponsored international activities must create a personal profile and register the trip with ACE Executive Assistance Services at [www.acetravelapp.com](http://www.acetravelapp.com) using policy number PHFD38379173. Further information is available from the office of Student Affairs.

The medical school provides disability insurance for all medical students beginning at the start of courses and continuing throughout medical school to graduation. This disability insurance remains in effect as long as the student is enrolled as a full-time student, even during international experiences and vacation periods. Students may purchase additional disability insurance from a provider of their choice and at their own cost.

The medical school provides students with professional liability (malpractice) insurance that covers any case brought in the United States *only*. Generally, countries in Europe as well as Canada, Japan, and Australia have court systems designed to limit judgments, with some countries operating in a no-fault manner. Malpractice lawsuits are currently rare events in developing countries (eg, Central America, South America, and Africa). It is recommended that students engage in international experiences only at established medical centers that are part of or closely affiliated with an LCME-accredited medical school. The medical school recommends that medical students ask for advice and follow the recommendations of officials at the institution offering the elective regarding the need for additional professional liability (malpractice) insurance.

## **Occupational Health**

Occupational Health in the medical school includes an occupational health physician and an occupational health nurse who provide incoming medical students and residents with an orientation to occupational health issues and emergency preparedness. Occupational Health evaluates medical students for appropriateness of immunizations upon admission, before any clinical activities, and at least annually. Occupational Health manages, with affiliates as appropriate, hazardous exposures (bloodborne, respiratory, and sharps exposures) that occur among medical students, working with the course/clerkship directors and the associate dean for Student Affairs to ensure appropriate management and follow-up of all exposures.

## **Counseling and Mental Health Services**

For emergency behavioral crises, students may access community services by using the 24-hour community HelpLine at 269.381.3257.

Faculty in the department of Medical Education and a Learning Skills Specialist in the office of Student Affairs assist students in developing lifelong learning skills to succeed in medical school and as a physician. They provide all medical students with opportunities to develop and strengthen learning skills to facilitate mastering information. These learning professionals participate in each of the Transition courses (Transition to Medical School, Transition to Clinical Applications, and Transition to Residency) to help students strengthen their learning skills and succeed in the next phase of their careers.

### ***Medical School Counseling Services***

Limited, confidential counseling services are available to medical students through the medical school for medical students with school-related adjustment issues such as anxiety or situational depression. Generally, up to six brief counseling visits may be provided for each medical student. Medical students requiring additional sessions are charged a fee of \$50 per visit, which may be charged to a student's health insurance if a covered service and incur copay and deductible payments.

Licensed psychologists employed by the medical school provide the sessions, and are bound by confidentiality. No information is released, including to medical school administration, without signed written consent of the student. These counselors are not involved with student academic and performance evaluations in course/clerkship assessment, or consideration for advancement or graduation of the medical student.

Medical students may arrange sessions confidentially by directly contacting the School of Medicine Clinics Care Managers at 269.337.6540 and requesting a student counseling appointment. If a condition is determined to be persistent, severe, or unrelated to school adjustment issues, students are referred for additional counseling to private counselors that are outside of the medical school. Substance abuse related issues are beyond the scope of these counseling services and are referred to Cigna Behavioral Health or private counselors that are outside of the medical school.

### ***Cigna Behavioral Health***

The medical school contracts with Cigna Behavioral Health to offer a wide range of services that are available without cost to both students and their household members. This includes assistance with family problems, alcohol and drug problems, emotions, stress, and legal and financial problems. This is a confidential service that is available 24 hours a day, 7 days a week by calling 877.622.4327. This provides for a 20-30-minute call with a case manager to discuss what the student is experiencing. During normal business hours, individuals are connected directly with a case manager. Outside of normal business hours, individuals leave a message with the advocate, who will work to



have a case manager return the call within three hours. The case manager assesses the individual's needs and, if indicated, refers the individual to a provider within the community for up to three visits at no cost. If the case manager deems that the individual requires a higher level of intervention, the case is placed in a crisis queue and the individual is referred to a local provider, working within the individual's health insurance plan parameters.

Cigna Behavioral Health chat is available to students Monday through Friday from 9 am to 5 pm ET by logging on to [CignaBehavioral.com](http://CignaBehavioral.com), selecting the "Log in to access your benefits" on the left of the member screen, and then entering 'mycignaeap' on the left where it prompts for the Employer ID. This website also provides resources to find a psychiatrist or therapist that is available through these benefits.

Additional information about Cigna Behavioral Health is available from the medical school Human Resources Benefits Specialist at 269.337.4479. This service is also known as the Employee Assistance Program (EAP) for employees.

### ***Private Practice Counselors***

The medical school has contracted with private practice counselors in the community to provide counseling and mental health services to medical students. The staff in these clinics is not involved in the education of medical students, eliminating conflicts of interest that could arise in the assessment of academic performance such as advancement of medical students. Child & Family Psychological Services, PC, is a local counseling service that has a staff of more than 30 counselors in two separate locations in the Kalamazoo/Portage area. They may be contacted at:

#### Child & Family Psychological Services, PC

5340 Holiday Terrace  
Kalamazoo, MI 49009  
Phone: 269.372.4140

1662 East Centre Avenue  
Portage, MI 49002  
Phone: 269.321.8564

[www.childandfamilypsych.com](http://www.childandfamilypsych.com)

For emergency behavioral crises or when Child & Family Psychological Services, PC are closed, students may access community services by using the 24-hour community HelpLine at 269.381.3257. This service is supported in Kalamazoo by Gryphon Place, which is a local organization providing emergency behavioral support. Students requiring emergency intervention may be evaluated by crisis screeners in the Borgess Medical Center Emergency Department, which serves the community as a central point of care. If needed, access to inpatient psychiatric care is available in a confidential manner through services provided by Pine Rest Inpatient Services in Grand Rapids, Michigan. By avoiding hospital admission at one of the Kalamazoo teaching hospitals, students will not be treated by a physician involved with the medical school. After referral and by calling a toll-free number, a student (or their counselor) can discuss the appropriateness of inpatient management of their psychological emergency with a

licensed social worker. If at any time a hospital admission is necessary and there are no beds available, the student will be sent to Forest View Psychiatric Hospital in Grand Rapids. Both locations provide excellent care and assure confidentiality for the student.

### ***Evaluation and Testing for Learning Difficulties***

Medical students may pursue evaluation and testing for learning difficulties through their health insurance. Available providers for evaluation and testing for learning difficulties vary by insurer. Child & Family Psychological Services, PC is an approved provider for these services for student health insurance purchased through the medical school. They may be contacted at:

Child & Family Psychological Services, PC  
[www.childandfamilypsych.com](http://www.childandfamilypsych.com)

5340 Holiday Terrace  
Kalamazoo, MI 49009  
Phone: 269.372.4140

1662 East Centre Avenue  
Portage, MI 49002  
Phone: 269.321.8564

Additionally, medical students may pursue evaluation and testing for learning difficulties through Western Michigan University Centers for Counseling and Psychological Services, on the main campus of Western Michigan University. While this center does not accept insurance, it provides testing services to medical students at a cost that represents a significant discount compared to other providers in the community.

Centers for Counseling and Psychological Services  
Western Michigan University  
[www.wmich.edu/cccp/ccps](http://www.wmich.edu/cccp/ccps)

Room 3341, Sangren Hall  
Western Michigan University  
1903 West Michigan Avenue  
Kalamazoo, MI 49008  
Phone: 269.387.5105

Additionally, medical students may pursue evaluation and testing for learning difficulties through the medical school department of Psychiatry. If pursuing this option, the Medical Director of the Outpatient Clinic ensures that faculty members who provide evaluation and testing services are not involved with student academic and performance evaluations in courses and clerkships, or consideration for advancement or graduation of the student.

Department of Psychiatry  
Western Michigan University Homer Stryker M.D. School of Medicine

Medical Director, Outpatient Clinic

Borgess North Professional Building  
1717 Shaffer Road, Suite 010  
Kalamazoo, MI 49048-1623  
Phone: 269.337.6373

### ***Individual Academic Support***

Information about tutoring and coaching resources is available to all students through the office of Student Affairs.

Coaches help prepare for an upcoming course/clerkship. Coaches may be advanced students, residents, fellows, and others who work one-on-one with an individual student to help prepare for upcoming courses/clerkships. Tutors help with current course/clerkship success and remediation. Tutors may be advanced students, residents, fellows, or others who work one-on-one with an individual student to assist with current courses/clerkships. Coaching and tutoring assistance may include a wide variety of assistance to the student such as clarifying course/clerkship content, clarifying student responsibilities, strengthening time management and study skills to optimize study time, strengthening test-taking skills, and identifying additional learning resources and ancillary study materials.

All students receive coaching assistance from a learning skills specialist, who is based in the office of Student Affairs and who meets with all medical students individually early in the first year and again in the first year after some of the courses have been completed. This provides for an early initial assessment of individual learning needs for all medical students. The learning skills specialist provides coaching for learning skills, rather than tutoring for content, to all students.

Faculty are the primary resource for students who seek additional assistance, and informally provide individual and group tutoring in their content areas.

The medical school helps students having academic difficulty identify and access the additional necessary resources, if available, to be successful. Students who independently believe that they are having academic difficulty should meet with course/clerkship directors or their Scholar-Advisors, designated individual mentor, or the associate dean for Student Affairs to help identify opportunities for assistance. Students who have a desire or self-identify a need for individual coaching or tutoring services are individually responsible for the cost. Based on input from course/clerkship directors and student performance results that indicate academic difficulty, the Medical Student Performance Committee may require, and the associate dean for Educational Affairs and the associate dean for Student Affairs may recommend, individual coaching/tutoring or other academic support, which may be subsidized by the medical school on an individual basis and to a limited extent. The extent of coaching/tutoring that is subsidized by the medical school is determined by the associate dean for Student Affairs and is generally up to 16 hours, in total including both individual and group tutoring, for each student.

## Section VIII: Student Life

### Student Consumer Information

The medical school maintains student consumer information that is available to prospective and current students through this Medical Student Handbook and also published on the medical school website and medical student portal. Annually, or more frequently if determined necessary, the medical school provides notice to all enrolled medical students describing the availability of all required elements of consumer information, in compliance with all applicable federal laws and regulations concerning participation in Title IV Federal student aid programs.

Student consumer information includes disclosures and consumer information about our academic programs, campuses and facilities, security and safety including the Annual Security Report with crime statistics for each medical school campus location, and financial aid counseling and programs. When additional or individual notification is required, individual emails are sent to students' medical school email addresses. Any disclosure or student consumer information made available electronically is provided in printed format upon request to Student Affairs.

### Financial Aid

The director of Financial Aid and staff from the office of Financial Aid are available to meet with applicants, students, residents, and junior faculty to assist with all aspects of financing medical education. This includes identifying funding sources, assisting with applications, and providing sources of information about loan borrowing and debt management.

Neither Western Michigan University Homer Stryker M.D. School of Medicine nor its employees provide financial guidance or tax advice to students, their parents, or any other taxpayer in any of our offices or on our website. Any examples, illustrations, or Frequently Asked Questions (FAQs) regarding tax questions are intended to be illustrative in nature only and cannot be construed as tax advice or relied on for the purpose of avoiding penalties under the Internal Revenue Code. Students and other taxpayers should seek guidance on all tax-related questions from a qualified tax professional who can evaluate specific circumstances when providing tax advice.

#### *Types of Financial Aid*

The medical school participates, or expects to participate, in federal, private, and institutional financial aid programs. Additional information about these programs can be found on the Financial Aid pages on the medical school website ([click here](#)).

- **Federal Loans:** The medical school has made application to the US Department of Education for participation in Title IV federal student aid programs. The federal programs for which students may be eligible are:
  - Direct Stafford Unsubsidized Loan.

- Direct Graduate PLUS Loan.
- Private Scholarships: Because of the diversity and number of private scholarship opportunities, students are encouraged to use an online search engine such as [CollegeScholarships](#), [FastWeb](#), and [SuperCollege](#).
- Service Commitment Scholarships: Health professions students are encouraged to consider service commitment scholarships such as the Health Professions Scholarship Program and the National Health Service Corps. These programs cover the costs of medical school in exchange for a specified number of years of service.
- Institutional merit- and need-based scholarships: Incoming students complete and application process for consideration. Continuing students do not submit an application but are considered on the basis of their complete medical school record.

### **Federal Student Aid**

To be eligible for federal student aid, students must meet the following eligibility criteria:

- Be accepted for enrollment or enrolled in an eligible degree-seeking program.
- Be a US Citizen or US National.
- If a male over the age of 18 years, be registered with the [Selective Service System](#). Male students who fail to register with the Selective Service System before turning 26 years of age are ineligible for Federal student loan and grant programs.
- Have a valid Social Security Number.
- Maintain at least half time enrollment.
- Maintain Satisfactory Academic Progress.
- Submit the Free Application for Federal Student Aid (FAFSA) annually.

Students must also not be on a leave of absence, in default or owe an overpayment on any Federal student aid program funds, or subject to a judgment lien for a debt owed to the United States.

### *Loss of Federal Aid Eligibility Because of Sale or Possession of Drugs*

A federal or state drug conviction can disqualify a student for Federal student aid. The period of ineligibility is determined by the type and number of convictions (Table 17).

Table 17. Loss of Federal Aid Eligibility Because of Sale or Possession of Drugs

<b>Offense</b>	<b>Possession of illegal drugs</b>	<b>Sale of illegal drugs</b>
1 <sup>st</sup> offense	1 year from date of conviction	2 years from date of conviction
2 <sup>nd</sup> offense	2 years from date of conviction	Indefinite period
3 <sup>rd</sup> offense	Indefinite period	Indefinite period

The office of Financial Aid notifies students by email if the medical school learns that the student has become ineligible for Federal funds. The office of Financial Aid works with the student to identify the necessary steps to possibly re-establish eligibility.

### ***Disbursement of Aid***

The dates for disbursement of financial aid are included in the Financial Calendars (Tables 12-15) in this Medical Student Handbook, which is published on the medical school website and medical student portal.

### ***Satisfactory Academic Progress and Eligibility for Financial Aid***

Standards of satisfactory academic progress standards are applied to all students at the medical school and are used also to establish or maintain eligibility for institutional, federal, and state financial aid regardless of whether the student has received financial aid previously. If satisfactory academic progress is not maintained, students are not eligible for federal and state financial aid, and are not eligible for institutional financial aid with exceptions as determined by the associate dean for Student Affairs.

The Medical Student Performance Committee reviews the aggregated and individual performance records of all medical students on a continuing basis, and notifies the office of Financial Affairs when a student is placed on warning academic status. The office of Financial Aid makes separate determinations of satisfactory academic progress for financial aid eligibility at the end of each academic year. Students receiving federal financial aid continue their eligibility for federal financial aid while on warning academic status.

A student who does not meet the academic standards to continue in the degree program generally does not meet the satisfactory academic progress standards for financial aid at the end of the academic year. Failing to meet satisfactory academic progress for two consecutive terms, including a warning academic term, requires that the student withdraw or be dismissed from the degree program. For this reason, the office of Financial Aid does not have a financial aid appeal process for satisfactory academic progress. The office of Financial Aid notifies students by email if they fail to meet satisfactory academic progress requirements.

Students receiving federal financial aid who withdraw or are dismissed from the degree program may be eligible for a partial credit of tuition that has been assessed by the medical school, and partial refund of tuition that has been paid by the student, according to the refund of tuition schedule and the Federal Return of Title IV Funds policy.

### **Meeting with Faculty**

Students may contact faculty by phone, email, or directly to schedule meetings. Faculty, especially the basic science faculty, are accessible in their offices for student support and make themselves available to students during the time that students have as

unscheduled time. Students should use medical school faculty email addresses to contact faculty to request a meeting or assistance.

## **Student Organizations**

The medical school values and encourages students to grow professionally. Student programs and organizations provide great opportunities for students to gain perspective and experiences that go beyond the classroom, the clinics, and hospitals. The medical school supports student body engagement with several national student organizations to facilitate students to develop leadership and social skills, promote community involvement, cultivate creative talents, and enhance personal accomplishment and fulfillment.

Students on warning academic status or probation are advised to not seek additional responsibilities, such as serving on the Medical Student Council or as representatives to national student organizations.

### ***Medical Student Council***

The charge of the Medical Student Council is to represent all medical students in all four years to: communicate the needs and opinions of the medical student body to faculty and administration; facilitate medical student contributions to the development of certain school policies and administrative matters that affect medical students throughout their four years at the medical school; consult with the associate dean for Student Affairs to make recommendations for medical student members on medical school committees; collaborate with the Diversity and Inclusiveness External Advisory Committee to identify and achieve medical school goals for student diversity and inclusiveness; and recommend amendments to the Medical Student Handbook.

The voting members (12 total) of the Medical Student Council comprise the four medical student class presidents and the two Medical Student Council representatives from each medical student class. Meetings are held monthly, in general, and are open to all medical students. The Medical Student Council representatives are responsible for advising their class of matters discussed at each Medical Student Council meeting, clarifying and conveying the general opinion of the class on issues, and conveying information, questions, concerns, and recommendations between the medical school administration and students. The Medical Student Council is also responsible for student-run activities such as Medical Student Council elections, the medical student senior class yearbook, and medical student social activities that are open to all medical students.

Elected officers for each class serve for one year beginning each July 1 to June 30, with the exception of officers for first-year students who serve from October 1 to June 30. The Medical Student Council oversees all medical student class elections, supported by the office of Student Affairs. Each class shall elect annually the class officers, consisting of a president and two representatives. The President of the fourth-year class serves as the Chair, and the President of the third-year class serves as Vice Chair.

The medical students who are members of the Medical Student Admissions Committee are responsible for tours for prospects and applicants to the MD degree program.

### ***Association of American Medical Colleges (AAMC) Organization of Student Representatives (OSR)***

The medical school has a student representative to the Association of American Medical Colleges (AAMC) [Organization of Student Representatives](#) (OSR), which represents medical students nationwide and provides an active role for students in advancing the AAMC mission to improve the nation's health. Additionally, the OSR sees to ensure that students actively participate in directing their education, preserving their rights, and delineating their professional responsibilities.

Medical students elect annually one delegate and up to three alternate delegates to represent the medical school in OSR meetings and events. The medical school supports the cost of the delegate (or alternate delegate) to attend and represent the medical school at one national OSR meeting each year, subject to medical school travel and meeting reimbursement policies.

### ***American Medical Association Medical Student Section (AMA-MSS)***

The medical school has a section of the American Medical Association (AMA) [Medical Student Section](#) (MSS), which is dedicated to representing medical students, improving medical education, developing leadership, and promoting activism for the health of America. The AMA-MSS serves as a patient and medical student advocate, supports volunteer work in the area, and sponsors educational events for medical students. The issues and opportunities explored by this organization are dictated in part by the membership.

Medical students who are active in the medical school AMA-MSS chapter elect annually one delegate and one alternate delegate to represent the medical school in AMA-MSS meetings and events. The medical school supports the cost of membership fees in AMA-MSS for the delegate and alternate delegate, and the cost of the delegate (or alternate delegate) to attend and represent the medical school at one national AMA-MSS meeting each year, subject to medical school travel and meeting reimbursement policies.

### ***American Medical Student Association (AMSA)***

The medical school has a medical chapter of the [American Medical Student Association](#) (AMSA), which is a student-governed, national organization committed to representing the concerns of physicians-in-training, including medical students. Through the many interest groups, AMSA members from schools around the country are able to come together and focus on issues related to medical education, health policy and public health. National and regional conferences and events give students the opportunity to be a part of shaping policy, experience leadership opportunities, and network with students from other schools.



Medical students who are active in the medical school AMSA chapter elect annually one delegate and one alternate delegate to represent the medical school in AMSA meetings and events. The medical school supports the cost of membership fees in AMSA for the delegate and alternate delegate, and the cost of the delegate (or alternate delegate) to attend and represent the medical school at one national AMSA meeting each year, subject to medical school travel and meeting reimbursement policies.

### ***Student National Medical Association (SNMA)***

The medical school has a medical chapter of the [Student National Medical Association \(SNMA\)](#), which is the oldest and largest student-run organization focused on the needs and concerns of medical students of color. The SNMA boasts over 40 years of advocacy and service to underserved communities and medical students.

Medical students who are active in the medical school SNMA chapter elect one delegate and one alternate delegate to represent the medical school in SNMA meetings and events. The medical school supports the cost of membership fees in SNMA for the delegate and alternate delegate, and the cost of the delegate (or alternate delegate) to attend and represent the medical school at one national SNMA meeting each year, subject to medical school travel and meeting reimbursement policies.

### ***American Medical Women's Association (AMWA)***

The medical school has a branch of the American Medical Women's Association (AMWA), which is dedicated to advance women in medicine and improve women's health.

Medical students who are active in the medical school AMWA chapter elect one delegate and up to four alternate delegates to represent the medical school in AMWA meetings and events. The medical school supports the cost of membership fees in AMWA for the delegate and alternate delegate, and the cost of the delegate (or alternate delegate) to attend and represent the medical school at one national AMWA meeting each year, subject to medical school travel and meeting reimbursement policies.

### ***Alpha Omega Alpha (AOA) Honor Society***

Alpha Omega Alpha Honor Society (AOA) is a national honor medical society. Election to AOA is a distinction that accompanies a physician throughout his/her career. Members can be elected as students, residents, alumni, or faculty of an affiliated institution or on an honorary basis because of distinguished achievement in any field. Student members for AOA are chosen on the basis of their accomplishments utilizing the following criteria:

- Academic performance during the first three years of the medical curriculum including all courses/clerkships completed to date.

- The weighted summary score of the three interval summative assessments based on questions using NBME Customized Assessment Services, and the NBME Comprehensive Basic Science Examination.
- The USMLE Step 1 examination score.
- Clinical performance on standardized OSCEs.
- Successful research activities as documented by formal presentations at national meetings and publications, and other scholarly works.
- Leadership in medical school activities.
- Leadership in community service.
- Professionalism and humanism.

A meeting of the medical school chapter of AOA composed of faculty members (outside of the dean's office and Student Affairs) convenes to elect students soon after the beginning of the senior year. Selection is timed to allow students who have been elected into AOA to have this distinction noted on the student's MSPE for residency training. The medical school board of AOA uses all of the criteria for AOA to select 16% of the senior class for election into the AOA Honor Society from among the students in the top quartile of the class based on academic performance in all courses/clerkships completed to date.

### ***Gold Humanism Honor Society***

Because the medical school believes in the importance of the patient-physician relationship, a proposal has been submitted to initiate a chapter of the Gold Humanism Honor Society. The goal of this society is to recognize and celebrate students and faculty, who demonstrated while in medical school, a commitment to humanism in medicine, the highest standards of patient, and likelihood of becoming humanistic physicians. Students considered for the awards must be in good academic standing and projected to graduate the following year. Faculty and students are asked to nominate a student for consideration of the award.

### ***White Coat Ceremony and Oath***

Humanistic medicine is a practice of medicine that emphasizes the relationship between doctor and patient, puts the patient at the core of the relationship, is respectful and compassionate, and first and foremost promises to do no harm. The concept is as ancient as the Hippocratic Oath, a pledge and rite of passage for physicians that dates back to the 5<sup>th</sup> century BC.

Reflecting the purpose of the Gold Humanism Honor Society, each entering medical school class develops, with faculty guidance, a class oath that is recited during the annual White Coat Ceremony early in the first year. The White Coat Ceremony is a rite of passage as new students begin medical school. In the presence of faculty, family, and guests, students are welcomed into the medical community by leaders and faculty of the medical school and are ceremonially cloaked with their first white coat. Students also take the oath that they have developed, committing them to the profession of medicine. The ceremony impresses upon students the primacy of the doctor-patient relationship.

It is designed to clarify for students that a physician's responsibilities is to take care of patients and also to care for patients. The message transmitted is that doctors must *care* as well as *cure*. The White Coat Ceremony emphasizes the commitment and obligations inherent in the practice of medicine: to be excellent in science, to be compassionate, and to embody integrity, professionalism, and lifelong learning. This is a symbolic milestone for medical students as they pursue their dream to be exceptional clinicians, leaders, educators, advocates, and researchers of tomorrow.

### ***Institute for Healthcare Improvement Chapter***

The MD degree program integrates patient safety and quality improvement as part of the curriculum. The medical school incorporates the 16 online courses of the [Institute for Healthcare Improvement \(IHI\) Open School Basic Certificate in Quality & Safety](#) as part of the medical school curriculum.

The medical school sponsors an IHI Chapter as a forum for students and residents to interact and help each other gain skills to improve healthcare.

### ***Medical Student Special Interest Groups***

Special interest groups provide forums for students interested in particular areas of medicine and related topics. Like other student clubs and activities, these interest groups are established and run by students with oversight by at least one faculty advisor. Through special interest groups, students cultivate their interests and leadership potential, become involved in additional community service and mentoring activities, and focus on their future as physicians.

The medical school promotes and supports student participation and leadership in special interest groups that meet the needs of groups of students. Formal medical school recognition of a special interest group is predicated on specific criteria: 1) defined objectives for the special interest group; 2) a minimum of three students who are actively participating in the activities of the special interest group; 3) a minimum of one core faculty member who is activity participating in the activities of the special interest group; and 4) regular activities, such as events occurring several times each year.

The associate dean for Student Affairs tracks the activities of student special interest groups to facilitate appropriate support to meet the needs of the participating students, and to assure compliance with all medical school policies and procedures.

### **Medical Student Membership on Medical School Committees**

During the second half of each academic year, the associate dean for Student Affairs invites each medical student in good standing in years 1 – 3 to self-nominate to serve on medical school committees for the following academic year. The associate dean for Student Affairs and Medical Student Council assesses each candidate and forwards recommendations from among eligible students to the dean. The associate dean for Student Affairs and Medical Student Council may consult with other associate deans

and faculty before making recommendations. The dean selects student members for medical school standing committees and other committees.

Students must be currently enrolled and in good academic standing to serve on any committee. No student may serve on more than one standing committee. However, serving on the Medical Student Council or other medical student committees does not preclude also serving on a standing committee. Student committee members for all committees serve one-year terms without automatic reappointment, and may be reappointed by the dean.

Standing committees with medical student members include:

- Curriculum Committee
- Global Health Committee
- Medical Student Admissions Committee
- Research Committee
- Student Scholarship Committee

Other committees with medical student members include:

- Facilities Committee
- Information Technology Committee
- Learning and Working Environment Committees (4)
- Library Committee

## Learning Communities

The students at the medical school are organized as members of learning communities, which enhance and maximize student learning by promoting professional and social interactions among and between classes. Students learn from each other through these associations and collaborations – similar to how physicians learn from their colleagues throughout their careers. All entering students are assigned to one of four learning communities, and are a member of the same community throughout the four years of medical school. Each learning community hosts approximately 84 students with approximately 20-22 students from each class.

Each learning community is named after a prominent physician who serves as a role model for students. The four learning communities are named after:

- Virginia Apgar, MD
- Elizabeth Blackwell, MD
- Harvey Cushing, MD
- Charles Drew, MD

Each learning community has guidance from designated clinician educators, serving in the role of *Clinical Skills Scholars* and *Learning Community Advisors*—these terms are truncated to simply *Scholar-Advisor*. Each Scholar-Advisor serves as a clinical skills scholar teaching clinical skills as part of the curriculum, and as a learning community

advisor providing mentoring to the students in a learning community. Serving as a Scholar-Advisor is a privilege and requires participating in the related curriculum and faculty development activities.

The learning communities provide:

- Longitudinal delivery of selected curriculum content, including clinical skills and procedures, and reinforcing content related to professional formation.
- Activities that help students accomplish the required activity of Active Citizenship in Community Health.
- A structure to facilitate student wellness that helps students achieve the competencies in the domain of Personal and Professional Development.
- Collective and individual student mentoring, advising, and career counseling.
- Socialization and sense of belonging in the medical community.

The overall goals of the learning communities include:

- Longitudinal delivery by Scholar-Advisors of curriculum content.
  - Clinical skills training including history taking, physical examination, and simple clinical procedures.
    - Providing guidance, training, and practice for interviewing skills.
    - Scholar-Advisors provide formative assessments as well as assessments of engagement and professionalism of students in their learning community but do not participate in summative academic assessments (eg, OSCEs) of these students.
  - Integrate activities to reinforce content from the Profession of Medicine course, especially themes related to professional formation and the medical school Code of Professional Conduct, professionalism, ethics, humanism, and compassion.
  - Increase curriculum relevance and integration as students in Clinical Applications discuss medical issues with students in Foundations of Medicine.
  - Participate in ongoing development of curricula and assessment of the Profession of Medicine course, and the Personal and Professional Development domain.
  - Conduct the common read program as a shared academic experience for students, residents, and faculty.
- Develop and sustain activities that help students achieve the competency and the required activity of Active Citizenship in Community Health.
  - Integrate structured learning with service learning activities to facilitate student participation. Service learning is an instructional technique in which students participate in a community service activity, in this case with academic objectives that are part of the Profession of Medicine course. Students gain relevant, hands-on experience while improving the health of the communities we serve.

- Provide a structure for active citizenship and other school-based projects such as supporting a local organization, colloquia and conferences, career fairs, group activities, and social activities.
- Facilitate student wellness that helps students achieve the competencies in the domain of Personal and Professional Development.
  - Provide anticipatory guidance and an effective support system to assist students in the pursuit of academic success, personal growth, career decisions, and professional development.
  - Provide a setting for community-based delivery of student support services that promote student wellness.
- Collective and individual student mentoring, advising, and career counseling.
  - Provide a supportive environment to increase formal and informal faculty-to-student and student-to-student coaching and mentoring.
  - Scholar-Advisors that are designated for each learning community provide collective and individual advising and mentoring to students in the learning community. Scholar-Advisors are a primary source of faculty for student mentoring, advising, and career counseling, especially during the first year of medical school before individual mentors are designated for each medical student near the beginning of the second year.
- Socialization and a sense of belonging to the medical community.
  - Provide socialization opportunities for medical student spouses, significant others, and families for shared emotional connections. These experiences promote a community of inclusion with a sense of belonging and identification in a setting of psychological safety of caring, trust, and teamwork that facilitates student connections to the learning and working environment, the medical school, peers, and faculty.
  - Provide a comfortable forum in a less structured format that fosters communication and enhances social engagement and professional relationships of each student with other students, among and between medical school classes, and with faculty and staff.
  - Foster the development of leadership and teamwork skills.
  - Disseminate information about academic and social issues.
  - Provide students with influence in the group as well as influence by the group.
  - Provide formal and informal academic support networks such as peer tutoring study groups.
  - Accelerate learning through informal peer-teaching activities to decrease competition and foster collaboration.
  - Proactively solicit student feedback, especially related to the learning and working environment, providing students with continuing opportunities to report concerns and raise questions. Advisors have direct contact with the associate dean for Student Affairs, the director of Admissions and Student Life, and the dean to address concerns in a timely manner and also to ensure uniform information to all learning communities.
  - Provide opportunities that facilitate student leadership through active participation in the learning communities.

- Provide opportunities that facilitate student participation in social activities.

## Dean's Forums

The medical school dean holds Dean's Forums with medical students regularly to maintain open communication with medical students. This provides regular opportunities for students to receive updates about the medical school, for the dean to hear directly from students, and for continuing dialogue directly with the dean on any issues related to the medical school and medical student life. Student attendance at Dean's Forums is encouraged but optional. A summary of each Dean's Forum is posted in the CLEARvue event for students who are unable to attend.

Table 17. Dean's Forum Annual Schedule

Month	Medical School Class			
	First-year	Second-year	Third-year	Fourth-year
May				Fourth-year during the first week of USMLE Preparation and Examination
July			Third-year during the first week of the second clerkship	
August		Second-year before the new first-year begins		
September	First-year during the second week of Transition to Medical School			
October	Both first-year and second-year during the third week of Transition to Medical School			
November				
December	First-year			
January			Third-year and fourth-year during the first week of the fifth third-year clerkship	
March	First-year			Fourth-year on Monday during Profession of Medicine 7
April		Second-year during Transition to Clinical Applications		

## Student Forums

The associate dean for Educational Affairs and associate dean for Student Affairs together hold Student Forums with medical students regularly to maintain open

communication. This provides regular opportunities for medical students to receive updates about the curriculum and student life issues, for the deans to hear directly from students, and for continuing dialogue directly with the deans on any issues related to the logistics of the curriculum and medical student life. This maintains dialogue between the deans and students about curriculum and student life issues that require interaction beyond notifications through email or the medical student portal. Student attendance at Student Forums is encouraged but optional. A summary of each Student Forum is posted in the CLEARvue event for students who are unable to attend.

Student Forums are scheduled approximately every 4-6 weeks during Foundations of Medicine, approximately every 8 weeks during the beginning of the clerkship periods and as needed with the third-year class, and with the fourth-year class as needed.

### **Student Mentoring, Advising, and Career Counseling**

The associate dean for Student Affairs, office of Student Affairs, Scholar-Advisors, designated individual mentors, and faculty provide student support including mentoring, advising, and career counseling. Through these systems, the medical school provides individual support and advocacy for students that must be consistent with and provided in the context of sustaining the standards of the profession and safeguarding the best interests of society.

The associate dean for Student Affairs and director of Admissions and Student Life ensure that students are instructed and have training to use VSAS for fourth-year electives away from the medical school, as well as for ERAS and the NRMP Match and other matching programs, and understand the residency application process.

Students receive formal academic advisement and career counseling from several sources over the course of their medical education:

- The Scholar-Advisor serves as a learning community advisor and provides collective and individual student mentoring, advising, and career counseling to students in the learning community, especially during the first year of medical school.
- Individual mentors are designated for each medical student near the beginning of the second year.
- Students in advanced years in the learning community, who provide peer-to-peer advising.
- Residents in graduate medical education programs in the medical school, who provide advising especially related to guide career choice, residency selection and transition to residency training.
- Advisors in the office of Student Affairs, including the director of Admissions and Student Life and director of Financial Aid.
- Department chairs, assistant deans, and associate deans.
- All faculty are available to advise students in selecting electives, provide discipline-specific career counseling, guide specialty choice and assist with



applying to residency. Scholar-Advisors and the office of Student Affairs facilitate connecting students to additional faculty advisors as needed.

Individual mentors are designated for each medical student near the beginning of the second year. The office of Student Affairs facilitates the availability of individual mentors to meet the specific needs and interests of each student. Additional mentoring relationships frequently develop from courses, clerkships, co-curricular and extracurricular activities, community projects, and other experiences.

Medical students are encouraged to take advantage of Careers in Medicine, a career-planning program provided by the AAMC that is designed to help students learn about medical specialties and choose a medical specialty as a career, which is preparatory to selecting and applying to residency programs in that specialty.

### ***Scholar-Advisor – Role as a Learning Community Advisor***

Scholar-Advisors are assigned to each of the four learning communities and help advise approximately one-quarter of medical students divided equally among the four medical school classes. The Scholar-Advisor provides group and individual student mentoring, advising, and career counseling as a learning community advisor through a variety of responsibilities in the learning community.

Some specific mentoring, advising, and career counseling functions of the Scholar-Advisor as a learning community advisor include:

- Group meetings with the students in the learning community approximately monthly and as needed to provide group advising and mentoring to students in the learning community, especially during the first year of medical school.
- Individual meetings with each first-year medical student three times, and with each second-year medical student at least once, to formally review the student's learning portfolio, individual goals, academic progress, career planning, and progress toward becoming a lifelong learner.
- Review student reflections and provide feedback to the student.
- Help individual students identify and meet their self-directed learning needs, guiding the student to develop accountability and skills for self-reflection.
- Work with individual students to informally to develop personalized learning plans, direct behavior modification, and provide career counseling.
- Serve as an advisor-at-large and meet as needed with students having academic or other difficulties to provide personal support and academic advising, including providing individualized support through any student remediation process.
- Assist students in preparing to meet advancement requirements, especially the Comprehensive History and Physical Diagnosis Competency Examination.
- Assist students in preparing to meet advancement and graduation requirements.
- Collaborate with the associate dean for Student Affairs to meet individual needs to support student success and identify student needs.

- Ensure that the associate dean for Student Affairs is appropriately notified in a timely manner of student needs, including current or developing circumstances that a Scholar-Advisor believes to have, or is likely to have, a significant adverse impact on an individual student's performance.
- In conjunction with the associate dean for Student Affairs and the director of Admissions and Student Life:
  - Academic advising for courses and clerkships, especially choosing and scheduling for third-year and fourth-year clerkships.
  - Career counseling for specialty and residency choices.
    - Explore information in AAMC Careers in Medicine to assist students in making a specialty choice.
    - Link students with discipline-specific mentors and advisors at any time to provide additional career counseling and guide students in making a specialty choice.
- Serving as one of many mechanisms for the medical school to hear the “voice of the student.”
  - Serving as one of many means for students to raise questions or concerns, especially regarding unprofessional behavior by anyone in the learning and working environment.
- Improving support systems for student networking and advising.

Scholar-Advisors are involved in learning community activities through:

- Actively facilitate vertical engagement of students in the community across all four years by helping to organize events with student cohorts.
- Participate in some community events that involve faculty.
- Collaborate with students and other advisors to promote community identity and fulfill the community goals.

Scholar-Advisors participate in key medical school events in which Scholar-Advisors have an important role with students:

- White coat ceremony (September)
- Match Day (March)
- Commencement (May)

In addition to the advising, mentoring, and career counseling roles, Scholar-Advisors play a key role in the delivery of the clinical skills component of the Profession of Medicine course.

### ***Individual Mentor***

Near the beginning of the second year, each medical student is matched with an individual mentor, a clinical faculty member who is designated as a mentor for the medical student, generally in the specialty the student states a preference.

Some specific mentoring, advising, and career counseling functions of the designated individual mentor include:

- Provide personal mentoring to an individual medical student, meeting individually with the student at a time of mutual convenience approximately three times each year beginning in the second year.
- Review student performance as shown on the medical student dashboard and provide feedback to the medical student.
- Meet as needed with the student to provide additional personal support and academic mentoring if the student is having academic or other difficulties.
- Provide support through any student remediation process.
- Collaborate with associate dean for Student Affairs to meet individual needs to support student success and identify student needs.
- Ensure that the associate dean for Student Affairs is appropriately notified in a timely manner of student needs, including current or developing circumstances that the individual mentor believes to have, or is likely to have, a significant adverse impact on an individual student's performance.

Individual mentors are involved in some learning community activities through:

- Participating in some learning community events that involve faculty.
- Collaborating with medical students and Scholar-Advisors to promote learning community identity and fulfilling learning community goals.

Individual mentors participate in key medical school events in which individual mentors have an important role with students, including:

- Match Day (March)
- Commencement (May)

## **Common Read Program**

The common read program is conducted annually through the learning communities and provides a shared learning experience for students, residents, and faculty. Beginning with the Transition to Medical School course and throughout the year, students have curricular and co-curricular opportunities to discuss the themes of the book and related issues.

The overall goals of the common read program include:

- Strengthen the sense of community among students, residents, and faculty through sharing a common academic experience.
- Broaden concepts of what it means to be a physician or healthcare provider.
- Build the learning community across a diverse group of medical students through a common experience for all four years.
- Broaden the academic expectations of the degree program.

- Introduce students to the principles of active citizenship in community health.
- Begin an exploration of interdisciplinary approaches to addressing social, political, and ethical and professionalism issues and broaden the experience in medical humanities, contributing to an appreciation of diversity and inclusiveness as part of our global engagement.
- Provide a novel opportunity to vicariously experience scientific discovery and build critical thinking skills, and to articulate and demonstrate responsible academic and social traits.
- Enhance writing and research skills.

The learning objective for the common read program is for participants to be able to describe the pertinent issues and challenges in providing medical care.

The Curriculum Committee selects the book for the common read program each spring. The general criteria for selecting the book are:

- Pertinence to the principles of active citizenship in community health.
- Relevance, readability, and potential for engaging students.
- Literary quality.
- Reflects the values of the medical school.
- Appeals to students across the range of personal backgrounds (urban/rural, ethnicity, culture, family, religion, socioeconomic group).
- Potential to strengthen the learning community by sharing in the common experience of reading and discussing the book.
- Potential to strengthen interdisciplinary understanding across a variety of disciplinary perspectives, strengthen appreciation of diversity and inclusiveness and leading to global engagement.
- Possibility of integration into the curriculum for students.
- Potential for serving as a focus for curriculum programming.
- Likelihood that most students will not have read the book in college.
- Accuracy of and respect given to portrayal of cultural contexts.
- The book should be available at minimal expense, and preferably electronically.

## **Students with Disabilities**

The medical school adheres to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 (ADA) in prohibiting discrimination against any qualified person with a disability within the context that medical students in the MD program must possess the essential abilities necessary to undertake and complete the curriculum in a reasonably independent manner and must demonstrate an ability to personally perform activities and achieve competencies required by the curriculum. Matriculating and enrolled students with specific questions regarding medical school policies governing students with disabilities should contact the director of Admissions and Student Life.

## **Facilities and Guidelines for Use**

The medical school buildings are private property. Facility access is controlled by an automated security system with access controls and video surveillance. Access is provided to medical students as needed for medical school events and activities. Protests and demonstrations are not permitted without prior written approval of the office of the Dean.

Although the medical school respects students' legitimate privacy concerns, such concerns are subservient to building, employee, student, visitor, and patient safety and security concerns. Students should have no general or specific expectation of privacy on medical school property. When the medical school has reason to believe a student has brought prohibited substances or items onto medical school property (including but not limited to weapons, drugs, and alcohol) or has otherwise violated a medical school policy (eg, theft), the medical school has the right to conduct a search of school property and the items brought onto medical school property, including searches of students, classrooms, lockers, desks, briefcases, purses, bags, and personal vehicles if driven or parked on property owned or leased by the medical school. If any such items or areas are locked, the student must provide the medical school with access including the key or combination. If a student refuses to submit to comply with a search request by the medical school, the student is subject to academic and corrective actions up to and including dismissal, as determined by the medical school in its sole discretion. Searches, when possible and practical, will be conducted in the student's presence but may be conducted without the student's knowledge or consent.

If unlawful or prohibited items are identified during the search, the items will be confiscated and law enforcement may be contacted. The medical school reserves the right not to return items that have been confiscated, which may be turned over to law enforcement. In addition, the student is subject to academic and corrective actions up to and including dismissal, as determined by the medical school in its sole discretion.

If there are items that a student desires to keep private, the items should not be brought onto medical school property.

### ***Student Lockers***

Students are provided lockers at the medical school or affiliated sites on either an exclusive or shared-use basis. Students in Foundations of Medicine are provided a medical school locker in their learning community that is assigned for their exclusive use. Students in Clinical Applications have shared-use access to medical school lockers on the W.E. Upjohn M.D. Campus. Students have access to lockers or storage space for personal use at the Oakland Drive Campus and at generally at each affiliated site. Lockers are the property of the medical school or affiliated entity, and are subject to search at any time by the medical school or affiliated site for security, safety, and other reasons.

The locker key is the property of the medical school and must be returned to the medical school upon request or student separation or graduation. There is a charge for replacement of a lost, stolen, or misplaced locker key.

### ***Fitness Center***

The medical school fitness center, located on the first floor on the W.E. Upjohn M.D. Campus, is open for use by students during those times the students have general access to the building. Use is unsupervised and is at the student's own risk. The center is for use by students, faculty, residents, and staff only. No guests are permitted. Attire must be appropriately modest, and shirt and shoes are required at all times. Only water is allowed; no food is allowed. Equipment must be cleaned after use with the disposable wipes that are provided. Lockers and showers are provided but you must bring your own lock, towel, and toiletries.

The center includes a treadmill, elliptical, stationary bike, free weights and benches, stretch mats, and a fitness studio for individual or small-group exercise. Equipment and the fitness studio is available on a first-come, first-served basis and may not be reserved.

### ***Student Parking***

Students are responsible for all costs related to their parking needs, whether spaces are purchased from the medical school or other entities.

#### *W.E. Upjohn M.D. Campus*

Parking for students is available at a modest monthly charge at a lot owned by the medical school that is within walking distance from the W.E. Upjohn M.D. Campus. Students may choose to park in any other parking lots and ramps.

Students who wish to park a vehicle in the medical school parking lot that serves the W.E. Upjohn M.D. Campus may purchase a parking permit for one-half or a full academic year. The charge for parking is set annually by the medical school and is subject to change each year. Students may not allow others to use their permit for the parking area. First-year students only may cancel the annual parking permit by notifying the office of Student Affairs by email or in writing by September 15, with a charge for one month only. Students may not park in Bronson Methodist Hospital parking areas unless they are currently assigned to clerkship activities at that site.

Parking for students and others with disabilities is available on adjacent streets and in the parking ramps adjacent to the W.E. Upjohn M.D. Campus.

Visitor parking is available on adjacent streets as well as in the public parking ramps adjacent to the medical school. Visitor permits for vehicle parking for invited guests during business hours are available from the Welcome Desk inside the main entrance to the medical school.

### *Oakland Drive Campus and Other Clinical Sites*

Parking for students is provided without cost at all clinical sites including the Oakland Drive Campus, Borgess Health, and Bronson Healthcare facilities.

Parking for students and others with disabilities is available in designated areas of the parking lot at the Oakland Drive Campus and the parking lots at other clinical sites.

Visitor parking is available in designated areas.

### *WMU Sindecuse Health Center*

Parking for students visiting Sindecuse Health Center is provided without additional cost. Students are given a token prior to leaving the building to use to exit the gated parking area.

### *WMU Student Recreation Center and other WMU Sites*

Parking for students visiting the WMU Student Recreation Center and other WMU sites is available at metered sites designated for guest parking. Students must have current automobile information on file with the medical school, and must comply with WMU guest parking requirements. Alternatively, as registered WMU students, students can individually purchase a parking permit from [WMU Parking Services](#). Students are individually responsible for any parking tickets issued by WMU to them or their automobile.

### ***Escorts to and from Student Parking***

Security personnel are available for students who wish to be escorted after dusk to and from their car in the medical school parking lot or on adjacent streets (Portage, Lovell, and South Streets) as well as at the School of Medicine Clinics, hospitals, and affiliated clinical sites. Students are encouraged to walk to their cars in pairs or groups, whenever possible, and to leave buildings at reasonable hours. Security systems and security personnel do not replace the need for situational awareness and personal responsibility.

### ***Student Bike Racks***

Students with bikes may use the outdoor bike racks provided at the W.E. Upjohn M.D. Campus or the indoor bike racks provided inside the parking ramp located across the street. Bikes and other personal items left for longer than 72 hours are considered to be abandoned and subject to removal and disposal.

### ***Student Commons***

The Student Commons adjacent to the learning communities provides respite space at the W.E. Upjohn M.D. Campus for all students.

## **Food Service**

The W.E. Upjohn M.D. Campus and the Oakland Drive Campus both provide vending machines with drinks and snacks along with café seating for dining. Vending in some areas is unattended and based on an honor system; removal of items without purchase is theft and subject to disciplinary action.

Bronson Methodist Hospital is located across the street from the W.E. Upjohn M.D. Campus and has full food service options throughout the day with food available for purchase at students' expense.

Both Borgess Medical Center and Bronson Methodist Hospital offer full food service options throughout the day with food available for purchase at students' expense.

## **White Coats and Anatomy Scrubs**

The medical school provides medical students with a white coat and also a set of scrubs for use in the anatomy lab. Anatomy scrubs may be worn only on the seventh floor of the W.E. Upjohn M.D. Campus. They may not be worn on other floors or outside of the building. Students must wear anatomy scrubs or a lab coat over appropriate street clothing while in the anatomy lab.

Students are responsible for regularly laundering their white coat and anatomy scrubs to maintain professional appearance. Additional and replacement items may be purchased through the office of Student Affairs.

## **Extracurricular Volunteer and Shadowing Experiences**

The medical school curriculum provides medical students with introductory clinical experiences that begin early in the first year, and other curriculum components that constitute service learning. Service learning is an instructional technique in which students participate in community service activities with academic objectives, such as the Active Citizenship component of the Profession of Medicine courses. Students gain relevant, hands-on experience while contributing to improving the health of the communities we serve. These activities are part of the curriculum and are fully supported by the medical school, and have educational objectives, a curriculum, and assessments.

Volunteering enables a student the uncompensated opportunity to participate and actively contribute, but without the academic rigor of service learning. Shadowing experiences are purely observational in nature. Volunteering and shadowing experiences are not offered as part of the medical school curriculum and therefore, by definition, are extracurricular and unsponsored activities. There is no expectation or requirement that medical school faculty provide, or that students participate in, volunteer and shadowing experiences. Students do not receive course or other academic credit for participating in volunteer and shadowing experiences.



The professional liability (malpractice) insurance provided through the medical school does *not* provide coverage for medical students for any extracurricular activities, including volunteer and shadowing experiences.

Student participation in extracurricular activities needs to be carefully considered by the student relative to the priority for achieving the curriculum and course learning objectives. As with any extracurricular activity, students are responsible to ensure that participation does not unduly infringe on the time necessary for required academic work or otherwise interfere with their studies. Student participation in shadowing experiences is not recommended. Because these activities are not part of the medical school curriculum and do not have a formal assessment, comments, if any, in the MSPE about volunteering are limited to the volunteer aspect of the experience, not specifically to any educational aspect. The MSPE does not include comments about shadowing experiences.

Students who engage in volunteer and shadowing experiences are expected to adhere to the Code of Professional Conduct and other medical school policies while engaged in these activities. Students who choose to participate in volunteer and shadowing experiences during medical school do so on their own time and assume all responsibility for their conduct during the experiences. As with any unsponsored activity, the medical school accepts no responsibility for any harm or loss caused to the student or third parties in connection with the student's participation.

Faculty who choose to provide these experiences to students do so outside of their medical school responsibilities, on their own time, and assume all responsibilities to ensure appropriate supervision and training. This includes approval of their employer and the personnel responsible for the site. Because these activities are not part of the medical school curriculum, there is no compensation from the medical school to medical faculty for providing these experiences.

The medical school reserves the right to prohibit students from participating in unsafe or inappropriate extracurricular activities of which it has actual knowledge. The medical school may request that a student not engage in volunteer and shadowing experiences if it believes that it is detrimental to the student's academic performance and advancement.

## **WMU Bronco ID**

Medical students enrolled in the medical school seminars course, MEDU 6800 (Medical Education 6800: Advances and Perspectives in Medicine), are concurrently enrolled by WMU in a WMU course, IPE 6800 (Interprofessional Education 6800: Advances and Perspectives in Medicine and Health), which recognizes a portion of MEDU 6800 coursework for WMU credit. The curriculum content of MEDU 6800 remains wholly under the control of the medical school. The grades posted by WMU for IPE 6800 on the WMU transcript equate to the grades posted by the medical school for MEDU 6800, which is graded on a pass/fail basis.

As enrolled students at WMU, medical students receive a WMU Bronco ID card, which provides for the following (as for all WMU students):

- Free bus access on the Kalamazoo [Metro Transit](#) bus system and also on the WMU [Bronco Transit](#) bus system. This provides medical students with free transportation to both campus and city locations.
- Free entry to WMU’s sporting events including football, basketball, and hockey games. For additional information, [click here](#).
- Ability to checkout books from the [WMU Library](#).
- Discounts to events at [Miller Auditorium](#).
  - The Kalamazoo Symphony Orchestra independently provides both WMU and medical students with discount tickets to their events. For additional information, [click here](#).

Medical students also receive a WMU Bronco Net ID, which provides remote access to the [WMU Library](#). This is in addition to remote access already provided to the medical school library.

### ***WMU Student Recreation Center***

A Bronco ID card and payment of an annual access fee are required to access the [WMU Student Recreation Center](#).

Medical students have the option to access, for an additional annual fee, the WMU Student Recreation Center. Spouses of medical students may also access the Student Recreation Center by purchasing a Bronco ID card and paying a charge per semester, which equals the annual student access fee. Students may bring up to two guests older than 15 years of age for a guest fee of \$8 for each visit.

Medical students who elect to use the WMU Student Recreation Center are charged the annual access fee by the medical school, which then submits the payments to WMU on behalf of the students. Fees are set by WMU and are subject to change each year. Students are individually responsible for any other fees charged to them by the WMU Student Recreation Center, which are charged directly to the individual medical student, including by posting to their WMU student account, and collected by WMU.

The annual access fee for medical student access to the WMU Student Recreation Center for 2016-2017 is:

- First-year medical students (for September through April) \$180
- Second-, third-, and fourth-year medical students (for May through April) \$270

## **Section IX: Changes to the Medical Student Handbook**

In an environment as dynamic as the medical school, change periodically occurs in the policies and procedures that apply to medical students. The current Medical Student Handbook, which serves as the medical student bylaws and is incorporated by reference as part of the policies of Western Michigan University Homer Stryker M.D. School of Medicine, and all other medical school policies are available online.

The Medical Student Council, associate dean for Educational Affairs, and associate dean for Student Affairs systematically review and propose changes to the Medical Student Handbook as needed and no less than annually. Medical students may propose amendments to the Medical Student Handbook through the Medical Student Council. The proposed amendments are submitted to the dean, and become effective as amended by, upon ratification by, and on the date determined by the dean, who is responsible to assure completeness and consistency with all other medical school policies as well as regulatory requirements and accreditation standards. Notice of the implementation of the revised Medical Student Handbook is distributed to all medical students and faculty. The board of directors retains final authority for the Medical Student Handbook including the right to ratify, modify, or rescind any component, in part or in whole.

Western Michigan University Homer Stryker M.D. School of Medicine reserves the right to change, at any time, without notice, the policies and procedures announced in this Medical Student Handbook including the essential abilities for completion of the medical curriculum, advancement requirements, graduation requirements, tuition and other charges, curriculum, course structure and content, dates and schedules, and other such matters as may be within its control, notwithstanding any information set forth in this Medical Student Handbook. Such changes supersede any and all prior Medical Student Handbook procedures and practices implemented by the medical school.