

MEMORANDUM

FROM: Rajesh S. Mangrulkar, M.D.
Associate Dean for Medical Student Education

DATE: September 21, 2016

SUBJECT: Updated *Policies and Procedures for Registration, Grading, Records Advancement, and Graduation for **classes matriculating prior to 2016***

Attached is the updated *Policies and Procedures for Registration, Grading, Records Advancement, and Graduation for **classes matriculating prior to 2016*** document.

This is also being posted to your medical student website.

**POLICIES FOR REGISTRATION, GRADING, RECORDS ADVANCEMENT,
AND GRADUATION FOR CLASSES MATRICULATING PRIOR TO 2016**

I. EVALUATION OF STUDENT PERFORMANCE

- A. The Medical School system of evaluating a medical student's progress includes both cognitive and non-cognitive components. In each phase of the educational program, the student's ability is assessed through observation, practical examinations, and tests of knowledge and problem-solving skills. Professional characteristics essential to the practice of medicine are also considered in the evaluation process.
- B. To be recommended for graduation, each student must receive a Satisfactory/Pass grade or better in every course, sequence, clerkship, all required experiences, and the United States Medical Licensing Examinations (USMLE) Steps 1 and 2 (both the clinical knowledge and clinical skills components—hereafter referred together as Step 2), and must have demonstrated appropriate professional behavior throughout the educational program (*see section VI. Professional Conduct*).
- C. The Medical School utilizes a periodic review and promotion system. Academic Review Boards convene monthly throughout the academic year to review the progress of students, take action as indicated and, when necessary, make recommendations to the Medical School Executive Committee.
- D. The Academic Review Board critically reviews the overall academic performance and professional conduct of students in the curriculum. At the time of review, the Review Board may take action up to, but not including, dismissal from registration. The Academic Review Board may recommend a student's dismissal to the Executive Committee at any point following matriculation.

II. REGISTRATION STATUS

Most medical students remain in formal registration from the start of their educational program through graduation. However, registration may be interrupted temporarily or may be terminated for a number of reasons including:

A. Leave of Absence

- 1. Temporary interruption in registration.
- 2. Leaves of Absence and related policies:

a. Leave of Absence - Administrative

A student is placed on Administrative Leave of Absence by the Academic Review Board for academic difficulties or issues related to professionalism. Return of a student to registration from an Administrative Leave of Absence requires approval of the Academic Review Board. Fitness for re-enrollment will be determined by the Board and may require a review of relevant medical/mental health information and/or an evaluation by the Board consultant.

b. Leave of Absence – Educational/Research

Educational/Research Leaves of Absence (up to one year) may be granted to students who have been admitted to a degree-granting program or to students who have secured a position to explore a particular research interest. Approval for Educational/Research

Leaves is granted by the Associate Dean for Medical Student Education (or designee), who may also return students to registration in the Medical School. The Academic Review Board must approve extension of Educational/Research Leaves on an annual basis.

c. Leave of Absence - Detached Study

Detached Study is a specific category of leave reserved for students who have secured research scholarships or fellowships, or have secured positions in other formal scholarly or educational programs. Students on Detached Study Leaves of Absence qualify for deferment of their educational loans. The status of Detached Study is not automatically conferred, but must be requested in writing by the student with documentation from the student's mentor or the program awarding the scholarship or fellowship. Approval for Detached Study Leaves is granted by the Associate Dean for Medical Student Education (or designee), who may also return students to registration in the Medical School. The Academic Review Board must approve extension of Detached Study Leaves on an annual basis.

d. Leave of Absence - Personal/Medical

Personal/Medical Leaves of Absence may be granted by the Associate Dean for Medical Student Education (or designee) to students who have compelling personal circumstances that are temporarily impeding their academic progress, or for documented medical reasons. Return of a student to registration from a Personal/Medical Leave of Absence requires approval of the Academic Review Board.

- Fitness for re-enrollment will be determined by the Board and may require a review of relevant medical/mental health information and/or an evaluation by the Board consultant.
- In Components III/IV, the Associate Dean for Medical Student Education (or designee) may return students from Personal/Medical Leaves of Absence that are six weeks or less in duration. Only the Academic Review Board can return students from Personal/Medical Leaves of Absence that exceed six weeks.

e. Leave of Absence - USMLE

Students who do not pass the USMLE Step 1 examination are placed on USMLE Leave of Absence by the Associate Dean for Medical Student Education (or designee), who can return students from USMLE Leave of Absence once a passing score is achieved. All policies related to USMLE examinations apply (*see section IV.1-5*).

3. Total time spent out of registration on Personal/Medical or USMLE Leaves of Absence will not exceed one year unless specifically approved by the Academic Review Board on a prospective annual basis. The Associate Dean for Medical Student Education (or designee) will present the student's appeal for an extension and will advise the Academic Review Board.
4. Students who are not in registration are prohibited from taking part in the Medical School's formal educational programs, including classroom, laboratory and clinical course work. However, in certain circumstances, students on Leave of Absence and in good standing may, under the supervision of a faculty member and with the approval of the Associate Dean for Medical Student Education (or designee), participate in experiences that enhance their education.

B. Suspension

1. Temporary removal of a student from registration.
2. Suspension may occur for failure to meet Medical School or University requirements, or because of serious allegations of unprofessional conduct, or if the student is deemed to be a danger to patients, him/herself, or others.
3. Action to suspend can be taken by a faculty member, a department, the Associate Dean for Medical Student Education (or designee), the Academic Review Board or Hearing Committee, or the Executive Committee. Further review will occur as soon thereafter as is practical. If suspension is to be continued beyond one month, the extension must be reported to, and approved by, the Executive Committee.
4. If an investigation concerning a student's behavior is inconclusive, or if the student is found not responsible, the suspension will be rescinded.

C. Dismissal

1. Permanent removal of a student from registration by the Executive Committee when the Committee has determined that a student's academic performance and/or professional behavior does not meet the Medical School's standards, or that the student has violated Medical School or University policies.
2. An Academic Review Board, Hearing Committee, or Associate Dean can recommend dismissal; only the Executive Committee can take action to dismiss.
3. Once the dismissal process is initiated, students will not be allowed to withdraw from Medical School without Executive Committee approval.

III. ACADEMIC PERFORMANCE

A. Grading

1. To graduate, students must pass all courses, sequences, clerkships, USMLE Steps 1 and 2 examinations, the M2 and M4 Comprehensive Clinical Assessments (CCA), Seminars in Medicine, and any other required experiences.
2. Students repeating failed course work must do so at the University of Michigan unless permission is obtained to repeat the course work at another institution. If a student fails the repeated course work, he/she will be recommended for dismissal (*see section III.5.c*).
3. Satisfactory performance in Components I and II will be graded using Satisfactory (S). Satisfactory performance in Components III and IV will be graded using Satisfactory (S), Pass (P), High Pass (HP), Honors (H) grades. Mid-year performance for courses that span an entire academic year will be noted on the transcript after the fall term using the "Y" designation. Incomplete course work or Incomplete Due to Exam Failure in all four years will be designated as (I) and (I/E), respectively. Unsatisfactory performance in all four years will be graded using the Unsatisfactory (U), Withdrawal/Failing (W/F) or Fail (F) grades.
4. All final grades assigned will appear on the student transcript.
5. Residency programs will be notified of academic failures that occur after the Medical Student Performance Evaluation (Dean's) letters have been sent. In special circumstances an appeal of this action may be made to the Clinical Academic Review Board.

6. Grading Scale:

- a. Honors (H) characterizes outstanding or distinguished performance.
- b. High Pass (HP) indicates excellent or near Honors performance.
- c. Satisfactory (S) indicates satisfactory mastery of course requirements as indicated for the course or experience(s).
 - In Components I and II, students who achieve a cumulative average of 75% in each of the sequences will be assigned a Satisfactory grade.
- d. Pass (P) indicates satisfactory mastery of the material.
 - Passing standards for all other clerkships and experiences are as determined and published by the departments and faculty.
- e. A grade of Incomplete (I) will be assigned to students whose course work is unfinished due to excused illness or other compelling circumstances.
 - Students in Components I-IV must complete unfinished course work within six months of notification by the Academic Review Board.
 - Once course work is completed, a final grade will be assigned and will replace the Incomplete grade on the transcript.
 - Unless an extension is granted by the Academic Review Board, Incomplete grades revert to Fail grades if the six-month deadline is not met. Time does not accumulate against the six-month deadline while a student is on leave of absence. Students with an Incomplete grade(s) will not advance (be promoted) to the next component.
- f. Incomplete Due to Exam Failure (I/E)
 - In Components I and II, a cumulative course/sequence score of 75% is usually required for passing. In each sequence, the sequence director determines the required score for passing. Students who do not achieve a passing score but score above 65% (or within 2 s.d. of the class mean, whichever is lower) will be assigned an I/E grade, and a grade of Incomplete (I) will be posted to the transcript. If the student passes the remediation the Incomplete grade will be replaced with a Satisfactory grade. If a student fails the remediation, the Incomplete grade will be replaced with a Fail grade. The deadline for remediating an I/E grade is the same as that for the Incomplete (*see section v. above*). Students who score below 65% (or below 2 s.d. of the class mean, whichever is lower) may be assigned a Fail grade, depending on the recommendation of the sequence director.
 - In Components III/IV an I/E grade may be assigned to students who fail a clerkship examination(s) on the first administration but perform sufficiently well on other components of the clerkship as defined by the clerkship. If a student passes the examination on the second administration the I/E will be replaced with the appropriate grade. If a student fails the examination on the second administration, the I/E is replaced with a Fail grade. The deadline for remediating an I/E is the same as those for the Incomplete (I) grade (*see section v. above*).
- g. Fail (F), Unsatisfactory (U), and Withdrawal/Failing (W/F) indicate failing performance that requires a remedial plan that may include repetition of all or a part of

the course or clerkship, or its approved equivalent. These grades are permanent and will remain on the transcript even after the course has been remediated and a new grade assigned.

- h. A Withdrawal (W) or No Credit (N/C) means the student has received no credit for the course.

B. Dismissal

In addition to the various conditions explained below that may result in dismissal, the Academic Review Board may review the overall academic performance and professional conduct of a student at any time and recommend to the Executive Committee additional remediation or action, up to and including dismissal. Once the dismissal process is initiated, the student will not be allowed to withdraw from Medical School without Executive Committee approval.

C1. Academic Warning (for the classes matriculating in 2013 and prior to 2013)

1. The accumulation of three Incomplete Due to Examination Failure (I/E) grades at any time over the course of the medical curriculum will place a student on academic warning.
2. A Fail or Unsatisfactory grade in a course, sequence, or clerkship, in the Seminars in Medicine, on the M2 or M4 Comprehensive Clinical Assessments (CCA), or on the USMLE 1 and 2 examinations can place a student on academic warning or can count as a single additional failure, but not both.
3. Once on academic warning, students who accumulate three (3) additional I/E or failing grades (F or U), will be presented for dismissal by the Associate Dean for Medical Student Education (or designee) to the Executive Committee. The Academic Review Board will monitor the progress of all students on academic warning and provide input to the Executive Committee as a dismissal recommendation moves forward.
4. Once on academic warning, the third I/E or Fail grade is not remediable with a make-up examination or any other form of remediation, unless approved by the Executive Committee.
5. Academic warning is a permanent status. It is not reported on the student's transcript but may be noted in the Medical Student Performance Evaluation (Dean's Letter).
6. All students on academic warning will be referred for appropriate academic assistance.
7. If a student fails a preclinical course or sequence, and then receives some form of remediation short of repeating the course (e.g. make-up examination) and fails again, the second failure does not count as an additional failing grade. If, however, the student fails the repeat of a course or sequence that was failed earlier, the second Fail grade counts in the academic warning process, and the student will be recommended for dismissal to the Executive Committee.
8. If a student receives a Fail grade for a clinical clerkship, remediates any portion of that clerkship and then fails the remediation, the second Fail grade will count in the academic warning process and will result in the student being recommended for dismissal to the Executive Committee.

C2. Academic Warning (for the classes matriculating in 2014 and 2015)

1. The accumulation of three Incomplete Due to Examination Failure (I/E) grades at any time over the course of the medical curriculum will place a student on academic warning.

2. A Fail or Unsatisfactory grade in a course, sequence, or clerkship, in the Seminars in Medicine, on the M2 or M4 Comprehensive Clinical Assessments (CCA), or on the USMLE 1 and 2 (CK or CS) examinations can place a student on academic warning or can count as a single additional failure, but not both. Each additional failure of USMLE Step 1 or 2 (CK or CS), will be regarded as an additional I/E.
3. Once on academic warning, students who receive (i) two (2) additional I/E or failing grades (F or U), or (ii) a single failing grade (F) on a *new* sequence, course, or clerkship while on Academic Warning (one for which there was not previously an I/E), will be presented for dismissal by the Associate Dean for Medical Student Education (or designee) to the Executive Committee. The Academic Review Board will monitor the progress of all students on academic warning and provide input to the Executive Committee as a dismissal recommendation moves forward.
4. Once on academic warning, the second I/E grade, or single Fail grade, is not remediable with a make-up examination or any other form of remediation, unless approved by the Executive Committee.
5. Academic warning is a permanent status. It is not reported on the student's transcript but may be noted in the Medical Student Performance Evaluation (Dean's Letter).
6. All students on academic warning will be referred for appropriate academic assistance.
7. If a student fails a preclinical course or sequence, and then receives some form of remediation short of repeating the course (e.g. make-up examination) and fails again, the second failure does not count as an additional failing grade. If, however, the student fails the repeat of a course or sequence that was failed earlier, the second Fail grade counts in the academic warning process, and the student will be recommended for dismissal to the Executive Committee.
8. If a student receives a Fail grade for a clinical clerkship, remediates any portion of that clerkship and then fails the remediation, the second Fail grade will count in the academic warning process and will result in the student being recommended for dismissal to the Executive Committee.

D. Academic Difficulty

Students placed on a reduced program, as defined by the Academic Review Board, due to academic difficulty must pass all course work or a recommendation for dismissal will be considered by the Academic Review Board.

E. Remediation of Course Work

1. Plans for individual students to remediate Incomplete (I), Incomplete Due to Examination Failure (I/E), or fail (F or U) grades will be determined and approved only by the Academic Review Board with input from the appropriate course director, sequence director, or clerkship director.
2. The location for remediation of clerkships will be determined by the Academic Review Board in consultation with the clerkship director.
3. A student repeating a course/sequence in Components I/II must receive a final grade of Satisfactory to remain in registration. No make-up examination or other form of remediation is permitted. A student repeating a clerkship/elective in Components III/IV must receive a

final grade of Satisfactory, Pass, High Pass, or Honors to remain in registration. No make-up examination or other form of remediation is permitted. Students failing a repeated course, sequence, or clerkship will be automatically recommended for dismissal to the Executive Committee.

4. Residency programs will be notified of any student who will not graduate and begin their residency training on time due to a failure of the USMLE Step 2 examinations (CK or CS) or other graduation requirement.

F. Grade Grievance

Grade grievances should be related to final grades in a course, sequence, clerkship, or experience, and should be based on concerns about discrimination or the process used to assign the grade. Based on findings, a Grievance Committee or the Academic Review Board can overturn a grade that has been submitted by a course director, sequence director, or clerkship director. In the review process, Grievance Committees will seek to ensure that grades have been assigned and submitted using appropriate processes.

G. Withdrawal from Course Work

1. Pre-clinical Courses:

A student may withdraw from a Medical School course or sequence only after first obtaining approval from the Associate Dean for Medical Student Education (or designee).

- a. In Components I and II, students who have completed more than half of the graded requirements of a sequence will receive a “W” or “W/F” grade, whichever reflects their performance at the time of withdrawal. Students who complete half or less of the graded requirements of a sequence will receive an “Incomplete (I)” grade, which will be replaced on the transcript by the actual grade once the sequence requirements are completed.
- b. Grades indicating withdrawal (“W” or “W/F”) are permanent and will appear on the transcript as noted below.

Students must successfully complete, or repeat and complete, any course or sequence in which they have been assigned a “W” or “W/F” grade.

There is no tuition refund for course or sequence withdrawal after Week 6 of any term.

2. Clinical Clerkships:

Students who go on leaves of absence, or are deferred, prior to the end of a clerkship will receive an “Incomplete” or “No Credit” (N/C) grade for that clerkship, whichever is appropriate.

H. Completion of Course Work

1. Pre-clinical:

- a. It is expected that all students will complete pre-clinical course work within two calendar years (or three years if granted a one-year leave of absence) of the first day of registration in Medical School.
- b. Appeals for a fourth calendar year (from the first day of registration in Medical School) to complete pre-clinical course work can be made to the Academic Review Board. Time

spent on leave of absence does count toward the time limit for completing pre-clinical course work.

- c. Students who do not complete pre-clinical course work within four years will be recommended for dismissal to the Executive Committee.
- d. Appeals for more than four calendar years (from the first day of registration in Medical School) to complete pre-clinical course work can be made to the Executive Committee; a written recommendation from the Academic Review Board must accompany each appeal.

2. Clinical:

- a. It is expected that all students will complete clinical course work within two calendar years (or three years if granted a one-year leave of absence) of beginning the clinical phase.
- b. Appeals for a fourth calendar year to complete clinical course work can be made to the Academic Review Board. Time spent on leave of absence does count toward the time limit for completing clinical course work.
- c. Students who do not complete clinical course work within four years will be recommended for dismissal to the Executive Committee.
- d. Appeals for more than four calendar years (from the start of clinical training) to complete clinical course work can be made to the Executive Committee of the Medical School; a written recommendation from the Academic Review Board must accompany each appeal.

IV. UNITED STATES MEDICAL LICENSURE EXAMINATION (USMLE) STEPS 1 & 2 AND THE NBME COMPREHENSIVE BASIC SCIENCE EXAMINATION

- A. Passing the USMLE Step 1 is a requirement for promotion to the clinical phase for classes matriculating before 2015. For the class matriculating in 2015, USMLE Step 1 will be taken after the M3 clerkships; passing Step 1 is required before continuing clinical rotations after the M3 clerkships. Passing the USMLE Step 2 (both the clinical knowledge [CK] and the clinical skills [CS] examinations) is a requirement for graduation. For the class matriculating in 2015, students must take the Comprehensive Basic Science Examination. They are not required to achieve a specific score.
- B. Students who fail the USMLE Step 1, Step 2 CK, or Step 2 CS once must petition the Academic Review Board for permission to repeat the examination. The petition must include a specific study plan.
- C. Students with an initial failure of the USMLE Step 1 must re-take the examination within 6 months following the first failure. Exceptions to this policy can only be granted by the Clinical Academic Review Board.
- D. Students who fail the USMLE Step 1, Step 2 CK, or Step 2 CS a second time must make a personal presentation to the Academic Review Board to request permission to take the examination a third time.
- E. Students who have taken the USMLE Step 1, Step 2 CK, or Step 2 CS three times without passing will be recommended for dismissal to the Executive Committee.
- F. USMLE Step 1 Examination

1. For classes matriculating before 2015, students must sit for the USMLE Step 1 before beginning clinical training and within 12 months of completing M2 course work. Failure to do so will result in an automatic recommendation for dismissal. For the class matriculating in 2015, USMLE Step 1 will be taken after the M3 clerkships. All students must sit for the USMLE Step 1 within four months of completing the M3 clerkships unless they petition the Clinical Academic Review Board for an extension. Failure to do so will result in an automatic recommendation for dismissal.
2. For classes matriculating before 2015, students will be allowed to start their clinical training if the USMLE Step 1 score is pending and if it is their first attempt of the examination.
3. No student may receive more than 4.5 weeks of clinical credit for completed clerkships before formal notification of passing the USMLE Step 1 is received.
4. Students who do not achieve a passing score on the USMLE Step 1 will be placed on Leave of Absence.
 - a. For Clerkships or Rotations that are 4.5 weeks or less: Students who have completed at least 50% of a clerkship or rotation that is 4.5 weeks or less will be allowed to finish the clerkship/rotation before being placed on Leave of Absence.
 - b. For Clerkships or Rotations that Exceed 4.5 weeks: Students will be placed on Leave of Absence as soon as notification of failure is received and will receive no credit (NC) for work completed.
5. Students repeating the USMLE Step 1 examination for the first time may petition the Academic Review Board to be allowed to return to the clinical clerkships or rotations prior to notification of their score if initial score is within 10 points of the minimum passing score.

G. USMLE Step 2 Examinations (CK and CS)

1. Students must complete all third year clerkships prior to taking the USMLE Step 2 CK and CS examinations.
2. Students are *required to register* for the Step 2 CK and CS examinations no later than *June 5* of their senior year. A failure to comply will be reported to the Clinical Academic Review Board, and may result in the filing of a Professionalism Concern Note.
3. Students are *required to take* the Step 2 CK and CS examinations before *December 1* of their senior year, if graduation in May is anticipated. Scheduled examination dates will be closely monitored by the Office of Medical Student Education to ensure compliance with these dates. No student may defer the Step 2 CK and CS examinations beyond December 1 without appropriate approval (*see d. below*).
4. In extenuating circumstances, the Clinical Academic Review Board may allow a student to take the Step 2 CK and CS examinations prior to completion of all third year clerkships, or to defer the Step 2 CK and CS beyond December 1 of their senior year (but no later than January 31). Failure to take either exam by January 31 may result in the filing of a
5. Professionalism Concern Note. If the Clinical Academic Review Board has already met and the Step 2 CK and CS examination dates are near, the Associate Dean for Medical Student Education (or designee) may grant a deferral(s) and report it at the next Clinical Academic Review Board meeting. No student may defer the Step 2 CK and CS examinations without prior approval.
6. Students have, with the approval of the Clinical Academic Review Board, a maximum of 12 months after completion of their clinical course work to record a passing score on the USMLE Step 2 CK and CS examinations.

V. COMPREHENSIVE CLINICAL ASSESSMENT (CCA) M2 AND M4

For the classes matriculating prior to 2015, passing the M2 CCA is a requirement for promotion to the clinical phase. For all classes, passing the M4 CCA is a requirement for graduation.

A. M2 CCA

1. Passing standards for the M2 CCA are determined and published by the M2 CCA committee.
2. Students with an unsatisfactory performance on *any* station or component of the examination:
 - a. Must participate in remediation as directed by the CCA director (and/or CCA Committee) prior to retaking the failed station(s). The remediation may include completion of additional course work that could delay progression to the M3 year.
 - b. Incomplete remains the grade of record until a satisfactory remediation of all deficiency(ies) has been achieved.
3. Students with an unsatisfactory performance *overall* will be assigned a grade of Incomplete/Exam and must repeat a make-up CCA examination (which may include stations previously passed) following the required remediation. The grade of Incomplete/Exam will be replaced by the appropriate grade once satisfactory remediation has been completed.
4. The M2 CCA committee shall determine whether a student with a grade of Incomplete or Incomplete/Exam will be assigned a grade of Fail. Students who are required to repeat a make-up CCA exam, and again receive an unsatisfactory performance *overall* will be assigned a grade of Fail. The Fail grade will remain on the academic transcript.
5. Students who receive a grade of Incomplete/Exam, Fail, or do not successfully remediate deficiencies will be reported to the Academic Review Board, which must approve any further remediation plan and repeats. For all other students, the grade of Incomplete will remain until a satisfactory remediation of any deficiencies has been achieved.
6. Any student with an unexcused absence from the CCA will receive a grade of Incomplete/Exam and a Professionalism Concern Note, and will be reported to the Academic Review Board.

B. M4 CCA

1. Passing standards for the M4 CCA are determined and published by the M4 CCA committee.
2. Students with an unsatisfactory performance on *any* station or component of the examination:
 - a. Must participate in remediation as directed by the CCA director (and/or CCA Committee) prior to retaking the failed stations(s). The remediation may include completion of additional course work that could delay graduation.
 - b. Incomplete remains the grade of record until a satisfactory remediation of all deficiency(ies) has been achieved.
3. Students with an unsatisfactory performance *overall* will be assigned a grade of Incomplete/Exam and must repeat a make-up CCA examination (which may include stations previously passed) following the required remediation. The grade of Incomplete/Exam will be replaced by the appropriate grade once satisfactory remediation has been completed.
4. The M4 CCA committee shall determine whether a student with a grade of Incomplete or Incomplete/Exam will be assigned a grade of Fail. Students who are required to repeat a

make-up CCA examination, and again receive an unsatisfactory performance *overall* will be assigned a grade of Fail. The Fail grade will remain on the academic transcript.

5. Students who receive a grade of Incomplete/Exam, Fail, or do not successfully remediate deficiencies will be reported to the Academic Review Board, which must approve any further remediation plan and repeats. For all other students, the grade of Incomplete will remain until a satisfactory remediation of any deficiency(ies) has been achieved.
6. Any student with an unexcused absence from the CCA will receive a grade of Incomplete/Exam and a Professionalism Concern Note, and will be reported to the Academic Review Board.

VI. PATHS OF EXCELLENCE

- A. Paths of Excellence are elective co-curricular programs. Successful completion of a Path of Excellence will be noted in the student's Medical Student Performance Evaluation.
- B. According to the policy, the relevant Academic Review Board will determine student eligibility for application, acceptance to, and continuation in a Path of Excellence.
- C. Students may appeal eligibility decisions to the relevant Academic Review Board. The appeals decision of the Academic Review Board is final.

VII. PROFESSIONAL CONDUCT

- A. In conferring the M.D. degree, the University of Michigan states that the graduate is competent to undertake a career as a Doctor of Medicine. It also states that in addition to competency in medical knowledge and skills, the graduate demonstrates those traits essential to the profession of medicine, which include altruism, accountability, compassion, duty, excellence, honesty, integrity, and respect for others both in the health care environment and in their professional roles. The Medical School expects that students will demonstrate these qualities in their personal lives as well. Allegations of unprofessional behavior may be handled using several processes depending on the circumstances and may result in disciplinary actions that include placement of a Professionalism Concern Note (*see section 3 below*) in a student's file, notation in the Medical Student Performance Evaluation, dismissal, or revocation of the medical degree.
- B. Commendation Note
The purpose of a Commendation Note is to report the exceptional professional behavior or service of a student. This information is conveyed to the student and recorded in the student's medical school file. The Commendation Note is not used to highlight academic excellence, as this is evaluated and reported through the current grading and evaluation system.
- C. Professionalism Concern Note
The purpose of the Professionalism Concern Note is to report instances or patterns of substandard professional behavior by medical students. This allows confidential referral of students to the Office of Medical Student Education to review the concern, and to receive counseling or formal intervention. Professionalism Concern Notes may result in a report of substandard professionalism in the student's formal academic evaluation and/or Medical Student Performance Evaluation.

VIII. MEDICAL STUDENT PERFORMANCE EVALUATION (DEAN'S LETTER)

The Medical Student Performance Evaluation (Dean's Letter) is the official Medical School performance evaluation and record for graduating medical students. It includes a description of the student, unique student characteristics, course work, grades, clinical rotation narratives, completion

of dual degrees and Paths of Excellence, and a summary statement on overall academic performance, communication skills and professionalism. The Medical Student Performance Evaluation also reports all leaves of absence, adverse actions, and repetition of course work.

IX. GRADUATION WITH DISTINCTION

Students who have performed in an outstanding manner, both academically and professionally, will be considered for the privilege of Graduating with Distinction. This honor can be bestowed only by the Medical School Executive Committee.

X. GRADUATION CEREMONY

The Medical School holds one graduation ceremony each year. Students who have completed and passed all requirements for graduation by the end of Period 12 will be awarded the M.D. degree with that year's class. Students who have completed all requirements for graduation, or are on schedule to complete requirements for graduation by the end of Period 6 in the following academic year, may participate in the graduation ceremony.

The Graduation Program lists all students who will participate in the graduation ceremony; however some students may not have completed all degree requirements.

**PROCEDURES FOR REGISTRATION, GRADING, RECORDS ADVANCEMENT, AND
GRADUATION FOR CLASSES MATRICULATING PRIOR TO 2016**

ADMINISTRATIVE STRUCTURE

I. DEAN

As Executive Officer of the Medical School and Chair of the Medical School Executive Committee, the Dean is the highest-level official on issues of student progress through the curriculum. With the Executive Committee, the Dean is responsible for the ultimate disposition of all student issues related to academic performance and professional behavior. The Executive Vice Dean for Academic Affairs reports directly to the Dean.

II. EXECUTIVE VICE DEAN FOR ACADEMIC AFFAIRS

The Executive Vice Dean for Academic Affairs provides strategic and operational oversight to the educational missions of the Medical School, develops and manages the Medical School administrative budget, and assists the Dean in oversight of the chairs of clinical departments. The Senior Associate Dean for Education and Global Initiatives reports directly to the Executive Vice Dean for Academic Affairs.

III. SENIOR ASSOCIATE DEAN FOR EDUCATION AND GLOBAL INITIATIVES

The Senior Associate Dean for Education and Global Initiatives is responsible for managing the day-to-day operations of the educational mission of the Medical School on behalf of the Dean and Executive Vice Dean for Academic Affairs. The Associate Dean for Medical Student Education reports directly to the Senior Associate Dean for Education and Global Initiatives.

IV. ASSOCIATE DEAN FOR MEDICAL STUDENT EDUCATION

The Associate Dean for Medical Student Education, with assistance from Assistant Deans, is responsible for the educational program for the M.D. degree. The Associate Dean, or his/her designee, chairs the Curriculum Policy Committee, the Curricular Operations Subcommittee, the Competency Committees, Academic Review Boards, and Hearing Committees. With assistance from Assistant Deans, the Associate Dean (or designee) is also responsible for administrative actions and support related to student admission, registration status, financial aid, clinical scheduling, student records, progress through the curriculum and graduation, provides counseling and referrals, and approves absences from required assessments and Leaves of Absence.

V. FACULTY

The Medical School faculty is charged with evaluation and assessment of medical students in the courses that comprise the curriculum. Members of the faculty, as represented by individuals elected and appointed to the Executive Committee, and the academic and curriculum committees are also responsible for the development and management of policies related to academic review.

VI. EXECUTIVE COMMITTEE

The Medical School Executive Committee comprises the Dean (who serves as Chair), the President of the Hospitals and Health Centers, the Executive Vice Dean for Academic Affairs, four Executive

Faculty members from the clinical departments, and four Executive Faculty members from the basic science departments. Some decisions are delegated by the Executive Committee to the Associate Dean for Medical Student Education, Academic Review Boards, and the Competency Committee. However, the Executive Committee maintains direct responsibility for appeals and actions such as suspensions that exceed one month, recommendations for dismissal, and graduation.

VII. BASIC SCIENCE ACADEMIC REVIEW BOARD

The Basic Science Academic Review Board is comprised of the

- A. Associate Dean for Medical Student Education, or designee (Chair, does not vote);
- B. Component Directors (two, voting); and one Assistant Component Director (votes as needed in the absence of the Components I and II Director);
- C. Sequence Directors (four, voting), two elected by the Component I Committee and two elected by the Component II Committee, and serve three-year rotating terms;
- D. Course Director or Assistant Course Director (one, voting), elected by the Components I and II Joint Committee, and serves a three-year rotating term;
- E. Assistant Dean for Curriculum (votes only in a tie); and
- F. Honor Council Representatives (two per class, non-voting).

The total number of voting members is seven. At least four of the seven members must be present at any meeting to take official action. Designees can attend in place of members and vote.

Assistant Deans, Course and sequence directors, and other Assistant Component Directors not elected or appointed to the Academic Review Board will serve as resources to the Board and attend meetings as invited, without vote. They will present student progress in their courses and recommend appropriate remediation when needed. Course and sequence directors who have voting privileges and who present recommendations for remediation to the Board will recuse themselves from voting on those recommendations.

Representatives from the Student Services Unit attend the meetings to provide information to the members of the Board. Additional faculty or staff may be invited to attend particular meetings, as appropriate. All of these individuals are non-voting.

The Academic Review Board deals primarily with issues of student academic performance, but also takes into consideration other factors that might influence academic performance or professional behavior. The Academic Review Board assists in the determination of fitness for enrollment and fitness to return from Leaves of Absences. As such, the Board is responsible for:

- A. periodic review of student academic performance and professional conduct through the pre-clinical phase of the curriculum;
- B. approval of actions related to personal/medical leaves of absence, voluntary withdrawal from registration;
- C. approval of remedial programs for students with course or sequence deficiencies, or deficiencies in other required experiences;
- D. approval of reduced curricular programs;
- E. determination of eligibility for application, acceptance to, and continuation in Paths of Excellence
- F. promotion of students; and
- G. recommendations to the Executive Committee for suspension and dismissal from registration. In such cases, the Assistant Dean for Curriculum (or another voting member of the Academic Review Board) will present the recommendation to the Executive Committee.

VIII. CLINICAL ACADEMIC REVIEW BOARD

The Clinical Academic Review Board is comprised of the:

- A. Associate Dean for Medical Student Education or designee, (Chair, does not vote);
- B. Component Directors (two, voting);
- C. Clerkship Directors from all clinical departments with required clerkships (eight, voting);
- D. Course Director or Assistant Course Director (one, voting) elected by the Components III/IV Committee, serves a three-year rotating term;
- E. Assistant Dean for Curriculum (votes only in a tie); and
- F. Honor Council Representatives (two per class, non-voting).

The total number of voting members is 11. At least six members must be present at any meeting to take official action. Designees can attend in place of members and vote.

Course and clerkship directors will present student progress in their courses and clerkships and recommend to the Academic Review Board appropriate remediation when needed. Other Assistant Deans, Assistant Component Directors not elected nor appointed to the Academic Review Board will serve as resources to the Board and attend meetings as invited, without vote. Course and clerkship directors who have voting privileges and who present recommendations for remediation to the Board will recuse themselves from voting on those recommendations.

Representatives from the Student Services Unit attend the meetings to provide information to the members of the Board. Additional faculty or staff may be invited to attend particular meetings, as appropriate. All of these individuals are non-voting.

The Academic Review Board deals primarily with issues of student academic performance, but also takes into consideration other factors that might influence academic performance or professional behavior. The Academic Review Board assists in the determination of fitness for enrollment and fitness to return from Leaves of Absences. As such, the Board is responsible for:

- A. periodic review of student academic performance and professional conduct through the clinical phase of the curriculum;
- B. approval of actions related to personal/medical leaves of absence, voluntary withdrawals from registration;
- C. approval of remedial programs for students with clerkship deficiencies, or deficiencies in other required experiences;
- D. approval of reduced curricular programs;
- E. determination of eligibility for application, acceptance to, and continuation in Paths of Excellence;
- F. promotion of students;
- G. recommendations to the Executive Committee for graduation; and
- H. recommendations to the Executive Committee for suspension beyond one month and dismissal from registration. In such cases, the Assistant Dean for Curriculum (or another voting member of the Academic Review Board) will present the recommendation to the Executive Committee.

IX. HEARING COMMITTEE

The Hearing Committee is a subcommittee of both Academic Review Boards and is responsible for conducting hearings in specific student cases involving allegations of unprofessional conduct. The Committee is comprised of:

- A. the Associate Dean for Medical Student Education, or designee (Chair);

- B. two members who are Component Directors/Assistant Component Directors, (I/II, III/IV), or Director of the Standardized Patient Program or Director of the M4 Comprehensive Clinical Assessment (depending on case);
- C. one elected member from the Basic Science Academic Review Board;
- D. one member from the Clinical Academic Review Board; and
- E. one Honor Council student representative.

Representatives from departments involved in allegations will not be invited to serve on the Hearing Committee for that particular case.

The Chair does not vote. The remaining five members of the Hearing Committee are voting members. A quorum of four (including the Chair) of the six members must be present to take official action. No member may join a hearing process after it has begun.

At the conclusion of the hearing process, findings and recommendation(s) are reported to the Executive Committee by the Chair and at least one member of the Hearing Committee. Only the Executive Committee can take final action in a Hearing Committee case.

X. HONOR COUNCIL

As detailed in the Medical Student Honor Code, the Honor Council is comprised of eight students: two members from each class, elected by their class in the first year (two members for a one-year term) and the second year (two members for a three-year term). The second-year student elected to the Honor Council with the highest number of votes becomes President during his/her senior year.

Allegations of professional misconduct, including cheating or irregular events that occur during examinations, may be brought directly to the Honor Council by the Proctor, a faculty member, or a fellow medical student(s). When such allegations are made, the Honor Council notifies the Associate Dean for Medical Student Education (or his/her designee) and then reviews all documentation and gathers initial testimony from parties who are or may be involved. When the review is complete, the Honor Council submits a report to the Associate Dean for Medical Student Education who determines if the case should be dropped or pursued (*see section VII.C. Allegations of Unprofessional Behavior. IA Student/Honor Council*).

The Associate Dean for Medical Student Education provides information to the appropriate bodies on the outcome of allegations made to the Honor Council, including feedback to the person(s) who initially reported the alleged misconduct to the Honor Council.

Each year, the Honor Council will submit to the Associate Dean for Medical Student Education a formal report on all cases received and reviewed during that academic year.

PROCEDURES RELATED TO REGISTRATION STATUS AND EXAMINATIONS

I. REGISTRATION STATUS

A. Clinical Refresher Program

Students who have completed all requirements to begin clinical training and students who have already begun clinical training may be eligible for, or required to complete, a Clinical Refresher Program if their training has been interrupted by a leave of absence.

1. Optional or Required Participation

- a. Students on leave of absence for one academic year or less are not eligible for the Clinical Refresher Program.
- b. Students on leave of absence for one to two academic years may elect to take, or may be required to take, the Clinical Refresher Program. Determinations will be made by the Associate Dean for Medical Student Education (or designee) with input from the Program Director (if applicable), the Components III/IV Director, and the Clinical Academic Review Board.
- c. Students on leave of absence for more than two academic years *are required* to take the Refresher Program.

2. Program Features and Requirements

- a. The Program must be completed before the student will be allowed to return to standard enrollment and begin clinical training. Students should allow eight weeks to complete the program.
- b. No academic credit is given, nor is a grade assigned, for completing the Program.
- c. All other policies and procedures that apply to students requesting the start or resumption of clinical training after a leave of absence apply.

B. Deferrals

Deferrals may be granted by the Associate Dean for Medical Student Education (or designee) to give a clinical student up to one month of time away from the clerkships for extenuating reasons.

1. The student remains in formal registration and is responsible for all tuition charges.
2. All deferrals will be documented by a memorandum to the student's docket.

C. Withdrawal from Registration

1. Voluntary, permanent withdrawal from registration initiated by a student.
2. Students wishing to withdraw must submit a written statement to the Associate Dean for Medical Student Education (or designee). The statement must include the student's understanding that withdrawal is a voluntary and permanent action.
3. The Medical School will not accept a request for withdrawal from a student facing a hearing process, disciplinary action, or dismissal recommendation. If a student chooses not to participate in the hearing, the process will proceed without him/her.

D. Leave of Absence

Temporary interruption in registration.

1. Leaves of Absence and Related Policies:

a. Leave of Absence - Administrative

A student is placed on Administrative Leave of Absence by the Academic Review Board for academic difficulties or issues related to professionalism. Return of a student to registration from an Administrative Leave of Absence requires approval from the Academic Review Board. Fitness for re-enrollment will be determined by the Board and may require a review of relevant medical/mental health information and/or an evaluation by the Board consultant.

b. Leave of Absence - Educational/Research

Educational/Research Leaves of Absence (up to one year) may be granted to students who have been admitted to a degree-granting program or to students who have secured a position to explore a particular research interest. Approval for Educational/Research Leaves is granted by the Associate Dean for Medical Student Education (or designee), who may also return students to registration in the Medical School. The Academic Review Board must approve extension of Educational/Research leaves on an annual basis.

c. Leave of Absence – Detached Study

Detached Study is a specific category of leave reserved for students who have secured research scholarships or fellowships or have secured positions in other formal scholarly or educational programs. Students on Detached Study Leaves of Absence qualify for deferment of their educational loans. The status of Detached Study is not automatically conferred, but must be requested in writing by the student with documentation from the student's mentor or the program awarding the scholarship or fellowship. Approval for Detached Study Leaves is granted by the Associate Dean for Medical Student Education (or designee), who may also return students to registration in the Medical School. The Academic Review Board must approve extension of Detached Study Leaves on an annual basis.

d. Leave of Absence - Personal/Medical

Personal/Medical Leaves of Absence may be granted by the Associate Dean for Medical Student Education (or designee) to students who have compelling personal circumstances that are temporarily impeding their academic progress, or for documented medical reasons.

- The Associate Dean for Medical Student Education (or designee) may return students from Personal/Medical Leaves of Absence that are one month or less in duration.
- The Academic Review Board must approve the return to registration for students on Personal/Medical Leaves of Absence that exceed one month.
- The Academic Review Board and/or the Associate Dean for Medical Student Education (or designee) will determine fitness for re-enrollment as part of considering a return to registration. This may require a review of relevant medical/mental health information and/or an evaluation by the Board consultant.

e. Leave of Absence - USMLE

Students who do not pass the USMLE Step 1 examination are placed on USMLE Leave of Absence by the Associate Dean for Medical Student Education (or designee), who can return students from USMLE Leave of Absence once a passing score is achieved. (All policies related to USMLE examinations apply *see section IV. of UMMS POLICIES FOR REGISTRATION, GRADING, RECORDS ADVANCEMENT, AND GRADUATION 16-17 CLASSES 2015 AND EARLIER document.*)

- Students placed on Leave of Absence-USMLE must re-take the examination within 6 months following the first failure. Exceptions to this policy can only be granted by the relevant Academic Review Board.
 - Total time spent out of registration on Personal/Medical or USMLE Leaves of Absence will not exceed one year unless specifically approved by the Academic Review Board on a prospective annual basis. The Associate Dean for Medical Student Education (or designee) will present the student's appeal for an extension and will advise the Academic Review Board.
- f. Third-year students approved to return from leave of absence who have completed three or more months of clinical clerkships may return any period during the year, as scheduling permits.
 - g. Third-year students approved to return from leave of absence who have completed fewer than three months of clinical clerkships may return any period from Period 1 through Period 7, as scheduling permits. They may not return after Period 7.
 - h. Fourth-year students approved to return from leave of absence may do so at any period during the year, as scheduling permits.
 - i. Students who are not in registration are prohibited from taking part in the Medical School's formal educational programs, including classroom, laboratory, and clinical course work. However, in certain circumstances, students on leave of absence and in good standing may, under the supervision of a faculty member and with the approval of the Associate Dean for Medical Student Education (or designee), participate in experiences that enhance their education, as approved by the Academic Review Board.

II. QUIZZES AND EXAMINATIONS

PRECLINICAL PHASE

A. Administration

The Medical School faculty is responsible for the content of examinations and, with input from student representatives, for setting the examination schedules throughout the curriculum.

1. Students may keep their backpacks at their seats. Backpacks must be zipped/closed during the examination. Any books, papers, or study materials must be inside the closed backpack. Students may not bring open notes into the testing area.
2. Students will self-regulate the examination environment with quiet and respectful behavior and commitment to the Honor Code. It is the obligation and responsibility of the students, the Proctor, and any faculty who may be present to report any disruptive or suspicious behavior to the Honor Council representatives.
3. Students who require special exam arrangements must consult with their class counselor at least one week prior to the exam.
4. Permission for, and administration of, make-up examinations and quizzes are handled through the Evaluation and Assessment Unit, in accordance with recommendations from the pertinent course or sequence director, their class counselor and, as appropriate, with final recommendations from the Academic Review Board.
5. Computer-based Examinations
 - a. Students may take closed-book examinations in the following Medical School sites only: Computer Cluster (Room 5225 THSL) and Computer Classroom (Room 5215 THSL), or other designated areas as determined by the Associate Dean for Medical Student

Education. Students may not take exams on personal computers or at any other campus location except under special circumstances (e.g. student illness or

- b. illness or death of a family member) and with the approval of the class counselor and Component and/or Assistant Component Director. Staff will be available during regularly scheduled exams in case hardware/software problems occur during the administration of computer-based examinations.
- c. Students may not copy or print quizzes or exams. Students are not permitted to use written notes, make written notes, or record in any way the contents of a quiz or exam. Paging devices, laptop computers, and cellular telephones must be turned off in the testing area. Headphones may not be used while taking a quiz or exam, unless they are noise-cancelling headphones with audio capabilities disabled.
- d. Students will self-monitor the exam environment with quiet and respectful behavior and commitment to the Honor Code. It is the obligation and responsibility of each student to report any disruptive or suspicious behavior to the Honor Council representative.
- e. Students must allow adequate time to enter and check their answers accurately prior to the end of the exam. Credit for answers will be given only if they are properly entered and submitted.
- f. Students who become ill during a quiz or exam should submit their responses (even if partially completed) and immediately contact and explain the circumstances to their class counselor. A final decision about scoring that exam will be made by the Components I/II Director/Assistant Components Director in consultation with the appropriate course director(s).
- g. Responses submitted after the official end of an exam will not be scored.

B. Quiz and Exam Deferral in the Preclinical years

1. The expectation is that students will prepare for and take all quizzes and exams as scheduled. It is very much in the student's best interest to take quizzes and exams on time. However, the faculty and administration realize that circumstances do occasionally arise that may interfere with an individual student being able to take a quiz or exam within the scheduled time frame. Students may miss a predetermined number of quizzes or exams for a short list of acceptable reasons [illness, major family/close friend event or emergency (i.e. wedding, funeral), significant religious holiday, attend or present at a conference] (see "Professional Expectations for the M2 Year" document). Quiz and exam deferrals **must** be approved by the **House Counselor**. In case of a request for a deferral, students should email their House Counselor and the House Counselor will review the request and reply to the student in a timely manner.
 - a. Procedures for Deferral

If there is an *Emergency Situation* as described above, the student must notify the House Counselor as soon as possible, but *no later than 12:00 noon the day after the assessment closes*. The expectation is that, for *Emergency Situations*, the appropriate House Counselor will automatically approve the deferral. Except for extraordinary circumstances, if the House Counselor is not notified by 12:00 noon on the day after the assessment closes, the student will not be allowed to take the assessment and will not receive credit. In the event of illness, the Counselor may require a student to obtain medical attention and bring in verification.
 - b. Additional Assessment Deferral Information
 - i. Students who are allowed to defer a quiz or exam are expected to take the test during the established deferral time. The House Counselor will advise students of availability of the deferred quiz/exam.

- ii. Being unprepared is not considered an acceptable reason to defer a quiz or an exam, although extenuating circumstances are always considered on an individual basis. Students should never miss a quiz or exam without notifying their House Counselor.
 - iii. If a student strongly disagrees with their House Counselor's decision about a deferral he or she may discuss the situation with the Associate Dean for Medical Student Education (or designee).
 - c. Requesting a Quiz or Exam Deferral
For emergencies, students should email their House Counselor, and if the emergency meets stated criteria, the deferral will be approved. The House Counselor will contact the student with deferral instructions. For non-emergencies, students should contact their House Counselor well in advance to discuss their circumstances according to the "Professional Expectations for the M2 Year" document.
 - d. Deferring Required Experiences
Students may miss a predetermined number of experiences for a short list of acceptable reasons [illness, major family/close friend event or emergency (i.e. wedding, funeral), significant religious holiday, attend or present at a conference] (see "Professional Expectations for the M2 Year" document) If mandatory sessions are deferred, students are responsible to ensure that the remediation is completed within one week of the missed experience. Remediations should be sent to the course director and course administrator. Each course will lay out a clear attendance policy at the beginning of the semester in their Canvas page and course orientation.
2. Role of Basic Science Academic Review Board
 - a. As set out in the "Professional Expectations for the M2 Year" document, missed experiences or quiz/exam deferrals beyond allowed numbers, and/or significant delays in submission of required assignments will result in review by the Basic Science Academic Review Board. This review will consist of a discussion of whether a student is appropriately meeting professional expectations and possible remediation/action when exceeding any of the allowed numbers or when remediation assignments are not turned in within one week.

CLINICAL PHASE

A. Administration

All clerkship examinations and deferrals are under the purview of the individual clerkships and their respective department.

1. Examination Deferrals
 - a. Requests for examination deferrals should be directed to the Clerkship Director and Clerkship Coordinator as far in advance as possible.
 - b. Students who are allowed to defer an examination are expected to take it at the established make-up time. The Clerkship Coordinator will advise students of availability of the make-up.
 - c. Being unprepared is *not* considered an acceptable reason to defer an examination, although extenuating circumstances are always considered on an individual basis.
 - d. Students should never miss an examination without notifying the Clerkship Director and Clerkship Coordinator.

PROCEDURES RELATED TO REVIEWS AND GRIEVANCES

I. DIRECT DISMISSAL FOR ACADEMIC FAILURE

A. Process

The Assistant Dean for Curriculum (or another voting member of the Academic Review Board), on behalf of the Academic Review Board, will present to the Executive Committee those student(s) who have not met the requirements for advancement based on any of the following circumstances:

The student has

- 1a. received a third additional Fail or I/E grade after being placed on academic warning (**for the classes matriculating in 2013 and prior to 2013**);
- 1b. received a second additional I/E grade, or a single additional Fail, after being placed on academic warning (**for the classes matriculating in 2014 and 2015**);
2. failed the repeat of a pre-clinical course or sequence, or has failed the repeat of a clinical clerkship;
3. failed the USMLE Step 1 or Step 2 (CK or CS) exam three times;
4. not completed the pre-clinical phase in four calendar years from the first day of registration in Medical School;
5. not completed the clinical phase in four calendar years from the first day of clinical training.

As this occurs the

- a. Student in this circumstance will be notified by the Academic Review Board that a recommendation for his/her dismissal will be presented to the Executive Committee. He/she will also be advised of the procedures for appeal.
- b. Academic Review Board will review the case but will take action only in the form of a recommendation to the Executive Committee; in such cases only the Executive Committee takes action.
- c. Associate Dean for Medical Student Education will notify the student of the date and process for appeals.
- d. Student may consult with the Assistant Dean for Student Services for advice and assistance.

B. Appeal of Dismissal Action

1. If the student wishes to appeal the dismissal action, the student must inform the Associate Dean for Medical Student Education within five working days after receiving notification of the dismissal recommendation that an appeal is desired. After providing notice that an appeal is desired, or as soon as practicable, the student must submit a written statement in support of the appeal. The Assistant Dean for Student Services will assist the student with his/her appeal.
2. Pertinent written information, including the student's appeal, will be provided by the Assistant Dean for Curriculum (or another voting member of the Academic Review Board), the Associate Dean for Medical Student Education, the student, and/or the Assistant Dean for Student Services. This information will be distributed in advance to the student and the Executive Committee.

3. The Assistant Dean for Curriculum (or another voting member of the Academic Review Board), on behalf of the Academic Review Board, will present the Board's recommendation to the Executive Committee.
4. The student will be given an opportunity to appear before the Executive Committee to present his/her appeal. The student may ask the Assistant Dean for Student Services to present as well. An advisor, who is not permitted to address the Committee directly, may accompany the student. The presentation, including a personal statement, new information, and responses to questions, is generally limited to a total of 20 minutes.
5. The Executive Committee may also invite others to appear to present information relevant to the appeal.
6. The decision of the Executive Committee is final.

II. ACADEMIC REVIEW BOARD RECOMMENDATION TO DISMISS

A. Process

At any time the Academic Review Board, based on critical review of a student's overall academic record and/or professional behavior, may recommend a student's dismissal to the Executive Committee.

As this occurs the:

1. Student in this circumstance will be notified by the Academic Review Board that a recommendation for his/her dismissal will be presented to the Executive Committee. He/she will also be advised of the procedures for appeal.
2. Academic Review Board will review the case but will take action only in the form of a recommendation to the Executive Committee; in such cases only the Executive Committee takes action.
3. Associate Dean for Medical Student Education will notify the student of the date and process for appeals.
4. Student may consult with the Assistant Dean for Student Services for advice and assistance.

B. Appeal of Dismissal Action

1. If the student wishes to appeal the dismissal action, the student must inform the Associate Dean for Medical Student Education within five working days after receiving notification of the dismissal recommendation that an appeal is desired. After providing notice that an appeal is desired, or as soon as practicable, the student must submit a written statement in support of the appeal. The Assistant Dean for Student Services will assist the student with his/her appeal.
2. Pertinent written information, including the student's appeal, will be provided by the Assistant Dean for Curriculum (or another voting member of the Academic Review Board), the Associate Dean for Medical Student Education, the student, and/or the Assistant Dean for Student Services. This information will be distributed in advance to the student and the Executive Committee.
3. The Assistant Dean for Curriculum (or another voting member of the Academic Review Board), on behalf of the Academic Review Board, will present the Board's recommendation to the Executive Committee.
4. The student will be given an opportunity to appear before the Executive Committee to present his/her appeal. The student may ask the Assistant Dean for Student Services to present as

well. An advisor, who is not permitted to address the Committee directly, may accompany the student. The student's presentation, including a personal statement, new information, and responses to questions, is generally limited to a total of 20 minutes.

5. The Executive Committee may also invite others to appear to present information relevant to the appeal.
6. The decision of the Executive Committee is final.

III. GRADE GRIEVANCES

Grade grievances should be related to final grades in a course, sequence, clerkship, or experience, and should be based on concerns about discrimination or the process used to assign the grade. Based on findings, a grievance committee or the Academic Review Board can overturn a grade that has been submitted by a course director, sequence director, or clerkship director. In the review process, grievance committees will seek to ensure that grades have been assigned and submitted using appropriate processes.

A. Grade Grievances in Components I and II

1. The student submits his/her written concern(s) about a grade, and arranges a meeting to discuss the concern(s) with the relevant sequence director or course director within one month of the posting of that grade.

If the concern is not resolved:

2. The student will be asked to submit their written explanation of the grievance, and will be offered the opportunity to meet with a Grievance Committee to express his/her concerns.
3. Grievance Committee: The relevant Component Director, a faculty member from the sequence or course (chosen by the Component Director but *not* the faculty member with responsibility for assigning the grade), and another faculty member (chosen by the Component Director).
4. After reaching a decision, the Grievance Committee will submit a final report to the Associate Dean for Medical Student Education and to the student. At that time, the student will be notified that there is an appeal process through the Academic Review Board.
5. If the student wishes to appeal the Grievance Committee's recommendation, that appeal must be made to the Academic Review Board. The Component Director who participated in the Grievance Committee proceedings will *not* be present for the Academic Board's review and action on the appeal.
6. The decision of the Academic Review Board is final.

B. Grade Grievances in Components III and IV

1. The student submits his/her written concern(s) about a final grade, and arranges a meeting to discuss the concern(s) with the appropriate clerkship director within one month of the posting of that grade.

If the concern is not resolved:

2. The student will be asked to submit a written explanation of the grievance, and will be offered the opportunity to meet with a Grievance Committee to express his/her concerns.

Grievance Committee: The Department Chair or designee, the Components III/IV Director (unless from the same department, in which case a clerkship director from another discipline will be designated by the Associate Dean for Medical Student Education), and a

faculty member from the department (chosen by the Components III/IV Director, *not* the clerkship director).

3. After reaching a decision, the Grievance Committee will submit a final report to the Associate Dean for Medical Student Education and to the student. At that time, the student will be notified that there is an appeal process through the Academic Review Board.
 4. If the student wishes to appeal the Grievance Committee's recommendation, that appeal must be made to the Academic Review Board. The Components III/IV Director (or the designee who served on the Grievance Committee) will *not* be present for the Academic Review Board's review and action on the appeal.
 5. The decision of the Academic Review Board is final.
- C. Grade Grievances in Seminars in Medicine and the M2/M4 Comprehensive Clinical Assessments (CCA)
1. The student submits his/her written concern(s) about a final grade, and arranges a meeting to discuss the concern(s) with the Seminars in Medicine/CCA Director within one month of the posting of that grade.
If the concern is not resolved:
 2. The student will be asked to submit a written explanation of the grievance, and will be offered the opportunity to meet with a Grievance Committee to express his/her concerns.
 3. Grievance Committee: The Components III/IV Director and two faculty members (chosen by the Component Director) will meet as a grievance committee to review the student's concerns.
 4. After reaching a decision, the Grievance Committee will submit a final report to the Associate Dean for Medical Student Education and to the student. At that time, the student will be notified that there is an appeal process through the Academic Review Board.
 5. If the student wishes to appeal the Grievance Committee's recommendation, that appeal should be made to the Academic Review Board. The Components III/IV Director should *not* be present for the Academic Review Board's review and action on the appeal.
 6. The decision of the Academic Review Board is final.

IV. STUDENT GRIEVANCES AGAINST FACULTY MEMBERS/ADMINISTRATIVE UNIT

This section (1) outlines expectations of behaviors that promote a positive learning environment for UMMS medical students, and (2) governs grievance procedures for medical students to address violations of the learning environment. The University of Michigan Medical School Medical Student Mistreatment Policy, approved by the Medical School Executive Committee, addresses both goals for this section. The electronic version of this policy is available at:

[http://medstudents.medicine.umich.edu/sites/default/files/downloads/UMMS Medical Student Mistreatment Policy_Final \(2\).pdf](http://medstudents.medicine.umich.edu/sites/default/files/downloads/UMMS_Medical_Student_Mistreatment_Policy_Final_(2).pdf)

Expectations of teachers and learners are described more fully in the Learning Environment Statement as endorsed by the Medical School Executive Committee, and is available electronically at:

http://medstudents.medicine.umich.edu/sites/default/files/downloads/learning_environment_statement.pdf

PROCEDURES RELATED TO PROFESSIONALISM

I. PROFESSIONAL BEHAVIOR

In conferring the M.D. degree, the University of Michigan states that the graduate is competent to undertake a career as a Doctor of Medicine. It also states that, in addition to competency in medical knowledge and skills, the graduate demonstrates those traits essential to the profession of medicine that includes:

Altruism: putting the best interest of patients above self-interest.

Accountability: required at many levels (individual patients, society, and the profession). Physicians and medical students are accountable to their patients for fulfilling the implied contract governing the patient/physician relationship. They are also accountable to society for addressing the health needs of the public and to their profession for adhering to medicine's ethical precepts.

Compassion: to be disposed to see, as well as feel, what a trial, tribulation, or illness has wrought in a patient's life.²

Duty: the free acceptance of a commitment to service. This commitment entails conscientiousness in fulfilling one's responsibilities including being available and responsive when "on call," and accepting inconvenience to meet the needs of one's patients.

Excellence: a conscientious effort to exceed ordinary expectations and to make a commitment to life-long learning.

Honesty and integrity: the consistent regard for the highest standards of behavior and the refusal to violate one's personal and professional codes. Honesty and integrity imply being fair, being truthful, keeping one's word, meeting commitments, and being straightforward. They also require recognition of the possibility of conflict of interest and avoidance of relationships that allow personal gain to supersede the best interest of the patient.

Respect for others: the essence of humanism is central to professionalism. Respect for patients and their families and for colleagues is demonstrated through a willingness to acknowledge and learn about the cultural influences that shape their health beliefs and behaviors.

A. Commendation Note

1. Purpose

The purpose of a "Commendation Note" is to report the exceptional professional behavior or service of a student. The Commendation Note is not used to highlight academic excellence, as this is evaluated and reported through the current grading and evaluation system.

2. Policy

The University of Michigan Medical School is committed to assuring a safe and supportive learning environment that reflects the Institution's values, which include altruism, compassion, and integrity. Commendation Notes may be noted in the Medical Student Performance Evaluation (MSPE), also known as Dean's Letter.

3. Procedures

a. Submission

- Any Faculty, resident physician, staff, or other individual who observes the student's professional behavior may recommend the student for a Commendation Note. This recommendation is made to the sequence/course/clerkship director.
- Faculty may submit Commendation Notes electronically via AMADEUS: <https://www.umms.med.umich.edu/amadeus/>. Click on the "Notes" tab on the left of the page and select "Commendation Note."
- Designated Staff may submit Commendation Notes electronically via SISPROD: <https://www.umms.med.umich.edu/sisprod/>.
- Individuals who do not have access to the electronic Commendation Note may communicate a Commendation directly to the Assistant Dean for Student Services via email.

b. Evaluation

- If the Commendation Note is submitted electronically via CLINGRADE or SISPROD, it is automatically sent to the Assistant Dean for Student Services AND the appropriate sequence/course/discipline/clerkship director or faculty supervisor for review.

c. Notification

- The student will be contacted by a representative of the Office of Student Services and notified of the content of the Commendation Note.

d. Recording

- After reviewing the Commendation Note, the Assistant Dean will forward it to his/her assistant who will electronically record the information in a confidential, restricted database. Paper copies of the Commendation Note will be kept in the student's Medical School file and the Commendation file, both of which are located in the Office of Student Services.
- Each year before the Medical Student Performance Evaluation (MSPE) is written, the Assistant Dean for Student Services reviews the database and identifies any student that has received a commendation and notifies the appropriate MSPE writer for possible inclusion in the student's letter.

B. Professionalism Concern Note

1. Purpose

The purpose of a Professionalism Concern Note (hereafter known as the 'Concern Note') is to report instances or patterns of substandard professional behavior by medical students. This allows confidential referral of students to the Office of Student Services to review the Concern Note and receive counseling or formal intervention.

2. Policy

The University of Michigan Medical School is committed to assuring a safe and supportive learning environment that reflects the Institution's value of professionalism. Professionalism Concern Notes may result in a report of substandard professionalism in a student's formal academic evaluation and/or Medical Student Performance Evaluation (MSPE).

3. Procedures
 - a. Submission
 - A concern about substandard professional behavior by a medical student can be raised by a faculty member or other individual who observes the student's professional behavior.
 - Faculty may submit Concern Notes electronically via AMADEUS: <https://www.umms.med.umich.edu/amadeus/>. Click on the "Notes" tab on the left of the page and select "Concern Note."
 - Designated staff may submit Concern Notes electronically via SISPROD: <https://www.umms.med.umich.edu/sisprod/>.
 - Individuals who do not have access to the electronic Concern Note may communicate the concern directly to the Assistant Dean for Student Services via email.
 - Concerns raised by a medical student about the professionalism of another medical student are handled through the Honor Code/Honor Council process.
4. Evaluation
 - a. If the Concern Note is submitted electronically via CLINGRADE or SISPROD, it is automatically sent to the Assistant Dean for Student Services AND the appropriate sequence/course/discipline/clerkship director or faculty supervisor for review.
 - b. If the Concern Note is communicated directly to the Assistant Dean for Student Services, he/she will notify the appropriate sequence, course/discipline/clerkship director or faculty supervisor.
 - c. The Assistant Dean for Student Services will review each Concern Note, consult with the appropriate Class Counselor for relevant input, determine degree of concern, and decide upon the need for further action which will include a face-to-face discussion with the student and/or other form of communication to the student.
 - d. The Assistant Dean for Student Services will directly notify the person submitting the Concern Note that it was received.
5. Notification
 - a. The student will be contacted and receive a copy of the Concern Note.
 - b. A plan for addressing the behavior, need for further counseling, remediation, or other formal action will be developed by the Assistant Dean for Student Services based on the degree of the concern.
 - c. Class Counselors are always available to meet with students as their advocate, if requested.
6. Recording
 - a. After reviewing the Concern Note, the Assistant Dean for Student Services will forward it to his/her assistant who will electronically record the information in a confidential, restricted database. Paper copies of the Concern Note will be kept in the student's Medical School file and the Concern Note file, both of which are located in the Office of Student Services.
7. Recurrent Professionalism Concerns
 - a. A student who has received more than two Concern Notes will be presented at the appropriate Academic Review Board for discussion, recommendations, and action. In addition, any single Concern Note, depending on the degree of the concern, as

determined by the Assistant Dean for Student Services, may result in presentation to the appropriate Academic Review Board for discussion, recommendation, and action. Discussion will include whether the Professionalism Concern requires inclusion in the student's MSPE.

- b. If a Concern Note arises after the submission the MSPE, the Assistant Dean for Student Services may present it to the Clinical Academic Review Board (depending on the degree of the concern), which may request communication of the concern(s) with the student's future Residency Program Director(s).

C. Allegations of Unprofessional Behavior

1. Hearings: Processes that Lead to Hearing Committees

- a. The route to an investigation and/or a Hearing regarding an incident(s) involving a medical student's behavior depends on the particular circumstances related to the incident(s). There are several processes for managing such cases (*see a-c below*). Additional administrative processes are handled by the Dean of the Medical School and the Executive Committee.

2. Student/Honor Council

- a. Any allegation of unprofessional behavior made by one or more students against another(s) is brought to the Honor Council by that student(s).
- b. The Honor Council will notify the Associate Dean for Medical Student Education (or designee) that an allegation has been reported.
- c. The Honor Council will review the facts and submit a report to the Associate Dean for Medical Student Education (or designee).
- d. The Associate Dean for Medical Student Education (or designee) will review the report and will decide:
 - not to pursue further; person(s) making the allegation, person(s) accused, and Honor Council are advised of the decision and the case is then closed.
 - that the facts warrant further pursuit.
 - If the case is pursued, the Associate Dean for Medical Student Education (or designee) may, depending on the nature of the allegation(s) and the facts are not disputed, accept or modify the Honor Council's recommendations, or will convene a Hearing Committee for further investigation.

3. Faculty/Department

- a. If a student's behavior poses potential for danger to patients, other students, staff, faculty or that student, the department can take immediate action to suspend the student temporarily from his/her responsibilities.

Within two working days of a suspension, or as soon as practicable, the department chair or designee must:

- begin fact-finding, including providing the identified student with an opportunity to meet with the chair or designee, and
- notify the Associate Dean for Medical Student Education (or designee) of the incident and of any action taken.

Within two additional working days, or as soon as practicable, the department will conduct a review of the case, and decide whether or not further action is indicated. If further action is indicated, the department will make a formal recommendation to the

Associate Dean for Medical Student Education (or designee). If further action is not indicated, the department will notify the student and the Associate Dean for Medical Student Education (or designee).

In cases where a recommendation is forwarded from the faculty/department, the Associate Dean for Medical Student Education (or designee) may determine that no further action is indicated or may convene a Hearing Committee for further action.

Faculty with concerns should notify the Associate Dean for Medical Student Education (or designee) about student behavior they feel is inappropriate but not egregious enough to warrant suspension.

4. Associate Dean for Medical Student Education
 - a. An allegation of unprofessional behavior on the part of a student can be reported directly to the Associate Dean for Medical Student Education (or designee).
 - b. The Associate Dean for Medical Student Education (or designee) may report incidents of unprofessional behavior to a Hearing Committee (and will inform the student of such).
 - c. Within ten working days, or as soon as practicable, the Hearing Committee will convene to conduct a hearing and will make a decision that is forwarded as a recommendation to the Executive Committee.

B. Hearing: Roles and Responsibilities

1. Hearing Committee

The Hearing Committee, chaired by the Associate Dean for Medical Student Education (or designee) will:

- a. hear all testimony;
- b. participate in all deliberation; and
- c. reach a final recommendation that will be presented to the Executive Committee for action.

2. Student

The student will receive all information that is made available to the Hearing Committee. In addition, he/she may:

- a. in a timely fashion, provide information for inclusion in the agenda packet for the Hearing Committee;
- b. In a timely fashion, submit a list of witnesses to present information relevant to the case to the Hearing Committee, and/or to be interviewed by the Hearing Committee;
- c. make opening and closing statements to the Hearing Committee;
- d. be present for all testimony;
- e. have an advisor present, who may advise the student during opening/closing statements and testimony, but who may not speak directly to the Hearing Committee.

3. Witnesses

- a. may be asked to provide testimony by the student or the Hearing Committee;
- b. may present only information that is relevant to the case;
- c. are present only during the time they are providing testimony and answering questions.

4. Information for the Hearing Committee

- a. The student's written formal statement.

- b. Any/all information related to allegation(s) of unprofessional behavior.
- c. All relevant background information/documentation (including transcript, correspondence, meeting minutes, etc.).
- d. Medical and/or mental health evaluations as applicable, with comprehensive diagnosis and prognosis for recovery (formal evaluation).
- e. Any other pertinent information requested by the student, the Hearing Committee, or the Hearing Committee chair, as/if information is available.

C. Hearing: Process

1. The Academic Review Board, the Associate Dean for Medical Student Education (or designee), the Dean, or the Executive Committee may refer a case involving alleged unprofessional behavior to the Hearing Committee for action.
2. The Hearing Committee will conduct a hearing within ten working days after referral, or as soon as practicable.
3. The student will be given written notice of the allegations and a copy of these procedures at least five working days prior to the hearing.
4. The student will have an opportunity to appear before the Hearing Committee to present his/her case. The student may review all documents considered by the Hearing Committee, and may question any witnesses who appear before the Hearing Committee. The student may also present his/her own evidence and witnesses. The Hearing Committee may limit testimony based on redundancy or lack of relevance.
5. The student may be accompanied at the hearing by a personal advisor, who may be an attorney; the advisor may not participate directly in the proceedings, but may only advise the student.
6. The hearing will be closed to the public and will be recorded. The Hearing Committee will deliberate in private.
7. The Hearing Committee will make factual findings and recommend appropriate action. Decisions of the Committee will be based on a majority vote of the voting members. A finding that a student has committed an alleged act will be based on a determination that there is "clear and convincing evidence."
8. Within ten working days after hearing the case, the Hearing Committee will submit a report to the Executive Committee for action; the student will also receive a copy of the report. The report will include a brief summary of the Hearing Committee's factual findings and its recommendations for action(s).

D. Appeal of Hearing Committee Recommendation(s)

1. If the student wishes to appeal the findings and/or recommendations of the Hearing Committee, within five working days after receiving the Committee's report, the student must inform the Associate Dean for Medical Student Education (or designee) that an appeal is desired. Within five working days, or as soon as practicable, after providing notice that an appeal is desired, the student must submit a written statement in support of the appeal.
2. The Executive Committee will review the report of the Hearing Committee, all relevant documents, and any written appeal statement that the student submits.
3. The student will be given an opportunity to appear before the Executive Committee to present his/her appeal; the student's presentation is generally to be limited to a total of 20 minutes.

4. The student may be accompanied at the appeal by a personal advisor, who may be an attorney; however, the advisor may not participate directly in the proceedings, but may only advise the student.
5. The Executive Committee may also invite others to appear to present information relevant to the appeal.
6. The decision of the Executive Committee is final.

II. SUBSTANCE ABUSE

Illegal use of drugs or alcohol, or unprofessional behavior associated with substance dependence or abuse, can be cause for dismissal from the Medical School.

A. Two Types of Hearings are Possible

To determine a course of action for students who do not admit to substance abuse: If evidence or an allegation of illegal use of drugs or alcohol, or unprofessional behavior associated with substance dependence or abuse is brought forward and the student denies it, the Hearing Committee may conduct a hearing to consider evidence and testimony and to establish the facts.

1. Once the facts have been established, the Hearing Committee must then make a recommendation to the Executive Committee. Possible recommendations include no action (e.g., if the evidence is unsubstantiated or does not support the allegation), leave of absence (with stipulations for return to registration and within registration time limits), dismissal, and other penalties and/or sanctions deemed appropriate.
2. To determine a course of action for students who admit substance dependence or abuse: If the student admits to dependence or abuse (either before or as a result of a Hearing), the Hearing Committee must review the evidence/allegation, hear the student's petition, and then make a recommendation to the Executive Committee. Possible recommendations include leave of absence (with stipulations for return to registration and within registration time limits), dismissal, and other penalties and/or sanctions deemed appropriate.

B. Information for Hearing Committee Review

The Hearing Committee may require the following information when considering individual student cases:

1. the student's formal, written statement;
2. all information related to any allegation(s) of unprofessional behavior on the part of the student;
3. all relevant background information/documentation (including transcript, correspondence, meeting minutes, etc.);
4. medical and/or mental health evaluation report(s), with comprehensive diagnosis and prognosis for recovery (formal evaluation);
5. letters of reference from professionals involved in the recovery program, if applicable;
6. plan for full recovery network (personal physician, testing, etc.);
7. plan for ongoing monitoring and treatment that is appropriate for the particular substances abused;
8. advice from Medical School professionals with expertise in the area of substance abuse.

C. Conditions for a Return to Registration

Students who are found to have, or who admit to having, substance abuse problems and who have petitioned and are permitted to return to registration, will have certain stipulations placed on their return and on their continued registration. These include, but are not limited to:

1. a signed agreement between the Medical School and the student, which must be approved by the Medical School Executive Committee;
2. successful completion of a formal recovery program;
3. current and ongoing documentation of drug/alcohol-free status;
4. ability to meet all academic requirements;
5. random testing for substance abuse;
6. recovery network support;
7. ongoing monitoring and treatment.

D. Agreements

The signed agreements will vary from case to case; however, some information will be included in all agreements.

1. Student must meet all conditions as stated in the agreement or he/she will be automatically dismissed from registration.
2. A statement of the student's dependency will be included in the student's permanent file and transcript, and will be shared with residency programs to which the student applies.
3. The recovery network composition and roles will be detailed.
4. The monitoring and testing arrangements will be detailed.

In cases where the Medical School enters into an agreement with a student, the Associate Dean for Medical Student Education will appoint a designee(s) who will be responsible for all monitoring and communication between the student and the Medical School, and between any other individuals in the agreement and the Medical School, as stipulated in the contract.