

UNIVERSITY OF CINCINNATI
COLLEGE OF MEDICINE



MEDICAL STUDENT HANDBOOK

Academic Year 2019-20

PROLOGUE

The Student Handbook is designed to provide easy access to important policies and procedures that are applicable to medical students.

Part I of the Handbook contains policies relating to medical education and the curriculum.

Part II contains general student information.

Financial Aid information can be found online: <http://med.uc.edu/financialservices/>

The College of Medicine reserves the right to make changes to any information contained in this document during the course of any academic year. The College of Medicine will make appropriate efforts to notify students when substantial changes are made.

Revisions approved by the Education Program Committee June 2019

Note: The word “course” is used in this document when referring in general terms to blocks, core or specialty clerkships, selectives, electives and other units of study in the medical school curriculum.

UCCOM Medical Student Handbook 2019-20

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PART I. MEDICAL EDUCATION AND CURRICULUM

MISSION STATEMENT

The mission of the University of Cincinnati College of Medicine (UCCOM) program for medical student education is to graduate compassionate medical doctors with a broad understanding of medicine and the abilities required to provide excellent patient care and who will take their foundation of a broad education in medicine to improve health through patient care, research and education.

Medical schools are challenged to produce physicians capable of successfully navigating complex health care systems and coping with exponentially increasing biomedical knowledge in the face of diminishing resources and competing curricular priorities.

A four-year integrative curriculum was implemented for the first-year medical students entering in August 2011. Medical education has entered a time of great opportunity. At the COM, our goals are to:

- Provide a core curriculum that contains the essential information that enables each student to learn the scientific basis of medicine and the application of that knowledge to the practice of medicine;
- Provide the student with the clinical skills necessary to provide excellent patient care;
- Foster a humanistic and ethical approach to patient care, compassion for the patient, and respect for the doctor-patient relationship; and
- Stimulate critical thinking, curiosity and a commitment to life-long learning.

POLICY TITLE: *Academic Status Appeal Process*

APPROVAL DATE: *June 7, 2018*

RESPONSIBLE DEPARTMENT: *Dean's Office*

APPLIES TO: *All Students*

POLICY STATEMENT

1. Process to Seek Appeal of a Recommendation for Dismissal

The decision of a PAC to dismiss a student, or add language concerning professionalism to the MSPE, may be appealed by that student in accordance with this Academic Status Appeal Process. It should be noted that the role of the Academic Appeal Board is to determine if the procedures outlined in the Student Handbook and the College's Performance Standards and the Procedures for Performance and Advancement Committee were substantially followed by the committee and that the decision is reasonable. The decision of a PAC concerning the issuing of Letters of Concern, Professional Warnings, or delaying a student's return from a Leave of Absence are decisions that cannot be appealed. Procedures for the USMLE Step 1 and Step 2 examinations and the UCCOM Clinical Skills Examination are covered in the Advancement and Retention Policy and are not subject to this Academic Status Appeal Process.

The student must submit a written request for an appeal of a decision for dismissal to the Senior Associate Dean for Educational Affairs within five (5) business days of receipt of the written decision of dismissal or forfeit any right of appeal. If no appeal is sought, the student's dismissal stands and a record of the dismissal will appear on the student's official transcript.

Should the student choose to appeal, he or she must consider the following items and submit information regarding each item that is appropriate to the circumstances. The information must be submitted in writing at the time the written request for an appeal is made to the Senior Associate Dean for Educational Affairs (i.e., within five business days of receipt of the written decision of dismissal).

- a. The student may submit new information not previously considered by the PAC. The student should state the nature of the new information and provide reasons for why it had not been made available to the PAC. The new information must be relevant to the student's performance and represent extreme and extenuating circumstances.
- b. The student may ask witnesses to appear on his or her behalf. The names of all witnesses and their identities must be submitted in writing preferably at the time the appeal request is made but no later than 5 business days before the date of the appeal hearing. All witnesses must be approved by the Senior Associate Dean of Academic Affairs. It is the student's responsibility to make arrangements for his or her witnesses to appear at the hearing at the time and place designated by the appeal panel.
- c. The student is to be present during the hearing. If a student fails to attend the hearing the dismissal will be upheld and the student forfeits any right to further appeal.
- d. The student may identify and be accompanied by an advisor (either legal counsel or a faculty advisor). If an advisor is to be present, the identity of the advisor should be provided in writing at the time the appeal request is made and must be submitted no later than 5 business days prior to the appeal hearing. The advisor may consult with the student, but does not speak on the student's behalf or otherwise formally represent the student before the Academic Appeal Panel. The advisor may not be a COM Dean's Office staff member.
- e. When an appeal is requested by the student while the academic year is still in progress, the student will be removed from current coursework unless the student petitions the PAC to allow the student to continue coursework. If the PAC allows the student to stay in coursework, the student may stay in coursework during the appeal process up and until the time that the Dean renders a final decision regarding the status of the student. The student must recognize that during this time his or her first priority is to the activities of the appeal process.
- f. It is understood that a recommendation for dismissal may delay a student's graduation. This recognizes that the student has been recommended for dismissal and unless this recommendation is overturned the student will be dismissed from the College of Medicine.
- g. In the event that the student is removed from coursework the student will be assigned a Withdrawal, Withdrawal Passing or Withdrawal Failing based upon the status of the student in the course(s) at the time that coursework was stopped and consistent with COM procedures for withdrawal from courses.

- h. If the student is reinstated by the Dean, the student will be required to retake those courses from which the student was removed while working on his or her appeal. Further stipulations for re-entry into the curriculum, and conditions which must be met to maintain enrollment, may be instituted by the Dean and/or the PAC.

2. Academic Appeal Board Members and Ad Hoc Academic Appeal Panel Members

The appeal of a decision by a PAC to dismiss a student will be directed to the Senior Associate Dean for Educational Affairs. The Senior Associate Dean for Educational Affairs will constitute an ad hoc appeal panel as described below whose members will come from the Academic Appeal Board.

- a. The Academic Appeal Board is a standing committee that consists of 10 COM faculty members. PAC members cannot serve on the Academic Appeal Board. All appointments to the Academic Appeal Board will be made by the Senior Associate Dean for Educational Affairs. The faculty members on the Board are appointed for three-year terms. Members of the Academic Appeals Board can be reappointed.
- b. Each appeal will be heard by a panel of three members of the Academic Appeal Board selected by the Senior Associate Dean for Educational Affairs. One of the three members will be appointed to serve as chair. A member of the Academic Appeal Board may disqualify himself or herself from serving on a particular panel if he or she believes that prior interaction or contact with the student bringing the appeal could be perceived as improperly influencing their decision.
- c. In the rare case in which there is an insufficient number of Academic Appeal Board members who have not been on prior appeal hearings for an individual student or there is an insufficient number of Appeal Board members available in a timely manner, the Senior Associate Dean for Educational Affairs will identify other faculty members as necessary to sit on the appeal panel.

3. Role of the Ad Hoc Academic Appeal Panel

The role of each Ad Hoc Academic Appeal panel of the Academic Appeal Board is to determine if the procedures outlined in the Student Handbook and the PAC Performance Standards and Procedures were substantially followed by the PAC and that the decision was reasonable. The Ad Hoc Academic Appeal Panel shall review the student's file and the PAC actions. The panel will consider any new information submitted by the student only when such new factual evidence is significantly different from that previously presented to the PAC and when the student has provided adequate justification as to why that information was not presented to the PAC. In general, the Academic Appeal Panel will not consider factual information that could have previously been presented to the PAC but was not. If a student had been placed on a mandatory leave of absence by the PAC prior to events leading to a recommendation for dismissal, the student must explain the actions taken during the LOA to rectify the academic issues, and why such actions had failed.

4. Distribution of Appeal Materials

The Senior Associate Dean for Educational Affairs shall notify the student and panel members of the hearing date. In advance of the hearing, the Senior Associate Dean for Educational Affairs shall provide the student and all panel members with all the hearing documents, including any new information submitted, the student's complete file, and the names and identities of all who will appear on behalf of the student at the hearing. Should the panel members desire to have witnesses appear to provide information, the chair will notify the Senior Associate Dean for Educational Affairs who will communicate in writing the witnesses' names and identities to the student. All materials must be in the hands of the Academic Appeal Board panel members, the student, and the Chair of the PAC that recommended dismissal no later than two working days in advance of the hearing.

Ad Hoc Academic Appeal Panel will submit a report of its findings in writing to the Dean of the College of Medicine.

5. Operating Procedures for the Academic Appeal Panel

- a. The Academic Appeal Panel hearing shall be convened by the chair of the panel. The entire hearing, with the exception of the panel's final deliberation, will be recorded and the recording will be kept on file as part of the appeal record.
- b. The student and his or her advisor (either legal counsel or a faculty advisor), if any, will be present during the hearing. The advisor does not speak before the panel on the student's behalf or question witnesses.
- c. The PAC chair, and his or her legal counsel, will be present during the entire hearing.
- d. The student will speak first to present his or her case as to why the dismissal should be overturned. The student has 30

- minutes to present his or her case. The 30-minute time period includes statements by any witnesses that the student wishes to have speak on his or her behalf and any time that the student spends in consultation with his or her advisor. Following this initial presentation by the student and his or her witnesses, the panel members may ask questions. Time spent responding to the panel's questions does not count against the 30 minutes.
- e. The chair of the PAC will speak next and present the rationale behind the PAC's recommended dismissal of the student. The PAC chair has 30 minutes to present the position of the PAC. Following the initial presentation by the chair of the PAC, panel members may ask questions. Time spent responding to the panel's questions does not count against the 30 minutes.
 - f. Individuals asked to appear by the Academic Appeal Panel will be heard next. Maximum time for this section is 30 minutes. The panel members may ask questions. The time spent responding to questions does not count against the 30 minutes. The student and the PAC chair may submit questions in writing to the Academic Appeal Panel. It is at the sole discretion of the panel as to whether the panel wishes to ask the questions of the witnesses.
 - g. The student is allowed an additional 5 minutes for a summary statement or response.
 - h. All individuals, with the exception of the student and his or her advisor and the PAC chair and his or her counsel, shall be in attendance only during the time of their presentations to the Academic Appeal Panel. That is, individual witnesses are only in attendance during their presentation.
 - i. Following the above presentations, and at its sole discretion, the Academic Appeal Board panel may seek any further information that it needs to render a decision. This may include but is not limited to additional dialogue with the student and/or the PAC chair and the contacting of additional witnesses.
 - j. At the conclusion of the hearing, all individuals, including the student, advisor, and PAC chair will be asked to leave so that the panel may deliberate and make a decision. The panel may delay a decision while additional information is sought.
 - k. The chair of the Academic Appeal Panel will communicate the panel's decision, in writing, to the Dean of the COM as soon as possible and preferably within three (3) business days of their final deliberation. Should the committee need additional time to render a decision, the committee chair will notify the Senior Associate Dean for Educational Affairs and will provide an estimate of the amount of additional time needed.
 - l. The Dean will render a final decision with respect to the status of the student as expeditiously as possible and preferably within 10 business days of receipt of the final report from the Academic Appeal Panel. The Dean will notify, in writing, the student, PAC chair, the Senior Associate Dean for Educational Affairs, and the chair of the Academic Appeal Panel of his or her final decision. Should the Dean need additional time to render a decision, the Dean will notify the Senior Associate Dean for Educational Affairs who notify the student of the delay and will provide an estimate of the amount of additional time needed.
 - m. The decision of the Dean of the COM will be final and not subject to further appeal. Should a decision result in the student being reinstated, the Dean may place stipulations on the student for his or her return to their medical studies. Such stipulations may include but are not limited to a statement that any further recommendations for dismissal are not subject to further appeal.

POLICY TITLE: <i>Advancement and Retention Policy</i>	APPROVAL DATE: <i>June 7, 2018</i>
RESPONSIBLE DEPARTMENT: <i>Office of Medical Education</i>	APPLIES TO: <i>All Students</i>

POLICY STATEMENT

A. SPECIFIC REQUIREMENTS FOR M1

1. To maintain enrollment and progress to M2, students must pass all M1 courses. In M1, all courses will be weighted equally when considering repetition of a year or for dismissal. A Failure designates a grade below the standards established for passing. See Appendix for course names and credits awarded.
2. The Education Program Committee (EPC), in consultation with the course director, establishes the Minimum Pass Level (MPL) for each course.
3. **One Grade of Failure:** A student who receives a single grade of Failure in an M1 course may, at the discretion of the Performance and Advancement Committee (PAC), continue in the curriculum for the remainder of the academic year and remediate the failed course during the summer following the conclusion of Spring Semester examinations.

The process and procedures for remediation are to be designed by the course director and approved by the EPC. Any remediation must be completed prior to the beginning of the next academic year. A Failure grade will remain on the student's official transcript along with the grade achieved when completing the remediation for the course. The remediation grade will be either a Pass or Failure. Receipt of a passing grade results in promotion to M2 coursework. An initial Failure followed by a second Failure in a course is grounds for dismissal.

Alternatively, if the PAC does not allow the student to continue in the curriculum, the PAC may mandate that the student repeat M1 or may recommend the student for dismissal. If the student is allowed to repeat M1, the student will repeat all courses in the first year. If the student fails the course previously failed during this year, it is grounds for dismissal. Failure of any one of the other courses in that repeat year may lead to a recommendation of dismissal, or allowing the student to remediate the failure during the summer remediation period. Failure of two courses during the repeat year is an automatic recommendation for dismissal.

Even if the PAC approves the student to continue in the curriculum, a student with one Failure retains the option, with approval of the PAC, to discontinue with the M1 curriculum and repeat the course the following year along with all other M1 courses, as long as doing so will not exceed the requirement to complete all M1 and M2 courses in six academic semesters. If this option is chosen, then the requirements of the PAC-mandated repeat of M1 apply if the student has a Failure (or two) during the repeat of the first year.

4. **Two Grades of Failure:** A student who receives two or more grades of Failure in M1 courses will be placed on a mandatory leave of absence. The Leave of Absence will begin when the final grade of the second failed course is posted unless a grade appeal is in progress. This mandatory Leave of Absence cannot be appealed by the student. Remediation of a course is not permitted while a student is on a LOA or when awaiting decision on a grade appeal. The PAC will review the performance of the student and determine whether dismissal for poor academic performance is indicated or whether the student should be provided the opportunity to repeat the year. Should the PAC determine that the student can repeat the year, the academic year in which the student returns is at the discretion of the PAC. Repeat of courses during the summer is not permitted. Failure to pass any course (including any courses that had been previously completed and passed) in the

repeated year by the end of Spring Semester will result in an automatic dismissal. The repetition grade will be either a Pass or Failure. Receipt of a passing grade in the repeated courses results in promotion to M2 coursework.

When repeating M1, the student must participate in orientation (except the White Coat ceremony) and all courses following orientation.

5. Three or more grades of Failure in M1 will constitute an automatic recommendation for dismissal.
6. The College of Medicine (COM) recognizes that although academic performance is of significant importance, passing courses is not the only measure of success. Students must demonstrate professionalism at all times and must complete administrative and other responsibilities in a timely manner. Students who are found deficient in either of these areas will be reviewed by the PAC and this review may result in a recommendation of dismissal from the COM.

B. SPECIFIC REQUIREMENTS FOR M2

1. To maintain enrollment and progress to M3, students must pass all M2 courses. In M2, all courses will be weighted equally when considering repetition of a year or for dismissal. A Failure designates a grade below the standards established for passing. Course names and credits awarded for each course appear in MedOneStop.
2. The Education Program Committee (EPC) in consultation with the course director establishes the Minimum Pass Level (MPL) for each course.
3. **One Grade of Failure**: A student who receives a single grade of Failure in an M2 course, and has not previously had two other failures may, at the discretion of the PAC, continue in the curriculum for the remainder of the academic year and remediate the failed course during the summer following the conclusion of Spring Semester examinations. This also applies if the student has had either zero or one failure in the first year, which had been successfully remediated. The process and procedures for remediation are to be designed by the course director and approved by the EPC. Any remediation must be completed prior to the beginning of the next academic year. A Failure grade will remain on the student's official transcript along with the grade achieved when completing the remediation for the course. The remediation grade will be either a Pass or Failure. An initial Failure followed by a second Failure in a course is grounds for dismissal.

A student who remediates a course in the summer after the second year will be delayed in entering M3 coursework. This may result in a delayed graduation as the student may not be able to complete all requirements by the original graduation date. Alternatively, if the PAC does not allow the student to continue in the curriculum, the PAC may mandate that the student repeat M2 or may recommend the student for dismissal. The decision to repeat M2 may be allowed as long as doing so will not exceed the requirement to complete all M1 and M2 courses in six academic semesters. If this option is chosen, the student will repeat all courses in the second year. If the student fails the course previously failed during this year, it is grounds for dismissal. Failure of any other course during the repeat year (other than the course previously failed) may lead to a recommendation of dismissal, or allowing the student to remediate the failure during the summer remediation period. Failure of two courses during the repeat year is an automatic recommendation for dismissal.

Even if the PAC approves the student to continue in the curriculum, a student with one Failure has the option, with approval of PAC, to discontinue with the M2 curriculum and repeat the course the following year along with all other M2 courses, as long as doing so will not exceed the requirement to complete all M1 and M2 courses in six academic semesters. If this option is chosen, the student will repeat all M2 courses. If the student fails the course previously failed during this year, it is grounds for dismissal. Failure of a different course during the repeat of the second year (outside of the course previously failed) is also grounds for dismissal, or the PAC may allow the student to remediate the course during the summer remediation period. Failure of the summer remediation is grounds for dismissal.

4. **Two Grades of Failure**: A student who receives two or more grades of Failure in M2 courses (and has had no failures in M1 courses) will be placed on a mandatory leave of absence. The Leave of Absence will begin when the final grade of the second failed course is posted unless a grade appeal is in progress. This mandatory Leave of Absence cannot be appealed by the student. Remediation of a course is not permitted while a student is on a LOA or when awaiting decision on a grade appeal. This mandatory Leave of Absence cannot be appealed by the student. The PAC will review the performance of the student and determine whether to recommend dismissal of the student for poor academic performance or whether the student should be provided the opportunity to repeat the year. Should the PAC determine that the student can repeat the

year, the academic year in which the student returns is at the discretion of the PAC. Repeat of courses during the summer is not permitted. Failure to pass any course (including any courses that had been previously completed and passed) in the repeated year by the end of Spring Semester is grounds for dismissal. The repetition grade will be either a Pass or Failure.

5. **Three or More Grades of Failure (in total between M1/2):** Three failing grades distributed across M1/2 will constitute an automatic recommendation for dismissal. This applies even if there was successful remediation or repetition of the failed courses. Withdrawal Failing does not count as a Failure towards dismissal. However, a Withdrawal Failing followed by a Failure is grounds for dismissal.
6. To begin M3 coursework, a student must have passed all M2 courses and have taken the USMLE Step 1 examination. To continue in M3 coursework, a passing score on USMLE Step 1 must be recorded in the Registrar's Office. Since the date a student takes the USMLE Step 1 varies, some test scores may arrive after a student starts M3. Should a student who has already started M3 receive a failing score on USMLE Step 1, the student may be immediately removed from clinical rotations as described in Section E of this policy.
 - a. A student who has passed all M2 courses by the end of Spring Semester must register for a Step 1 administration date and sit for the examination prior to the first day of M3 coursework. Students who are taking a LOA after the M2 year for further academic enrichment (i.e. a research opportunity) must sit for USMLE Step 1 before the LOA starts. Any exception to this policy must be approved by the Associate Dean for Student Affairs and the PAC. Exceptions will only be granted for truly extenuating personal circumstances. If such an exception is granted, the Associate Dean for Student Affairs will determine a timeline by which the student must take the USMLE Step 1 examination. Failure of the student to take the examination as directed will result in a recommendation for dismissal from the COM.
 - b. A student who completes M2 coursework in the Summer Semester must register for a Step 1 administration date after they have successfully completed their remediation. The COM will only sponsor a student to take USMLE Step 1 after a date upon which all M2 coursework, and if necessary, any remediation is completed. In this case, the student will be authorized to enter M3 only after sitting for the USMLE Step 1 exam.
 - c. The scores from all repetitions of Step 1, including the passing score, must be received by the COM within one year of the first failing score. This time limit applies even if the student is on a Leave of Absence. Delay beyond one year requires PAC approval and would be granted only under exceptional and extenuating circumstances. Delay beyond one year without PAC approval is grounds for dismissal of the student from the COM.
7. The COM recognizes that although academic performance is of significant importance, passing courses is not the only measure of success. Students must demonstrate professionalism at all times and must complete administrative and other responsibilities in a timely manner. Students who are found deficient in either of these areas will be reviewed by the PAC and this review may result in a recommendation of dismissal from the COM.

C. SPECIFIC REQUIREMENTS FOR M3

If an M3 student who has not previously had any other Failures in M1 or M2 receives two failing grades (F) in the third year, or three Conditional grades (regardless if they have been successfully remediated), they will be placed on a mandatory leave of absence by the PAC, while the PAC decides if the student should remain in the curriculum. If the student is allowed to remain in the curriculum the student should use the leave period to evaluate, with the help of the Office of Student Affairs, why they are having difficulty with third-year material, and to develop a plan to overcome these difficulties. Once such a plan is in order the student may petition the PAC for approval of the plan and for re-entry into the third year of the curriculum. Upon re-entering the curriculum the student will either repeat the entire third year, or just repeat the failed clerkships. That decision will be made by the PAC in consultation with the Office of Student Affairs, and is not subject to appeal. The PAC will review the student's adherence to the plan as they progress through the third year. Receipt of another non-passing grade during the repeat or completion of the year is grounds for dismissal. If a student in this situation appeals a final grade in a third-year clerkship they may be placed on a mandatory leave of absence. If the original grade of failure is upheld, the student will be automatically recommended for dismissal.

1. Third year courses consists of those clerkships designated as required core clerkships by the Education Program Committee and two specialty clerkships of the student's choosing.
2. If a student enters M3 with two Failures from M1 and/or M2, receipt of either a third Failure or two Conditional grades is grounds for dismissal. Withdrawal Failing does not count as one of the three course failures in four years that represents grounds for dismissal. However, a Withdrawal Failing followed by a Failure in a given course is grounds for dismissal.
3. If an M3 student who has had one previous Failure in an M1 or M2 course receives three Conditionals, 2 Conditionals and 1 Failure, or 2 Failures in any separate M3 courses, it is grounds for dismissal.
4. All M3 required core clerkships as defined by the EPC should be passed no later than January 1 of M4 unless otherwise agreed upon by the PAC chair and the Associate Dean for Student Affairs.
5. All M3 required core clerkships as defined by the EPC should be passed before the student can start an M4 Acting Internship unless otherwise agreed upon by the PAC chair and the Associate Dean for Student Affairs.
6. Two M3 specialty clerkships/electives are required for all students. Deferment of this requirement will be rare and granted only under exceptional circumstances such as the following: (1) to allow military (Health Professions Scholarship Program) students to do their required active duty or (2) extenuating personal/academic circumstances. The office of Student Affairs will review all requests and, if a deferment is granted, the student will be responsible for requesting the change online. Any deferred M3 required specialty clerkship must be completed before May 1 of M4, unless otherwise approved by the appropriate PAC chair and the Associate Dean for Student Affairs.
8. Prior to enrollment in any clinical rotation for remediation purposes, the student must obtain approval of the course director(s) and PAC if the student wishes to have the course recorded for credit. The clinical site(s) to which the student is assigned for remediation is at the discretion of the clerkship director.
9. A student may only receive a grade of Pass or Fail for any clerkship that is remediated. Honors or High Pass grades are not allowed. The original grade of F as well as the remediated grade will be on the student's transcript. An initial Failure followed by a second Failure in any clerkship is grounds for dismissal.
10. A student must observe/perform the required clinical procedures and patient encounters by the completion of each clerkship (see clinical procedures and patient encounters policy).
11. The COM recognizes that although academic performance is of significant importance, passing courses is not the only measure of success. Students must demonstrate professionalism at all times and must complete administrative and other responsibilities in a timely manner. Students who are found deficient in either of these areas will be reviewed by the PAC and this review may result in a recommendation of dismissal from the COM.

D. SPECIFIC REQUIREMENTS FOR M4

The following requirements apply in M4:

1. If a student enters M4 with two Failures from M1, M2 and/or M3, receipt of a third Failure or two Conditional grades is grounds for dismissal. Withdrawal Failing does not count as one of the three course failures in four years that represents grounds for dismissal. However, a Withdrawal Failing followed by a Failure in a given course is grounds for dismissal.
2. If an M4 student who previously has had one Failure in M1, M2 and/or M3, receives three Conditionals, two Conditionals and one Failure or two Failures in any separate M4 courses, it is grounds for dismissal. If an M4 student, who has not previously had any other Failures in M1, M2 and/or M3, receives two failing grades (F) or three Conditional grades, the student will be placed on a mandatory leave of absence by the PAC, while the PAC decides if the student should remain in the curriculum. If allowed to continue in the curriculum the student should use the leave to evaluate, with the help of the Office of Student Affairs, why they are having difficulty with fourth-year material, and to develop a plan to overcome these difficulties. Once such a plan is in order the student may petition the PAC for approval of the plan and for re-entry into the fourth year of the curriculum. Upon re-entering the fourth year the student will either repeat the entire fourth year, or just the courses that were not passed. The decision will be made by the PAC in consultation with the Office of Student

Affairs, and is not subject to appeal. The PAC will review the student's adherence to the plan as they progress through the year. Failure to pass any further clinical rotations (with either a C or F grade) in the fourth year is an automatic recommendation for dismissal. If a student in this situation appeals a final grade in a fourth-year clerkship they may be placed on a mandatory leave of absence. If the original grade of failure is upheld, the student will be automatically recommended for dismissal.

3. Students must take and pass the USMLE Step 2 Clinical Knowledge and Clinical Skills examinations and record passing scores with the COM Registrar's Office as a requirement for graduation. All students must sit for the USMLE Step 2 examinations by the date set by the COM. Any delay in sitting for the Step 2 examinations beyond the required date must be approved by the Associate Dean of Student Affairs, with notification of the appropriate PAC chair if such a delay is granted.

Passing scores on the USMLE Step 2 Clinical Knowledge and Clinical Skills examinations must be recorded in the Registrar's Office no later than three days prior to the anticipated graduation date from the COM. A student with an unexcused failure to sit for this exam by the set date will receive a professionalism warning from the PAC and could be delayed in their graduation date.

4. A student must pass the Clinical Competency Examination (CCX) administered by the COM as a requirement for graduation. A student should have passed all M3 core clerkships prior to sitting for the CCX. Exceptions to this policy will be determined by the Office of Student Affairs in consultation with the Director of the Simulation Center. The Office of Student Affairs will notify the appropriate PAC chair. The first administration of the exam occurs in late July-early August of the M4 year. The COM will offer an alternate first testing date for students who are unable, due to extenuating circumstances as approved by the Medical Director of the Simulation Center, to take the examination during the July-August administration.
5. All M3 required core clerkships as defined by the EPC should be passed no later than January 1 of M4 and before starting an M4 Acting Internship, unless otherwise agreed upon by the appropriate PAC and the Associate Dean for Student Affairs. Any deferred M3 required specialty clerkship should be completed before May 1 of M4, unless otherwise approved by the appropriate PAC and the Associate Dean for Student Affairs. Failure to do so may result in delayed graduation.
6. Any deferred M3 required specialty clerkship should be completed before May 1 of M4, unless otherwise approved by the appropriate PAC and the Associate Dean for Student Affairs. Failure to do so may result in delayed graduation.
7. Non-UC electives. All students who wish to obtain UC credit for a non-UC (away) elective must obtain approval in writing from the COM prior to the elective experience. Retroactive credit will typically not be given to students that do not follow this policy unless there are extraordinary circumstances. In such cases, the student's PAC, in consultation with the Office of Student Affairs, will decide if the credit is allowed.

The approval process requires that the outside institution accepts the student into their elective, that the corresponding UCCOM department approves the elective offering as meeting education standards acceptable to the COM, and that the Office of Student Affairs determines that the away elective meets the needs of the individual student's education. Permission for a student to do an away elective is at the sole discretion of the COM. Either the Associate Dean for Student Affairs or the PAC may prevent a student from participating in away rotations. A student may be denied permission for an away elective for reasons including but not limited to: the academic performance of the student; concerns about the professionalism of the student; the perceived educational value or quality of the away elective; concerns about student safety.

8. A student must observe/perform the required clinical procedures and patient encounters by the completion of each clerkship/acting internship (see clinical procedures and patient encounters policy).
9. The COM recognizes that although academic performance is of significant importance, passing courses is not the only measure of success. Students must demonstrate professionalism at all times and must complete administrative and other responsibilities in a timely manner. Students who are found deficient in either of these areas will be reviewed by the PAC and this review may result in a recommendation of dismissal from the COM.

E. FAILURE TO PASS UNITED STATES MEDICAL LICENSING EXAMINATION (USMLE) STEP 1 AND STEP 2 CLINICAL KNOWLEDGE (CK) OR CLINICAL SKILLS (CS) EXAMINATIONS

1. Repetition of USMLE Step 1

- a. A student who fails USMLE Step 1 may be given a Letter of Concern from the PAC.
- b. A student will be permitted a maximum of two attempts to pass the USMLE Step 1 examination. Failure to pass on the second attempt will require the student to petition the PAC for another chance to take the exam. After meeting with the student the PAC will determine if the student may take the exam for a third, and final time, or if they are recommended for dismissal to the Dean. This recommendation of dismissal cannot be appealed. Should the student be allowed a third attempt to pass USMLE Step 1 and the student fails to pass the examination on the third attempt the student will be recommended for dismissal from the College of Medicine with no further right of appeal.
- c. All repetitions of Step 1 and receipt of scores must occur within one year of the date of receipt by the COM of the first failing score. This time limit includes any and all time in which the student is on a Leave of Absence. Delay beyond one year requires PAC approval and will be granted only under exceptional and extenuating circumstances. Delay beyond one year without PAC approval is grounds for dismissal of the student from the COM.
- d. If failing results for USMLE Step 1 (first attempt) arrive after a student has begun M3 coursework, the timing of when the student will be removed from their current clerkship will be determined by the Associate Dean of Student Affairs (or their designee) and the clerkship director.
- e. After taking USMLE Step 1 a second time, the student may be permitted to return to coursework at the first logical juncture as determined at the sole discretion of the COM, while awaiting results. If the grade is a Failure, the student will be immediately removed from coursework irrespective of where the student is in the clerkship and placed in the Independent Study Course by the Registrar.
- f. If allowed to take the USMLE Step 1 a third time, the student will not be permitted to return to coursework while awaiting results. Only upon submitting a passing score on USMLE Step 1 can a student who has twice failed the examination resume coursework. Timing of re-entry into the curriculum is at the sole discretion of the PAC in consultation with the Associate Dean for Student Affairs.
- g. Students will be placed in the Independent Study Course by the Associate Dean for Student Affairs while preparing for a retake of the USMLE Step 1 examination.

2. Repetition of USMLE Step 2 CK/CS Examinations

- a. A student who fails USMLE Step 2 CK and/or CS may be given a Letter of Concern from the PAC.
- b. A student who fails USMLE Step 2 CK and/or CS may retake the examination(s) and is permitted a maximum of three attempts to pass. Failure to pass on the third attempt will require the student to petition the PAC for another chance to take the exam. After meeting with the student the PAC will determine if the student may take the exam for a fourth, and final time, or if they are dismissed. This decision of the PAC cannot be appealed. Should the student be allowed a fourth attempt to pass USMLE Step 2 and the student fails to pass the examination on the fourth attempt the student will be dismissed from the College of Medicine with no further right of appeal.
- c. Students who fail USMLE Step 2 CS must meet with the Medical Director of the Simulation Center to review their areas of deficiency.
- d. Two repetitions and receipt of scores by the COM of Step 2 CK or Step 2 CS must occur within one year of the date of receipt by the COM of the first failing score. If a student is granted the ability to take the exam a fourth time (see section b) the timing of this attempt must coincide with USMLE guidelines, which currently state: "You may take the

same examination no more than three times within a 12-month period. Your fourth and subsequent attempts must be at least 12 months after your first attempt at that exam and at least six months after your most recent attempt at that exam.” (This is found at <http://www.usmle.org/pdfs/bulletin/2014bulletin.pdf>, page 7). The PAC will work with the student on the timing of the fourth, and final, attempt at Step 2 CK or CS if such an attempt is granted to the student. The time limit includes any and all time in which a student is on a Leave of Absence. Delay beyond one year for taking the exam three times requires PAC approval and would be granted only under exceptional and extenuating circumstances. Delay beyond one year without PAC approval is grounds for dismissal of the student from the COM.

- e. When preparing for repetition of USMLE Step 2 CK and/or CS, a student is permitted to continue clinical coursework unless otherwise determined by the PAC or the student may request to be placed in the Independent Study course. The decision as to whether the student should enter the Independent Study course must be approved by the PAC and the Associate Dean for Student Affairs. Should placement in the Independent Study course result in a delay in the student’s original graduation date, the student will need to seek approval from the Office of Student Affairs and the PAC chair to alter their schedule. The delay in graduation would be for the next earliest graduation date, unless the student requests a later graduation date. If a student has been approved for a delayed graduation date, and want to extend the graduation date a second time, PAC approval will be required.

F. FAILURE TO PASS THE CLINICAL COMPETENCY EXAM (CCX)

1. A student must pass the CCX to graduate. When a student fails all or part of the first administration of the CCX, no grade will appear on the student’s transcript. The student must meet with the Medical Director of the Simulation Center to develop a remediation plan and complete it successfully, as determined by the director, before being eligible to retake any failed section of the CCX.

2. The CCX or parts thereof may be repeated up to two times. Once all parts of the examination have been passed, a grade of Pass will be recorded in the Registrar’s office; this must occur no later than three days prior to the anticipated graduation date from the COM. Failure to pass on the third attempt will result in a grade of Failure on the transcript and is grounds for dismissal with no right of appeal.

G. ALTERNATIVE EDUCATIONAL SITE OR CURRICULUM ASSIGNMENT REQUESTS

Students can request changes to their schedule by using MedOneStop drop/add process in years 3 and 4. The only exception being Acting Internship schedule changes must be submitted by email to the appropriate clinical department coordinator for approval/processing. For M3 specialty clerkships, students may change their specialty clerkships initially received in the specialty clerkship lottery. Requests must be submitted via MedOneStop greater than six (6) weeks before the start date of clerkship they are wanting to drop/add. Specific rotation site assignments within a clinical department are then determined by the clinical department coordinator based on student preferences as can be accommodated.

For M3 core clerkships, student may change their pathways during the designated trading period. Rotation sites are assigned by using a lottery assignment system based on student preference or preferences will be solicited from students by means of a “bio-sketch” 4-8 weeks prior to the start of the rotation. All rotation site assignments are final unless there are extenuating circumstances that arise after the initial site assignments are made. Changes to assignments can be made at the discretion of the clerkship director. The Associate Dean for Student Affairs or a designee (i.e. advisor) may also request a review of the assignment by the clerkship director due to extenuating circumstances discussed with the student.

Schedules changes in the M4 curriculum must be requested by the final date set for completion of M4 schedules and all changes must be requested at least four (4) weeks in advance of the specific course start date. After that date, changes may be made only under extenuating circumstances and with the approval of the Associate Dean for Student Affairs or a designee (i.e. advisor) to determine a substitution to meet graduation requirements. Electives are generally site specific so students should sign-up accordingly.

H. WITHDRAWING FROM COURSES IN M4

Withdrawal from a course after it has begun must be approved by the director of the course and by the Associate Dean for Student Affairs or a designee (i.e. advisor) to determine a substitution to meet graduation requirements. If the request to withdraw from a course is denied, the student will be required to complete the course. Should a student not complete a course in which he or she is enrolled, the student will receive a grade of Failure (F).

POLICY TITLE: *Assessment of Student Performance by Faculty Healthcare Providers*

APPROVAL DATE: *June 6, 2019*

RESPONSIBLE DEPARTMENT: *Office of Medical Education & Office of Student Affairs*

APPLIES TO: *All Students*

POLICY STATEMENT

Health professionals who provide medical or psychological treatment services (hereafter referred to as “healthcare services”) to a UCCOM student shall not be involved in academic assessment, evaluation, or grading of students for whom they provide or have provided healthcare services. These faculty members also shall not be involved in making decisions about the promotion of the medical student receiving those services in any venue, including but not limited to, a course, clerkship, or Performance and Advancement Committee.

Procedures for faculty with an identified conflict of interest

All faculty members must recuse themselves from any role in assessment, evaluation, or grading of any medical student for whom they have provided healthcare services. If assigned to assess/evaluate/grade a student for whom a faculty has provided care, the faculty must notify the course or clerkship director as soon as is possible, of the need for reassignment and must indicate on any related evaluation forms that he/she must recuse themselves from evaluating that student.

Procedures for students with an identified conflict of interest

Students are given the opportunity to notify course/clerkship directors of any faculty to whom they should not be assigned due to a previous or current healthcare provider relationship. Students must indicate this potential conflict of interest using the “Biosketch” form that is sent to students in advance of starting the course/clerkship (see appendix). Students will not be assigned to any preceptor from whom they receive (d) healthcare and the identified individual (s) will play no role in the assessment, evaluation, grading, or promotion of that student. If the student was not aware of the conflict of interest prior to the start of the course, he/she may also request reassignment on the first day of the course by notifying the course director and coordinator.

Students will not be assigned to preceptors from whom they receive healthcare services even in cases where both student and preceptor feel comfortable to do so.

Exceptional Situations

In the case of a medical emergency whereby a UCCOM student needs emergency treatment, the necessary treatment should be delivered most expediently regardless of faculty/student relationships.

POLICY TITLE: <i>Electronic Examinations for M3</i>	APPROVAL DATE: <i>August 3, 2017</i>
RESPONSIBLE DEPARTMENT: <i>Clerkships Directors & Office of Medical Education</i>	APPLIES TO: <i>M3 Students</i>

POLICY STATEMENT

A. GENERAL POLICIES FOR ELECTRONIC EXAMINATIONS

1. Examinations may be proctored either by a live proctor or electronically, including through the use of video cameras.
 - a. If video proctoring is used a live proctor must be within reasonable access to the student to assist the student in case assistance is needed for exam presentation.
2. Students are required to have their UC I.D. badge to enter the testing room.
3. The start time for each individual examination will be established and announced to the students prior to the examination date by the clerkship coordinator.
4. Students may enter the testing room up to 30 minutes before the start of the examination, but must be in their designated seat and ready for testing 10 minutes prior to the established examination start time. (e.g., 7:50:00 AM for an 8:00 AM exam). Once a student is seated they may not leave the room until after the exam starts.
5. Any decision to admit a late examinee rests solely with the Core Clerkship Coordinator.
The Core Coordinator will report a late admittance to OME for tracking.
6. Students will receive an Exemplary/Formative Feedback Form for a second late offense and for each offense thereafter. The Exemplary/Formative Feedback Form will be issued by the Office of Medical Education (OME) where lateness is tracked.
8. Students may bring the following into the testing room:
 - a. UC COM ID
 - b. A set of keys. No elaborate key ring.
 - c. A pen or pencil.
 - d. A box will be available in the testing room (as in M1/M2 years) in which a student may leave their turned off cellphone. If a student is expecting an emergency phone call this should be discussed with the chief OME proctor and the COM registrar prior to starting the exam.
 - e. Earplugs (two individual pieces of foam; No earphones or earbuds; Earplugs are not provided by UC COM)
9. NO personal belongings, other than those specifically addressed in #8. are permitted in the testing room at any time. This includes, but is not limited to:
 - a. Reference materials (e.g., books, notes, papers)
 - b. Backpacks, briefcases, purses
 - c. Calculators (unless supplied by the COM), Electronic devices (e.g., phones, laptops, iPads, pagers, headphones, iPods, recording/filming devices, smart watches)
 - d. Food and beverages

NOTE: No proctor is routinely provided to monitor belongings left in the hallways outside the testing room. Students are encouraged to not bring personal belongings to the testing area. Students should assume no secure space is available.

On the occasion that a badge protected space is available on a testing day for students to leave personal belongings, they will be notified twice, 2 weeks prior and two days prior to the exam day.

10. If a student is found with any prohibited materials on his or her person during the examination the student may receive a zero for the examination and may be referred to the Honor Council with no further right of appeal or grade grievance. If a student self-reports that he/she is in violation of this rule and it is clear to the proctor/course director this is the case of forgetfulness on the part of the student, they may, at the discretion of the proctor and/or course director, be excused from this rule.

For example, a student enters the exam facilities with his/her cell phone in his/her pocket and self- reports the presence of a cell phone. If the proctor and/or course director determine that there was no negligence or intentional misbehavior, then they may decide to not pursue ramifications. This allowance is at the sole discretion of the proctor and/or course director, and is not subject to appeal or consideration based on any other incident with that or another student.

11. If a student's documented medical condition requires special exam administration conditions, the student must officially make arrangements before the start of the academic year with the UCCOM Disabilities Accommodations Committee. It is the student's responsibility to clarify with the clerkship director and clerkship coordinator at the beginning of the clerkship that information about their accommodations.
12. For all purposes of examination timing including arrival and seating time the official time will be Network time or the clock the proctor designates.
13. Students will be provided with scratch paper for an examination
14. No content questions will be answered during the examination.
15. Students are required to log onto the examination when directed to do so.
16. If a student encounters technical problems during the examination, he or she must notify the proctor immediately. The student will be directed by HSL IT and the chief proctor as to how to proceed.
17. Typographical and other errors in the display of the test noted by the student can be brought to the attention of the exam proctor. These will be documented by the proctor in the NBME incident report completed by the proctor at the end of the exam.
18. Restroom breaks are permitted and must be taken at the location designated by the proctor. Any student found communicating with anyone other than a proctor during a restroom break will receive a zero for that examination with no further right of appeal or grade grievance and may be referred to Honor Council. Any student found accessing any materials related to the examination during any restroom break will be given a zero for that examination and will be referred to the Honor Council with no other right of appeal or grade grievance.
19. No test material such as student 'scrap paper' is to leave the testing room. All test material is to be placed in a proctor designated area within the test room.
20. Upon completion of the examination, students must immediately leave the testing room and the area adjacent outside of the testing room.
21. Rescheduling an examination for a student with an excused absence (approved MSSF) will follow the official scheduled retake dates posted on the EPC approved M3 academic calendar (June or December, whichever comes first).
22. Once the student enters the testing room, students may not access the internet or any other material, other than the examination. Any student determined to have accessed unauthorized sites within the testing room before or during the taking of an examination will receive a zero for that examination and will be referred to the Honor Council with no other right of appeal or grade grievance.
23. It is the responsibility of all students to be familiar with all aspects of the Honor Code and in particular with respect to cheating on examinations.

B. INTERRUPTIONS DURING AN ELECTRONIC EXAMINATION

1. All **emergency calls** for students while taking examinations should be directed to the Registrar's Office. The Registrar or her designee will take a message for the student and inform the proctor that the student has an emergency call. The student will be escorted to the Registrar's Office to receive the call. After discussion with the student, the clerkship coordinator and the student will decide whether the student may return to the examination or will need to reschedule the examination. Documentation (police report, hospital report, etc.) confirming the emergency must be submitted to the Registrar within 72 hours of the emergency. The rescheduling of the examination will follow the official scheduled retake dates posted on the EPC approved M3 academic calendar (June or December, whichever comes first).
2. If a **student becomes ill** while taking an examination, such that he or she is unable to complete the examination, the student must inform the proctor that he or she is unable to complete the examination so that the incident can be documented. The proctor has discretion to excuse the student in cases of obvious illness. Or the proctor can require written documentation of illness from a non-family member physician the same day of the examination. In order for the absence to be excused, in which case documentation of the illness must be submitted to the Registrar within 24 hours of return to coursework. The rescheduling of the examination will follow the official scheduled retake dates posted on the EPC approved M3 academic calendar (June or December, whichever comes first).
3. Should **computer or network interruptions** occur during a web based exam causing loss of or sporadic connectivity the student must notify the chief proctor. The proctor will advise the student to restart the exam. This involves closing the exam and logging back into the exam following proctor and exam site specific directions. **DO NOT RESTART** the computer.
4. If restarting the interrupted exam does not alleviate the connectivity issue, HSL IT support must be consulted and their instructions followed.
5. If a **fire alarm or other emergency condition** occurs during an examination, students will immediately cease taking the examination and, if necessary, evacuate the affected buildings. All materials should be left at the desk.
 - a. Proctors will ensure that all students leave the examination rooms in a timely manner. Instruct students to close the browser - enter Ctrl+Shift+Q – to prevent losing time. Room proctor should log out of the exam session.
 - b. Students may be directed to evacuate to a specific location.
 1. G-Level of the Care/Crawley Building, students should evacuate to the outside plaza adjacent to the E-level entrance of the CARE/Crawley building unless otherwise directed by the proctor.
 2. For examinations given in the Simulation Center, students are to evacuate to the plaza outside Kresge Auditorium unless otherwise directed by staff of the Simulation Center.
 - c. Students are to remain in the designated area until they receive permission from a proctor to leave the area. The student must remain in an area where they can hear the all clear announcement.
 - d. The examinations timing mechanism will be suspended by notification to the NBME by the chief proctor or the IT supervisor.
 - e. Students may not discuss the examination with any other person, or access any type of information related to the examination. Honor Council policies are in effect, and students should monitor themselves and others to ensure compliance. Any student who is found to have communicated inappropriately with classmates with respect to the content of the examination will receive a zero for that examination and will be referred to the Honor Council with no other right of appeal or grade grievance.
 - f. After the fire alarm or other cause of interruption has ended, students will return to their assigned room in a timely manner (within 15 minutes) and resume the examination when announced by the proctor to do so. Students returning later than 15 minutes following the all clear signal will not be admitted to the testing room. The student will receive credit for any answers they submitted prior to the interruption. The student will not be permitted to reschedule the examination.

- g. The IT examination coordinator will work with NBME or the exam site to resume the examination timing mechanism after adding additional time equal to that lost during the interruption (length of the alarm plus 15 minutes to return).
 - h. In the event of a prolonged interruption such as a computer or power outage, the proctor may decide to suspend the examination and reschedule following the rules consistent with the INCLEMENT WEATHER POLICY.
6. **Irregular student behavior incidents** may include evidence of copying answers from classmates, giving or receiving unauthorized information, being in possession of unauthorized materials, making unauthorized notes, recording examination content via any means (manual, digital imaging, etc.), continuing to answer questions after the examination has ended or engaging in other behavior disruptive to fellow examinees. These incidents will be handled according to Honor Council guidelines and will be reported to the Honor Council and the appropriate PAC.

POLICY TITLE: *Assessment/Examination for M1/M2*

APPROVAL DATE: *June 7, 2018*

RESPONSIBLE DEPARTMENT: *Office of Medical Education & Department of Medical Education*

APPLIES TO: *M1/M2 Students*

POLICY STATEMENT

A. GENERAL POLICIES FOR ASSESSMENTS/EXAMINATIONS

1. Assessments/examinations may be proctored either by a live proctor or electronically, including through the use of video cameras.
2. Students are required to have their UC I.D. badge to enter the testing room.
3. The start time for each individual assessment/examination will be established and announced to the students prior to the assessment/examination date.
4. Students may enter the testing room up to 30 minutes before the start of the examination, but must be in their designated seat and ready for testing 10 minutes prior to the established examination start time. (e.g., 7:50:00 AM for an 8:00 AM exam). Late students must sign in and be escorted to begin.
5. Once a student is seated they may not leave the room until after the exam starts so that technical support can be provided.
6. Any decision to admit a late examinee rests solely with the Chief Proctor.
7. No extra time will be permitted for late arrivals to complete the examination, i.e., late arrivals will be required to complete the examination by the time designated for the on-time arrivals.
8. Students will also receive a Formative Feedback Form for each late offense. The Formative Feedback Form will be issued by a designated individual in the Office of Medical Education (OME) and reported to the Performance and Advancement Committee.
9. Students arriving later than 30 minutes after the start time of the assessment/examination or after the first person has completed the examination and left the room, whichever comes first, will not be admitted to the assessment/examination and may receive a zero subject to appeal to the M1/2 Curriculum Facilitator.
10. Personal belongings are not permitted in the testing room at any time. This includes, but is not limited to:
 - a. Heavy coats
 - b. Reference materials (e.g., books, notes, papers)
 - c. Backpacks, briefcases, purses
 - d. Calculators (unless supplied by the COM), Electronic devices (e.g., phones, laptops, iPads, pagers, headphones, iPods, recording/filming devices, smart watches) Food, water and other beverages
11. If a student is found with any of the prohibited materials on his or her person during the assessment/examination or exam review, the student may receive a zero for the assessment/examination and may be referred to the Honor Council with no further right of appeal or grade grievance. If a student self-reports that he/she is in violation of this rule, they may, at the discretion of the proctor and/or course director, be excused from this rule. For example, a student enters the exam facilities with his/her cell phone in his/her pocket and self-reports the presence of a cell phone. If the proctor and/or course director determine that there was no negligence or intentional misbehavior, then they may decide to not pursue ramifications. This

allowance is at the sole discretion of the proctor and/or course director, and is not subject to appeal or consideration based on any other incident with that or another student.

12. If a student's documented medical condition requires food or drink during the assessment, the student must make arrangements prior to the assessment/examination with the UCCOM Disabilities Accommodations Committee. It is the student's responsibility to clarify with the course director and/or proctor prior to the examination that information about their accommodations has been communicated.
13. For all purposes of assessment/examination timing including seating time, stop and start times, the official time will be Network time or the clock the proctor designates.
14. No content questions will be answered during the assessment/examination.
15. Typographical and other errors will be announced to all students at the same time.
16. No extra time will be given for transferring answers from computer to answer sheet.
17. Students will receive notice 5-10 minutes prior to the end of the assessment/examination.
18. Any student continuing to enter test answers after the assessment/examination has ended will receive a zero for the assessment/examination and will be referred to the Honor Council with no other right of appeal or grade grievance.
19. Restroom breaks are permitted and must be taken at the location designated by the proctor. Only one student may use a restroom at a time. Any student found communicating with anyone other than a proctor during a restroom break will receive a zero for that assessment/examination with no further right of appeal or grade grievance and may be referred to Honor Council. Any student found accessing any materials related to the assessment/examination during any restroom break will be given a zero for that assessment/examination and will be referred to the Honor Council with no other right of appeal or grade grievance.
20. All test material is to be placed in designated areas before the student leaves the assessment /examination room.
21. The assessment must be submitted and the exam software must be closed prior to leaving the room. Student personal laptops are subject to inspection by a proctor.
22. Upon completion of the assessment/examination, students must immediately leave the testing room and the area adjacent outside of the testing room.
23. Any decision to reschedule an assessment/examination for students with excused absences is at the sole discretion of the COM. Once the rescheduled assessment/examination date is set, it cannot be changed without the approval of the course director. Any student allowed to participate in a rescheduled assessment/examination must ensure that he or she neither discusses the assessment/examination with any classmates or other individuals nor receives, in any form, medium, or level of detail, information about the content of the assessment/examination. Any student who is found to have communicated inappropriately with classmates with respect to the content of the assessment/examination will receive a zero for that assessment/examination and will be referred to the Honor Council with no other right of appeal or grade grievance.
24. In cases where staggered assessment/examination start times are scheduled (for example, instances where half of the student body is scheduled to take a practical assessment/ examination on Wednesday, and the other half of the student body is scheduled to take the same assessment/examination on Thursday), each student must take every step possible to ensure that he or she neither discusses the assessment/examination with any classmates or other individuals nor receives, in any form, medium, or level of detail, information about the content of the assessment/examination. Any student who is found to have communicated inappropriately with classmates with respect to the content of the assessment/examination will receive a zero for that assessment/examination and will be referred to the Honor Council with no other right of appeal or grade grievance.

25. Students will be provided with the Standard Answer Form and scratch paper for the weekly and/or biweekly assessments. Scratch paper will be provided for End of Block examinations.
26. Students must record their name, identification number, and all answers on the Standard Answer Form.
27. Students are required to log onto the assessment/examination when directed to do so.
28. Students are required to record all answers on the Standard Answer Form and are advised to record answers as they progress through the assessment/examination. The Standard Answer Form will be considered only if answers were not submitted electronically due to technical problems and if alternative official scoring methods (e.g., scantron) are not provided. In the event that a student has not completed the Standard Answer Form and a technical problem arises and their answers are lost, the student will receive a zero for the assessment/examination.
29. If a student encounters technical problems during the assessment/examination, he or she must notify the proctor or IT staff immediately. If problems persist, the student will be provided with a paper copy of the assessment/examination. If the computer problem is resolved quickly, the student may return to the computer-based assessment/examination and will receive time equal to the delay to complete the assessment/examination, plus adequate time (up to 15 minutes) to transfer answers from the back-up answer sheet to the computer. The amount of additional time to transfer answers will be prorated depending upon the number of questions to be transferred but will not exceed 15 minutes total. Extended computer downtime may necessitate rescheduling the assessment/examination due to insufficient copies of tests and images.
30. After entering the testing room, students may not access the internet or any other material, other than the assessment/examination or other materials as directed by the proctor. Unauthorized information includes notes written before beginning (before seeing the first question). Any student determined to have accessed unauthorized information within the testing room before or during the taking of an assessment/examination will receive a zero for that assessment/examination and will be referred to the Honor Council with no other right of appeal or grade grievance.
31. It is the responsibility of all students to be familiar with all aspects of the Honor Code and in particular with respect to cheating on examinations/assessments.

B. ASSESSMENT/EXAMINATION REVIEW SESSIONS

1. All assessment/examination guidelines apply to the review sessions, with the **exception** of the following:
 - a. Notetaking is not permitted
 - b. Students do not have to remain in their designated seats for the review.
 - c. Students may discuss the assessment/examination with classmates.
 - c. Students will receive their coaching report prior to the review and their assessment information including answer key during the review.
 - d. Assessment/examination review sessions will be scheduled by the course/block director as appropriate for exam content. Students are required to leave the review session when directed to do so by the proctor.
2. For purposes of exam information security, if a student leaves an assessment review in progress they are not allowed to return.
3. If any electronic device, including but not exclusive to cell phone, calculator, laptop, is found in a student's possession during the assessment/examination review, that student will receive a zero for the assessment/examination and will be referred to the Honor Council with no other right of appeal or grade grievance.
4. There will be no review session for End of Block examinations.
5. Levels of review are permitted for M1/2 weekly/biweekly multiple choice exams (i.e. Examsoft, Scantron) in content block courses:
 - a. LEVEL 1: After an assessment there is a scheduled review. The Level 1 review is open to

all students, regardless of how they performed on the assessment. During this session the student sits at their computer and can review the questions that they got wrong. The student is not permitted to record assessment questions or make notes of any kind during the review. Students are encouraged to talk with one another to better understand why they were incorrect on the questions they missed. During the actual assessment, students can make notes in Exemplify concerning any issues they may have with questions. Prior to the assessment review the course director: (1) uses the comments that students write during the assessment about any of the questions; (2) reviews the question analytics provided by Exemplify; (3) and, if necessary, rescors the assessment using the *UCCOM Item Analysis Rubric* below. When the students attend the assessment review session they will know which questions have been rescored.

Total Correct	%	Biserial >.3	Biserial .3-.15	Biserial .149-0	Biserial <0
0-30		Review* Eligible to be enrichment question	Eliminate**	Eliminate**	Eliminate**
31-50		Review* Eligible to be enrichment question	Review*	Eliminate**	Eliminate**
51-80		OK	OK	Review*	Eliminate**
81-100		OK	OK	OK	Review*

*Options for ‘Review’ include: (1) Do nothing, (2) Accept multiple answers (only if the additional answer is actually correct) and rerun stats (3) Make it an enrichment question (decrease denominator of all students’ scores by one), if it is a good discriminator (> 0.3)

** Options for ‘Eliminate’: (1) All answers and will be accepted, if deemed poor question, (2) Accept multiple answers (only if the additional answer is actually correct) and rerun stats.

There is a lot of varying opinion about what the point biserial should be, but target values of >0.2 or >0.3 are commonly cited in the literature.

- b. LEVEL 2: Students who fail an assessment are eligible to participate in Level 2 review and are asked to sign up for a time to review the entire assessment in a secure environment for an unlimited amount of time. Students are allowed to bring their tutor for Level 2 review. During this review session they complete the *Self-Assessment of Test Preparation and Performance / Development of New Study Strategy* form. Students can take this form to sessions with a learning specialist for further analysis and help. NOTE: If a student misses the scheduled assessment review session, submits a MSSF and is excused, the student can schedule a review with the Office of Medical Education.
- c. LEVEL 3: Students who fail two assessments are encouraged to complete Level 3 of the exam review process. The learning specialist may meet with a student who fails 2 exams, access the student’s exam using ExamSoft, and review exam questions that the student got incorrect.
- d. LEVEL 4: Students who are in academic difficulty (averaging 75% or lower) may meet with the course director and/or student affairs learning specialist to analyze incorrect answers, and discuss study strategies for improving performance in the course.

C. INTERRUPTIONS DURING AN ASSESSMENT/EXAMINATION

1. All emergency calls for students while taking assessment/examinations will be directed to the Registrar’s Office. The Registrar or her designee will take a message for the student and inform the proctor that the student has an emergency call. The student will be escorted to the Registrar’s Office to receive the call. After discussion with the student, the course director will decide whether the student may return to the assessment/examination or will need to reschedule the assessment/examination. Documentation (police report, hospital report, etc.) confirming the emergency must be submitted to the Registrar. Should the course director not be immediately available, the Associate Dean for Student Affairs, the Assistant Dean for Academic Support or the Senior Associate Dean for Educational Affairs should be contacted for the decision as to whether or not the student should return to the assessment/examination.
2. Should a student become ill while taking an assessment/examination, such that he or she is unable to complete the assessment/examination, the student must inform the proctor that he or she is unable to complete the assessment/examination so that the incident can be documented. The proctor has discretion to excuse the student in cases of obvious illness or require written documentation of illness from a non-family member physician the same day of the assessment/examination. In order for an absence to be considered excused, documentation of illness must be submitted to

the Registrar within 24 hours of return to coursework. The grade for the assessment/examination and/or rescheduling of the assessment/examination will be determined by the course/block director.

3. If a fire alarm or other emergency condition occurs during an assessment/examination, students will immediately cease taking the assessment/examination and, if necessary, evacuate the affected buildings. All materials should be turned over and left on the desk.
 - a. Proctors will ensure that all students leave the assessment/examination rooms in a timely manner.
 - b. Students may be directed to evacuate to a specific location.
 - c. For assessment/examinations given in the labs on the G-Level of the Care/Crawley Building, students should evacuate to the outside plaza adjacent to the E-level entrance of the CARE/Crawley building unless otherwise directed by the proctor.
 - d. For assessment/examinations given in the Simulation Center, students are to evacuate to the plaza outside Kresge Auditorium unless otherwise directed by staff of the Simulation Center.
 - e. Students are to remain in the designated area or receive permission from a proctor to leave the area. If no specific area is designated, the student must remain in an area where they can hear the all clear announcement.
 - f. The assessment/examinations timing mechanism will be suspended by the IT examination coordinator.
 - g. Students may not discuss the assessment/examination with any other person, or access any type of information related to the assessment/examination. Honor Council policies are in effect, and students should monitor themselves and others to ensure compliance. Any student who is found to have communicated inappropriately with classmates with respect to the content of the assessment/examination will receive a zero for that assessment/examination and will be referred to the Honor Council with no other right of appeal or grade grievance.
 - h. After the fire alarm or other cause of interruption has ended, students will return to their assigned room in a timely manner (within 15 minutes) and resume the assessment/examination when announced by the proctor to do so. Students returning later than 15 minutes following the all clear signal will not be admitted to the testing room. The student will receive credit for any answers they submitted prior to the interruption. The student will not be permitted to reschedule the assessment/examination.
 - i. The IT assessment/examination coordinator will resume the assessment/examination timing mechanism after adding additional time equal to that lost during the interruption (length of the alarm plus 15 minutes to return).
 - j. In the event of a prolonged interruption such as a computer or power outage, the proctor may decide to suspend the assessment/examination and reschedule following the rules consistent with the INCLEMENT WEATHER POLICY.
4. Irregular incidents may include evidence of copying answers from classmates, giving or receiving unauthorized information, being in possession of unauthorized materials, making unauthorized notes, recording assessment/examination content via any means (manual, digital imaging, etc.), continuing to answer questions after the assessment/examination has ended or engaging in other behavior disruptive to fellow examinees. These incidents will be handled according to Honor Council guidelines and will be reported to the Honor Council and the appropriate PAC.



POLICY TITLE: <i>Attendance and Absences Policy</i>	APPROVAL DATE: <i>June 7, 2018</i>
RESPONSIBLE DEPARTMENT: <i>Office of Student Affairs & Office of Medical Education</i>	APPLIES TO: <i>All Students</i>

I. Preamble

This policy applies to all medical students while they are enrolled at the College of Medicine. All absences for required activities for any reason should be documented with the Medical Student Status Form (MSSF) submitted online in MedOneStop and appropriate approval should be sought. Students must be granted permission to attend medical (diagnostic, preventative, and therapeutic) health service appointments. Students do not have to disclose the type/reason of medical appointment. Make up assignments and repetition of coursework may be required for planned and unplanned absences.

II. ATTENDANCE AND ABSENCE POLICY – M1/2

A. ATTENDANCE POLICY– M1/2

Attendance is required at all learning sessions which involve team/small group based activities (including but not limited to team-based learning, small group case discussions, dissection laboratories, peer teaching, Learning Communities, class meetings), all sessions related to the Interprofessional Experience (IPEX), the Longitudinal Primary Care Clerkship, Clinical Skills, the Community Health and Service Learning modules of Physician & Society, all assessments and examinations and any session that has a patient present or has a panel of presenters. Sessions identified on the schedule as involving the presence of patient or a panel of patients as designated on the schedule of classes will not be recorded for live streaming or for later posting. Material covered in the sessions will be testable. Students are expected to provide for their own transportation to all required activities including off campus sites.

B. PROCESS OF SEEKING APPROVAL FOR PLANNED ABSENCES - M1/2

The following will be considered excused absences (includes both planned and unplanned):

- Diagnostic, preventative, and therapeutic appointments, and health services (e.g., physician) physical therapy, counselling, etc).
- Personal illness, accident or major catastrophic event
- Death or serious illness of immediate family members. Immediate family members, as defined by UC, are Grandparents, Brother, Sister, Brother-in-law, Sister-in-law, Daughter-in-law, Son-in-law, Father, Mother, Mother-in-law, Father-in-law, Step- sister, Step-brother, Step-mother, Step-father, Spouse or domestic partner, Child, Grandchild, legal Guardian or other person who stands in place of parent (in Loco Parentis)

- Attendance at a meeting to present student’s research or to attend a conference as the COM’s official representative.
 - Students attending conferences or seminars on behalf of the COM and who will miss a required activity must request from the Associate Dean of Student Affairs and Admissions, or the M1/2 facilitator permission to attend the conference. The Associate Dean of Student Affairs and Admissions is to be asked if a required activity, other than an assessment, is to be missed. The M1/M2 facilitator is to be asked if an assessment will be missed. If the student has received a Letter of Concern, the chair of the PAC will be consulted by one of these faculty in arriving at the decision about granting permission. Notification of attendance at a conference or seminar must be received at least six weeks in advance of the start of the course in which the absence will occur.
 - Students presenting posters or who are invited to present at a meeting must provide a copy of the invitation and, if possible, the seminar/conference agenda listing their participation.
 - Absence from mandatory activities is limited to two academic days.
- Religious observances (see below)
- Jury duty (see below)

Planned absences should be requested a minimum of six weeks in advance of the start of the course in which the absence will occur, whenever possible. Absences requested less than 1 week prior to the planned absence may not be considered for a possible excused absence unless extenuating circumstances prevented the student from providing timely notification per the policy. Students should submit their request for a planned absence using the online MSSF on MedOneStop. All planned/excused absences for any reason should be documented on the MSSF. This includes partial day absences.

If an excused absence for medical reasons turns into a medical leave of absence, a student may not participate in any COM curriculum or extracurricular activities (assessments/examinations, mandatory sessions, organizational meetings, etc.) until cleared by their physician to return to their medical studies (please reference the “Leave of Absence Policy”). Exceptions to this policy, however, may be made under special circumstances, as determined by the Associate Dean for Student Affairs and Admissions and the course director.

B. *PROCESS FOR SEEKING APPROVAL FOR AN UNPLANNED ABSENCE - M1/2*

An excused absence for any reason must provide (a) proper notification, (b) acceptable documentation of the reason, and (c) appropriate approval (see below).

Proper Notification

If a student experiences an unplanned absence from **required** activities, he/she must:

- Complete the MSSF form PRIOR TO the start of the required activity unless there is an emergency situation.
- Email or phone notification to the Registrar in the M1/2 year is encouraged, in addition to the completion of the MSSF form
- The Registrar will inform the student as to what, if any, documentation will be required.
If the student is part of a team (team teaching, dissection, etc.) it is the student’s professional responsibility to also notify the team members.

Required Documentation

Any absence from any type of required activity for any reason will require the submission of

a completed MSSF (done online) recording the absence and attaching documentation as stated below:

- A written excuse from the student's physician (not a family member) or from the University Health Service physician may be required in cases where students miss more than one day of required activities due to personal illness.
- The College of Medicine reserves the right to require additional specified documentation.

Failure to submit the MSSF and any additional documentation that is required will constitute unprofessional behavior and will be documented in the student file.

Appropriate Approval

Once the MSSF form and any other accompanying documentation are received by the

Registrar, the Registrar will forward the MSSF to the appropriate individual, as defined below, for approval.

- The M1/2 Facilitator will review unplanned absences from assessment/examinations and make a determination about whether the absence is excused or not. All communications with the Course Director and student will occur electronically.
- The Associate Dean for Student Affairs and Admissions will review absences from all non-exam required activities and make determination about whether the absence is excused or not. All communications with the Course Director and student will occur electronically.

C. *SCHEDULING MAKE-UP WORK FROM EXCUSED ABSENCES - M1/2*

Faculty and Staff will work with students to develop a plan for make-up work in cases where the absence was excused.

- Short absences (1-2 days)
Within 48 hours of return to coursework the student must contact the Office of Medical Education (OME) to schedule make-up examinations. The student should contact the Associate Director, Academic in OME for such make-up exams. The course director should be contacted to schedule when missed assignments should be completed.
- Mid Length Absences (3 days to 2 weeks)
It is anticipated that students who are absent from medical school for 3 days to 2 weeks will communicate with the Office of Medical Education (OME) and the course director. As a result of this communication, an individualized plan will be developed, outlining the timetable for making up missed activities, optimally prior to the start of the next course, while maintaining on-going work. Any changes to the plan are at the sole discretion of the Senior Associate Dean. Time allotted for make-up instruction is permitted at the discretion of the course director and according to available resources.
- Extended Absences (greater than 2 weeks)
Students who are absent for more than two weeks due to medical issues or military obligations will be placed on a Leave of Absence(see Leave of Absence Policy). The student's re-entry date will be determined by the PAC. In special circumstances, however, exceptions to this policy can be made on an individual basis, as determined by the course director and the Associate Dean for Student Affairs and Admissions.

D. UNEXCUSED ABSENCES - M1/2

An unexcused absence is one occurring for reasons other than those named above and/or one that lacks proper notification, documentation and/or approval of the reasons for absence. An unexcused absence in a required activity will result in a Formative Feedback Form submitted to the Office of Medical Education for distribution to the Office of Student Affairs and the appropriate PAC. An unexcused absence in a graded activity will result in a score of “zero” for the activity. Make up for an unexcused absence in a required activity is permitted only at the discretion of the course director, but will not change the “zero” score for the activity.

E. Late Assignments Policy – M1/2

- Course directors will post assignment due dates in LCMS+ by the start of the course. This information will also be included in the course syllabus. All associated materials needed to complete assignments will be posted at least one week prior to the due date of that assignment.
- Course assignments that are submitted late and are unexcused will receive a grade of zero. In the event of a missed assignment resulting from an MSSF documented issue, the M1/2 curriculum facilitator will adjudicate whether the missed assignment is excused and can still be submitted for credit. It is the student’s responsibility to confirm submission of assignments uploaded to LCMS+/Blackboard.
- In the event of IT issues affecting uploading of documents to LCMS+/Blackboard, course/clerkship directors will notify students of the issues and either extend deadlines for uploading and/or suggest other ways of submitting assignments.

III. ATTENDANCE AND ABSENCE POLICY – M3/4

A. ATTENDANCE POLICY - M3/4

All M3 clerkship and M4 acting internship/elective/course activities are mandatory events and will comply with the Student Duty Hours Policy. Any planned/excused absence in the clinical years requires prior notification. In the instance of illness, accident, hospitalization, or major catastrophic event, the student will immediately notify the clerkship/elective/course director and coordinator, as well as the clinical team with whom they are working.

- **Session Attendance for M3 Students**
Students will be scheduled an average of one day off out of every seven days over a four week rotation per the Student Duty Hours Policy. Students who miss any days (planned or unplanned) may be required to make up the work at the discretion of the course director. Attendance at Intersessions is mandatory. Students must obtain permission from the clerkship/course director for any planned absences.
- **Session Attendance for M4 Students**
Students may miss no more than two days of planned excused absences on a four week rotation without being required to make-up the work, at the discretion of the clerkship/elective/course director or his/her designee.
- **Non-AI Rotations**
Per the Student Duty Hours Policy, an average of one day (24 hours) in every seven must be free of clinical responsibilities (including seminars, clinic, rounds, lectures) averaged over a four week period. These days off are assigned by the clerkship director to best align with the site schedule. Students may request to schedule 1 or more of these 4 days for planned absences that fall under 1 of the categories listed below for excused absences during non-AI rotations, in consultation with the course/elective director, who may or may not approve such planned absences.

- AI Rotations

Per the Student Duty Hours Policy, an average of one day (24 hours) in every seven must be free of clinical responsibilities (including seminars, clinic, rounds, lectures) averaged over a four week period. These days off are assigned by the course director to best align with the site schedule. Students may request to schedule 1 or 2 of these days for planned absences that fall under 1 of the categories listed below for excused absences during AI rotations, in consultation with the course director, who may or may not approve such planned absences. Students must avoid scheduling Step 2 examinations during an Acting Internship.

B. PROCESS OF SEEKING APPROVAL FOR PLANNED ABSENCES – M3/4 -

Excused Absences

The following will be considered excused absences:

- Diagnostic, preventative, and therapeutic health services (e.g. doctor appointments, physical therapy, counselling, etc).
- Personal illness, accident or a major catastrophic event
- Death or serious illness of immediate family members. Immediate family members, as defined by UC, are Grandparents, Brother, Sister, Brother-in-law, Sister-in-law, Daughter-in-law, Son-in-law, Father, Mother, Mother-in-law, Father-in-law, Step-sister, Step-brother, Step-mother, Step-father, Spouse or domestic partner, Child, Grandchild, legal Guardian or other person who stands in place of parent (in Loco Parentis)
- Attendance at a meeting to present student’s research or to attend a conference as the college's official representative.
 - Students attending conferences or seminars on behalf of the COM and who will miss a required activity must request from the clerkship/elective/course director and the Office of Student Affairs permission to attend the conference. If the student has received a Letter of Concern the PAC chair will also be consulted on the decision.
 - Notification of attendance at a conference or seminar must be submitted at least six weeks in advance of the start of the clerkship in which the absence will occur.
 - Students presenting posters or who are invited to present at a meeting must provide a copy of the invitation and seminar/conference agenda listing their participation.
 - Absence from mandatory activities is limited to two academic days.
- Taking USMLE Step 2 CK/CS in M4 Interviews with residency training programs
 - Interviewing for a residency may be an excused absence, only if approved in advance by the course/elective/course director. If an absence is permitted, the course/elective/course director must receive as much advance notification as possible and proper documentation from the student. Make-up work may be required.
- Religious observances (see below)
- Jury duty (see below)

- Exceptions will be considered on an individual basis

Whenever possible, planned absences should be requested a minimum of six weeks in advance of the start of the clerkship/elective/course in which the absence will occur; this enables the clerkship/course/elective to help plan for educational event scheduling (e.g. a known appointment could be scheduled around with enough notice and the student might not have any required coursework to make up). Absences requested less than 1 week prior to the planned absence may not be considered for a possible excused absence unless extenuating circumstances prevented the student from providing timely notification per the policy. Students should first submit their request for a planned absence to the clerkship/elective/course director using the online MSSF. All planned/excused absences for any reason should be documented on the MSSF.

If an excused absence for medical reasons turns into a medical leave of absence, a student may not participate in any COM curriculum or extracurricular activities (assessments/examinations, mandatory sessions, organizational meetings, etc.) until cleared by their physician to return to their medical studies (please reference the “Leave of Absence Policy”). Exceptions to this policy, however, may be made under special circumstances, as determined by the Associate Dean for Student Affairs and Admissions and the clerkship/course/elective director.

C. *PROCESS FOR SEEKING APPROVAL FOR AN UNPLANNED ABSENCE - M3/4*

An excused absence for any reason must provide (a) proper notification, (b) acceptable documentation of the reason, and (c) appropriate approval (see below).

Proper Notification

If a student experiences an unplanned absence from clinical activities:

- The student will immediately notify the clerkship/course/elective director and coordinator, as well as the clinical team with whom they are working. The student needs to follow any additional instructions given during orientation.

Required Documentation

Any absence from clerkship will require the submission of a completed MSSF recording the absence, date, and reason and attaching documentation as stated below:

- A written excuse from the student’s physician (not a family member) or from the University Health Service physician may be required in cases where students miss more than one day of required activities due to personal illness.
- The College of Medicine reserves the right to require additional specified documentation.

Students are expected to complete the online MSSF with attached required documentation prior to or immediately upon reentry to school (within 24 hours of return to school). Failure to submit the MSSF and any additional documentation that is required may constitute unprofessional behavior and may be documented in the student file.

Appropriate Approval

- The clerkship/elective/course director will review absences and make a determination as to whether the absence is excused or unexcused.
- Absence from a course without written notification on a MSSF to the clerkship/elective/course director, in addition to notifying the clinical team, can result in a below passing grade (C or F) and possibly a professionalism report on the Formative Feedback form.
- In all cases of absence, a student is required to check with the clerkship/elective/course director

to establish the nature of the make-up work to be done to fulfill course requirements as well as the time frame for its completion.

D. SCHEDULING MAKE-UP WORK FROM EXCUSED ABSENCES - M3/4

In the event a student missed a final exam due to an excused absence, two make-up exam periods are specified annually for M3/4. One is during the Winter Holiday and the other is in June between the end of M3 and start of M4 coursework. The dates are set annually by M3/4 curriculum committee to assure a student adequate preparation time. Preparation for a make-up exam while completing subsequent clinical rotations can jeopardize a student's performance in both activities; therefore, all students must take a make-up examination on one of the two dates set by the M3/4 curriculum committee. The clerkship/elective/course director will specify the time and nature of make-up activities if an excused absence occurs which gives the student more than two unplanned days off during the rotation.

Students on an excused absence for medical reasons extending longer than five business days will be placed on a Medical Leave of Absence and may return to their studies at the discretion of the

PAC. Upon return, the student will need to contact the appropriate clerkship/elective/course director(s) to schedule a make-up of any missed assessments and required sessions.

E. UNEXCUSED ABSENCES - M3/4

An unexcused absence is one occurring for reasons other than those named above and/or one that lacks proper notification and/or documentation of the reasons for absence. When the absence occurs in a required and/or graded activity, a zero (no credit) is automatically given. No make-up is permitted. Any unexcused absence may lead to an Exemplary/Formative Feedback Form.

F. ACCOMMODATION FOR RELIGIOUS PURPOSES: M1-4

The COM abides by the UC **Religious Observances and Class Attendance Policy** that respects the religious diversity of its students by providing opportunities, where possible, for accommodation in cases where conflicts exist between students' religious beliefs/practices and educational activities. In clinical settings, such accommodations must honor the primacy of a commitment to patient care and avoid unduly burdening faculty, staff and the general student population involved in the affected educational and/or patient care activity.

Procedure for Request

M1-4: For those requests that are strictly for time away, the Office of Student Affairs (OSA) will require that students submit requests for religious accommodations to OSA annually by a specified date. This applies to the COM student who, because of religious beliefs or practice, believes that he or she is unable to attend a class, participate in any examination, or in other ways fulfill an educational requirement of any course, clerkship or other required activity. For those requests that are strictly for time away from mandatory components of the curriculum in observance of a religious holiday, the request should be limited to the minimum specific time/day of the religious observance. Accommodations are not granted for social/family holiday gatherings.

OSA may ask for further clarification, in writing or in person, if the student request lacks sufficient details. The requests are forwarded to the appropriate course/clerkship/elective directors for review in collaboration with the Associate Dean, Student Affairs and Admissions.

Students will be notified, in writing, of the final accommodation determination. Given the varied acuity/complexity of patient care across sites, some may be unable to guarantee time off in advance or know that they will be unable to fully or partially meet the requested accommodation.

Across all 4 years of the curriculum, each student will complete an MSSF for the planned absence and will upload the written communication received from OSA detailing the final accommodation determination to the MSSF.

Additional M3 requirement: Students will attach a copy of the final accommodation determination, received from OSA, to the lottery/biosketch form that they receive from each M3 clerkship in which they will be absent prior to starting the rotation.

Additional M4 requirement: When students add electives on MOS, they should document in the “Notes” section that they have been approved for religious accommodations specifying the date and times approved for the absence during that elective. The students will then email the written final accommodation determination, received from OSA, to the appropriate elective coordinator(s) within 5 business days of adding the elective.

Procedure for Grievance of Accommodation Decision

Students should follow the Grievance Procedure in the Student Handbook

G. JURY DUTY - M1-M4

Students should notify the Registrar immediately upon receipt of a summons for jury duty. Students are encouraged to fulfill their obligation but should work with the COM to reschedule for a time that will allow for minimum negative impact on the educational experience. The COM will provide a statement documenting the student’s situation and requesting relief or rescheduling.

H. Scheduling of Mandatory Activities (approved by the M1/2 Committee 5/12/16)

- Course schedules will be published in LCMS+ or Blackboard four weeks prior to the start date of the course.
- All mandatory events listed in LCMS+ will be indicated with the “mandatory event” icon. Mandatory events will not be added to the course schedule after the start of the course. In addition, the course syllabus will have a listing of all mandatory events.
- If it is necessary to move the time and date of a mandatory event due to a conflict with the availability of a presenter or a patient, the course director will communicate this change to the class via email.
- If a mandatory event is rescheduled and a student previously made plans to be away from school at that time, the student will not be penalized for missing the mandatory event. The student will submit the associated paperwork for an MSSF and the course director will work with the student to formulate an equitable make-up session for the missed mandatory activity.

I. Policy for Students Being Doubled Booked for Events (approved by the M1/2 Curriculum Committee 10/13/16)

The College of Medicine cannot require a student to take make-up exams, Epic training, get flu shots or any other activity during the time that didactic sessions are scheduled. If a student has to reschedule an educational activity (missed exams, Epic training, LPCC, etc.) they may elect to do so when didactic sessions are scheduled as long as they do not miss a mandatory course activity.



POLICY TITLE: <i>Class Rank System</i>	APPROVAL DATE: <i>August 1, 2014</i>
RESPONSIBLE DEPARTMENT: <i>Registrar & Office of Medical Education</i>	APPLIES TO: <i>All Students</i>

POLICY STATEMENT

The following applies to the Classes of 2017, 2018 and 2019. A new policy will apply to the class of 2020 and beyond, and is described after this section.

The COM has developed a ranking system that allows a student's course grades to be compared to those of his or her colleagues. The ranking system is used to stratify the students into five categories as described below for use in the Medical School Performance Evaluation (MSPE). Individual class ranks are not distributed to students or for use in the MSPE.

The class rank for M1 and M2 is calculated by taking the numerical grade in each course weighted by the contact hours. The sum of all the courses is added and divided by the number of courses to provide an overall numerical average. For students who have taken a COM course previously, and passed it, but are repeating the course, the first of their two grades would be used for class rank calculations.

For M3, only courses designated as core courses by the EPC are considered in the class ranking process. The numerical grade for each course is multiplied by the length of that course in weeks. The sum of the results of all courses is added and divided by the number of courses to provide a numerical average.

For calculation of the class rank for purposes of the MSPE, a numerical score is obtained by creating an averaged combined numerical score for M1 and M2, adding the M3 numerical score and dividing by 2. In this process the M3 course grades are weighted more heavily than M1 or M2.

W, WP and WF grades will be maintained on the transcript but will not be used in the calculation of class rank.

Successful remediation of a failed course (Failure, F) will be recorded as a Pass on the transcript but the numerical score used to determine class rank will be the Minimum Passing Grade for that course (e.g. 70%).

When a student is retaking a course that he/she has already passed (repeating a year or part of the year), the first grade will be used to determine class rank.

When a student is retaking a course that he/she has already failed (repeating a year or part of the year), and passes the course, the numerical score used to determine class rank will be the minimum passing grade for the course (e.g., 70%).

When a student receives a Conditional (C) in a course, and successfully remediates the grade, the MPL for the course will be used to calculate class rank (this applies primarily to M3 students).

As noted above, the COM groups its students into five categories for use in the MSPE. APPROXIMATE

<u>CATEGORY</u>	<u>PERCENTILE</u>
Outstanding	80-99
Excellent	60-79
Very Good	30-59
Good	10-29
Satisfactory	1-9

POLICY TITLE: *Clinical Procedures/Patient Encounters Checklist Policy*

APPROVAL DATE: *June 6, 2019*

RESPONSIBLE DEPARTMENT: *Office of Medical Education*

APPLIES TO: *M3 Students*

POLICY STATEMENT

The COM, as specified by the EPC, requires medical students during the M3 year to track and record documentation for: 1) a defined set of clinical procedures that the student must perform or observe during the M3 clerkships, and 2) patient encounters in which the student must fully participate during the M3 clerkships (see **APPENDIX III -- Required Clinical Procedures** and **APPENDIX IV – Required Patient Encounters**). Procedures and encounters are listed by individual clerkship.

For definitional purposes, procedures are identified as being required to either be performed or observed. Students are encouraged to work with their attending physicians and residents to perform procedures on live patients wherever possible.

Perform: Performance of a procedure is defined as performing or assisting in the performance of a required procedure with appropriate supervision from an attending or resident.

Observe: Observation of a procedure is defined as watching an attending or resident perform the procedure in a clinical setting. The student is not assisting in the procedure.

For definitional purposes, patient encounters are identified as students being required to observe or fully participate in the care of the patient. The student is expected to evaluate, diagnose, formulate treatment plans and manage as appropriate to the student's educational level (with appropriate attending or resident supervision).

Participate: All patient encounters require students to fully participate. Participation in patient encounters includes acting as the caregiver (with appropriate attending or resident supervision) of the patient on the service or clinic, aiding in a complete or problem focused history, physical, and diagnostic/therapeutic plan. This includes the ongoing management of hospitalized patients.

Observe: Observation in patient encounters implies no direct patient contact (e.g. taking a history or performing a physical, participating in diagnostic/therapeutic plan for that patient). Examples might be observing another care provider providing the service (as part of team rounds) or being shown a physical exam finding on rounds.

The following guidelines discuss the documentation by the student of procedures performed or observed, and patient encounters that the student completes. With respect to procedures, the underlying premise is that students learn the indications and contraindications, the appropriate techniques, and the possible complications and outcomes for each of the delineated procedures. Sources such as the *New England Journal of Medicine Videos in Clinical Medicine* series which is accessible through the Harrison Health Sciences Library may be useful.

- A. Students must complete and log clinical procedure requirements and patient encounters during the assigned clerkship.
 1. Students are encouraged to enter clinical procedures or patient encounter data on a daily basis within MedOneStop. Directions on how to use Patient Encounters and Procedures can be found on MedOneStop.
 2. Logging a patient includes a form to capture the relevant data from the procedure/encounter. The form will prompt you to document patient age, gender, chronicity, location, and supervising physician. The supervising physician is the physician (attending or resident) who was immediately available at the time of the procedure/encounter. The student should provide basic details, including a brief summary of the

patient's complaint, what the differential or etiology might be, other medical co-morbidities (like Diabetes, Hypertension, etc), and if there was a complication (for the procedures).

3. Clerkship directors will approve the clerkship appropriate encounters after logging has been completed by the student.
 4. Students are **required** to enter the information within 7 days of completing the clinical procedure or patient encounter. A student may not receive credit for a clinical procedure or patient encounter that is not submitted within 7 days of performance of the procedure or encounter. Any such decision is at the sole discretion of the clerkship director and is not subject to appeal or review.
 5. For documentation purposes, the students should document at least one (1) of each of the patient encounters and procedures designated for that clerkship. Students are encouraged to perform more than the one required encounter/procedure and may submit documentation of multiple procedures and encounters.
- B. During the mid-clerkship feedback session with clerkship leadership, the student should present their progress on the patient encounter and procedure checklist and a plan for completion should be discussed. Students who are experiencing difficulty completing the required clinical procedures or documenting the required patient encounters prior to the end of the clinical rotation must contact the clerkship director and the clerkship coordinator *via email at least one week prior to the end of the rotation* with an explanation of the procedures or encounters that the student is experiencing difficulty with, and any circumstances as to why the student is experiencing difficulty.

At the sole discretion of the clerkship director the student may be assigned an alternate means of meeting the requirement such as viewing a video of the procedure(s) in question or assigning the student to complete a procedure in a simulation setting that was otherwise required on a live patient. If a student has not contacted the clerkship director in the appropriate timeframe and does not complete documentation of the procedures or encounters by the start of the end of clerkship examination, the consequences as listed below in section C will be in effect unless the clerkship director has identified extenuating circumstances for which any procedure or encounter in question was not available for the student to perform or observe.

- C. Students who have not correctly completed and documented all required assigned procedures and encounters on a clerkship by 5:00 pm on the day before the end of clerkship and shelf examination will receive a 5 percent (5%) deduction on their final grade for the clerkship. This deduction may result in a lowering of the grade category (e.g. from H to HP, from HP to P, or from P to F). The grade will be marked as an "Incomplete" until all patient encounters and procedures are documented.
1. Students who fail to complete and document all procedures and encounters by the end of the clerkship will receive the grade deduction as above. The student then has 14 days from the end of the clerkship to complete and document the encounters/procedures. The student is not excused from any clinical/educational activities on any subsequent clerkships or rotations to complete the missed assigned procedures from a previous clerkship. If not completed within the 14-day time frame the grade will be changed from an "I" to a "C".
 2. Failure to complete and document all patient encounters and procedures within 90 days from the end of a clerkship will result in a grade of Failure (F) for the course. The F will be reflected on the student's transcript and the student will be subject to the appropriate PAC policies with respect to receiving such a grade. The student is not excused from any clinical/educational activities on any subsequent clerkships or rotations to complete the missed assigned procedures from a previous clerkship.
- D. Monitoring of students' procedures and patient encounters:
1. During the clinical rotations, student compliance with documentation of required procedures will be monitored by clerkship directors and/or appropriate designees (coordinators). All encounters and procedures will be approved after being logged with appropriate details by the clerkship director on the rotation that is appropriate (e.g Thyroid disease will be approved by the Internal Medicine clerkship director).

2. Throughout the academic year, select faculty and Office of Medical Education staff may randomly sample student records to verify overall program compliance.

Any student who fails to complete required procedures in a timely fashion within a given clerkship will be monitored by the Performance and Advancement Committee (PAC). Students who fail to complete procedures in a timely fashion on more than one clerkship may be subject to further action related to professionalism in addition to any grade sanctions as described above.

POLICY TITLE: <i>Clinical Procedures/Patient Encounters Checklist Policy</i>	APPROVAL DATE: <i>May 3, 2018</i>
RESPONSIBLE DEPARTMENT: <i>Office of Medical Education</i>	APPLIES TO: <i>M3 Students</i>

POLICY STATEMENT

The COM, as specified by the EPC, requires medical students during the M3 year to track and record documentation for 1) a defined set of clinical procedures that the student must perform or observe during the M3 clerkships and 2) patient encounters that the student must immediately care for during the M3 clerkships. Procedures and encounters are listed by individual clerkship.

For definitional purposes, procedures are identified as being required to either be performed or observed, and whether the performance or observation needs to be done on a live patient or can be done in a simulation setting. Students are encouraged to work with their attending physicians and residents to perform procedures on live patients wherever possible. All procedures are expected to be performed at a supervised level. Using entrustable professional activities supervision language¹, “observe” is defined as:

1. Not allowed to practice EPA
 - a. Adequate knowledge, some skill; allowed to observe

Using entrustable professional activities supervision language¹, “perform” is defined as:

2. Allowed to practice EPA only under proactive, full supervision
 - a. As coactivity with supervisor (resident/attending)
 - b. With supervisor (resident/attending) in room ready to step in as needed

For definitional purposes, patient encounters are defined as ones in which the student is expected to evaluate, diagnose, formulate treatment plans and manage as appropriate to the student’s educational level. Patients should be recorded that the M3 has had direct patient care exposure. This would include the M3 acting as the primary caregiver (with appropriate attending or resident supervision) of the patient on the service or clinic and the patient was examined and discussed with the attending or resident staff in a direct face to face learning experience. Please do not include patients that are observed from a distance only without direct examination or care-giving responsibilities.

Using entrustable professional activities supervision language¹, “perform” is defined as:

1. Allowed to practice EPA only under proactive, full supervision
 - a. As coactivity with supervisor (resident/attending)
 - b. With supervisor (resident/attending) in room ready to step in as needed
2. Allowed to practice EPA only under reactive/on demand supervision
 - a. With supervisor (resident/attending) immediately available, all findings double checked
 - b. With supervisor (resident/attending) immediately available, key findings double checked

For the purposes of the encounters, most encounters will be at a minimum level of 2a, while some may be 2b, 3a, or 3b, pending on the site, the preceptor, or the condition.

The following guidelines discuss the documentation by the student of procedures performed or observed, and patient encounters that the student completes. With respect to procedures, the underlying premise is that students learn the indications and contraindications, the appropriate techniques, and the possible complications and outcomes for each of the delineated procedures. Sources such as the *New England Journal of Medicine Videos in Clinical Medicine* series which is accessible through the Harrison Health Sciences Library may be useful.

- A. Students must complete and log clinical procedure requirements and patient encounters during the assigned clerkship.
1. Students are encouraged to enter clinical procedures or patient encounter data on a daily basis within MedOneStop. Directions on how to use Patient Encounters and Procedures can be found on MedOneStop.
 2. Logging a patient includes a form to capture the relevant data from the procedure/encounter. The form will prompt you to document patient age, gender, chronicity, location, and supervising physician. The supervising physician is the physician (attending or resident) who was immediately available at the time of the procedure/encounter. The student should provide basic details, including a brief summary of the patient's complaint, what the differential or etiology might be, other medical co-morbidities (like Diabetes, Hypertension, etc), and if there was a complication (for the procedures).
 3. For the purpose of documenting the encounters and procedures, the supervision level is marked at the minimum standard of supervision. If a greater level of entrustment is obtained, it will be recorded in the system when logged (e.g. NG tube on IM is usually done as a co-activity with the resident/attending (2a), but some students might show the aptitude and be allowed to participate with the resident/attending in the room ready to step in if needed (2b).
 4. Clerkship directors will approve the clerkship appropriate encounters after logging has been completed by the student.
 5. Students are **required** to enter the information within 7 days of completing the clinical procedure or patient encounter. A student may not receive credit for a clinical procedure or patient encounter that is not submitted within 7 days of performance of the procedure or encounter. Any such decision is at the sole discretion of the clerkship director and is not subject to appeal or review.
 6. For documentation purposes, the students should document at least one (1) of each of the patient encounters and procedures designated for that clerkship. Students are encouraged to perform more than the one required encounter/procedure and may submit documentation of multiple procedures and encounters.
- B. During the mid-clerkship feedback session with clerkship leadership, the student should present their progress on the patient encounter and procedure checklist and a plan for completion should be discussed. Students who are experiencing difficulty completing the required clinical procedures or documenting the required patient encounters prior to the end of the clinical rotation must contact the clerkship director and the clerkship coordinator *via email at least one week prior to the end of the rotation* with an explanation of the procedures or encounters that the student is experiencing difficulty with, and any circumstances as to why the student is experiencing difficulty. At the sole discretion of the clerkship director the student may be assigned an alternate means of meeting the requirement such as viewing a video of the procedure(s) in question or assigning the student to complete a procedure in a simulation setting that was otherwise required on a live patient. If a student has not contacted the clerkship director in the appropriate timeframe and does not complete documentation of the procedures or encounters by the start of the end of clerkship examination, the consequences as listed below in section C will be in effect unless the clerkship director has identified extenuating circumstances for which any procedure or encounter in question was not available for the student to perform or observe.
- C. Students who have not completed and documented all required assigned procedures and encounters on a clerkship by 5:00 pm on the day before the end of clerkship and shelf examination will receive a 5 percent (5%) deduction on their final grade for the clerkship. This deduction may result in a lowering of the grade category (e.g. from H to HP, from HP to P, or from P to F). The grade will be marked as an "Incomplete" until all patient encounters and procedures are documented.
1. Students who fail to complete and document all procedures and encounters by the end of the clerkship will receive the grade deduction as above. The student then has 14 days from the end of the clerkship to complete and document the encounters/procedures. The student is not excused from any clinical/educational activities on any subsequent clerkships or rotations to complete the missed assigned procedures from a previous clerkship. If not completed within the 14-day time frame the grade will be changed from an "I" to a "C".
 2. Failure to complete and document all patient encounters and procedures within 90 days from the end of a clerkship will result in a grade of Failure (F) for the course. The F will be reflected on the student's transcript and the student will be subject to the appropriate PAC policies with respect to receiving such a grade. The student is not excused from any clinical/educational activities on any subsequent clerkships or rotations to complete the missed assigned procedures from a previous clerkship.

D. Monitoring of students' procedures and patient encounters:

1. During the clinical rotations, student compliance with documentation of required procedures will be monitored by clerkship directors and/or appropriate designees (coordinators). All encounters and procedures will be approved after being logged with appropriate details by the clerkship director on the rotation that is appropriate (e.g., Thyroid disease will be approved by the Internal Medicine clerkship director).
2. Throughout the academic year, select faculty and Office of Medical Education staff may randomly sample student records to verify overall program compliance.

Any student who fails to complete required procedures in a timely fashion within a given clerkship will be monitored by the Performance and Advancement Committee (PAC). Students who fail to complete procedures in a timely fashion on more than one clerkship may be subject to further action related to professionalism in addition to any grade sanctions as described above.

¹ HC Chen et al, *The Case for Use of Entrustable Professional Activities in Undergraduate Medical Education*. Acad Med. 2015; 90: 431–436.



POLICY TITLE: <i>Disabilities: Student Policies and Procedures</i>	APPROVAL DATE: <i>August 2, 2018</i>
RESPONSIBLE DEPARTMENT: <i>Disability Services & Office of Student Affairs</i>	APPLIES TO: <i>All Students</i>

POLICY STATEMENT

Procedures for Students Requesting Initial Eligibility for Accommodations

In compliance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, the University of Cincinnati College of Medicine (UCCOM) grants reasonable and appropriate accommodations to medical students with documented disabilities. All reasonable requests will be considered. For the most expeditious assistance, the student is advised to adhere to the following procedures:

- A. Medical students who report or suspect they have a disability may go directly to, or will be referred to, Accessibility Resources located on West Campus at 210 University Pavilion, <http://www.uc.edu/aess/disability.html>.
- B. Students will need to provide documentation of the disability from a healthcare professional to Accessibility Resources.
- C. Documentation such as Individual Education Program (IEP), Summary of Performance (SOP), Teacher Observations, full psychological evaluations, psycho-educational evaluations (with test scores), physician's medical records, etc., may be submitted to our office for review. Documentation should be relevant and from a qualified professional or professionals that are licensed or credentialed with expertise in the diagnosed area of disability, i.e., a psychologist should not diagnose an orthopedic disability.

We prefer documentation (even from multiple sources) that offers the following information:

- 1. A diagnosis of disability or impairment that limits a major life activity;
 - 2. How the condition will impact the student within the academic environment;
 - 3. A listing of reasonable, appropriate accommodations that will lessen the impact of the disability within the academic setting.
- D. Accessibility Resources maintains the ability to ask for more documentation to clarify how the disability will impact the student within the academic setting.
 - E. Documentation can be faxed, mailed, e-mailed, or dropped off in person:
 Accessibility Resources
 University of Cincinnati 210
 University Pavilion
 PO Box 210213
 Cincinnati, OH 45221-0213
 Email: accessresources@uc.edu
 Fax: 513-556 1383
 Phone: 513-556-6823
 - F. Once the documentation is provided, an intake will follow to discuss the impact of the disability within the academic environment. Students should contact Accessibility Resources to verify the documentation has been received and is appropriate. If documentation is appropriate, an intake appointment is scheduled.

UCCOM has an internal review committee called the Disability and Accommodations Committee. The Assistant Dean for Academic Support serves as the Chair of the Disability and Accommodations Committee (hereafter referred to as “Chair”) and acts the liaison between UCCOM and Accessibility Resources. The Senior Associate Dean for Medical Education is responsible for appointing members to the committee.

Consultation between the UCCOM Disability and Accommodations Committee and Accessibility Resources

Upon receiving a request for accommodations from a medical student, the Accessibility Resources Coordinator will review the documentation and make a determination regarding eligibility for accommodations. During the intake meeting between the student and the resources coordinator, the resources coordinator will work with the student to develop a list of the requested accommodations. If the requested accommodations include only testing accommodations of extended time on written or computer based exams (including gross anatomy practical exams) and/or a limited distraction testing room (and the provided documentation supports such accommodation) the plan will be approved through Accessibility Resources and does not typically require consultation with the UCCOM Disability and Accommodations Committee.

Accessibility Resources will provide the Chair with an email listing the approved accommodations for each medical student. The Chair will ask the student to sign the Description of Academic Accommodations document indicating an understanding of and compliance with the UCCOM testing procedures. The Chair will notify relevant course directors of the approved plan at the time of approval and at the start of each academic year. See “Communication regarding approved accommodations plans” section for responsibilities of student communication.

If the requested accommodations include other academic accommodations (beyond extended time on exams and distraction limited testing room) and/or if the requested accommodations will apply in educational settings/activities that are clinical in nature, Accessibility Resources will submit the accommodations request via email to the Chair within 24 hours of the intake appointment. The Disability and Accommodations committee will review the request for feasibility, reasonableness, and plans for implementation of the accommodation plan. Possible clinical settings/activities include but are not limited to, emergency management courses (HCEM 1-4), clinical skills courses (CS 101, 102, 201, 202), Longitudinal Primary Care Clerkship (LPCC), Interprofessional Experiences (IPEX), Objective structured clinical exams (OSCE), third year clerkships and fourth year rotations. The UCCOM Disability and Accommodations Committee, in consultation with Accessibility Resources, will review accommodations requests for medical students within 15 business days of being notified by the Accessibility Resources Coordinator.

While all reasonable accommodation requests will be considered, the UCCOM cannot waive any Essential Technical and Health Standards and must not compromise the competency standards for admission, retention and graduation. Accommodations should not entail a fundamental alteration of educational outcomes, competencies, or standards or represent an undue burden on the university.

Accommodations in the academic and/or clinical settings are designed to remove barriers and to allow for equal access to the educational environment, they do not guarantee success in the educational program.

When the Disability and Accommodations Committee has reviewed the accommodation plan in consultation with Accessibility Resources, and the interactive process has come to an agreement, the Accessibility Resources Coordinator will provide a an email listing the approved accommodations to the student and the Chair. The Chair will notify relevant course directors of the approved plan at the time of approval and at the start of each academic year. See “Communication regarding approved accommodations plans” section for responsibilities of student communication.

Communication regarding approved accommodation plans

Subsequent to the process described above, Accessibility Resources will provide the medical student and the Chair with an email listing the approved accommodations. If the approved accommodations include testing accommodations, the Chair will ask the student to sign the Description of Academic Accommodations document indicating an understanding of and compliance with the UCCOM testing procedures. The Chair will notify relevant course directors of the approved accommodations at the time of approval and at the start of each academic year.

Throughout the academic year, students should communicate with relevant course directors/coordinators at the start of

each course regarding the specifics of implementing the accommodations. For students in M1 and M2, the plan for administering weekly and biweekly exams will be arranged at the beginning of the course. Students should contact the course coordinator again at least two weeks before the end of course examination to make specific arrangements for the final. Students in M3 should notify the clerkship director/coordinator at the start of the clerkship and again two weeks in advance of the shelf exam to make arrangements.

Temporary Accommodations

A student who suspects he/she has a disability can begin the process for requesting accommodations with Accessibility Resources as described above. The Accessibility Coordinator will ask the student to complete the Student Self-Report document. Based on the student's self-description of physical or mental impairment that substantially limits one or more major life activities, the Resources Coordinator will assist the student with identifying reasonable accommodations. Consultation between the Resources Coordinator and the Chair will occur as described in section "Consultation between the UCCOM Disability and Accommodations Committee and Accessibility Resources" above. The Accessibility Resources Coordinator will inform the Chair when accommodations are categorized as "temporary" status vs. "documented" status.

The plan may be approved temporarily pending the receipt of supporting documentation from an appropriate health professional. Temporary accommodations will not exceed one semester without the appropriate supporting documentation.

Procedures for Renewal of Accommodations

The Chair will notify medical students previously registered with the Accessibility Resources via email that it is time to renew accommodation plans. Accommodations plans are renewed for each academic year. Neither Accessibility Resources nor the Disability and Accommodations committee need to review renewal requests for determination of a disability unless there is a change in the nature of the disability or a substantial modification to the previously approved plan. A written request to renew accommodations is required to be submitted by the student for each academic year using the Request for Accommodations form. Whenever possible, accommodation requests should be submitted in a timely manner and are not applied retroactively. For processing prior to the first day of class, such requests must be submitted at least 15 business days prior to the first day of class.

In consultation with Accessibility Resources, the Disability and Accommodations Committee may review the provision of accommodation to any student at any time, including at the time of the request for renewal of accommodations.

The Chair writes a new eligibility verification letter for each academic year verifying that the student is eligible for accommodations and specifies the approved accommodation plan. The letter is sent to the student via email.

For students who are approved for testing accommodations, each year when presented with the verification letter, the student must sign the Description of Academic Accommodations document indicating an understanding of and compliance with the UCCOM testing procedures.

No course director or faculty may grant accommodations without specific approval from the Accessibility Resources and the UCCOM Disability and Accommodations Committee.

Requests for accommodations on NBME licensure exams

The Chair will provide assistance to students who apply for accommodations on NBME licensure exams. All decisions regarding accommodations requests on NBME licensure exams are handled directly through the NBME. There is no guarantee that approval through UCCOM/ UC will also mean approval through NBME.

POLICY TITLE: <i>Dress Code for Medical Students in M1/M2</i>	APPROVAL DATE: <i>June 7, 2018</i>
RESPONSIBLE DEPARTMENT: <i>Office of Medical Education</i>	APPLIES TO: <i>M1 & M2 Students</i>

POLICY STATEMENT

A. Attire for Activities Involving a Patient or Simulated Patient

Medical students are representatives of the College of Medicine (COM) and are expected to exhibit appropriate professionalism at all times. This professionalism extends to and includes dress appropriate to the setting. A dress code is in place to maintain a level of professionalism as students develop relationships with their patients, the public, and other members of the health professions. In all activities involving patients, simulated patients or a panel of presenters, the M1/2 medical students are to follow the **Dress Code for Medical Students in M3/4**. See below for specific details related to scrub attire.

B. Scrub Attire

The University of Cincinnati Medical Center (UCMC) allows medical students access to hospital scrubs. This includes laundering of the scrubs. Medical students are expected to use these scrubs appropriately. Any student who fails to return scrubs to the hospital (e.g., leaves them in locker rooms or other inappropriate areas) or utilizes the scrubs inappropriately will have this privilege removed and will be subject to disciplinary action and/or referral to Honor Council.

Use of scrubs by M1/M2 students should essentially be limited to activities in the Gross Anatomy lab. The following are some reminders of inappropriate use of scrubs.

1. Scrubs are NEVER to be worn outside the patient care area (hospital) and the Medical Center buildings.
2. Tee shirts should not be worn underneath scrubs if they extend beyond the scrub top.
3. Sweatshirts, sweaters, pullovers and hoodies are not permitted over scrubs.
4. Scrubs are not allowed in the following areas:
 - a. In the MSB/CARE/Crawley complex (except for Gross Anatomy lab or immediately preceding or following this lab).
 - b. Conferences and lectures
 - c. Meetings (e.g., Admissions Committee, EPC, etc.)
 - d. Outside of the hospital
 - e. Outpatient clinic

C. Professionalism Requirements/Policies

1. Do not chew gum when talking to patients or faculty
2. No eating or drinking in front of patients or in patient care areas
3. Never discuss patient care issues in public areas, such as cafeterias and elevators. This is a violation of the Health Insurance Portability and Accountability Act (HIPAA) and may lead to disciplinary action up and to including dismissal from the College of Medicine as well as civil criminal penalties.
4. Beepers and cell phones should be kept on vibrate or silent mode.

A Formative Feedback Form will be issued to a student who is in violation of the Dress Code. Egregious violations of the Dress Code may lead to further disciplinary action including but not limited to a referral to a PAC or Honor Council.



POLICY TITLE: <i>Dress Code for Medical Students in M3/M4</i>	APPROVAL DATE: <i>June 7, 2018</i>
RESPONSIBLE DEPARTMENT: <i>Medical Education</i>	APPLIES TO: <i>M3 & M4 Students</i>

POLICY STATEMENT

The COM will follow the policies developed by UC Health, which are outlined on the following pages. Students are expected to follow the dress code policies set by other clinical sites when rotating at those sites.

UC HEALTH POLICY#	<u>UCH-HR-EMPLOYEE RELATIONS-003-06</u>
POLICY NAME	<u>PROFESSIONAL BUSINESS WEAR/UNIFORM GUIDELINES</u>
LAST REVISION DATE	<u>August 10, 2015</u> ORINATION DATE <u>07/01/1998</u>
SPONSORED BY	<u>Steve Bums (signature on file) DATE 08/10/2015</u>
ADMINISTRATIVE APPROVAL	<u>Clarence Pauley (signature on file) DATE 08/11/2015</u>
LAST REVIEW DATE	<u>08/10/2015</u> NEXT REVIEW DATE <u>08/10/2017</u>

I. POLICY

UC Health expects associates to always arrive for work in attire considered to be professional and suitable for a business office. UC Health recognizes that this can be accomplished with either traditional business attire, casual business wear, or "uniform items" required by specific departments. The intent of this policy is to establish a standard and to provide associates with guidelines on what is considered to be appropriate attire in the workplace, as well as some of the more common inappropriate items. These guidelines are not intended to be all inclusive, but should help set the general parameters for appropriate attire and allow associates to make intelligent judgments about items not specifically addressed.

II. PURPOSE

- UC Health recognizes there is a need for some departments to establish a uniform look for associates.
- UC Health recognizes that casual workplace attire may be appropriate under certain circumstances.
- UC Health recognizes there is a need for defined processes to identify which departments may require uniforms for associates and to select, acquire, and replace uniforms for associates.

III. PROCEDURE

A. GUIDELINES

1. Departments may require uniforms or professional business wear for associates for any of the following reasons:
 - a. To perform work in a safe manner;
 - b. To differentiate associates by work responsibility to patients, physicians, and/ or other hospital staff;
 - c. To present a professional appearance to outside customers, including visitors, patient families, non-UC Health customers, and the general public.
2. Each business unit retains the right to determine how the uniforms are provided, the quantity needed, including the payment method for the uniform. Each business unit will determine the replacement policy for uniform items provided by UC Health.
3. This policy is subject to any contract provisions in existing labor agreements.
4. Following is a list of appropriate and inappropriate casual business wear during regularly scheduled business hours:

**PROFESSIONAL BUSINESS WEAR FOR
ASSOCIATES WORKING IN NON-CLINICAL AREAS**

Appropriate	Inappropriate
Slacks, Pants, & Pant Suits	
<ul style="list-style-type: none"> Slacks, pants or trousers that are similar to Dockers and other makers of cotton or synthetic material such as twill, khaki, gabardine, corduroy or wool worn as outerwear, exercise Cropped pants cut at ankle 	<ul style="list-style-type: none"> Jeans Capris Sweatpants, leggings, stretch pants, stirrup pants, tights worn as outerwear, exercise wear, spandex Low Rise or Hip Huggers Stained, faded, torn, frayed clothing of any kind
Skirts, Dresses & Skirted Suits	
<ul style="list-style-type: none"> Casual dresses and skirts no shorter than two inches above the knee Casual dresses or skirts that are split and fall below the knee (culottes, gauchos) are acceptable 	<ul style="list-style-type: none"> Short, tight skirts that ride halfway thigh are unacceptable Mini-skirts, skorts, shorts,, below Low Rise or Hip Huggers Denim dresses or skirts
Shirts, Tops, Blouses & Jackets	
<ul style="list-style-type: none"> Polo collar knit or golf shirts Oxford shirts UC Health Logo Wear Short-sleeve or sleeveless blouses or shirts Turtlenecks Blazers or sport coats Jackets or sweaters Tops should be long enough to be tucked in or cover the waistband. 	<ul style="list-style-type: none"> Shirts, jackets with writing or pictures that can offend Denim shirt, blouse or jackets T-shirts, tank tops, muscle shirts, men's sleeveless apparel or sweatshirts Beachwear Exercise wear Crop Tops, Midriffs or Belly Shirts
Shoes & Footwear	
<ul style="list-style-type: none"> Leather boating, deck shoes, or loafers Casual, low heel, open back shoes (i.e., mules, sling backs) Dress sandals/shoes defined as being open in the back and/or the front 	<ul style="list-style-type: none"> Casual sandals, thongs, flip flops, slippers Athletic shoes; i.e., tennis shoes Hiking boots or Crocs
Socks & Hosiery	
<ul style="list-style-type: none"> Hosiery or socks worn must be professional and complement professional business attire. Women's hosiery is optional; men must wear socks 	<ul style="list-style-type: none"> Inappropriate hosiery, socks that do not complement professional business attire.
Personal Hygiene- Hair, Makeup, Fingernails	
<ul style="list-style-type: none"> Hair should be clean, neat, professional, and appropriate to the job. Makeup applications should be light and appropriate. Fingernails must be clean, neat, moderate in length, and well maintained. Deodorant must be used. 	<ul style="list-style-type: none"> No extreme hair styles or colors No heavy makeup
Accessories	
<ul style="list-style-type: none"> Jewelry should be in good taste Ear piercings are the only acceptable visible body piercings. Perfume, cologne or aftershave that is light in scent-must be considerate of others. 	<ul style="list-style-type: none"> No tongue or visible body piercings other than ear piercings No visible tattoos Use of strong, heavy scents, perfume, cologne or aftershave is unacceptable
ID Badge	
<ul style="list-style-type: none"> ID badge must be worn where the photo can be seen and the associate name can be read. 	<ul style="list-style-type: none"> Failure to wear ID badge where the photo can be seen and the associate name can be read.

B. ID BADGE

Identification badges will be worn at all times while on UC Health property. The badge should be worn above the waist, where the photo can be seen and the name can be read.

C. POLICY VARIATION

1. Each department within UC Health can establish a more specific dress code policy based on the amount of contact they have with external customers.
2. Locations providing clinical services may establish different guidelines for associates working inpatient care areas.

D. GENERAL CONSIDERATION

It should be remembered that at all times associates are representing UC Health. It is understood there are times when associates come in for meetings outside their normal work time. An associate required to attend meetings is required to wear his/her identification badge and all aspects of the Professional Business Wear/Uniform Guidelines policy, as identified above, continue to apply. If any provision in this policy conflicts with applicable law or the terms of a written contract, the language of the law or contract shall govern, and the policy applied accordingly.



POLICY TITLE: <i>Duty Hours Policy</i>	APPROVAL DATE: <i>August 3, 2017</i>
RESPONSIBLE DEPARTMENT: <i>Office of Medical Education</i>	APPLIES TO: <i>M3 & M4 Students</i>

POLICY STATEMENT

Introduction

In an effort to effectively train and educate medical students it is necessary to comply with the following guidelines related to attendance limitations in clinical educational experiences. This policy is intended to prevent fatigue and the inability of medical students to master the essential concepts of the assigned experience.

Attendance Limitations on Student Assignments

A. The following attendance limitations must be implemented and enforced for all clinical experiences:

1. For all clinical sites (hospital, nursing home, clinic, etc.), the maximum number of required hours should not exceed 80 hours per week, averaged over a 4-week period. A written explanation must be submitted to the clerkship director explaining any week with more than 80 hours.
2. Overnight in-house call should not be assigned more than an average of every third day and not the day before administration of the end of the clerkship examination.
3. An average of one day (24 hours) in every seven must be free of clinical responsibilities (including seminars, clinic, rounds, lectures), averaged over a four week period.
4. In-house consecutive duty hours cannot exceed 24 hours.
 - a. It is essential for medical student education that effective transitions in care occur. 4 additional hours after the initial 24 hours may be used for transitions of care and educational purposes. Medical students must not be assigned new additional clinical responsibilities after 24 hours of continuous in-house duty.
 - b. If medical students are assigned shifts, the students should have 10 hours off between shifts.
5. The Student Duty Hours Policy and how to report violations are to be discussed during the orientation to each clerkship

B. Violations in Student Duty Hours Policy

If violations occur, the procedure for reporting duty hour violations will be as follows:

1. Verbal reporting will occur first through supervising clerkship director, site preceptor and/or the Office of Student Affairs.
2. End of clerkship evaluations occur after every required clerkship, acting internship, specialty clerkship, and elective clerkship. Duty hours reporting occurs on these evaluations.

3. Students may access the online Anonymous Learning Environment Reporting System (ALERT) form to report violations of duty hours. These reports will be reviewed by the Associate Dean of Medical Education upon submission.

**Link to ALERT – Anonymous Learning Environment Reporting System
online form:**

**[http://comdo-
wcnlb.uc.edu/EMOS/Resources/ReportMistreatment.aspx](http://comdo-wcnlb.uc.edu/EMOS/Resources/ReportMistreatment.aspx)**

The above guidelines do not account for independent study time aside from clinical responsibilities or other activities in which students choose to participate.

POLICY TITLE: <i>Grade Appeal Process</i>	APPROVAL DATE: <i>June 7, 2018</i>
RESPONSIBLE DEPARTMENT: <i>Dean's Office</i>	APPLIES TO: <i>All Students</i>

POLICY STATEMENT

Should a student have cause to request a review of a final grade of Failure for any course that appears on the transcript, the formal grade appeals procedure may be undertaken once final grades are issued, a student cannot appeal a grade received for a remediation course.

A. Informal Grade Appeal Process

A student cannot use the formal Grade Appeal Process to dispute receipt of Honors, High Pass, Pass or any grade other than a Failure.

1. A student who wishes to challenge any questions or items on an examination shall use the format established by the course for test item review. Should the course not have a procedure for test item review the student may submit a request for review of the test item in writing to the course director. It is at the sole discretion of the course director as to whether to accept the request to review the test item in question and to make any changes to the test score. The formal grade appeal process is not allowed.
2. A student who questions whether the grade of Honors, High Pass or Pass has been assigned correctly may petition the course director in writing for a review of the grade. It is at the sole discretion of the course director as to whether any review will be done, if a review is done how it will be done, the timing of the review, and if any grade changes are indicated. The formal grade appeal process is not allowed.
3. A student who has concerns about the language of any comments on a clerkship evaluation may petition the course director in writing for a review of the comments. It is at the sole discretion of the course director as to whether any review will be done, if a review is done how it will be done, the timing of the review, and if any changes to the comments are indicated. The formal grade appeal process is not allowed.

B. Formal Grade Appeal Process (for the grades of failure in any course, either taken for the first time or for remediation)

1. All formal requests for changes in final grades will first be submitted in writing to the course director with a copy to the Senior Associate Dean for Educational Affairs. The written request must be submitted within 5 business days following the notification of the grade. The only exception to the 5 day rule is if a failing grade was received and the failing grade will lead to a mandatory Leave of Absence; in this case the appeal must occur within 48 hours of posting of the grade. The official notification of the grade is deemed to have occurred when it is posted on MedOneStop. The Office of Medical Education will keep a record as to the timing of the posting of final grades in the system. It is the student's responsibility to check this system in a timely manner once a course has ended. Students appealing grades may continue in the curriculum while the appeal process is undertaken.
2. Should the course director determine that there is a reason to change a course grade in the student's favor, the course director will send the revision to the Registrar, post the correct grade on the course management system, and inform the student and the Senior Associate Dean for Educational Affairs of the change in the grade. Should the course director determine that there is no reason for a change in the grade, the course director will report this decision in writing to the student and to the Senior Associate Dean for Educational Affairs. This decision must be made within 10 business days of the student's request.

3. If the course director's decision is not favorable to the student, the student may appeal that decision to the Senior Associate Dean for Educational Affairs. The student must initiate this appeal in writing within 5 business days of receiving the course director's decision. The sole ground to appeal a grade is that the grade is capricious or biased. This written appeal must state the grounds for the appeal, stating the particular basis why the student believes that the grade is capricious or biased. The Senior Associate Dean for Educational Affairs will determine whether the appeal lacks the merit to warrant a review in which case the decision of the course director will stand, or will rule that the appeal has the necessary merit for review. If such a review is warranted, the Senior Associate Dean for Educational Affairs will appoint an ad hoc review panel consisting of three members from the standing Academic Appeal Board. The ad hoc panel will meet separately with the student and the course director and examine the basis of the appeal. The ad hoc panel will report to the Senior Associate Dean for Educational Affairs within 3 business days of the hearing whether they find the grade is capricious or biased.
4. The Senior Associate Dean for Educational Affairs may accept or reject the recommendation of the ad hoc appeal panel. The decision of the Senior Associate Dean for Educational Affairs is the final decision for course grade appeals. This decision will be conveyed to the student, the course director and the Registrar who will record any appropriate changes.



POLICY TITLE: <i>Grading System Policy</i>	APPROVAL DATE: <i>June 7, 2018</i>
RESPONSIBLE DEPARTMENT: <i>Registrar & Office of Medical Education</i>	APPLIES TO: <i>All Students</i>

POLICY STATEMENT

The College of Medicine grading policy is designed to reflect the academic performance of the medical student within the College of Medicine curriculum. The grades assigned reflect what the student has earned in a particular course or learning activity.

All clerkship and elective directors are expected to adhere to the expectation that no provider, who provides health services to medical students, has any role in the academic assessment or promotion of those students for whom they provide treatment. A student may also ask to not have a provider, who has provided treatment to a close family member, be in the role of assessment or promotion of the student. Furthermore, students should not rotate with family members for their required clinical clerkships and electives. Every clerkship and elective director must have a mechanism by which to identify and prevent these situations.

The COM uses a Pass/Fail/Incomplete grading system in M1/2. The COM uses an Honors (H), High Pass (HP), Pass (P), Conditional (C) and Failure (F) and Incomplete (I) grading system in M3/4. All grades appear on a student's official transcript. A Withdrawal Passing (WP), Withdrawal Failing (WF) and Withdrawal (W) also will appear on the official transcript. These grades are defined later in this document.

It is expected that the course director will post final grades and written evaluations of student performance where applicable within six (6) weeks of the completion of the course according to the policy set forth by the Education Program Committee (EPC) of the COM. A final grade is to be entered after all graded components of the course have been entered.

Each course will publish its grading criteria prior to the beginning of the course. A course's grading policy may not be changed once the course starts unless there are truly exceptional circumstances. Any such grading policy change is subject to approval of the EPC. If, due to unforeseen events, a requirement in a course must be dropped, appropriate adjustments to the grading policy will be made such that all students are treated equitably. All grading policies are subject to the oversight and approval of the EPC.

Withdrawal (W), Withdrawal Failing (WF), Withdrawal Passing (WP)

A grade of Withdrawal (W), Withdrawal Failing (FP) or Withdrawal Passing (WP) will be assigned to a student who goes on a Leave of Absence or who withdraws from the COM.

- If a student withdraws from all coursework prior to the sixteenth day of the term, no grade(s) will be recorded and the course(s) will be removed from the student's official record.
- If a student withdraws prior to the first graded course activity, a Withdrawal (W) will be recorded. If a student is passing a course at the time of a withdrawal, a Withdrawal Passing (WP) will appear on his or her official transcript. If a student is not passing the course at the time of withdrawal, a Withdrawal Failing (WF) will appear on his or her official transcript. Withdrawal, Withdrawal Failing and Withdrawal Passing grades are not counted in the calculation of class rank/total weighted average.
- Withdrawal Failing does NOT count as one of the three course failures in four years that represents grounds for dismissal. However, a Withdrawal Failing followed by a Failure is grounds for dismissal.

A. **GRADES FOR M1/2**

1. Final grades for all completed courses in M1/2 will be recorded on the transcript as a Pass (P), Incomplete (I), or Fail (F).

A grade of Pass (P) is awarded to a student whose performance in a course meets the Minimum Pass Level (MPL) established for each course.

Incomplete (I)

A grade of Incomplete is awarded without grade point assignment at the end of a semester (not within a semester) when a significant portion, but not all of the course work has been satisfactorily completed and the reason for non-completion is approved by the course directors and the Associate Dean of Student Affairs (e.g., absence from a class or examination due to illness or a serious personal emergency). The incomplete grade is appropriate only when the completed course work is of passing quality and the student has had such hardship that completion of the remaining course work within the Semester timeline would present an additional hardship. Processes and procedures for completing the course are at the sole discretion of the course director and the EPC. Once the coursework is satisfactorily completed, the grade of Incomplete is removed from the transcript and replaced with final grade earned by the student.

2. A student whose performance in a course is below passing standards shall be given a Failure (F) grade. A Failure (F) grade will remain on the student's official transcript along with the grade achieved if a course is repeated.
3. The MPL for all courses is established and approved by the M1/2 Curriculum Committee and is subject to approval by the EPC.
4. All courses are weighted equally with respect to whether a student has passed or failed a course when considering student promotion.

B. **GRADES FOR M3/4**

Honors (H)

A grade of Honors (H) is awarded to a student whose performance is of very high caliber and, in addition, whose demonstrated qualities of intellectual curiosity, integrity and professionalism have clearly set him/her apart from the majority of the group.

High Pass (HP)

A grade of High Pass (HP) is awarded to a student whose performance clearly exceeds the Pass requirements but does not reach Honors caliber.

Pass (P)

A grade of Pass (P) is awarded to a student whose performance in a course meets but does not exceed the requirements established by the department concerned.

Pass/Fail M3 courses

All M3 specialty clerkships are graded Pass/Fail with the exception of Ophthalmology. Most of the M3 specialty clerkships are designed as introductions and exposure electives rather than audition rotations. All are two-week rotations that limit the ability of the preceptor to give an in- depth evaluation. All M3 specialty clerkship grades are NOT included in the student's class rank determination.

Conditional (C)

A grade of Conditional (C) may be given under specific circumstances. The grade of C is most commonly used when a student is marginally below the minimal requirements for just one component of the course. A student who is below the minimum pass level for the course as a whole will receive an F grade.

A student who receives a C grade due to a failing performance on the Shelf exam may only make up the Shelf exam at the next scheduled retake date after learning of the failure (June or December, whichever comes first) of the published repeat Shelf exams. Failing the exam a second time will lead to a failure of the clerkship.

Failure (F)

A student whose performance in a course is significantly below passing standards shall be given a grade of Failure (F). Should a student receive an F grade, if approved by the PAC utilizing the guidelines of the Advancement and Retention Policy, the student would need to repeat the entire course.

Failure to meet a requirement (for example, not taking an exam, not submitting papers or patient write-ups, failure to attend required clinical duties) without prior notification of the course director or designee will be treated as grounds for awarding a Failure (F) for the course.

Course directors have the latitude of not using the full range of grades available, subject to approval of the EPC.

Grading policies for M3/4 are approved by the M3/4 Curriculum Committee and are subject to approval by the EPC.

Incomplete (I)

A grade of Incomplete is awarded without grade point assignment, at the end of a term when a significant portion, but not all of the course work has been satisfactorily completed and the reason for non-completion is approved by the course directors and the Associate Dean of Student Affairs (e.g., absence from a class or examination due to illness or a serious personal emergency). The incomplete grade is appropriate only when the completed course work is of passing quality and the student has had such hardship that completion of the remaining course work within the term timeline would present an additional hardship. Processes and procedures for completing the course are at the sole discretion of the course director and the PAC. Once the coursework is satisfactorily completed, the grade of Incomplete is removed from the transcript and replaced with final grade earned by the student.



POLICY TITLE: <i>Graduation Competencies</i>	APPROVAL DATE: <i>June 7, 2018</i>
RESPONSIBLE DEPARTMENT: <i>Office of Medical Education</i>	APPLIES TO: <i>All Students</i>

POLICY STATEMENT

Graduates of the UCCOM will be expected to demonstrate the knowledge, skills and behaviors required to be an effective provider of quality clinical care. The desired traits can be categorized into competencies as is done in graduate and continuing medical education and are linked to courses across all four years of the curriculum:

1. Patient Care - Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
2. Knowledge for Practice - Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care
3. Practice-Based Learning and Improvement - Demonstrate the ability to investigate and evaluate one’s care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning
4. Interpersonal and Communication Skills - Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals
5. Professionalism - Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles
6. Systems-Based Practice - Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care
7. Interprofessional Collaboration - Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care
8. Personal and Professional Development - Demonstrate the qualities required to sustain life-long personal and professional growth



POLICY TITLE: <i>Graduation Requirements</i>	APPROVAL DATE: <i>August 1, 2013</i>
RESPONSIBLE DEPARTMENT: <i>Registrar, Office of Medical Education, & Performance and Advancement Committee</i>	APPLIES TO: <i>All Students</i>

POLICY STATEMENT

A student must successfully complete the designated four-year program of medical education, thus ensuring that the student has met the Graduation Competencies of the COM. Students may take no more than 15 semesters of academic enrollment to complete the program. A student can take no more than six academic semesters to complete M1/2, and no more than nine academic semesters to complete M3/4. A Leave of Absence is not counted as enrollment and thus not counted towards this requirement except in M1/2 when the Leave of Absence semester is counted if taken after a final grade is received for a course.

A student must maintain a satisfactory level of academic performance in COM coursework and meet professional expectations as determined by the COM. A student may be dismissed for failure to meet the academic performance standards and/or the professional expectations of the College of Medicine. The student must take and pass USMLE Step 1, Step 2 Clinical Knowledge (CK) and Step 2 Clinical Skills (CS) examinations and record the results, including the scores obtained, in the Dean’s Office prior to the date of graduation as specified in the Advancement and Retention Policy or as otherwise specified in this document.

The student must take and pass the Clinical Competency Examination (CCX) at the COM as specified in the **ADVANCEMENT AND RETENTION POLICY**.

The student must complete all Clinical Medical Procedures and Required Patient Encounters and all other clinical and administrative requirements as determined by the COM.

On successful completion of the curriculum of the COM, the student is recommended to the Board of Trustees of the University of Cincinnati for the degree of Doctor of Medicine. Graduation dates are determined by the University. The student must note that the graduation date on the diploma may not be the same date as the Honors Day ceremony. Students who complete the curriculum following the standard program, i.e., those students who graduate “on time”, will have a graduation date of early June although Honors Day may take place in May. Students who do not complete requirements by the official University designated graduation date will have their graduation date delayed. Students need to be aware that not graduating by the June date may have an adverse effect on starting residency training.



POLICY TITLE: <i>Grievance Procedures</i>	APPROVAL DATE: <i>June 7, 2018</i>
RESPONSIBLE DEPARTMENT: <i>Dean's Office</i>	APPLIES TO: <i>All Students</i>

POLICY STATEMENT

Should a student have cause to request a review of any treatment he or she has received during any portion of the academic program, a grievance procedure may be undertaken. Such grievances may include complaints regarding violation of academic freedom; sexual, racial or religious discrimination or harassment; and all other grievances.

Appeal of grades, of PAC decisions and of Honor Council decisions may not be heard or appealed through the grievance procedure. Processes for these appeals are delineated in the Grade Appeal Process and Academic Status Appeal Process. A grievance procedure may be undertaken by an individual student; it may not be presented as a group submission.

A. Resolution of Grievances Prior to Seeking a Grievance Committee Hearing

1. All requests to resolve issues relating to violation of academic freedom, sexual, racial or religious discrimination or harassment, against faculty members, residents, staff or other students will ordinarily first be discussed with the course director, if applicable. If the student has reason to believe that the course director cannot provide objective counsel, the student may discuss the issue with the Associate Dean for Student Affairs. Such discussion, with either the course director or Associate Dean of Student Affairs, must occur within 10 business days following the incident giving rise to the issue.
2. If, after discussion with the course director the student wishes to pursue the matter further, he or she may request the assistance of the Associate Dean for Student Affairs. The Associate Dean for Student Affairs shall provide the student with the contact information for the appropriate office or individual to whom the grievance should be reported. The student shall copy the Associate Dean of Student Affairs on his or her initial correspondence to the office or individual. Grievances against individuals not subject to UC's policies shall proceed under the process established by that individual's employer and shall not be subject to the remainder of this policy. The Associate Dean for Student Affairs shall periodically check the status of such grievances to determine that appropriate action has been taken.
3. If the interventions provided under subsections (a) and (b) above do not resolve the problem to the student's satisfaction, the student may request in writing that a review of his or her grievance be initiated by the Senior Associate Dean for Educational Affairs or their designee. The student shall request the reviewing within 45 business days after the student receives a response from the responsible individual identified by the Associate Dean for Student Affairs as provided in Section 1 (b) herein.

B. COM Grievance Committee for Student Grievances

1. The Senior Associate Dean for Educational Affairs, upon receipt of the written request for review described in 1 (c) above, will initiate such review by first appointing an ad hoc committee to hear a student's grievance. It will consist of five faculty members and, if requested by the student filing the grievance, one fourth-year medical student. One of the faculty members will be appointed to serve as a voting committee chair. The Senior Associate Dean for Educational Affairs or his designee may attend as an ex-officio and non-voting member.
2. The Senior Associate Dean for Educational Affairs shall set the time and date for the hearing, and notify in writing the student, the person against whom the grievance is brought, the Dean of the COM, the department director or any involved faculty member, committee members and others as the Senior Associate Dean for Educational Affairs deems appropriate.

3. The student may elect to have an advisor (either a faculty advisor or counsel) present at the grievance hearing. If an advisor is to be present, the name and identify of the advisor is to be given in writing to the Senior Associate Dean for Educational Affairs no later than five business days in advance of the grievance hearing. The person against whom the grievance is brought may be represented by counsel. The name and identity of counsel is to be given in writing to the Senior Associate Dean for Educational Affairs no later than five business days in advance of the grievance hearing.
4. The student and the person against whom the grievance is brought shall have the right to present witnesses, evidence and arguments on his or her behalf. The committee and the department or individuals in question may request the presence of witnesses and production of evidence by the student or other persons. All requests to have a witness(es) appear must be made to the Senior Associate Dean for Educational Affairs five business days prior to the hearing and written permission from the Senior Associate Dean for Educational Affairs must be granted for the witness(es) to be present.
5. In advance of the committee meeting, the chair may specify a reasonable time within which each side may provide written or documentary evidence or material, as he or she believes to be relevant, to the committee. The committee may appoint an ad hoc fact- finding panel to gather such information if the committee feels this may be of assistance in preparing a hearing. All materials must be in the hands of the Grievance Committee, the student and the person against whom the grievance is brought no later than two business days before the hearing.
6. The committee shall endeavor to hear all grievances within 20 business days of receipt of the grievance and issue a recommendation within 10 business days following the conclusion of the hearing.

C. Operating Procedures for the Grievance Committee

1. The Grievance Committee hearing shall be convened by the chair who will review the hearing procedures with the committee prior to the start of the hearing. The entire hearing, with the exception of the committee's final deliberation, will be recorded, and the recording will be kept on file as part of the grievance record.
2. The chair will commence the hearing. The student, his or her advisor, if any, the Senior Associate Dean for Educational Affairs or his or her designee and the person against whom the grievance is brought and their counsel, if any, will be present during the hearing.
3. The student will speak first to present the basis for the grievance. The student has 30 minutes to present his or her case, including witnesses and any private discussions with an advisor. The advisor shall not address any individual other than the student during the hearing. Following the initial presentation and each witness, the committee members may ask questions. Time spent responding to the committee's questions does not count against the 30 minutes.
4. The person against whom the grievance is brought speaks second. The person has 30 minutes to present his or her position, including witnesses and any private discussions with counsel. Counsel shall not address any individual other than his or her client during the hearing. Following the initial presentation and each witness, the committee members may ask questions. Time spent responding to the committee's questions does not count against the 30 minutes.
5. Individuals asked to appear by the Grievance Committee will be heard third. Maximum time for this section is 30 minutes. The time spent responding to the committee's questions does not count against the 30 minutes.
6. Witnesses will only be present during their time of presentation to the Grievance Committee. Questioning will be done only by the Grievance Committee members, but the student and the person against whom the grievance is brought may request particular questions which are to be submitted to the Senior Associate Dean for Educational Affairs five business days prior to the hearing. The student and the respondent may also submit questions in writing to the Grievance Committee after each witness makes their presentation. The chair shall have sole discretion as to whether to ask the questions submitted.
7. Both sides may take an additional five minutes for a summary statement or response.

8. The Grievance Committee will be free to discuss the case with both sides in a question and answer format for approximately the next 30 minutes. All questions will be asked by the committee chair and/or members. Neither the student nor the person against whom the grievance is brought may direct questions to each other.
9. Next, all individuals, except the members and the chair of the Grievance Committee, will leave the room. The Grievance Committee will deliberate and make a final recommendation. The committee may recall any witnesses to provide clarification in the presence of the student, advisor, person against whom the grievance was sought, and his or her counsel, if any.
10. The chair, without unnecessary delay, shall provide the Dean of the COM with a letter stating the issues, summarizing the evidence, giving the recommendation of the committee and its basis for the decision. The Dean of the COM may accept, reject or modify the action recommended by the committee. In all instances, the final decision rests with the Dean.
11. The Dean of the COM or his designee will communicate the recommendation of the Grievance Committee and his decision in writing to the student without unnecessary delay. The Dean will also make his decision known to the Grievance Committee chair, to the person against whom the grievance was brought and his or her department director, the Senior Associate Dean for Educational Affairs, and the Associate Dean for Student Affairs. The Dean will communicate this decision on grievances alleging harassment to the University's Office of Equal Opportunity and Access.
12. If any action to be taken by an administrator or committee under this Section A cannot be completed within the timeframe provided, the administrator or committee shall request an extension from the Dean of the COM or his designee. The request for extension shall provide a date certain by which the action is to be completed.

D. Anonymous and End-of-Term Complaints

The Associate Dean for Student Affairs and the Senior Associate Dean for Educational Affairs shall maintain a log of all complaints received anonymously, and/or complaints received where the complainant is not available to participate in the process set forth in Section 1-3 above. The Senior Associate Dean for Educational Affairs shall investigate such complaints based on the available information and shall take actions as necessary to address any findings from the investigation.

Students should familiarize themselves with University policies and procedures relating to discrimination and harassment which are available on these UC websites:

Office of Equity and Inclusion Policies:

<http://www.uc.edu/inclusion/resources/guidelines.html>

Reporting Allegations of Discrimination or Harassment:

http://www.uc.edu/counseling/sexual_violence.html

University policy on non-discrimination:

http://www.uc.edu/content/dam/uc/trustees/docs/rules_10/10-13-01.pdf

Office of the University Ombuds:

<http://www.uc.edu/ombuds.html>

Title IX of the Education Amendments of 1972:

<http://www.uc.edu/titleix.html>

POLICY TITLE: <i>Honor Council Policies</i>	APPROVAL DATE: <i>August 1, 2013</i>
RESPONSIBLE DEPARTMENT: <i>Office of Student Affairs</i>	APPLIES TO: <i>All Students</i>

POLICY STATEMENT

I. THE HONOR COUNCIL

The Honor Council will serve as the COM's committee for review of professional conduct by medical students. It will also serve as the group to which issues of ethics and student behavior can be addressed. It will promote overall high standards of professional behavior by medical students. While it establishes policies and promotes professional conduct, the Honor Council's role is not to police student behavior. Its members may encourage responsible action when misconduct is observed. In such instances, reporting to the Honor Council may be the appropriate action.

A. JURISDICTION AND RESPONSIBILITIES

The jurisdiction and responsibilities of the Honor Council will be as follows:

1. Engage in and, with Medical Student Association (MSA) or other subcommittee support, promote activities which heighten the awareness and commitment to ethical behavior by students.
2. Consult with students, faculty, committees, and administrative staff to clarify ethical issues and conduct of medical students.
3. Distribute the UCCOM General Professional Standards: **Policies for the Honor Council** and other documents such as the Medical Student Honor Code (See <http://med.uc.edu/StudentAffairs/> for Honor Council documents). It will be the responsibility of the Honor Council to conduct periodic review of the documents and recommend changes to the Dean who will, in turn, review and forward to the COM Council for approval. First-year students will be required to sign an electronic acknowledgment of receipt and understanding of these materials.
4. Issues relating to improper conduct or lack of professionalism may be referred to the co- chairs of the Honor Council and the Associate Dean for Student Affairs. When a decision is made to report unprofessional behavior to the Honor Council, the report must be brought in writing to the student against whom the claims are issued, Honor Council co-chairs, and Associate Dean for Student Affairs.
5. Hear and recommend action, if any, in cases of medical student misconduct. (If the Council suspects during its deliberations that a crime has been committed, it will refer the case to the Associate Dean for Student Affairs who is to contact Medical Center Public Safety.)

The Honor Council will meet as necessary to investigate reports of alleged misconduct, hear and recommend action. Members of the Honor Council will host an educational session for students once a year.

B. STRUCTURE OF THE HONOR COUNCIL

The Honor Council will consist of the following members and will be co-chaired by a faculty member and a student. All appointments are subject to approval by the Dean of the COM. Overall responsibility for the ongoing functioning of the Honor Council is with the co-chairs in conjunction with the Dean.

1. Students

Five medical students, to include at least one from each academic year, shall serve on the Honor Council. One upper-class representative from among the five is to serve as the student co-chair. All students, including the student co-chair, have voting rights. One student representative and a first alternate are to be appointed from each class. The student co-chair is selected from the three upper-class representatives themselves; the first alternate to the student co-chair becomes his/her class' representative and, consequently, the fifth Honor Council student member. In turn, the second alternate serves as his/her class' first alternate. Each student serves for a one-year term with the option to be reappointed.

Student representatives will be appointed by their class officers. Students may nominate themselves, nominate each other, or be nominated by their class officers. The Associate Dean for Student Affairs will review the nominees to be considered for appointment. Candidates must be in both good academic standing, as defined by the Performance Standards, Procedures for PACs, and in good professional standing as judged by the Associate Dean for Student Affairs. Candidates may not hold membership on a PAC or serve as a class officer.

The class officers will conduct interviews of all candidates and make the appointments for Honor Council class representatives and alternates as outlined above. The representatives for M2, M3, and M4 will be appointed in April for the coming academic year. The M1 representative will be appointed before January 31 when the academic year is in progress and that appointment shall continue until the following January 31. Should the M1 representative be appointed as the M2 representative, the M1 alternate shall serve the completion of the term. In all other instances, an alternate will attend meetings only in the absence of his/her student representative and will be impaneled by the co-chairs. The alternate will meet with the representative of the class to keep up to date.

2. Faculty

Five full-time faculty shall serve on the Honor Council. None may hold course director status or serve on a PAC or Academic Appeal Board. Four are to serve as members with voting rights. At least one of the four should be a basic scientist. The fifth faculty member is to be appointed by the Dean to serve as co-chair. The faculty co-chair does not vote. Faculty members will be appointed for an indefinite term. As needed, new members will be recommended by the COM Committee on Committees to the Dean.

An Honor Council member shall disqualify him/herself from an Honor Council hearing when involvement or interest in the individual(s) or activities under view, might reasonably pose questions regarding the Honor Council member's impartiality. An Honor Council member may be removed by the Dean for failure to perform Honor Council duties, including attendance, or failure to continuously meet eligibility requirements. An alternate will serve as needed.

3. Executive Secretary

The assistant to the Associate Dean for Student Affairs will serve as the Executive Secretary (ex-officio). He/she will assist the co-chairs of the Honor Council as needed.

C. ACTIONS OF THE HONOR COUNCIL

Members of the Honor Council will keep all deliberations and actions of the Council completely confidential. Any breach of confidentiality shall subject the Council member(s) to disciplinary action or possible removal from the Council.

When the Honor Council votes on recommendations in a hearing, the following specifications apply:

1. A quorum of six members must be present, four of whom must be student members.
2. A simple majority vote is sufficient for a recommendation of counseling or oral reprimand.
3. A two-thirds majority vote is required for a recommendation of a written reprimand or more severe action.

The Honor Council can recommend any of the following actions in cases of confirmed misconduct:

- Counseling
- Oral reprimand
- Written reprimand including a statement regarding whether there should be placement of a letter in the student's academic file
- Change of grade
- Dismissal from COM
- Other actions deemed appropriate by the Council

In cases of confirmed misconduct, the hearing recommendation must specify whether a notation of misconduct is to be included in the student's MSPE.

II. THE MANAGEMENT OF STUDENT MISCONDUCT

A. CATEGORIES OF MISCONDUCT

The COM recognizes that misconduct does not always fall into discrete categories. Yet, it has chosen to group misconduct into two general categories and has specified the process for responding to each type.

1. Criminal Offenses

These offenses are defined by the UC Student Code of Conduct. (Refer to: http://www.uc.edu/conduct/Code_of_Conduct.html) Examples include theft, destruction of property, trespassing, disturbing the peace, etc. In each instance, law enforcement officials become involved and charges are filed. Instances of student misconduct resulting in criminal investigation must be reported to the Associate Dean for Student Affairs for follow up. It is the responsibility of the student to report all criminal investigations, arrests, convictions and guilty pleas for any offense other than minor traffic violations, to the Associate Dean for Student Affairs as soon as possible after the occurrence and no later than seven business days after the occurrence. The reporting requirement includes DUI (driving under the influence) offenses, any instance where the student is called into court as a defendant, or any instance where the student is named a defendant in a lawsuit. The Associate Dean for Student Affairs and Admissions, in conjunction with the Office of General Counsel, will determine when a student who is involved in criminal proceedings appears before the Honor Council.

2. Other Misconduct

a. Academic Misconduct

Academic misconduct includes acts of cheating, plagiarism, falsification, and forgery as defined by the UC Student Code of Conduct. (Refer to: http://www.uc.edu/conduct/Code_of_Conduct.html) These acts originate within a required or elective course and its related activities or within activities undertaken to meet the administrative or curricular requirements for matriculation and potential licensure.

b. Non-Academic Misconduct

Other misconduct may occur that is neither criminal nor directly part of the course activities. Examples include inappropriate professional behavior, substance abuse, misuse of resources, failure to divulge or misrepresentation of information as requested on medical school applications, financial aid and other required forms or communications, etc.

All instances of academic and non-academic misconduct are directed via a report to the co-chairs of the Honor Council for disposition.

B. REPORTING AN INCIDENT

1. Decision to Report

Since behavior may occasionally appear other than what it is, the observer of an alleged misconduct may want to clarify his or her perceptions personally by discussion with the person involved. If satisfied that no further action is warranted, no report need be filed. However, if for any reason the observer decides not to proceed with personal contact, a written report may be filed in any one of three routes described below. The Honor Council will handle the incident according to established guidelines in which confidentiality and the student's rights are protected.

2. Reporting Procedures

Any of three routes may be used to file a written report with the co-chairs of the Honor Council.

- a. An individual who observes misconduct may file a report directly with any member of the Honor Council who will then forward this report to the co-chairs.
- b. An observer may prefer to give a report to a faculty member. When the report is made, the faculty member alone or through an appropriate departmental representative (course director, department chair, departmental committee) must forward the report to the Honor Council co-chairs or the Associate Dean for Student Affairs. The Associate Dean for Student Affairs will forward the report to the Honor Council co-chairs.
- c. An observer may make a report to the Associate Dean for Student Affairs who will forward the report to the co-chairs of the Honor Council.

Some documentation, as requested by the Honor Council co-chairs or members, is required for the Honor Council to conduct an investigation. Documentation should include at least the following:

- 1) Date of the report
- 2) Name(s) of individual(s) involved
- 3) Location/activity/setting of incident

- 4) Date and time of incident
- 5) Description of incident
- 6) Name(s) of witness(es)
- 7) Name(s) and phone number(s) of person(s) submitting report

All reports and documentation will be handled confidentially and in keeping with the manner appropriate for student records. All Honor Council case records will be designated as confidential and kept for seven years by the Honor Council executive secretary.

C. PROCEDURES UPON RECEIPT OF A REPORT OF MISCONDUCT

1. Reports of Criminal Misconduct

The Associate Dean for Student Affairs receives all cases of misconduct that involve possible criminal conduct or investigation. After consulting with the Office of General Counsel, the Associate Dean for Student Affairs informs the student of his/her rights and calls for an administrative hearing. An administrative hearing occurs as close in time as practicable to the alleged incident and involves any or all of the following administrators: the Associate Dean for Student Affairs, other associate deans, and the Dean of the COM. The hearing is held to determine if a student needs to be removed from coursework or the University should his/her presence endanger others or their property. Such removal is done by placing the student on an Administrative Leave while awaiting results of criminal investigation and/or prosecution. The hearing also determines the next appropriate steps.

2. Reports of Other Misconduct

The Honor Council co-chairs receive all reports from any of the three routes described above of academic or non-academic misconduct. The co-chairs, in consultation with the Associate Dean for Student Affairs and Admissions, determine a course of action. Possible decisions include a choice to not act on the report, or a referral to the Associate Dean for Student Affairs and Admissions, for action by that Associate Dean to either interact with the student by himself/herself and/or to refer the issue to another appropriate group (such as PAC, a substance abuse counseling agency, etc.). More commonly, the co-chairs and Associate Dean for Student Affairs and Admissions will decide to meet with the student to discuss the issue and gain more information. Following this meeting, which may involve counseling of the student, this group will decide whether to proceed or not to proceed with a full Honor Council Hearing.

3. Decision to Proceed or Not Proceed with Hearing

The co-chairs, in consultation with the Associate Dean for Student Affairs and Admissions, decide if there is sufficient cause to proceed with the hearing. If the co-chairs and the Associate Dean for Student Affairs and Admissions decide not to convene a formal Honor Council hearing, then the student(s) named in the report will be notified, provided they are aware of the report naming them. If the student(s) are not aware of the report, and a decision is made not to convene a hearing, then the student may not be notified, at the discretion of the co-chairs and the Associate Dean for student Affairs and Admissions. The individual who submitted the report will not be notified of the decision or actions of the co-chairs and Associate Dean for Student Affairs and Admissions, although if there is a decision to convene a hearing, the report author may be called as a witness in the hearing and thus become aware that a decision to convene a hearing was made.

4. Preparation for Hearing

Prior to the hearing, the co-chairs carry out the following as appropriate:

- a. Notify the student named in the report that a hearing will be held. The Associate Dean for Student Affairs will inform the Dean. The co-chairs set a date for the Honor Council to hear the case. The date should usually be within 20 business days of receipt of the report.

- b. Inform the student of the names of the Honor Council hearing members. If the student believes any council member may be biased in the matter, he/she may object in writing, detailing the basis of the objection, to the faculty co-chair within two business days from the receipt of the names of the Honor Council members. If the co-chairs decide that a student member may be biased, the student's alternate or an alternate from another year will serve. Should a faculty member be in question, the Dean will appoint a replacement. The student or faculty member in question may not object to the accused student's request. However, if this request is deemed to be excessive by the Honor Council co-chairs, the accused student's request may not be honored (i.e., accused student objecting to two or more Honor Council members without substantial proof/documentation of bias).
- c. Explanation of the nature of a closed hearing. All hearings will be closed. A closed hearing may be attended only by the Honor Council and its advisor, the party bringing the charges and his/her advisor, the accused student and his/her advisor. Witnesses will be present at a closed hearing only during the times of their own presentations. They can also be asked to return to the hearing if further questioning is required.

Should a student not wish to appear before the Honor Council, the case will still be heard.

1. Investigation teams will be determined by the Honor Council co-chairs, if necessary, to request additional information, documentation, and investigation. Written and/or oral reports may be requested, also. Departments, the Dean's Office, or any individuals with information pertinent to the case may be asked to report.
2. Identify and arrange for witnesses to appear at the hearing.
3. Receive and add to the agenda those names of witnesses and documents which the student in question wishes to present.
4. Prepare and distribute a hearing agenda and materials to the Honor Council members, the charging party, and the accused.

Above all, the co-chairs are to conduct the hearing to insure that the proceedings are fair and impartial, that truly relevant information is presented, and that thorough study is given to all recommendations.

D. HEARING PROCEDURE

The purposes of the hearing are twofold: To determine if the alleged misconduct occurred, to establish its degree of severity, and to explore extenuating circumstances.

1. To determine what response is appropriate and to recommend this action to the Dean.
The general procedure of the hearing shall be as follows:
 - a. The hearing, except for the deliberations, will be recorded by a stenographer. The final transcript of the hearing will be submitted to the Associate Dean of Student Affairs and Admissions along with other evidence from the hearing.
 - b. All present in any capacity during the hearing will be informed of the confidentiality of all proceedings. Discussion of proceedings and testimony other than in an official capacity is not permitted.
 - c. The role of the faculty co-chair is to conduct the hearing according to the Policies for the Honor Council. He/She serves to facilitate the hearing process and remains an impartial

moderator.

- d. The Honor Council members and their advisor, the party bringing the charges and his/her advisor, and the student named in the alleged misconduct and his/her advisor may be present throughout the presentation of witnesses and questioning.
- e. The Honor Council members (excluding the Executive Secretary) may question anyone appearing before the Honor Council. An advisor may not address the Honor Council but can confer with his/her respective party.
- f. Each witness will be present only during his/her testimony and/or period of questioning.
- g. Those bringing the case of alleged student misconduct before the Honor Council, as well as his/her witnesses, will be heard first.
- h. The student to whom misconduct has been attributed, as well as his/her witnesses, will be heard second.
- i. The party bringing the charges and the accused student will have the opportunity to summarize their positions prior to the close of the hearing. Each closing statement shall not exceed 10 minutes.
- j. The decision will be based upon consideration of the weight of the evidence.
- k. Deliberations will follow and are closed to all but Honor Council members.
- l. Any record of past misconduct shall be available to consider in recommending the penalty, in cases of substantiated charges. The Honor Council co-chairs will be in communication with the Associate Dean for Student Affairs upon substantiated charges, prior to recommending the penalty. If the Associate Dean for Student Affairs is aware of prior misconduct, he/she shall make this information available to the Honor Council.
- m. A decision of written reprimand or more serious action must be supported by a vote of two-thirds of the voting Honor Council members.
- n. The Honor Council co-chairs prepare a written report within five business days following the hearing. The report should contain the Honor Council's decision regarding whether misconduct has occurred, the justifications for the decision, copies of all written materials provided the Honor Council, and the specific recommendation of the Honor Council.

E. HONOR COUNCIL DECISION

The Honor Council's report, including recommendations, is forwarded to the Associate Dean for Student Affairs who informs the student of the Honor Council's recommendation and right to appeal. A student may choose not to appeal and accept the recommendation of the Honor Council. If the student's decision is not to appeal, the Associate Dean for Student Affairs and Admissions forwards the Honor Council's report and recommendation to the Dean. The Dean makes a final decision and notifies the student. If the student appeals, the Associate Dean for Student Affairs and Admissions forwards the Honor Council's report and recommendation to the Dean for informational purposes and to the Judiciary Appeal Board for action.

III. APPEAL PROCESS

The university may proceed through the disciplinary process outlined below regardless of any action by other authorities such as city/state police, etc., under the laws of any jurisdiction. All written notices to students are sent via email to the student's UC email address. All time limits in these Procedures refer to business days. If a student withdraws from the university during a disciplinary proceeding and then is readmitted to the COM, the disciplinary procedure will be reopened.

A. STRUCTURE OF THE JUDICIARY APPEAL BOARD

The Judiciary Appeal Board shall consist of three faculty members and two senior medical students appointed by the Associate Dean for Student Affairs. One of the three faculty members will be designated as chair. None of the Board's members may be Honor Council or PAC members. All members have one vote, including the designated chair.

The Associate Dean for Student Affairs shall inform the student of the Judiciary Appeal Board appointments. The student may object in writing within two business days to the appointment of any Board member who may be biased in the matter. The Associate Dean for Student Affairs and Admissions will review any objections and make final appointments.

B. APPEAL

Notification of a decision to appeal must be made within five business days after receipt of the Honor Council's recommendation from the Associate Dean for Student Affairs. The appeal itself must be in writing (email) within an additional 15 days, must specify the grounds for appeal, and be directed to the Associate Dean for Student Affairs.

Grounds for appeal from the student to the Associate Dean for Student Affairs:

1. Discovery of new information not available at the time of the hearing - the student believes there is new, clear and convincing evidence that would affect the decision rendered.
2. Procedural error - the student believes a substantial error was made in the Honor Council procedures as outlined in this document, which resulted in a fundamental change in the outcome.
3. Harshness of sanction - the student believes the Sanction(s) imposed are not commensurate with the violation.

The Associate Dean for Student Affairs will provide the Judiciary Appeal Board with the detailed report, the recommendation of the Honor Council, and the appeal. Except as described below, the review of the Judiciary Appeal Board will be limited to these records. In the rare instance where new information could not have previously been presented to the Honor Council, it must be submitted in writing to the Associate Dean for Student Affairs with the appeal and may be considered at the discretion of the Judiciary Appeal Board.

The Judiciary Appeal Board session must occur within a reasonable time period, up to 30 business days after the Associate Dean for Student Affairs receives the student's appeal. The Judiciary Appeal Board shall review the record, including any new information permitted, and forward its recommendation regarding whether an appropriate recommendation has been made by the Honor Council to the Associate Dean for Student Affairs and to the Dean of the College within 20 business days. The Judiciary Appeal Board's report should state the reason for the finding and recommend appropriate action when the Board's recommendation differs from that of the Honor Council. The final decision for the COM will be made by the Dean of the College. Any further review can occur only pursuant to the UC Student Code of Conduct.

C. ACTION BY THE DEAN

The Dean, without unnecessary delay, will communicate the final decision in writing to the student with information regarding the UC Student Code of Conduct.

(See http://www.uc.edu/conduct/Code_of_Conduct.html). When the final decision of the Dean is to dismiss the student, a notation of dismissal for misconduct is entered on the student's official transcript.

EXHIBIT A

UC CODE OF CONDUCT (abbreviated*)

The Student Code of Conduct identifies those behaviors considered unacceptable and not permitted for all students of the UC while on University owned, leased or controlled property, while on professional practice assignment, or while representing the University in the community.

The full UC Student Code of Conduct document may be found online at: http://www.uc.edu/conduct/Code_of_Conduct.html Please refer to this document for details, if necessary.

The UC Student Code of Conduct section on Sanctions is recorded below for quick reference. The UCCOM Honor Council will follow the guidelines and terminology, with regard to sanctions, of UC with correlation to medical student and medical college activities.

SANCTION(S)

Students found to be in violation of the Student Code of Conduct based on the preponderance of evidence may be subject to University sanctions.

Sanctions for misconduct are intended to provide the student with constructive learning experiences and may entail a penalty. Sanctions will be imposed according to the severity of the misconduct. In all cases, the University reserves the right to require counseling and/or testing of students as deemed appropriate.

The authority for disciplinary action is contained in University Rules 3361:40-5-01 through 40-5-06 of the Ohio Administrative Code and section 3345.21 of the Ohio Revised Code (R.C.). The University may proceed through the disciplinary process as outlined below in the section on Procedures, regardless of any action by other authorities such as city/state police, etc., under the laws of any jurisdiction.

Definitions of Sanctions

The following are definitions of disciplinary sanctions that may be imposed as a consequence of misconduct. Each sanction can be separately or cumulatively applied should behavior call for the imposition of a more severe penalty.

1. University Disciplinary Reprimand is written notification to the student that his/her behavior is unacceptable and that any further violation may warrant further sanctions.
2. University Disciplinary Probation entails specific restrictions and/or extra requirements placed on the student for a specified period. These may vary with each case and may include restriction from participating in intercollegiate athletics, extracurricular and residence life activities, or may involve other requirements not academically restrictive in nature which are consistent with the philosophy of providing constructive learning experiences as a part of the probation. A student may be required to meet periodically with designated persons. Any further misconduct on the student's part during the period of probation may result in Disciplinary Suspension or Disciplinary Dismissal from the University.

3. University Disciplinary Suspension prohibits the student from attending UC and from being present without permission on any UC campus or property for a specified period of time. The appropriate hearing authority will determine the effective beginning and ending dates of the Suspension. Students placed on University Disciplinary Suspension must request permission from the office of University Judicial Affairs to apply for readmission.
4. University Disciplinary Dismissal permanently prohibits the student from attending UC and from being present, without permission, on any UC campus or property.
5. Other Disciplinary Sanction(s) may be imposed by Hearing Authorities with or without Disciplinary Probation including, but not limited to, service to the University and/or University community, restrictions on the right of access to campus facilities, events and/or student organizations, monetary payments for restitution because of damage to or misappropriation of University or a University community member's property, and/or referral for psychological/psychiatric counseling/evaluation.
6. Interim Suspension: Interim Suspension begins immediately upon written notice by the Vice President for Student Affairs and Services or designee and restricts a student's physical access to the campus if deemed necessary, in order to:
 - (1) Maintain order on University property and campuses
 - (2) Preserve the orderly functioning of the University and the pursuit of its mission
 - (3) Stop interference in any manner with the rights of citizens while on University owned, leased, or controlled property, while on professional practice assignment and/or while representing the University
 - (4) Stop actions that threaten the health or safety of any person including oneself
 - (5) Stop actions that destroy or damage property of the University or of any member of its communityThis is a temporary suspension which may be imposed pending the application of this Code's disciplinary process. A hearing will be scheduled by the University without undue delay of receipt by the student of the Interim Suspension notice.

*Taken from the document approved June 26, 2012 by the Board of Trustees, UC

POLICY TITLE: <i>Inclement Weather Policy</i>	APPROVAL DATE: <i>August 1, 2013</i>
RESPONSIBLE DEPARTMENT: <i>Office of Medical Education</i>	APPLIES TO: <i>All Students</i>

POLICY STATEMENT

The College of Medicine does not follow the University policy for closure due to inclement weather. This document applies only to medical students.

INCLEMENT WEATHER POLICY FOR M1/2

Cancellation of UCCOM events and activities will be guided in part, but not exclusively, by the emergency declarations by the Hamilton County Sheriff's office <https://www.hcso.org/media-releases/>. The final determination of weather-related cancellations will be made by the College of Medicine. The College of Medicine reserves the right to declare weather-related cancellations under all circumstances irrespective of government emergency declarations. In all cases, the College of Medicine will inform students of weather-related cancellations via email (messages will only be sent to students' official UC email account) and/or by posting on the College of Medicine website. Students are expected to follow weather forecasts, anticipate potential closures and cancellations, and monitor their email regularly. Students should familiarize themselves with the definitions and conditions associated with Levels 1, 2, and 3 emergencies.

(<http://www.weathersafety.ohio.gov/SnowEmergencyClassifications.aspx>). Students are reminded that they must complete a Medical Student Status Form if they miss any activities that take place when school is open.

Level 1 Emergencies

- ✓ Cancellation or rescheduling of both non-clinical and clinical activities and events is at the discretion of the course director.
- ✓ If a closure/cancellation of all remaining events for the day occurs after a student has already arrived, he/she is expected to use his/her best judgment in deciding whether to leave or remain at UC until the emergency declaration is lifted.
- ✓ If a student is in transit to UC when a closure/cancellation of all remaining events for the day is declared, he/she is expected to use his/her best judgment in deciding whether to proceed to UC or return home.
- ✓ In any case, in the event that any activity has not been canceled but a student nevertheless feels that he/she cannot safely travel to UC, he/she is expected to contact the COM registrar as soon as possible (this should be done prior to the start of the activity), and complete the Medical Student Status Form (MSSF). The course director has discretion to require a make-up for missed required activities.

Level 2 or Higher Emergencies

- ✓ All activities and events will be cancelled and/or rescheduled except as otherwise specified.
- ✓ For clinical activities scheduled at off-campus sites (including, but not limited to, LPCC and IPEX), students are required to contact their direct clinical supervisor to inform him/her that he/she will not be reporting.
- ✓ If a student has already arrived, he/she is expected to use his/her best judgment in deciding whether to leave or remain at UC. Students are encouraged to remain at UC in the event of a Level 2 or higher emergency until the emergency declaration is lifted.
- ✓ If a student is in transit to UC, he/she is expected to use his/her best judgment in deciding whether to proceed to UC or return home.

INCLEMENT WEATHER POLICY FOR M3/4

Cancellation of UCCOM events and activities will be guided in part, but not exclusively by, the emergency declarations by the Hamilton County Sheriff's office <https://www.hcso.org/media-releases/>. The final determination of weather-related cancellations will be made by the College of Medicine. The College of Medicine reserves the right to declare weather-related cancellations under all circumstances irrespective of government emergency declarations. In all cases, the College of Medicine will inform students of weather-related cancellations via email (messages will only be sent to students' official UC email account). Students are expected to follow weather forecasts, anticipate potential closures and cancellations, and monitor their email regularly. Students should familiarize themselves with the definitions and conditions associated with Levels 1, 2, and 3 emergencies

<http://www.weathersafety.ohio.gov/SnowEmergencyClassifications.aspx>.

Students are reminded that they must complete a Medical Student Status Form if they miss any activities that take place when school is open.

Level 1 and 2 Emergencies

- It is the general policy that the College of Medicine does not close for clinical activities or events in cases in which the student is deemed an essential member of the clinical team.
- Non-clinical activities and events may be cancelled and/or rescheduled at the discretion of the course director.
- For clinical activities and events, students are required to report.
- In any case, in the event a student nevertheless feels that he/she cannot safely travel to UC or his/her clinical site, he/she is expected to contact his/her direct clinical supervisor as soon as possible to determine if attendance is essential (this should be done prior to the start of scheduled duties), and complete the Medical Student Status Form (MSSF). The course director has discretion to require a make-up for missed required activities.

Level 3 and Higher Emergencies

- All activities and events will be cancelled and/or rescheduled.
- For clinical activities scheduled at off-campus sites, students are required to contact their direct clinical supervisor to inform him/her that he/she will not be reporting.
- If a student has already arrived at UC or his/her assigned clinical site, he/she should ask his/her direct clinical supervisor if he/she is essential. If so, he/she should report as scheduled. If not, he/she is strongly advised to remain at the site until the emergency declaration has been lifted.
- If a student is in transit to UC or his/her assigned clinical site, he/she must contact his/her direct clinical supervisor as soon as possible to determine if his/her attendance is essential. If so, he/she should proceed to his/her assigned clinical site. If not, he/she is expected to use his/her best judgment in deciding whether to proceed to the site, return home, or proceed to another safe location.



POLICY TITLE: <i>Leave of Absence Policy</i>	APPROVAL DATE: <i>June 7, 2018</i>
RESPONSIBLE DEPARTMENT: <i>Office of Medical Education</i>	APPLIES TO: <i>All Students</i>

POLICY STATEMENT

Voluntary Leaves of Absence

- Leaves may be voluntary as a result of student petition, (e.g., to pursue another academic program, to fulfill a fellowship, to conduct research, to take care of personal issues, or to recover from an illness). All voluntary leaves are subject to approval by the COM. A student cannot unilaterally decide that he/she will be taking a Leave of Absence for any reason. Any student who wishes to take a Leave of Absence must submit a request in writing to the PAC.

Petition Requirement

- A petition for a voluntary Leave of Absence must be requested on a Medical Student Status Form (MSSF) in MedOneStop (see Appendix) and must include a written petition which clearly describes the reason(s) for the leave, steps the student will undertake to address the reason(s) for the leave and an anticipated return date. If the Leave of Absence is for medical reasons, documentation is required from the evaluating physician, or in the case of mental health, a licensed clinical psychologist or psychiatrist. This documentation should include a statement indicating that the student is under the provider’s care and the student is currently unable to continue his/her medical education responsibilities. The provider, as defined above, should not be a family member of the student’s (as defined by the University policy). If the Leave of Absence is for research, documentation is required from the faculty supervisor on the research project providing a description of the student’s role and responsibilities. The petition must be initiated by the student and submitted to the appropriate PAC with a copy to the Associate Dean for Student Affairs and Admissions. Students are advised to consult with the Office of Student Affairs prior to petitioning for a Leave of Absence.

Authority to Grant Voluntary Leaves & Timeframe for Approval and Timing of Leaves

- Except in cases of Emergency Leaves of Absence (see next section), Leaves of Absence must be approved by the appropriate PAC **prior** to a student going on leave. Students are to remain in the curriculum until notified by the PAC that their request has been approved (or denied) and the effective start date of their leave has been determined. In M1/M2, Leaves of Absence requested within 7 calendar days of the first final of the final exam week will not be approved, except for extraordinary and compelling circumstances (e.g. if the first exam of the final exam week is scheduled for Tuesday, the request for Leave of Absence must be submitted prior to the Tuesday of the week before).
- Leaves of Absence are granted for a specific period of time up to a maximum period of 12 months and the length of all leaves is subject to approval by the PAC. Students wishing to extend the leave beyond what was initially approved by PAC will be required to re-petition. The PAC may modify the period of time for which a requested Leave of Absence will be allowed and may extend a Leave of Absence in the unusual event that a student’s desired time of return cannot be accommodated by the curriculum or the time requested is not sufficient to resolve the stated problems. A student must be registered and pay tuition and fee charges for the semester in which they plan to return, as well as be current with all immunizations, TB screening and flu vaccinations.

- If an M1 or M2 student takes a Leave of Absence after successfully completing (no Failure grades) all of the courses in the previous semester, at the discretion of the PAC, the student may re-enter coursework at the next chronological semester after the one completed (the student would not have to repeat the entire year). The student would also have the option of repeating the entire year if the student feels this would benefit his/her long-term learning objectives. Students choosing to voluntarily repeat the entire year instead of repeating only the semester they missed are advised to talk with the Assistant Dean for Student Financial Planning to discuss the financial aspects of that decision. However, if a student goes on a Leave of Absence, having received a Failure in that year, the student must repeat the entire year. If an M3 or M4 student takes a Leave of Absence after successfully completing (no Failure or Conditional grades) all of the courses taken thus far, he/she may re-enter coursework where appropriate in the clerkship model of M3 and M4. If a student goes on a Leave of Absence without having completed all of the requirements to pass a clerkship, the PAC, in consultation with the clerkship director, will determine the remaining components required to pass the clerkship as well as what grade will appear on the transcript until the final grade is recorded.
- The PAC will review the petition in a reasonable timeframe and may request the student to appear before the Committee to discuss the petition and provide any additional information and insight into the reasons for the request.
- The PAC chair will communicate the PAC's decision on all requested Leaves of Absence to the student via email within 24 hours of the PAC reaching their decision. If approved, this email will state the effective start date of the Leave of Absence. A formal letter with the stipulations for the student's return will follow the chair's email notification to the student.

Mandated Leaves of Absence

- Leaves of Absence may be mandated by PAC or the Associate Dean for Student Affairs and Admissions, if circumstances warrant. Leaves of Absence mandated by PAC or the Associated Dean for Student Affairs and Admissions cannot be appealed. Leaves mandated by the Associate Dean for Student Affairs and Admissions will be considered temporary until the Leave is reviewed and approved by PAC, which will grant formal approval and stipulate the time frame for the Leave.
- In M1/2, at the discretion of the PAC, students may be placed on a mandatory Leave of Absence after one or two failures in one year. The student will be put on the Leave after the first or second Failure grade is posted unless a grade appeal is in progress (see Appeals and Grievances Policy). This Leave of Absence cannot be appealed by the student. Alternatively, the PAC may consider any failures in one year as grounds for dismissal.
- Students who do not take and pass USMLE Step 1 by the M3 October Intersession may be placed on Mandatory Leave of Absence.
- In the case of a Mandated Leave of Absence the PAC will complete the Medical Student Status Form (MSSF) to document the leave.

Emergency Leaves of Absence

- Emergency Leaves of Absence generally refer to situations in which students have reported unexpected and significant health, or personal issues that immediately interfere with their ability to participate in the curriculum.
- The Associate Dean for Student Affairs and Admissions or his/her designee may grant an Emergency Leave of Absence when extraordinary circumstances do not allow the PAC to consider the leave in a timely manner.
- Emergency Leaves of Absence are subject to approval by PAC.
- In the case of an Emergency Leave of Absence the Associate Dean for Student Affairs and Admissions or his/her designee will complete the Medical Student Status Form (MSSF) to document the leave.

Petition for Return from a Voluntary, Mandated or Emergency Leave of Absence

- Returning from a leave is not automatic. A student seeking to return from a voluntary, mandated or emergency leave must submit a petition to return to the appropriate PAC with a copy to the Associate Dean for Student Affairs and Admissions. The PAC has the authority to approve or disapprove the petition for return and to establish timing and other stipulations for return. In cases where a student is taking only a short LOA, e.g., 2 or 3 weeks, the PAC may waive the student's duty to petition for a return and instead will approve a specified return date when the LOA is approved.
- In order to return from a Leave of Absence, a student must fulfill the obligations specified in granting the leave. The PAC may, if the obligations have not been fulfilled, extend the leave of absence (which cannot be appealed by the student) or may recommend dismissal of the student from the COM. The decision to recommend dismissal of the student may be appealed by the student as described elsewhere in this handbook (see **APPEALS**).
- Failure to petition either for a return from a leave or an extension of the existing leave within the time period specified on the approved petition will be considered grounds for dismissal from the College of Medicine. Such dismissal may be appealed by the student under the procedures for an Academic Appeal as set forth in the **ACADEMIC STATUS APPEAL PROCESS**. Such appeal must be requested by the student in writing within (5) five business days of the PAC's notification of recommendation for dismissal being sent to the student. No extension of this time period will be permitted due to a student's failure to review correspondence or other negligent behavior, nor shall such circumstances serve as grounds for an appeal.
- Students granted a leave for medical reasons must support their petition for return with a statement from the evaluating physician, or in the case of mental health, licensed clinical psychologist or psychiatrist confirming their medical fitness for return to school. The provider, as defined above, should not be a family member of the student's (as defined by University policy). The PAC may reserve the right to have a physician of its choosing evaluate the student for fitness to return to school, in addition to the statement from the student's evaluating physician. The evaluation may include a toxicology screen. This fitness for duty assessment will be at the expense of the COM.
- A student on a Leave of Absence who has an unpaid balance owed to the University will not be able to register for classes and will not be allowed to re-enter the curriculum until that balance is paid in full.
- Students returning from a Leave of Absence will be considered a member of the class into which they return and fall under the existing policies, including coming under the jurisdiction of the PAC of the class that they enter.

Enrollment, the Student Record, and Student Services during the Leave of Absence

- Students on a Leave of Absence are generally not permitted to participate in any school activities – either academic or non-academic. Exceptions may include, but are not limited to, a student who has to sit for a USMLE Exam, the UCCOM Clinical Competency Exam (CCX), or a student who may be required to attend an M3 Intersession while on a Leave of Absence. Any exceptions to participate in school activities while on Leave of Absence must be approved by the PAC. The student's UC email account remains active during the Leave of Absence. Students are responsible to check their UC email while on leave and to respond to communications from the PAC. In the event that the student's access is restricted to email during the Leave of Absence, the student will be informed and will be instructed on how to communicate to the college.
- The student is not eligible to receive financial aid during the leave period.
- Each graduate of the College of Medicine must successfully complete all course requirements to receive the Doctor of Medicine degree. This principle is applicable even when a student takes a Leave of Absence. In the case of the curriculum changing while a student is on leave, the College will, at its sole discretion, create an alternative to any courses that have either been restructured or moved to another time in the curriculum such that the student will experience the entire curriculum. The College will determine the

specific timeline and schedule for any student who requires such an alternate course.

- A student who has been granted a Leave of Absence and who is enrolled in the UC Student Health Insurance policy may remain covered under the policy according to the terms established by the Student Health Insurance Office. In such case, the costs for the insurance coverage will be the responsibility of the student. Any statements in this section are subject to the terms and conditions of the Student Health Insurance policy and are not under the control of the College of Medicine.
- Copies of all approved MSSFs are retained in the student's academic file as part of the official student record.
- If a student takes a leave for a Program-Related Activity, the student will pay one credit hour of tuition per semester and will be enrolled full-time (see **PROGRAM-RELATED ACTIVITY POLICY**).



POLICY TITLE: <i>Mid-Clerkship/AI Student Formative Feedback</i>	APPROVAL DATE: <i>June 7, 2018</i>
RESPONSIBLE DEPARTMENT: <i>Office of Medical Education</i>	APPLIES TO: <i>M3 & M4 Students</i>

POLICY STATEMENT

All required clerkships and required Acting Internships must have a formative feedback plan in place. While some variation is permitted and necessary to allow for the individual features and attributes of the various clerkships, certain standards and practices are required to ensure that a) medical students receive the substantive and constructive feedback necessary to remediate performance issues and improve their clinical skills prior to the conclusion of the clerkship, b) that this experience is an active learning process and fosters life-long learning skills, and c) that the College of Medicine is in compliance with related accreditation standards.

The following will be implemented as part of the formative feedback plans of all clerkships and required Acting Internships:

- A. Formative feedback sessions must occur no less frequently than once per clerkship and at a date that is near the mid-point of the clerkship.
- B. The student will be required to independently identify specific learning outcomes to be accomplished during the clerkship prior to the scheduled mid-clerkship feedback session.
- C. The same form used to summarize a student’s performance for the purpose of deriving his/her final clerkship grade will be used to guide the formative feedback process. The student will be required to bring this form to the session for review by the faculty member/preceptor providing the formative feedback.
- D. Using this form, students will be required to perform a self-assessment of his/her attainment of both his/her defined learning outcomes and those defined by the clerkship director.
- E. The faculty/preceptor providing the formative feedback will use this form to provide a written documentation of the feedback provided both for the benefit of the student and for centralized tracking.
- F. The form must be signed and dated by both the student and the faculty member/preceptor providing the formative feedback.
- G. Each Clerkship Director must submit to the Educational Policy Committee for approval a written Formative Feedback Plan detailing the specific details for how formative feedback will be conducted in his/her clerkship. This plan must comply with the 6 directives listed above or it will not be approved by the Educational Policy Committee. The detailed plan must include a copy of the form cited in directives 3-6 above, the frequency and time point at which the formative feedback sessions will take place, and who will provide the formative feedback or how the individual charged with providing the feedback will be identified. Any subsequent modifications to the Formative Feedback Plan must be submitted to the Educational Policy Committee, prior to implementation, for approval.
- H. Clerkship directors will be responsible for assuring that all faculty and preceptors involved in the formative feedback process comply with the Formative Feedback Plan.

POLICY TITLE: <i>Mistreatment/Harassment Policy</i>	APPROVAL DATE: <i>August 2, 2018</i>
RESPONSIBLE DEPARTMENT: <i>Office of Student Affairs</i>	APPLIES TO: <i>All Students</i>

POLICY STATEMENT

The UCCOM is committed to providing a positive learning environment that promotes the acquisition of the knowledge, skills and attitudes commensurate with being an exemplary physician. In order to achieve this goal, the COM has established standards of behaviors that are based upon mutual respect of all individuals involved in the learning process. No form of student harassment or abuse is acceptable.

Definition of Mistreatment/Harassment:

The Association of American Medical Colleges (AAMC) defines mistreatment as “Mistreatment arises when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process. It can take the form of physical punishment, sexual harassment, psychological cruelty, and discrimination based on race, religion, ethnicity, sex, age or sexual orientation.”

Mistreatment/Harassment includes but is not limited to the following behaviors:

- **General Mistreatment** (i.e., public humiliation or belittlement, threats, personal service requests, physical or verbal abuse)
- **Sexual Harassment** (i.e., inappropriate comments, name calling, jokes, slurs, gestures, touches, advances of a sexual nature)
- **Racial Harassment** (i.e., inappropriate comments, name calling, jokes, slurs, gestures of a racial nature)
- **Sexual Orientation Harassment** (i.e., inappropriate comments, name calling, jokes, slurs, gestures, touches, advances of a sexual nature)
- **Religious Harassment** (i.e., inappropriate comments, name calling, jokes, slurs, gestures of a religious nature)

Procedures

Reporting Incidences of Mistreatment/Harassment

Centralized Reporting Options:

- Associate Dean for Student Affairs & Admissions
- Anonymous URL
<http://comdo-wcnlb.uc.edu/EMOS/Resources?ReportMistreatment.aspx>
- Anonymous telephone line 1-800-889-1547
- Course/Clerkship/Elective Evaluations
- Associate Dean for Diversity & Inclusion
- Refer to Grievance Procedure in Student Handbook

Handling of Reports

All reports are sent to the Associate Dean for Student Affairs and Admissions for centralized tracking of incidents and interventions. Those reports made through the anonymous URL or telephone line prompt an email notification to the Associate Dean to notify of receipt of a report. End of Course/Clerkship/Elective evaluations are sent to the course directors and the Associate Dean once grades have been submitted. The Office of Diversity & Inclusion communicates reports that it receives to the Office of Student Affairs and Admissions. The Associate Dean communicates with the appropriate

course director and other administrators/supervisors to investigate and intervene on reports alleging mistreatment by a faculty, resident or other staff. The Associate Dean will directly intervene on reports alleging mistreatment by a student. Interventions for faculty, residents, staff or students may range from counseling to imposing sanctions, if appropriate. Students may also choose to report to the Senior Associate Dean for Educational Affairs or any of the University of Cincinnati offices below. Reports of sexual harassment, discrimination or retaliation made to the Office of Student Affairs and Admissions that may be in violation of Title IX must be reported to the Title IX office.

Retaliation for Reporting

Retaliation for reporting mistreatment is not tolerated. Any incident of alleged retaliation toward a medical student should be reported to the Associate Dean for Student Affairs for further investigation. Students may also choose to report to the Senior Associate Dean for Educational Affairs.

Students should familiarize themselves with University policies and procedures relating to discrimination and harassment which are available on these UC [websites](#):

Office of Equity and Inclusion Policies

<http://www.uc.edu/inclusion/resources/guidelines.html>

Reporting Allegations of Discrimination or Harassment

<https://www.uc.edu/inclusion/oeoa/OEOAHarassment.html>

University policy on non-discrimination

http://www.uc.edu/content/dam/uc/trustees/docs/rules_10/10-13-01.pdf

Title IX of the Education Amendments of 1972

<http://www.uc.edu/titleix.html>

POLICY TITLE: *Parental Leave/Accommodations Policy*

APPROVAL DATE: *May 2, 2019*

RESPONSIBLE DEPARTMENT: *Office of Student Affairs*

APPLIES TO: *All Students*

POLICY STATEMENT

The University of Cincinnati College of Medicine (UCCOM) acknowledges the importance of family growth and supports all students (male, female, gender non-conforming) who are both birth and non- birth adopting parents (including stepparents and guardians). Given the demands of parenting, modification to medical school curriculum and timeline for completion may be necessary. When parental leave or accommodations are needed, UCCOM will strive to provide flexibility for completion of curricular requirements using the following core principles during pregnancy, postpartum, and the child-rearing years:

- A. Each parental leave and accommodation request will be considered on an individual basis. Students should discuss their request with the Office of Student Affairs. Student Affairs and the Performance and Advancement Committee (PAC) will provide guidance as to whether the request will need to have formal approval by the PAC.
- B. Illness of the student’s child, requiring the student to miss minimal class or clinical work, is comparable to the student being ill themselves. Refer to the Attendance and Absences Policy in the Student Handbook.
- C. When extended parental leave (more than 5 business days in M3/4 or more than 2 weeks in M1/2) is anticipated, the student is referred to the Leave of Absence Policy in the Student Handbook.
- D. In planning for a parental leave, the Associate Dean for Student Affairs or designee will refer the student to the Office of Financial Services and the Registrar, prior to submission of the Medical Student Status Form (MSSF), to discuss any impact on their tuition/loans and on their curricular progression to meet graduation requirements.
- E. It may be possible to arrange accommodations without changing the graduation date, provided all UCCOM graduation requirements are met; however, this determination will be made on a case-by-case basis.

Lactation Support

- A. If a student requires space/time for breast pumping and related activities, they will notify the clerkship/elective director who will then notify the necessary clinical site director.
- B. UCCOM and UC Health have lactation rooms available for student/employee use. The student may also use call rooms with locking doors for this purpose. Working together, the student and clinical site director will find a location on the unit for pumped milk storage. The following locations may be used by students assigned to UC COM or UCMC:
 - 1. Health Sciences Library (during library hours) – Two areas in private room with privacy screen and storage fridge. Obtain key from Circulation Desk
 - 2. UCMC has two designated areas for breast pumping:
 - i. Third floor lactation room near L&D and postpartum. Four areas with privacy screens, breast pumps, and fridge. The door is unlocked, so please knock before entering.
 - ii. Main hospital lobby - Two private Mamava pods.
- C. An MSSF form is not needed for breast pumping sessions.

University of Cincinnati Title IX Policies

- A. Title IX of the Education Amendments of 1972 prohibits discrimination based on sex in education programs or activities. This prohibition includes discrimination against pregnant and parenting students.
- B. Students with additional questions may refer to the University of Cincinnati Title IX site at <https://www.uc.edu/titleix/Resources/pregnancy-parenting.html>
- C. Additional questions not addressed at this site may be forwarded to:

Title IX Office

3rd floor, 3115 Edwards 1

45 Corry Blvd.

Cincinnati, OH

45221-0158

(513) 556-3349

titleix@uc.edu

www.uc.edu/titleix

Version 13 4/16/2019



POLICY TITLE: <i>Performance and Advancement Committee Standards and Procedures</i>	APPROVAL DATE: <i>June 7, 2019</i>
RESPONSIBLE DEPARTMENT: <i>Office of Medical Education</i>	APPLIES TO: <i>All Students</i>

POLICY STATEMENT

I. PERFORMANCE AND ADVANCEMENT COMMITTEE

A Performance and Advancement Committee (PAC) monitors the progress of each medical student through the curriculum. A separate PAC is established for each cohort of students upon entry into the program of medical education. Each committee regularly reviews each student’s performance and may make decisions on promotion, retention, dismissal, leave of absence and compliance with COM standards.

A. MEMBERSHIP AND VOTING

Overall evaluation of student performance at the COM shall be made by any of two PACs. One PAC will follow the student primarily through the pre-clinical years (the M1/M2 PAC), and the other through the clinical years (the M3/M4 PAC). A transfer student will be assigned to the PAC which applies to the class into which he or she enters. MD/PhD students will be followed by the M1/M2 and M3/M4 PACs when they are in their medical student years. When these students are working on their PhD dissertation or doing MSTP work outside of the MD requirements their progress will be monitored by the MSTP Academic Progress Committee, following the rules and regulations established by the MSTP and the department in which they are obtaining their PhD degree.

Membership on each PAC shall include seven faculty members including both basic science and clinical faculty. Members will be appointed by the Senior Associate Dean for Educational Affairs or his designee. A chairperson and vice-chairperson of each PAC shall be designated by the Senior Associate Dean for Educational Affairs or his designee from among the members on PAC. Each member, including the chairperson and vice-chairperson will have one vote. A simple majority of the voting membership shall constitute a quorum.

An Executive Secretary to the PAC may be appointed by the Senior Associate Dean for Educational Affairs. The Executive Secretary is a non-voting member of PAC. Members of the Office of Medical Education and of the Office of Student Affairs may be asked to attend PAC meetings to provide information that may assist the Committee in their deliberations.

Decisions of PAC will be based upon the student’s academic record, behavior and professionalism and overall performance. A PAC may review, at its discretion, information submitted by the student under consideration. A PAC is not required to review any information that is submitted by a student that the PAC did not specifically request.

The PAC will document its decisions in meeting summaries or minutes. These meeting summaries will not be detailed transcripts of discussions at meetings. Adverse actions or significant concerns as determined by PAC regarding an individual student will be communicated to the student and may also be communicated to the student’s advisor and to the Office of Student Affairs at the discretion of the PAC. Email is an acceptable form of communication to a student by a PAC.

A student may appeal the decision of a PAC only in the manner described in Appeals and Grievances. No other appeal or review mechanisms are applicable.

B. FREQUENCY OF THE MEETINGS

Each PAC shall meet no less than four times per year. It is anticipated that each PAC may need to meet more frequently such as monthly to review student progress. A PAC may meet at other times as needed. Virtual meetings of PACs, including email votes, are allowed but should be limited to special circumstances that preclude a meeting of the PAC.

C. THE NATURE OF Committee DELIBERATIONS

All deliberations of the PAC are confidential.

It is the PAC's responsibility to assure to the extent of its abilities that all graduates of the COM are prepared to become physicians and deserve the conferring of the Doctor of Medicine degree by the University. The PAC will review student performance based upon the published educational objectives of the courses, derived from the graduation competencies. This includes not only test scores and other measures of knowledge and skill, but also, behaviors that the faculty has defined as part of the academic requirements of the curriculum. A PAC member who has a conflict of interest in the matter shall remove themselves from the deliberation and any potential vote of action concerning the student. A conflict of interest is determined to exist in instances where the PAC member: 1. is related to the student; 2. is or has been in a significant mentoring or social relationship with the student or student's family; 3. believes s/he cannot be completely impartial in his/her consideration of the matter regarding the student or 4. has previously given a grade of Failure to the student in a course or clerkship that is an integral component of the decision that is currently before PAC pertaining to this student.

The PAC will follow the guidelines defining **Advancement and Retention** and **Appeals and Grievances**.

Issues relating to improper conduct or lack of professionalism may be referred directly to the Co- Chairs of the Honor Council and the Associate Dean for Student Affairs and Admissions and/or the appropriate PAC as determined by the person submitting the Exemplary/Formative Feedback Form. The COM adheres to the General Professional Standards: **Policies for the Honor Council** and the Guidelines for Student Conduct maintained by the University of Cincinnati as well as the standards of performance expected of all students enrolled in the medical school curriculum.

D. PERSONAL APPEARANCE BEFORE THE COMMITTEE

A student whose advancement and/or academic or professional performance is in question may be requested to appear before a PAC. This includes students for whom actions such as dismissal, repetition of a course or other component of the curriculum, or other alterations in progress are likely possibilities. Repeated instances of marginal grades or other poor academic or professional performance may lead to a request by the PAC for the student to appear. The PAC also reserves the right to mandate a student's appearance. Failure of a student to attend a mandated PAC appearance will be grounds for disciplinary action up to and including dismissal from the College of Medicine.

A major purpose for providing the student access to the PAC is to allow the student an opportunity to furnish more information before a decision is made. Correspondingly, invited students are encouraged to inform the PAC of any extenuating or mitigating circumstances affecting academic or professional performance.

The PAC must provide notice to the student via email at least 48 hours prior to the meeting at which the student is requested to appear to allow the student sufficient time to make alternations in his or her schedule.

A student may request an appearance before a PAC to discuss requests for Leaves of Absence, participation in Program Related Activities, or other extenuating or unusual requests. Students wishing to appear before the PAC must provide notice to the PAC at least 48 hours prior to the regularly scheduled meeting of the PAC. Any

such appearance by a student is at the sole discretion of the PAC.

A PAC may request, at its sole discretion, an assessment for fitness for duty regarding any student who experiences problems that interfere with academic or professional performance.

A student may bring an advisor to the meeting with the committee. The PAC, at its discretion, may also meet with the advisor in the absence of the student. When the student is present the advisor may advise the student, but not directly interact with the PAC. Once the meeting with the student is over, and the PAC has no questions for the advisor, the advisor will leave the meeting before PAC deliberations begin.

II. LETTER OF CONCERN

A. Use and Consequences

1. The PAC may, but is not required to, issue a Letter of Concern if, in its judgment, the student is at academic risk. The decision to issue a Letter of Concern is a matter of discretion of the PAC and is not a prerequisite or condition to later action, adverse or otherwise, regarding a student. An unsatisfactory performance, whether interim or final, in any course may result in the PAC sending a Letter of Concern to a student. A student who has failed to pass the USMLE Step 1 or Step 2 Clinical Knowledge/Clinical Skills exams may be issued a Letter of Concern.
2. The nature of the Letter of Concern status is meant to alert the student that he or she is in significant academic or professional difficulty. It is not recorded on the student's official transcript and does not affect financial aid. Receipt of a Letter of Concern cannot be appealed.

B. Removal of Letter of Concern Status

To have the Letter of Concern status removed, a student must maintain two successive semesters with passing grades in all courses, i.e., receive no Failures or Conditionals. The passing grades may be interim grades. However, a PAC may retain a student's Letter of Concern status for a period longer than two semesters, if the PAC believes that extending the Letter of Concern would be beneficial to the student's academic progress.

III. PROFESSIONALISM REQUIREMENTS

The PAC recognizes that there is a range and degrees of behavior that encompass professionalism. However, a medical student who fails to maintain the degree of personal and professional standards deemed essential for all medical students by the COM is subject to actions which may include dismissal from the COM.

Failure to meet the academic standards of a course for any reason will lead to review of the student by the PAC. Issues relating to improper conduct or lack of professionalism should be referred to the Associate Dean for Student Affairs and Admissions and the appropriate PAC chair in writing (see below). The PAC chair and Associate Dean for Student Affairs will discuss the issue and determine if the concern expressed in the professionalism referral should be referred to the Honor Council, be handled by the Office of Student Affairs, or by the PAC. The Exemplary/Formative Feedback Form can be found in the appendix (one is for behavior which needs correction, another is for exemplary behavior).

A. PAC Review of Professionalism

1. An individual who has concerns about a lack of professionalism exhibited by any COM medical student may express concerns to the PAC and the Associate Dean for Student Affairs and Admissions. Any submissions must be in writing and describe the concerns. The preferred format is through the use of the COM Exemplary/Formative Feedback Form but the use of this form is not an absolute requirement.
2. If the issue is to be handled by the Office of Student Affairs the PAC will be informed of the

discussion between the student and the Office, and the PAC will be aware of the outcome of such discussions.

3. If the issue is to be handled by the PAC, the PAC will review the documentation of the alleged unprofessional behavior and, if applicable, any action taken to correct the alleged behavior. The student who allegedly engaged in the unprofessional behavior shall be invited to appear before the appropriate PAC to allow the student an opportunity to furnish more information before a decision is made. The PAC will investigate the alleged unprofessional behavior and make a determination as to whether there is reason to believe that the medical student engaged in the alleged unprofessional behavior. Once a determination is reached, the PAC will proceed as described under point 4.
4. The PAC will summarize in its minutes or meeting summary the conduct of its review, and may choose to do any or a combination of the following:
 - a. Take no action
 - b. Place the student on a Professional Warning status

A simple majority of the voting members in attendance at the PAC meeting, provided that a quorum is present, must agree to the placement of the student on Professional Warning.

In placing a student on Professional Warning, the PAC will specify the corrective actions, activities and parameters that the student will be required to demonstrate or perform. These may include, but are not limited to, monitoring of performance; a Leave of Absence; specifications regarding the student's academic program and schedule; periodic updates or appearances before the PAC; consultation and advising, or other actions. The PAC will also delineate specific timelines as applicable for resolution of the Professional Warning.

A student in Professional Warning status will undergo regular reviews by the PAC to assure that progress is being made by the student in addressing the concerns that led to the Professional Warning status. Removal of Professional Warning Status is at the discretion of the PAC and requires a simple majority vote of PAC members providing that a quorum is present.

- c. Inform others, such as appropriate course directors and members of the COM administration, of the student's need to engage in corrective actions so that appropriate monitoring can be provided. In addition, the PAC may work with the course directors and COM administration to arrange for alterations of instructional situations and/or mentoring to assist the student in correcting the deficiencies.
- d. Determine if a statement regarding the professionalism problem should be placed in the student's MSPE; or, if the MSPE has been sent, to send out an addendum to the MSPE to the student's matched residency program or programs to which the student is applying of the specific needs which the student has regarding professional guidance.
- e. Determine that dismissal is appropriate due to unprofessional behavior.

IV. LEAVE OF ABSENCE

Granting of and return from a Leave of Absence will be determined by the PAC as described in the **LEAVE OF ABSENCE POLICY**.

V. GRIEVANCES AND APPEALS

Information describing reasons for grievances and appeals, and procedures used to file a grievance or an appeal can be found under **GRIEVANCE PROCEDURE, GRADE APPEALS PROCESS, AND ACADEMIC STATUS APPEALS PROCESS.**



POLICY TITLE: <i>Principles Guiding Interactions between Teachers & Learners in Medicine</i>	APPROVAL DATE: <i>August 5, 2013</i>
RESPONSIBLE DEPARTMENT: <i>Office of Medical Education</i>	APPLIES TO: <i>All Students</i>

POLICY STATEMENT

Preparing for a career in medicine demands the acquisition of a large fund of knowledge and a host of special skills. It also demands that the virtues underlying the patient-doctor relationship are imparted to learners so that the profession of medicine as a moral enterprise is sustained. This compact serves both as a pledge and as a reminder to teachers and learners that their conduct in fulfilling their mutual obligations is the medium through which the profession inculcates its ethical values.

GUIDING PRINCIPLES

DUTY Medical educators have a duty to convey the knowledge and skills required for delivering the profession’s contemporary standard of care and to inculcate the values and attitudes required for preserving the medical profession’s social contract across generations.

INTEGRITY The learning environment must be suffused with integrity. Students learn enduring lessons of integrity by observing and emulating role models who epitomize authentic professional values and attitudes.

RESPECT Fundamental to the ethic of medicine is respect for every individual. Mutual respect between learners, as novice members of the medical profession, and their teachers, as experienced and esteemed professionals, is essential for nurturing that ethic. Given the inherently hierarchical nature of the teacher/learner relationship, teachers have a special obligation to ensure that students and residents are always treated respectfully.

COMMITMENTS OF TEACHERS

- We will ensure that all components of the educational program are of the highest possible quality.
- As mentors for our student and resident colleagues, we will demonstrate the highest professional standards in all of our interactions with patients, colleagues, and staff.
- In nurturing both the intellectual and personal development of students and residents, we will strongly encourage professional attitudes and behaviors, as well as academic excellence.
- We will show respect for our learners and all individuals without regard to gender, race, national origin, religion, or sexual orientation.
- We will not tolerate others who abuse, exploit, disrespect, or exhibit biased attitudes towards our students or residents.
- We encourage any student or resident who experiences mistreatment or who witnesses unprofessional behavior to report the incident immediately to appropriate faculty or staff without fear of reprisal.

COMMITMENTS OF LEARNERS

- We will acquire the knowledge, skills, attitudes, and behaviors required to fulfill all educational objectives established by the UCCOM.
- We value and will strive to achieve the professional virtues of honesty, compassion, integrity, fidelity, and dependability.
- As physicians in training, we will embrace the highest standards of the medical profession and pledge to conduct ourselves accordingly in all of our interactions with patients, colleagues, and staff.
- We will show respect for our teachers and all individuals without regard to gender, race, national origin, religion, or sexual orientation.
- We pledge to encourage and support each other in meeting our academic goals and professional obligations.



POLICY TITLE: <i>Program-Related Activity Policy</i>	APPROVAL DATE: <i>June 7, 2018</i>
RESPONSIBLE DEPARTMENT: <i>Office of Student Affairs</i>	APPLIES TO: <i>All Students</i>

POLICY STATEMENT

Any third or fourth-year medical student in good academic standing who wishes to take up to one year away from the formal curriculum for enhancement purposes (i.e., conduct research outside of UC, engage in mission work, enroll in cultural exchange/language immersion programs), may request approval from the appropriate Performance and Advancement Committee (PAC) for Program-Related Activity (PRA) registration. Permission to participate in a PRA is at the sole discretion of the PAC. If a student is requesting a PRA after their M2 year the student must take Step 1 before beginning the PRA. Refusal to allow a student to participate in a PRA is not subject to any appeals or grievances.

A student enrolled in any other academic program at UC or outside UC is not eligible for PRA.

The student on PRA will be charged one credit hour of tuition per semester and will be registered as a full-time student at the University of Cincinnati. This enrollment status makes the student on PRA eligible to purchase student health insurance and defer student loans.

Academic credit will not be given for the Program Related Activity. Students on PRA are not eligible for financial aid.

To be enrolled in a Program Related Activity, the student must follow the procedure outlined below:

1. Meet with the Associate Dean for Student Affairs for initial approval of the plan
2. Submit a written plan for PRA to the appropriate PAC for final approval at least 60 days before the PRA is to commence
3. The plan is to include dates when the PRA will commence and end
4. A description of the PRA must specify what the student will do, who will supervise/oversee the student and if the student will be compensated for the PRA
5. At the conclusion of enrollment in PRA, the student will present a written report summarizing the PRA experience to the PAC. If there are any changes in the student’s original PRA plan, the student is to notify the PAC as soon as the student is aware of the changes.

POLICY TITLE: <i>Required Course Evaluation Policy</i>	APPROVAL DATE: <i>June 7, 2018</i>
RESPONSIBLE DEPARTMENT: <i>Office of Medical Education</i>	APPLIES TO: <i>All Students</i>

POLICY STATEMENT

The Office of Medical Education requires that medical students complete evaluations for all required courses, (M1 and M2 basic science courses, core clerkships, and acting internships/electives), and pre-clinical and clinical faculty. Providing constructive curricular program feedback is a student's professional responsibility and is essential for continuous quality improvement of the medical school curriculum.

Procedure:

- Students will receive an e-mail informing them that an evaluation is available and the date for completion. Students will have two weeks to complete the evaluation. One email reminder will be sent two days before the evaluation is due.
- M1 and M2 end of course and lecture (pre-clinical faculty) evaluations are mandatory. 30% of the class will be randomly selected to complete each mandatory evaluation. Each student will complete no more than 20 mandatory evaluations per year. Please note students will only receive emails for those mandatory evaluations they have been selected to complete.
- Mandatory M3 end of clerkship evaluations will be available 1 week prior to the end of the clerkship and due 1 week after the conclusion of the rotation. Students are required to complete the clerkship overall and clinical faculty evaluations for each assigned site. Students will be manually assigned to each site for the clinical faculty and inpatient / outpatient clinical faculty evaluations.
- An M1/M2 student who fails to complete three mandatory evaluations will receive a Formative Feedback Form and be placed on the appropriate PAC agenda for discussion. A student may receive a Formative Feedback Form and/or Letter of Concern from the PAC for not fulfilling these requirements. An M3 student who fails to complete one or more mandatory evaluations will be placed on the appropriate PAC agenda for discussion. The M3 student may receive a Formative Feedback Form and/or Letter of Concern from the PAC for not fulfilling this requirement.
- M4 Acting Internship and elective end of clerkship evaluations are required. If the evaluation is not completed within two weeks after the evaluation open date, the student may be placed on the appropriate Performance and Advancement Committee (PAC) agenda for discussion OR receive a formative feedback form or letter of concern from the PAC.

POLICY TITLE: *Supervision Policy*

APPROVAL DATE: *June 6, 2019*

RESPONSIBLE DEPARTMENT: *Office of Medical Education*

APPLIES TO: *All Students*

POLICY STATEMENT

I. PREAMBLE

This policy is intended to guide the supervision of activities of medical students and their supervising resident, fellow and attending physicians to ensure that medical students are appropriately observed/supervised in patient care activities during inpatient and outpatient training during the University of Cincinnati College of Medicine (UCCOM) medical degree program. This policy also applies to the supervision of activities of visiting medical students. The policy is meant to ensure the safety of students, supervising resident/fellow and attending physicians, and patients and to make best use of the clinical environment to maximize students' development of skills, knowledge, and attitudes needed to enter the practice of medicine.

Supervision requirements are determined by factors such as the level of training of the student (i.e. year in medical school), the determinations made by the appropriate curriculum committees as to the level of supervision appropriate to that training level, the familiarity of the supervising physician with the student and the student's abilities, the nature of the clinical situation and degree of risk to the patient, and the student's skill and experience with the particular clinical situation.

II. Definitions of Supervision

A. Definition of Supervising Physician

1. An attending physician employed by the University of Cincinnati College of Medicine; a community attending physician with a volunteer faculty appointment at the University of Cincinnati College of Medicine; a resident or fellow physician under the supervision of an attending physician training in a graduate medical education program at or associated with the University of Cincinnati College of Medicine.
2. Supervising physicians must all be members in good standing of the clinical setting facility's medical staff authorized to supervise and/or provide resources for medical students.

B. Definition of Direct vs Indirect Supervision

1. Direct Observation/Supervision – the observing/supervising physician (resident/fellow, attending) is physically present with the student and patient.
2. Indirect Supervision: with direct observation/supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide direct observation.

C. Specific Supervision Designations:

“Observe” is defined as:

1. The student is not allowed to have direct patient interaction (student is not taking a history or performing a physical, student is not participating in the diagnostic/therapeutic plan for that patient, etc). Examples of observation may be observing another care provider providing the service (as part of team rounds) or being shown a physical exam finding on rounds.

“Perform” is defined as:

2. The student is allowed to fully participate in patient encounters with appropriate attending or resident supervision of the patient on the service or clinic, aiding in a complete or problem focused history, physical, and diagnostic/therapeutic plan. Supervision can be either full supervision or on-demand supervision as deemed appropriate.

- a. Full supervision is defined as either a coactivity with the supervising physician (resident/attending) or a patient encounter with the supervising physician (resident/attending) in the room ready to step in as needed.
- b. On-demand supervision is defined as the student participating in a patient encounter with the supervising physician (resident/attending) immediately available with all findings being double checked by the supervising physician

These definitions of full and on-demand supervision are adapted from Chen et al, The Case for Use of Entrustable Professional Activities in Undergraduate Medical Education. *Acad Med.* 2015; 90: 431–436.

D. Progressive Responsibility

1. Students must be observed/supervised by attending physicians or resident/fellow physicians in such a way that the student only assumes progressively increasing responsibility according to their ability and experience. The level of responsibility accorded to each student must be determined by the teaching staff according to the clerkship or course-specific criteria.
2. After students have demonstrated competency in necessary skills, supervision may be provided with more indirect supervision, but direct supervision readily available. In those situations, students should be provided with rapid, reliable systems for communicating with supervising physicians.

III. Supervision Locations

- A. All clinical encounters are expected to occur within primary and affiliate sites of the University of Cincinnati College of Medicine, with appropriate affiliation agreements according to LCME and AAMC policies and procedures.
- B. A medical student must not perform a medical service without the direct and immediate supervision of an attending of the clinical site or resident/fellow at the clinical site where the service is performed.
 1. Clinical decisions and orders will not be formulated or enacted by medical students without a supervising physician's input.
 2. Supervising physicians will identify those patients for whom medical student supervision may be provided by fellows, residents, and/or appropriately credentialed allied healthcare providers.
- C. Responsibility for Policy
 1. It is the responsibility of the supervising course/clerkship faculty member and/or site director to assure that the specifications of this policy are followed for all medical students of the University of Cincinnati College of Medicine as well as visiting medical students and that appropriate supervision is always available.
- D. Students will have the status of learners in all clinical sites associated with the University of Cincinnati College of Medicine. Students are not meant to replace clinical staff, and are not to render independent patient care and/or service except as such are identified for educational value as a part of the COM-planned educational program.
- E. In the clinical setting in the M1 and M2 years (in-patient or out-patient), M1 and M2 students will be directly supervised with the supervising physician present or with the supervising physician immediately available.
 1. Medical Students, in the course of their educational curriculum, may take patient histories and perform complete physical examinations. This begins in the M1 and M2 years.
- F. In the clinical setting in the M3 and M4 years, M3 and M4 students will be directly supervised by the supervising physician present or with the supervising physician immediately available. Specific clinical situations must be considered in the M3 and M4 years:
 1. Inpatient Care:
 - a. It is the expectation of the University of Cincinnati College of Medicine that an appropriately credentialed and privileged attending faculty member will be available for supervision during all clinical hours. Attending physicians are responsible for ensuring the appropriate care and coordination of care that is provided to patients.
 - b. All patients seen in an inpatient clinical setting should be seen by the attending physician.
 - c. In most inpatient clinical settings, all patients will also be seen by the appropriate resident/fellow physicians (e.g. a senior level resident for M4 acting internship supervision, a junior level resident for M3 clerkship).

- d. The attending physician and/or resident/fellow physician shall review the clinical situation and modify the clinical plan of the patients under their supervision at regular intervals (i.e. daily and more frequently as acuity increases and clinical situation merits).
 - e. Medical students may enter findings in the medical record of the patient with the approval of the patient's supervising physician. The attending physician is responsible for the completeness of the medical record, including the provision of additional comments in the medical record and attestation of the medical record. The supervising physician will review medical student documentation and provide feedback for educational purposes.
 - f. Medical students will learn to write orders involved in patient care in the M3 and M4 years. All written orders must be approved and co-signed by the appropriate supervising physician. Students shall not give verbal orders.
 - g. Medical students will learn to write medication orders and prescriptions involved in patient care during the M3 and M4 years. All medication orders must be approved and co-signed by the appropriate supervising physician.
 - h. Students may call consults to other physicians during the M3 and M4 clinical years under the guidance of supervising physicians.
2. Outpatient/Ambulatory Care
- a. It is the expectation of the University of Cincinnati College of Medicine that an appropriately credentialed and privileged attending faculty member will be available for supervision during normal outpatient hours. Attending physicians are responsible for ensuring the appropriate care and coordination of care that is provided to patients.
 - b. All patients seen in an outpatient clinic should be appropriately staffed by the senior supervising physician.
 - 1. Not every outpatient visit might be staffed with an attending physician. Medicare grants a primary care exception for approved Graduate Medical Education residency programs where a resident provides services and the attending physician is immediately available for supervision. These visits are limited to annual wellness visits and primary preventive care visits. The services must be furnished in a primary care center located in the outpatient department of a hospital or another ambulatory care entity where the time spent by residents in patient care activities is included in determining DGME payments to a teaching hospital. This requirement is not met when the resident is assigned to a physician's office away from the primary care center or when he or she makes home visits. Residents who provide this patient care without an attending physician physically present must have completed more than 6 months of an approved residency program. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Teaching-Physicians-Fact-Sheet-ICN006437.pdf>
 - c. In some clinical outpatient settings, patients will also be seen by the appropriate resident/fellow physicians.
 - d. Medical students may enter findings in the medical record of the patient with the approval of the patient's supervising physician. The attending physician is responsible for the completeness of the medical record, including the provision of additional comments in the medical record and attestation of the medical record. The supervising physician will review medical student documentation and provide feedback for educational purposes.
 - e. Medical students will learn to write orders involved in patient care in the M3 and M4 years. All written orders must be approved and co-signed by the appropriate supervising physician. Students shall not give verbal orders.
 - f. Medical students will learn to write medication orders and prescriptions involved in patient care during the M3 and M4 years. All medication orders must be approved and co-signed by the appropriate supervising physician.
3. Observation/Supervision of Students Performing Procedures
- a. A student will be considered qualified to assist in performing a procedure if, in the judgment of the medical school curriculum guidelines and the supervising attending physician, that the student is entrusted to perform that activity. The guiding principles in determining appropriateness of a given procedure will include the complexity of the procedure, the potential for adverse effects, the demonstrated medical knowledge appropriate to the procedure, previous training in the procedure, and the competence, maturity and responsibility of each student in order to ensure the safety and

comfort of the patient. The student should not perform the procedure without Direct Observation/Supervision.

- b. All outpatient procedures will have the attending physician of record documented in the procedure note, and that attending physician will be ultimately responsible for the procedure.
 - c. The supervising physician must have privileges or authorization to perform the procedure being supervised.
- G. Advanced Practitioners and Allied Healthcare Providers Supervision
1. When a medical student is participating in a clinical setting in which advanced practitioners (physician assistants, nurse practitioners, certified registered nurse anesthetist) and/or allied healthcare providers (e.g. nursing, social work, etc) are present, it is the responsibility of the supervising faculty physician to assure that the advanced practitioners and/or allied healthcare providers are appropriately credentialed and capable of medical student supervision within the scope of their practice.
 2. When a medical student is participating in a hospital-based practice, it is assumed that advanced practitioners and allied healthcare providers employed are appropriately credentialed by the hospital and capable of medical student supervision within the scope of their practice.
 3. Advanced practitioners may supervise medical students as a delegated responsibility from the supervising physician. This does not waive the supervising physician's responsibility for the student.
- H. Supervision of Patient Encounters and Procedures in the M3 Year
1. As part of the graduation requirements of the University of Cincinnati College of Medicine, as specified by the Education Program Committee (EPC), medical students are required during the M3 and M4 years to track and record documentation for 1) a defined set of clinical procedures that the student must perform or observe and 2) a defined set of patient encounters that the student must perform.
 2. Procedures and encounters are listed by individual clerkship.
 3. Procedures are also identified as being required to either be performed or observed and whether the performance or observation needs to be done on a live patient or can be done in a simulation setting. Students are encouraged to work with their attending physicians and residents/fellows to perform procedures on live patients wherever possible and to record as many clinical encounters as possible.
 4. Please see the Clinical Procedures/ Patient Encounters Checklist Policy. (*add hyperlink*)
- I. All on-call experiences in which medical students participate are subject to the supervision rules described above.

IV. Distribution of Policy

- A. Distribution to UCCOM Students:
1. Students will have on-line access to this policy in the student handbook.
 2. The policy will be distributed and reviewed during orientations to each of the curriculum years, at each core clerkship/acting internship/elective orientation, and in any course of the curriculum with clinical patient activities.
- B. Distribution to Visiting Medical Students:
1. Visiting medical students will have on-line access to this policy in the student handbook.
 2. The policy will be referenced on the Visiting Medical Student webpage.
- C. Distribution to Supervising Attending and Resident/Fellow Physicians:
1. This policy is distributed to all attending physicians within the University of Cincinnati College of Medicine and its affiliates, including clerkship directors, residency program directors, fellowship directors, and community preceptors.
 2. This policy is distributed to and reviewed by all residents/fellows who will supervise University of Cincinnati College of Medicine students or visiting medical students in any clinical setting.
 3. Faculty and residents/fellows will also have online access to this policy via the Medical Education Faculty Handbook.



POLICY TITLE: <i>Toxicology Testing “For Cause” of Medical Students</i>	APPROVAL DATE: <i>December 7, 2017</i>
RESPONSIBLE DEPARTMENT: <i>Office of Student Affairs</i>	APPLIES TO: <i>All Students</i>

POLICY STATEMENT

1. “For cause” drug and alcohol toxicology testing for medical students:

- a. The Associate Dean for Student Affairs or designee may act to order testing “for cause” when concerns are raised regarding the performance, behavior, or actions of a medical student that indicate a reasonable suspicion for substance impairment (e.g. drugs and/or alcohol).
The smell of alcohol or drugs is sufficient cause for following the procedure outlined in this policy. The use of prescribed medication that impairs the ability to work safely is also sufficient cause for following the procedure outlined in this policy. Physical signs, symptoms and abnormal behavior may include, but are not limited to those listed on the Observation Checklist for Unusual Behavior that is completed by the initial observer of the student. (Attached) If there is concern about the student’s health or safety, the student will be escorted for evaluation to University Health Services at Holmes (UHS), or the nearest emergency department in addition to undergoing toxicology testing.
- b. “For cause” drug and/or alcohol testing may be ordered when concerns are raised and/or a recommendation for drug and/or alcohol testing is made to the Associate Dean of Student Affairs or his/her designee by any of the following individuals and/or committees: the Performance and Advancement Committee (PAC), any faculty member or attending physician, any UCCOM staff member, any hospital staff member, fellow medical student, hospital administrator, other healthcare professional, patient, and/or family member.
- c. Once testing is ordered, it should be initiated immediately and must be completed within two hours when at all possible. Failure or refusal to undergo and/or complete testing in a timely manner will result in a presumption of a positive toxicology result and mandatory leave of absence and/or other disciplinary action up to and including a recommendation for dismissal. A refusal to permit testing includes, but is not limited to, an unexcused failure to provide an appropriate sample for testing, or any effort or test result that indicates tampering with the testing process or results.
- d. There will be no opportunity to appeal the order to be tested “for cause.”

2. Procedure for Drug and Alcohol testing of medical students

- a. The clerkship or elective director for the rotation the student is on should be contacted first to be informed about the suspicion of impairment in the student. The clerkship or elective director should contact the Associate Dean for Student Affairs or designee to communicate the findings. The Office of Student Affairs will forward a copy of the Observation Checklist for Unusual Behavior to the site where the student is located to be completed by the person observing the student.

- i. **UC Health site:** For students rotating at UC Health sites, testing will be performed on site by UC Health during business hours and by an outside agency that comes on site to perform the testing after hours. The procedure followed for employees at that site will also be followed for medical students.
- ii. **Non-UC Health site:** If the student is at a non-UC Health site, testing will be completed by an outside agency unless that site prefers testing be done in house.
- iii. **Away rotation:** If a UCCOM student is on an away rotation as a visiting student at another institution, the procedure for drug testing by that institution is followed.
- iv. **Visiting student from outside institution:** A visiting student from an outside institution will be drug tested as per the policy for UCCOM students.
- v. Cost of “for cause” testing will be covered by UCCOM but any additional medical evaluation is the financial responsibility of the student

3. Test results

- a. Result of toxicology testing is forwarded to the Associate Dean for Student Affairs or designee. The Associate Dean for Student Affairs or designee will only share the toxicology testing results with university employees to whom disclosure is necessary in order to effectuate the requirements and/or procedures of this policy or other UCCOM policies (e.g., PAC members).
- b. A positive toxicology screen will exist if the toxicology results present a finding of:
 - i. Illicit/illegal drugs or alcohol;
 - ii. Any prescription substance for which the student does not have a valid prescription;
 - iii. Any prescription substance for which the results indicate that it was taken in a manner that is inconsistent with how it was prescribed.
- c. Results are stored in the student file.
- d. The College of Medicine shall maintain the toxicology results in a manner that ensures the confidentiality of the results in compliance with, applicable state and federal requirements.

4. Consequences to the student

- a. A student with a negative toxicology screen may be referred to the PAC due to concerns raised by the findings on the Observations Checklist for Unusual Behavior.
- b. Failure or refusal to undergo and/or complete testing, as discussed in 1.c. will result in a presumption of positive toxicology result and mandatory leave of absence and/or other disciplinary action up to and including a recommendation for dismissal.
- c. A student with a positive toxicology screen will be placed on a mandatory leave of absence (LOA), and all educational and clinical activities will be discontinued. A student with a positive toxicology screen will be referred to the PAC. Referral for such a finding could result in actions up to and including a recommendation for dismissal. Refusal to comply with the recommendations of the PAC may result in a recommendation of dismissal from the College.
- d. PAC may require students to have an assessment by the Ohio Physicians Health Program (OPHP) in Columbus, OH. OPHP will make recommendations to the PAC and the Associate Dean for Student Affairs or his/her designee regarding the need for further appropriate substance use assessment and/or treatment on a case-by- case basis.

- e. If this evaluation reveals no evidence of a substance use issue, the PAC or designee will determine the appropriate course of action. If the evaluation reveals a substance use issue, the student will be required at their expense to register with the Ohio Physicians Health Program (OPHP) with reports submitted to the PAC or designee and the Associate Dean for Student Affairs until the student graduates from the COM. Any relapse of substance use is grounds for dismissal.
- f. Prior to returning from a LOA, the student will need to document abstinence and participation in OPHP. A minimum of six months of continued abstinence must be documented prior to reinstatement to a learning environment. In rare instances, the six- month requirement may be adjusted by the PAC or designee, if after careful consideration, the PAC determines that a longer or shorter time is needed for effective treatment. In addition, prior to returning, the student may be required to appear before the PAC in order to determine an appropriate academic plan. This plan may require a student to repeat/remediate parts of the curriculum. After six months (or adjusted time), if the student is unable to document abstinence (without relapse episodes) and participation in OPHP, this will be considered grounds for a recommendation of dismissal, to the Dean, by the PAC.
- g. Non-UCCOM students may be terminated from working at the site where they were observed to be impaired and then will be held to the rules of their home institution. Results of toxicology testing is forwarded to the Associate Dean for Student Affairs and Admissions or designee at UCCOM. The Associate Dean for Student Affairs at the student's home institution is contacted to communicate the toxicology results and observations leading to drug testing.

OBSERVATION CHECKLIST FOR UNUSUAL BEHAVIOR

This checklist should be used to record unusual behavior of a medical student participating in any aspect of the curriculum. Check all items applicable. One witness should make the observation and sign the form.

Observer: _____ Date: _____

Department/site: _____ Time: _____

<i>Walking</i>	Stumbling Holding on	Staggering Weaving	Unsteady Unable to walk	Falling
<i>Standing</i>	Swaying Staggering	Rigid Sagging at knees	Feet wide apart Unable to stand	
<i>Speech</i>	Shouting Slow	Silent Rambling	Whispering Slurred	Slobbering
<i>Attitude</i>	Cooperative Crying Sarcastic	Polite Silent Aggressive	Calm Talkative	Sleepy Excited
<i>Actions</i>	Threatening Calm Hyperactive	Fighting Drowsy Hostile	Refusing to listen Profanity Erratic	
<i>Eyes</i>	Bloodshot Glassy	Watery Closed	Dilated	Droopy
<i>Face</i>	Flushed	Pale	Sweaty	
<i>Appearance/ Clothing</i>	Messy Have odor	Dirty	Partially dressed	Neat
<i>Breath/Body</i>	Alcohol odor Marijuana/other drug odor	No alcohol odor	Faint alcohol odor	
<i>Movements</i>	Fumbling Normal	Jerky Nervous	Slow Hyperactive	
<i>Eating/ hewing</i>	Gum Other (identify if possible) _____	Candy	Mints	

Other behavior unusual for this student:

Observer signature: _____ Date: _____

Rev 11.15.17

PART II: STUDENT INFORMATION

NON-DISCRIMINATION POLICIES

University of Cincinnati Equity and Inclusion Policies and Guidelines

<https://www.uc.edu/inclusion/resources/guidelines.html>

University of Cincinnati Non-discrimination and Affirmative Action Policy

Background

The university is committed to excellence and diversity in our faculty and staff. A fundamental component to achieving diversity is ensuring equal opportunity for all through affirmative action and by providing an inclusive environment free from invidious discrimination in all its forms. This policy applies to employees who are not covered by a collective bargaining agreement or for whom the agreement contains no provision regarding this subject.

University Policy on Discriminatory Harassment

http://www.uc.edu/content/dam/uc/hr/labor_and_employee_relations/policies/11_02_discriminatory_harassment.pdf

University Policy on Non-Discrimination and Affirmative Action

http://www.uc.edu/content/dam/uc/hr/labor_and_employee_relations/policies/11_01_nondiscrimination_and_affirmative_action.pdf

Definition(s)

1. Invidious Discrimination is discrimination on the basis of race, color, religion, national origin, ancestry, disability, medical condition, genetic information, marital status, sex, age, sexual orientation, veteran status or gender identity and expression.
2. Affirmative Action is the good faith effort to achieve full utilization of women and minority groups at all levels and in all areas of the university.

Policy

1. Invidious discrimination shall not be tolerated.
2. Where past or present discrimination continues to have an adverse impact upon protected class members such as minority groups, women, disabled, veterans or disabled veterans, the university will take affirmative action in carrying out its policy of non-discrimination and equal opportunity for all.

Procedure

1. Medical students with allegations of invidious discrimination should follow the Harassment/Abuse Policy in the Student Handbook but have the additional route of reporting allegations to the Office of Equity and Inclusion (OEI).

<http://www.uc.edu/inclusion.html>

(513) 556-8463

COMMUNICATION AND IDENTIFICATION

EMAIL AND ELECTRONIC RESOURCES

The University of Cincinnati issues an email account to all registered students at no cost. Students will usually receive their UC email address at Orientation. The **UC email account is the official means of communication between students, faculty and administration.** If a student chooses to forward email from their assigned UC email address to a different email address (e.g. Gmail, Yahoo) this forwarding is done so at the student's own risk and it is the student's responsibility to determine if this is a violation of UC email or information technology policies. Students must not forward any patient-related material to an unencrypted outside email account as this would be a violation of the Health Insurance Portability and Accountability Act (HIPAA). Any student who is in violation of HIPAA is subject to personal fines and civil penalties including jail time for violation of federal law and is also subject to disciplinary action up to and including dismissal from the COM. UC has no control over the delivery of email that has been forwarded outside of its

domain to external providers. In addition, while the University strives to keep its email system functional at all times, the COM is not responsible if the email system is unavailable to users due to an outage.

The COM uses email to communicate official information to students. Examples include, but are not limited to, financial aid announcements, registration or enrollment information, weather and other emergencies, and course updates. **It is important that students check their UC email account daily as some communications may be time sensitive.** Faculty will determine the appropriate use of email in their course. Listservs are established for each class to facilitate quick communication. The COM is aware that students may create their own listservs and other means of communication. These are not official communication tools of the COM.

While the University makes every effort to secure its computer systems, networked resources, and email accounts, it cannot guarantee that there is no unauthorized intrusion, nor can it authenticate the sender of an electronic communication. Students are responsible for keeping their email passwords confidential. If a student loses or forgets their password, the student may contact the UCIT help desk for assistance. All students must follow all UC policies with respect to the use of information technology including email.

The University and COM will also provide various electronic resources for the students to use, such as learning management systems, library holdings such as online books and journals, and evaluation tools. The student's username and password (known as the central login) will be utilized to access those materials as well. Use of the virtual private network (VPN) will allow students to access these materials from any site outside of the COM.

Hospital systems are distinct from the COM systems, and students will be supplied with training and unique usernames and passwords to use while on rotations at area hospitals. Students must be aware of and follow the information technology policies of any clinical site to which they are assigned.

Students are responsible for the material presented in all didactic activities. Every reasonable effort will be made to record all educational activities occurring in the lecture halls, and provide these recordings to students via the learning management system (LEO). There will be some sessions that are intentionally not recorded; in these cases, students will be given notice well in advance of such sessions that the only opportunity to view such activity will be to attend the live session.

Students should realize that recordings are not a substitute for presence at academic activities but are offered for the convenience of the students. Circumstances may be such that the recording may not be sufficient to duplicate the events that occur in the lecture hall. Some demonstrations may take place that unexpectedly cannot be recorded. Technical problems may occur in which either all or part of an academic activity is not properly recorded. Students are still responsible for the material presented in these sessions and the material presented in these sessions can be tested/assessed.

FINGERPRINTING

Fingerprinting is required for rotations at the Veterans Affairs Medical Center (VAMC) a minimum of 21 days in advance of and not more than a maximum of six months prior to the first rotation start date. A student must be fingerprinted with completed results available before being issued an ID, approved for computer training, or beginning their rotation at the VAMC. The fingerprinting is a one-time process for the duration of the student's academic rotations. This can be arranged by contacting Police Services 24/7 at 513-861-3100, ext. 4173.

ID CARDS

Medical students will be assigned ID badges for the University and for many of the clinical sites to which they are assigned. ID badges allow access to a variety of secure sites. The appropriate ID badges, especially at clinical facilities, must be worn and visible at all times at all facilities. Failure to wear proper identification is an issue of patient safety. Students are subject to disciplinary action if they do not wear appropriate identification. If any institution does not provide an institution-specific ID badge, the student is to wear the UC ID.

MAILBOXES AND LOCKERS

Each student is assigned a mailbox and locker. It is important a student check his/her mailbox frequently to remove accumulating mail.

NAME AND ADDRESS CHANGES AND DIRECTORIES

If, at any time, the student's official registered name changes, the student must **immediately** contact the COM Registrar in the Office of Student Affairs so that records may be updated. If a student's address and/or phone number changes, a student is to access the Catalyst Student Portal to update his/her information so the Registrar has the most current information. A student will be assumed to have received any communication from the COM sent to the address on record in the Student Portal.

For privacy reasons, UCCOM student and faculty directories are not available for public access.

CEREMONIES

WHITE COAT CEREMONY

The White Coat Ceremony welcomes entering medical students and serves as a rite of passage into the profession of medicine. The event emphasizes the importance of compassionate care for the patient as well as scientific proficiency and includes several elements:

- Recitation of the Oath of Professionalism which represents public acknowledgment by the students of the responsibilities of the profession and their willingness to assume such obligation in the presence of family, friends, and faculty
- Cloaking of students
- Address by an eminent physician role model

More information about the White Coat Ceremony can be found online at

<http://www.med.uc.edu/ceremonies/whitecoat>

STUDENT CLINICIAN CEREMONY

This ceremony is held at the beginning of M3 year during the June intersession and marks the transition to full clinical service. It emphasizes the importance of practicing humanism in medicine and patient-centered, collaborative care. It includes the presentation of the Gold and Silver Apple Awards to honor exemplary faculty educators and an address by a resident who was recognized by third year students for his/her excellence in teaching and compassionate care. The class recites the Oath of Professionalism they wrote during their orientation to medical school.

HONORS DAY

The UCCOM Honors Day, which takes place near the end of May each year, is the ceremony at which members of the graduating class are hooded, signifying the completion of their studies for the Doctor of Medicine degree. In addition to the hooding, talks are given by a class representative and an invited speaker. College and Departmental awards are announced. Recipients of the Drake Medal, the highest honor conferred by the COM, attend the Honors Day ceremony. More information about the Honors Day Ceremony can be found online at

<http://www.med.uc.edu/ceremonies/honorsday>

GRADUATION

The COM spring graduation takes place two weeks after Honors Day. There is no ceremony associated with graduation. Graduation signifies the conferral of a degree and determines the degree date that will appear on the student's diploma. Medical students can pick up their diplomas in the Office of the University Registrar on the day of graduation or arrange to have their diplomas sent to them. The COM also has graduation dates in August and December.

Guest Hooder and White Coat Policy
UC College of Medicine

Guest Coater and Guest Hooder Policy
UC College of Medicine

The following guidelines define the criteria for guests who are allowed to participate in the White Coat ceremony as a “guest coater” or in the Honors Day graduation ceremony as a “guest hooder.” The ultimate decision for any exception rests with the Associate Dean of Student Affairs.

1. MD, DO or MD-PhD alumnus of the UC COM who is a parent (step-parent), grandparent, sibling, spouse, aunt or uncle.
2. MD, DO or MD-PhD alumnus of any medical school who is parent (step-parent), grandparent, sibling, spouse, aunt or uncle.

Note: Faculty (MD, DO or MD-PhD) from the UC COM are not eligible to be a guest coater or guest hooder unless they are related to the student in the relationships listed above. A maximum of two (2) guests will be allowed per student.

Dated: June 12, 2019

Reviewed by the Interim Senior Vice President for Health Affairs and Dean, Senior Associate Dean for Educational Affairs, and Associate Dean of Student Affairs

COMBINED/DUAL DEGREE PROGRAMS AT THE COM

The UCCOM affords students the opportunity to earn two degrees at once. These combined or dual degrees are as follows:

Medical Scientist Training Program (MSTP) <http://www.med.uc.edu/mstp/>

MD/MBA Program <http://www.med.uc.edu/MDMBA/requirements>

MD/MS in Nutrition <http://www.med.uc.edu/ome/curriculum/nutrition>

REGISTRAR'S OFFICE

The Office of the Registrar of the University of Cincinnati College of Medicine is responsible for managing the enrollment, records and degree audits of our students. More information can be found online at [**http://www.med.uc.edu/registrar**](http://www.med.uc.edu/registrar).

HONORS AND AWARDS

Recognition of outstanding performance by individuals in the COM helps to enhance a quality medical education. There are two honorary organizations, Alpha Omega Alpha and Gold Humanism Honor Society, at the COM. In addition, different courses and departments sponsor topic specific awards. Lastly, numerous awards are made at the Honor Day convocation in May of the fourth year.

1. Alpha Omega Alpha Honor Medical Society (AOA)

AOA was organized in 1903 to promote high medical ideals and scholastic achievements. AOA values include honesty, honorable conduct, morality, virtue, unselfishness, ethical ideals, dedication to serving others, and leadership. Election to AOA is an honor signifying a lasting commitment to scholarship, leadership, professionalism and service. A life-long honor, membership in the society confers recognition for a physician's dedication to the profession and art of healing. The top 25% of a class is eligible for nomination and up to 16% may be elected based on leadership, character, community service and professionalism. Distinguished professionals may also be elected to honorary membership. The AOA constitution specifies that election of members be based primarily on academic achievements with consideration given to the qualities of leadership, fairness in dealing with colleagues, compassion, integrity, and service to the school and community at large. A student's grades in M1, M2 and M3, as well as fourth-year Acting Internship grades, if available, are used as the measure of academic achievement. Nominees are asked to submit their curriculum vitae, personal statement and three letters of recommendations. Selections, made biannually by the COM's AOA Committee, occur at the end of the third year and at the beginning of the fourth year.

2. Gold Humanism Honor Society (GHHS)

The GHHS, a branch of the Arnold P. Gold Foundation, was started at the UCCOM in 2007. The GHHS honors medical students who clearly demonstrate person-centered and values-centered care with patients, families and in their interactions with colleagues and peers. Each spring the COM's chapter of the GHHS recognizes those students who, during their M3 clerkships, have demonstrated exemplary attitudes and behaviors characteristic of the most humanistic physicians: integrity, excellence, compassion, altruism, respect, empathy, and service. Residents who are selected to win the Humanism and Excellence in Teaching Award, voted on by M3 medical students, and the Leonard Tow Humanism in Medicine awardees are also inducted into GHHS. Membership in GHHS continues throughout one's career. Nominations are sought from peers and faculty at the beginning of Spring Semester of M3. Applications, including a curriculum vitae, one letter of recommendation and an essay on humanism in medicine, are due in March of M3. A selection committee meets to review the applications and selects up to 15% of the class for membership. Awardees are notified in April, in time for inclusion in the student's MSPE. The Recognition and Induction ceremony is held in May of M3. Newly inducted members are required to develop and participate in a service project during M4 that aligns with the mission of GHHS. The GHHS Chapter Advisor facilitates and supports the service project.

MEDICAL STUDENTS AND PATIENT PROTECTION

Medical students must communicate with, examine, and provide care for all patients. They may not discriminate against any patient on the basis of race, color, religion, national origin, sex, sexual orientation, age, physical or mental handicap, or veteran status. Medical students may not refuse to assist in the treatment of a patient solely because the patient has an infectious disease. Medical students must consistently respect and maintain patient confidentiality and respect the rights of patients, colleagues and other health care professionals. They must exhibit empathy, caring, integrity, honesty, fairness, and respect for others.

HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Medical students must respect the rights of patients, including the rights to privacy and confidentiality, and shall maintain the privacy and security of all patient records and information in accordance with University and COM policies, the policies of the affiliated clinical hospitals and facilities, and state and federal law. The UCCOM and its affiliated hospitals and clinics are subject to the Health Insurance Portability and Accountability Act (HIPAA) and have developed HIPAA privacy and security policies to prevent inappropriate disclosures of health information. Medical students must follow these policies and will receive education and training to understand these policies. In general, protected health information may not be discussed or disclosed to anyone, verbally, in writing, or electronically, unless this disclosure is necessary to perform the student's duties and responsibilities. In particular, medical students may not review their own medical records or access medical records or electronically stored patient information unless such review is required in the performance of assigned duties.

All incoming and current medical students are required to complete annual online HIPAA training.

Online Training Modules: Medical Student Requirements

The student will complete required online training modules through the UC Health myKnowledge portal. All of the modules will be completed annually, on a date set by the COM.

The link to the modules is <https://traininglogin.uchealth.com/>.

Medical students receive their clinical training in a variety of institutions. Many of these institutions may have specific orientations and/or required training which must be completed prior to participating in clerkships and other training experiences. Students are responsible for meeting all requirements for each institution in which they participate in a clinical rotation.

HEALTH REQUIREMENTS FOR MEDICAL STUDENTS UPON ENTRY TO UCCOM

POLICY

Prior to matriculation, each student must submit medical documentation for the following immunizations and requirements:

Measles, Mumps and Rubella (MMR): Positive IGG titer.

Tetanus/Diphtheria/Pertussis (Tdap): If received Tdap > 10 years prior to school start, must have received Tetanus - diphtheria [Td] < 10 years ago.

Varicella: Positive IGG titer.

Hepatitis B: 3 injections (or 2 Heplisav-B) according to schedule and positive quantitative Hepatitis B surface Antibody titer with exceptions made only for extenuating circumstances (See Hepatitis B Diagram at end of policy).

Tuberculosis (TB) clearance: All students are required to be free of active tuberculosis. You must either:

- 1) Complete a two-step TB test. This ensures any future positive tests can be interpreted as being caused by a new infection, rather than simply a reaction to an old infection or BCG vaccination. The first test must be placed no sooner than 4 months prior to the start date of school UNLESS you have had a TB skin test placed in the 364 days prior to your program start date. Then this test can be your baseline TB test.

A second TB skin test must be placed > 2 weeks after the baseline test and no sooner 6 weeks prior to the start of school.

If either test is positive, then a negative IGRA blood test (preferred) or chest x-ray is required.

- 2) Have a negative Interferon Gamma Release Assay [IGRA] blood test, such as QuantiFERON-TB Gold. Note: if you have a history of a positive tuberculin skin test, you must have a negative IGRA test (preferred) or a negative chest x-ray performed **six months or less** from your school start.

A student will not be permitted to participate in the Orientation and required clinical training activities unless documentation that a student is appropriately immunized has been provided. **Documentation of immunization must be signed by your personal physician (not a relative) and uploaded into Med+Proctor.** Failure to comply will result in the student being restricted from patient contact and a Formative Feedback Form will be submitted to PAC. The inability to participate in patient contact that is a mandatory component of the curriculum will be considered an unexcused absence that may negatively impact grade in course up to and including receiving a grade of Failure.

Drug & Alcohol Testing

Individuals who are dependent on or impaired by alcohol or other substances are not suitable candidates for providing care to patients and, therefore, for admission, promotion, or graduation. Health care providers within our primary health system (UCHealth) are expected to maintain a safe, productive, and drug- and alcohol-free environment and to perform their assigned duties safely and efficiently. Participation in clinical rotations at UCHealth is an essential requirement of the University of Cincinnati College of Medicine's curriculum. UCHealth requires all participants to submit a negative drug screen prior to participation in clinical rotations. Therefore, all College of Medicine candidates must pass a comprehensive, pre-matriculation drug screen according to the standards and requirements set forth and maintained by UCHealth. Failure to pass this drug screen may result in the rescinding of an applicant's acceptance.

Following matriculation, "for cause" drug and alcohol testing may be initiated when concerns are raised regarding the performance, behavior, or actions of a medical student that indicate a reasonable suspicion for substance impairment. Compliance with "for cause" drug and alcohol testing of medical students is a condition of continued enrollment.

IMMUNIZATION REQUIREMENTS: UCCOM STUDENTS

Tuberculosis (TB): An annual tuberculin skin test or IGRA test is required for all students. An annual chest x-ray or negative annual IGRA test is required for those with positive tuberculin skin tests.

Influenza (Flu): An annual flu shot is required for all students.

Failure to provide adequate documentation in Med+Proctor may be grounds for restricting patient contact and/or registration.

- All students must provide adequate documentation in Med+Proctor of having met the TB and influenza requirements by the UCCOM specified dates annually to remain active within the curriculum especially those curricular components involving patient contact.
- Failure to comply with this requirement will result in the student being restricted from patient contact and a Formative Feedback Form submitted to PAC. The inability to participate in patient contact that is a mandatory component of the curriculum will be considered an unexcused absence that may negatively impact the student's grade in the course up to and including receiving a grade of Failure.

PROCEDURES

- Annual TB and Influenza (Flu) immunization brigades are provided by University Health Services (UHS) for all medical students at UCCOM. The brigades are scheduled in collaboration with the Offices of Medical Education and Student Affairs to best accommodate the curriculum schedules.
- Students may meet the annual TB and influenza requirements through other avenues outside of participation in the scheduled brigades but must be in compliance with the requirements by the UCCOM specified dates.
- Financial Responsibility: Prior to participating in a UHS brigade session, students must submit either student health or private health insurance information or specify that they intend to pay out-of-pocket with the expense appearing in their Student Bursar account.

Infectious Disease: Policy for students who contract an infectious disease

Students who contract a serious infectious disease during medical school must immediately seek appropriate medical care. Students must also report any such occurrence to University Health Services (UHS) or contact UHS if you have specific questions (513-584-4457).

Bloodborne / Bodily Fluid/Respiratory Exposure: Hepatitis, HIV, TB, Meningitis Infection Prevention

AFTER A NEEDLESTICK OR BODY FLUID EXPOSURE

***** IF indicated, HIV prophylaxis needs to start within 2 hours. *****

The purpose of this policy is to protect students from the risks of being occupationally infected with the Human Immunodeficiency Virus (HIV), Hepatitis B virus, Hepatitis C virus, tuberculosis or any other pathogen transmitted by blood, other body fluid or respiratory secretions. However, each student is responsible for his/her health and safety in the clinical/educational setting, and all students should be familiar with the policies and procedures to follow in the event that they are injured or potentially exposed to bloodborne/respiratory pathogens or other infectious diseases.

Medical students must comply with specific clinical departmental guidelines regarding contact with patients who have infectious diseases. Precautions and appropriate safeguards are expected to be used in the treatment of all patients. Universal blood and body fluid precautions lessen the risk of exposure to such fluids, and these precautions must be used routinely.

DEFINITION OF EXPOSURE

An exposure incident occurs when human blood or other potentially infectious materials enter your body by:

- A splash to the eye, mouth or other mucus membrane;
- Respiratory secretions;
- Contamination of non-intact skin; or
- A puncture or cut with a sharp instrument that has been exposed to another's body fluid.

PROCEDURES

A. Bloodborne/Bodily fluids

The exposed student must:

Administer first aid immediately.

- Wash needlesticks and cuts with soap and water.
- Flush splashes to the nose, mouth, or skin with copious amounts of water.
- Irrigate eyes with clean water, saline, or sterile irrigants.

Report the exposure to the source patient's medical provider and University Health Services [UHS]:

- During working hours (Monday-Friday, 8:00 a.m. to 4:00 p.m.): (513) 584-4457.
- After hours: (513) 584-STIX (584-7849) and go to the Emergency Room at University Hospital [UH ER] or nearest ER.
- Exposures must be reported IMMEDIATELY. If indicated, post-exposure prophylaxis [PEP] should be started within 2 hours of exposure if possible.
- UHS will assist the student in completing the appropriate University of Cincinnati report forms [A1352(a) and A1352(b)].

The source patient's medical provider should:

Obtain Source Patient Information.

- The source patient's medical provider should be the one to obtain consent from the patient to have source labs drawn (at no cost) and will obtain the results of the source patient's testing for HIV, HBV and HCV at the time of exposure or when medically able to obtain consent.
- Obtain as much demographic and medical data on the source patient as possible. (Name, Date of Birth, Medical Record Number, the diagnosis and history (including history of hepatitis, liver disease, HIV status, blood transfusions and IV drug or alcohol abuse).

B. Tuberculosis Exposure

The exposed student:

- Students exposed to a person with active pulmonary or laryngeal tuberculosis will be notified, evaluated, and managed by UHS. UHS will send exposed students an encrypted email &/or telephone call notifying them of the potential exposure with next steps to take.
 - Students, who have a documented negative TB blood or skin test within the past 3 months, will be tested 3 months after exposure.
 - Students, who do not have a documented negative TB blood or skin test within the past 3 months, will be tested as soon as possible (within 2 weeks) of the exposure, and again 3 months after exposure.

TREATMENT

A. Bloodborne/Bodily fluids

- With or without results from the source patient, the student's medical provider (at UHS or the ER) will determine the need for prophylactic treatment.
- **Hepatitis B (HBV)**
 - Prevented by vaccination.
 - For vaccinated health care personnel [HCP], who have written documentation of a complete HepB vaccine series with subsequent documented anti-HBs ≥ 10 mIU/mL, testing the source patient for HBsAg is unnecessary. No post-exposure prophylaxis for HBV is necessary, regardless of the source patient's HBsAg status.
 - For vaccinated HCP (who have written documentation of a complete HepB vaccine series) without previous anti-HBs testing, the HCP should be tested for anti-HBs and the source patient (if known) should be tested for HBsAg as soon as possible after the exposure. Anti-HBs testing should be performed using a method that allows detection of the protective concentration of anti-HBs (≥ 10 mIU/mL). Testing the source patient and the HCP should occur simultaneously; testing the source patient should not be delayed while waiting for the HCP anti-HBs test results, and likewise, testing the HCP should not be delayed while waiting for the source patient's HBsAg results.
 - If the HCP has anti-HBs < 10 mIU/mL and the source patient is HBsAg-positive or has an unknown HBsAg status, the HCP should receive 1 dose of HBIG and be revaccinated as soon as possible after the exposure. HepB vaccine may be administered simultaneously with HBIG at a separate anatomical injection site (e.g., separate limb). The HCP should then receive the second 2 doses of HepB vaccine to complete the second series (likely 6 doses total when accounting for the original series) according to the vaccination schedule. So the HCP's vaccine response status can be documented for future exposures, anti-HBs testing should be performed 1–2 months after the final vaccine dose.
 - If the HCP has anti-HBs < 10 mIU/mL and the source patient is HBsAg-negative, the HCP should receive an additional single HepB vaccine dose, followed by repeat anti-HBs testing 1–2 months later. HCP whose anti-HBs remains < 10 mIU/mL should undergo revaccination

with two more doses (likely 6 doses total when accounting for the original series). So the HCP's vaccine response status can be documented for future exposures, anti-HBs testing should be performed 1–2 months after the final dose of vaccine.

- If the HCP has anti-HBs ≥ 10 mIU/mL at the time of the exposure, no post-exposure HBV management is necessary, regardless of the source patient's HBsAg status.
- For vaccinated HCP with anti-HBs < 10 mIU/mL after two complete HepB vaccine series, the source patient should be tested for HBsAg as soon as possible after the exposure. If the source patient is HBsAg-positive or has unknown HBsAg status, the HCP should receive 2 doses of HBIG. The first dose should be administered as soon as possible after the exposure, and the second dose should be administered 1 month later. HepB vaccine is not recommended for the exposed HCP who has previously completed two HepB vaccine series. If the source patient is HBsAg-negative, neither HBIG nor HepB vaccine is necessary.
- For unvaccinated HCP and additional information, refer to CDC guidelines: **Prevention of Hepatitis B.**
- **Human Immunodeficiency Disease (HIV)**
 - Prevented by taking post-exposure prophylactic [PEP] antiretroviral medicine, ideally within 2 hours of exposure.
- **Hepatitis C (HCV)**
 - No preventive therapy available. Students will be advised to work with their personal physician for appropriate care.

B. Tuberculosis

Students who acquire latent tuberculosis infection during UC coursework will be evaluated and treated by UHS, in coordination with Hamilton County TB Control Unit.

C. Meningitis

Students who have had intensive, unprotected (not wearing a mask) contact with an infected patient's oral or nasal secretions should get post-exposure prophylaxis. UHS will provide the post-exposure evaluation and any needed post-exposure medications.

FINANCIAL RESPONSIBILITY

For UCCOM students and all visiting students who have purchased the bloodborne pathogen insurance, all required initial baseline care, follow-up lab testing, and prophylactic medications for a reported episode of potential occupational BBP exposure only are provided at no cost: **Blood Borne Pathogen Exposure Insurance Information for University of Cincinnati Clinical Students.**

Hepatitis, HIV or TB Chronic Infection Policy for Students

The Centers for Disease Control and Prevention (CDC) guidelines suggest that medical students with Hepatitis B, Hepatitis C, or HIV (HBV/ HBC/ HIV) seropositivity can attend classes and participate in clinical clerkships and preceptorships.

PROCEDURES

Prior to the start of clinical experiences, infected students are required to seek medical consultation by a physician from University Health Services or their own personal physician. **It is the responsibility of HBV/HCV/HIV infected medical students to notify and discuss their condition with a provider at University Health Services to determine their ability to perform the duties required of the clinical rotations.** All such notifications will be kept strictly confidential unless disclosure is necessary to protect patients.

Persistent Hepatitis B Virus [HBV] or Hepatitis C Virus [HCV] Antigenemia

POLICY

Medical students infected with viral hepatitis can pose a threat to patients. Cases of hepatitis transmission from physician to patient are documented in the literature, and therefore students infected with viral hepatitis may have additional matters to consider regarding their contact with patients. These considerations will likely extend throughout their education and careers, and form the basis for the following procedures.

PROCEDURES

All medical students are required to obtain hepatitis B vaccination before beginning medical school, and certainly before any patient contact. The vaccine is highly effective at inducing immunity to hepatitis B, and its side effect profile is minimal. Non-responders to six lifetime doses of hepatitis B vaccine will be tested for chronic hepatitis B infection.

Students infected with chronic viral hepatitis (hepatitis B or hepatitis C) are required to discuss their condition with a provider at University Health Services [UHS]. This discussion should include an evaluation of their current health status (or review of data previously collected elsewhere), and the impact their hepatitis infection may have on patients seen during their training.

Students are encouraged but not required to meet with faculty advisors regarding the potential impact hepatitis may have on their future career and specialty choice. This is especially important for any student with chronic hepatitis infection who is considering a surgical career. Appropriate advisors include the Chair/Chief/faculty in the specialty being considered and/or the Associate or Assistant Dean for Student Affairs.

Medical students with active Hepatitis B infection (i.e., HBsAg positive) who do not perform exposure-prone procedures but who practice non- or minimally invasive procedures should not be subject to any restrictions of their activities or study.

Student who have a HBV PCR viral load of 1000 IU/ml or greater may pose a greater risk to patients when performing exposure-prone procedures and/or techniques and certain restrictions regarding full participation in these may be warranted. For a list of exposure-prone procedures and techniques, see MMWR July 6, 2012 Updated CDC Recommendations for the Management of Hepatitis B Virus-Infected Health-Care Providers and Students, Box, p. 8.

Students who have a consistent HBV viral load less than 1000 IU/ml do not require any restrictions in participating in exposure-prone procedures and/or techniques.

Students who have chronic viral hepatitis (Hepatitis B) who may be rotating on surgical or OB/GYN rotations are required to have HBV PCR at least every 6 months, regardless of their HBeAg status. These students may require restrictions for participating in exposure-prone procedures and/or techniques. UHS will refer these students to the Office of Accessibility Resources (OAR) on main campus to follow the procedure for requesting accommodations. UHS will be available to provide medical documentation required by OAR.

Positive Human Immunodeficiency Virus (HIV)

POLICY

Medical students infected with HIV can pose a threat to patients. These considerations will likely extend throughout their education and careers, and form the basis for the following procedures.

PROCEDURES

Prior to the start of clinical experiences, infected students are required to seek medical consultation by a physician from University Health Services or their own personal physician. **Students infected with HIV are required to discuss their condition with a provider at University Health Services [UHS] to determine their ability to perform the duties required of the clinical rotations.** All such notifications will be kept strictly confidential unless disclosure is necessary to protect patients. This discussion should include an evaluation of their current health status (or review of data previously collected elsewhere), and consider the impact their infection may have on patients seen during their training.

Students are encouraged but not required to meet with faculty advisors regarding the potential impact HIV may have on their future career and specialty choice. This is especially important for any student with HIV infection who is considering a surgical career. Appropriate advisors include the Chair/Chief/faculty in the specialty being considered, and/or the Associate or Assistant Dean for Student Affairs.

Medical students with HIV infection who do not perform exposure-prone procedures but who practice non- or minimally invasive procedures should not be subject to any restrictions of their activities or study.

Medical students who have an HIV load of > 200 copies/ml may pose a greater risk to patients when performing exposure-prone procedures and/or techniques. UHS will refer these students to the Office of Accessibility Resources (OAR) on main campus to follow the procedure for requesting accommodations. UHS will be available to provide medical documentation required by OAR. Certain restrictions regarding full participation may be warranted. For a list of exposure-prone procedures and techniques, see MMWR July 6, 2012 Updated CDC Recommendations for the Management of Hepatitis B Virus-Infected Health-Care Providers and Students, Box, p. 8.

Positive Tuberculosis (TB)

POLICY

Medical students with confirmed infectious pulmonary, laryngeal, endobronchial, or tracheal TB disease, or a draining TB skin lesion pose a risk to patients, HCWs, and others. These considerations will likely extend throughout their education and careers, and form the basis for the following procedures

PROCEDURES

Prior to the start of clinical experiences, infected students are required to seek medical consultation by a physician from University Health Services or their own personal physician. **Students infected with TB are required to discuss their condition with a provider at University Health Services [UHS] to determine their ability to perform the duties required of the clinical rotations.** All such notifications will be kept strictly confidential unless disclosure is necessary to protect patients. This discussion should include an evaluation of their current health status (or review of data previously collected elsewhere), and the impact their infection may have on patients seen during their training. Students are also encouraged but not required to meet with faculty advisors regarding the potential impact TB may have on their future career and specialty choice. Appropriate advisors include the Chair/Chief/faculty in the specialty being considered, and/or the Associate or Assistant Dean for Student Affairs.

Medical students with a newly positive test result for *M. tuberculosis* infection should receive one chest radiograph result to exclude TB disease. If the X-ray is positive, they should be excluded from school until these criteria have been met:

- 1) Three consecutive sputum samples collected in 8–24-hour intervals are negative, with at least one sample from an early morning specimen (because respiratory secretions pool overnight);

- 2) Response to anti-tuberculosis treatment that will probably be effective (can be based on susceptibility results); and
- 3) Determination by UHS of student's non-infectiousness.

Medical students with extra-pulmonary TB disease usually do not need to be excluded from school or rotations as long as no involvement of the respiratory track has occurred. They can be confirmed as noninfectious and can continue to work if documented evidence is available that indicates that concurrent pulmonary TB disease has been excluded.

Medical students receiving treatment for latent tuberculosis infection can return to work immediately.

Hepatitis B Compliance

Recombivax B or Enderix-B Normal Dosing Schedule Appropriate for FIRST series or REPEAT series	Dose 1	Patient contact allowed after receiving Dose 2.
	Dose 2	Between 1-2 months after Dose 1. Patient contact allowed after receiving Dose 2.
	Dose 3	Between 5-6 months after Dose 2.
	Quantitative Hepatitis B Surface Antibody Titer (HBSAB)	Between 1-2 months after Dose 3. If quantitative titer is negative (indicating no immunity), notify University Health Services [UHS (513) 584-4457]. Repeat Hep B series or obtain 1 Hepatitis booster and re-titer.* If REPEAT quantitative titer is negative (indicating no immunity), notify UHS who will provide further evaluation and guidance.
HEPLISAV-B Normal Dosing Schedule Appropriate for FIRST series or REPEAT series	Dose 1	Patient contact allowed after receiving Dose 2.
	Dose 2	Between 1-2 months after Dose 1. Patient contact allowed after receiving Dose 2.
	Dose 3	Between 5-6 months after Dose 2.
	Quantitative Hepatitis B Surface Antibody Titer (HBSAB)	Between 1-2 months after Dose 2. If quantitative titer is negative (indicating no immunity), notify University Health Services [UHS (513) 584-4457]. Repeat Hep B series or obtain 1 Hepatitis booster and re-titer.* If REPEAT quantitative titer is negative (indicating no immunity), notify UHS who will provide further evaluation and guidance.

 Confirm availability of immunizations with your health care provider prior to making appointments.
 *See Hepatitis B Compliance: Negative Quantitative Titer
 Contact MedProctor (info@medproctor.com) or University Health Services (uhstracking@ucmail.uc.edu) for additional guidance.

Hepatitis B : Negative Quantitative Titer After 1st Immunization Series

HEPATITIS B, AFTER ONE SERIES OF IMMUNIZATIONS,* QUANTITATIVE TITER IS NEGATIVE:

Your first test indicates that you are not immune to hepatitis B, although you have received the 3 shots and had the quantitative titer drawn at least one month thereafter. You must do one of the following:

Repeat a complete series of Hepatitis B immunizations and have a repeat (2nd) quantitative titer drawn one month later. Your second series can be:

- Recombivax B or Enderix-B 3 Doses Normal Schedule [plus quantitative titer one month later];
- Heplisav-B 2 Doses Schedule [plus quantitative titer one month later].

or

Get one Hepatitis B booster and have a repeat (2nd) quantitative titer drawn one month later. Your booster shot can be:

- Recombivax B [plus quantitative titer one month later];
- Enderix-B [plus quantitative titer one month later]; or
- Heplisav-B [plus quantitative titer one month later].

If the repeat (2nd) quantitative titer is also negative, you must complete the second series of immunizations, and have a 3rd quantitative titer drawn one month later.

*Initial series can be 3-shots or Heplisav-B 2-shots.



Confirm availability of immunizations with your health care provider prior to making appointments.

Contact MedProctor (info@medproctor.com) or University Health Services (uhstracking@ucmail.uc.edu) for additional guidance.

Hepatitis B: Negative Quantitative Titer After 2nd Immunization Series

HEPATITIS B, AFTER SECOND SERIES OF IMMUNIZATIONS, QUANTITATIVE TITER IS NEGATIVE:

Your repeat HBSAB did not indicate an immunity response.

You must visit UHS.

- You will be tested for chronic Hepatitis B infection.
- You might be excluded from patient care activities that could expose you to blood/body fluids. More typically, the only way that non-responders are treated differently is in the event of an exposure (e.g., your sustaining a needle-stick from someone with a positive HBsAg, hepatitis B disease, or unknown status). CDC currently recommends that in the event of a known positive or unknown exposure, a nonresponder would get 2 HBIG shots.
- You may be referred to UC's Office of Accessibility Resources (OAR) to determine if any accommodations are necessary.
- Please take cautionary measures to protect yourself, maintain a copy of your immunization records in your personal files, and in the event of a bloodborne pathogen exposure please follow up as necessary.

Contact MedProctor (info@medproctor.com) or University Health Services (uhstracking@ucmail.uc.edu) for additional guidance.



Confirm availability of immunizations with your health care provider prior to making appointments.

Contact MedProctor (info@medproctor.com) or University Health Services (uhstracking@ucmail.uc.edu) for additional guidance.

MEDICAL STUDENT SCHOLARS PROGRAM

In an effort to recognize the diversity of student interests at the UCCOM and to allow highly-motivated students the option of exploring a medically related topic in-depth throughout their four years in medical school, the COM offers first-year medical students an exciting opportunity – the Medical Student Scholars Program (MSSP).

Students accepted into an MSSP path are engaged in preceptor-supervised educational experiences within a circumscribed area of interest. They participate in clinical and didactic activities that go above and beyond the required components of the medical school curriculum. Students who successfully complete all MSSP requirements and who remain in good standing in medical school have the MSSP distinction mentioned during the Honors Day ceremony when they are awarded their medical degree and it is also noted in their MSPE for application to residency training programs. The current MSSP paths offered are:

- Child and Adolescent Health
- Geriatrics
- Mental Health
- Neuroscience
- Nutrition
- Women's Health
- Emergency Medicine

For more information about the MSSP, visit <http://med.uc.edu/ome/MSSP>

RESEARCH OPPORTUNITIES

The UC Academic Health Center ranks among America's leading academic health centers. Excellence in education, patient care, and research draws students, researchers, physicians and patients from all over the world to take advantage of many unique opportunities.

Students and faculty at UC create and learn in an exciting and supportive environment on the cutting edge of biomedical science and technology.

Areas of focus for our Basic Science and Clinical research are vast and widely diverse across the UC Academic Health Center and its affiliated Hospitals, Centers and Institutes and Educational Programs.

Interdisciplinary collaboration is key, as can be seen in the focus on priority research areas that span across departments and divisions within the COM, especially in the areas of Cancer Biology, Cardiovascular and Pulmonary Biology, Immunobiology, Neuroscience and Neurology, Metabolic Disorders, Gastrointestinal Biology, Epithelial Biology, Developmental and Neonatal Biology, Environmental Health, and Molecular Genetics.

Students have multiple opportunities to engage in research while a medical student. Further information is found on the **Academic Support and Counseling** page by clicking on Research Opportunities on the left hand side of the page.

ACADEMIC SUPPORT

The UCCOM has a designated office and an array of support services designed to assist medical students and promote academic success. These services include:

Individual Study Plan Development

The Assistant Dean for Academic Support and Counseling (ADASC) meets with students who are at-risk and/or students who are seeking advice on enhancing their academic performance to help them develop an effective approach to studying. Consultations may be one-time or on-going depending on the student's needs. Meetings are typically 30 to 60 minutes and involve an in-depth analysis of the student's approach to study and learning. This analysis routinely includes a review of current and past study habits, a brief psychosocial interview, brief psychological/psychiatric screening and a brief educational/developmental history. The ADASC will then make individual recommendations and referrals when necessary.

USMLE Prep

The ADASC provides preparatory support for the USMLE Step exams. This comes in the form of large group informational meetings as well as individual consultations. The ADASC makes recommendations for study materials, how to access and use study resources, sample schedules, recommended timeframes, and data on previous UCCOM classes. Students may also receive suggestions for managing test anxiety and other behavioral strategies for promoting success.

The ADASC is the course director for the student-led Board Review Course for Step 1. This course spans approximately 12 weeks during the spring semester of M2. The course is taught by a group of 10-12 MSTP and fourth year medical students who had success on the boards and who have experience tutoring medical students. The text for the course is *First Aid for the USMLE Step 1*. The course guides students through a systematic review of high yield topic areas covered in *First Aid* and prepares them for the intensive independent study period that occurs after final exams.

Advising and Match Preparation

All first and second year medical students are assigned to a small group Learning Community. Students remain with their Learning Community for the first two years of medical school. Each Learning Community has a Clinical Faculty Facilitator who meets with the group on a weekly basis. The sessions are designed to reinforce learning experiences that occur in other areas of the curriculum. As the LC Facilitator stays with his/her group of students for two years, the Facilitator also functions as a role model and mentor and a key resource contact. Beginning with the M3 year and continuing throughout the M4 year, students are assigned to an advisor from the Office of Student Affairs who will advise the student through the process of specialty exploration/selection, planning the fourth year schedule, applying to residency and completing the Medical Student Performance Evaluation. Students are also expected to meet with advisors from the specialty department.

Course Scheduling/ Degree Audit

The Office of Student Affairs and the Office of Medical Education host class meetings containing important information for students about "Planning M3" and "Planning M4". Student Affairs staff and faculty meet with students who may have questions about remaining graduation requirements and strategic scheduling to enhance their academic experience and/or residency application. This service may be particularly useful for students who are considering a leave of absence or returning from a leave of absence.

Career Counseling

Career resources and counseling are available to students in all four years of medical school to assist them in making the important choice of a medical specialty that draws upon their talents and abilities yet meets professional and personal goals. The Director of Career Development serves as the liaison for the AAMC's comprehensive medical career planning website, Careers in Medicine www.aamc.org/careersinmedicine.

The ADASC is qualified to administer the Myers-Briggs Type Indicator (MBTI) that is designed to help students engage in thoughtful self-assessment. Research on the MBTI points to connections between personality types and specialty areas as well as personality types and learning styles. Students can contact the ADASC to make an appointment to take the MBTI followed by personalized feedback.

Departmental specialty meetings are held each year during the spring semester. These meetings provide an opportunity for students in all four years of medical school to meet face-to-face with program directors and faculty representing the various specialties. Student will learn in-depth career information as well as information and advice on how to match for residency. Meetings provide ample time for students to participate in Q & A sessions. Many student led specialty organizations and activities offer additional routes to specialty exploration.

Specialty Advisors are experienced faculty who have volunteered to be available to meet with students and provide information or mentoring in their specialty. Students in the third and fourth years are expected to make contact with a Specialty Advisor at least one time but ongoing advising is encouraged. Specialty Advisors can guide students on myriad career-related issues such as which residency programs to apply, away elective options, program ranking, as well as guidance on the curriculum vitae and interviewing.

Several Learning Community sessions throughout the year are dedicated to career development. This may include an introductory tutorial with Careers in Medicine, Specialty Exploration Workshops and Curriculum Vitae Workshops.

Peer-to-Peer Tutoring Program

The COM has a well-established and highly utilized Peer Tutoring Program. Second, third and fourth year medical students as well as students from the MSTP program serve as Peer Tutors for first and second-year medical students. The majority of the tutoring is provided in small group sessions for which all first and second-year students are strongly encouraged to take advantage of this excellent resource. Group sessions are typically offered on a weekly basis and are available for each academic course free of charge.

Individual tutoring services are also available for students. Students interested in meeting with a tutor should go to the “I want a tutor” link in Medonestop under the “My Course/Class” tab. The link will open up a scheduling program where students can view and reserve individual sessions with tutors. Tutoring materials are available for all students in the Tutoring course in LEO.

Academic Resource Library

Students are encouraged to visit the Office of Academic Support to peruse the Academic Resource Library. The library contains a comprehensive selection of textbooks, board review materials, reference books and other resources for students to borrow. The Academic Resource Library is supported through student donations.

Exam Master Practice Question Bank

All UCCOM medical students have free and unlimited access to online practice questions through Exam Master. The log-in page is accessible at the **Health Sciences Library website** under “COM Student Resources”. Students will need to create an account using their UC email address. Categories of available questions include Biomedical Sciences, Urgent Care, Medical Certification, Clinical Sciences and USMLE.

Wellness Program

The Wellness Program is concerned with taking a holistic approach in caring for and advising medical students. In collaboration with the UC Center for Integrative Health, the Wellness Program features opportunities to learn and practice mindfulness-based techniques, various types of meditation, breath awareness and relaxation techniques. It promotes the development of adaptive coping skills for managing stress and anxiety and emphasizes the importance of work/life balance.

Referrals

The ADASC and other faculty in the Office of Student Affairs may provide students with referrals when appropriate. This may include referrals for psycho-educational evaluations, mental health providers or other types of academic support such as academic coaching.

COUNSELING SERVICES

Many students may encounter a personal problem at some point during medical school or become concerned about a peer who they think needs help.

Students are welcome to discuss confidential issues with staff in the Office of Student Affairs. Information shared with Student Affairs staff, or counseling resources outside of the COM, is considered confidential and not shared with others without a student's written consent, unless there is a life-threatening emergency. Information shared by a student does not become part of the student's academic record.

Mental Health Resources

The COM has a contract with UC Health Psychiatry to provide mental health services for medical students.

For Students covered by UC Student Health Insurance

The first step is to obtain a Referral from Student Health Services. On the medical campus this is the Holmes Clinic located at the corner of Eden Avenue and Albert Sabin Way. Call 584-4457 to make an appointment.

Once a referral is obtained, students with Student Health Insurance should call UC Health Psychiatry at 558-5085. UC Health Psychiatry is conveniently located to the medical campus and is within walking distance. It is located at 260 Stetson Street, Suite 3200. When calling to schedule the initial appointment *it is extremely important for students to specify they are medical students*. This information will trigger the office staff to schedule the first appointment within 7-10 business days from the phone call.

Services available to medical students at UC Health Psychiatry include psychiatry initial consultations, treatment and medication management, psychotherapy and psychological evaluation for ADHD and other learning disorders. Providers of care will not be involved in the academic evaluation or promotion of students who have been under their care.

Students are responsible for any co-pay per office visit, co-pay for psychiatry or psychotherapy, and/or ADHD/LD testing.

For Students with Other Health Insurance

Students with other health insurance may also opt to use UC Health Psychiatry. Insurance will be billed directly and the student will be responsible for any applicable co-pay or co-insurance whether UC Health Psychiatry is in-network or out-of-network.

In most cases, medical students with other health insurance are encouraged to find an in-network provider whenever possible. Students should call the member services phone number on the back of their insurance card or go to the insurance company website to get a list of in-network providers. If students need further assistance choosing an in-network provider, the Assistant Dean for Academic Support and Counseling is available to assist them. Alternatively, students can ask their primary care physician for a referral.

Emergency Situations

If any medical student believes there is imminent danger to self or others, the nearest hospital emergency room is available 24/7. Other options include:

- Psychiatric Emergency Services (PES)/ Mobile Crisis at (513) 584-8577
- Holmes Clinic (where a physician is on-call evenings and weekends) at (513) 584-4457
- Hamilton County Crisis Line at (513) 281-CARE or (513) 281-2273
- National Suicide Helpline Network (which routes to local helpline) 1-800-SUICIDE (1-800-784-2433)
- 911 to request an emergency transport to the nearest emergency room on or off campus

HEALTH INSURANCE

STUDENT HEALTH INSURANCE AND BLOOD-BORNE PATHOGEN INSURANCE

All UC students are required to have health insurance and will be charged for the UC Student Health Insurance Plan in the fall and spring semester of each academic year unless waived. Students who have coverage from another source that meets the minimum requirements can have the health insurance charge removed from their bill by completing a request to waive the Student Health Insurance Plan prior to the stated deadline. This waiver will be in effect for the remainder of the academic year. More information, including a student health insurance plan description, can be found on the Student Health Service web page located at <http://www.uc.edu/uhs.html>

Medical students who waive the UC Health Insurance Plan will automatically be enrolled in and charged for blood-borne pathogen insurance through the UC Student Health insurance provider, which covers the cost of treatment related to needle-sticks or other blood/body fluid exposures.

LONG-TERM DISABILITY INSURANCE

All medical students are billed for a group long-term disability insurance policy in the Fall Semester of each academic year. Students do not have the option to waive this charge unless they can document other long-term disability insurance coverage. Long-term disability insurance provides an income in the event that a student is disabled and unable to continue in medical school. It also provides an income in the event a student is temporarily disabled and unable to continue in medical school for a specified period of time. The plan description for the long-term disability insurance is made available to students on MedOneStop <http://med.uc.edu/studentaffairs/medonestop>

ORGANIZATIONS/COMMITTEES

Student organizations cover a number of interests, including career plans, medical politics, ethnic background, religion and service. The COM affords students many opportunities to get involved in medical school life. The most prominent is the Medical Student Association (MSA), the college's student government.

The MSA has a wide range of responsibilities which include acting as a liaison between students and administration, planning student events and organizing and budgeting for clubs. MSA works to ensure student rights as well as promote a healthy and interactive school environment.

Other ways for students to get involved include participating in student organizations and COM committees. Please visit <http://med.uc.edu/studentaffairs/medonestop> to view a detailed listing of the contact information for the various organizations and committees available.

WITHDRAWAL FROM THE COM

Should a student decide to withdraw from the COM, the student should complete a MSSF on MedOneStop and attach a letter to the Associate Dean for Student Affairs stating the reason(s) for his/her decision to leave medical school. The student is to schedule an appointment with the Associate Dean for Student Affairs or his/her designee to discuss the decision to withdraw. Students receiving financial aid, should contact the Assistant Dean for Student Financial Planning to schedule a financial aid exit interview.

Appendices

APPENDIX 1: Abbreviations

ADA	Americans with Disabilities Act
AOA	Alpha Omega Alpha
COM	College of Medicine
EPC	Education Program Committee
GHHS	Gold Humanism Honor Society
LCME	Liaison Committee on Medical Education
LCOB	Lindner College of Business
MLP	Minimum Pass Level
MSSF	Medical Student Status Form
MSSP	Medical Student Scholars Program
MSTP	Medical Scientists Training Program (MD/PhD)
NBME	National Board of Medical Examiners
PAC	Performance and Advancement Committee
UC	University of Cincinnati
UCCOM	University of Cincinnati College of Medicine
UCMC	University of Cincinnati Medical Center
USMLE	United States Medical Licensing Examination

APPENDIX 2: Medical Student Curriculum

Medical Student Education <http://med.uc.edu/med-ed/home>

- Year Requirements
- Course Numbers
- Course Descriptions
- Academic Calendars
- Graduation Competencies
- Medical Student Scholars Program
- Contacts

MedOneStop <http://medonestop.uc.edu>

- My Schedule/Grades
 - Grades
 - Graduation Requirement Grid
- Course/Class
 - Specialty Clerkship Descriptions/Syllabi
 - Elective Bulletin/Syllabus
- Directory
 - COM Staff
 - Committees
 - Contact List for M1 M2 Block Directors
 - Contact List for M3 Clerkships, M4 Rotations
 - Residency/Directors/Contacts - GME

LEO Curriculum Management System medicineonline.uc.edu/lcms/

- Course events
- Course materials

APPENDIX 3: Required Clinical Procedures

REQUIRED PROCEDURES	PERFORM OR OBSERVE
Pediatrics (3)	
Throat Swab	Perform
IM Injection: Pediatric	Perform
Apply Fluoride Varnish	Perform
Internal Medicine (6)	
Pulse Oximeter	Perform
Sigmoidoscopy or Colonoscopy	Observe
EKG Acquisition	Perform
Blood Pressure by Manometer	Perform
Subcutaneous/IM Injection	Perform
Point of Care Fingerstick Testing	Perform
Obstetrics and Gynecology (4)	
Pregnancy Test	Perform
Pelvic Exam	Perform
Female Foley	Perform
Urinalysis	Perform
Surgery (5)	
NG Tube	Perform
Venipuncture: Femoral	Observe
Male Foley	Perform
Endotracheal Intubation	Observe
Central Line Placement	Observe
Psychiatry (0)	
No procedures	
Neuroscience (0)	
No procedures	O
Family Practice (1)	
Blood Pressure by Manometer	Perform

(19 Procedures)

revised 05/29/2019

Notes:

The student is expected to observe or perform the procedure on a live patient.

APPENDIX 4: Required Patient Encounters

REQUIRED ENCOUNTERS	PARTICIPATE OR OBSERVE
Pediatrics (15)	
Behavioral Issue	Participate
Diarrhea/Constipation	Participate
Fever	Participate
Fluid and Electrolytes: Pediatric	Participate
Heart Murmur/Cardiac Abnormality	Participate
Normal Newborn Exam	Participate
Nutritional Issue/Failure to Thrive	Participate
Otalgia/Ear Complaint	Participate
Rash (Pediatric)	Participate
Upper Respiratory Symptoms	Participate
Well Visit-Adolescent 12-18 y.o.	Participate
Well Visit-School Age 4-11 y.o.	Participate
Well Visit-Toddler 1-3 y.o.	Participate
Well Visit-Infant up to 1 y.o.	Participate
Wheezing and Asthma/Reactive Airway	Participate
Internal Medicine (17)	
Acute Renal Failure	Participate
Anemia	Participate
Chest Pain	Participate
Common Cancers	Participate
COPD/Asthma	Participate
Cough	Participate
Dyslipidemias	Participate
Dysuria, Hematuria	Participate
Fluid, Electrolyte, and Acid-Base Disorders: Adult	Participate
Gastrointestinal Bleeding	Participate
Heart Failure	Participate
Joint Pain, Rheumatologic Complaint	Participate
Liver Disease/Hepatitis	Participate
Obesity	Participate
Pneumonia	Participate
Thyroid Disease	Participate
Well Senior Ambulatory Visit	Participate
Obstetrics and Gynecology (13)	
Abdominal Pain in Pregnancy	Participate
Abnormal Pap Smear	Participate
Abnormal Uterine Bleeding	Participate
Contraception	Participate
Dysmenorrhea	Participate
Elevated Blood Pressure in Pregnancy	Participate
Menopausal Management and/or Counseling	Participate
Nausea and Vomiting in Pregnancy	Participate
Normal Labor and Delivery	Participate
Normal Pregnancy	Participate
Preterm Labor	Participate

Vaginal Bleeding in Pregnancy	Participate
Vaginitis/STD	Participate
Surgery (9)	
Abdominal Wall Pathology	Participate
Hepatobiliary Disorders	Participate
Large Bowel Disorders	Participate
Postoperative Complications	Participate
Postoperative Pain	Participate
Preoperative Workup/Preparation	Participate
Shock	Participate
Skin and Soft Tissue Disorders	Participate
Small Bowel Disorders	Participate
Psychiatry (7)	
Anxiety	Participate
Depression	Participate
Mania/Hypomania	Participate
Personality Disorder	Participate
Psychotic Symptoms	Participate
Substance Abuse/Dependence	Participate
Suicidal Ideation	Participate
Neuroscience (6)	
Altered Mental Status (Delirium/Dementia)	Participate
Disturbance of Motor Function	Participate
Disturbance of Sensory Function	Participate
Epilepsy and Seizure Disorder	Participate
Headache	Participate
Stroke	Participate
Family Practice (6)	
Back Pain	Participate
Diabetes Mellitus	Participate
Hypertension	Participate
Rash (Adult)	Participate
Upper Respiratory Symptoms (Adult)	Participate
Well Adult	Participate

(73 Encounters)

revised 05/29/2019

APPENDIX 5: Family Educational Rights and Privacy Act

	
POLICY TITLE: <i>FERPA and the Student's Right to Review Records Policy</i>	APPROVAL DATE: <i>September 6, 2018</i>
RESPONSIBLE DEPARTMENT: <i>Registrar & Office of Medical Education</i>	APPLIES TO: <i>All Students</i>

Policy

The University of Cincinnati abides by **Family Educational Rights and Privacy Act of 1974** (34 C.F.R. Part 99 — commonly known as **FERPA**), is the federal law that governs the release of and access to student education records. FERPA affords students certain rights with respect to their education records.

Procedures

These rights include:

The right to inspect and review your education records within forty-five (45) days of the day the University receives a request for access. Students should submit to the registrar, dean, head of the academic department, or other appropriate official, a written request that identifies the record(s) they wish to inspect. The University official will make arrangements for access and will notify the student of the time and place where the records may be inspected. If the records are not maintained by the University official to whom the request was submitted, that official shall advise the student of the correct official to whom the request should be addressed. Copies of any portion of the record will be provided at a cost currently established at ten cents (\$0.10) per page, excluding the official transcript of the student's permanent academic record for which the University's transcript policy and fee will apply.

The right to request an amendment of the student's education record if the student believes it is inaccurate or misleading, or otherwise in violation of the student's privacy rights under FERPA. A student who wishes to ask the University to amend a record should submit a written request to the University office responsible for the record, clearly identifying the part of the record the student wants changed and specifying why it should be changed. That office will notify the student of its decision. Contact the Office of the Ombuds at 513-556-5956 should you encounter difficulty in obtaining the requested record review. If the University office decides not to amend the record as requested, the student may request a hearing before the University's Family Educational Rights & Privacy Act Committee. To request this hearing, contact the Office of the Registrar.

The right to provide written consent before the University discloses personally identifiable information from the student's education records, except to the extent that FERPA authorizes disclosure without consent.

One exception, which permits disclosure without consent, is disclosure to school officials with “legitimate educational interest.” A school official is an employee, agent or other person acting on behalf of the University, to include: a person employed by the University in an administrative, supervisory, academic or research, or support staff position (including law enforcement unit personnel and health staff); a person or company with whom the University has contracted as its agent to provide a service instead of using University employees or officials (such as an attorney, auditor, collection agent, or enrollment/degree certification service facilitator); a person serving on the Board of Trustees; or a student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibilities for the University.

Upon request, the University also may disclose education records without consent to officials of another school in which a student seeks or intends to enroll.

Compliance

FERPA affords students the right to file a complaint with the U.S. Department of Education concerning alleged failures by the University to comply with the requirements of FERPA. The name and address of the Office that administers FERPA is:

Family Policy Compliance Office

U.S. Department of Education 400 Maryland
Avenue, SW Washington, D.C. 20202-5920

[Link to University of Cincinnati Policy](#)

Additional information regarding the University of Cincinnati FERPA and Records Privacy Policy is available at http://www.uc.edu/registrar/FERPA_and_records_privacy.html.

Exemplary Feedback Form

The Exemplary Feedback Form (EPF) recognizes the student for exemplary/outstanding behavior in the areas of respect, appearance, reliability, motivation, commitment, self-improvement, adaptability, honor, integrity, and/or confidence. This form will be reviewed by the Professional Advancement Committee

Fields marked with a * are required.

Student: <input type="text" value="Please select ..."/> *	Course: <input type="text" value=""/> *
Evaluator: <i>If evaluator name not found in list, please choose "Other" (at the top of the list) and provide information in fields provided.</i> <input type="text" value=""/> *	Incident Date: <input type="text" value="Select date"/> * <i>If report involves multiple dates or a date range, please specify in the form's comments field.</i>

Professional Characteristic	This student has displayed exemplary/outstanding behavior in:
Respect for and relationships with patients and families	<input type="checkbox"/> establishing rapport with patients <input type="checkbox"/> being sensitive to the differing needs of patients and to patient differences <input type="checkbox"/> not using medical jargon with patients/patient families <input type="checkbox"/> maintaining patient confidentiality
Respect for health care team, faculty members, and fellow students	<input type="checkbox"/> thinking of ancillary personnel as members of the health care team <input type="checkbox"/> relating well to faculty <input type="checkbox"/> relating well to fellow students <input type="checkbox"/> establishing/maintaining boundaries <input type="checkbox"/> being a positive contributor to a healthy learning environment <input type="checkbox"/> inappropriate or excessive lobbying for higher grades
Appearance	<input type="checkbox"/> assessing appropriate level of dress for clinical situations <input type="checkbox"/> assessing appropriate level of dress for non-clinical situations
Reliability	<input type="checkbox"/> fulfilling responsibilities in a dependable manner <input type="checkbox"/> learning how to complete assigned tasks in a timely manner <input type="checkbox"/> learning how to complete assigned tasks at a level expected of a college graduate <input type="checkbox"/> arriving at required functions on-time <input type="checkbox"/> attentiveness and engagement in required activities
Motivation & commitment	<input type="checkbox"/> seeking out learning experiences on own <input type="checkbox"/> completing assignments in an accurate, thorough and timely manner <input type="checkbox"/> completing mandatory evaluations in an accurate, thorough and timely manner.
Self-improvement and adaptability	<input type="checkbox"/> accepting and incorporating constructive feedback <input type="checkbox"/> giving constructive feedback to others <input type="checkbox"/> admitting personal errors <input type="checkbox"/> adapting to change <input type="checkbox"/> comprehending the function of grades
Level of confidence	<input type="checkbox"/> recognizing limitations and seeking assistance

Please provide examples or explanation in the area below.

You must provide details related to each checkbox checked.

← → Paragraph B I U abc

Discussed with Student? *

- Via Email
- In Person
- Via Telephone
- Not yet discussed with student

Appendix 7: Medical Student Honor Code

PREAMBLE

Upon matriculation, I become a member of the medical profession. I am a Student Physician and as such my patients, colleagues, and teachers will expect me to maintain and promote the ethical standards that my chosen profession embodies. As a student enrolled at the University of Cincinnati College of Medicine, my actions at all times and in all places reflect on the College of Medicine and medicine as a profession. Furthermore, my matriculation at the University of Cincinnati College of Medicine signifies an acknowledgement of my new position and responsibilities within society and the student body as enumerated in the following Code:

- I. I shall be dedicated to learning the art and the science of medicine, and shall pursue this endeavor with compassion and with respect for human dignity;
- II. I shall approach the study of medicine with the utmost academic integrity and deal honestly with patients and members of the health care team;
- III. I shall respect the rights of patients, their families, and members of the health care team;
- IV. I shall demonstrate respect and consideration for my fellow students, faculty, and staff in word and deed;
- V. I shall respect the directives of my superiors. However, I will question decisions that may be contrary to the wishes or best interests of the patients;
- VI. I shall not create a false impression of my knowledge or ability, nor allow patients or their families to believe that I am anything other than a medical student;
- VII. I shall safeguard patient confidences within the constraints of the law and inform my patients when I am unable to maintain their confidentiality;
- VIII. I shall neither accept patient care responsibility nor perform any action without proper supervision; I shall ask for supervision when appropriate and request assistance when necessary;
- IX. I shall serve patients to the best of my ability regardless of diagnosis, race, gender, ethnicity, national origin, sexual orientation, physical or mental disability, age, socioeconomic status, religion or political beliefs;
- X. I shall not allow competitiveness with colleagues to adversely affect patient care;
- XI. I shall assist impaired colleagues in seeking professional help and accept such help if I am impaired;
- XII. I shall allow my colleagues fair and equal access to educational materials and not strive to create an unfair advantage over my colleagues;
- XIII. I shall abide by all commonly understood principles of academic honesty. This includes, but is not limited to:
 - I shall not provide to, or receive from another person, any impermissible assistance on any academic exercise;

- I shall not intentionally falsify, reproduce, use without attribution, or invent any information or citation in an academic or clinical setting;
- I shall not offer bribes or favors to, or threats against, any person with the intention of affecting a grade or evaluation of academic performance;
- I shall not take an examination by proxy;
- I shall not attempt to change my grades in an unauthorized manner;

In addition to abiding by the above principles, I shall seek to promote these virtues in myself and my colleagues.

Appendix 8: Enrollment Categories Policy
UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE
November 2016

ENROLLMENT CATEGORIES

There are three enrollment categories in the College of Medicine:

- ✓ Full-Time,
- ✓ Half-Time, and
- ✓ Program Related Activity (PRA).

Full-time enrollment is the default enrollment category for all students. Students must request and be approved for half-time enrollment and Program Related Activity enrollment. Approval is granted by the Associate Dean for Student Affairs in consultation with the COM Registrar and Director of Student Financial Services.

ENROLLMENT CATEGORY REQUIREMENTS

1. **Full-Time.** The standard academic program in the College of Medicine consists of ten semesters of full-time enrollment over a period of four years. Students are enrolled continuously starting with the fall semester of the M1 year, with the exception of the summer following the M1 year, unless they have been granted a Leave of Absence or a Delayed Graduation. Students enrolled full time pay the full tuition and fee charges in effect for each academic year. It is expected that **all students graduating from the College of Medicine will pay a minimum of ten (10) semesters of full-time tuition and fees or its equivalent.**
2. **Half-Time.** Students enrolled half-time pay half the tuition and fees in effect for the semester of half-time enrollment. **Half-time status is limited to M4 students** who are enrolled in the fourth-year curriculum at the start of that specified term. In addition, only students in an academic program that will exceed four years are granted permission for half-time enrollment. Students enrolled half-time are limited to the following weeks of instruction:
 - Fall semester: no more than **12** weeks of instruction.
 - Spring semester: no more than **12** weeks of instruction.
 - Summer semester: no more than **4** weeks of instruction.

It is expected that such students will pay the equivalent of at least ten semesters of full-time tuition and fees by the time they graduate. They may pay more than this amount.

3. **Program Related Activity.** Students enrolled in Program Related Activity are charged the tuition and fees for one credit hour in effect for each semester of PRA enrollment. PRA enrollment is considered as full-time enrollment by the University of Cincinnati for purposes of maintaining eligibility for UC student health insurance and in-school deferments on federal student loans.
 - Students enrolled in PRA are engaged in an activity, such as research or other relevant activity, which is related to their program of study for the M.D. degree.
 - Students enrolled in PRA are not receiving instruction at the University of Cincinnati or another academic institution and they are not eligible to receive financial aid during the PRA.
 - Students enrolled in PRA must be granted a Leave of Absence from the curriculum of the COM by the appropriate Performance Advancement Committee (PAC). Approval for students on a LOA to enroll in PRA is granted by the Associate Dean for Student Affairs in consultation with the COM Registrar and Director of Student Financial Services.

Students should also consult the PRA policy outlined in the Handbook for more details.

Appendix 9: Technical and Health Standards

UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE TECHNICAL AND HEALTH STANDARDS

Students earning the MD degree from the University of Cincinnati College of Medicine are expected to have a strong sense of commitment to serving their community, to adhere to high ethical standards, and to be sensitive to individual, cultural, and ethnic differences that exist in society. We intend for our graduates to become competent and compassionate physicians who are capable of entering residency training and meeting all requirements for medical licensure. All graduates are required to demonstrate the knowledge, skills and attitudes needed to provide safe and effective medical care in a wide variety of clinical settings. The avowed intention of an individual student to practice only a narrow part of clinical medicine or to pursue a non-clinical career does not alter the requirement that all medical students take and achieve competence in the full curriculum required by the faculty. The curriculum requires certain minimum abilities to assure that candidates are appropriate for admission, promotion, and graduation within the MD program.

A. TECHNICAL STANDARDS

In addition to the acquisition of the appropriate knowledge in the sciences and the humanities, the faculty of the College of Medicine agree that the successful medical student should demonstrate the following abilities and skills (defined as technical standards). These technical standards are requirements for admission, promotion, and graduation.

In accordance with the Americans with Disabilities Act as amended, the College of Medicine Council of the University of Cincinnati College of Medicine requires that candidates meet the following standards, with or without reasonable accommodation, as a condition of participation in the medical education program. Assistive strategies that use trained intermediaries to obtain and interpret data from patients on behalf of the student will not be accepted as reasonable. Qualified students with documented disabilities are provided with reasonable and appropriate accommodations. Candidates are responsible for requesting accommodations in writing using the procedures outlined in the Student Handbook. All requests will be considered. The determination of whether a candidate meets the technical standards will be done on an individual, case by case basis utilizing the existing College of Medicine procedures outlined in the Student Handbook. If at any point in time after matriculation a candidate is no longer able to meet the technical standards s/he must notify the Assistant Dean for Academic Support to address these technical standards.

1) INTELLECTUAL, CONCEPTUAL, INTEGRATIVE AND QUANTITATIVE SKILLS

- a. Demonstrate the ability to assimilate large amounts of detailed information from varied learning formats, integrate that information and be capable of utilizing it for problem solving.
- b. Process information and demonstrate the ability to reason, comprehend, measure, calculate, analyze, memorize, organize, and synthesize complex information.
- c. Perceive and understand visual spatial relationship structures and three dimensional relationships in order to appreciate experiences in the laboratory and clinical settings.
- d. Be able to use sound judgment, ethical and clinical reasoning, and possess the ability to make decisions appropriate to the care of patients.

2) COMMUNICATION SKILLS

- a. Demonstrate and use (in English) the knowledge acquired during the medical education process to elicit, convey, clarify and transmit information (in oral and written form) effectively, accurately, efficiently and sensitively to patients, their families and other members of the health care team.
- b. Be able to elicit information regarding mood, activity and posture and perceive nonverbal communication.
- c. Be able to present legible, accurate and skillful information in oral and written form to educators, patients, families and other members of the health care team.
- d. Be able to effectively and efficiently participate in sometimes fast paced small group discussions/interactions and in patient care settings where clinical decisions may depend on rapid communication.

3) BEHAVIORAL AND SOCIAL SKILLS

- a. Possess the emotional stability and maturity necessary to participate in the various learning formats of the curriculum, interact with others in a responsible and collaborative manner, function in a stressful and demanding environment, adapt to new and changing situations, and cope with ambiguity.
- b. Be prompt in completion of all responsibilities including but not limited to their own learning and the diagnosis and care of patients.
- c. Demonstrate integrity, respect, compassion, empathy, tolerance for differences and a general concern and respect for others.
- d. Be able to contribute to collaborative, constructive learning environments, accept constructive feedback from others, and take personal responsibility for making appropriate positive changes.

4) MOTOR COORDINATION AND SENSORY SKILLS

- a. Possess sufficient motor function/coordination and all sensory abilities to participate effectively in all aspects of medical training.
- b. Through independent observation, the candidate must be able to acquire information across a broad range of learning modalities in the basic medical sciences and clinical experiences
- c. Be able to recognize normal versus abnormal and must be able to acquire and perceive sufficient medical information to accurately assess a patient's health status.
- d. Be able to respond to emergency situations in a timely manner.
- e. Be able to personally perform a comprehensive physical exam including inspection, palpation, auscultation and other diagnostic maneuvers and procedures.
- f. Either personally perform or direct and evaluate the performance by others of life-saving procedures (e.g., BLS, ACLS).

B. PATIENT HEALTH & SAFETY STANDARDS

As part of the admission, participation, promotion and/or graduation processes, candidates are required to comply with procedural safety measures affecting the well-being of patients (defined as patient health and safety standards).

1) CRIMINAL BACKGROUND CHECK

Not only is the review of applicant character and conduct as a citizen an important consideration for the student entering medical school, but it also impacts possible future licensure as a practicing physician, concerns the safety and well-being of patients, and has implications for liability issues affecting the medical school and affiliated clinical facilities. A criminal background check prior to matriculation into medical school is a standard requirement of the College of Medicine and of several clinical training sites. Candidates for matriculation to the University of Cincinnati College of Medicine must complete and pass two criminal background checks prior to commencing their studies. The existence of a conviction does not automatically disqualify an applicant for the medical school (relevant considerations may include but are not limited to: the date, nature and number of convictions, the relationship of the conviction to the profession and any rehabilitation efforts). The College of Medicine retains the sole discretion to decide whether an applicant with a conviction(s) may enter the program.

Failure to complete all criminal background check requirements by the deadlines provided by the College of Medicine can result in the withdrawal of an offer of admission. Clerkships, electives, educational activities as well as affiliated hospitals and programs might require additional background checks. Compliance with these background checks is a condition of continued enrollment.

2) IMMUNIZATIONS

Health care providers in contact with patients, especially those with compromised immune systems, are at-risk for contracting and transmitting infectious diseases. All candidates must maintain established College of Medicine immunization requirements for their own protection and the protection of their patients and the populations that they serve against preventable communicable illness. To this end, candidates must present proof of immunizations (an immunization history signed by your personal physician who is not a relative) prior to matriculation in accordance

with immunization requirements of the University of Cincinnati College of Medicine or their offer of admission can be withdrawn.

All immunizations are required unless a variance is approved by University Health Services. Additional testing, evaluation and documentation may be required in individual cases. Clinical training sites might require additional immunizations. Compliance with these immunizations is a condition of continued enrollment. Students who do not remain in full compliance with all required immunizations may be suspended.

3) DRUG & ALCOHOL TESTING

Individuals who are dependent on or impaired by alcohol or other substances are not suitable candidates for providing care to patients and, therefore, for admission, promotion, or graduation. Health care providers within our primary health system (UCHealth) are expected to maintain a safe, productive, and drug- and alcohol-free environment and to perform their assigned duties safely and efficiently. Participation in clinical rotations at UCHealth is an essential requirement of the University of Cincinnati College of Medicine's curriculum. UCHealth requires all participants to submit a negative drug screen prior to participation in clinical rotations. Therefore, all College of Medicine candidates must pass a comprehensive, pre-matriculation drug screen according to the standards and requirements set forth and maintained by UCHealth. Failure to pass this drug screen may result in the rescinding of an applicant's acceptance.

Following matriculation, "for cause" drug and alcohol testing may be initiated when concerns are raised regarding the performance, behavior, or actions of a medical student that indicate a reasonable suspicion for substance impairment. Compliance with "for cause" drug and alcohol testing of medical students is a condition of continued enrollment.

Approved EPC August 2, 2018

Approved College of Medicine Council September 13, 2018

END OF HANDBOOK