



# University of Michigan Medical School

## UMMS Bulletin

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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, house officers, and other educators 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 identity, race, age, disability, national origin, religion, sex, sexual orientation, or other status protected by the University's Non-Discrimination policy in 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, inter-professional 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, inter-professional teamwork, civility, inclusivity, and humanism in a manner that values and supports the uniqueness and individuality of all.

**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

1. Workload Limits

- a. Working 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.
- b. Students are required to have one 24-hour period off in seven, averaged over the length of the rotation.
- c. Clinical Trunk clerkships rarely have formal overnight call responsibilities. Many clerkships have individual 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.

2. Compliance

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

- b. 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 in the Office of Medical Student Education will meet with the specific clerkship director to assure compliance to the policy.

### 3. 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 medical students (UMMS and visiting) 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 (e.g. personal errands) or for punishment,
- 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, 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](#)

University confidential and non-confidential reporting resources:

<https://studentsexualmisconductpolicy.umich.edu/content/confidential-resources>  
<https://studentsexualmisconductpolicy.umich.edu/content/b-non-confidential-resources>

### 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. Non-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)  
<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)  
<http://med.umich.edu/u/compliance/code.htm>  
<http://www.med.umich.edu/i/policies/umh/01-04-001.html>

<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: <https://spg.umich.edu/policy/303.03>

<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: <https://hr.umich.edu/working-u-m/workplace-improvement/campus-commitment/retaliation>

**University of Michigan Medical School  
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 or documented in this Bulletin.

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## **ADMINISTRATIVE STRUCTURE**

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Additional and more detailed information regarding the Administrative Structure is available in the Medical School Bylaws: <https://faculty.medicine.umich.edu/medical-school-bylaws-2019-0>

### **I. DEAN**

As Executive Officer of the Medical School faculty and Chair of the Medical School Executive Committee, the Dean is the highest-level official on issues of student progress through the curriculum. As Chair of the Executive Committee, the Dean is responsible for the ultimate disposition of all student issues related to academic performance and professional behavior. The Dean provides oversight to all aspects of the learning environment for medical students. 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, providing counseling and referrals, and approval of absences from required assessments and Leaves of Absence.

### **V. FACULTY**

The Medical School faculty is charged with 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 is comprised of 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, and nine members of the executive faculty (representing all faculty tracks and basic science and clinical departments) elected from the faculty and appointed by the president and Board of Regents. Some decisions are delegated by the Executive Committee to the Associate Dean for Medical Student Education, the Competency Committees, and Curriculum Policy Committee. However, the Executive Committee maintains direct responsibility for appeals and actions such as suspensions that exceed one month, recommendations for dismissal, and graduation.

#### **VII. COMPETENCY 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) Recommending changes to policies concerning the learning environment, educational standards, grading, or promotion, and other relevant institutional standards for the M.D. degree to the Executive Committee for endorsement.
- (c) The integrated institutional responsibility for the overall design, management, evaluation, continuous quality improvement and central oversight of a coherent, efficient, and coordinated curriculum.
- (d) 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.
- (e) Determining the types of patients, clinical conditions, and appropriate clinical settings for education experiences, along with the expected level of medical student responsibility.
- (f) 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.
- (g) Reviewing and approving the passing standards for all courses and clerkships toward the M.D. degree.

- (h) Ensuring mechanisms that invite input from all faculty on the curriculum, draft policies, and actions of the CPC.
- (i) Promoting innovations and individualized learning pathways for students.
- (j) Developing, monitoring, and disseminating information on professional attributes that students are expected to develop at UMMS.
- (k) Maintaining compliance with all relevant LCME standards.

## **IX. CONFLICTS OF INTEREST**

### **Decision-Making Bodies, such as committees:**

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, a significant teaching, mentoring, or assessment responsibilities, significant social relationship or familial connection, therapeutic relationship, or 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.

### **Assessment of Student Performance in Courses and Clerkships:**

Conflicts of interest, such as when a faculty member has a personal relationship or is a healthcare provider of a student, can arise in the classroom and clinical setting during the assessment of students. Faculty are responsible to self-identify a potential conflict. There may be exceptional circumstances and, if so, they must be managed through the course or clerkship director. Faculty/Residents must contact the course or clerkship director for all conflicts of interests.



- iii. A student who has lost good standing will be notified by the Competency Committee and may be placed on Administrative Leave of Absence. The student will return to good standing upon completion of the required remediation.

## B. 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 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. Where applicable, students may complete the Branches rotation they are currently on prior to beginning the USMLE Leave. Students who do not pass the USMLE Step 2 (both the Clinical Knowledge and Clinical Skills components—hereafter referred together as Step 2) examinations may be 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. In either case, all students 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.

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

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.

C. 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.

D. 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 CO-CURRICULAR ELECTIVES**

Co-curricular elective experiences include Paths of Excellence (in all phases) 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 holistic review of a student's overall academic record, competency progression, 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 reported for information to the relevant Competency Committee and documented in the student's docket.

## **V. WITHDRAWAL FROM REGISTRATION**

- A. Withdrawal is 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.

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

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### **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 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 in 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 Inter-professionalism, 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 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 and 31 competencies.
- 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 utilizing holistic review processes. At the time of review, the Competency Committees may take action up to, but not including, 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 Inter-professionalism, 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 perform holistic review, 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 (such as if a student does not achieve the minimum passing score);
  - c. achieve expected competency level as determined by the relevant Competency Committee; and
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. 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. Students who do not pass USMLE Step 1 are mandated to retake the exam within 6 months. Additionally, students whose USMLE score is pending following a retake must receive approval from Competency Committee to register for any external rotations.
  - b. Pass all of the Clinical Trunk courses.
  - c. Intention to take the Comprehensive Clinical Assessment (CCA) when first offered. 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 students to enroll in Branch courses without explicit promotion to the 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 and satisfactory demonstration of competence in the associated competencies.
  - iv. Fail (F) indicates unsatisfactory performance.
- b. Satisfactory/Fail
  - i. Satisfactory (S) indicates satisfactory mastery of course requirements and satisfactory demonstration of competency in the associated competencies 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 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 (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 Due to Assessment Failure (I/A) indicates that a student has not achieved satisfactory completion of course requirements because of not meeting (an) assessment cutpoint(s). I/A is an internal designation within the Medical School and will be recorded as an I on the official transcript.
  - iii. A grade of Incomplete (I) indicates a student has not achieved satisfactory completion of course requirements including satisfactory achievement of competencies. Specific delineation of this policy can be found in the course syllabus. This grade 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 Failure (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 12 months of notification of 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 12-month deadline is not met. Time does not accumulate against the 12-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. The standards for passing a course (in all phases) will be delineated in the course syllabus, including grading components that may contribute to an Incomplete Due to Assessment Failure (I/A) or Fail (F) as opposed to an Incomplete (I). In the Scientific Trunk grades are assigned by the Course Director with assistance from the organ system faculty leads and the Evaluation and Assessment unit. In the Clinical Trunk and Branches grades are assigned by the Course, Clerkship, or Elective Director. I and I/A grades that are successfully remediated will be replaced with the appropriate grade. If a student fails the remediation, the grade will be replaced with a Fail (F) grade.
  - ix. An Incomplete Due to Assessment Failure (I/A) may be assigned for below competency threshold performance on other assessments such as a clinical competency examination (e.g. the Clinical Competency Assessment) and replaced with remediation as described above.
- 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) appears on the transcript and 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 through another mechanism. 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 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 (applicable for all classes regardless of matriculation year)**

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 an overall CCA failure (F)
  - c. Failure of any USMLE Examination: Step 1, Step 2 CK and CS. 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 Committee's 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 or 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 directors.
2. The location for remediation of clinical courses will be determined by the relevant Competency Committee in consultation with the course directors.
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 the student needs to communicate their intention to grieve the grade*

*formally to the Scientific Trunk Directors:*

- 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 a 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 or clerkship director within one month of the posting of that grade.

*If the concern is not resolved the student needs to communicate their intention to grieve the grade formally to the relevant phase director (Clinical Trunk or Branches Director):*

- 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 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.

## **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 Withdraw (W) grade for that course, whichever is appropriate.
- b. There is no tuition refund for block 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 Withdraw (W) grade for that course, whichever is appropriate.

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

### 1. Trunk:

- a. It is expected that all students will complete Trunk course work within nine terms of the first day of registration in Medical School.
- b. Appeals for additional terms 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 in registration in the MD program will be automatically 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 eight terms 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 in registration in the MD program will be automatically 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. For examinations designated to be taken “on-site”, 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. For “on-site” examinations, 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 final approval of the Assistant Dean

for Assessment, Evaluation and Quality Improvement and Assistant Dean for Curriculum.

- ii. For examinations designated to be taken “off-site”, students may take examinations remotely on a personal computer. Remote proctoring may be required at the discretion of the Assistant Dean for Assessment, Evaluation and Quality Improvement and Assistant Dean for Curriculum.
- iii. 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.
- iv. 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; the only exception is use of notes/resources IF the exam administered is designated an open-book 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).
- v. 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.
- vi. 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.
- vii. 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).
- viii. Responses submitted after the official end of an exam will not be scored.
- ix. Audits will 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.

## 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 departments.

### 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 (USMLE): 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. In rare circumstances a student can extend with pre-approval by the relevant Competency Committee. Failure to complete Step 1 within one month of the completion of the Step 1 study period will result in discussion at the relevant Competency Committee.
2. 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.
3. 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. Rare 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 Development Report.
3. Students are required to take the USMLE Step 2 examinations (both CK and CS) before October 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 October 1 without appropriate approval (see below). **(applicable for all classes matriculating in 2017 and later)**
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 October 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 Development Report.
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 coursework 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 but does not meet the criteria for an Incomplete Due to Assessment Failure (I/A), the grade for the CCA will be withheld. The student will be required to complete and pass 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 Development Report, 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 the student needs to communicate their intention to grieve the grade formally to the Branches Director.*



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 student 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 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, assessment responsibilities, or interpersonal conflicts of interest 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. approval to allow exceptions for students not meeting eligibility for acceptance to or continuation in Scientific Trunk electives and/or Paths of Excellence where appropriate;
  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 and reports to 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 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.
    - b. In the event of extraordinary circumstances wherein students cannot meet graduation requirements due to circumstances beyond their control, students will be referred to BCC and the relevant Competency Committee for holistic review to determine if they have met the educational program objectives (i.e., competencies), and for identification of remediation strategies for those who have not.
  - 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 Committee's 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**

1. 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.
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. The student will receive all information that is made available to 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 Committee's 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.

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**PROFESSIONAL CONDUCT**  
 .....

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. Professionalism Commendation notes will be reported to the relevant Competency Committee.

### B. Professionalism Development Report

1. **Purpose:** The purpose of the Professionalism Development Report (PDR) is to document concerns about professional behavior by medical students.
2. **Types:** PDRs will be separated into two categories based on the nature of the concern.

- a. Type 1: Serious deficiencies in professional behavior by medical students. These include (but are not limited to):
    - i. Breach of confidentiality/EHR
    - ii. Discrimination, sexual harassment, disrespectful or insensitive behavior
    - iii. Lack of honesty, deception, misrepresentation
    - iv. Persistent patterns of inappropriate responses and behaviors that do not respond to feedback and/or coaching
    - v. Accumulation of more than two Type 2 PDRs
  - b. Type 2: Substandard professional behavior by medical students that does not reach a level of seriousness exemplified by Type 1 behavior. These include (but are not limited to):
    - i. Inappropriate response to feedback or criticism
    - ii. Irresponsible behavior e.g. absence(s), tardiness, failure to complete assignments
    - iii. Excessive use of deferrals, as determined by the Deferral Review Committee
3. 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. A Type 1 PDR may result in a report of substandard professionalism in a student's formal academic evaluation and/or Medical Student Performance Evaluation (MSPE).
4. Procedures:
- a. Submission. A PDR can be filed by a faculty member, other individual, or assessment entity (e.g. Competency Committee or Branches Competency Committee) who recognizes substandard professional behavior by a medical student. PDRs may be filed electronically via AMADEUS: <https://www.umms.med.umich.edu/amadeus/>. Only if the person filing the PDR does not have access to the AMADEUS system, may they submit their concern via direct email communication to the Assistant Dean for Student Services. The person or entity filing the PDR describes the behavior concern so that the Assistant Dean for Student Services can designate the PDR as Type 1 or Type 2. Concerns raised by a medical student about the professionalism of another medical student are handled through the Honor Code/Honor Council process.
  - b. Evaluation: All PDRs are reviewed by the Assistant Dean for Student Services, who designates the PDR as Type 1 or Type 2.
    - i. The Assistant Dean for Student Services sends the PDR to the appropriate course director or faculty supervisor (if relevant) and the House Counselor for review and relevant input. The Assistant Dean for Student Services will directly notify the person or entity filing the PDR that it was received.
    - ii. The Assistant Dean for Student Services will generate a written explanation of why the PDR is designated as Type 1 or Type 2 and decide upon the need for further action, which will include a face-to-face discussion and/or other form of communication with the student about the filed PDR.

- iii. The Assistant Dean for Student Services will provide the relevant Competency Committee with a copy of the PDR and the written explanation of why the PDR is designated as Type 1 or Type 2.
  - iv. The Competency Committee will review each PDR (including the initial action), approve recommendations for remediation, and may mandate additional remediation steps. For Type 1 PDRs Competency Committee discussion will also include whether the PDR 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.
  - v. Appeals for the inclusion of PDRs in the MSPE and notification to the Program Director can be made to the Competency Committee which did not vote to include the PDR 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 PDR and the written explanation of why the PDR is designated as Type 1 or Type 2.
  - d. Remediation: A plan for addressing the behavior, need for further counseling, remediation, and/or other formal action will be initiated by the Assistant Dean for Student Services based on the Type 1 or Type 2 designation and subsequently presented to the relevant Competency Committee for further refinement, modification, and approval. House Counselors are always available to meet with students as their advocate, if requested.
    - i. For Branches students, the relevant Competency Committee reviews PDRs filed for Branches students, with transparent communication between CC, BCC, student and Branch Advisor, and approves remediation plans.
    - ii. The Branches Competency Committee oversees creation of a Branches schedule that facilitates implementation of the remediation plan developed by CC and/or Dean's Office.
  - e. Recording: After reviewing the PDR, the Assistant Dean for Student Services will forward it to their assistant who will electronically record the information in a confidential, restricted database.
  - f. Annually, the Assistant Dean for Student Services will present a summary report of the PDRs and Commendations from the previous academic year, including the nature of the issues and the students involved, to both Competency Committees.

### 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

A student's reduced ability to perform duties while acting in the scope of their education or professional responsibilities poses grave risks to a patient's health. Unlawful use of drugs or alcohol and/or abuse of drugs or alcohol reflect on a student's ability to perform requisite tasks at UMMS and negatively affect academic performance, interpersonal and professional relationships. Substance Abuse may lead to disciplinary action, up to and including rescinding of an offer of admissions, interruption in enrollment in the educational program, and/or dismissal from UMMS.

Because the medical profession requires unimpaired capacity, this policy sets forth the expectations of all UMSS Students with regard to Substance Abuse and describes the process that may follow behavior that does not align with the expectations under this policy.

#### A. Definitions

1. Competency Committee -- The Competency Committees are comprised of voting members of the faculty and administrative nonvoting members. The Assistant Dean for Assessment, Evaluation and Quality Improvement is the nonvoting Chair of the committees. The Competency Committees are responsible for assessing a medical student's progress across all medical school competencies. The Competency Committee membership is provided in the UMMS Bulletin *Procedures Related to Registration Status and Assessment*. Committee composition is subject to change.
2. 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. Committee composition is subject to change.
3. UMMS Student – A candidate for the M.D. degree at the University of Michigan Medical School.
  4. Impairment - The reduced ability of an individual to perform duties while acting in the scope of their educational or professional responsibilities as outlined in the *UMMS Technical Standards*. Diminished capacity may result from physical illness, mental illness, cognitive impairment, alcohol and drug use disorders, or other conditions causing impairment.
  5. Leave of Absence – Leaves of Absence are temporary interruptions in registration and are outlined in the UMMS Bulletin section on *Registration Status*.
  6. 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). For purposes of this policy, the term Substance Abuse also includes the unlawful use of drugs or alcohol.

#### B. Student Identification for Review and Treatment

UMMS believes in a culture of recovery and rehabilitation and encourages those with substance abuse problems to seek assistance. There are four pathways for identifying a student for review and treatment:

1. Self-Report - Any student who believes they are impaired is 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](#); [University of Michigan Addiction Treatment Services](#)). If a student self-reports, and does not participate in a health and wellness service, the processes for a Hearing as described below will be followed.
2. Suspicion or Concern Reported from Any Source - Any party may submit a concern of Substance Abuse in relation to any UMMS Student to the Assistant Dean for Student Services. In the event this occurs, the impacted student will be provided written notice by the relevant Competency Committee of the allegations submitted.
3. For-Cause Drug Testing Positive Test (aligned with [UMHS Drug Free Workplace Policy 04-06-036](#)) – Medical students, while learning and working in the Health System, may be subject to for-cause testing for “reasonable suspicion.” Reasonable Suspicion is a justifiable suspicion which is sufficient to a reasonable person to suggest that the student has used alcohol or drugs on duty, is impaired, is under the influence of drugs or alcohol, has the odor of alcohol (regardless of behavior) or is in the possession of or has diverted substances intended for use by patients. The For-Cause Drug Testing (see Exhibit A in [Michigan Medicine For-Cause Drug Testing Procedures, 04-06-037](#)) will be followed in this case.
4. Mandatory Drug Screening Positive Test (aligned with [UMHS Drug Free Workplace Policy 04-06-036](#)) - all persons accepted for admission to the University of Michigan Medical School must have a negative drug test prior to matriculation. Positive tests will require deferral from matriculation for 1 year, subsequent negative testing prior to matriculation, and may include rescindment of offer of admission.

- C. Identification of a student through any of the four pathways described in III.B. will result in a Hearing, in addition to any applicable procedures as defined by the Health System. Two types of Hearings are possible to determine a course of action (see Hearing Type A and Hearing Type B below). Both types of hearings are conducted by a Hearing Committee, which is a subcommittee of the Competency Committee. A Hearing Committee is convened after initial review by the relevant Competency Committee.

After its initial review, the Competency Committee will then provide written notification to the student of their recommendation for further review by a Hearing Committee. The Hearing Committee will be chaired by the Associate Dean for Medical Student Education (or designee). The members of the Hearing Committee are comprised of: four voting members of the Competency Committee, or three members of the Competency Committee and Director of the Standardized Patient Program or Director of the Comprehensive Clinical Assessment (depending on the case); and one Honor Council student representative.

The student will be given the opportunity to appear, be heard and defend themselves before the Hearing Committee. The student may ask the Assistant Dean for Student Services to appear on their behalf.

The above process of initial review, notification, and convening of the Hearing Committee, will be followed regardless if Hearing Type A or B is required. The below describes additional possible processes and protocol for the two hearing tracks (Type A or Type B) that may follow.

For student who do not admit to substance abuse, the following process will be implemented:

1. *Hearing Type A*: If evidence or an allegation of Substance Abuse or Impairment due to Substance Abuse is brought forward and the student denies it, the Hearing Committee may conduct a hearing to evaluate evidence and testimony and to establish the facts. Once the facts have been established, the Hearing Committee must then make a recommendation to the Executive Committee.
  - a. 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.

For student who do admit to substance abuse, the following process will be implemented:

2. *Hearing Type B*: 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.
  - a. 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.
3. Appeal Process for Hearing Types A and B:

The student may appeal the dismissal, penalties, and/or sanctions to the Executive Committee. The student must inform the Associate Dean of Medical Education (or

designee) within five working days of receipt of the Hearing Committee's recommendation to Executive Committee if they wish to appeal.

- a. The student will be given the opportunity to appear, be heard and defend themselves before the Executive Committee. The student may ask the Assistant Dean for Student Services to present as well. A personal advisor, who is not permitted to address the Committee directly, may accompany the student. The student's presentation, including a personal statement, new information, and responses to questions, is generally limited to a total of 20 minutes.
- b. The Executive Committee may also invite others to appear to present information relevant to the appeal.
- c. The decision of the Executive Committee is final.

#### D. Information Regarding Hearing Committee Process

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, as they pertain to the issues of substance abuse;
5. letters of reference from professionals involved in the recovery or treatment 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. Sanctions

Upon the Executive Committee's finding of Substance Abuse, one or more of the following sanctions may be determined appropriate: formal reprimand, restitution, educational projects, service, removal from specific courses or activities, removal from clinical activities, suspension, and/or dismissal.

#### F. Conditions for a Return to Registration

Students who have taken a Leave of Absence or who have otherwise been not registered or un-enrolled in courses at UMSS due to a finding of Substance Abuse, and who have petitioned and are permitted to return to registration may have certain stipulations placed on their return and on their continued enrollment. These may 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, at the student's expense.

The Assistant Dean for Student Services will oversee ongoing treatment and monitoring through a local provider.

#### G. 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 subject to dismissal from the Medical School.
2. A statement of the student's failure to meet UMMS program requirements due to a substance abuse problem may be included in the student's permanent file and may be shared with residency programs to which the student applied to or matched to.
3. In cases where the Medical School enters into an agreement with a student, the Associate Dean for Medical Student Education will appoint the Assistant Dean for Student Services as designee. The designee 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.

A student's behavior may not only violate this Policy but it may also run afoul of the expectations of the Statement of Student Rights and Responsibilities. Students will not face duplicative processes when filing or responding to a complaint alleging behavior that conflicts with the community's values. Matters will be reviewed based on the criteria and referred accordingly, to be heard either locally under this Policy process by UMMS or centrally under the *Statement of Student Rights and Responsibilities* process and therefore referred to OSCR.

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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 Capstone for Impact, 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.

## **II. GRADUATION WITH DISTINCTION**

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

## **III. 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 (when not taking a designated open book exam);
  - 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 will 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.

#### 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 and modify 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.

Signature

Printed Name

Date

#### V. SPG Reference – N/A

**University of Michigan Medical School  
2019-2020 Competencies**

<b>Patient Care Domain:</b> Students will provide patient-centered care that is compassionate, culturally competent, appropriate, and effective for the treatment of health problems and the promotion of health.
<b>PC-hp.</b> Gather, organize, interpret patient information about patients and their conditions through <u>history</u> taking, <u>physical</u> examination, and other methods of information gathering
<b>PC-cr.</b> Use <u>clinical reasoning</u> , formulate appropriate differential diagnoses, make informed decision about diagnostic and therapeutic interventions based on patient information and preferences, data from the history, physical, laboratory findings, imaging, other diagnostic tests, and current scientific evidence
<b>PC-ce.</b> <u>Counsel</u> and <u>educate</u> patients and their families to empower them to participate in their care and enable shared decision-making to promote health
<b>PC-mp.</b> Develop and carry out <u>management plans</u> in collaboration with patients, families, and healthcare team
<b>PC-ps.</b> Perform <u>procedural skills</u> considered essential for patient care
<b>Medical Knowledge Domain:</b> Students will demonstrate a strong foundation in the biomedical sciences, socio-behavioral sciences, and clinical medicine, and will apply this knowledge to individuals, community, and society.
<b>MK-bs.</b> Understand and apply knowledge of <u>biomedical</u> and <u>socio-behavioral</u> sciences, clinical medicine, and the social determinants of health and disease
<b>MK-dm.</b> Apply established and emerging principals in diagnostic and therapeutic <u>decision making</u> , clinical problem solving and other aspects of evidence-based health care
<b>MK-sm.</b> Demonstrate knowledge and application of the <u>sciences</u> essential for the practice of <u>medicine</u>
<b>Communication Domain:</b> Students will demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
<b>C-pf.</b> Communicate effectively with <u>patients</u> , <u>families</u> , and the public across a broad range of socioeconomic and cultural backgrounds
<b>C-ch.</b> Communicate effectively with <u>colleagues</u> , other <u>health professionals</u> and health-related agencies, including the transitions of care
<b>C-mr.</b> <u>Maintain</u> complete, timely and accurate medical <u>record</u> to contribute to effective patient care
<b>C-dc.</b> Demonstrate sensitivity, honesty, and compassion in <u>difficult conversations</u> including those about death, end of life, adverse events, bad news, disclosure of errors, and other sensitive topics
<b>C-ic.</b> Demonstrate insight and understanding about their own and others' perspectives to facilitate interpersonal interactions to effectively manage <u>interpersonal conflict</u>
<b>Professionalism Domain:</b> Students will demonstrate and maintain the professional attributes of compassion, altruism, respect, integrity, and commitment to addressing the needs of a diverse and changing society. Students and graduates will seek excellence in professional endeavors.
<b>PR-ra.</b> Demonstrate <u>responsibility</u> and <u>accountability</u> to patients, society, and the profession

<b>PR-cd.</b> Demonstrate <u>compassion</u> , integrity, respect, sensitivity, and responsiveness to <u>diverse</u> populations
<b>PR-pv.</b> Demonstrate awareness of the <u>patient vulnerability</u> and the inherent power differentials in organizational and interpersonal relationships and respect the boundaries that define therapeutic relationships
<b>PR-ci.</b> Navigate ethical dilemmas in medical care, including <u>conflict of interest</u> and competing priorities, in ways that maintain the primacy of patient interests
<b>PR-sr.</b> Participate as an important part of the healthcare team and <u>share responsibility</u> for patient care
<b>Leadership, Teamwork and Inter-professionalism Domain:</b> Students will demonstrate the ability to engage in an inter-professional team in a manner that optimizes safe, effective patient- and population-centered care, while learning leadership skills to positively influence the world of medicine.
<b>LTI-lm.</b> Demonstrate an understanding of how productive teams can be built, <u>led</u> and <u>managed</u>
<b>LTI-or.</b> Demonstrate the ability to manage one's <u>own</u> and <u>others roles</u> on teams
<b>LTI-ic.</b> Demonstrate the ability to work effectively on <u>interprofessional</u> teams to <u>coordinate</u> care
<b>Systems-Based Practice Domain:</b> Students will demonstrate an awareness of and responsiveness to the larger context and system of health care as well as the ability to call effectively on other resources in the system to provide optimal health care.
<b>SBP-os.</b> Demonstrate the ability to recognize the basic <u>organization</u> of healthcare <u>systems</u> , including the various relationships between patients, providers, and institutions
<b>SBP-ws.</b> <u>Work</u> effectively in various health care delivery settings and <u>systems</u>
<b>Practice Based Learning and Improvement:</b> Students will demonstrate the ability to investigate and evaluate one's performance including the ability to appraise and assimilate scientific evidence and to continuously improve in areas including patient care based on constant self-evaluation and lifelong learning.
<b>PBLI-ce.</b> <u>Critically evaluates</u> self and peers and provide constructive feedback
<b>PBLI-sl.</b> Engage in <u>self-directed learning</u> , reflective practice, guided self-assessment, and demonstrate receptivity to feedback
<b>PBLI-ca.</b> Locate, <u>critically appraise</u> , apply evidence, and weigh the uncertainty to guide decision making to achieve optimal patient outcomes
<b>PBLI-et.</b> Demonstrate the ability to utilize current and adapt to emerging technology
<b>PBLI-dp.</b> Demonstrate how <u>data</u> illustrating current <u>performance</u> at the individual, team, and systems levels is used to make improvements
<b>Critical Thinking and Discovery:</b> Students will demonstrate curiosity, awareness of gaps in current knowledge, and participate actively in problem solving and the discovery of knowledge.
<b>CTD-ct.</b> Apply <u>creative/critical thinking</u> to develop new information and solutions
<b>CTD-ck.</b> Contribute to the <u>creation</u> , dissemination, application, and translation of health care <u>knowledge</u> or practice
<b>CTD-ps.</b> Apply problem assessment and <u>problem-solving</u> skills

## **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 unless otherwise directed. 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](#)

## **Infectious/Communicable Disease Policy and Procedures for University of Michigan Medical School Educational Programs**

Infectious/communicable diseases are common and may be a threat to students. During the performance of required clinical activities, students act as healthcare workers (HCWs) and are at risk for contracting and transmitting infectious diseases because of patient contact. The outlined health and immunization requirements protect both the well-being of the students and that of their patients. The immunization and health screening requirements for the program are based on the minimum current recommendations for HCWs by the Centers for Disease Control and Prevention (CDC), as well as by Michigan Medicine affiliated hospitals and clinics.

During the performance of required clinical activities, students may have contact with patients with various infections such as blood borne transmitted disease (e.g., Hepatitis B [HBV], Hepatitis C [HCV], Human immuno-deficiency virus [HIV]), airborne transmitted disease (e.g., tuberculosis [TB], measles, varicella), droplet transmitted disease (e.g., influenza, pertussis, mumps, SARS, MERS, SARS-CoV-2) and contact transmitted disease (e.g., methicillin-resistant *Staphylococcus aureus*). This contact may expose the student to infectious agents, and may result in the student transmitting an infectious disease to other students, faculty, patients, and/or family members. During pregnancy, the fetus may also be at risk depending on the infection (e.g., Varicella). To help protect the health and safety of its students, as well as that of patients, the Medical School requires students to adhere to, and provide documentation of:

- Initial and ongoing infectious disease screening and pre-exposure prophylactic immunization against specified infectious/communicable diseases,
- Training and education regarding environmental hazards and infectious exposures, and
- Post-exposure prophylactic follow-up/treatment following exposure to specified infectious diseases such as HBV, HIV, and tuberculosis, as necessary.

And, as novel infectious communicable agents appear, Michigan Medicine will develop appropriate procedures and protocols for healthcare workers; our medical students will follow these procedures and protocols in kind.

## **Immunization and Health Screening Requirements for University of Michigan Medical School Educational Programs**

### Procedures

- Specified immunizations and health screenings are required for all students unless medically contraindicated (health care provider documentation must be provided and based on CDC contraindication guidelines).
- Additional immunization and/or health screening requirements beyond those mandated by the program may be required by international and domestic away rotation clinical sites. If so, the clinical site will make students aware of additional requirements and will need to ensure compliance at their own cost, as necessary.
- Immunization and health screening requirements will be reviewed annually by the program to ensure they meet the most recent CDC recommendations and affiliate policies. Students will be notified of changes to the immunization policy and given direction on how to complete any additional requirements, as necessary.
- Students must provide proof of certain immunizations and health screenings prior to matriculation and clinical placement. Students are required to use the Student Health Immunization Form and required attachments to confirm initial compliance with the immunization and health screening requirements. A qualified health care provider (physician, physician assistant, or nurse practitioner) who is not related to the student must sign the form. After initial compliance is confirmed, laboratory results and other documents may be used to prove compliance of subsequent screenings and immunizations.
- If a student cannot meet the requirements, the student may be prevented from fulfilling the mandatory requirements for graduation if it prevents a student from rotating at Michigan Medicine and affiliated hospitals or clinics.

Students must provide proof of screening, vaccination, and/or immunity for the specified immunizations and health screenings outlined on the Medical Student Gateway (<https://medstudents.medicine.umich.edu/student-health-resources#immunization>).

After matriculation, students may obtain these vaccines, tests, and exams through the Michigan Medicine Occupational Health Services office or a health care provider of their choice. Students will be responsible for the costs of any vaccines, tests, and exams.

## **Body Substance Exposure Procedures for University of Michigan Medical School Educational Programs**

Michigan Medicine holds itself to the highest standard of patient care and safety. However, body substance exposure may occur. To reduce the possibility of a body substance exposure, students should protect themselves by wearing the appropriate personal protective equipment. In the case of exposure, students should immediately report using the contact information on their green exposure sticker and on the Michigan Medicine [health and wellness website](#).

The following procedure should be used to initiate contact with University of Michigan Occupational Health Services (U-M OHS) and for drawing blood. U-M OHS will provide evaluation, treatment and follow-up [Body substance exposure reporting process](#).

### Procedure

1. Exposed student pages U-M OHS immediately at [pager #5356](#) (call 734-936-6266, pager #5356, if you don't have access to the paging website) to report exposure and provide information. After U-M OHS hours, this beeper will be forwarded to the appropriate staff in the Emergency Department (ED). The ED will order blood on the source patient so the risk assessment is not delayed and will complete an initial assessment for HIV risk in order to determine whether post-exposure prophylaxis for HIV is indicated.
2. Prior to patient's departure, draw blood for rapid HIV and Hepatitis B antigen (HBA) and Hepatitis C antibody (AHCV). Blood should be drawn as one full Corvac tube. Complete source (patient) blood [requisition](#) with date, name of source and registration number, etc. Call U-M OHS at (734) 764-8021 if you need to obtain lab requisitions for your site.
3. U-M Occupational Health Services will guide the exposed student on what labs they need to have drawn. Lab work is indicated on a [Ligand Assay requisition](#). Call U-M OHS at (734) 764-8021 if you need to obtain lab requisitions for your site. The student should be given HIV information to read. [Instructions for blood draws](#) and follow up will be given to the student when he/she telephones U-M OHS.
4. Send blood via U of M Hospital courier to U-M OHS for processing.
5. Any necessary treatment may be given at site (via instructions from U-M OHS) or at the U-M Occupational Health Services, depending on exposed student/supervisor preference.
  - a. For U-M students with a body substance exposure at a non-Michigan Medicine site, host site will initiate emergent treatment at host facility or nearby emergency department. Students should also page #5356 to inform OHS and arrange for follow-up care.
6. The source patient's treating physician is responsible for informing the patient of the results of the HIV and Hepatitis studies.
7. U-M Occupational Health Services is open Monday - Friday, 7:00 am - 4:30 pm; OHS is closed the 3rd Wednesday of each month from 12 – 1 p.m.
8. The financial responsibility for managing body substance exposure will not be borne by the student.

## References

[University of Michigan Health and Wellness Website](#)

[University of Michigan Body Substance Exposure Reporting Process](#)

## 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 contact the Registrar's Office, 6100 Taubman Health Sciences Library for this purpose. All records must be examined in the presence of a member of the Dean's staff, either in person or remotely. In accordance with the Family Education Rights and Privacy Act (FERPA), no materials are removed from the record before examination except the following exempt material or matter:

- Financial information submitted by the student's parents (kept in the Financial Aid Office located in 5100 Taubman Health Sciences Library);
- 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.
- Student records pre-dating the enactment of FERPA were kept in accordance with standards at that time and will be managed using current standards if requested by a student.

Students may obtain copies of or view remotely 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. Faculty who interact with students in an official Medical School capacity, following FERPA training and attestation, can access types of student data according to their role. 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 Docket 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 other faculty (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
- Medical Student Performance Evaluation (MSPE, or Dean's Letter)

**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
- Faculty with expressed written permission by the student (advisors must review the student files in the Registrar's Office, 6100 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 WebNow system.

- 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 secure, limited access WebNow 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.

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 password protected folder on the MSA secured server for three years.

**Request To View Docket (E)**

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

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

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

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