



University of Michigan Medical School

UMMS Bulletin of Policies and Procedures

(click policy title to jump to that document)

Learning Environment Policies

- I. [Learning Environment Statement](#) pgs. 3-4
- II. [Medical Student Clinical and Education Activity Policy](#) pgs. 5-6
- III. [Medical Student Mistreatment Policy](#) pgs. 7-10

Educational Standards, Grading, and Promotion Policies

- IV. [Policies and Procedures for Registration, Assessment and Grading, Records, Advancement, and Graduation](#) pgs. 11-57
 - a. [Professionalism Standards for Students](#) pgs. 43-45
- V. [Honor Code](#) pgs. 58-62
- VI. [Technical Standards](#) pgs. 63-65
- VII. [UMMS Competencies](#) pgs. 66-67

Institutional Policies

- VIII. [Severe Weather and Disaster Guidelines](#) pgs. 68-69
- IX. [Infectious/Communicable Disease Policy and Procedures](#) pg. 70
- X. [Immunization and Health Screening Requirements](#) pg. 71
- XI. [Body Substance Exposure Procedures](#) pgs. 72-73
- XII. [International Travel Policy](#) pg. 74
- XIII. [Social Media Policy](#) pgs. 75-81
- XIV. [Student Educational Record Protocol](#) pgs. 82-84

UMMS Bulletin Approval and Revision History

Action	Committee/Body	Date
Original Approval	UMMS Curriculum Policy Committee	June 23, 2017
Original Approval	UMMS Executive Committee	July 13, 2017
Approval	UMMS Curriculum Policy Committee	July 20, 2018
Approval	UMMS Executive Committee	August 24, 2018
Approval	UMMS Curriculum Policy Committee	January 18, 2019
Approval	UMMS Executive Committee	February 1, 2019
Approval	UMMS Curriculum Policy Committee	June 21, 2019
Approval	UMMS Executive Committee	July 25, 2019
Approval	UMMS Curriculum Policy Committee	December 20, 2019
Approval	UMMS Executive Committee	January 16, 2020
Approval	UMMS Curriculum Policy Committee	March 20, 2020
Approval	UMMS Executive Committee	March 26, 2020
Approval	UMMS Curriculum Policy Committee	April 17, 2020
Approval	UMMS Curriculum Policy Committee	May 15, 2020
Approval	UMMS Executive Committee	May 21, 2020
Approval	UMMS Curriculum Policy Committee	July 17, 2020
Approval	UMMS Executive Committee	July 30, 2020
Approval	UMMS Curriculum Policy Committee	July 16, 2021
Approval	UMMS Executive Committee	July 22, 2021
Approval	UMMS Curriculum Policy Committee	July 8, 2022
Approval	UMMS Executive Committee	July 21, 2022

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, and 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 identity, race, age, disability, national origin, religion, sex, 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 providing a supportive educational environment. This policy is to clarify the requirements and protection of medical students regarding the hours they are required to work during their Clinical Trunk and Branches clinical experiences at University of Michigan Health 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, documentation in the electronic health record (EHR), 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 duration of the rotation, inclusive of all in-house clinical and educational activities as defined above.
- B. Students are required to have one 24-hour period off in seven, averaged over the duration 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 working 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 a student is compelled to work beyond the allowable limits of this policy during a clinical experience and makes a report to a clinical supervisor, the supervisor is mandated to relieve students from duties to stay within allowable limits, mirroring the process for GME trainees.
- C. 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, confidentially, 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 unethical¹ 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.
- Excluding students from reasonable learning opportunities without due cause.
- Assigning students 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, resident, or staff member 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 Prohibitions Regarding Sexual, Romantic, Amorous, and/or Dating Relationships Between Teachers and Learners Policy .
- Engaging in sexually or gender-based harassing behavior as defined in [SPG 201.89](#)

University confidential and non-confidential reporting resources:
<https://sexualmisconduct.umich.edu/reporting-process/>

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. Students and/or bystanders may make an official report using one of the mechanisms described below.

1. **DISCUSS** it with their 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/>, requesting a formal review.

2. **FILE A REPORT** (utilizing one of three options below)ⁱⁱ:
 - 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, when the clerkship is complete, etc.).
<https://sites.google.com/a/umich.edu/umms-letf/home/report-here>
 - c. File an anonymous report on the University of Michigan Compliance hotline at (866) 990-0111 (<https://compliance.umich.edu/report-a-concern/>) 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.

- d. File a report with the University of Michigan's Equity, Civil Rights and Title IX Office. Concerns or allegations of discrimination and harassment, including sexual misconduct, should be reported to this Office and may be made online at (<https://oie.umich.edu/discrimination-and-harassment-resolution-process/discrimination-discriminatory-harassment-and-sexual-misconduct-reporting-form/>)
1388,

D. Responding to Concerns of Mistreatment

Every effort is made to respond to concerns of mistreatment in a responsible and respectful manner.

For those concerns managed by UMMS, the Senior Associate Dean for Education and Global Initiatives and the Assistant Dean for Student Services will be provided with written notice of reported instances of unprofessional behavior. The Senior Associate Dean for Education and Global Initiatives will conduct an initial inquiry into the circumstances, and the Assistant Dean for Student Services will liaise with the Learning Environment Task Force. Consistent with the [Michigan Medicine Policy 04-06-047 Disruptive or Inappropriate Behavior by Michigan Medicine 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 students, the Curriculum Policy Committee, and the Medical School Executive Committee at least quarterly.

IV. Non-Retaliation

The University is committed to ensuring that its learning and working environments are free from all forms of discrimination and harassment and strictly prohibits reprisals or retaliation against persons who filed internal complaints. See more [here](https://oie.umich.edu/campus-commitment/retaliation/):
<https://oie.umich.edu/campus-commitment/retaliation/>

V. Reference

[Michigan Medicine Policy 04-06-047 Disruptive or Inappropriate Behavior by Michigan Medicine Personnel](#)

[Michigan Medicine Policy 01-04-001 Michigan Medicine Corporate Compliance Program Policy](#)

ⁱ 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>

ⁱⁱ 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>

**University of Michigan Medical School
Policies and Procedures for Registration, Assessment and Grading,
Records, Advancement, and Graduation**

Table of Contents

PREAMBLE

ADMINISTRATIVE STRUCTURE

POLICIES AND PROCEDURES FOR REGISTRATION OF STUDENTS

[REGISTRATION STATUS](#)

[Good Standing](#)

[Leaves of Absence](#)

[Suspension](#)

[Dismissal](#)

[CLINICAL REFRESHER PROGRAM](#)

[ELIGIBILITY FOR REGISTRATION AND PARTICIPATION IN CO-CURRICULAR ELECTIVES](#)

[CLINICAL DEFERRALS](#)

[WITHDRAWAL FROM REGISTRATION](#)

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

[ACADEMIC PERFORMANCE](#)

[SUMMARY OF ASSESSMENT OF STUDENT PERFORMANCE](#)

[DETAILED DESCRIPTION OF ACADEMIC PERFORMANCE](#)

[Competency Assessment](#)

[Grading](#)

[Academic Warning](#)

[Remediation of Course Work](#)

[Grade Grievance](#)

[Withdrawal from Course Work](#)

[Completion of Course Work](#)

[PROCEDURES RELATED TO ACADEMIC ASSESSMENT](#)

[Procedures for Assessment in Scientific Trunk Phase](#)

[Administration](#)

[Quiz and Exam and Required Experience Deferral](#)

[Procedures for Assessment in Clinical Phase](#)

[Administration](#)

[Examination Deferrals](#)

[UNITED STATES MEDICAL LICENSURE EXAMINATION \(USMLE\): STEP 1, STEP 2 CK, AND
COMPREHENSIVE BASIC SCIENCE EXAMINATION \(CBSE\)](#)

PREAMBLE

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

Students 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.

ADMINISTRATIVE STRUCTURE

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, the Executive Vice Dean for Academic Affairs, the Executive Vice Dean for Research, 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 of dismissal action from Competency Committee and actions such as approval of the graduation list.

VII. COMPETENCY COMMITTEES

The Competency Committees are comprised of voting members of the faculty and administrative non-voting members which include Honor Council student representatives, deans, and relevant staff within the Office of Medical Student Education. 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 reports to Competency Committees-Even and Odd. The Competency Committees are responsible for assessing a medical student's progress including both cognitive and non-cognitive competencies. 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, significant teaching, mentoring, or assessment responsibilities, a 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.

.....
POLICIES AND PROCEDURES FOR REGISTRATION OF STUDENTS
.....

I. REGISTRATION STATUSES

Students in the M.D. program must register for each term until final completion of the degree requirements, unless they have received an authorized leave of absence (see Section 1.B. *Registration Statuses, Leaves of Absence*). For students in the Branches phase, they must register for each Period, totaling 17 months of continuous enrollment.

A. Good Standing

To remain in Good Standing a student must:

1. Achieve a passing grade on written and oral exams, comprehensive exams, Scientific Trunk courses, required clerkships, branch electives (courses) and other mandatory competencies; or be eligible to remediate any incompletes of those requirements.
2. Pass the appropriate Step exams of the United States Medical Licensing Examinations (USMLE) by established internal deadlines; or be eligible to remediate a failed USMLE exam.
3. Maintain acceptable academic and professional behavior as defined in the University of Michigan Medical School Bulletin.
4. Not be currently on Administrative Leave of Absence as defined by the Competency Committees and the University of Michigan Medical School.

B. Satisfactory Academic Progress Policy

- A. Students must maintain satisfactory academic progress toward their stated degree at all times. Progress is measured from the beginning of the first course at the University of Michigan Medical School applied toward a specific degree, and all requirements for that degree must be completed within a specified time.
- B. Satisfactory Academic Progress requires that a student adhere to the medical school schedule for degree completion. Leaves of Absence for an approved educational program (e.g., dual degree (MPH, MBA, MPP), other Master program, MSTP) extend this timeline as appropriate for the number of years to complete the approved educational program. Exceptions to this policy will be reviewed by the Competency Committee.
- C. Students who have exceeded the time limit for completing their degree program will not be permitted any further registrations and an administrative withdrawal will be executed unless granted an extension of time by the Competency Committee. The Competency Committee will permit registration for the specified period of the extension. Details regarding the time limit for coursework can be found in the Completion of Coursework section of this Bulletin.
- D. Students receiving financial aid must meet standards for satisfactory academic progress.
- E. Process
 - i. Loss of good standing may end a student's eligibility for special programs, including, but not limited to, Research Fellowships, ability to run and hold a student government position, ability to be elected by their peers or faculty for an award, and co-curricular or extra-curricular activities sponsored by the medical school.
 - ii. A student not in good standing also places her/his federal student aid and scholarships at risk
 - 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 may 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 can be 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 fitness 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), through the appropriate Competency Committee, 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), through the appropriate Competency Committee, 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 fitness evaluation 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 Absences pertaining to failure of a USMLE exam

- i. Students who do not pass the USMLE Step 1 must do one of the following:
 - 1) work with the Student Services team (their Counselor, Assistant Dean for Student Services, and Director of Student Services as applicable) to determine an acceptable remediation plan while in enrollment (this plan may include vacation, deferred, or other nonclinical months), which must also be reviewed and approved by the relevant Competency Committee;
 - 2) take a USMLE Leave of Absence (Board Deferral [BD/D]) and work with the Student Services team (their Counselor, Assistant Dean for Student Services, and Director of Student Services as applicable) to determine an acceptable remediation plan while on USMLE Leave of Absence, which also must be reviewed and approved by the relevant Competency Committee; or
 - 3) take a Personal Leave of Absence. If a personal leave is taken in order to study for the previously failed Step examination,

the student will need to return to vacation, a deferred month, or another option as deemed suitable by Competency Committee, in order to complete the Step examination while actively enrolled.

- ii. The student may begin clinical rotations again after re-sitting for Step 1, with approval of the Competency Committee based on holistic review of the individual student. Where applicable, students may complete the Branches rotation they are currently on prior to their schedule being adjusted or beginning their personal leave of absence.
- iii. All students must re-take the examination within 6 months following the first failure.

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

Students who are not in Medical School registration are prohibited from registered participation in the Medical School's formal educational programs, including classroom, laboratory, and clinical course work.

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 relevant Competency 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 Competency 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. Hearing Committee or the Associate Dean for Medical Student Education can recommend dismissal; only the Competency 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.

POLICIES AND PROCEDURES FOR ACADEMIC PERFORMANCE AND ASSESSMENT OF STUDENTS

I. ACADEMIC PERFORMANCE

The Medical School system of assessing a medical student's progress includes both cognitive and non-cognitive components. The competencies essential to the practice of medicine are fully considered in the assessment process. A programmatic approach to competency assessment uses multiple methods and a collection of diverse data sources and through multiple methods to assess the competence of medical students as they progress through the entirety of their training.

Academic performance includes grading and competency assessments. In order to graduate, students must pass all graded domains of the curriculum, the Comprehensive Clinical Assessment, USMLE Steps 1 and 2 CK, and complete a Capstone for Impact. Additionally, students must be determined to be competent in all of the eight Medical School competency domains.

II. SUMMARY OF ASSESSMENT OF STUDENT PERFORMANCE

- A. 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, USMLE Step 1 and Step 2; complete a 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 and including dismissal from registration. The Competency Committees may take dismissal action 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. Reasonable accommodations will be determined through a confidential, collaborative, and interactive process with the UMMS Learning and Accessibility team as described in the UMMS Technical Standards.

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; and 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, approve and/or recommend remediation plans, and, when appropriate, perform holistic review.
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) or Comprehensive Basic Science Self-Assessment Examination (CBSSA), as determined by the Assistant Deans for Curriculum and Assessment, Evaluation, and Quality Improvement. 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.
5. The expectations for entering Branches are described below.
 - a. Pass all of the Clinical Trunk courses.
 - b. Take the Comprehensive Clinical Assessment (CCA) when first offered. Students may remediate while in the Branches, with an individualized learning plan for remediation of competencies that are below expectations. Students receiving an Incomplete Due to Assessment Failure (I/A) on the CCA may continue in the Branches with an individualized learning plan for remediation.
 - c. Achieve expected competency level as determined by the relevant Competency Committee.
 - d. The Competency Committees may allow students to enroll in nonclinical 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 cut-point(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 content area faculty leads and the Evaluation and Assessment unit. In the Clinical Trunk and Branches grades are assigned by the Course, Clerkship, or Elective Director. Grades of I or I/A 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 are 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 (F) that occur after the Medical Student Performance Evaluation letters (MSPE) have been sent. Like the MSPE, notifications will be coordinated by the Office of the Associate Dean for Medical Student Education.

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

- c. Failure of any USMLE Examination: Step 1 and Step 2 CK. If there is a failure on retake of the exam, this does not count as an additional Incomplete Due to Assessment Failure (I/A). Students will, however, be presented at Competency Committee for holistic review.

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. Once a student is on Academic Warning, a *more significant deficiency* that will take student directly to AW+2 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 different USMLE exam.
2. A student will be presented for a formal Academic Trajectory Holistic Review by the Associate Dean for Medical Student Education (or designee) to the Competency Committee when they reach Academic Warning + 2 (AW+2). This review is intended to provide an opportunity for intentional support and formal remediation for the student at risk for dismissal due to Academic Warning status.
 3. A student will be presented for consideration of direct dismissal by the Associate Dean for Medical Student Education (or designee) to the Competency Committee when they reach Academic Warning + 3 (AW+3) and for each progressive status beyond (e.g., AW+4). When a student has been identified for dismissal review, the Competency Committee will determine whether the student may continue in clinical, nonclinical, or is removed from coursework until the dismissal review has been adjudicated.
 4. 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 mandate additional remediation or take further 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.
 5. The Competency Committees will monitor the progress of all students on Academic Warning and take necessary action as a dismissal consideration and action moves forward.
 6. Once dismissal action and/or corresponding appeal is under review, 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. The Competency Committee will determine whether a student can continue clinical coursework, be limited to nonclinical coursework, or be placed on Administrative Leave of Absence while the dismissal review is adjudicated. The student may remain on clinical rotations until the determination is made, which will occur at the next available meeting of the relevant Competency Committee.

7. 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.
8. 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 the 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 considered for dismissal by the Competency 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. Like the MSPE, notifications will be coordinated by the Office of the Associate Dean for Medical Student Education.

E. Grade Grievance

1. Grade grievances should be related to assignment of final grades in a course and should be based on a) concerns about discrimination or b) 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 and without evidence of discrimination.
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 (who did not assign the grade) who serves as chair, a faculty member from the course (chosen by the chair of the grievance committee), and another faculty member (chosen by the chair) drawn from faculty not directly involved with the course.
 - 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. Students who withdraw within the first three weeks will receive a full tuition refund. Withdrawals between Weeks 3 and 6 of any term will be refunded 50% tuition. Fees will not be refunded once a term begins regardless of the time of withdrawal. Tuition refund policies can be found at <https://medicine.umich.edu/medschool/education/md-program/financial-aid/how-apply/tuition-refund-policies>

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.
- b. There is no tuition refund for course withdrawal after the third month of any term. Within the first three months of any term students will be assessed tuition for the month(s) completed and reimbursed for any month(s) not completed. Students who withdraw within the first two weeks will receive a tuition refund. Fees will not be refunded once a term begins regardless of the time of withdrawal.

G. Completion of Course Work

1. Trunk:

- a. It is expected that all students will complete Trunk coursework within nine terms of the first day of registration in Medical School.
- b. Appeals for additional terms to complete the Trunk coursework 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 considered for dismissal unless prior approval was provided by the relevant Competency Committee.

2. Branches
 - a. It is expected that all students will complete all Branches coursework, the CCA, and graduation requirements within eight terms of beginning the Branches.
 - b. Appeals for additional terms to complete Branches coursework 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 coursework 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. Students who have completed the minimum requirements for graduation may, after review and approval by the relevant Competency Committee, enroll in additional coursework for credit. Additional courses will increase a student's total tuition cost and their time to completion.
4. 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 considered for dismissal 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 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 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, 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.
- ii. For examinations designated to be taken “off-site”, students must take examinations remotely on the computer provisioned to them by HITS at matriculation. Remote proctoring may be required at the discretion of the Assistant Dean for Assessment, Evaluation and Quality Improvement and Assistant Dean for Curriculum.
- iii. Support during regularly scheduled quizzes and exams is provided by ExamSoft Support for assessments delivered through Examplify. Hardware issues should be reported to and resolved by HITS by calling the HITS Support Line. Evaluation and Assessment Staff will be available for on-call support during regularly scheduled exams to respond to problems that occur during the administration of computer-based examinations which cannot be resolved by ExamSoft Support or HITS. On-call support pathways and 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 placed on silent mode in the testing area and cannot be accessed during the assessment. 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 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 students 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 defer 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 **Counselor**. To request a deferral, students should email their Counselor and the 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 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 Counselor will automatically approve the deferral. Except for extraordinary circumstances, if the 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 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 Counselor.
- iii. If a student strongly disagrees with their 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 Counselor, and if the emergency meets stated criteria, the deferral will be approved. The Counselor will contact the student with deferral instructions. For non-emergencies, students should contact their 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 (or as delineated in the relevant Course Objectives document). 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” and “Professional Expectation for Clinical Trunk” documents, 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. A student’s perception of 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, as well as their Counselor.

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

- A. Taking the Comprehensive Basic Science Examination (CBSE) or Comprehensive Basic Science Self-Assessment (CBSSA) is a requirement for promotion to the clinical phase. Competency

Committees may provide students with a targeted individualized remediation plan based on CBSE/CBSSA performance.

- B. Passing the USMLE Step 1 and Step 2 is a requirement for graduation.
- C. Students who fail the USMLE Step 1 or Step 2 CK on the first attempt 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 a Fail (F) and become a permanent mark on the student transcript.
- D. Students who Fail (F) the USMLE Step 1 or Step 2 CK 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.
- E. Students who have taken the USMLE Step 1 or Step 2 CK three times without passing will be considered for dismissal by the Competency Committee.
- F. USMLE Step 1 Examination
 - 1. Students must complete all the Clinical Trunk requirements to be eligible to sit for Step 1, unless incorporated otherwise into a Competency Committee-approved remediation plan.
 - a. OMF students will complete Step 1 prior to beginning the Clinical Trunk, secondary to their unique educational program.
 - 2. Students are expected to take Step 1 before August 1 of their final year. Failure to complete Step 1 by August 1 may result in a Professionalism Development Report and will be reported to the relevant Competency Committee.
 - 3. Students who do not achieve a Pass on the USMLE Step 1 must have a Step 1 completion plan on file with Student Services before completion of the Branches rotation that they are currently on. The plan, which must include a USMLE or Personal Leave of Absence of at least 3 months or deferred month, will begin immediately at the end of that rotation and will be reviewed at the next available meeting of the relevant Competency Committee.
 - 4. The relevant Competency Committee will determine whether students repeating the USMLE Step 1 examination can return to clinical care after sitting for Step 1 or whether they must have a Pass recorded before returning to clinical coursework.
- G. USMLE Step 2 CK Examination
 - 1. Students must complete all of the Clinical Trunk courses prior to taking the USMLE Step 2 CK examination. Rare exceptions may be granted by the relevant Competency Committee.
 - 2. Students are required to register for the USMLE Step 2 CK examination 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 CK examination before December 1 of the year prior to when graduation in May is anticipated. Scheduled examination dates will be closely monitored by the Office of Medical Student Education to ensure compliance with this date. No student may defer the Step 2 examinations beyond December 1 without appropriate approval (see below). A failure to complete Step 2 CK by December 1 may result in the filing of a Professionalism Development Report.
4. In extenuating circumstances, the Competency Committees may allow a student to take the Step 2 examination prior to completion of all Clinical Trunk courses, or to defer the Step 2 examination beyond December 1 of their final year (but no later than January 31). Failure to take either exam by January 31 of their final year may result in the filing of a Professionalism Development Report.
5. If the Competency Committees have already met and the Step 2 examination date is 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 examination 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 examination.

VI. COMPREHENSIVE CLINICAL ASSESSMENT (CCA)

There will be one Comprehensive Clinical Assessment (CCA). All students are expected to take the CCA near the beginning of their Branches phase. The CCA is graded based on competencies: Patient Care-hp (history and physical), Patient Care-cr (clinical reasoning), Communication-pf (patients and families), Medical Knowledge-EKG, Medical Knowledge-Imaging, Professionalism-ra (responsibility and accountability), and PBLI-sl (self-directed learning). Students will receive one of the following grades in the Patient Care, Communication, and PBLI competencies: Does not meet expectations, Borderline, Meets expectations, or Exceeds expectations. Students will receive one of the following grades in the Medical Knowledge and Professionalism Competencies: Does not meet expectations, Meets expectations.

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

For competencies PC-hp, PC-cr, C-pf, MK-EKG, MK-Imaging:

If a student receives a grade of “Borderline” or “Does not meet expectations” the student will be required to complete a remediation process, outlined by the CCA Director and the Competency Committee. This remediation may include reflection assignments, station retakes, and/or additional course work that could delay progression in this phase of the curriculum.

The grade received after one round of remediation will be noted on the MSPE for the following competencies: PC-hp, PC-cr, Comm-pf, MK-EKG, and MK-Imaging.

If the student does not meet expectations in one or more competencies after the CCA retake, the student will receive an Incomplete Due to Assessment Failure (I/A). Subsequent remediation failures will not count toward additional I/As. For example, if a student fails the EKG exam three times it would only count as a single I/A. Students who “do not meet expectations” in one or more

- A. The Competency Committees are comprised of the following 9 voting members, all of whom must be independent assessors without a role in the assignment of grades to individual students:
1. Trunk leadership representative, either Scientific Trunk or Clinical Trunk (and an alternate from the Trunk opposite the primary)
 2. Branches leadership representative (and an alternate)
 3. Doctoring faculty (and an alternate)
 4. Graduate Medical Education representative, cannot be a Residency Program Director (and an alternate)
 5. Scientific Trunk teaching faculty
 6. Clinical Trunk teaching faculty
 7. Branches teaching faculty
 8. Faculty from Paths of Excellence or Improving Health Systems course
 9. Interprofessional faculty (e.g., a nurse, pharmacist, social worker, dentist, or physical therapist) and/or patient/community member (and an alternate)
- B. The Competency Committees are comprised of the following ad hoc (non-voting) members:
1. Assistant Dean for Assessment, Evaluation and Quality Improvement (Chair)
 2. Associate Dean for Medical Student Education (ex officio)
 3. Assistant Dean for Curriculum
 4. Assistant Dean for Student Services
 5. Assistant Dean for Admissions (or designee)
 6. Office of Health Equity and Inclusion (OHEI) representative
 7. Counselors
 8. Learning and Accessibility Team
 9. Evaluation and Assessment Unit
 10. Honor Council student representatives
 11. 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.
- E. 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.
- F. Representatives from the Student Services and Evaluation and Assessment Units 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.
- G. The Competency Committees deal primarily with issues of student academic performance and professional behavior, but also take 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. reviewing and making decisions regarding suspension and dismissal from registration; 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.
- H. 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 primary 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 holistically reviewed by the Competency Committee that is responsible for the class in the same phase of training that they rejoin, facilitated by a handover (when appropriate) from the CC that previously followed them.
- I. 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, the Assistant Dean for Student Services, the 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.
- J. The Policy Review Sub-Committee (PRSC) is a subcommittee of and reports to both Competency Committees. The PRSC will review the student policy waiver request based on: 1) equity; 2) educational efficacy; and 3) impact on systems supporting medical student education.

1. When policy waivers also require competency review, the PRSC will offer a recommendation to Competency Committee related to policy aspects of the request, but discussions related to student performance and formal review will be processed by the relevant Competency Committees.
 2. When policy waivers do not require a review of student competency, as in the case of administrative requests, the PRSC will review and offer a decision on approval of the request. All PRSC decisions will be reported to the relevant Competency Committee as a “consent” agenda item.
 - a. Policy waiver requests where consensus among the PRSC members cannot be reached will be sent to the relevant Competency Committee for discussion.
- K. 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. Outcomes requiring remediation, including but not limited to course failures, 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.

II. HEARING COMMITTEE (See [Professionalism Conduct](#) Below)

- A. The Hearing Committee is a subcommittee of the Competency Committee and is responsible for conducting hearings in specific student cases involving allegations of unprofessional conduct. The Hearing Committee is responsible for the investigation and evaluation of alleged unprofessional behavior that rises to a level of concern that the student has not shown the ability to represent the profession of medicine to the standards of the University of Michigan Medical School. The Hearing Committee is comprised of:
 1. the Associate Dean for Medical Student Education, or designee (Chair);
 2. four voting members of the opposite Competency Committee; 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 Competency Committee by the Chair and at least one member of the Hearing Committee. The Competency Committee is the decision maker and will determine responsibility and associated sanctions after reviewing the Hearing Committee's findings and recommendations. The Competency Committee has the authority to affirm, modify, or reverse the findings and recommendations of the Hearing Committee. Appeals to the Competency Committee decision may be made to the Executive 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, Evaluation and Assessment unit (following review of exam monitoring system reports), 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 Competency Committee are considered for dismissal if they fit one of the following criteria:
 - a. students who are at Academic Warning + 3 (AW+3) or higher status
 - b. students who do not complete the curriculum within the time limits set in the UMMS Bulletin
 - c. students who violate professionalism standards that put into question their ability to achieve these standards as a physician graduating from UMMS
 - d. students for whom a Hearing Committee has recommended dismissal

The Assistant Dean for Curriculum (or a voting member of the Competency Committees) will present to the Competency Committees those student(s) who have met one of the above criteria and may not meet the requirements for continuation and advancement in medical school. The procedure for review of the case is outlined below:

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

1. The student in this circumstance will be notified by the relevant Competency Committee and will be invited to present. The student will also be advised of the procedures for appeal.
2. The relevant Competency Committee will review the case, make a decision of dismissal, suspension, remediation, or no action and report their findings to the student. Once a decision is made, the student will be informed that an appeal can be filed on their behalf to the Executive Committee of the Medical School.
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 action that an appeal is desired. Ten days 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 Associate Dean for Medical Student Education, Assistant Dean for Evaluation and Assessment (or another voting member of the Competency Committees), 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 Associate Dean for Medical Student Education will present an overview of the dismissal proceedings to the Executive Committee.
4. The Assistant Dean for Assessment, Evaluation, and Quality Improvement (or another voting member of the Competency Committee), on behalf of the Competency Committee, will present the Competency Committee's decision to the Executive Committee.
5. 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.

6. The Executive Committee may also invite others to appear to present information relevant to the appeal.
7. The decision of the Executive Committee, in its adjudication of the appeal, is final.

V. COMPETENCY COMMITTEE DECISION 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 consider the possible dismissal of the student from the medical school.

As this occurs, the initial Procedure for Dismissal is described below:

1. A student in this circumstance will be notified by the relevant Competency Committees that a decision for their dismissal is being considered and will be invited to present. The student will also be advised of the procedures for appeal.
2. The Competency Committee will review the case and make a decision on the degree of intervention required concerning the student's breach of policy; procedure; competence; or conduct, up to and including dismissal from medical school.
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 dismissal action, the student must inform the Associate Dean for Medical Student Education within five working days after receiving notification of the dismissal actions that an appeal is desired. Within ten days of 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 Associate Dean for Medical Student Education, Assistant Dean for Assessment, Evaluation and Quality Improvement (or another voting member of the Competency Committees), 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 Associate Dean for Medical Student Education will present an overview of the procedures to the Executive Committee.
4. The Assistant Dean for Assessment, Evaluation and Quality Improvement (or voting member of the Competency Committees), on behalf of the Competency Committees, will present the Competency Committee's decisions to the Executive Committee.

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

PROFESSIONALISM STANDARDS FOR STUDENTS

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

I. PROFESSIONALISM DEFINITION

The profession of medicine is founded on the highest standards of conduct. In admitting a student to the University of Michigan Medical School (UMMS), we require the student to have demonstrated that their behavior reflects the maturity and civility that are necessary underpinnings of the profession. The University of Michigan strives to create and maintain a community that enables each person to reach their full potential. To do so requires an environment of trust, openness, civility, and respect.

Professional behavior is an expectation for all members of our UMMS community. Professional identity development and growth are active processes that require continued efforts to educate oneself in a changing societal landscape. It requires continuous self-reflection and acceptance of feedback, along with adoption of behaviors and attitudes that allow us to better learn and serve as members of the profession of medicine.

Altruism, accountability, compassion, duty, excellence, honesty and integrity, and respect for others and our community are all necessary components of professionalism. We must be constantly mindful of public and private behaviors that could be harmful to the ideal of the Physician.

We uphold the value of civil dialogue and the principles of intellectual freedom, resisting censorship. We must distinguish between our personal convictions and professional duties and not allow our personal beliefs to interfere with the quality of or access to care for our patients or to interfere with our civil interactions with all members of our community.

The UMMS community commits to the following standard of professionalism and requires students to uphold these standards in connection with their role at UMMS:

- 1) *Altruism*: Putting the best interest of patients' health and well-being at the same level as we consider our own.
- 2) *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.

3) *Compassion*: To be disposed to see, as well as feel, what a trial, tribulation, or illness has wrought in a patient's life and experiences in their community and in our society.

4) *Duty and Conscientiousness*: 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. When on duty, responding in a timely and appropriate fashion to phone calls, pages, notices and emails from faculty, nurses, other health care team members and administrative staff is a responsibility that must be honored. Timely documentation of patient care is a requirement. Students should not require continual reminders about responsibilities to patients, to the institution, other health care professionals and to administrative staff.

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

6) *Honesty and Integrity*: Honesty and integrity imply being fair, being truthful, keeping one's word, meeting commitments, and being straightforward. An individual must not engage in lies or falsehood for the advancement of their position, perception, or career.

7) *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. Students will interact with professionals, staff, mentors, teachers, and peers in a cooperative and considerate manner and have the same expectation of behavior from all of these parties. Under no circumstances will any member of the UMMS community exhibit prejudice in words, action, or deed toward any other based on ethnicity, race, religion, gender, age, sexual orientation, or disability. It is unethical and harmful for a student to disparage without good evidence the professional competence, knowledge and qualifications or services of a colleague (student, staff, faculty) or their field of practice.

8) *Appropriate Relationships*: Students must not engage in romantic, sexual, or other non-professional relationships with patients while involved in the patients' care, even at the apparent request of the patient. Students must not engage in romantic, sexual, or non-professional relationships with mentees, tutees, or others for whom the student is in a position of authority. All members of the UM community must comply with SPG 601.22, which prohibits all sexual, romantic, amorous, or dating relationships between a teacher and a student. This statement serves as an overview to the detailed [sexual harassment policy of the University of Michigan](#).

9) *Impairment* – Members of the Michigan Medicine community will not use alcohol or drugs in a manner that could compromise patient care or bring harm to themselves or others. It is the responsibility of every learner to protect the public and to get the appropriate help for themselves and to assist a colleague whose capability is impaired because of ill health. Students are obligated to report members of the health care team whose behavior exhibits impairment or lack of professional conduct or competence. Specific policies regarding substance use are found within the [UMMS Bulletin Substance Use section](#).

10) *Confidentiality*: Discussion of problems or diagnoses of a patient by learners or professional staff in public violates patient confidentiality and is unethical. Virtual communications that mention or exhibit identifying information must be properly encrypted and not used for anything other than the legitimate purpose of communicating with the patient or caregivers who have a legitimate need to know about the patient. The use of university information technology devices and services should follow [UM and Michigan Medicine Social Media policy](#).

11) *Consent*: Students must understand the obligation to obtain informed consent from patients but are not primarily responsible for obtaining such consent. It is the physician's responsibility to ensure that the patient or their surrogate is appropriately informed. Patients must be well informed to make healthcare decisions and work intelligently in the partnership with the medical team and information that the patient needs for decision making must be presented in terms the patient or their representative, can understand.

12) *Research*: Members of our community who participate in research must appropriately acknowledge ownership of ideas that are generated and document them. They must conduct, manage, judge, and report scientific research objectively, honestly, and thoroughly, abiding by guidance from [UM's Office of Research and Sponsored Programs](#).

13) *Conflict of Interest*: Learners must recognize of the possibility of conflict of interest and avoidance of relationships or activities that allow personal gain to supersede the best interest of the patient. Any learner with proprietary or other interest in any material they are presenting or discussing must properly disclose that conflict of interest. When conflict of interest arises, the welfare of the patient must at all times be paramount. Gifts, hospitality' or subsidies offered by industry, pharmaceutical or other manufacturers or distributors, including companies that write or distribute board review materials must not be accepted. This statement serves as an overview to the detailed [conflict of interest policy](#) of the University of Michigan.

14) *Freedom from Retaliation and Conscientious Reporting*: Acting in good faith, learners should report violations of the above professionalism standards to an Office of Medical Student Education dean. The learner can expect freedom from retaliation. Policies and processes for investigating, adjudicating and remediating or resolving violations are set forth in the UMMS Bulletin.

This policy is expected to be complementary to, and work in conjunction with, our [UMMS Honor Code](#). Any and all of these standards that are stated and reflected in our UMMS Honor Code may begin their evaluation and adjudication through their processes prior to evaluation by the Office of Medical Student Education.

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).

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. Faculty may submit Commendation Notes electronically via ARB <https://www.umms.med.umich.edu/arb/assessments/professionalism-commendation>. 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 ARB, 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 three 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 and is not designated as Type 3. 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

- c. Type 3: Substandard profession behavior by medical students that, when investigated by the Assistant Dean for Student Services, is determined to be an isolated occurrence which is believed to be directly and adequately addressable by the student support team (i.e., does not require remediation or discussion by the Competency Committee). Only first time PDRs may be designated as Type 3.

- 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 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 ARB <https://www.umms.med.umich.edu/arb/assessments/professionalism-development-report>. If the person filing the PDR does not have access to the ARB system, they may submit their concern via direct email communication to the Assistant Dean for Student Services or the Director of Student Services. OMSE staff may submit their concern(s) directly to the Director of Student Services, may file a PDR within ARB on behalf of OMSE staff. 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, Type 2, or Type 3. 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, Type 2, or Type 3 based on the description and from information obtained via follow up conversations and/or the student's record.
 - i. The Assistant Dean for Student Services sends the PDR to the appropriate course director or faculty supervisor (if relevant) and the 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, Type 2, or Type 3 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. For Type 1 and Type 2 PDRs: 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. In some circumstances, the Assistant Dean for Student Services may request the PDR be reviewed instead by a Hearing Committee. Such circumstances may include PDRs with sensitive personal information, egregious professionalism concerns

- or matters of criminal nature (which will also be reported to the appropriate law enforcement bodies).
- iv. The Competency Committee will review each Type 1 or Type 2 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. If the PDR is sent to a Hearing Committee, the Hearing Committee processes will be followed as described elsewhere in this Bulletin.
 - 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, Type 2, or Type 3.
 - 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 designation. For Type 1 and Type 2 PDRs the relevant Competency Committee will offer further refinement, modification, and approval of the remediation plan. Counselors are available to meet with students as their advocate, if requested.
 - e. Recording: After reviewing the PDR, the Assistant Dean for Student Services (or designee) 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 for students due for Medical Student Performance Evaluation (MSPE) creation that year, including the nature of the issues and the students involved, to the relevant Competency Committees. The Competency Committee will render a decision about the inclusion of PDRs in the MSPE at that time.

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).

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 Competency 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 Competency 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. The accused student is presumed not responsible for the alleged violation unless the evidence presented demonstrates that it is more likely than not that a violation has occurred. This is also called the preponderance of the evidence standard.
8. Within ten working days after hearing the case, the Hearing Committee will submit a report to the Competency 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). The relevant Competency Committee will then review the case, make a decision of dismissal, suspension, remediation or no action, and report their findings to the student. Once a decision is made, the student will be informed that an appeal can be filed on their behalf to the Executive Committee of the Medical School.

F. Appeal of Hearing Committee Recommendation(s)

1. If the student wishes to appeal the findings and/or recommendations of the Hearing Committee, as adjudicated by the relevant Competency Committee, within five working days after receiving the Competency 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 determine a student's appeal and will review the report of the Competency 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 USE, ABUSE, AND MISUSE

Because the medical profession requires unimpaired capacity, this policy sets forth the expectations of all UMMS Students with regard to substance use, abuse, and misuse and describes the process that may follow behavior that does not align with the expectations under this policy.

Substance Use. Certain substances and uses of substances are never permissible and may violate state or federal law. UMMS complies with the federal Drug-Free Workplace Act of 1988 and the Drug-Free Schools and Communities Act Amendments of 1989. All UM students, including those enrolled at UMMS, are held accountable to the [U-M Alcohol and Other Drugs Policy](#). This Policy, for example, prohibits the consumption of alcohol under the age of 21 and prohibits the use of illicit drugs, including marijuana, on UM property or in connection with any UM event or activity, regardless of age.

Substance Abuse or Misuse. 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. Substance abuse and misuse (collectively referred to as "substance abuse"), which includes high risk alcohol or other drug use, reflects on a student's ability to perform requisite tasks at UMMS and may 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 prior to matriculation, interruption in enrollment in the educational program, and/or dismissal from UMMS.

This policy aligns with the [Michigan Medicine Progressive Discipline Associated with Controlled Substance Management Policy, 04-06-041](#). Per this Policy, there are four levels of substance use violations:

- Level 1: Unintentional negligent or careless act
- Level 2: Negligent act resulting from not following Michigan Medicine policies and procedures.
- Level 3: Deliberate unauthorized access or disregard for concerns
- Level 4: Intentional blatant disregard for safety or institutional security

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, the Executive Vice Dean for Academic Affairs, the Executive Vice Dean for Research, 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 high risk use of alcohol or other drugs, which includes misuse of prescription drugs, use of illicit substances, consumption of substances at dosages endanger or cause significant disruption to self or others, use of substances that causes impairment in connection with UMMS activities or events.

B. Student Identification for Review and Treatment

UMMS believes in a culture of recovery and rehabilitation and encourages those with substance abuse concerns to seek assistance. Allegations of misconduct or other demonstrable evidence will trigger an investigation as outlined below. There are four pathways for identifying a student for review and treatment:

1. Self-Report - Any student who believes they are experiencing substance abuse or impairment is encouraged to self-report to their Counselor, the Assistant Dean for Student Services, or to one of the University of Michigan student health and wellness services (UMMS Medical Student Mental Health program psychiatrist or therapist, [U-M Counseling and Psychological Services](#); [U-M University Health Service](#); [University of Michigan Addiction Treatment Services](#)).

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 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.

UMMS encourages all students who experience substance abuse or impairment due to substance abuse to seek treatment. Participation in treatment, counseling, or other educational programs may be a condition for reinstatement or continued enrollment at UMMS. At its discretion, the Assistant Dean for Student Services may convene a hearing to investigate any reports of substance abuse or impairment, as outlined below. Hearings are conducted by a Hearing Committee, which is a subcommittee of the Competency 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 opposite to the student’s assigned Competency Committee 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 Hearing Committee will determine the appropriate level of violation and application of discipline as outlined in this Policy (Section E). The Hearing Committee will then submit their recommendations to the Competency Committee for review and approval.

The Medical School will take “consistent, progressive and corrective action” (Policy, 04-06-041) in the event Substance Use is identified.

The below describes possible processes and protocols for convening a hearing.

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

1. *Hearing:* The Hearing Committee may conduct a hearing to evaluate evidence and testimony and to establish the relevant facts and circumstances including, but not limited

to: “the severity of the violation; the frequency of the violation; whether the violation was deliberate or malicious; and the existence of any other aggravating or mitigating factors” (Policy, 04-06-041). Once the facts, aggravating and mitigating factors have been established, the Hearing Committee must then make a recommendation to the Competency Committee following the processes for progressive discipline.

- 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.

2. Appeal Process:

The student may appeal the dismissal, penalties, and/or sanctions to the Competency 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 Competency 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.

C. Information Regarding Hearing Committee Process

The Hearing Committee may request the following information when considering individual student cases in order to establish the processes for progressive discipline:

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.

D. Sanctions

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

E. 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 UMMS due to a finding of violations of the Substance Use, Abuse, and Misuse policy, 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.

In the event a student is participating in a recovery program as a condition of return to enrollment, the student is required to provide regular notification of participation in that program (at a minimum, an update is required every 6 months) to the Assistant Dean for Student Services. To meet this requirement, the student may be required to provide the Assistant Dean for Student Services with documentation from the program and/or treating provider, either by providing consent for the Assistant Dean for Student Service to speak with the provider directly or by asking their treating provider to send a letter directly to the Assistant Dean for Student Services.

F. Agreements

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

1. Students must meet all conditions as stated in the agreement or they 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 use disorder 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.

COMPLETION OF MEDICAL SCHOOL

I. MEDICAL STUDENT PERFORMANCE EVALUATION

The Medical Student Performance Evaluation (MSPE) 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 use) 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 students 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 to the Medical Executive Committee as outlined in the *UMMS Bulletin* Policies and Procedures for Registration, Assessment and Grading, Records, Advancement, and Graduation, specifically the Procedures related to Registration Status and Professional Conduct sections. 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 demonstrate the ability to acquire the knowledge, attitudes, and skills necessary to complete the core UMMS educational requirements, including those Technical Standards in this document, achieve the UMMS competencies in the basic and clinical sciences and be able to graduate as skilled and effective practitioners of medicine with or without reasonable accommodations. 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 situations in all settings. Critical skills needed for the successful navigation of core experiences are outlined below, and include the ability to observe and communicate, as well as to understand, integrate core knowledge and skills, and to behave appropriately in varied educational and professional situations.

The University of Michigan is committed to the full and equitable inclusion of qualified learners with disabilities. We have a rich history of training and employing physicians and researchers with disabilities, developing and employing leaders with disabilities, and engaging in innovative technology that reduces clinical barriers to physicians with disabilities.

II. Policy

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

A. Observational Skills

Students must be able to obtain information from demonstrations and experiments in the basic sciences. Students must be able to assess a patient and evaluate findings accurately.

B. Communication Skills

Students must be able to skillfully (in English) communicate verbally and in written form with faculty members, other members of the healthcare team, patients, families, and other students, in order to:

- Elicit information
- Convey information
- Clarify information

- Create rapport
- Develop therapeutic relationships
- Demonstrate the University of Michigan Medical School Competencies required for graduation

C. Examination and Diagnostic Skills

Students must possess the capacity to perform a physical examination and diagnostic examination and to provide or direct general care and the provision of emergency treatment to patients.

D. Intellectual-Conceptual Skills

Students must be able to assimilate detailed and complex information presented in both didactic and clinical coursework, and engage in problem solving. Students are expected to possess the ability to measure, calculate, reason, analyze, synthesize, and transmit information. In addition, students must be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures and to adapt to different learning environments and modalities. Students must be able to effectively learn, participate, collaborate and contribute as a part of a team. Students will need to synthesize information effectively both in person and via remote technology. Students must be able to interpret causal connections and make accurate, fact-based conclusions based on available data and information. Students must be able to formulate a hypothesis, investigate the potential answers and outcomes and formulate appropriate and accurate conclusions.

E. Behavioral Attributes, Social Skills and Professional Expectations

Students must exhibit sufficient maturity and emotional stability required for full utilization of their intellectual abilities, which includes, but is not limited to, the exercise of good judgment and the prompt completion of responsibilities associated with the diagnosis and care of patients. Students must exhibit integrity, honesty, professionalism, compassion, and are expected to display a spirit of cooperation and teamwork. Students are expected to understand the legal and ethical aspects of the practice of medicine and function within the law and ethical standards of the medical profession. Students must interact with patients and their families, health care professionals, colleagues, faculty, and staff in a courteous, professional, and respectful manner. Students accept responsibility for learning and exercising good judgment and are expected to contribute to collaborative, constructive learning environments; accept constructive feedback from others; and take personal responsibility for making appropriate positive changes. Students must possess the physical and emotional endurance to tolerate physically demanding workloads and function in a competent and professional manner in high stress, fast paced situations, adapt to changing environments, display flexibility, and manage the uncertainty intrinsic in the care of patients and the health care system.

III. Procedure

A. Evaluation and Implementation of Reasonable Accommodations

The University of Michigan is committed to the full and meaningful inclusion of students with disabilities.

Students with disabilities should contact the UMMS Learning and Accessibility Team to request accommodations. The Learning and Accessibility Team will engage in a confidential, collaborative, and interactive process with the student, the Advisory Board on Accommodations and Technical Standards and/or other UMMS faculty members as needed to determine reasonable accommodations. Given the clinical nature of medical education, additional time may be needed to implement accommodations. Timely disclosure and requests by students are essential and encouraged as accommodations are not applied retroactively.

Students may appeal accommodation decisions through the Office of the Associate Dean for Medical Student Education in conjunction with members of the Medical School Learning and Accessibility team not included in the initial accommodation decision and the Services for Students with Disabilities office.

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 I 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
2022-2023 Competencies**

Patient Care Domain: 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.
PC-hp. 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
PC-cr. 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
PC-ce. <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
PC-mp. Develop and carry out <u>management plans</u> in collaboration with patients, families, and healthcare team
PC-ps. Perform <u>procedural skills</u> considered essential for patient care
Medical Knowledge Domain: 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.
MK-bs. Understand and apply knowledge of <u>biomedical</u> and <u>socio-behavioral</u> sciences, clinical medicine, and the social determinants of health and disease
MK-dm. Apply established and emerging principals in diagnostic and therapeutic <u>decision making</u> , clinical problem solving and other aspects of evidence-based health care
MK-sm. Demonstrate knowledge and application of the <u>sciences</u> essential for the practice of <u>medicine</u>
Communication Domain: Students will demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
C-pf. Communicate effectively with <u>patients</u> , <u>families</u> , and the public across a broad range of socioeconomic and cultural backgrounds
C-ch. Communicate effectively with <u>colleagues</u> , other <u>health professionals</u> and health-related agencies, including the transitions of care
C-mr. <u>Maintain</u> complete, timely and accurate medical <u>record</u> to contribute to effective patient care
C-dc. 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
C-ic. Demonstrate insight and understanding about their own and others' perspectives to facilitate interpersonal interactions to effectively manage <u>interpersonal conflict</u>
Professionalism Domain: 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.
PR-ra. Demonstrate <u>responsibility</u> and <u>accountability</u> to patients, society, and the profession
PR-cd. Demonstrate <u>compassion</u> , integrity, respect, sensitivity, and responsiveness to <u>diverse</u> populations
PR-pv. 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
PR-ci. Navigate ethical dilemmas in medical care, including <u>conflict of interest</u> and competing priorities, in ways that maintain the primacy of patient interests
PR-sr. Participate as an important part of the healthcare team and <u>share responsibility</u> for patient care
Leadership, Teamwork and Inter-professionalism Domain: 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.
LTI-lm. Demonstrate an understanding of how productive teams can be built, <u>led</u> and <u>managed</u>
LTI-or. Demonstrate the ability to manage one's <u>own</u> and <u>others roles</u> on teams
LTI-ic. Demonstrate the ability to work effectively on <u>interprofessional</u> teams to <u>coordinate</u> care
Systems-Based Practice Domain: 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.
SBP-os. Demonstrate the ability to recognize the basic <u>organization</u> of healthcare <u>systems</u> , including the various relationships between patients, providers, and institutions
SBP-ws. <u>Work</u> effectively in various health care delivery settings and <u>systems</u>
Practice Based Learning and Improvement: 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.
PBLI-ce. <u>Critically evaluates</u> self and peers and provide constructive feedback
PBLI-sl. Engage in <u>self-directed learning</u> , reflective practice, guided self-assessment, and demonstrate receptivity to feedback
PBLI-ca. Locate, <u>critically appraise</u> , apply evidence, and weigh the uncertainty to guide decision making to achieve optimal patient outcomes
PBLI-et. Demonstrate the ability to utilize current and adapt to emerging technology
PBLI-dp. Demonstrate how <u>data illustrating current performance</u> at the individual, team, and systems levels is used to make improvements
Critical Thinking and Discovery: Students will demonstrate curiosity, awareness of gaps in current knowledge, and participate actively in problem solving and the discovery of knowledge.
CTD-ct. Apply <u>creative/critical thinking</u> to develop new information and solutions
CTD-ck. Contribute to the <u>creation</u> , dissemination, application, and translation of health care <u>knowledge</u> or practice
CTD-ps. 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 of in-person learning activities.

- 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 [UMHS 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 University of Michigan Health 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 immediately 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 canceled.

References

[University of Michigan Emergency Alert System](#)
[University of Michigan SPG 201.27 Emergency Reduction in Operations](#)
[UMHS 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.

The procedure for Body Substance Exposure at the VA Ann Arbor Healthcare System can be found on the [VA Staff Intranet \(access required\)](#) or on the [VA Ann Arbor Healthcare System Research Services Website](#).

References

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

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

Student International Travel Policy

Prior to enrollment in international extramural electives, the relevant clerkship director(s) or Paths of Excellence director(s) must ensure the elective meets the standards of the medical school curriculum. That director approves or denies the elective request accordingly and, if approved, also indicates whether the experience is approved as a clinical, non-clinical, or research elective.

Elective and Travel Planning Requirements

Students enrolling in international electives must also verify they have completed the following:

1. Educated themselves on the [safety and security](#) resources through Global Michigan (campus-wide portal for the University of Michigan's international engagement) for the destination, and have taken risk mitigation strategies for personal well-being and safeguarding data and electronic devices
2. Participate in predeparture training modules when appropriate, specifically for travel arranged via GlobalREACH
3. Registered their travel with [M-Compass](#) (UM student travel registry) and completed a safety plan if the location is on a [travel restriction](#) from [Global Michigan](#)
4. Confirmed personal emergency contact information is up to date
5. Reviewed additional instructions for Applying for a Domestic or International Away Elective
6. Purchase U-M Travel Abroad Health Insurance
7. Attest that they have taken steps to understand the learning environment

International Travel Authorization

UMMS students planning to engage in international travel for clinical electives and/or research field work must obtain Travel Authorization from the UMMS Global REACH office. Trips for academic conferences are exempt from this requirement but must be approved through the Office of Medical Student Education. Failure to notify and obtain authorization may result in the filing of a Professionalism Development Report (PDR).

Michigan Medicine Use of Social Media for Business Purposes Policy
01-01-040

I. POLICY STATEMENT, PURPOSE AND SCOPE

It is the policy of Michigan Medicine to support institutional communication goals through the use of social media platforms for business purposes while assuring that any use of social media for business purposes complies with all federal and state laws and regulations, accreditation standards, and U-M and Michigan Medicine (collectively, "UM") policies and procedures.

This policy applies to all workforce members of Michigan Medicine except Michigan Healthcare Corporation (MHC) and those subsidiaries and joint ventures of MHC that are not affiliated covered entities of the University or included in the University's organized health care arrangement.

The purpose of this policy is to assure that the use of social media platforms for business purposes complies with all federal and state laws and regulations, accreditation standards, and U-M policies and procedures. The purposes is also to establish health system standards for the use, creation, and management of official branded social media communication platforms that align with the University's standards.

This policy is not intended for the use of social media for personal purposes *so long as* such personal usage does not violate HIPAA laws, associate or identify a patient, subject, student, or Michigan Medicine workforce member at Michigan Medicine, does not discuss U-M and/or Michigan Medicine business, *and* is purely about personal matters.

II. DEFINITIONS

- A. Digital Media** - Content, data, and/or information in digital form such as digital pictures, digital audio, etc.
- B. Official Communications** - Any messages made on behalf of and/or in Michigan Medicine's name and posted on one or more social media platforms/presences (e.g., a Michigan Medicine Cancer Center Facebook page).
- C. Social Leadership Representative** - The person(s) assigned the responsibility of creating, administering, maintaining, monitoring, and moderating an official Michigan Medicine social media presence/site. This person(s) is assigned by the department as the individual responsible for monitoring and maintaining content within that site. Due to the ongoing need for access to the social media platform site, the person(s) assigned the role of Social Leadership Representative should be a regular, non-temporary employee within the department. The department is responsible for obtaining social media site access information from the Social Leadership Representative in the event the Social Leadership Representative's employment status ends within the department and/or Michigan Medicine. Due to

their limited role within Michigan Medicine (e.g., time-limited), volunteers, students, and non-permanent staff members should not create social media presences on behalf of Michigan Medicine.

D. Social Media Account Administrators - Assigned by Social Media Leadership Representatives and/or department as the individual responsible for responding to and moderating comments and postings by internal and external users, including deleting comments and postings that do not meet the criteria set forth in this policy, and routing complaints, questions, and concerns to the appropriate Michigan Medicine unit responsible for handling such issues (e.g., patient complaint is sent to Patient Relations and Clinical Risk for follow-up).

E. Social Media, Social Media Site, Social Media Presence, or Social Media Platform - Any technology, tool or online space for integrating and sharing user-generated content in order to engage constituencies in conversations and allow them to participate in content and community creation, increase brand awareness, or otherwise meet marketing and communications goals. Because of the emerging nature of social media platforms, this policy does not attempt to name every current and emerging social media platform. However, this policy applies to all social media platforms cited and any other social media platform available and emerging including social networking sites and sites with user-generated content. Examples include but are not limited to the following: YouTube, Facebook, LinkedIn, Twitter, blogs, Tumblr, Flickr, De.lic.ci.ous, etc.

F. Workforce - Defined in Privacy and Security Concepts and Definitions, 01-04-300.

III. POLICY STANDARDS

A. Representation of Michigan Medicine/Authorization Required

1. Any representation of Michigan Medicine using a social media platform must be initiated and authorized through the Michigan Medicine Department of Communication (DOC). Development of any social media site or page and/or posting of any digital media that represents Michigan Medicine in any manner is prohibited, unless developed with and/or authorized by DOC.
2. Any existing sites or pages that have been developed prior to approval of this policy without prior authorization by DOC will be subject to DOC review when discovered and may be amended or removed by DOC.

B. Guidelines for Online Professional or Personal Activity

1. Online social media platforms allow Michigan Medicine workforce members to engage in professional and personal conversations and to post content such as digital media. These guidelines apply to workforce members who identify or associate themselves as a representative of Michigan Medicine in a social media platform for deliberate professional engagement or casual conversation. These guidelines apply to private and password protected social media platforms as well as public/open social media platforms.
2. Follow the Michigan Medicine Code of Conduct, all Michigan Medicine policies (including but not limited to patient privacy, information security, photography and video, Conflict of Interest, behavior guidelines, computer/email usage, political activity, and U-M Standard Practice Guides (including but not limited to those respecting copyrights and disclosures, and not revealing proprietary financial, intellectual property, patient care, or similar sensitive or private content)).
3. If workforce members identify themselves as a member of the Michigan Medicine workforce (whether as faculty, staff, student, etc.) in any online social media forum, faculty/staff/students make it clear that they are not speaking for or on behalf of Michigan Medicine, and what they say is only representative of their individual personal views and opinions and not necessarily the views and opinions of Michigan Medicine. This can be done by posting a disclaimer. The following is sample disclaimer language:

"The views and opinions expressed here are not necessarily those of the University of Michigan Health System, and they may not be used for advertising or product endorsement purposes."
4. When identifying themselves as a workforce member in online social media, workforce members should do so carefully and thoughtfully because they connect themselves to, and reflect upon, Michigan Medicine colleagues, managers, and even Michigan Medicine patients and donors.
5. If interacting with patients through social media, maintain appropriate boundaries and protect patient health information in accordance with professional ethical guidelines, just as you would in any other context.
6. Remember, online content is permanent. Content contributed online in any format and on any social media platform may immediately become searchable. Once information is posted online and indexed by a search engine, it can be accessed forever by anyone with access to the Internet. Information you post online, even if privacy settings are restricted, may still remain housed in databases and be retrievable long after it has been

deleted from the account of the individual who posted the information. Workforce members are discouraged from posting anonymously or posting using a username or profile other than their own under the assumption that they cannot be identified. Cybertracing investigations are common to identify posters of malicious Internet libel, and anything posted online may be admissible in court. If any workforce member is offered payment to participate as a Michigan Medicine representative, or is offered payment for an endorsement as a Michigan Medicine representative of an online social media forum, acceptance of such offers could constitute a conflict of interest. Michigan Medicine Outside Interests and Conflicts of Interest Policy, 01-04-003

7. If any workforce member is contacted by someone from the media or press about posts made in online social media forums that relate to Michigan Medicine in any way, the faculty/staff/student must not respond, and instead, must immediately contact DOC (*by calling 734-764-2220; calling this number after work hours will page a Department of Communication staff member*) and their manager/leadership.
8. Job postings must follow Michigan Medicine Human Resources (HR) established processes. Social media platforms may not be used in place of HR processes.
9. DOC provides some official Michigan Medicine, U-M Health System (UMHS) and University of Michigan Medical School (UMMS) information that can be appended to social media sites.
10. Postings for any research subject purposes, for example, subject recruitment, must follow the University of Michigan Medical School Institutional Review Board (IRBMED) policies and procedures.

C. Reporting Violations of This Policy

Violation of this and/or any U-M policies may result in disciplinary action, up to and including termination of employment. Any violation of this policy should be immediately reported to faculty/staff/student's supervisor/manager or to the Michigan Medicine Corporate Compliance Office.

IV. PROCEDURES/ACTIONS

A. Engagement with DOC

Contact the Michigan Medicine Department of Communication to create a social media channel prior to the development and posting of any information on a social media platform that represents Michigan Medicine in any way. Once

approved, the Social Leadership Representative(s) will meet with the unit's marketing and/or public relations representative to create a communications plan.

B. Social Leadership Representatives/Social Media Account Administrators Terms and Agreement Form and Management

Once the communications plan and presence is approved by DOC, Social Leadership Representatives/Social Media Account Administrators must agree to the Michigan Medicine Use of Social Media for Business policy before engaging in social media activity on behalf of Michigan Medicine.

C. Content and Compliance with Michigan Medicine Policies

Social Leadership Representatives, as named by their departments or department's leadership, are responsible for posting and using content and maintaining compliance with the Michigan Medicine Code of Conduct, all U-M and Michigan Medicine Policies, including but not limited to those relating to patient privacy, confidentiality, photos and video, Conflict of Interest, Privacy, Security, Safety, and Human Resources.

D. Terms & Conditions

Social Leadership Representatives must also post the Social Media Terms and Conditions on every social media site.

E. Social Leadership Representative Responsibilities

Social Leadership Representatives are responsible for:

- Maintaining active dialogue between themselves and all subsidiary official social media account administrators within their respective organization, where applicable.
- Ensuring all Michigan Medicine best-practice resources and guidelines are communicated and adhered to.
- Cataloging and retaining official account inventories and contact information for corresponding administrators.
- Providing strategic guidance on social media strategy, account creation, and campaign implementation.
- Participating in social media leadership team meetings and regular communication with the Michigan Medicine Department of Communication.

F. Social Media Account Administrator Responsibilities

Social Media Account Administrators are responsible for:

- Ensuring all content is relevant to the goals and objectives of the pertinent organization, follows the previously agreed-upon communication plan, and upholds the standards and brand pillars of Michigan Medicine.
- Engaging in communications that are acceptable in the Michigan Medicine workplace and that respect copyrights and disclosures. Proprietary financial, intellectual property, patient care, or similar sensitive or private content may not be revealed.
- Gaining the expressed consent of all involved parties for the right of distribution or publication of recordings, photos, images, video, text, slideshow presentations, artwork, and advertisements, whether those rights are purchased or obtained without compensation.
- Creating, maintaining, and monitoring content on respective social media sites and engaging with users.
- Moderating content that violates hosting terms of service or is of a threatening or harassing nature. Refer to [Exhibit B, Moderator Response Document](#).
- Contacting corresponding social media leadership representatives and Michigan Medicine Department of Communication in a timely manner to communicate pending or predicted crisis communication or emergency response needs.
- Responding to inquiries and postings using official approved accounts. Do not use non-university (personal) accounts to respond to inquiries and postings.

EXHIBITS

[Exhibit A: Social Media Terms and Conditions](#)

[Exhibit B: Moderator Response Document](#)

REFERENCES AND RELATED POLICIES

[Michigan Medicine/UMHS Policies](#)

[U-M Standard Practice Guide](#)

[Michigan Medicine Signature Authority Policy, 01-01-004](#)

[Michigan Medicine Confidentiality of Patient Information Policy, 01-04-002](#)

[Michigan Medicine Outside Interests and Conflicts of Interest Policy, 01-04-003](#)

[Michigan Medicine Compliance Concern Reporting Policy, 01-04-005](#)

[Michigan Medicine Information Systems Security Standards Policy, 01-04-501](#)

Michigan Medicine Security of Portable Electronic Devices and Removable Media Policy, 01-04-502

Michigan Medicine Physical Security of Electronic Protected Health Information Policy, 01-04-520

Michigan Medicine Photographing or Recording of Patients Policy, 03-07-015

Michigan Medicine Disruptive or Inappropriate Behavior by MM Personnel, 04-06-047

AMA Policy: Professionalism in the Use of Social Media

Author: Michigan Medicine Corporate Compliance Office (615-4400) and Michigan Medicine Department of Communication

Date issued, reviewed and/or revised: December 21, 2010

Minor revision to definition of "Content Owner" - February 24, 2011

Endorsed by: Chief Executive Officer, UMHHC - January 2010; February 25, 2011

Approved by:

UMHS Compliance Committee - November 11, 2010

UMHS Chief Compliance Officer - December 17, 2010; February 24, 2011

Reviewed and technical revisions made by UMHS Department of Communication - October 14, 2015

Reviewed and technical revision (policy formatting and updating link) made by Michigan Medicine Department of Communication - July 6, 2018. No leadership approval required.

Revised by Michigan Medicine Department of Communication to delete reference to Social Media Toolkit - July 17, 2018

Student Educational Record Protocol

The University of Michigan Medical School Policies on Student Records

UMMS maintains student education records in accordance with the University of Michigan's Student Rights and Student Records Policy, which is managed by the central Registrar's Office and available here, <https://ro.umich.edu/records-registration/student-rights-records>.

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.

Access to Student Records

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

Student educational records may not be shared with anyone other than the student unless the student has provided consent or unless an exception under the Family Educational Rights and Privacy Act ("FERPA") applies.

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 and 2 CK of the United States Medical Licensing Examination (USMLE) is recorded. Only the University Registrar's Office may issue an 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 Registrar's Office 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

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). 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. In cases where viewing in person is not feasible, arrangements may be made with the Records Room staff to view the docket virtually;
- 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: _____