



# University of Michigan Medical School

## UMMS Bulletin

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## UMMS Bulletin Approval and Revision History

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## Learning Environment Statement

A career in medicine demands not only the acquisition of a large fund of knowledge and a host of specific skills, but also the development of professional attributes needed to provide the highest quality patient care. The University of Michigan Medical School (UMMS) expects a shared commitment among all members of our community to respect each other's worth and dignity. In order to ensure a positive learning environment where all learners' professional growth and development can best take place, the faculty and house officers of Michigan Medicine will strive to:

1. Work diligently to provide a high quality educational program for all students.
2. Serve as mentors and role models and exemplify the professional values of altruism, accountability, compassion, duty, excellence, honor, and integrity by demonstrating high professional standards in interactions with patients, colleagues, staff, and students.
3. Reaffirm our commitment to foster and uphold a learning environment that demonstrates and encourages mutual respect for all members of our community regardless of gender, race, age, disability, national origin, religion, sexual orientation, or other status protected by SPG 201.35. <http://spg.umich.edu/policy/201.35>
4. Provide support to students, especially those who experience difficulties in the learning environment, by being receptive to and responding appropriately to any perceived mistreatment or unprofessional behavior.
5. Fairly evaluate and provide timely feedback, including constructive criticism, to help all students achieve academic and clinical excellence, and excellence in professional conduct.
6. Demonstrate leadership, interprofessional teamwork, civility, inclusivity, and humanism in a manner that values and supports the uniqueness and individuality of all.

Medical students will in turn strive to:

1. Work diligently to acquire the knowledge, skills, and attitudes required to fulfill the educational objectives established by the faculty.
2. Exemplify the professional virtues of altruism, accountability, compassion, duty, excellence, honor, and integrity. Conduct themselves accordingly at all times, but especially in their dealings with patients.
3. Commit to foster and uphold a learning environment that demonstrates and encourages mutual respect for all members of our community regardless of gender, race, age, disability, national origin, religion, sexual orientation, or other status protected by SPG 201.35. <http://spg.umich.edu/policy/201.35>
4. Report any perceived unprofessionalism or mistreatment to appropriate faculty and staff.
5. Seek out and carefully evaluate constructive feedback and use this information to improve performance.

6. Demonstrate leadership, interprofessional teamwork, civility, inclusivity, and humanism in a manner that values and supports the uniqueness and individuality of all.

*Revised 2/6/2018, Approved by CPC 2/16/18*

**University of Michigan Medical School  
Medical Student Clinical and Education Activity Hours Policy**

**I. Purpose**

The Medical school is committed to and responsible for promoting patient safety and student well-being and to providing a supportive educational environment. This policy is to clarify the requirements and protection to medical students regarding the hours they are required to work during their Clinical Trunk and Branches clinical experiences at the University of Michigan and affiliated clinical sites.

**II. Policy**

All required and elective clinical experiences must adhere to this policy. Clinical and Education Activity Hours (hereinafter referred to as working hours) are defined as clinical activities related to their experience, which includes clinical care, in-house call, short call, and night float. Working hours specifically excludes time spent at home reading, preparing for the following day's cases, EHR documentation, studying for exams, and research done from home.

**III. Procedures**

**A. Workload Limits**

1. Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over the length of the rotation, inclusive of all in-house clinical and educational activities.
2. Students are required to have one 24-hour period off in seven, averaged over the length of the rotation.
3. On-call requirements for clinical rotations
  - a. Clinical Trunk clerkships rarely have formal night call responsibilities, with many clerkships having overnight shifts or evening call. In Branches experiences, students will take call with the team, and the on-call time will count toward the total work hours.

**B. Compliance**

1. This policy will be monitored for compliance by the following:
  - a. Required and Elective Clerkship Directors via direct reports and questions on end of clerkship evaluations
  - b. Clinical Trunk Operations Committee (CTOC) and Branches Operations Committee (BOC)
  - c. Associate and Assistant Deans for Medical Student Education

## 2. Course Evaluation Outcome

If it is found that students have been compelled to work beyond the allowable time frame as described above during the monitoring process via the course evaluations or direct reports, an Associate or Assistant Dean for Medical Student Education will meet with the specific clerkship director to assure compliance to the policy.

### C. Non-Retaliation

Students may report, anonymously, work hour violations to the clerkship director or any Associate or Assistant Dean for Medical Student Education. Retaliatory action against students who report infractions of this policy is prohibited. Persons, including attending physicians and residents, found responsible for retaliatory actions will be subject to disciplinary action.

## IV. References

LCME Element 8.8 Monitoring Student Time

## **University of Michigan Medical School Medical Student Mistreatment Policy**

### I. Purpose

The purposes of this policy are to outline expectations of behaviors that promote a positive learning environment for UMMS medical students and other learners and to identify grievance procedures to address alleged violations. This policy offers a definition of these expectations through its [Learning Environment Statement](#), provides examples of unacceptable treatment of medical students, and describes the procedures available to report incidents of mistreatment and/or unprofessionalism in a safe and effective manner.

### II. Policy

The University of Michigan Medical School is committed to assuring a safe and supportive learning environment that reflects the Institution's values: professionalism, respect for individual rights, appreciation of diversity and differences, altruism, compassion, and integrity.

Unprofessional behavior and mistreatment of medical students is unacceptable and will not be tolerated. Expectations of teachers and learners are described more fully in the [Learning Environment Statement](#) as endorsed by the Medical School Executive Committee.

### III. Procedures

#### A. Distribution by the Office of Medical Student Education

Expectations as outlined by this policy are to be shared with all students (new, continuing, and visiting), all new residents and faculty teachers, and on an annual basis with all current teachers (e.g. residents, faculty, adjunct faculty, allied health professionals, administrators).

#### B. Examples of Mistreatment

Students should use this Mistreatment Policy to address discriminatory, disrespectful, unprofessional, or unethical<sup>1</sup> treatment by faculty, residents, or staff.

The University of Michigan Medical School defines mistreatment as behavior that is inconsistent with the values in the University's Nondiscrimination Policy Statement noted below (referenced in III.C.) and which unreasonably interferes with the learning process. When assessing behavior that might represent mistreatment, students are expected to consider the conditions, circumstances, and environment surrounding such behavior. Examples of discriminatory, disrespectful, unprofessional, or unethical treatment include, but are not limited to:

- Verbally abusing or belittling a student.
- Intentionally humiliating a student.
- Unwarranted exclusion from reasonable learning opportunities.

- Assignment of duties with minimal education value or for punishment, e.g. personal errands
- Directing students to perform an unreasonable number of “routine hospital procedures,” i.e. “scut” on patients not assigned to them or where performing them interferes with a student’s attendance at educational activities, e.g. rounds, classes.
- Pressuring students to exceed established restrictions on work hours.
- Pressuring a student into a role that compromises the care of patients, e.g. performing medical procedures for which the student is insufficiently trained.
- Threatening a lower or failing grade/evaluation to a student for inappropriate reasons.
- Committing an act of physical abuse or violence of any kind, e.g. throwing objects, aggressive violation of personal space.
- Making unwelcome comments, jokes, or taunting remarks about a person’s protected status ([SPG 201.35](#)) as defined in the University’s Nondiscrimination Policy Statement. (Referenced in III.C.)
- Engaging in a romantic or sexual relationship with any undergraduate student, any graduate or professional student in the same discipline or academic program as the faculty member, or over whom the faculty had, has, or might reasonably be expected to have “academic or supervisory authority” through instruction, supervision, evaluation or grading ([SPG 601.22](#)) as defined in the University’s Faculty-Student Relationship Policy.
- Engaging in sexual harassment behavior as defined in [SPG 201.89](#)

### C. Reporting Concerns of Possible Mistreatment

Medical students who themselves experience or observe other students experiencing possible mistreatment are encouraged to discuss it with someone in a position to understand the context and address necessary action. The individual considering making a report of mistreatment should first, if possible, attempt to resolve the matter directly with the alleged offender. If the student is unsatisfied with the attempted resolution, it is still appropriate for this student to report using one of the mechanism described below. Suggested options for medical students include:

1. **DISCUSS** it with their House Counselor, the Assistant Dean for Student Services, the clerkship/course/sequence director, student representatives of the Learning Environment Task Force, or the Office of the Ombuds on main campus <http://www.umich.edu/~ombuds/>
2. **REPORT** it (utilizing one of three options below)<sup>ii</sup>:
  - a. File a formal report directly with the Senior Associate Dean for Education and Global Initiatives.
  - b. File a confidential or self-identified report via the Learning Environment Reporting System website. This mechanism includes options for prompt attention OR withholding the report until a future date (e.g., the student’s



graduation date).

<https://sites.google.com/a/umich.edu/umms-letf/report-here>

- c. File an anonymous report on the University of Michigan Compliance hotline at (866) 990-0111 (<http://compliancehotline.umich.edu/>) or via the University of Michigan Health System Compliance website: <http://www.med.umich.edu/u/compliance/index.htm>

Medical Students requesting complete anonymity should be made aware that doing so may interfere with the University's ability to investigate the concern and their ability to receive information about the follow-up investigation.

Medical Students may also choose to pursue claims of unlawful discrimination or harassment in compliance with the University's Nondiscrimination Policy Statement (<https://oscr.umich.edu/NondiscriminationPolicy> effective April 16, 2014):

*"The University of Michigan, as an equal opportunity/affirmative action employer, complies with all applicable federal and state laws regarding nondiscrimination and affirmative action. The University of Michigan is committed to a policy of equal opportunity for all persons and does not discriminate on the basis of race, color, national origin, age, marital status, sex, sexual orientation, gender identity, gender expression, disability, religion, height, weight, or veteran status in employment, educational programs and activities, and admissions. Inquiries or complaints may be addressed to the Senior Director for Institutional Equity, and Title IX/Section 504/ADA Coordinator, Office for Institutional Equity, 2072 Administrative Services Building, Ann Arbor, Michigan 48109-1432, 734-763-0235, TTY 734-647-1388, institutional.equity@umich.edu. For other University of Michigan information call 734-764-1817."*

#### D. Responding to Concerns of Unprofessionalism and Mistreatment

Every effort is made to respond to concerns of unprofessionalism in a responsible and respectful manner to minimize the risk of retaliation.

The Senior Associate Dean for Education and Global Initiatives will be provided with written notice of reported instances of unprofessional behavior and will conduct an initial inquiry into the circumstances. Consistent with the UMHS Policy 04-06-047 Disruptive or Inappropriate Behavior by UMHS Personnel, and depending on the identity of the alleged offending party, the Senior Associate Dean for Education and Global Initiatives will engage the appropriate process channels for implementing notice to the offending party, and for investigation and implementation of potential corrective action.

Aggregate and de-identified data on reports of medical student mistreatment will be shared with the Curriculum Policy Committee and the Medical School Executive Committee at least quarterly.

#### IV. No Retaliation

Retaliation is governed by the University of Michigan Retaliation Statement<sup>iii</sup>, which strictly prohibits retaliation against persons who in good faith report, complain of, or provide information in a mistreatment investigation or proceeding. Individuals who believe they are experiencing retaliation are strongly encouraged to contact the Associate Dean for Medical Student Education, the Assistant Dean for Student Services, their House Counselor, the Compliance Hotline at 866- 990-0111 (<http://compliancehotline.umich.edu/>), or the University of Michigan Health System Compliance website: <http://www.med.umich.edu/u/compliance/index.htm>. Alleged retaliation will be subject to investigation and may result in disciplinary action up to and including termination or expulsion.

#### V. Reference

UMHS Policy 04-06-047 Disruptive or Inappropriate Behavior by UMHS Personnel  
<http://www.med.umich.edu/i/policies/umh/04-06-047.htm>  
UMHS Policy 01-04-001 UMHS Compliance Program & Code of Conduct:  
<http://med.umich.edu/u/compliance/code.htm>

Author: Office of Medical Student Education

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<sup>i</sup> Allegations of “research misconduct” (fabrication, falsification, plagiarism) will be addressed consistent with University Standard Practice Guide (“SPG”) 303.3, which is available here: <http://spg.umich.edu/pdf/303.03.pdf>

<sup>ii</sup> As members of the UMHS workforce, Medical Students execute the University of Michigan Health System Code of Conduct Attestation and are expected to fulfill their responsibilities as outlined in that document, which is available here: <http://med.umich.edu/u/compliance/doc/ConductStatement.pdf>

<sup>iii</sup> The University of Michigan Prohibition of Retaliation Statement is available here: <http://www.hr.umich.edu/oie/cc/prohibited/retaliation.html>

**Policies and Procedures for Registration, Grading,  
Records, Advancement, and Graduation  
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## **PREAMBLE**

Students will be held accountable for compliance with applicable law, and Medical School, Michigan Medicine, and University policies and procedures.

Student who progress through medical school in an alternative timeline to graduation (e.g. take a Leave of Absence and join another class) are held responsible to the policies of the matriculating class they started with unless specifically altered by the Competency Committees.

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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 oversees the activity of the Curriculum Policy Committee and the Competency Committees-Even and Odd by serving as an ex officio member of each committee and chairs 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 of the Medical School/Executive Vice President for Medical Affairs (who serves as Chair), the Executive Vice Dean for Clinical Affairs/President of the U-M Clinical Enterprise, 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 Committees. 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 COMMITTEES**

The Competency Committees are comprised of voting members of the faculty and administrative non-voting members. The Assistant Dean for Assessment, Evaluation and Quality Improvement (or designee) is the non-voting chair of Competency Committee-Odd and Competency Committee-Even. Branches Competency Committee is chaired by the Branches Director (or designee) and will report to Competency Committees-Even and Odd. The Competency Committees are responsible for assessing a medical student's progress including both cognitive and non-cognitive components. Accommodations Committee for Technical Standards (ACTS) is a subcommittee of the Competency Committees-Even and Odd and is responsible for determining reasonable accommodations as students enter and progress through the curriculum. The Competency Committees-Even and Odd report to the Executive Committee.

## **VIII. CURRICULUM POLICY COMMITTEE**

The Curriculum Policy Committee (CPC) is comprised of faculty voting members and administrative non-voting members. The Assistant Dean for Curriculum (or designee) is the non-voting chair of the CPC. The CPC, in association with its various subcommittees, is the primary curriculum committee for the Medical School and is charged with the following:

- (a) Defining the objectives of the educational program and forwarding the objectives to the Executive Committee for approval.
- (b) The integrated institutional responsibility for the overall design, management, evaluation, and central oversight of a coherent, efficient, and coordinated curriculum.
- (c) Developing and implementing policies regarding the amount of time medical students spend in required activities, including the total number of hours students are required to spend in clinical and educational activities during clinical clerkship rotations.
- (d) Determining the types of patients, clinical conditions, and appropriate clinical settings for education experiences, along with the expected level of medical student responsibility.
- (e) Monitoring, and when necessary, modifying the curriculum, medical student experiences, and methods used to assess student performance to ensure that the objectives of each student course, as well as the overall medical educational program, are achieved.
- (f) Ensuring mechanisms that invite input from all faculty on the curriculum, draft policies, and actions of the CPC.
- (g) Promoting innovations and individualized learning pathways for students.
- (h) Developing, monitoring, and disseminating information on professional attributes that students are expected to develop at UMMS.
- (i) Maintaining compliance with all relevant LCME standards.

## **IX. CONFLICTS OF INTEREST**

Conflicts of interest occasionally arise in the decision-making bodies (Executive Committee and Competency Committee, with its subcommittees of Branches Competency Committee, Grievance Committees, and Hearing Committees) in the UMMS administrative structure. Conflicts of interest with students being assessed or reviewed may consist of, but are not limited to, significant teaching, mentoring, or assessment responsibilities, significant social relationship or familial connection, therapeutic relationship, or a fiduciary or employment relationship. Examples of potential conflicts of interest include being a course director responsible for final grades in a course, being related to a student, being a student's physician, or a former employment supervisor of a student.

Committee members are responsible to self-identify a potential conflict of interest to the Chair of the relevant committee. When a conflict is identified, the committee member will recuse themselves from

voting on administrative actions regarding that student. In extenuating circumstances, it may be necessary to recuse from any discussion of the student when presence is likely to change the type of information discussed (for example: child of a Competency Committee member).

Additionally, committee members are responsible to self-identify if they are serving in a decision-making capacity in a situation with which they had already served in a decision-making capacity on a student. An example of this would be that a course director who assigned a failing grade to a student could not be a member of the grievance committee if the student requested a grade grievance.

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**POLICIES AND PROCEDURES FOR REGISTRATION OF STUDENTS**  
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**I. 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. Leave of Absence

1. Leaves of Absence are temporary interruptions in registration. Leaves of Absences may have implications on the eligibility for financial aid and are listed on the transcript. The types of Leaves of Absence and related policies are below:

- a. Leave of Absence – Administrative

A student is placed on Administrative Leave of Absence by the Competency Committees 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 relevant Competency Committee. Fitness for re-enrollment will be determined by the relevant Competency Committee and may require a review of relevant health information and/or an evaluation by a Competency Committee consultant. The relevant Competency Committee will review the status of students on Administrative Leave of Absence within one year of initiation of Leave of Absence, sooner if new information is presented.

- b. 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.

- c. Leave of Absence - Detached Study

Detached Study is a specific category of leave reserved for students who have secured research scholarships or fellowships, or have secured positions in other formal scholarly or educational programs. Students on Detached Study 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.

- d. 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.

- i. Return of a student to registration from a Personal/Medical Leave of Absence requires approval of the relevant Competency Committee for Personal/Medical Leaves of Absence that exceed four weeks.
  - ii. 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.
  - iii. Fitness for re-enrollment will be determined by the relevant Competency Committee for Personal/Medical Leaves of Absence that exceed four weeks and may require a review of relevant health information and/or an evaluation by the Competency Committee consultant.
  - iv. Total time spent out of registration on Personal/Medical Leave of Absence will not exceed one year unless specifically approved by the relevant 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 relevant 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.
- e. Leave of Absence – USMLE
- i. Students who do not pass the USMLE Step 1 or Step 2 (both the Clinical Knowledge and Clinical Skills components—hereafter referred together as Step 2) examinations are placed on a USMLE Leave of Absence by the Associate Dean for Medical Student Education (or designee), who can return students from USMLE Leave of Absence once a passing score is achieved. All policies related to USMLE examinations apply. Students placed on a USMLE Leave of Absence must re-take the examination within 6 months following the first failure. Exceptions to this policy can only be granted by the relevant Competency Committee.
  - ii. Total time spent out of registration on USMLE Leave of Absence will not exceed one year unless specifically approved by the relevant 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 relevant 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.

f. Participation in Medical School Activities while on Leave of Absence

- i. Students who are not in registration are prohibited from registered participation 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, Michigan Medicine, or University requirements, or because of serious allegations of unprofessional conduct, or if the student is deemed to be a danger to patients, themselves, 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 Committees, the 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, Michigan Medicine, or University policies.
2. The Competency Committees, 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.

**II. 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.

A. Optional or Required Participation

1. Students on Leave of Absence for one academic year or less can participate in Clinical Refresher Program at the discretion of the Associate Dean for Medical Student Education (or designee) and/or Competency Committees.

2. 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 MSTP Program Director (if applicable), and/or Competency Committees.
3. Students on Leave of Absence for more than two academic years are required to take the Clinical Refresher Program.

**B. Program Features and Requirements**

1. 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.
2. No academic credit is given, nor is a grade assigned, for completing the Clinical Refresher Program.
3. All other policies and procedures that apply to students requesting the start or resumption of clinical training after a Leave of Absence apply.

**III. ELIGIBILITY FOR REGISTRATION AND PARTICIPATION IN TRUNK ELECTIVES**

Trunk elective experiences include Paths of Excellence and Scientific Trunk Electives. This section sets standards for participation in these official UMMS experiences.

- A. Students who have two or more grades of Incomplete Due to Assessment Failure (I/A) will be ineligible for acceptance to, or continuation in, co-curricular experiences. In addition, eligibility requires students to demonstrate appropriate professional behavior.
- B. At any time, the Competency Committees, based on a critical review of a student's overall academic record and/or professional behavior, may recommend a student's ineligibility for participation in these experiences.
- C. Students may appeal decisions to the relevant Competency Committee for entry decisions or termination of participation in Paths of Excellence or Scientific Trunk Electives based on academic or professional performance.

**IV. CLINICAL 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.

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

**V. WITHDRAWAL FROM REGISTRATION**

- A. Defined as voluntary, permanent withdrawal from registration initiated by a student.
- B. 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. The Executive Committee will be informed of any student who withdraws from registration.

- C. 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 them.
- D. Students who withdraw may be eligible for a Master's of Medical Science Degree if they have completed sufficient portions of the curriculum, as determined by the relevant Competency Committee and Curriculum Policy Committee, and approved by the Executive Committee.

.....  
**POLICIES AND PROCEDURES FOR ACADEMIC PERFORMANCE AND ASSESSMENT  
OF STUDENTS**  
.....

**I. ACADEMIC PERFORMANCE**

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. 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 summative assessments of student competence are based.

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 CK and CS, complete Capstone for IMPACT, and must be determined to be competent on all of the eight Medical School Competency Domains.

**II. SUMMARY OF 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 competency domains are essential to the practice of medicine—Medical Knowledge, Patient Care, Communication, Professionalism, Practice-Based Learning and Improvement, Systems Based Practice, Leadership, Teamwork, and Interprofessionalism, 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, complete Capstone for IMPACT, and must have demonstrated appropriate professional behavior throughout the educational program. Additionally, students must achieve competency in all eight institutional competency domains.
- C. The Medical School utilizes a periodic review and promotion system. The Competency Committees convene monthly throughout the academic year to review the progress of students, take action as indicated and, when necessary, make recommendations to the Executive Committee.
- D. The Competency Committees critically review the overall academic performance and professional conduct of students in the curriculum. At the time of review, the Competency Committees may take

action up to, but not including, recommendation for dismissal from registration. The Competency Committees 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 Committees and will render recommendations and decisions concerning student accommodations.

### **III. DETAILED DESCRIPTION OF ACADEMIC PERFORMANCE**

#### **A. Competency Assessment**

1. The institutional competency domains essential to the practice of medicine—Medical Knowledge, Patient Care, Communication, Professionalism, Practice-Based Learning and Improvement, Systems Based Practice, Leadership, Teamwork, and Interprofessionalism, Critical Thinking and Discovery—are all considered in the assessment process. Students will be assessed on the competencies across courses. Students must be assessed as competent in all of the eight competency domains and 31 competencies in order to graduate.
2. The Competency Committees will meet regularly throughout the academic year to review students' performance, progression towards competence and, when appropriate, the Competency Committees will approve and/or recommend remediation plans.
3. The Competency Committees-Even and Odd are responsible for promotions and transition of students across phases of the curriculum. Descriptions of requirements for each transition are listed below. Exceptions to these guidelines must be approved by the Competency Committees. The Competency Committees will make competency judgments to promote each student during the following transition points in the curriculum: from Scientific Trunk to Clinical Trunk, from Clinical Trunk to Branches, and from Branches to Graduation.
4. The expectations for entering the Clinical Trunk are:
  - a. take and pass all Scientific Trunk courses;
  - b. take and achieve the minimum score set by the curricular leadership within the Office Medical Student Education for the Comprehensive Basic Science Examination (CBSE). Comprehensive Basic Science Self-Assessment Examination (CBSSA) may replace CBSE in selected cases. Exceptions must be approved by the relevant Competency Committee;
  - c. achieve expected competency level as determined by the relevant Competency Committee; and
  - d. pass Doctoring Standardized Patient Summative Assessment.
5. The expectations for entering Branches are described below. Exceptions to these guidelines must be approved by the relevant Competency Committee.

- a. Take 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 including Transitions to Clerkship.
- c. Intention to take the Comprehensive Clinical Assessment (CCA) when first offered in the Branches. Students may remediate while in the Branches, with an individualized learning plan for remediation of the failed stations. Students receiving an Incomplete Due to Assessment Failure (I/A) on the CCA, which requires a retake of the full exam, may continue in the Branches with an individualized learning plan for remediation and must pass the CCA on the administration of the retake examination within 6 months.
- d. Achieve expected competency level as determined by the relevant Competency Committee.
- e. The Competency Committees may allow transition to Branches in the situation of a student needing to delay Clinical Trunk courses into the Branches.

## **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 Failure in all four years are grades determined by the course or experience director, and will be designated internally as Incomplete (I) or Incomplete Due to Assessment Failure (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. I/A is an internal designation within the Medical School and will be recorded as an I on the official transcript.
- iv. In the case of either a grade of Incomplete (I) or Incomplete Due to Assessment (I/A), once course work is completed and/or remediated, a final grade will be assigned and will replace the I grade on the transcript.
- v. Students in all phases of the curriculum must complete Incomplete coursework, Incomplete Due to Assessment Failure remediation, or other Competency Committee-mandated coursework within **six months** of notification by the Competency Committee. Extensions may be granted by the relevant Competency Committee.
- vi. Unless an extension is granted by the relevant Competency Committee, Incomplete (I) or Incomplete Due to Assessment Failure (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.
- vii. Students with an Incomplete (I) grade or Incomplete Due to Assessment Failure (I/A) will not advance (be promoted) to the next phase of the curriculum. Exceptions may be granted by the relevant Competency Committee.
- viii. In the Scientific Trunk, a cumulative course passing score is required for passing each course. In each course, the course director, with the assistance of the Evaluation and Assessment unit, 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 the date of notification from the Competency Committees. Extensions may be granted by the relevant Competency Committee.
- ix. An Incomplete Due to Assessment Failure (I/A) may be assigned for failure to pass other assessments such as a clinical competency examination (e.g. the Clinical Competency Assessment) and replaced as described above.
- x. In the Clinical Trunk and Branches, an Incomplete Due to Assessment Failure (I/A) may be assigned to students who fail to achieve the standards for competency in one or more competency domains in the course, but perform sufficiently well on other components of the course as defined by the course. The student will be assigned a remediation by the Competency Committee, with input from the course director. If a student passes the remediation, the I/A grade will be replaced with the appropriate grade. If a student fails the remediation, 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 Committees or by the deadline specified by the Competency Committees. All I/A's must be successfully remediated before entry into the next phase. Exceptions may be granted by the relevant Competency Committee.

- xi. In the Clinical Trunk and Branches, a student may also be assigned an Incomplete Due to Assessment Failure (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 remediation 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 any Course in the Scientific Trunk, Clinical Trunk, or Branches 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 (Fail, F) course work must do so at the University of Michigan unless permission from the relevant Competency Committee is obtained to repeat the course work at another institution. If a student fails the repeated course work after initially failing the course, the student will be recommended for dismissal (see section III.C.2.).
  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. All final grades assigned will appear on the student transcript.
  5. Residency programs will be notified of course failures that occur after the Medical Student Performance Evaluation letters (MSPE; also known as the "Dean's letter") have been sent.

### **C. Academic Warning (for the classes matriculating in 2017 and thereafter)**

1. Students will be placed on Academic Warning for the following reasons:
  - a. The accumulation of three Incomplete Due to Assessment Failure (I/A) grades or assessments (e.g., 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. If there is a failure on retake of the exam, this counts as an additional Incomplete Due to Assessment Failure (I/A).
2. A student will be presented for direct dismissal by the Associate Dean for Medical Student Education (or designee) to the Executive Committee if (a) they reach Academic Warning +2 (deficiencies) and (b) the Competency Committees, upon review of the case, recommends dismissal. In other words, once a student meets AW+2 they will be presented for direct dismissal to the Executive Committee only if the relevant Competency Committee recommends dismissal. Further,



when a student reaches Academic Warning +3 (deficiencies) they will be presented for direct dismissal by the Associate Dean for Medical Student Education (or designee) to the Executive Committee, regardless of the Competency Committees' review of the case.

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

- a. students who receive an Incomplete Due to Assessment Failure (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.
  - b. students who receive an Incomplete Due to Assessment Failure (I/A) on the Comprehensive Clinical Assessment(s) (CCA).
  - c. failing grades (F or U) in the remediation of a course with an Incomplete Due to Assessment Failure (I/A) while on Academic Warning.
  - d. USMLE Step 1 or Step 2 failure on retake. This counts as an *additional* Incomplete Due to Assessment Failure (I/A). Each subsequent failure of the same USMLE Step exam is an *additional* I/A.
  - e. Once a student is on Academic Warning, a *more significant deficiency* that will take student directly to AW+2 (and discussion at the relevant Competency Committee to determine if dismissal is recommended) will include:
    - i. a single failing grade (F) on a *new* course while on Academic Warning (one for which there was not previously an Incomplete Due to Assessment Failure (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. In addition to the various conditions explained above that may result in dismissal, the Competency Committees 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.
  4. The Competency Committees 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 Incomplete Due to Assessment Failure (I/A) grade Fail (F) grade responsible for that recommendation 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), if approved by the relevant Competency Committee.
  7. All students on Academic Warning will be referred for appropriate academic assistance.

#### **D. 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 relevant Competency Committee with input from the appropriate course director.
2. The location for remediation of clinical courses will be determined by the relevant 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 Branches 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.

#### **E. 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 Committees 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.
2. Process for Grade Grievance: Grade Grievances in the Scientific Trunk
  - a. The student submits their 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:*

- b. 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 their concerns.
- c. The Grievance Committee is comprised of the Scientific Trunk Director (or designee), 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 or designee).
- d. 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 Committees.
- e. If the student wishes to appeal the Grievance Committee's recommendation, that appeal must be made to the relevant Competency Committee. The Scientific Trunk Director (or designee) who participated in the Grievance Committee proceedings will *not* be present for the Competency Committee's review and action on the appeal. Any Competency Committee member who participated in the Grievance Committee will recuse themselves from the appeal vote at the Competency Committee meeting.
- f. The decision of the Competency Committee is final.

### 3. Process for Grade Grievance: Grade Grievances in the Clinical Trunk and Branches

- a. The student submits their 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:*

- b. 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 their concerns.
- c. 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).
- d. 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 Committees.
- e. If the student wishes to appeal the Grievance Committee's recommendation, that appeal must be made to the relevant Competency Committee. The Clinical Trunk or Branches Director (or the designee who served on the Grievance Committee) will *not* be present for the Competency Committees' review and action on the appeal. Any Competency Committee member who participated in the Grievance Committee will recuse themselves from the appeal vote at the Competency Committee meeting.
- f. The decision of the Competency Committee is final.

### **F. 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 go on Leaves of Absence, or are deferred, prior to the end of a course will receive an Incomplete (I) or No Credit (N/C) grade for that course, whichever is appropriate.
- b. 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.

### **G. Completion of Course Work**

1. Trunk:
  - a. It is expected that all students (except MSTP students) will complete Trunk course work within 7 terms (or 9 terms if granted a one-year Leave of Absence or pursuing an approved advanced degree) of the first day of registration in Medical School.
  - b. Appeals for additional terms (from the first day of registration in Medical School) to complete the Trunk course work may be made and approved by the relevant 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 nine terms will be recommended for dismissal to the Executive Committee unless prior approval was provided by the relevant Competency Committee.
2. Branches
  - a. It is expected that all students will complete all Branches course work, the CCA, and graduation requirements within 6 terms (or 8 terms if granted a one-year Leave of Absence or pursuing an approved advanced degree) of beginning the Branches.
  - b. Appeals for additional terms to complete Branches course work can be made and approved by the relevant Competency Committee. Time spent on Leave of Absence does count toward the time limit for completing Branches course work.
  - c. Students who do not complete Branches course work within eight terms will be recommended for dismissal to the Executive Committee unless prior approval was provided by the relevant Competency Committee.
3. It is expected that all students will complete all requirements for the MD only degree by 10 years from the first day of registration in Medical School. Students who do not complete all requirements within 10 years will be recommended for dismissal to the Executive Committee unless prior approval was granted by the relevant Competency Committee.

#### **IV. PROCEDURES RELATED TO ACADEMIC ASSESSMENT**

##### **A. Procedures for Assessment in 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. During proctored NBME examinations, it is the obligation and responsibility of the Proctor to report any disruptive or suspicious behavior to the NBME.

- d. Students may only defer quizzes and examinations according to the guidelines set out in the “Professional Expectations for the Scientific Trunk” document. All quiz and exam deferrals must be approved by the student’s House Counselor.
- 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 Committees.
- f. Computer-based Examinations
  - i. Students may take examinations in the following Medical School sites only: Computer Cluster (Room 5225 THSL), Computer Classroom (Room 5215/5219 THSL), and 6401 THSL, or other designated areas as determined by the Evaluation and Assessment unit.
  - 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 prior 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 posting.
  - iii. Students may not copy or print quizzes or exams. Students are not permitted to use written notes, make written notes, take photos, 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 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.
  - viii. Appropriate audits may be conducted to ensure student are not accessing educational systems (such as exam administration software and learning management systems) in a manner that violates the Honor Code or any other

relevant Medical School policy.

## 2. Quiz and Exam and Required Experience 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**. To request 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 of Assessments

- i. If there is an *Emergency Situation*, 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 they 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 required 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. Remediation 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.

e. Role of the Competency Committees

- 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 Deferral Review Committee and possible referral to the Competency Committees for discussion. 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. Procedures for Assessment in Clinical 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.

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

- A. Achieving a minimum score (set by curricular leadership) 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 Committees with a targeted individualized remediation plan. In selected cases the Comprehensive Basic Science Self-Assessment Examination (CBSSA) may replace the CBSE.
- 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 relevant Competency Committee for permission to repeat the examination. The petition must include a specific study plan. USMLE failures are noted on the transcript as an Unsatisfactory (U) and become a permanent mark on the student transcript.

- D. Students with an initial failure of the USMLE Step 1 must re-take the examination within 6 months upon approval of a study plan by the relevant 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 relevant Competency Committee to request permission to take the examination a third time, including a specific study plan.
- 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. Students are expected to take Step 1 by the end of the Step 1 study period or within two months of completion of Clinical Trunk. 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 the student petitions and receives a deferral by the relevant 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.
- 3. Students who do not achieve a passing score on the USMLE Step 1 will be placed on USMLE Leave of Absence upon completion of the Branches rotation that they are currently on. Exceptions may be granted by the relevant Competency Committee.
- 4. Students repeating the USMLE Step 1 examination for the first time may petition the relevant 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 relevant 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. Registration dates will be closely monitored by the Office of Medical Student Education to ensure compliance. A failure to comply will be reported to the relevant Competency Committee, and may result in the filing of a Professionalism Concern Note.
- 3. Students are required to take the USMLE Step 2 examinations (both CK and CS) 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 this date. No student may defer the Step 2 examinations beyond December 1 without appropriate approval (see below).
- 4. In extenuating circumstances, the Competency Committees 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 Committees have 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 relevant Competency Committee, a maximum of 12 months after completion of their Branches course work to record a passing score on the USMLE Step 2 examinations. Exceptions can only be granted by the Competency Committees.

## **VI. COMPREHENSIVE CLINICAL ASSESSMENT (CCA)**

There will be one Comprehensive Clinical Assessment (CCA). All students are expected to take the CCA at the beginning of their Branches phase. Stations needing remediation may be remediated in the Branches.

- A. Passing standards for the CCA are determined and published by the CCA committee (CCAC).

If a student receives an overall fail on the CCA, then the student will be assigned an Incomplete Due to Assessment Failure (I/A). The student will be required to complete a remediation process, outlined by the CCA Director and the Competency Committees. This remediation may include additional course work that could delay progression in this phase of the curriculum. The student will be required to retake the entire examination on the specified retake date. If the student fails the retake CCA examination, then the student will receive a Fail (F) which will be a permanent mark on the student transcript.

- B. 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 Incomplete (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 relevant 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 CCAC, then the I will turn to an Incomplete Due to Assessment Failure (I/A).
- C. Any student with an unexcused absence from the CCA will receive a grade of Incomplete Due to Assessment Failure (I/A) and a Professionalism Concern Note, and will be reported to the relevant Competency Committee.
- D. Process for Grade Grievance: Grade Grievances in the Comprehensive Clinical Assessment(s) (CCA)

1. The student submits their 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 their concerns.

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

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## PROCEDURES RELATED TO REGISTRATION STATUS AND ASSESSMENT

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### I. COMPETENCY COMMITTEES

The Competency Committees are comprised of voting members of the faculty and administrative non-voting members. The Assistant Dean for Assessment, Evaluation and Quality Improvement is the non-voting chair of the committees. The Competency Committees are responsible for assessing a medical student's progress across all medical school competencies. The Competency Committees report directly to the Executive Committee.

- A. The Competency Committees are comprised of the following 9 voting members, all of whom must be independent assessors without a role in the assignment of grades to individual students:
  1. Trunk leadership representative (and an alternate)
  2. Branches leadership representative (and an alternate)
  3. Doctoring Course representative (and an alternate)
  4. Graduate Medical Education representative, cannot be a Residency Program Director (and an alternate)
  5. Teaching faculty from Science Trunk
  6. Three Teaching faculty from Clinical Trunk, Branches, Paths of Excellence or Leadership
  7. Community Member (and an alternate) (either one from the Interprofessional domain (e.g., a nurse, pharmacist, social worker, dentist, or physical therapist) and/or a representative of patients)
- B. The Competency Committees are comprised of the following ad hoc (non-voting) members:
  1. Assistant Dean for Assessment, Evaluation and Quality Improvement (chair)
  2. Associate Dean for Medical Student Education (ex officio)
  3. Assistant Dean for Curriculum
  4. Assistant Dean for Student Services
  5. Assistant Dean for Admissions
  6. Office of Health Equity and Inclusion (OHEI) representative
  7. Leadership Program curricular representative
  8. Paths of Excellence curricular 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
- 14. Other ad hoc members as appropriate

- 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. The chair of the Competency Committees has the authority to appoint a designee in rare circumstances when quorum cannot be achieved.
- D. Ad hoc members such as Assistant Deans and course directors will serve as resources to the Competency Committees 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 Committees. Additional faculty or staff may be invited to attend particular meetings, as appropriate. All of these individuals are non-voting.
- F. The Competency Committees deal primarily with issues of student academic performance and professional behavior, but also takes into consideration other factors that might influence academic performance or professional behavior. The Competency Committees assist in the determination of fitness for enrollment and fitness to return from Leaves of Absences. As such, the Competency Committees are responsible for:
  - 1. periodic review of student academic performance, competencies, and professional conduct;
  - 2. approval of actions related to personal/medical Leaves of Absence and voluntary withdrawal from registration;
  - 3. approval of remediation programs for students with course deficiencies, or deficiencies in other required experiences;
  - 4. approval of reduced curricular programs and alternative timeline to graduation;
  - 5. determination of eligibility for application, acceptance to, and continuation in Scientific Trunk electives and/or Paths of Excellence;
  - 6. promotion of students between phases of the curriculum;
  - 7. recommendations to the Executive Committee for suspension and dismissal from registration. In such cases, voting members of the Competency Committees will present the recommendation to the Executive Committee, but only the Executive Committee may act; and
  - 8. recommendations to the Executive Committee for graduation. Voting members of the Competency Committees will present the recommendation to the Executive Committee, but only the Executive Committee may act.
- G. The Competency Committees 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 re-join.

- H. The Competency Committees are responsible for holistic review of all students. For students who are struggling with the Curriculum, the Competency Committees may work with those students, Assistant Dean for Student Services, Assistant Dean for Curriculum, and other relevant parties, to design and implement an alternative timeline to graduation. This can only be implemented with approval of the relevant Competency Committee. In addition, the Competency Committees may mandate an alternative timeline to graduation for an individual student based on academic performance. There may be cost implications due to additional time in registration.
- I. Branches Competency Committee (BCC) is a subcommittee of both Competency Committees and is responsible for monitoring progress, approving and/or recommending remediations, and performing holistic reviews for students in the Branches phase of the curriculum. The BCC reports to and can make recommendations for alterations of graduation requirements and recommend the students for graduation to the relevant Competency Committee.
  - a. High stakes remediations such as failure of a course, professionalism concerns, consideration of adding a statement to a student's MSPE, and deficiencies that will impact eligibility for graduation (such as failure to meet expectations for the Capstone for Impact) must be processed by the relevant Competency Committee following a recommendation from BCC.
- J. The Accommodations Committee for Technical Standards (ACTS) is a subcommittee of the Competency Committees and is responsible for determining reasonable accommodations as students enter and progress through the curriculum.

## **II. HEARING COMMITTEE** (See Professionalism Conduct Below)

- A. The Hearing Committee is a subcommittee of the Executive Committee 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 relevant Competency Committee, or three members of the relevant Competency Committee and 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 relevant Competency Committee of findings and recommendations of the Hearing Committee.

### III. 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 their senior year.
- B. Allegations of professional misconduct, such as cheating or irregular events that occur during examinations or misrepresenting one's presence at mandatory sessions, may be brought directly to the Honor Council by a proctor, faculty member, or 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 further adjudication. (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.

### IV. DIRECT DISMISSAL FOR ACADEMIC FAILURE

- A. Process  
Students who come to Executive Committee for direct dismissal will be presented for direct dismissal by the Associate Dean for Medical Student Education. The reasons include:
  - a. students who are at Academic Warning +2 (AW+2) status and with a recommendation by the relevant Competency Committee for dismissal;
  - b. students with Academic Warning +3 (AW+3) status; or
  - c. students who do not complete the curriculum by the time limits set in the Policies.

The Assistant Dean for Curriculum (or a voting member of the Competency Committees), on behalf of the Competency Committees, 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:

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

1. The Student in this circumstance will be notified by the relevant Competency Committee that a case for their dismissal will be presented to the Executive Committee. The student will also be advised of the procedures for appeal.
2. The relevant 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.

3. The Associate Dean for Medical Student Education will notify the student of the date and process for appeals.
4. 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 their 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 Committees), 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 voting member of the Competency Committees), on behalf of the Competency Committees, will present the Competency Committees' recommendation to the Executive Committee.
4. The student will be given an opportunity to appear before the Executive Committee to present their 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.

### V. COMPETENCY COMMITTEE RECOMMENDATION TO DISMISS

#### A. Process

At any time, the Competency Committees, 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:*

1. A student in this circumstance will be notified by the Competency Committees that a recommendation for their dismissal will be presented to the Executive Committee. The student will also be advised of the procedures for appeal.
2. Competency Committees will review the case, but will take action only in the form of a recommendation to the Executive Committee; in such cases only the Executive Committee takes action.
3. The Associate Dean for Medical Student Education will notify the student of the date and process for appeals.

4. The Student may consult with the Assistant Dean for Student Services for advice and assistance.

### C. Appeal of Dismissal Action

7. If the student wishes to appeal the recommendation for dismissal, 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 their appeal.
8. Pertinent written information, including the student's appeal, will be provided by the Assistant Dean for Curriculum (or another voting member of the Competency Committees), 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. The student will receive all information that is made available to the Executive Committee.
9. The Assistant Dean for Curriculum (or voting member of the Competency Committees), on behalf of the Competency Committees, will present the Competency Committees' recommendation to the Executive Committee.
10. The student will be given an opportunity to appear before the Executive Committee to present their 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.
11. The Executive Committee may also invite others to appear to present information relevant to the appeal.
12. The decision of the Executive Committee is final.

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## PROFESSIONAL CONDUCT

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For policies and procedures related to Professional Conduct, UMMS will follow the policies and procedures of Michigan Medicine.

### I. PROFESSIONALISM DEFINITION

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.

## **II. PROCEDURES RELATED TO PROFESSIONAL BEHAVIOR**

### **A. Commendation Note**

1. **Purpose:** 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 relevant 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.
2. **Policy:** The University of Michigan Medical School is committed to assuring a safe and supportive learning environment that reflects the Institution's values, which include altruism, compassion, and integrity. Commendation Notes may be noted in the Medical Student Performance Evaluation (MSPE), also known as Dean's Letter.
3. **Procedures**
  - a. **Submissions:** Any faculty member, 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. Faculty may submit Commendation Notes electronically via AMADEUS <https://www.umms.med.umich.edu/amadeus/>. Individuals who do not have access to the electronic Commendation Note may communicate a Commendation directly to the Assistant Dean for Student Services via email.
  - b. **Evaluation:** If the Commendation Note is submitted electronically via AMADEUS, it is automatically sent to the Assistant Dean for Student Services and the appropriate course director or faculty supervisor for review.
  - c. **Notification:** The student will be contacted by a representative of the Office of Student Services and notified of the content of the Commendation Note.



- d. Recording: After reviewing the Commendation Note, the Assistant Dean for Student Services will forward it to their 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 relevant Competency Committee.

## B. Professionalism Concern Note

1. Purpose: The purpose of the Professionalism Concern Note (hereafter referred to as the 'Concern Note') is to report instances or patterns of substandard professional behavior by medical students. Professionalism Concerns will be reported to the relevant 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 for the students to receive counseling and/or formal remediation. Concern Notes may result in a report of substandard professionalism in the student's formal academic evaluation and/or Medical Student Performance Evaluation.
2. Policy: The University of Michigan Medical School is committed to assuring a safe and supportive learning environment that reflects the Institution's value of professionalism. Professionalism Concern Notes may result in a report of substandard professionalism in a student's formal academic evaluation and/or Medical Student Performance Evaluation (MSPE).
3. Procedures:
  - a. Submission. A concern about substandard professional behavior by a medical student can be raised by a faculty member or other individual who observes the student's professional behavior. Faculty may submit Concern Notes electronically via AMADEUS: <https://www.umms.med.umich.edu/amadeus/>. Individuals who do not have access to the electronic Concern Note may communicate the concern directly to the Assistant Dean for Student Services via email. Concerns raised by a medical student about the professionalism of another medical student are handled through the Honor Code/Honor Council process.
  - b. Evaluation: If the Concern Note is submitted electronically via AMADEUS, 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.
    - i. 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.
    - ii. The Assistant Dean for Student Services will inform the relevant 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.

- iii. Discussion at the level of the Competency Committees will include whether the Professionalism Concern requires inclusion in the student's Medical Student Performance Evaluation (MSPE) and communication of the concern(s) with the student's future Residency Program Director(s) if it occurs after the release of the MSPE.
  - iv. Appeals for the inclusion of Professionalism Concern(s) in the MSPE and notification to the Program Director can be made to the Competency Committee which did not vote to include the Professionalism Concern in the MSPE (i.e. the opposite Competency Committee). The decision of this Competency Committee appeal is final.
- c. Notification: The student will be contacted and receive a copy of the Concern Note.
  - d. Remediation: 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 relevant Competency Committee. House Counselors are always available to meet with students as their advocate, if requested.
  - e. Recording: After reviewing the Concern Note, the Assistant Dean for Student Services will forward it to their 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.

## 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-d, 3a-e, 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 their 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 hear all testimony, participate in all deliberation, and 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, the student 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 Committees, 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 their 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 their 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. The student will receive all information that is made available to the Executive Committee.
3. The student will be given an opportunity to appear before the Executive Committee to present their 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.

### **III. 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. For addressing issues of substance abuse, in addition to the policies and procedures outlined below, the Medical School will follow the [policies and procedures](#) of Michigan Medicine.

A. Definitions (from the University of Michigan Alcohol and Other Drug (OAD) Policy for Students, Faculty and Staff <http://alcohol-drug-policy.umich.edu/>)

1. Impairment - The reduced ability of an individual to perform duties while acting in the scope of employment or professional responsibilities while in the UMHS, while on call, or while treating or offering treatment advice for a patient. Diminished capacity may result from physical illness, mental illness, cognitive impairment, alcohol and drug use disorders, or other conditions causing impairment. A person who is "impaired" for the purpose of this policy may not meet the legal definition of "legally impaired".
2. Legally Impaired - The inability or immediate impending inability of a health professional to practice their profession in a manner that conforms to minimum standards of acceptable and prevailing practice of that health profession, due to the health professional's substance abuse, chemical dependency, or mental illness, or the health professional's use of drugs or alcohol that does not constitute substance abuse or chemical dependency. (MCL 333.16106a).
3. Substance Use Disorder - Chronic disorder in which repeated use of alcohol, drugs, or both, results in significant and adverse consequences. Substance use disorder includes substance abuse (MCL 330.1100d).
4. Substance Abuse - The taking of alcohol or other drugs at dosages that place an individual's social, economic, psychological, and physical welfare in potential hazard or to the extent that an individual loses the power of self-control as a result of the use of alcohol or drugs, or which habitually under the influence of alcohol or drugs, endangers public health, morals, safety, welfare, or a combination thereof (MCL 330.1100d).

B. Self-Report

1. Any student who believes they are impaired are encouraged to self-report to their House Counselor, the Assistant Dean for Student Services, or to one of the University of Michigan student health and wellness services ([U-M Counseling and Psychological Services](#); [U-M University Health Service](#)).

C. Suspicion or Concern Reported from Any Source - Two types of hearings are possible to determine a course of action for students who do not admit to substance abuse:

1. Hearing Type A: 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.
2. 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.

3. Hearing Type B: 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.

D. Information for Hearing Committee

The Hearing Committee may request 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.

E. 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. ability to meet all academic requirements;
4. recovery network support; and
5. ongoing monitoring and treatment, including current and ongoing documentation of drug/alcohol free status and random testing for substance abuse.

F. 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 the student 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.

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## **COMPLETION OF MEDICAL SCHOOL**

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### **I. MEDICAL STUDENT PERFORMANCE EVALUATION (DEAN'S LETTER)**

The Medical Student Performance Evaluation (MSPE or Dean's Letter) is the official Medical School record for graduating medical students. It includes a description of the student, noteworthy characteristics, academic history, description of academic progress (including grades, clinical rotation summaries, completion of dual degrees and Paths of Excellence, and professional performance/communication skills), certain academic awards, and a summary statement on overall academic performance. The Medical Student Performance Evaluation (MSPE) also reports all Leaves of Absence, adverse actions, and repetition of course work. The MSPE may be updated with an addendum to reflect new information about student performance that occurs after the initial release.

#### **A. 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.

### **II. 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 be allowed to 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.



## **University of Michigan Medical School The Honor Code**

### **I. Purpose**

The students of the University of Michigan Medical School recognize the importance of their own professional development and understand that physicians must have a high degree of personal and professional integrity. The Honor Code and Pledge serve to communicate which behaviors represent professional behavior and outline procedures for when a violation of those behaviors is committed.

### **II. Policy**

The Honor Code is a system of self-regulation which includes education, support, and, when necessary, investigation by the student Honor Council to assure that the conduct of all students meets appropriate professional and ethical standards. The Honor Code allows for a mechanism whereby formal disciplinary actions will generally take place only after students, represented by their Honor Council representatives, have reviewed the issue(s) of concern.

### **III. Procedures**

#### **A. The Honor Code Pledge**

The Honor Code Pledge, which all students are expected to sign before beginning classes, outlines professional obligations and standards for student conduct at the University of Michigan Medical School. In making this pledge, students agree to take responsibility for their own actions. They also accept the responsibility of helping their classmates and colleagues develop as professionals.

The Honor Code Pledge reads:

“The Medical School’s Honor Code was developed jointly by students and faculty. This current version is based on the belief that accountability, altruism, compassion, duty, excellence, honesty, and respect for others are traits that are essential to professionalism.

As a member of the Michigan Medicine community I will strive to:

1. Demonstrate the highest standards of honesty and personal integrity, as these attributes are fundamental and essential to the medical profession;
2. Demonstrate altruism and compassion in my interactions with patients, colleagues, and others;
3. Behave in a responsible and respectful manner toward patients, faculty, colleagues, health care workers, and all others;
4. Be accountable for all my actions and understand my duty and commitment to my professional responsibilities and - above all - to patient care;

5. Demonstrate excellence in all my professional endeavors, including the development of medical knowledge and skills to the best of my ability;
6. Address actions or practices on the part of a colleague that significantly breach the principles of honor and integrity. If I believe that another student's behavior violates the Honor Code, I am bound by this Code to contact the Honor Council or the Associate Dean for Medical Student Education.

I understand and pledge to adhere to the above.”

#### B. Honor Code Violations

Honor Code violations include both academic misconduct and unprofessional behavior.

All aspects of a medical student's behavior reflect on his or her potential to develop the professional attributes essential to practice medicine. While academic misconduct such as cheating, plagiarism, and misrepresentation in research are all clearly violations of the Honor Code, other unprofessional behaviors are also unacceptable.

Any dishonest, unethical, irresponsible or criminal behavior, whether it takes place on or off campus, will be viewed as unprofessional and is within the jurisdiction of this Code. Abuse of power, as evidenced by discrimination, sexual harassment, or breach of confidentiality, is unacceptable. Impairment from whatever cause (e.g. chemical dependency or substance abuse) could constitute unprofessional behavior if it impacts a student's ability to function in school or impacts patient care. Lack of professionalism in any aspect of the curriculum or in patient care will not be tolerated.

#### C. The Honor Council

The Honor Council is composed of two elected student representatives from each of the four classes. Elections are held at the beginning of the first year to choose Scientific Trunk representatives for a one-year term and at the end of the first year to choose rising Clinical Trunk students who serve three-year terms. Representatives act as Co- Presidents their fourth year. Re-elections are held to maintain a total of eight students, should existing members discontinue their terms.

The Honor Council's main role is to support an anonymous peer review of alleged violations of the Honor Code. Honor Council representatives advise classmates on interpretation of the Honor Code and serve as student representatives on the Competency Committees.

The Associate Dean for Medical Student Education is advisor to the Honor Council and serves as a liaison between the Honor Council and the Medical School Administration.

#### D. Process for Handling Honor Code Violation

Allegations of academic misconduct and unprofessional behavior may be handled using

several processes depending on the circumstances. This section outlines the procedures used by the Honor Council when investigating allegations of Honor Code violation.

1. Reporting Alleged Honor Code Violations
  - a. Taking an exam with open/easily visible books;
  - b. Giving hints or answers to classmates who are yet to take an exam or quiz;
  - c. Signing into a required lecture/activity and then leaving;
  - d. Accessing hospital records of classmates;
  - e. Inappropriate use of electronic communication and social media; and
  - f. Replicating/reproducing quiz or exam questions in any way

Faculty and staff who witness concerning behavior are encouraged to speak to the involved student(s) directly. If a discussion does not resolve the issue, a report to either the Honor Council or the Associate Dean for Medical Student Education is appropriate.

Where appropriate audits may be conducted to ensure student are not accessing educational systems (such as exam administration software and learning management systems) in a manner that violates the Honor Code or any other relevant Medical School policy.

2. Handling Alleged Honor Code Violations
  - a. Once an alleged incident is reported to an Honor Council Representative, they will report the case to one of the Honor Council Co-Presidents. Other than finding out the initial facts of the incident (as reported by the complainant), no other fact finding/investigating will be undertaken by the Honor Council Representative at this stage.
  - b. An Honor Council Co-President will contact all individuals involved in the case, as well as the person who reported the incident, for the purpose of obtaining additional facts about the incident. Individuals who are interviewed will be told if they are a witness or if they are being investigated. For expediency, most of these contacts will occur by telephone or email; however, face-to-face meetings may be requested. Once the Co-President has obtained all information and spoken with all parties involved, they will prepare a report of the incident. This report will maintain the anonymity of all individuals involved.
  - c. The Co-President will schedule an Honor Council meeting to discuss the case. During this meeting all parties involved will be kept anonymous and students will be referred to as Student A, Student B, etc. One Honor Council representative will be excluded from this meeting so that they will be eligible to serve on a Hearing Committee, should the incident reach this level of investigation.
  - d. After the Honor Council meets, the Co-President will submit a report with Honor Council findings and recommendations to the Associate Dean for

Medical Student Education. This report will continue to maintain the anonymity of all involved parties, who will be referred to as Student A, Student B, etc.

- e. After reviewing the report, the Associate Dean for Medical Student Education will contact the Honor Council Co-President to discuss the findings and recommendations. The Associate Dean for Medical Student Education may agree, or disagree, with the Honor Council's recommendations. If necessary, the Associate Dean for Medical Student Education may elect to speak to any of the students involved in the incident. Only at this time will the names of the students involved be provided to the Associate Dean.
- f. Confidentiality will be maintained throughout all stages of the investigation.
- g. Possible findings and recommendations include, but are not limited to:
  - i. No Honor Code violation has taken place and the Honor Council recommends no further action. The Honor Council report will be kept in the office of the Associate Dean for Medical Student Education. No student names are revealed in this report, and the identities of the students involved are not revealed to the Associate Dean.
  - ii. An Honor Code violation has taken place, but the student(s) involved understand and accept responsibility for their/their behavior, have not had other offenses, and the behavior in question is not so grievous that further action is warranted. In these cases, the Associate Dean for Medical Student Education may meet with the student(s) involved to debrief the situation and reinforce the importance of professional behavior. Again, a confidential report will be kept on file in the office of the Associate Dean for Medical Student Education. Notations may be made in the student's office file, but will not be recorded in a student's official docket/permanent file.
  - iii. An Honor Code violation has taken place and the student(s) involved do not accept responsibility for the behavior, have had prior offenses, or the behavior in question is so grievous that further action is warranted. In these cases, the Associate Dean for Medical Student Education will determine if the case should be referred to the relevant Competency Committee or to a Hearing Committee (See *Policies and Procedures for Medical Student Evaluation, Advancement and Graduation* of this Bulletin for a description of the Competency Committees and the Hearing Committee process.)
  - iv. It is unclear if a violation has taken place and more facts must be gathered. The Honor Council will ask the Associate Dean for Medical Student Education to request that a Hearing Committee be convened for further fact-finding.

#### E. Report Retention

Honor Council reports will be kept on file in the office of the Associate Dean for Medical Student Education. These files are separate from individual student files. If a student is disciplined for an Honor Code violation, a formal disciplinary letter will describe how information on the disciplinary action will be maintained (e.g. whether it will be kept after the student graduates, and/or whether it will be included in the Medical Student Performance Evaluation (MSPE) letter that is sent to residency programs.)

#### F. Appeal Process

Students have the right to appeal decisions of the Competency Committees or Hearing Committees to the Medical Executive Committee as outlined in the *UMMS Bulletin* document. Decisions of the Medical School Executive Committee are final.

#### IV. References

*UMMS Bulletin* <http://medstudents.medicine.umich.edu/umms-bulletin>

## University of Michigan Medical School Technical Standards

### I. Purpose

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 UMMS competencies in the basic and clinical sciences. The goal is to develop a deep and robust medical knowledge base and outstanding clinical skills, with the ability to appropriately apply them, effectively interpret information, and contribute to decisions across a broad spectrum of medical situation in all settings. Critical skills needed for the successful navigation of core experiences are outlined below, and include the ability to observe, communicate, perform motor functions, as well as to understand, integrate core knowledge and skills, and to behave appropriately in varied educational and professional situations.

On occasion, reasonable accommodations may be required by otherwise-qualified individual candidates to meet the technical standards specified below. Requests for University-provided accommodations (see below) will be granted if the requests are reasonable, do not cause a fundamental alteration of the medical education program, do not cause an undue hardship on the University, are consistent with the standards of the medical profession, and are recommended by the University's Services for Students with Disabilities (SSD) office.

### II. Policy

**Fulfillment of the technical standards for graduation from medical school does not mean a graduate will be able to fulfill the technical requirements of any specific residency program.**

#### A. Observational Skills

A candidate must acquire required information as presented through demonstrations and experiences in the basic sciences. In addition, a candidate must be able to:

- Observe a patient accurately and acquire relevant health and medical information, including written documents, images from the medical literature, slides and/or video.
- Interpret x-ray and other graphic images, and digital or analog representations of physiologic data (e.g. EKGs).

The required observation and information acquisition and analysis necessitate the functional use of visual, auditory, and somatic sensation. In any case where a candidate's ability to observe or acquire information through these sensory modalities is compromised, the candidate must demonstrate alternative means and/or abilities to acquire essential observational information.

#### B. Communication Skills

A candidate must be able to demonstrate proficiency in the English language such that they can communicate effectively in oral and written form with all members of the health care team. A candidate must be able to communicate with patients in order to elicit information. They must have the capacity for comfortable verbal and non-verbal communication and interpersonal skills, to enable effective caregiving of patients and collaboration within a multidisciplinary team. In any case where a candidate's ability to communicate is compromised, the candidate must demonstrate alternative means and/or abilities to communicate with patients and teams.

#### C. Motor Skills

It is required that candidates possess the motor skills necessary to complete and interpret the physical findings of patients. Such actions may require coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch. In any case where a candidate's ability to complete and interpret physical findings because of motor skills is compromised, the candidate must demonstrate alternative means and/or abilities to retrieve these physical findings.

#### D. Intellectual-Conceptual Skills

A candidate must exhibit the requisite intellectual and conceptual skills to effectively interpret, assimilate and understand the complex information required to function within our medical school curriculum. Effective participation in learning modalities such as individual, small group, and lecture formats, in both the classroom and the clinical setting, will be required. A candidate must be able to effectively learn, participate, collaborate and contribute as a part of a team. A candidate will need to synthesize information effectively both in person and via remote technology. A candidate must be able to interpret causal connections, and make accurate, fact-based conclusions based on available data and information. A candidate must be able to formulate a hypothesis, investigate the potential answers and outcomes and formulate appropriate and accurate conclusions.

#### E. Cognitive Skills

A candidate must be able to measure, calculate, reason, analyze, integrate and synthesize. In addition, the candidate must be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures. Problem solving, a critical skill demanded of physicians, requires all of these intellectual abilities. A candidate must be able to perform these problem-solving skills in a timely fashion.

#### F. Behavioral Attributes, Social Skills and Professional Expectations

A candidate must be able to fully utilize their intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with patients. A candidate must be able to effectively handle and manage heavy workloads and to function effectively under stress. They must be able to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties inherent in the clinical problems of patients. A candidate must care for all individuals in a respectful and

effective manner regardless of gender, age, race, sexual orientation, religion, or any other protected status identified in the University's [Non-Discrimination Policy](#). Professionalism, compassion, integrity, concern for others, interpersonal skills, interest and motivation are all qualities that are expected throughout the educational processes.

*Any applicant will be considered for admission to the Medical School who demonstrates the ability to acquire the knowledge, attitudes and skills necessary to complete the core UMMS educational requirements, achieve the UMMS competencies, and be able to graduate as a skilled and effective practitioner of medicine.*

### III. Procedure

#### A. Evaluation and Implementation of Reasonable Accommodations

Matriculating students and students enrolled in our medical school curricular program must **comply with the following** process for requesting and receiving appropriate reasonable accommodations, in a timely manner, to enable them to have the opportunity to meet the UMMS requirements for completion of the medical school curriculum.

Any request, design and implementation of accommodations for an individual student to participate and complete the medical school curriculum must include full collaboration with the Medical School's Student Services Unit, student registration in the University of Michigan's Services for Students with Disabilities (SSD) office, evaluation and recommendations from SSD, and review by the UMMS Accommodations Committee for Technical Standards (ACTS, see below).

The SSD office provides evaluation for accommodations and consultative services free of charge for all students who register with them. Depending on the type and severity of the disability, the SSD office will make every effort to recommend the appropriate accommodation for academic success. Requests for University-provided accommodations will be granted if the requests are reasonable, do not cause a fundamental alteration of the medical education program, do not cause an undue hardship on the University, are consistent with the standards of the medical profession, and are recommended by the SSD office.

#### B. The ACTS serves as a subcommittee of the UMMS Competency Committees, which reports directly to the UMMS Executive Committee. The ACTS' primary functions are to:

- i. Review requests for accommodations for matriculating and enrolled UMMS medical students;
- ii. Review, modify and approve recommendations for these accommodations; and
- iii. coordinate the implementation of approved accommodations within the medical school curriculum.

#### C. Ad hoc consultants to the ACTS may include the SSD office or other qualified



university-based or external units. Decisions made by the ACTS are appealable to the UMMS Competency Committee. The decision of the UMMS Competency Committees is final.

#### IV. Statement of Understanding and Agreement

I understand that fulfillment of the technical standards for graduation from the University of Michigan Medical School does not mean that the graduate will be able to fulfill the technical requirements of any specific residency program.

This document applies to all years of my medical school training at the University of Michigan Medical School.

I have read and understood the above policy. I agree to adhere to the stated procedures.

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Signature

Printed Name

Date

#### V. SPG Reference – N/A

## **Severe Weather and Disaster Guidelines for University of Michigan Medical School Educational Programs**

The University of Michigan Medical School will follow the University of Michigan and Michigan Medicine protocols for responding to severe weather or disaster emergencies; see below for specific information for each curricular phase.

In rare instances, the Medical School will be in session while the Ann Arbor campus is not. In this instance, the Associate Dean in the Office of Medical Student Education, or their designee, may cancel on-site service, learning, or assessment activities if they, after consultation with Assistant Deans and Curricular Phase Directors in the Office of Medical Student Education, determine that a threat to the safety of students due to weather outweighs the benefits from conducting the on-site educational activity.

Planned or unplanned absences from the University of Michigan Medical School's core educational experiences due to severe weather or other disaster which may impact the safety of students, staff, and faculty never removes the responsibility for learning necessary material, regardless of whether or not the University of Michigan campus stays open.

### Scientific Trunk

Cancellation of educational sessions for Scientific Trunk students due to severe weather or disaster will follow the [University of Michigan emergency reduction in operations plan](#). Students are responsible for checking their emails, university websites, and emergency alert systems for updated information on cancellations or delays.

- If the University of Michigan campus in Ann Arbor is open for classes, the Medical School campus will also be open for classes, unless there is a specific unique threat to individuals at the Medical School or its educational facilities where a specific exception will be determined by the Dean of the Medical School or their designee.
- Students will be notified as soon as possible by email and Canvas announcements if teaching faculty are unable to travel to campus to teach, if it is deemed unsafe for students to travel to campus, or if there will be a reduction in support services for student education.
- If the University of Michigan Ann Arbor campus closes, all Scientific Trunk educational sessions (including examinations) will be rescheduled and/or the content will be made available online. Students will be notified of any changes to the schedule as soon as possible by email and Canvas announcements.

### Clinical Trunk and Branches

Cancellation of required clinical learning activities for Clinical Trunk and Branches students due to severe weather or disaster will follow the [Michigan Medicine emergency operations plan](#) for clinics and hospitals. Students are responsible for checking emails, university websites, and emergency alert systems for updated information on cancellations or delays.

- If Michigan Medicine clinics and hospitals remain open for all patient care services, Clinical Trunk and Branches students will be expected to make every reasonable attempt to report to their clinical service. They should notify their clinical service attending if they are unable to come in for clinical service and educational sessions.
- Students will be notified as soon as possible by email and Canvas announcements if specific clinical sites are closed, examinations are rescheduled, or non-clinical learning activities are cancelled.

#### References

[University of Michigan Emergency Alert System](#)  
[University of Michigan SPG 201.27 Emergency Reduction in Operations](#)  
[Michigan Medicine Emergency Operations Plan](#)  
[University of Michigan Health System Winter Storm Response Plan](#)  
[Division of Public Safety and Security Severe Weather Guidelines](#)

## Student Educational Record Protocol

### I. The University of Michigan Medical School Supplementary Policies on Student Records

This document contains specific policies and procedures followed by the University of Michigan Medical School. It conforms to and supplements the University Policies on Student Records, the provisions of which govern all matters not specified in this document. Copies of the document entitled "Student Rights and Student Records" are available through the main campus Registrar's Office located at 2200 Student Activities Building or on their website: <http://ro.umich.edu/ferpa/>.

#### Purpose of Student Records

The Medical School maintains student records for the purpose of admissions, monitoring the progress of students through the curriculum, counseling students and assisting them in the completion of their academic progress, certifying attendance for licensing purposes and for formulating letters of evaluation for students as they apply for internships and residency positions. The Medical School also uses information from student records to conduct studies designed to improve instruction and services to the students.

#### Categories of Information Included in Student Records

Four basic categories of information are included in student records:

- 1) *Admissions Materials* -- includes such items as applications for admission, test scores, transcripts, and other related correspondence;
- 2) *Official Medical School Academic Information* -- includes such items as a copy of the student's academic record, evaluative comments by Course Instructors, Competency Committee action information and other correspondence;
- 3) *Financial Aid Materials* -- includes such items as application forms, financial information supplied by students and/or parents, correspondence; and
- 4) *Curriculum Information* -- includes a list of classes and officially authorized electives taken outside the institution.

#### Retention of information

Student records are maintained in the Medical School in perpetuity as these records may be used throughout the careers of the students for certification and licensing purposes, and in some cases for historical purposes.

#### Access to Student Records

- **By Students**

Any medical student currently or formerly enrolled who wishes to examine their records should go to the Registrar's Office, 6100 Taubman Health Sciences Library for this purpose.

All records are examined in the presence of a member of the Dean's staff. No materials are removed from the record before examination except the following exempt material or matter:

- Records maintained by a physician, psychiatrist, psychologist, or other recognized professional or para-professional, which are used only for treatment purposes (such records may, however, be reviewed by a physician or other appropriate professional of the student's choice);
- Financial information submitted by the student's parents (kept in the Financial Aid Office located in 6100 Taubman Health Sciences Library);
- Confidential letters and statements of recommendation which were placed in the files before January 1, 1975, and which were used only for the purpose(s) for which they were intended;
- Confidential recommendations concerning admission and any other materials for which the student has specifically and in writing waived their right to access; and
- Notes made by a faculty member or administrator which are in the sole possession of that person and are not shared with others.

Students may obtain copies of all materials in their file except:

- Exempt material or matter as noted above
- Transcripts as part of the Admissions materials
- **By Medical School Staff Members**

Deans and medical school counselors have access to students' records as required to perform their functions. Administrative and clerical staff in the Office of Medical Student Education shall have access to such student records as their particular responsibilities require. Other faculty and staff members shall not have access to students' records. Portions of students' records may be excerpted and interpreted for use by members of the Competency Committees where there is a legitimate educational interest.
- **By Other University of Michigan Staff Members**

Deans for the Office of Medical Student Education, or their designee, may provide information from the student records to other University staff members who demonstrate a need that is consistent with their official functions for the University and consistent with legal and professional practices.
- **By All Others**

For use other than public information, individuals external to the University shall be

given personally identifiable information from the student records only upon receipt of specific written authorization of the student involved except:

- When disclosure is required by subpoena or by federal or state law;
- In connection with the student's application for, or receipt of, financial aid;
- In connection with studies conducted for the purpose of accreditation, development and validation of predictive tests, administration of student aid programs, or improvement of instruction; and
- When there is a health or safety emergency.

### Record of Access to Student Records

The Medical School maintains a record of all persons or agencies external to the University who have requested information from student records. This record indicates what information was requested, the purpose for which it was requested, and whether or not the request was granted. The records shall be available for inspection by the student and it shall be retained as long as the unit retains a record of that student.

### Hearing Procedure

A student currently or previously enrolled in the Medical School may seek a hearing because: (a) they have been improperly denied access to non-exempt student records, (b) they wish to challenge the content of such non-exempt student records and to obtain the correction or deletion of such material, or (c) all or part of their record has been released to third parties contrary to the provisions of these policies. The student's appeal shall employ the following procedure:

- The student shall file a written statement with the Office of Medical Student Education, including a description of the records at issue and an explanation of the specific alleged problem regarding such records.
- Within 10 days, the Office of Medical Student Education shall respond in writing to the student's statement.
- If dissatisfied with the resolution of the matter, the student may appeal to the Dean and the Executive Committee of the Medical School. Such a request must be in writing and filed within 10 days after the date of the reply by the Office of Medical Student Education.
- Every attempt will be made to schedule the hearing of the student's appeal within 10 days of the receipt of the request, and the student shall be notified in advance of the date, time, and place of the hearing.
- The student shall be afforded a full opportunity to present evidence relevant to the issues raised and may be assisted or represented by an individual of their choice (at

the student's expense).

- The Executive Committee shall report its findings and decision to the student not more than 20 days after the hearing. The report shall summarize the evidence presented and the reasons for the decision.

Regardless of the final outcome, the student shall have the right to insert a written explanation concerning the matter at issue in their record. Such explanation shall be maintained as part of the student's records and shall be included with any authorized disclosure of that record.

**Note:** For additional information or questions regarding these policies, please contact:  
University of Michigan Medical School  
Registrar's Office  
6100 Taubman Health Sciences Library  
1135 Catherine Street SPC 5726 Ann Arbor, MI 48109

### Transcript and Academic File

- **Transcript**

The official University of Michigan Medical School transcript lists the title and credit units for all courses in which the student was enrolled. All course grades assigned by faculty are listed on the official transcript. Courses in which the student has received Advanced Placement are also recorded. Satisfactory completion of Steps 1, 2 CK and 2 CS of the United States Medical Licensing Examination (USMLE) is recorded (Note: individual USMLE scores are not recorded on the official transcript). Transmittal of an official transcript will be done only after the student submits in writing a request for a transcript to the University Registrar's Office or submits a request via Wolverine Access.

- **Sending Transcripts:**

To avoid any question of the validity of a transcript, the University will send the official transcript directly to the specific hospital or university for which the request was made. Official transcripts issued to student will be clearly marked as "Issued to Student."

- **Academic Report:**

Unofficial transcripts are available via Wolverine Access.

- **Certifying Transcripts From Other Schools:**

The Medical School cannot certify any transcript sent to us by a student or other agency. The student or agency must request a transcript using official channels. This procedure assures the authenticity of official transcripts sent by the University.

- **Student Record Contents**

Upon matriculation at the University of Michigan Medical School, a student record (ie: academic file) is established for each student. Access to this file is restricted to specific

medical school administrative staff, the student and the student's Faculty Career Advisor (if student grants permission in writing). This file will contain the following:

- Admissions Section:

AMCAS application forms and undergraduate transcripts;

- Administrative Correspondence Section:

All correspondence related to curriculum, letters of recommendation written on behalf of the student, letters from the student, summer session materials, letters of advanced placement, and letters from the Competency Committees;

- Awards Section:

Letters of nominations and award notification

- Grades and Narrative Assessment Section:

Narrative assessments of the student's performance in the clinical clerkships (Clinical Trunk and Branches);

**Note:** Access to a student's file does not include a right to duplicate all parts of the file.

#### Uses of the Transcript and Academic File

Medical School staff will have access to student records as required to perform their functions. In addition, transcripts and academic files are available to:

- The Competency Committees whenever they are reviewing a student's performance;
- The Associate Dean's staff for preparation of the MSPE; and
- The student's Faculty Career Advisor with written permission by the student (advisors must review the student files in the Registrar's Office, 5100 Taubman Health Sciences Library).

#### Procedures for Correcting Inaccurate or Misleading Information

Students wishing to inspect and review their academic file should make a formal request in writing to the Registrar's Office. Files will be available to students for review within five (5) working days after a request is submitted.

If there is any information which the student feels is inaccurate or misleading, they should contact the person who provided the information. Written documentation (supported by any necessary legal paperwork if needed) of the change should be returned to the Registrar's Office.



## II. Record Storage

### Dockets

- Currently Registered Students and Students on Leave of Absence

Records are maintained in alphabetical order on the secure, limited access Xythos web server and WebNow.

- Withdrawn, Transferred, Dismissed and Deceased Students

Records are maintained in alphabetical order on the MSA secure, limited access server/Student Affairs/Archived Student Records folder, and WebNow.

- Graduated Students (1997 – 2007)

Records are maintained in alphabetical order on the MSA secure, limited access server/Student Affairs/Archived Student Records folder.

### Evaluation/Grade Sheets

- Final Performance Assessments for Clinical Students

Final performance assessments are maintained in the Student Records “Grade Sheets” folder on the secure, limited access Xythos server and in the Student Information System.

## III. Student Record Access

Access to view student records is limited to OMSE Deans and specific staff. A request to view a docket by faculty or staff without access is approved/disapproved by an authorized staff member of the Registrar's Office. If approved, the docket is either viewed on-line in the Registrar's Office or specific requested portions of the docket are printed and provided to the requestor.

The same procedure is followed for requesting health file folders. Health file folders must be specifically requested.

A student request to view a docket is processed by an authorized staff member of the Registrar's Office in the following manner:

- The student fills out a "Request to View Docket" form which can be obtained at the reception desk in the OMSE (6100 THSL). An appointment is scheduled for viewing and a five day (5) waiting period may be required before the docket is accessible for viewing;
- The docket must be viewed in the Records Room and in the presence of the Records Room staff;

- The student may request a photocopy of anything in the docket EXCEPT transcripts;
- All questions from the student in reference to the docket content are directed to a Dean; and
- The completed "REQUEST TO VIEW DOCKET" (Addendum E) forms are maintained in a records room filing cabinet for three years.

**Request To View Docket (E)**

**Date:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_  
Please Print

**Student Signature:** \_\_\_\_\_

**Staff Authorization:** \_\_\_\_\_