

**MEMORANDUM**

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

**DATE:** September 21, 2016

**SUBJECT:** *Policies and Procedures for Registration, Grading, Records Advancement, and Graduation for **matriculation class of 2016***

Attached please find the *Policies and Procedures for Registration, Grading, Records Advancement, and Graduation for the **matriculating class of 2016***.

This is also being posted to your medical student website.

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**POLICIES FOR REGISTRATION, GRADING, RECORDS ADVANCEMENT, AND  
GRADUATION for class matriculating August 2016**  
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Students will be held accountable for compliance with applicable law, and Medical School, Health System, and University policies and procedures.

**I. ASSESSMENT OF STUDENT PERFORMANCE**

- A. The Medical School system of assessing 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. The Medical School institutional competencies are essential to the practice of medicine—Medical Knowledge, Patient Care, Communication, Professionalism, Practice-Based Learning and Improvement, Systems Based Practice, Leadership and Teamwork, Critical Thinking and Discovery—and all are considered in the assessment process.
- B. To be recommended for graduation, each student must receive a Satisfactory (S) or Pass (P) grade or better in every course, required experience, and the United States Medical Licensing Examinations (USMLE) Step 1 and Step 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 VII.). Additionally, students must achieve competency in all eight institutional competencies.
- C. The Medical School utilizes a periodic review and promotion system. The Competency Committee convenes 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 Competency Committee critically reviews the overall academic performance and professional conduct of students in the curriculum. At the time of review, the Competency Committee may take action up to, but not including, recommendation for dismissal from registration. The Competency Committee may recommend a student's dismissal to the Executive Committee at any point following matriculation.
- E. A candidate for the M.D. degree at the University of Michigan Medical School must be capable of completing core educational requirements and achieving the Medical School competencies in the basic and clinical sciences. On occasion, reasonable accommodations may be required by otherwise-qualified individual candidates to meet the technical standards based on the process and policies of the University of Michigan Medical School Technical Standards. The UMMS Accommodations Committee for Technical Standards (ACTS) is a subcommittee of the Competency Committee and will render recommendations and decisions concerning student accommodations.

**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 the following:

A. Leaves of Absence are temporary interruptions in registration. The types of Leaves of Absence and related policies are below:

1. Leave of Absence – Administrative

A student is placed on Administrative Leave of Absence by the Competency Committee for academic difficulties or issues related to the competencies, such as professionalism. Return of a student to registration from an Administrative Leave of Absence requires approval of the Competency Committee. Fitness for re-enrollment will be determined by the Competency Committee and may require a review of relevant health information and/or an evaluation by a Competency Committee consultant. The Competency Committee will review the status of students on Administrative Leave of Absence within a year of initiation of Leave of Absence, sooner if new information is presented.

2. Leave of Absence – Educational/Research

Educational/Research Leave 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 Associate Dean for Medical Student Education (or designee), must approve extension of Educational/Research Leaves on an annual basis from the initiation of the Leave of Absence.

3. 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 Leave 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 Leave of Absence is granted by the Associate Dean for Medical Student Education (or designee), who may also return students to registration in the Medical School. The Associate Dean for Medical Student Education (or designee) must approve extension of a Detached Study Leave of Absence on an annual basis from the initiation of the Leave of Absence.

4. Leave of Absence - Personal/Medical

A Personal/Medical Leave 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 health reasons.

- a. Return of a student to registration from a Personal/Medical Leave of Absence requires approval of the Competency Committee for students on Personal/Medical Leave of Absence that exceeds four weeks.
- b. The Associate Dean for Medical Student Education (or designee) may return students from Personal/Medical Leave of Absence that are four weeks or less in duration.

- c. Fitness for re-enrollment will be determined by the Competency Committee and may require a review of relevant health information and/or an evaluation by the Competency Committee consultant.
  - d. Total time spent out of registration on Personal Leaves of Absence will not exceed one year unless specifically approved by the Competency Committee 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 Competency Committee.
5. Leave of Absence – USMLE
- a. Students who do not pass the USMLE Step examinations 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. For failures of Step 2, students may also be placed on Leave of Absence as indicated. All policies related to USMLE examinations apply (see section IV). Students placed on USMLE Leave of Absence must re-take the examination within 6 months following the first failure. Exceptions to this policy can only to be granted by the Competency Committee.
  - b. Total time spent out of registration on Personal/Medical or USMLE Leave of Absence will not exceed one year unless specifically approved by the Competency Committee 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 Competency Committee. Students who do not apply for the extension may be recommended for dismissal if the extension is not requested within 6 months of when the leave year expired.
6. 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. Suspension is defined as temporary removal of a student from registration.
- 2. Suspension may occur for failure to meet Medical School, Health System, 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 Competency Committee 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. Dismissal is 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, Health System, or University policies.
2. The Competency Committee, Hearing Committee, or Associate Dean for Medical Student Education 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

Academic performance includes grading and summative competency assessments. In order to graduate, students must pass all graded domains of the curriculum, pass the USMLE Step 1, Step 2, and must be determined to be competent on all of the eight (8) Medical School Competencies.

#### A. Competency Assessment

1. The institutional competencies essential to the practice of medicine—Medical Knowledge, Patient Care, Communication, Professionalism, Practice-Based Learning and Improvement, Systems Based Practice, Leadership and Teamwork, Critical Thinking and Discovery—are all considered in the assessment process. Students will be assessed on the competencies across courses. Students must be competent in all of the eight competencies in order to graduate.
2. The Competency Committee will meet regularly throughout the academic year to review students' performance, progression towards competency and when appropriate, the Competency Committee will approve and/or recommend remediation plans.
3. The Competency Committee is responsible for promotions and transition of students across phases of the curriculum. Descriptions of requirements for each transition are described below. Exceptions to these guidelines must be approved by the Competency Committee. The Competency Committee will make competency judgments to promote each student during the transition: from Scientific Trunk to Clinical Trunk, Clinical Trunk to Branches, and Branches to Graduation.
4. The expectations for entering the Clinical Trunk are:
  - a. take and pass all Scientific Trunk courses; and
  - b. take and pass the Comprehensive Basic Science Examination (CBSE). Exceptions must be approved by the Competency Committee, and

- c. achieve expected competency level as determined by the Competency Committee.
5. The expectations for entering Branches are described below. Exceptions to these guidelines must be approved by the Competency Committee. (see section III.H.2.)
  - a. Take and pass USMLE Step 1. If students do not pass USMLE Step 1, students must take a USMLE Leave of Absence. In addition, students who do not pass USMLE Step 1 are mandated to retake the exam within 6 months.
  - b. Pass all of the Clinical Trunk courses.
  - c. Complete the Comprehensive Clinical Assessment (CCA). Students completing the CCA but needing to remediate stations may transition to Branches with an individualized learning plan for remediation of the failed stations. Students receiving an I/A (Incomplete due to Assessment failure, i.e., a failure of CCA that requires a retake of the entire examination) may enter the Branches with an individualized learning plan for remediation and must pass the CCA on the administration of the retake examination.
  - d. Achieve expected competency level as determined by the Competency Committee.
  - e. The Competency Committee may allow transition to Branches in the unusual situation of a student needing to delay clinical courses into the Branches.
6. To graduate, students must achieve expected competency level as determined by the Competency Committee, pass all courses, USMLE Step 1 and Step 2 examinations, the Comprehensive Clinical Assessments (CCA), and any other required experiences.

## B. Grading

1. Grading Scale: Courses are graded using one of two grading scales, as described below:
  - a. Honors, High Pass, Pass, Fail
    - i. Honors (H) characterizes outstanding or distinguished performance.
    - ii. High Pass (HP) indicates excellent or near Honors performance.
    - iii. Pass (P) indicates satisfactory mastery of the material.
    - iv. Fail (F) indicates unsatisfactory performance.
  - b. Satisfactory/Fail
    - i. Satisfactory (S) indicates satisfactory mastery of course requirements as indicated for the course or experience(s). In the Scientific Trunk, and selected courses in the Clinical Trunk and Branches, students who achieve the passing score in a course as will be assigned a Satisfactory (S) grade.
    - ii. Course Directors may assign a Fail (F) grade when students show performance that warrants retaking the entire course (for example, if exam score is significantly below pass score, or for failure to meet professional expectations, professional

behavior, or other competencies). This grading decision is made at the discretion of the Course Director and/or grading committee.

- c. Incomplete (I) and Incomplete Due to Assessment Failure (I/A)
  - i. Incomplete course work or Incomplete Due to Assessment in all four years are grades determined by the course or experience director, and will be designated internally as (I) or (I/A), respectively. Both will be designated on the transcript as (I).
  - ii. A grade of Incomplete (I) indicates a student has not achieved satisfactory mastery of course requirements and will be assigned to students whose course work is unfinished due to missed assignments/activities as a result of an excused illness or other compelling circumstances. This grade will be recorded as an (I) on the official transcript.
  - iii. A grade of Incomplete Due to Assessment Failure (I/A) indicates that a student has not achieved satisfactory mastery of course requirements because of an assessment failure. Incomplete Due to Assessment Failure (I/A) is an internal designation within the Medical School and will be recorded as an (I) on the official transcript.
  - iv. Once course work is completed, a final grade will be assigned and will replace the Incomplete (I) grade on the transcript.
  - v. Students in all phases of the curriculum must complete Incomplete coursework, I/A remediation, or other Competency Committee-mandated coursework within six months of notification by the Competency Committee.
  - vi. Unless an extension is granted by the Competency Committee, Incomplete (I) or (I/A) grades revert to Fail (F) 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 (I) grade or (I/A) will not advance (be promoted) to the next phase of the curriculum.
  - vii. In the Scientific Trunk, a cumulative course passing score is required for passing each course. In each course, the course director determines the required score for passing. Students who do not achieve a course passing score will be assigned an Incomplete Due to Assessment Failure (I/A). If the student passes the remediation, the Incomplete (I) grade on the transcript will be replaced with a Satisfactory (S) grade. If a student fails the remediation, the grade will be replaced with a Fail (F) grade. The deadline for remediating an (I/A) is six months from notification from the Competency Committee.
  - viii. An (I/A) may be assigned for failure to pass other assessments such as a Clinical Competency Examination (e.g., the Clinical Competency Assessment, or CCA) and replaced as described above.
  - ix. In the Clinical Trunk and Branches, an (I/A) may be assigned to students who fail a course examination(s) on the first administration, but perform sufficiently well

on other components of the course as defined by the course. If a student passes the examination on the second administration, the (I/A) grade will be replaced with the appropriate grade. If a student fails the examination on the second administration, the (I/A) is replaced with a Fail (F) grade. The deadline for remediating an (I/A) is six months from notification from the Competency Committee. Similarly, a student may be assigned an (I/A) grade if the assessment of their clinical performance is marginal and requires remediation. If the student completes the remediation successfully, the (I/A) is replaced with the appropriate grade. If a student fails the remediation, the (I/A) is replaced with a Fail (F) grade.

- d. 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 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. Students who have significantly low clinical performance in a Course may Fail (F) that Course.
  - e. A Withdrawal (W) or No Credit (N/C) means the student has received no credit for the course.
2. Students repeating failed (F) course work must do so at the University of Michigan unless permission from the Competency Committee is obtained to repeat the course work at another institution. If a student fails the repeated course work after initially Failing (F) the course, he/she will be recommended for dismissal (see section III.C.).
  3. Performance in Scientific Trunk will be graded using Satisfactory (S)/Fail (F). Courses in the Clinical Trunk and Branches will be graded using one of two grading scales: (1) Honors (H), High Pass (HP), Pass (P), Fail (F) or (2) Satisfactory (S) / Fail (F). Passing standards for all courses are determined by the appropriate faculty and approved by the Curriculum Policy Committee.
  4. Mid-year performance for courses that span an entire academic year will be noted on the transcript after the fall term using the continuing “Y” designation if student performance is satisfactory and all required coursework is completed and submitted on-time. An Incomplete (I) will be assigned for student who have not completed all of the requirements after the fall term. The (I) will be replaced by a “Y” when all requirements are completed. End-of-year performance for courses that span an entire academic year will be noted on the transcript at the end of the winter term with using Satisfactory (S) or Incomplete (I).
  5. All final grades assigned will appear on the student transcript.
  6. Residency programs will be notified of academic failures that occur after the Medical Student Performance Evaluation letters (MSPE; also known as the “Dean’s letter”) have been sent.

### C. Dismissal

1. In addition to the various conditions explained below that may result in dismissal, the Competency Committee may review the overall academic performance and/or 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.

D. Academic Warning (for the classes matriculating in 2016 and thereafter)

1. Students will be placed on Academic Warning for the following reasons:
  - a. The accumulation of three Incomplete Due to Assessment (I/A) grades or assessments (CCA) at any time over the course of the medical curriculum
  - b. A Fail (F) grade in a course or the CCA
  - c. Failure of any USMLE Examination; Step 1, Step 2 (see section 2.d. below for multiple Step failures). If there is a failure on retake of the exam, this counts as an additional (I/A).
2. Once on Academic Warning (AW), students will be presented for direct dismissal by the Associate Dean for Medical Student Education (or designee) to the Executive Committee when they reach Academic Warning +2 (deficiencies). In other words, once a student meets AW, if they obtain 2 *additional* deficiencies as described below they will be presented for direct dismissal. In some cases, a single *more significant deficiency* will take the student directly to AW+2 and to presentation for dismissal.

Once a student is on Academic Warning, an *additional* deficiency will include:

- a. students who receive an (I/A) for a course. For example, the first (I/A) after Academic Warning will be assigned AW+1, and the second (I/A) will take the student to AW+2 and presentation for direct dismissal.
  - b. students who receive an (I/A) on the Comprehensive Clinical Assessment(s) (CCA).
  - c. failing grades (F or U) in the remediation of a course with an (I/A) while on Academic Warning.
  - d. USMLE Step 1 or Step 2 failure on retake. This counts as an *additional* (I/A). Each subsequent failure of the same USMLE Step exam is an *additional* (I/A).
3. Once a student is on Academic Warning, a *more significant deficiency* that will take student directly to AW+2 and to presentation for direct dismissal will include:
    - a. a single failing grade (F) on a *new* course while on Academic Warning (one for which there was not previously an (I/A)).
    - b. failure of the repeat of a course that was failed (i.e., assigned an 'F') earlier.
    - c. failure of a new USMLE exam.
  4. Students will be presented for dismissal by the Associate Dean for Medical Student Education (or designee) to the Executive Committee. The Competency Committee will

monitor the progress of all students on Academic Warning and provide input to the Executive Committee as a dismissal recommendation moves forward.

5. Once a student is recommended for dismissal, the second (I/A) grade, or single Fail (F) grade, is not remediable with a make-up examination or any other form of remediation, unless approved by the Executive Committee.
6. 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 (MSPE).
7. All students on Academic Warning will be referred for appropriate academic assistance.

**E. Remediation of Course Work**

1. Plans for individual students to remediate Incomplete (I), Incomplete Due to Assessment Failure (I/A), or Fail (F) grades will be determined and approved only by the Competency Committee with input from the appropriate course director.
2. The location for remediation of clinical courses will be determined by the Competency Committee in consultation with the course director.
3. A student repeating a course in Scientific Trunk must receive a final grade of Satisfactory (S) to remain in registration. No make-up examination or other form of remediation is permitted. A student repeating a Clinical Trunk or Branch course must receive a final grade of Satisfactory (S), Pass (P), High Pass (HP), or Honors (H) to remain in registration. No make-up examination or other form of remediation is permitted. Students failing a repeated course 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 or other graduation requirement.

**F. Grade Grievance**

1. Grade grievances should be related to assignment of final grades in a course and should be based on concerns about discrimination or the process used to assign the grade. Based on findings, a Grievance Committee or the Competency Committee can overturn a grade that has been submitted by a course 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. Scientific Trunk Courses:**

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

- a. In the Scientific Trunk, students who have completed more than half of the graded requirements of a course 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 course will receive an Incomplete (I) grade, which will be replaced on the transcript by the actual grade once the course requirements are completed.

- b. Grades indicating withdrawal (W or W/F) are permanent and will appear on the transcript as noted below.
  - c. Students must successfully complete, or repeat and complete, any course or course in which they have been assigned a (W) or (W/F) grade.
  - d. There is no tuition refund for course or course withdrawal after Week 6 of any term.
2. Clinical Trunk Courses:
- a. Students who go on Leaves of Absence, or are deferred, prior to the end of a clinical course will receive an “Incomplete” (I) or “No Credit” (N/C) grade for that course, whichever is appropriate.

#### H. Completion of Course Work

1. Trunk:
- a. It is expected that all students will complete Trunk course work within three calendar years (or four 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 the Trunk work can be made to the Competency Committee. Time spent on Leave of Absence does count toward the time limit for completing Trunk course work.
  - c. Students who do not complete Trunk 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 Science Trunk course work can be made to the Executive Committee; a written recommendation from the Competency Committee must accompany each appeal.
2. Branches
- a. It is expected that all students will complete Branches course work within two calendar years (or three years if granted a one-year Leave of Absence) of beginning the Branches.
  - b. Appeals for a third calendar year to complete Branches course work can be made to the Competency Committee. Time spent on Leave of Absence does count toward the time limit for completing clinical course work.
  - c. Students who do not complete Branch course work within three years will be recommended for dismissal to the Executive Committee.

- d. Appeals for more than three calendar years (from the start of Branches) to complete clinical course work can be made to the Executive Committee of the Medical School; a written recommendation from the Competency Committee must accompany each appeal.

**IV. UNITED STATES MEDICAL LICENSURE EXAMINATION (USMLE): STEP 1, STEP 2 (CK AND CS) AND COMPREHENSIVE BASIC SCIENCE EXAMINATION (CBSE)**

- A. Achieving a passing score on the Comprehensive Basic Science Examination is a requirement for promotion to the clinical phase. Failure to meet the passing score will be addressed by the Competency Committee with a targeted individualized remediation plan.
- B. Passing the USMLE Step 1 and Step 2 (both CK and CS) is a requirement for graduation.
- C. Students who fail the USMLE Step 1, Step 2 CK, or Step 2 CS once must petition the Competency Committee for permission to repeat the examination. The petition must include a specific study plan. USMLE failures are noted on the transcript as a Fail (F) and become an indelible mark on the student transcript.
- D. Students with an initial failure of the USMLE Step 1 must re-take the examination within 6 months. Exceptions to this policy can only be granted by the Competency Committee.
- E. Students who fail (F) the USMLE Step 1, Step 2 CK, or Step 2 CS a second time must make a personal presentation to the Competency Committee to request permission to take the examination a third time.
- F. 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.
- G. USMLE Step 1 Examination
  - 1. All students must sit for the USMLE Step 1 within four months of completing the Clinical Trunk. Failure to do so will result in an automatic recommendation for dismissal unless students petition and receive a deferral by the Competency Committee.
  - 2. Students will be allowed to start their Branches if the USMLE Step 1 score is pending and if it is their first attempt of the examination. If a student fails Step 1, then they may complete the current Branches course (if four-weeks or less) and then will be required to take a USMLE Leave of Absence. Exceptions may be granted by the Competency Committee.
  - 3. Students who do not achieve a passing score on the USMLE Step 1 will be placed on a USMLE Leave of Absence. Exceptions may be granted by the Competency Committee.
    - a. Four-Week or less course: Students who have completed at least 50% of a four week or less course will be allowed to finish the course before being placed on USMLE Leave of Absence.
    - b. Courses that exceed four weeks: Students will be placed on Leave of Absence as soon as notification of failure is received and will receive no credit (N/C) for work completed.

4. Students repeating the USMLE Step 1 examination for the first time may petition the Competency Committee to be allowed to return to the clinical courses prior to notification of their score if initial score is within 10 points of the minimum passing score.

**H. USMLE Step 2 Examinations (CK and CS)**

1. Students must complete all of the Clinical Trunk courses prior to taking the USMLE Step 2 CK and CS examinations. Exceptions may be granted by the Competency Committee.
2. Students are required to register for the USMLE Step 2 CK and CS examinations no later than June 1 prior to their scheduled graduation year. A failure to comply will be reported to the Clinical Competency Committee, and may result in the filing of a Professionalism Concern Note.
3. Students are required to take the USMLE Step 2 examinations before December 1 of the year prior to when 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 examinations beyond December 1 without appropriate approval (see 4. below).
4. In extenuating circumstances, the Competency Committee may allow a student to take the Step 2 examinations prior to completion of all Clinical Trunk courses, or to defer the Step 2 examinations beyond December 1 of their final year (but no later than January 31). Failure to take either exam by January 31 of their final year may result in the filing of a Professionalism Concern Note.
5. If the Competency Committee has already met and the Step 2 examination dates are near, the Associate Dean for Medical Student Education (or designee) may grant a deferral(s) beyond the deadline and report it at the next Competency Committee meeting. No student may defer the Step 2 examinations beyond the deadline without prior approval.
6. Students have, with the approval of the Competency Committee, a maximum of 12 months after completion of their branch course work to record a passing score on the USMLE Step 2 examinations.

**V. COMPREHENSIVE CLINICAL ASSESSMENT (CCA)**

There will be one Transition to Branches CCA. Taking the CCA is a requirement for promotion to the Branches phase. Sections needing remediation may be remediated in the Branches.

- A. Passing standards for the CCA are determined and published by the CCA committee (CCC).
- B. If a student fails the CCA, then the student will be assigned an Incomplete by Assessment (I/A). The student will be required to complete a remediation process, outlined by the CCA Director and the Competency Committee. This remediation may include additional course work that could delay progression to the next phase of the curriculum. The student will be required to retake the entire examination at the time of the retake date. If the student fails the retake CCA examination, then the student will receive a Fail (F), and this will place the student on Academic Warning. The Fail grade will remain on the academic transcript.

- C. If a student does not pass all of the requisite stations, the grade for the CCA will be withheld. The student will be required to complete a remediation process, outlined by the CCA Director (and/or Committee.) The remediation may include completion of additional course work and remediation that may alter the schedule in Branches and may delay graduation. Remediation may involve re-taking portions of the exam at the time of the retake date. If the student does not successfully complete the remediation process during this time, then the grade of (I) will be posted to the transcript until a successful remediation is complete. If the student does not successfully complete the remediation process, then this will be reported to the Competency Committee, which must approve any further remediation plans. If the student does not complete the remediation plan within the time frame specified by the CCC, then the (I) will turn to an (I/A).
- D. Any student with an unexcused absence from the CCA will receive a grade of Incomplete/Assessment (I/A) and a Professionalism Concern Note, and will be reported to the Competency Committee.

## **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 Competency Committee will determine student eligibility for application, acceptance to, and continuation in a Path of Excellence.
- C. Students may appeal eligibility decisions to the relevant Competency Committee. The appeals decision of the Competency Committee 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 C. below) in a student's file, notation in the Medical Student Performance Evaluation (MSPE), 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. Professionalism Commendation notes will be reported to the Competency Committee and the Assistant Dean for Student Services. 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. Professionalism Concerns will be reported to the Competency Committee and the Assistant Dean for Student Services. This allows confidential referral of students to the Office of Medical Student Education to review the concern, and to receive counseling and/or formal remediation. 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)**

- A. 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 (MSPE) also reports all Leaves of Absence, adverse actions, and repetition of course work.

**IX. GRADUATION WITH DISTINCTION**

- A. 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**

- A. The Medical School holds one graduation ceremony each year. Students who have completed and passed all requirements for graduation by late April will be awarded the M.D. degree with that year's class. In addition, students who have completed all requirements for graduation, or are on schedule to complete requirements for graduation, by the end of October in the following academic year, may participate in the graduation ceremony.
- B. The Graduation Program lists all students who will participate in the graduation ceremony; however some students may not have completed all degree requirements.

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**PROCEDURES FOR REGISTRATION, GRADING, RECORDS ADVANCEMENT, AND  
GRADUATION for class matriculating August 2016**  
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**ADMINISTRATIVE STRUCTURE**  
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**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, 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 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. COMPETENCY COMMITTEE**

The Medical School system of assessing 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 multiple methods and the competencies essential to the practice of medicine are fully considered in the assessment process. The programmatic competency assessment will use rigorous and valid assessment of the competence of medical students as they progress through the entirety of their training. In addition, there is programmatic assessment using a collection of diverse sources of data upon which judgments are based, in order to provide summative assessments of student competence.

A. The Competency Committee is comprised of the following voting members:

1. Trunk representative
2. Branch representative
3. Doctoring Course representative
4. Graduate Medical Education representative
5. Teaching faculty from Science Trunk
6. Teaching faculty from Clinical Trunk
7. Teaching faculty from Branches
8. Teaching faculty from Paths of Excellence or Leadership
9. Community Member (either one from the Inter-professional domain (e.g., a nurse, pharmacist, social worker, dentist, or physical therapist) or a representative of patients)

B. The Competency Committee is comprised of the following ad hoc (non-voting) members:

1. Associate Dean for Medical Student Education (chair)
2. Assistant Dean of Educational Research and Quality Improvement
3. Assistant Dean of Curriculum
4. Assistant Dean of Student Services
5. Assistant Dean of Admissions
6. Office of Health Equity and Inclusion (OHEI) representative
7. Leadership Program representative
8. Paths of Excellence representative
9. M-Home House Directors
10. M-Home House Counselors
11. Learning Specialist
12. Honor Council representatives
13. Directors of Standardized Patient Assessment and Comprehensive Clinical Assessment

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

- D. Ad Hoc members such as Assistant Deans and course directors will serve as resources to the Competency Committee and attend meetings as invited, without vote. Course directors will present student progress in their courses and recommend appropriate remediation when needed. Voting members with conflicts of interest such as significant teaching, mentoring or assessment responsibilities should recuse themselves from voting on those students.
- E. Representatives from the Student Services Unit attend the meetings to provide information to the members of the Competency Committee. Additional faculty or staff may be invited to attend particular meetings, as appropriate. All of these individuals are non-voting.
- F. The Competency Committee deals primarily with issues of student academic performance, but also takes into consideration other factors that might influence academic performance or professional behavior. The Competency Committee assists in the determination of fitness for enrollment and fitness to return from Leaves of Absences. As such, the Competency Committee is responsible for:
  - 1. periodic review of student academic performance, competencies and professional conduct;
  - 2. approval of actions related to personal/medical Leaves of Absence, voluntary withdrawal from registration;
  - 3. approval of remedial programs for students with course deficiencies, or deficiencies in other required experiences;
  - 4. approval of reduced curricular programs;
  - 5. determination of eligibility for application, acceptance to, and continuation in Paths of Excellence;
  - 6. promotion of students; and
  - 7. recommendations to the Executive Committee for suspension and dismissal from registration. In such cases, voting members of the Competency Committee will present the recommendation to the Executive Committee.
- G. The Competency Committee will initiate with a matriculating class and make summary assessment judgments for the students in that class through their entire four years of medical school. There will be two Competency Committees, CC-E (Competency Committee for classes matriculating in even years) and CC-O (Competency Committee for classes matriculating in odd years). When students disrupt their progression (either through leaves of absences or otherwise), they will be assessed by the Competency Committee that is responsible for the class in the same phase of training that they join.

## **VIII. HEARING COMMITTEE**

- A. The Hearing Committee is a subcommittee of the Competency Committees and is responsible for conducting hearings in specific student cases involving allegations of unprofessional conduct. The Hearing Committee is comprised of:

1. the Associate Dean for Medical Student Education, or designee (Chair);
  2. four voting members of the Competency Committee or Director of the Standardized Patient Program or Director of the Comprehensive Clinical Assessment (depending on the case); and
  3. one Honor Council student representative.
- B. Representatives from departments involved in allegations will not be invited to serve on the Hearing Committee for that particular case.
- C. 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.
- D. 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. The Chair will notify the Competency Committee of findings and recommendations of the Hearing Committee.

## **IX. HONOR COUNCIL**

- A. 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.
- B. 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 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 Procedures Related To Professionalism).
- C. 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.
- D. 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 ASSESSMENTS**

**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), and/or Competency Committee.
- c. Students on Leave of Absence for more than two academic years are required to take the Clinical Refresher Program.

2. Program Features and Requirements

- a. The Clinical Refresher 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 Clinical Refresher Program.
- b. No academic credit is given, nor is a grade assigned, for completing the Clinical Refresher 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 coursework 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 (see Policies For Registration, Grading, Records, Advancement And Graduation for the class matriculating in August 2016).

## II. ASSESSMENT

### A. Scientific Trunk Phase

#### 1. 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.

- a. Students must adhere to the Honor Code.
- b. Students may not look at any materials, electronic or written, during closed examinations. 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.
- c. 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.
- d. Students may only defer quizzes and examinations according to the guidelines set out in the "Professional Expectations for the Scientific Trunk" document.
- e. Administration of, make-up, and deferred examinations and quizzes are coordinated through the Evaluation and Assessment Unit, in accordance with recommendations from the pertinent course director, House Counselor and, as appropriate, with final recommendations from the Competency Committee. House Counselors must approve all deferral requests.
- f. Computer-based Examinations
  - i. Students may take closed-book examinations in the following Medical School sites only: Computer Cluster (Room 5225 THSL), Computer Classroom (Room 5215/5219 THSL), and 6401, or other designated areas as determined by the Associate Dean for Medical Student Education.

- ii. Students may not take exams on personal computers or at any other campus location except under special circumstances (e.g. student illness or illness or/ death of a family member) and with the approval of the House Counselor and Scientific Trunk Director. Evaluation and Assessment Staff will be available for on-call support during regularly scheduled exams in case hardware/software problems occur during the administration of computer-based examinations. On-call support hours are noted in each quiz or exam positing.
- iii. 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 mobile devices 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. Any exceptions to this policy will be explicitly communicated to students (e.g. assessments using audio for heart sounds).
- iv. 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.
- v. Students must allow adequate time to enter and check their answers accurately prior to the end of a quiz or exam. Credit for answers will be given only if they are properly entered and submitted.
- vi. 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 House Counselor. A final decision about scoring that quiz or exam will be made by the Scientific Trunk Director in consultation with the appropriate course director(s).
- vii. Responses submitted after the official end of an exam will not be scored.

## 2. Quiz and Exam Deferral

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 Scientific Trunk" 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

- i. 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
    - i. 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 Scientific Trunk" document.
  - d. Deferring Required Experiences
    - i. 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 Scientific Trunk" 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.
3. Role of the Competency Committee

- i. As set out in the “Professional Expectations for the Scientific Trunk” 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 Competency Committee. 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.

## **B. Clinical Trunk Phase**

### 1. Administration

- a. All course examinations and deferrals are under the purview of the individual courses and their respective department.

### 2. Examination Deferrals

- a. Requests for examination deferrals should be directed to the Course Director and Course Coordinator as far in advance as possible.
- b. Students who are allowed to defer an examination are expected to take it at the established deferral time. The Course Coordinator will advise students of availability of the examination.
- 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 Course Director and Course Coordinator.



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**PROCEDURES RELATED TO REVIEWS AND GRIEVANCES**  
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**I. DIRECT DISMISSAL FOR ACADEMIC FAILURE**

A. Process

A voting member of the Competency Committee, on behalf of the Competency Committee, will present to the Executive Committee those student(s) who have not met the requirements for continuation and advancement in medical school. The procedure for determining who is presented for direct dismissal for academic failure is outlined below:

1. Students will be placed on Academic Warning (AW) for the following reasons: The accumulation of three Incomplete Due to Assessment (I/A) grades or assessments (CCA) at any time over the course of the medical curriculum, a Fail (F) grade in a course or the CCA, failure of any USMLE Examination (Step 1, Step 2 (see section 2.d. below for multiple Step failures)).
2. Once on Academic Warning (AW), students will be presented for direct dismissal by the Associate Dean for Medical Student Education (or designee) to the Executive Committee when they reach Academic Warning +2 (deficiencies). In other words, once a student meets AW, if they obtain 2 *additional* deficiencies as described below they will be presented for direct dismissal. In some cases, a single *more significant deficiency* will take the student directly to AW+2 and to presentation for dismissal.
  - a. Once a student is on Academic Warning (AW), an *additional* deficiency will include:
    - i. students who receive an (I/A) for a course. For example, the first (I/A) after Academic Warning will be assigned AW+1, and the second (I/A) will take the student to AW+2 and presentation for direct dismissal.
    - ii. students who receive an (I/A) on the Comprehensive Clinical Assessment(s) (CCA).
    - iii. failing grades (F or U) in the remediation of a course with an (I/A) while on Academic Warning.
    - iv. USMLE Step 1 or Step 2 failure on retake. This counts as an *additional* (I/A). Each subsequent failure of the same USMLE Step exam is an *additional* (I/A).
  - b. Once a student is on Academic Warning, a *more significant deficiency* that will take student directly to AW+2 and to presentation for direct dismissal will include:
    - i. a single failing grade (F) on a *new* course while on Academic Warning (one for which there was not previously an (I/A)).
    - ii. failure of the repeat of a course that was failed (i.e., assigned an 'F') earlier.
    - iii. failure of a new USMLE exam.

3. Students who do not complete Trunk work within four calendar years from the first day of registration in Medical School will be presented for direct dismissal by the Associate Dean for Medical Student Education.
4. Students who do not complete Branch course work within three years of initiating the Branch phase will be presented for direct dismissal to the Executive Committee.

*As any of these circumstances occur, the initial Procedure for Direct Dismissal is described below:*

- a. The Student in this circumstance will be notified by the Competency Committee that a case for his/her dismissal will be presented to the Executive Committee. The student will also be advised of the procedures for appeal.
  - b. The Competency Committee 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. The Associate Dean for Medical Student Education will notify the student of the date and process for appeals.
  - d. The 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 presentation 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 Competency Committee), 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 Competency Committee), on behalf of the Competency Committee, will present the Competency Committee'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. A personal advisor, who is not permitted to address the Executive 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. COMPETENCY COMMITTEE RECOMMENDATION TO DISMISS

### A. Process

1. At any time the Competency Committee, based on a 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 initial Procedure for Dismissal is described below:*

- a. A student in this circumstance will be notified by the Competency Committee that a recommendation for his/her dismissal will be presented to the Executive Committee. The student will also be advised of the procedures for appeal.
- b. Competency Committee 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. The Associate Dean for Medical Student Education will notify the student of the date and process for appeals.
- d. The 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 Competency Committee), 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 Competency Committee), on behalf of the Competency Committee, will present the Competency Committee'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. A personal 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 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 Competency Committee can overturn a grade that has been submitted by a course 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 the Scientific Trunk

1. The student submits his/her written concern(s) about a grade, and arranges a meeting to discuss the concern(s) with the relevant 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.
  - i. Grievance Committee: The members of this committee are comprised of the Scientific Trunk Director, a faculty member from the course (chosen by the Scientific Trunk Director but not the faculty member with responsibility for assigning the grade), and another faculty member (chosen by the Scientific Trunk 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 Competency Committee.
4. If the student wishes to appeal the Grievance Committee's recommendation, that appeal must be made to the Competency Committee. The Scientific Trunk Director who participated in the Grievance Committee proceedings will *not* be present for the Competency Committee's review and action on the appeal.
5. The decision of the Competency Committee is final.

B. Grade Grievances in the Clinical Trunk and Branches

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 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 a written explanation of the grievance, and will be offered the opportunity to meet with a Grievance Committee to express his/her concerns.
  - i. Grievance Committee: The members of this committee are comprised of the Department Chair or designee (if the course falls outside a department, the Associate Dean for Medical Student Education will designate this member), the Clinical Trunk or Branches Director (unless from the same department, in which case a course director from another department will be designated by the Associate Dean for Medical Student Education), and a faculty member from the department (chosen by the Clinical Trunk/Branches Director, not the course 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 Competency Committee.
4. If the student wishes to appeal the Grievance Committee's recommendation, that appeal must be made to the Competency Committee. The Clinical Trunk or Branches Director (or the designee who served on the Grievance Committee) will *not* be present for the Competency Committee's review and action on the appeal.
5. The decision of the Competency Committee is final.

C. Grade Grievances for the Comprehensive Clinical Assessment(s) (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 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.
  - i. Grievance Committee: The members of this committee are comprised of the Clinical Trunk or Branches Director and two faculty members (chosen by the Clinical Trunk or Branches 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 Competency Committee.

4. If the student wishes to appeal the Grievance Committee's recommendation, that appeal must be made to the Competency Committee. The Clinical Trunk or Branches Director should *not* be present for the Competency Committee's review and action on the appeal.
5. The decision of the Competency Committee 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.

- A. 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)

- B. 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](http://medstudents.medicine.umich.edu/sites/default/files/downloads/learning_environment_statement.pdf)

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**PROCEDURES RELATED TO PROFESSIONALISM**  
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**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.

*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

- a. 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

- a. 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. Submissions

- i. 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 course director.
- ii. 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."
- iii. 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

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

#### c. Notification

- i. 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

- i. After reviewing the Commendation 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 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 Medical Student Education. Professionalism Commendation notes will be reported to the Competency Committee.

### B. Professionalism Concern Note

#### 1. Purpose

- a. 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 Competency



Committee and the Office of Student Services to review the Concern Note and receive counseling or formal intervention.

2. Policy

- a. 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

- i. 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.
- ii. 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 "Professional Concern Note."
- iii. 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.
- iv. Concerns raised by a medical student about the professionalism of another medical student are handled through the Honor Code/Honor Council process.

b. Evaluation

- i. If the Concern Note is submitted electronically via AMADEUS or SISPROD, the Assistant Dean or otherwise, it is automatically sent to the Assistant Dean for Student Services AND the appropriate course director or faculty supervisor for review. The Assistant Dean for Student Services will directly notify the person submitting the Concern Note that it was received.
- ii. Concern notes that are submitted will be reviewed by the Assistant Dean for Student Services who will consult with the person submitting the concern, course director or faculty supervisor if appropriate, and the House Counselor for relevant input. The Assistant Dean will 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.
- iii. The Assistant Dean for Student Services will inform the Competency Committee of all Professionalism Concern Notes. The Competency Committee will review all Professionalism Concern Notes including the

initial action, approve recommendations for remediation, and may mandate additional remediation steps.

- iv. Discussion at the level of the Competency Committee will include whether the Professionalism Concern requires inclusion in the student's Medical Student Performance Evaluation (MSPE).
- c. Notification
  - i. The student will be contacted and receive a copy of the Concern Note.
  - ii. A plan for addressing the behavior, need for further counseling, remediation, and/or other formal action will be developed by the Assistant Dean for Student Services based on the degree of the concern with input from the Competency Committee.
  - iii. House Counselors are always available to meet with students as their advocate, if requested.
- d. Recording
  - i. 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.

#### 4. Later Professionalism Concerns

- a. If a Concern Note arises after the submission the Medical Student Performance Evaluation (MSPE), the Assistant Dean for Student Services may present it to the Competency Committee (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 2a-c, 3a-c, 4a-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:
  - i. 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.
  - ii. 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.
- b. Within two working days of a suspension, or as soon as practicable, the department chair or designee must:
  - i. begin fact-finding, including providing the identified student with an opportunity to meet with the chair or designee, and
  - ii. notify the Associate Dean for Medical Student Education (or designee) of the incident and of any action taken.
- c. 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).
- d. 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.

- e. 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.

D. 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.

E. Hearing: Process

1. The Competency Committee, 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).

**F. 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

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; and
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.
5. 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.