



Graduate 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 Graduate 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 graduate students. The current Graduate 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
CDC	Centers for Disease Control and Prevention
EAP	Employee Assistance Program
FAQ	Frequently Asked Question
FERPA	Family Educational Rights and Privacy Act of 1974
HIV	Human Immunodeficiency Virus
HLC	Higher Learning Commission
MD	Doctor of Medicine degree
MFR	Medical First Responder
MMR	Measles, Mumps, and Rubella vaccine
MS	Master of Science degree
PPD	Purified Protein Derivative (intradermal tuberculin)
SHEA	Society for Healthcare Epidemiology of America
STEP	Smart Traveler Enrollment Program (of the US Department of State)
Td	Tetanus and Diphtheria Vaccine
Tdap	Tetanus, Diphtheria, and Acellular Pertussis Vaccine
TST	Tuberculin Skin Test
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 goal is for our graduate 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 Graduate Student Handbook serves as the graduate student bylaws, course catalog, and reference guide to the roles and responsibilities of graduate students of Western Michigan University Homer Stryker M.D. School of Medicine.

Each graduate student must conduct themselves at all times in accordance with the medical school Code of Professional Conduct, the Educational Pledge, the Graduate 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 graduate 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



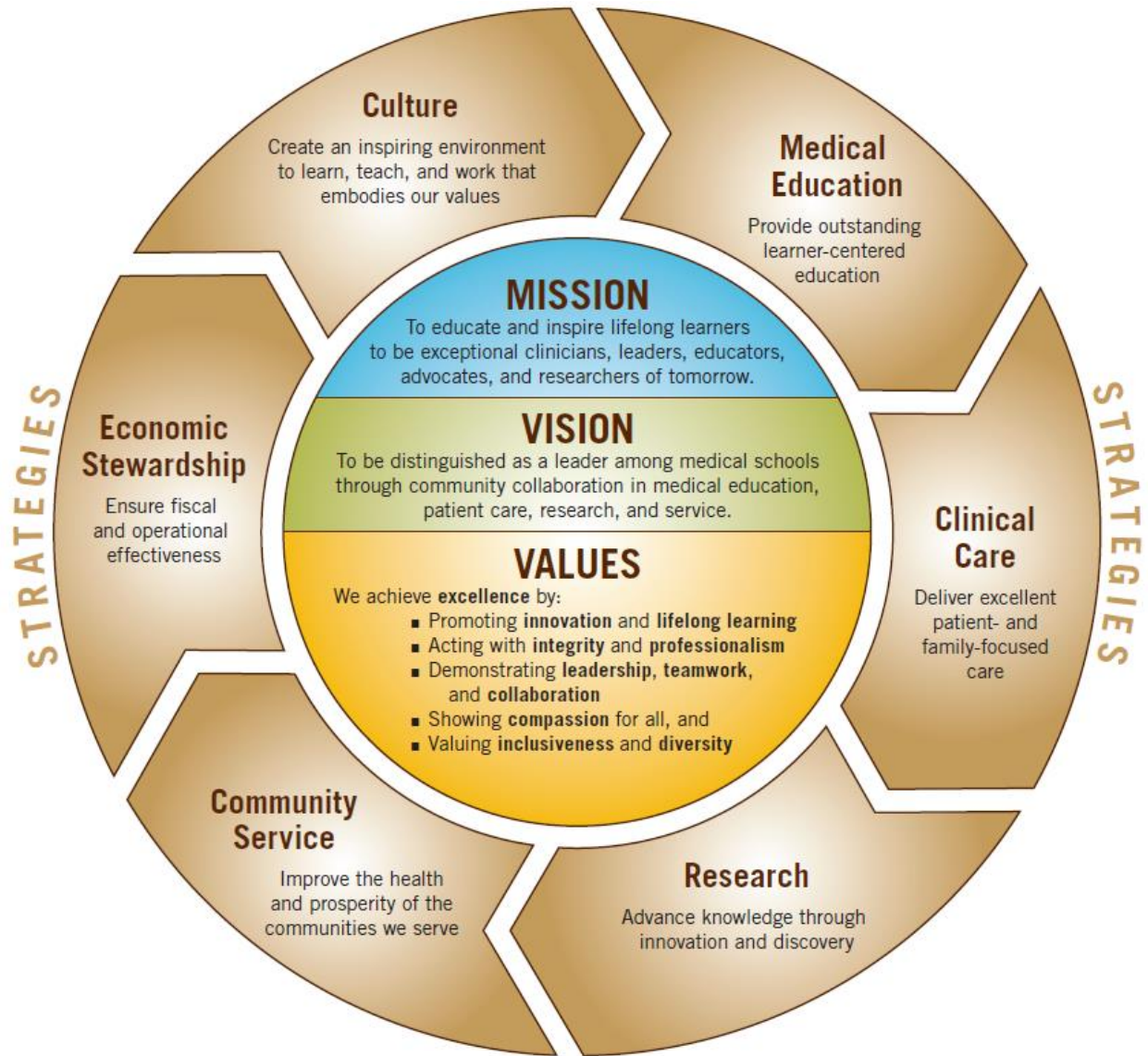
Western Michigan University Homer Stryker M.D. School of Medicine recognizes the need for innovative medical education to meet the changing healthcare needs of individuals, our communities, and the global society. We promote a learner-centered approach that comes to life through adult learning principles 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.

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.

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 while 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 program leading to the MD degree, and specific Program Committees for 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 graduate 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.

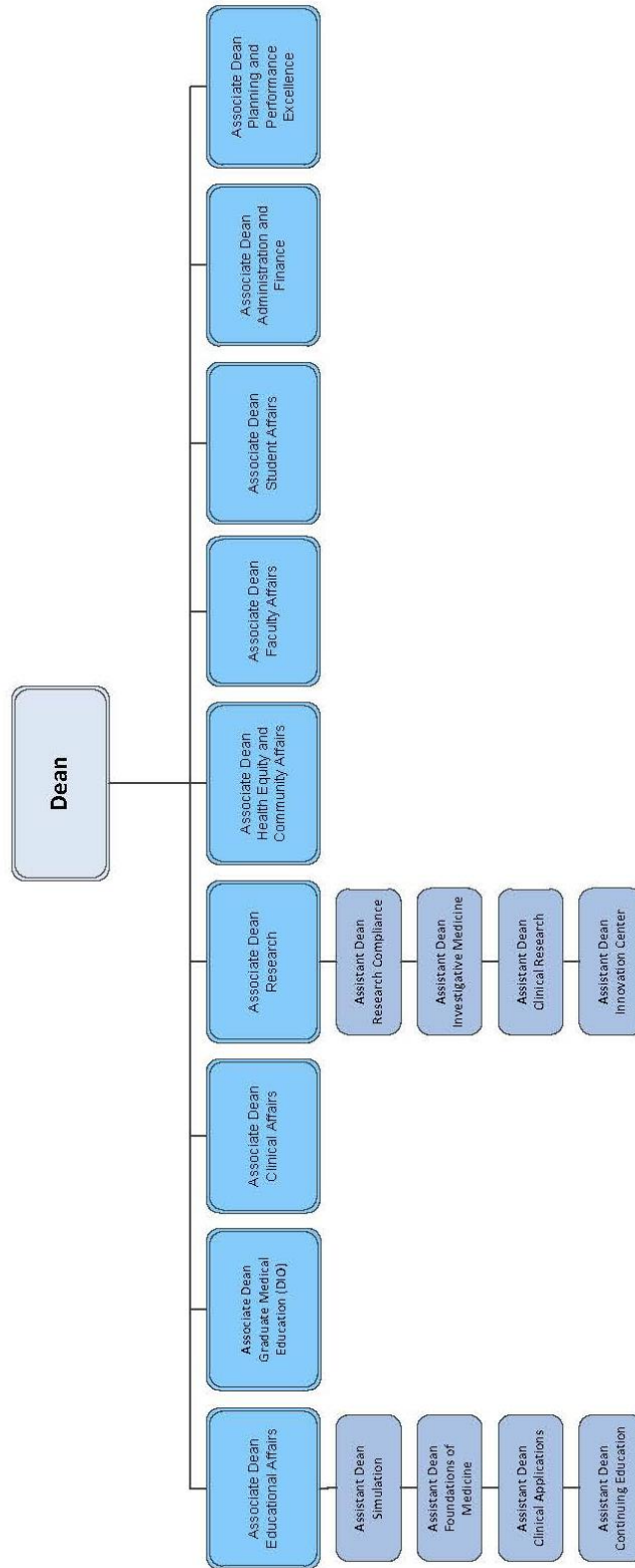
J. Associate Dean for Planning and Performance Excellence

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 graduate 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 graduate 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

graduate students to develop basic skills as educators. Faculty in the department of Medical Education are responsible for overseeing the graduate 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 graduate 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.

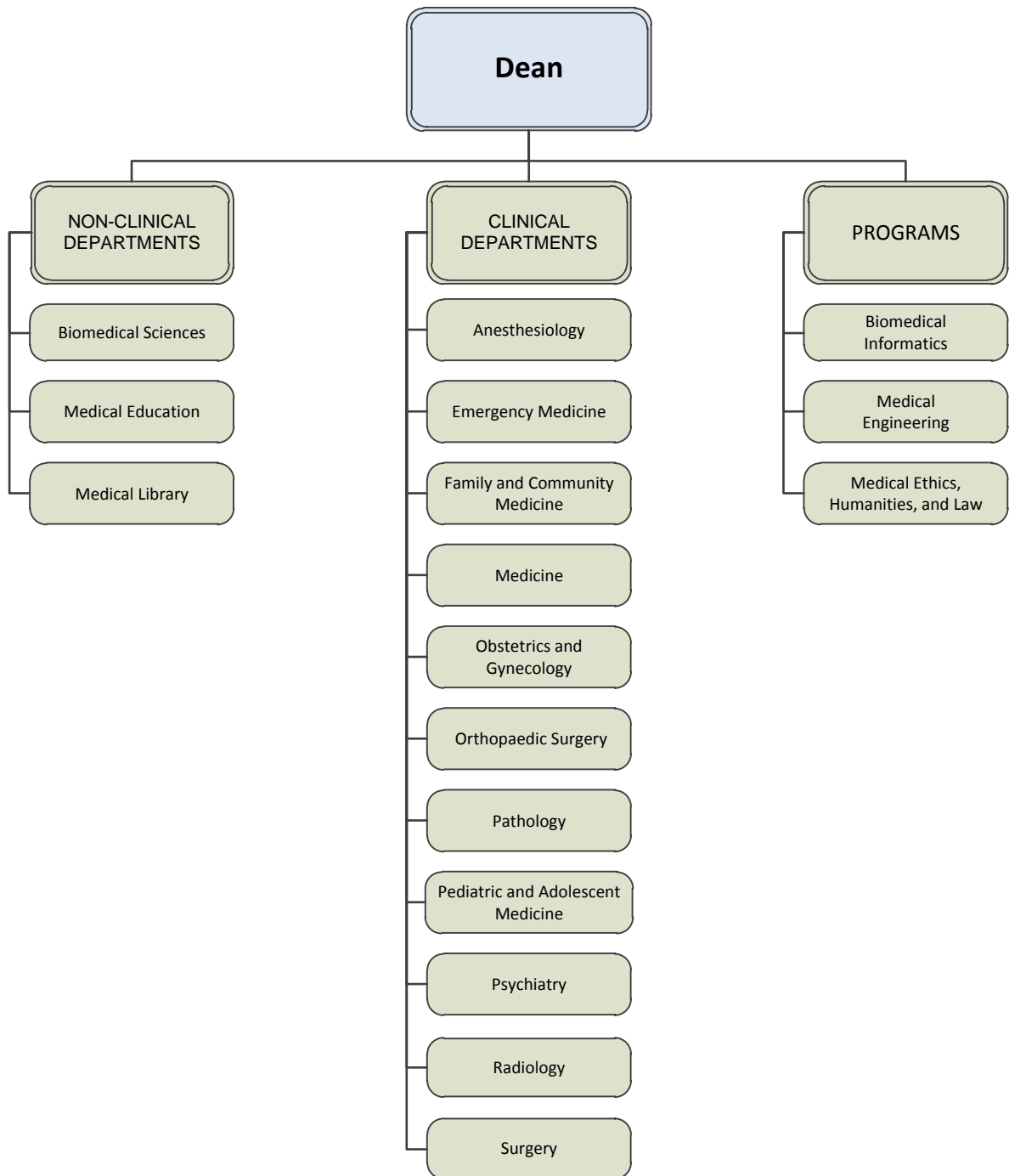
B. Medical Engineering

The program chief of the Program in Medical Engineering reports to the dean. This program is responsible for medical engineering education and training of graduate 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 graduate 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.

Graduate Program Leadership

Each graduate program at the medical school is led by a Program Committee, which oversees all certificate and degree programs within that field of study. The Program Committee is responsible for overseeing the student application and selection process, the curriculum, learner assessment, curriculum and instructor assessment, and continuing program improvement.

The Program Committee is chaired by the Program Director and includes two to five additional faculty involved in the program.

Each Program Committee works directly with the faculty involved in the curriculum, and also collaboratively with the associate dean for Educational Affairs for support from the office of Educational Affairs, and the associate dean for Student Affairs for support from the office of Student Affairs. The chair of each Program Committee reports directly to the dean, as the chief academic and administrative officer of the medical school.

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 Program Committee establishes the competencies of the educational program, and monitors student 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 (W.E. Upjohn M.D. 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).

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). Every course evaluation, which is completed by every 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, for example as provided on the online form, Report of Learner Mistreatment, on the graduate 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). 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.

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

Section IV: Graduate Student Admissions

Admission to graduate 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 field of study 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.

Admissions Philosophy

The medical school seeks graduate students who will excel in our curriculum and graduate to achieve career success in the field of study. 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 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. The holistic approach for selection of graduate 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 graduate 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 graduate curricula, and our application and selection

processes. The website is regularly updated with new information and frequently asked questions.

All inquiries about admissions to WMU Homer Stryker M.D. School of Medicine certificate and degree programs should be directed to the office of Admissions at admissions@med.wmich.edu or 269.337.6100. Staff from the office of Admissions are available to meet with potential applicants individually or in groups during designated times.

The director of Admissions is available to meet with potential applicants individually or in small groups during designated times. The director of Admissions balances the time 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

The curricula at the medical school for the Master of Science degrees and certificates are integrated curricula. Because of the highly integrated approach, it is extremely difficult to accommodate advanced placement of graduate students from another school into the curriculum. The medical school does not consider requests of graduate students to transfer with advanced standing, and does not accept transfer credit from other institutions.

Admissions to the MS in Biomedical Sciences (Bridge to MD) Program

All applicants are required to meet all requirements for admission to the MD degree program by the time of matriculation to the Master of Science in Biomedical Sciences.

Application Requirements:

- Applicants must have earned, or anticipate earning before matriculation, a bachelor's degree from an institution accredited by a regional accreditor that is recognized by both the US Department of Education and the Council for Higher Education Accreditation. At least 90 credits of course work for the bachelor's degree must have been from an institution accredited by a regional accreditor that is recognized by both the US Department of Education and the Council for Higher Education Accreditation.
- Undergraduate GPA of 3.00 or higher.
- Have taken the MCAT within three years.
- Previously applied and interviewed onsite for admission to the MD degree program at the medical school.

Selection Criteria

The selection criteria for the MS in Biomedical Sciences degree program include all elements of the holistic review process for the MD degree program at the medical school, as described in the Medical Student Handbook.

Matriculation Requirements

All offers of admission to the MS in Biomedical Sciences degree program are conditional upon satisfactory review of the following prior to matriculation:

- Confirmation of a bachelor's degree from an institution accredited by a regional accreditor that is recognized by both the United States Department of Education and the Council for Higher Education Accreditation.
- Criminal background check.
- Evidence of health insurance. Health insurance that provides coverage for preventive, diagnostic, and therapeutic health services is required of all students throughout medical school. If a student has no medical coverage, health insurance may be purchased through the medical school.
- Completed health forms and required immunizations.
- Alcohol, tobacco, and controlled substances testing. All applicants are required to undergo testing during orientation for alcohol, tobacco (which screens for cigarettes, cigars, smokeless tobacco, snuff, nicotine patches, and nicotine gum), and controlled substances. Students are not permitted to use tobacco and nicotine products, controlled substances without a prescription, or abuse alcohol.

Section V: Academic Requirements for the MS in Biomedical Sciences (Bridge to MD) Program

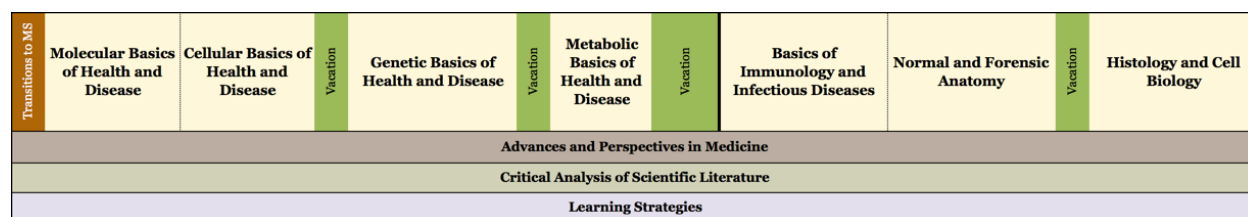
The Master of Science (MS) degree in Biomedical Sciences is a program for medical school applicants who show potential aptitude for medicine but are not sufficiently competitive for acceptance into the medical school's MD degree program. The program curriculum is designed to certify students in the basic science components of the Foundations of Medicine curriculum. Students who successfully complete the MS in Biomedical Sciences degree program in the expected nine-month period and fulfill other requirements are automatically offered acceptance into the medical school MD program. Success in the program is bolstered by mandatory participation in an academic support program that is customized for the student. The program consists of 11 courses (30 credits).

Curriculum

The MS in Biomedical Sciences degree 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

Figure 4. Curriculum Map of the MS in Biomedical Sciences



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 Program Committee and the dean.

Essential Abilities for Completion of the Medical Curriculum

Because of the anticipated matriculation of graduates of the MS in Biomedical Sciences degree program to the MD degree program, students in the MS in Biomedical Sciences

degree program are subject to all elements of the policies related to essential abilities for completion of the Medical Curriculum, as described in the Medical Student Handbook.

Program Requirements

The MS in Biomedical Sciences degree program is a nine-month program consisting of 11 courses with a total of 30 credits. There are no elective courses.

Successful completion of the MS in Biomedical Sciences degree program requires obtaining a passing grade for every course.

Matriculation to the MD Program

Students who complete the MS in Biomedical Sciences degree program are admitted to the next entering class for the MD degree if they have met the following requirements:

- Completed the MS in Biomedical Sciences degree program within the expected nine months of matriculation, with:
 - No course grades of fail.
 - No more than one course grade of fail/pass.
 - No more than three failing scores on the initial attempt of the course summative examinations.
- Complete an MCAT preparation course and retake the MCAT examination between April and July 1, with the score reported to the medical school. The cost of the MCAT preparation course and MCAT examination are included in the tuition for the MS in Biomedical Sciences degree program. Although the MCAT score is not used to determine successful completion of the program, and the score is not used for eligibility for the MD program, the MCAT does provide an external benchmark measure that assesses how well graduating students are prepared for medical school. In addition, longitudinal student assessment of students who successfully matriculate to the MD degree program is used to identify and guide improvements in the MS in Biomedical Sciences degree program to develop even more effective student interventions.

Students in the MS in Biomedical Sciences degree program who qualify for matriculation to the MD program must formally re-apply to the MD program through AMCAS; the application fee is waived.

Program Learning Outcomes

The goal of the MS in Biomedical Sciences degree program is to prepare students for success in the MD degree program medical school, laying the foundation for success as a physician. Students are expected to achieve or surpass a threshold level of competency in foundational biomedical sciences required to gain admission to the MD degree program.

At the completion of the MS in Biomedical Sciences degree program, a student is expected to demonstrate the ability to:

- Display advanced knowledge of established and evolving biomedical sciences.
- Apply established and emerging biophysical scientific principles fundamental to healthcare.
- Communicate effectively both orally and in writing.

Courses

This information serves as the course catalog for the MS in Biomedical Sciences degree program.

As part of two basics of medicine courses (Molecular Basics of Health and Disease, and Genetic Basics of Health and Disease), students have one week after the end of the course to review course content and prepare for the summative examination, which is given at the end of the review week. This review includes supplemental reading assignments from textbooks or journal articles, reviewing independent learning exercises, reviewing online lectures or tutorials, and reviewing formative examinations to determine areas for further study to improve readiness for the summative exam. During both the course and the review week there is discussion of content between students and faculty to ensure student success in comprehending the material. For the other courses, students take the summative examination at the end of the course at the same time as the medical students.

TRAN 6700: Transition to Master of Science in Biomedical Sciences (1 Credit)

Transition to Master of Science in Biomedical Sciences is a one-week course that prepares students to understand, participate, and connect in the master's degree program. Students build the foundation for their success in academics and professional relationships. During this one-week of transition, students connect with the medical school's student services and support offices. Throughout this week, students are introduced to student life organizations, student support services, information management and library skills, learning strategies, time management skills, financial aid, personal development, emotional intelligence, wellness, reflective writing, and the biomedical curriculum.

BIOM 6110: Molecular Basics of Health and Disease (3 Credits)

Molecular Foundations of Health and Disease is a four-week course that provides a fundamental understanding of the physiologic basis for macronutrient metabolism including the types of macromolecules that are metabolized to fuel, and physiologic states that alter macronutrient requirements such as starvation, trauma, and metabolic syndrome. The metabolism of glucose, generation of energy from glucose in the form of ATP, hormonal regulation of glucose homeostasis, and consequences of defective glucose regulation that result in diabetes serve as the central content theme throughout the course.

BIOM 6120: Cellular Basics of Health and Disease (4 Credits)

Cellular Foundations of Health and Disease is a four-week course that provides a fundamental understanding of the role of cells within the body. Cellular biochemistry, anatomical structure, and physiological function are introduced and then expanded, emphasizing the role of cells as the basic building blocks in a hierarchical system that increases in complexity as cells form tissues, organs, organ systems, and the whole organism. Cellular hormonal and neuronal control mechanisms are described at the biochemical, histological, and physiological levels. The principle of homeostasis is defined at the level of cell, tissues, organs, and at whole body level, with signals arising from the body's four tissue types used as examples of the importance of this process in the control of body function. The autonomic nervous system is described in detail and then employed as the starting point for teaching of the foundations of human pharmacology. Pharmacological principles outlined include pharmacodynamics, pharmacokinetics, pharmacogenomics (personalized medicine), and toxicity. The use of drugs for the treatment of disease is introduced with an overview of how clinical laboratory methodology can be employed to provide scientific data for the diagnosis, evaluation, and monitoring of microbial disease and its pharmacological treatment. The course introduces the basic biology of medically relevant microbes, the basic principles of infectious disease, the underlying mechanisms of microbial pathogenesis, the immunologic basis of disease etiology and pathology, and vaccination and immunotherapy.

BIOM 6130: Genetic Basics of Health and Disease (4 Credits)

Genetics Foundations of Health and Disease is a five-week course that provides a fundamental understanding of human medical genetic concepts and clinical disorders that have a genetic component. The course also provides an overview of the basic genetics of medically important infectious agents that contribute to the pathogenesis of infectious diseases.

BIOM 6140: Metabolic Basics of Health and Disease (3 Credits)

Metabolic Foundations of Health and Disease is a three-week course that provides a fundamental understanding of medical biochemistry related to the metabolism of lipids, carbohydrates, amino acids, and nucleotides with special emphasis on defects in these metabolic pathways and their clinical relevance. Special emphasis is placed on the integration of metabolic pathways and the regulation of metabolism in different organ systems under different nutritional stress. The course also provides insight into ethanol metabolism as well as the formation of reactive oxygen species and the potential tissue damage associated with oxygen radical formation.

BIOM 6150: Basics of Immunology and Infectious Diseases (5 Credits)

Foundations of Immunology and Infectious Disease is a five-week course that provides a fundamental understanding of the principles of immunology and infectious diseases, and the application of this knowledge to immunologic, infectious, and rheumatologic

(collagen vascular) diseases. The course integrates immunology through microbiology and includes relevant aspects of anatomy, histology, pharmacology, and pathology. Specifically, students: (1) learn about the soluble mediators, cells, and organs of the immune system and how these elements work together to prevent infection; (2) examine how the immune system causes and contributes to diseases such as autoimmune diseases, allergy, and chronic inflammatory diseases; and (3) acquire the necessary foundational knowledge of virology, mycology, parasitology, and bacteriology to understand how infectious microbes cause organ-specific and systemic diseases.

BIOM 6210: Normal and Forensic Anatomy (4 Credits)

Normal and Forensic Anatomy is a five-week course that provides a fundamental understanding of all major anatomic structures of the human body. The course takes a systemic approach emphasizing gross-level anatomy and examines body systems interactions to form the functioning whole. Anatomy of organs and organ systems are correlated with physiologic functions. Imaging techniques including CT, MRI, and x-rays are used to introduce the application of diagnostic imaging to the diagnosis of clinical disorders. Methods of forensic anatomy and anthropology are discussed in the context of the functions of the medical examiner.

BIOM 6220: Histology and Cell Biology (4 Credits)

Histology and Cell Biology is a five-week lecture and laboratory course directed at an understanding of the structure of cells, tissues, and organs, and the functional significance of their morphological features. The course includes laboratory sessions that feature observations of human tissues through the study of digitized images (virtual slides). Students learn to identify specific structures, cells, tissues, and organs, and integrate basic concepts and principles of microanatomy as related to clinical medicine.

MEDU 6700: Advances and Perspectives in Medicine and Health (1 Credit)

Advances and Perspectives in Medicine and Health 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 6700 is required of all graduate students in each year, including graduate students in dual-degree programs. The course is also required for students who are required to repeat an entire year for any reason.

Students attend a minimum of ten events, which include a mixture of basic science seminars, clinical seminars, humanities and ethics seminars, workshops, plays, demonstrations, simulations, and conferences. Students submit a brief reflection for each event.

MEDU 6710: Critical Analysis of Scientific Literature (1 Credit)

Seminar courses may be repeated for credit.

Students meet every other week to critically evaluate a recent article in the scientific literature pertinent to the current basic medical science course, including articles related to biomedical ethics. Under the guidance of a faculty member, students lead the discussion of articles chosen by the faculty member, or alternatively by the student. The student learns to develop learning objectives to meet their own needs, becoming adept at active learning.

MEDU 6720: Learning Strategies (1 Credit)

Learning Strategies is a year-long course that provides academic development and individualized support throughout the degree program. The course provides ongoing one-on-one and group instruction in time management, stress management, study skills, learning skills, test-taking skills, information management and library skills, and personal assessment. Under the guidance of a learning skills specialist, students develop effective study skills, test-taking strategies and test analysis, and active learning techniques. Students develop time management strategies, including recognizing and overcoming barriers to successful time management, and how to read and study more effectively and efficiently. In addition to the formal instruction, the learning skills specialist meets with students weekly to monitor progress and provide feedback in a supportive environment.

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 may have both formative and summative assessments. Formative assessments are learning tools that are learner-centered and course -based that are given during the learning process and do not contribute to the final course 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 grade. Course 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 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.

Students are monitored in each course for academic achievement. In addition, each student is a member of one of the four medical student learning communities, which provides support, encouragement, and feedback from medical students. The Learning Skills Specialist also mentors students individually and provides specific instruction and coaching to achieve skills for this program and to be successful in medical school. This individualized attention provides direct assessment of the student's capabilities and aptitude.

BIOM 6110-6150: Basics of Medicine courses

Students are assessed using both formative and summative examinations administered during the course. Formative exams are administered every Friday of the course except the final week of the course, and consist of 10-15 multiple choice questions related to the material presented during the week. The purpose of the formative exams is to provide the student with a personalized benchmark relating to how effectively they are learning the material. The course final summative examination is administered the final day of the course. The examination consists of between 20-25 multiple choice questions for credit of the course. Students must achieve a passing grade on the course summative examination to pass the course. Students failing to achieve a passing course summative examination score are required to remediate the material in preparation to retake the course summative examination.

MEDU 6700: Advances and Perspectives in Medicine and Health

Students are assessed by attendance and written reflections for each of the events.

MEDU 6710: Critical Analysis of Scientific Literature

Students are assessed by evaluation of participation in the identification and achievement of learning objectives as evidenced in their presentation and discussion of the articles.

MEDU 6720: Learning Strategies

Students are assessed by evaluation of participation, performance on assignments, and evidence of achieving effective learning skills.

BIOM 6210: Normal and Forensic Anatomy

Students are assessed using both formative and summative practical examinations administered during the course. Formative practical exams are administered every Friday of the course except the final week of the course, and consist of 10-15 identifications related to the material presented during the week. The purpose of the formative exams is to provide the student with a personalized benchmark relating to how effectively they are learning the material. The course final summative practical examination is administered the final day of the course. The exam consists of between 20-25 identification questions for each credit of the course.

BIOM 6220: Histology and Cell Biology

Students are assessed using both formative and summative examinations administered during the course. Formative exams are administered every Friday of the course except the final week of the course. The formative exams consist of 10-15 multiple choice questions (MCQ) relating to the material presented during the week. The purpose of the formative exams is to provide the student with a personalized benchmark relating to how they are learning the material. The course final summative examination is administered the final day of the course. The exam consists of between 20-25 MCQ style questions for each week of the course.

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:

1. Identify, analyze, and synthesize information relevant to their 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. Students participate in small group sessions as part of BIOM 6210, Critical Analysis of Scientific Literature, that promote self-directed learning. The curriculum of this course 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. The course 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 graduate students transition smoothly from the highly-structured MS curriculum into the environment of self-directed learning, which is a core component of physician medical education. This course builds the basic skills and strong foundation that are necessary for lifelong learning. The course sessions are

moderated by a faculty member who facilitates group discussions, monitors group activities, and assesses the overall group learning products.

The goal of the learning activities of this course is for students to develop life-long learning skills through a self-directed learning process. Students 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.

Course Directors

Course directors lead the design, implementation, management, student assessment, and course evaluation in alignment with the Program Committee.

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 and work closely with the Program Committee and other course 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 Program Committee monitors the overall accomplishments of the course, and reviews and approves any necessary or significant revisions in scope, content, and curriculum delivery.

Credits

The MS in Biomedical Sciences degree program is continuous from matriculation to graduation. There are two terms (Term 1 and Term 2), or periods of enrollment, the nine-month period of the program.

The medical school defines one credit as the amount of work, planned and directed by the faculty, that for the average graduate 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 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.

Registration

The graduate student curriculum requires full-time participation, and all graduate students are enrolled with full-time student status.

Evaluation of Student Performance

Individual student performance throughout the curriculum is continually monitored by the Program Committee. 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 Program Committee has access to and is responsible for evaluating the entire student record, and makes determinations to ensure fairness and that balance 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 the Program Committee 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 the Program Committee or associate dean for Student Affairs any individual or other circumstances or concerns that may affect their performance.

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

Assessment of student learning, including course grades, and evaluation of student performance are based solely on performance during the course 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 who provide sensitive health, psychiatric, or psychological care to graduate students must not evaluate student academic performance or participate in decisions regarding student advancement and/or graduation. 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 graduate students prior to the beginning of student courses to identify conflicts and resolve the conflicts with the associate dean for Educational Affairs. Faculty and all evaluators must attest as part of completing the student evaluation form that they have not provided sensitive health, psychiatric, or psychological care to the student being evaluated. Students may bring concerns of conflicts for review by the associate dean for Student Affairs, who, if necessary, will work with the associate dean for Educational Affairs to resolve the conflicts. Faculty must not participate in course grading or Program Committee review, including decisions about advancement and promotion if they have provided such care at any time in the past. Program Committee members must recuse themselves from both the discussion and actions for students for whom they have provided such care.

Evaluation of Students by the Program Committee

The Program Committee has the responsibility to monitor learning and performance—academic progress as well as professional and personal conduct—of all graduate students, and make faculty recommendations for graduate student advancement and graduation. In this role, the committee is responsible for maintaining, developing, and overseeing policies regarding requirements for advancement and graduation. The Program 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 Program 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 Program Committee may exercise the option at any time for any student to meet with the student, formally assess student learning and performance – academic progress as well as professional and personal conduct – and intervene through a learning contract with the student.

Specifically, the Program Committee is responsible for:

- Making recommendations for standards for determination of satisfactory academic progress, satisfactory progress for advancement and graduation of graduate students, and professionalism.
- Establishing consistent standards and methods for assessing graduate student performance and correcting academic and other deficiencies of graduate students.
- Monitoring learning and performance – academic progress as well as professional and personal conduct – of all graduate 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.
- Working in collaboration with the associate dean for Educational Affairs to identify graduate 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 graduate students, monitoring graduate student performance while subject to a learning contract, and approving completion of learning contracts. Any graduate student on warning academic status requires a learning contract to be in place.
- Confirming on a continuing basis the appropriate status of graduate students including advancement of graduate students through the curriculum.
- Responding to student concerns regarding advancement of graduate students and developing policies and procedures for learning contracts.
- Toward the conclusion of the graduate 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 Master of Science in Biomedical Sciences degree.

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

- Graduate 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 graduate 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 graduate student's educational activities are incorporated into a learning contract.
- The committee weighs all aspects of a graduate student's performance and should consider extenuating circumstances. The committee has the appropriate latitude

to consider a variety of corrective actions to support the graduate student's continuation in the medical school.

- In developing corrective actions, the committee should incorporate input and insights from the graduate student on how they learn to determine which corrective actions may work best for the student.
- The Program Committee should take into account extenuating circumstances. For issues of academic performance with extenuating circumstances, the committee may permit the graduate student to have the opportunity to continue in the program at the medical school. It is the responsibility of the graduate 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 graduate student additional time to resolve extenuating circumstances, and may recommend dismissal if it is evident that the graduate student is unable to perform at an acceptable level, or is unable or unwilling to resolve extenuating circumstances.

The Program Committee reviews the aggregated and individual performance records of all graduate students on a continuing basis, and conducts formal hearings of individual graduate students with significant academic and other deficiencies, and of graduate students dismissed from medical school. Program 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 Program Committee to evaluate graduate student learning and performance.

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

Graduate students who have a formal hearing scheduled by the Program 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 Program Committee a written list of the student's deficiencies that necessitated the formal hearing.
- To submit a written proposal before the formal hearing for consideration by the Program Committee for a program of corrective and remedial actions and time lines.
- For any case managed through the Program Committee involving potential suspension or dismissal from the medical school, to appear in person at the scheduled Program 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 Program Committee may *require* any corrective actions and remediation steps, and stipulate the time limits to address academic and other deficiencies. The Program Committee may *recommend* that the graduate 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 graduate student is responsible for all additional costs that might be incurred to fulfill the actions and steps, whether required or recommended. For graduate 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 graduate student, or impose an action of dismissal from the medical school for career redirection. The action of dismissal by the Program Committee may be appealed by the graduate student to the Student Appeals Committee.

The graduate student receives a written report of the outcome of the hearing from the chair of the Program Committee generally within 10 working days. The associate dean for Educational Affairs is responsible for implementing the decisions and corrective actions of the Program 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 graduate student progress of compliance with the learning contract to the Program 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 Program Committee, up to and including dismissal from the medical school.

Actions stipulated by the Program Committee may be implemented as final actions by the associate dean for Educational Affairs upon receipt of the written report from the committee. The graduate 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 graduate student provides notice in writing of a decision not to appeal.

Student Appeals Committee

Graduate students may appeal: a decision of the Program 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 graduate student appeal are not implemented until the appeal deadline has passed, the appeal process is exhausted, or the graduate 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 Program 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 sensitive health, psychiatric, or psychological care, or otherwise have a conflict of interest. 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

graduate 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 graduate 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 Program 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 Program Committee, associate dean for Educational Affairs, or Investigation Committee stand as the final action.
- Review the case, and require that the Program 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 Program 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 Requirements and Sequencing

All required courses and other requirements must be completed satisfactorily before a student can be recommended for graduation.

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

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

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 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

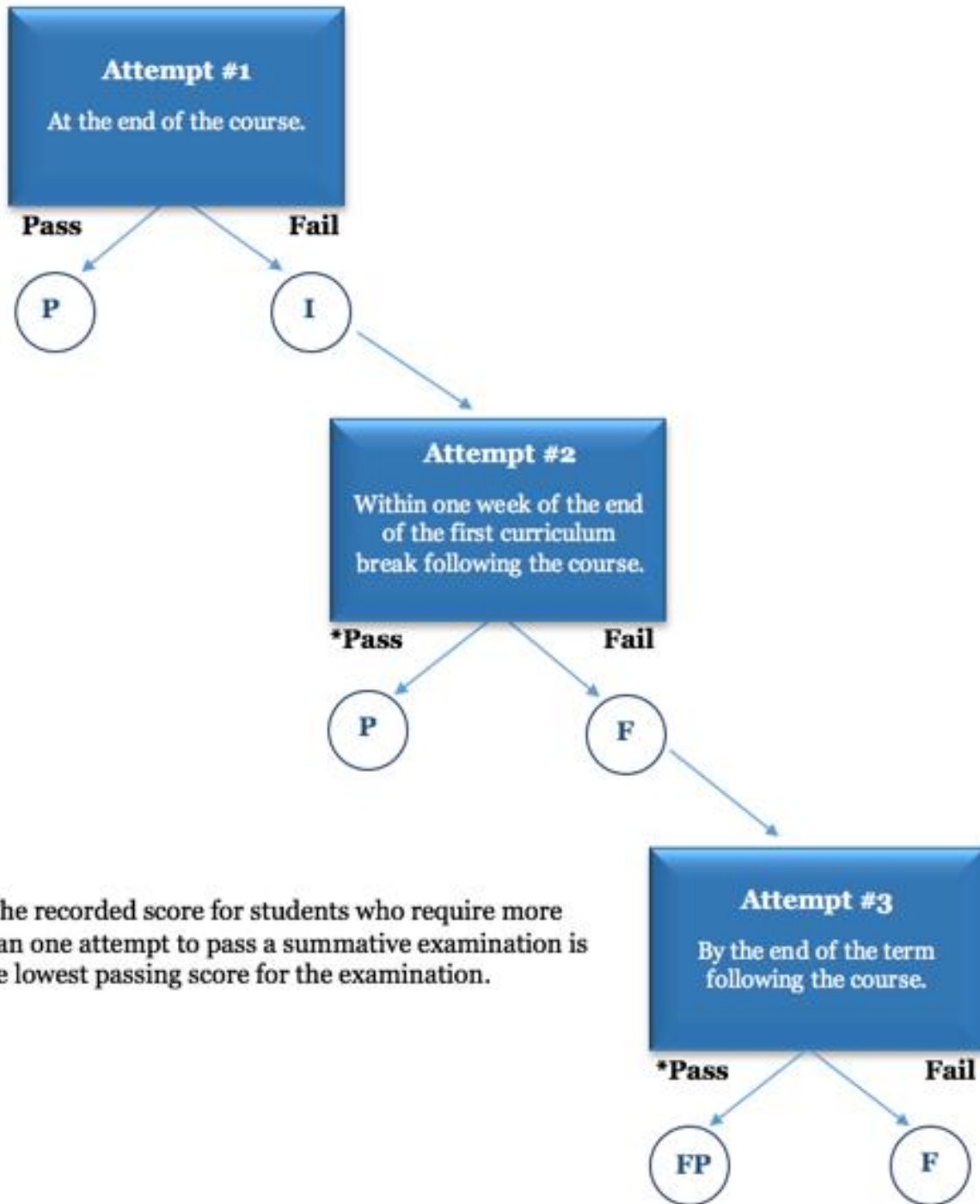
In all courses, the course directors are the instructors of record and assign grades in a manner that is consistent and objective using criteria and mechanisms that are provided to students in the Graduate Student Handbook and the course syllabi. Grading is based on performance that meets or exceeds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

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.

Two grades of credit (Pass, and In Progress) and three grades of non-credit (Incomplete, Fail, and Withdrawal) are recognized for the courses: MEDU 6700, Advances and Perspectives in Medicine and Health; MEDU 6710, Critical Analysis of Scientific Literature; and MEDU 6720, Learning Strategies.

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 summative examination within two attempts followed by passing score on the third attempt, thereby successfully remediating that course grade component(s) and, if all other components of the course have been satisfactorily completed, achieving a course 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 grade and is for credit. An initial grade of Incomplete based on unsatisfactory performance for professionalism as component of a course 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 grade components results in a final course grade of Fail (Figure 5). Transcripts of students who fail a course and must remediate by taking the entire course again will show multiple course entries, with each entry showing a final course grade.

Figure 5. Grade consequences of failing a course summative examination (assuming passing all other course components). Grades are shown in circles.



Grade Definitions

Pass

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

Fail

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

- Has failed once the summative written examination for a course, 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 for a course. Under these circumstances, the grade is subject to change to the designation fail/pass (FP), which is a passing course grade and is for credit, if the student passes the summative examination on the third attempt as scheduled by the course director within the term following the course. 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 for a course. 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 MS in Biomedical Sciences degree program. If the Program Committee makes an exception and permits the student to retake the course, or if the student is readmitted to the MS in Biomedical Sciences degree program, the entire course must be repeated meeting all course requirements in the repeated course to obtain credit for the course.
- Has failed to meet the minimum conduct for professionalism required for the course, 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 including successfully remediating all required events, and achieve a passing grade, within the term following the course.
- Withdraws after the start of a course 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 that have not been satisfactorily remediated by the end of the course or as rescheduled by and to the satisfaction of the course 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, or the grade for the course is changed from incomplete to fail.
- Has not taken as scheduled the summative written examination for a course. 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 is a non-credit grade of fail.
- Has taken and failed once the summative written examination for a course. 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 is changed from incomplete to fail. A student is generally only eligible to take a second course summative examination in a maximum of three courses within two consecutive terms. 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 director communicates the basis for the grade of incomplete to the student with feedback concerning the completed portion of the course and the process and timetable for completing the course requirements.

It is an expectation that graduate students who receive a grade of incomplete in a course will meet regularly, such as daily, with the course director and/or other faculty designated by the course director during the one week of the first curriculum break as part of their individual effort to achieve a grade of pass. Course 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 pass, fail, or withdrawal within three weeks of the end of the course requires meeting with the Program Committee and establishing a learning contract that outlines a path to resolve the grade of incomplete in a timely manner. A course grade of incomplete must be changed to a grade of pass, or fail by the end of the term following the term in which the course was taken.

The grade of incomplete is changed to the grade of pass when the student satisfactorily completes all required work for the course 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 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 for a course, and then passes the examination on the third attempt as scheduled by the course director within the term following the term in which the course 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 courses that are delivered over two contiguous terms each year: MEDU 6700, Advances and Perspectives in Medicine and Health; MEDU 6710, Critical Analysis of Scientific Literature; and MEDU 6720, Learning Strategies. 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, 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. A written narrative mid-course evaluation may be provided to the student by the course director, 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 evaluation. The course director of any student receiving an unsatisfactory mid-course evaluation notifies the associate dean for Educational Affairs immediately.

Grade Reporting

Within two weeks of the conclusion of a course, the course director must submit to the associate dean for Educational Affairs a single course grade for each student. In addition, course directors must submit a report of professionalism and engagement for the course. The report for engagement and professionalism for a course 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. Graduate student course 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 grade. The associate dean for Educational Affairs reviews all course reports and consults with course directors, faculty, Program 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 graduate 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 to the course director. If a student receives an unsatisfactory or failing evaluation for any component(s) of a course and does not successfully remediate the component(s) within the proscribed limits, the student must repeat the entire course. The course director provides for emphasis of the specific area(s) of deficiency during the repeat course. The final grade for the course cannot be higher than pass if a student repeats a course 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 graduate student curriculum and is continually evaluated. The final grade for each course encompasses both academic performance and behavior during the course activities.

Graduate 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 Program 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 graduate student for the current course 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 graduate student misconduct are managed according to the misconduct process outlined for graduate students in this handbook.

Evaluation of Professionalism During Courses

Professionalism is continually evaluated throughout all four years of the curriculum. Course 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. Lack of professionalism may result in a grade of incomplete or fail. In addition, the course director has authority to require the student demonstrating lack of professionalism to withdraw during the course, which will result in a grade of incomplete and the requirement to repeat the entire course.

Evaluation of Professionalism at All Times

In addition to scheduled evaluations of professionalism during courses, at any time any person including all faculty and staff may provide confidential feedback about any graduate 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 graduate 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 Program 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.

Advance Information to Course Directors

In certain circumstances it is in the best interest of the student for the medical school to provide information to course directors in advance of the student beginning the course, 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 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 director to make appropriate group assignments, assign additional tutoring, and directly manage situations that may arise during the course 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, the Program Committee shall make determinations of the need for providing advance information to course directors. The Program Committee may make specific recommendations and set specific requirements for each course to facilitate addressing the area(s) of concern, including the need for interval reports from the course director to the associate dean for Educational Affairs and the Program Committee. The committee shall approve the content of the information to be sent to the course director. The student is notified that advance information is being provided and receives a copy of the information sent to the course director describing the area(s) of concern. The student is advised to contact the course director prior to beginning of the course in order to discuss the area(s) of concern and to agree upon the mechanism for addressing problems should they arise. The course 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 directors and not additional faculty, residents, fellows, or other individuals involved in course 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. Graduate 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 Graduate Student Handbook and also in medical school financial aid policies as a condition of their continued eligibility for federal financial aid.

The Program Committee monitors performance – academic progress as well as professional and personal conduct – of all graduate 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 Program 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 graduate students, each student must receive a final grade of at least pass in all courses, 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.
- Attempts remediation of a course 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 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 was taken.
- Has not received a final course grade of fail/pass in more than two courses within two consecutive terms.
- Has not received a final course grade of fail after attempted remediation.
- 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 Program 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 graduate students, any graduate student who fails to maintain satisfactory academic progress is dismissed from the medical school. The Program Committee conducts a formal review of the process for any student dismissed from medical school through the Program Committee to confirm that all procedural actions were conducted fairly and in conformity with prescribed procedures. Under extraordinary circumstances, the Program 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 Program Committee.

Warning Academic Status

A graduate student who fails the initial attempt on more than one course summative examination within two consecutive terms, receives a final grade of fail in one or more courses, 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 Program 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 Program 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 or repeating part or an entire academic year 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 Program Committee.

Eligibility for Financial Aid

Standards of satisfactory academic progress standards are applied to all students at the medical school and are used 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.

Students receiving federal financial aid continue their eligibility for federal financial aid while on warning academic status.

Students receiving federal financial aid who are dismissed from the medical school 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 graduate student, according to the refund of tuition schedule and the Federal Return of Title IV Funds policy.

Time Limits

Graduate students must complete all requirements for the MS in Biomedical Sciences degree within two years (24 months) of their matriculation date. The associate dean for Educational Affairs may extend the degree completion time limit to more than three years for students who are pursuing additional approved scholarly activities.

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

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 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 summative examinations that they believe are flawed. Disputed examination questions must be brought to the attention of the course directors either by flagging the question using the examination software during the examination, or notifying the course directors immediately after the examination, and no later than two hours after the end of the examination. The course director may consult with other faculty involved in the curriculum, and the assistant dean for Foundations of Medicine, 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.

Performance Evaluation and Grade Appeals

Students may appeal subjective performance evaluations and final course 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 directors. The course directors may consult with other faculty involved in the curriculum. The course directors and student may consult with the assistant dean for Foundations of Medicine, 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.

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 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 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 director and others as appropriate, and defines a plan to address the deficiencies. The course 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. The course director provides revised grades to the registrar and a written report of actions to the associate dean for Education Affairs and the Program 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 syllabus and grading policy for the course are revised as appropriate for subsequent courses.

Withdrawal from the Program

Students may withdraw from MS in Biomedical Sciences degree 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 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, including courses 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 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 MS in Biomedical Sciences program, which is generally August through April for the first-year is defined as the first day of the Transition to Master of Science in Biomedical Sciences to the last day of the Histology and Cell Biology.

School Days and Working Days

For the purposes of graduate 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 1). The MD curriculum has scheduled breaks for all graduate students that accommodates six of these holidays. For the remaining four holidays, graduate student course events are not held.

Table 1. 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
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

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 graduate students and making admissions determinations, and in decisions regarding graduate 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 graduate 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 Program Committee, medical school administration, and others on a need-to-know basis.

Prior to Matriculation

All applicants offered admission to the MS in Biomedical Sciences degree program undergo a criminal background check. 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.

Students in the MS in Biomedical Sciences degree program who qualify for matriculation to the MD program have to formally re-apply to the MD program through AMCAS, and will undergo a criminal background check conducted by a service selected by the AAMC as part of the AMCAS application process.

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 medical school, 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 Program 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 Program 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 Program 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 Program 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 Program 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 graduate student advancement and graduation..

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 graduate 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.

Graduate 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 graduate 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 graduate students are required to: understand and abide by the Graduate 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 Program Committee is responsible for oversight of the performance and progress of graduate 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 Program Committee purview includes isolated instances of student misbehavior that is not sufficiently serious that it could warrant dismissal. However, the Program 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.

Graduate Student Misconduct

Misconduct by graduate 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 RESo4, Misconduct in Research and Scholarly Activities. Sexual misconduct by graduate students, and others, is managed under policy GENo8, 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 Graduate Student Handbook for graduate 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 graduate student misconduct proceedings for additional sanctions. Faculty play a key role in all graduate student misconduct processes – research, sexual, and other – to stipulate the sanctions and participate in the appeal process.

When a graduate student's conduct does not meet the high ethical and professional standards expected of physicians, including violation of the Graduate Student Handbook or other medical school policies, in most instances the graduate student will be given the opportunity to correct such conduct under the guidance and mentoring of the faculty and the Program Committee. Serious graduate 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 graduate student misconduct process.

The medical school is committed to taking appropriate and diligent steps outlined in this Graduate Student Handbook and with due regard for other applicable policies in response to allegations of graduate 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 graduate students when allegations are not confirmed.
- Protect the privacy and confidentiality of persons making allegations and all others.
- Provide graduate 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 Graduate Student Handbook, in the event of an allegation of serious graduate student misconduct, nothing in this policy or the Graduate Student Handbook shall preclude the associate dean for Educational Affairs from taking immediate action at any time to suspend or place restrictions on a graduate 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 graduate student of the medical school Code of Professional Conduct, Graduate 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 graduate student with sensitive health, psychiatric, or psychological care, including as determined solely by the graduate student, or otherwise have a conflict of interest related to the graduate 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 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 Program 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 Program 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 graduate 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 graduate 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 graduate students. Using the form, Report of Learner Mistreatment, on the graduate 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 concludes.

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

Options for graduate 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 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 members of the Program Committee.
- Providing feedback about a concern or problem related to another graduate student using the form, Student Feedback Form, on the graduate student portal.
- Working with the appropriate department chairs.
- Working with their Scholar-Advisors in their learning community.
- 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.

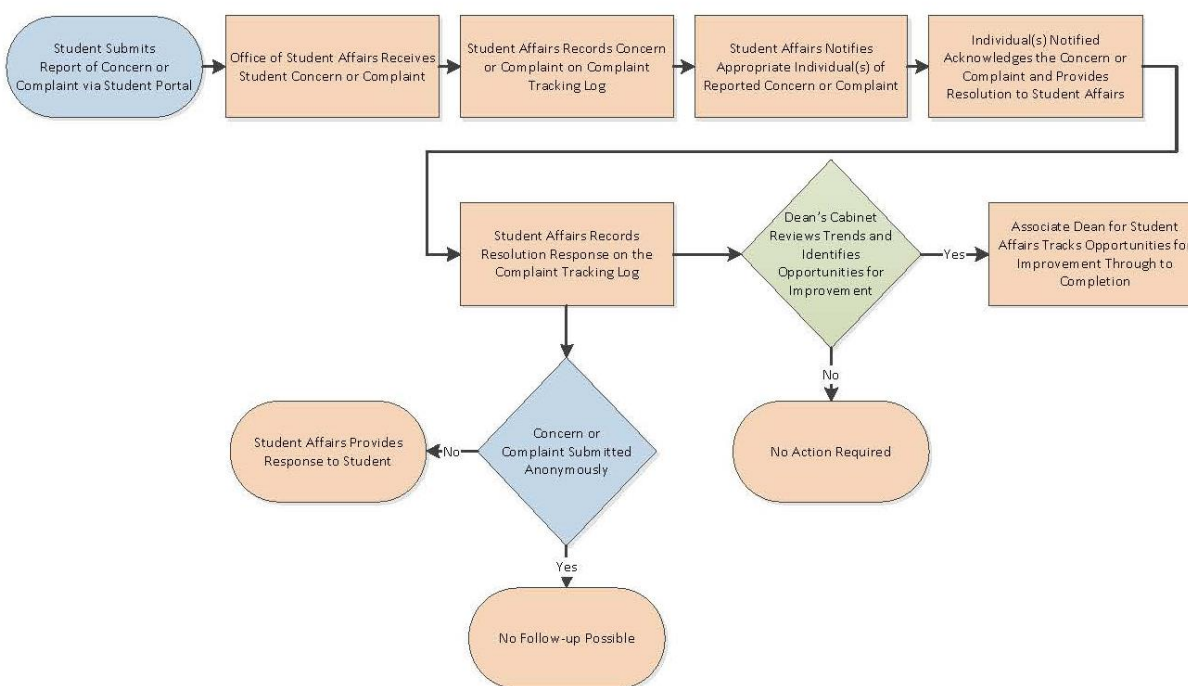
Student Concern or Complaint Form

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 graduate 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 6). 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 6. Process for Managing Student Concerns and Complaints Submitted via the Report of Student Concern or Complaint Form



Communications

Graduate 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 graduate 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, graduate students are automatically enrolled in the medical school's emergency notification system using their medical school email address. Graduate students are provided with information during the Transition to Master of Science in Biomedical Science 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 graduate student portal on the Campus Information resource page.

In addition to the medical school emergency notification system, graduate students are provided with information during the Transition to Master of Science in Biomedical Sciences 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 graduate 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 graduate 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 graduate students reflect this intensive use of technology for content organization and delivery.

All graduate 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 graduate 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 graduate 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 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 graduate students.

Cell Phone Standards and Use

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 graduate 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. Graduate students are representatives of the medical school and the medical profession. Graduate student actions reflect on everyone affiliated with the medical school. Graduate 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 graduate students and faculty to facilitate the appropriate use of social media. Graduate 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 graduate 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 graduate 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 graduate student, or jointly by a graduate student and one or more employees of the medical school, shall be owned solely by the medical school. Graduate 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 Attendance

Learning in medicine 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. 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 to achieve a grade with credit.

The professionalism required of graduate 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 directors. Students arriving after an examination has begun may be refused admission to the examination, which requires rescheduling the examination with the course 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 in the evaluation of student performance. Each course includes the requirement of achieving a grade of pass for professionalism in order to achieve a course grade for credit.

Students are expected to arrive on time and prepared to participate. For the purposes of graduate 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 events is recorded routinely for events that incorporate engaged learning (eg, small group discussions) and hands-on training, 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. 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 to the course directors.

Review Sessions, Lectures, and Forums

Graduate students are expected to attend all required curricular events and co-curricular activities of the courses in order to prepare them to attain all of the goals and objectives leading to the MD in Biomedical Sciences degree.

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, 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 director.

The final grade for each course encompasses both academic performance and behavior during the course activities. Preparation, attendance, timeliness of arriving,

participating for the full duration of the event, and behavior during the event are included in every course evaluation as part of the continuing assessment of professionalism. Evaluations of poor professionalism, including absenteeism, may require course remediation and may result in a course non-credit grade of incomplete or fail. Serious or repeated evaluations of poor professionalism, including absenteeism, are referred to the Program Committee.

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

Excessive Absenteeism

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

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

The course director in collaboration with Program Committee have the authority and may withdraw a student from a course if the student has excessive absenteeism, regardless of the reason, that adversely affects the student's exposure to the course curriculum and experiences. Withdrawal results in a non-credit grade of incomplete and the requirement to repeat the entire course. The student is automatically referred to the Program 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 MS program and is not entitled to any refund of tuition, automatically receives a failing grade in all courses 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, even for courses 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 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 director even before the event is normally scheduled.

Students are responsible for working with the course director to fulfill all remediation as required by and to the satisfaction of the course director. Failure to remediate all requirements by the last scheduled day of the course 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 director. Failure to remediate completely all requirements as rescheduled by and to the satisfaction of the course 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 director and assistant dean, for the student to satisfactorily complete and the course 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 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:

- Anatomy examination \$300
- Summative course examination \$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/ 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, or other graduate student curriculum events unless specifically invited by the course 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.

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 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 examinations on the last day of the course, 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 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 directors or residency/fellowship program directors well in advance, generally at least four weeks prior to the conflict. Course 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 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 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.

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 “graduate 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.
- 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.

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 Graduate 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 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.

- Course directors.
- Associate Dean for Educational Affairs.
- 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.
- Program 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.
- WMU for students that are enrolled or intending to enroll in WMU courses, including all graduate 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 Program Committee and Student Appeals Committee are removed for the review.

De-identified or aggregated graduate 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 graduate student records including application materials, assessments, evaluations, examination scores, student reports, surveys, and MCAT scores, 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 graduate 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 graduate 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 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 Program Committee.

- Letters and reports of actions, including sanctions and final actions, of the Program Committee, Investigation Committees for student misconduct, Student Appeals Committee, and the associate dean for Educational Affairs (eg, suspension).
- Documentation of student withdrawal.
- Letters of recommendation provided through the medical school for residency applications and other purposes, including submitted requests for letters of recommendation.
- Graduate student course performance records, including academic performance and other aspects of performance such as professionalism.
- 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 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 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 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 Program 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 Graduate Student Handbook and are not maintained as part of the permanent student record.

Grade point averages for graduate students are not calculated, provided, or reported. The medical school may generate, as needed for internal purposes, analyses of performance of graduate students. Such analyses include individual course and cumulative performance, as well as course and cumulative weighted class averages and performance distribution (not including the Transition to Master of Science in Biomedical Sciences course). 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 other reports that are part of the permanent student record.

Identification Badge and Photograph

Graduate 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 graduate 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 graduate 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 graduate 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, and participating in medical school activities, graduate 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.

Graduate 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 students is used only for medical school and related academic purposes. This information is not used, sold, or distributed for other purposes. Graduate students may not use medical school mailing and emailing lists for unauthorized fundraising or for commercial, private, or political purposes.

Tuition

Laptop comd provides for the single sequence of scheduled curriculum activities for the courses for which the student is enrolled.

Tuition is charged annually and is assessed in two equal installments, with one-half of the annual tuition due at the beginning of each term. For 2016-2017 the annual tuition is \$30,000. 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

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.

Financial aid is considered as disbursed upon posting to the student account.

Financial Calendars

Table 2. Financial Calendar for Graduate Students

	2016-2017		2017-2018	
	Term 1	Term 2	Term 1	Term 2
Term begins	8 Aug 2016	3 Jan 2017	7 Aug 2017	2 Jan 2018
Term ends	16 Dec 2016	28 Apr 2017	15 Dec 2017	27 Apr 2018
Payment due date	3 Aug 2016	11 Jan 2017	2 Aug 2017	10 Jan 2018
Students registered for courses	8 Jul 2016	11 Nov 2016	7 Jul 2017	10 Nov 2017
Tuition invoices posted to student accounts	12 Jul 2016	14 Nov 2016	10 Jul 2017	13 Nov 2017
75% Tuition refund deadline	22 Aug 2016	17 Jan 2017	21 Aug 2017	16 Jan 2018
50% Tuition refund deadline	29 Aug 2016	24 Jan 2017	28 Aug 2017	23 Jan 2018
25% Tuition refund deadline	5 Sep 2016	31 Jan 2017	4 Sep 2017	30 Jan 2018
Financial aid disbursed to the medical school	29 Jul 2016	27 Dec 2016	28 Jul 2017	26 Dec 2017
Financial aid posted to student accounts	1 Aug 2016	28 Dec 2016	31 Jul 2017	27 Dec 2017
Financial aid credit balances issued to students	1 Aug 2016	6 Jan 2017	31 Jul 2017	5 Jan 2018

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 MS in Biomedical Sciences degree program, or are granted a leave of absence from the MS in Biomedical Sciences degree 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 graduate 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 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 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 graduate 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, not fulfilling requests for transcripts, and loss of all other rights and privileges as a graduate 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 3. Estimated Cost of Attendance for 2016-2017

Expenses	Nine-Month Amount
Tuition*	\$30,000
Living allowance	10,260
Books, supplies, and equipment	905
Laptop computer and software**	3,000
Personal expenses	2,025
Travel and transportation (including parking)	2,250
Health insurance***	1,620
Total estimated cost of attendance	\$50,060

*Tuition is subject to annual review and change by the Western Michigan University Homer Stryker M.D. School of Medicine board of directors.

**Students in the MS in Biomedical Sciences degree program receive \$0 computer allowance and a reduced book/supplies allowance upon matriculation into the MD program.

***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.

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 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.

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.

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 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 Program 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.

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 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 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 Program Committee.

Time Limitations of Leaves of Absence

In general, leaves of absence for graduate students are not granted for a period longer than 12 months. A return to the academic program leading to the Master of Science degree is subject to the availability of space in the appropriate graduate 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 graduate 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 graduate 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.

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 Master of Science in Biomedical Sciences 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.
- 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 Program 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 graduate student misconduct process. Drug test information is included in decisions regarding graduate student advancement and graduation.

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 graduate 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

Graduate student health, and the health of all healthcare providers, is a priority. 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 graduate 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 graduate student, including by posting to their WMU student account, and collected by WMU.

The annual access fee for graduate student access to the WMU Sindecuse Health Center for 2016-17 is:

- First-year graduate students (for August through April) \$160.88
- All other graduate students (for May through April) \$214.50

Parking for graduate 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 graduate students and is provided by the medical school. Graduate 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 graduate students beginning at the start of courses and continuing through 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 graduate 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 graduate 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 MS degree that is provided in the United States. The professional insurance does *not* provide coverage for graduate students for any jobs or roles outside of the MS 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.

Occupational Health

Occupational Health in the medical school includes an occupational health physician and an occupational health nurse who provide incoming graduate students and residents with an orientation to occupational health issues and emergency preparedness. Occupational Health evaluates graduate 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 graduate students, working with the course 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 graduate students with opportunities to develop and strengthen learning skills to facilitate mastering information. These learning professionals participate in each of the Transition to Master of Science in Biomedical Sciences courses 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 graduate students through the medical school for graduate students with school-related adjustment issues such as anxiety or situational depression. Generally, up to six brief counseling visits may be provided for each graduate student. Graduate 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 assessment, or consideration for advancement or graduation of the graduate student.

Graduate 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](https://www.cigna.com/behavioral), 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 graduate students. The staff in these clinics is not involved in the education of graduate students, eliminating conflicts of interest that could arise in the assessment of academic performance such as advancement of graduate 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

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

Graduate 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

5340 Holiday Terrace
Kalamazoo, MI 49009
Phone: 269.372.4140

1662 East Centre Avenue
Portage, MI 49002
Phone: 269.321.8564

Additionally, graduate 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 graduate 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
Room 3341, Sangren Hall
Western Michigan University
1903 West Michigan Avenue
Kalamazoo, MI 49008
Phone: 269.387.5105

Additionally, graduate 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. Coaches may be advanced students, residents, fellows, and others who work one-on-one with an individual student to help prepare for upcoming courses. Tutors help with current course 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. Coaching and tutoring assistance may include a wide variety of assistance to the student such as clarifying course 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 graduate 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 graduate 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 directors or their Scholar-Advisors, 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 directors and student performance results that indicate academic difficulty, the Program 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 Graduate Student Handbook and also published on the medical school website and graduate student portal. Annually, or more frequently if determined necessary, the medical school provides notice to all enrolled graduate 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 4).

Table 4. Loss of Federal Aid Eligibility Because of Sale or Possession of Drugs

Offense	Possession of illegal drugs	Sale of illegal drugs
1 st offense	1 year from date of conviction	2 years from date of conviction
2 nd offense	2 years from date of conviction	Indefinite period
3 rd 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 Graduate Student Handbook, which is published on the medical school website and graduate 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 Program Committee reviews the aggregated and individual performance records of all graduate students in the program 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.

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.

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.
- 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 graduate 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

Graduate students are provided lockers at the medical school on an exclusive use basis. Lockers are the property of the medical school or affiliated site, and are subject to search at any time by the medical school or affiliated entity 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.

Anatomy Scrubs

The medical school provides graduate students with 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 anatomy scrubs to maintain professional appearance. Additional and replacement items may be purchased through the office of Student Affairs.

Extracurricular Volunteer and Shadowing Experiences

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 graduate 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.

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

Graduate students enrolled in the medical school seminars course, MEDU 6700 (Medical Education 6700: Advances and Perspectives in Medicine and Health), 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 6700 coursework for WMU credit. The curriculum content of MEDU 6700 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, graduate 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 graduate 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 graduate students with discount tickets to their events. For additional information, [click here](#).

Graduate 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](#).

Graduate students have the option to access, for an additional annual fee, the WMU Student Recreation Center. Spouses of graduate 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.

Graduate 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 graduate student, including by posting to their WMU student account, and collected by WMU.

The annual access fee for graduate student access to the WMU Student Recreation Center for 2016-2017 is:

- | | |
|--|-------|
| • First-year graduate students (for September through April) | \$180 |
| • Graduate students in later years (for May through April) | \$270 |

Section IX: Changes to the Graduate Student Handbook

In an environment as dynamic as the medical school, change periodically occurs in the policies and procedures that apply to graduate students. The current Graduate Student Handbook, which serves as the graduate 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 Program Committees for each graduate program, associate dean for Educational Affairs, and associate dean for Student Affairs systematically review and propose changes to the Graduate Student Handbook as needed and no less than annually. Graduate students may propose amendments to the Graduate Student Handbook through their Program Committee. 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 Graduate Student Handbook is distributed to all graduate students and faculty. The board of directors retains final authority for the Graduate 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 Graduate 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 Graduate Student Handbook. Such changes supersede any and all prior Graduate Student Handbook procedures and practices implemented by the medical school.