

# **BLOCK III HANDBOOK**



**For MSU-CHM Students  
Entering Block III In 2009**



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## **Welcome to Block III, the clinical education program for Michigan State University**

**College of Human Medicine students.** This handbook has been prepared to aid you in the transition to Block III, and includes information about policies and procedures consistent throughout the MSU College of Human Medicine community campus system. The handbook was designed as a supplement to the Block III orientation which will occur in your home campus.

### **Organization of the MSU-CHM Block III Program**

The following organizational structure is consistent across all six CHM community campuses:

**Senior Associate Dean for Academic Affairs:** Aron Sousa, M.D.

The Senior Associate Dean for Academic Affairs is the chief academic officer of the College and has the primary responsibility and oversight of the medical education program.

**Block III Administrative Director:** Carrie Thorn

The Block III Director has the responsibility for the overall administration of the Block III clinical education program.

**Community Assistant Deans:**

Each community campus is administered by a Community Assistant Dean who is responsible for the implementation of all aspects of the medical student program within the campus. The CHM Community Assistant Deans include:

John B. Molidor, Ph.D., Flint campus  
Margaret Thompson, M.D., Grand Rapids campus  
Elizabeth A. Burns, M.D., Kalamazoo campus  
Renuka Gera, M.D., Lansing campus  
Rae L. Schnuth, Ph.D., Saginaw campus  
Daniel M. Webster, M.D., Traverse City campus  
David Luoma, M.D., Upper Peninsula campus

**Community Administrators:**

The Community Assistant Dean is supported in each community campus by a Community Administrator. The Community Administrator serves as the director of the Block III student program and as the primary contact for CHM students within the community campus. The CHM Community Administrators include:

Kathleen A. Assiff, M.A., Flint	Bridget Y. Hinds, M.L.P.A., Saginaw
Christina Stavros, M.Div., Grand Rapids	Christy LaVene, Traverse City
Harriet A. Roelof, Kalamazoo	Patti A. Copley, R.N., Upper Peninsula
Karlene C. Torres, Lansing	

**Community Clerkship Directors:**

Each campus has Community Clerkship Directors who are responsible for the implementation and supervision of CHM clinical clerkships. The clerkship directors are full or part-time paid faculty who also function as members of their respective departments within the College. Often the clerkship directors serve as advisors for individual students within the community campus.

## Block III Program Objectives

At completion of the Block III program, the student will be able to:

1. Demonstrate appropriate professional behavior.
2. Demonstrate ability to perform a history and physical examination with appropriate depth and breadth according to patient's age, gender, occupational/environmental exposures, functional status and presenting problem(s).
3. Demonstrate ability to record **comprehensive** and **appropriately focused H & Ps** on patients in the inpatient and outpatient settings, including composing accurate and thorough Problem Lists, SOAP and Progress notes.
4. Develop, prioritize and justify differential diagnoses for patients.
5. Develop treatment plans, including diagnostic, therapeutic and patient education components.
6. Demonstrate understanding of how social, psychological, economic, cultural and biological issues influence patients' health and medical care.
7. Demonstrate clinical reasoning skills.
8. Demonstrate ability to make case presentations in a clear, succinct and accurate manner.
9. Demonstrate mastery of etiology, pathophysiology, pathology, clinical presentation, differential diagnosis, management and clinical pharmacology of conditions specified in the clerkships.
10. Demonstrate understanding of the medical as well as non-medical factors related to cost of health care.
11. Demonstrate ability to perform computer searches of available medical databases to obtain medical literature information relevant to the care of assigned patients.
12. Demonstrate competency in the following components:
  - Growth patterns and developmental milestones
  - Ability to counsel patients/parents in health maintenance and other health promotion areas
  - Care of the normal newborn
  - Ability to assist in or perform an uncomplicated spontaneous vaginal delivery
  - Ability to counsel patients to quit smoking
  - Understand palliative care and hospice
  - Ability to perform a diagnostic interview on patients presenting with psychiatric problems
  - Ability to manage surgical specialty problems encountered in the primary care office
  - Ability to discuss appropriate evaluation and treatment of a person who is the victim of domestic violence
  - Ability to know when to treat or make referral on patients presenting with surgical problems
13. Demonstrate competency in the following procedures:
  - Ability to perform a breast exam
  - Ability to perform a pelvic exam

- Attainment of basic surgical skills, including correct handling of instruments and proper knowledge of tying techniques
- Ability to interpret electronic fetal monitoring strips of selected conditions
- Ability to perform common office procedures
- Ability to read EKGs, identify the rate, rhythm, axis, interval, diagnosis and determine if the reading calls for assistance/intervention
- Ability to demonstrate a methodical approach to the reading of chest x-rays, write up and interpretation/diagnosis and recommend the next appropriate step in the care of the patient
- Ability to perform a complete mental status examination and record the findings
- Ability to apply basic principles of surgery in emergent settings
- Ability to provide patient education for common medical conditions

### **Student Responsibilities Regarding Patient Supervision**

All medical procedures performed by medical students must be supervised by a licensed physician responsible for the care of the patient. Before starting any procedure the medical student must be told to do the procedure on the patient by a physician responsible for the care of this patient. The supervising physician and the student share the responsibility for determining the level of supervision needed: either direct supervision (i.e., an appropriate supervisor is present while the procedure is being performed) or indirect supervision (i.e., an appropriate supervisor can be called into the room within a time span appropriate for that procedure).

It is understood that a complete list of procedures that a medical student may perform is neither possible nor desirable to establish, but these general guidelines should be followed:

- a) No procedure should be attempted by the medical student unless s/he is given permission to do so by a physician responsible for the patient.
  - b) If a student does not feel capable, then s/he must not undertake performance of the procedure without further instruction and direct supervision.
  - c) If the student is not known by the patient, the student should properly identify her/himself to the patient.
  - d) If the medical student is not successful in the performance of a procedure within the reasonable amount of time or without undue discomfort to the patient, the medical student must withdraw and notify the supervising physician.
- E. It is the responsibility of the medical student to cease and desist from the performance of any procedure at the direction of any nurse responsible for that patient, if that nurse has reasonable cause to ask the student to cease and desist. The supervising physician should be notified promptly of any such action.
  - F. The student has the responsibility to record on the chart that a procedure was undertaken, the reason for the procedure, the outcome of the procedure, the patient's condition at the conclusion, and plan for post-procedure interval.

## Patient Charting and Other Hospital-Specific Policies

It is the medical student's responsibility to ensure that any information entered in the patient chart during the course of a clerkship (i.e., history and physical, discharge summary, progress notes) is reviewed and countersigned by a physician in a timely manner.

Each hospital in the MSU-CHM system sets its own policies concerning what a student can enter on a patient's chart. Please check with your clerkship directors about hospital policies in your campus. Any documentation by the student must include student signature, school, and level of training (MSU-CHM3 or MSU-CHM4). Students may not dictate chart notes under the dictation ID of an attending or resident physician.

In addition, individual hospitals in the MSU-CHM system may have requirements for all clinicians and learners in the hospital. CHM students must comply with the specific requirements of the hospitals where they are scheduled for their clinical clerkships, including requirements for immunizations, drug testing and criminal background checks.

## Student Work Hours

Clinical student work hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities. Students must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided after in-house call lasting 24 or more hours.

## Medical Student Liability Coverage

MSU College of Human Medicine students are covered for medical professional liability when performing services in approved academic programs, for which they are enrolled, registered and have received College approval. Such services include:

- a) activities that are an official component of the curriculum, including required and elective courses,
- b) approved preceptorships, and
- c) approved field placements in off-campus locations.

Students must be under the direction of the University and under the supervision of faculty in performing the services, and the performance of such services must be within the scope of their education and training. Students are not covered when receiving pay for services or for non-MSU activities that are not approved field placements or preceptorships.

## Medical Student Attire and Etiquette

Medical students are to wear **clean, white, short lab coats** during the clerkships unless otherwise instructed. An **identification tag**, which is furnished by the community campus, must also be worn at all times. As a student, you will come in close contact with patients, physicians, peers and other health care professionals each day; good personal hygiene must be practiced. It should also be noted, that although

the College does not have a "dress code," tennis shoes, open-toed shoes, and jeans are not considered appropriate attire for hospital/office/clinic settings. During the clinical clerkships, there will be times when wearing hospital scrubs will be appropriate for medical students. Students should note that **scrubs are the property of the hospitals**; they are not to be taken home or worn outside the hospital complex.

Medical students should introduce themselves to patients and other health care professionals as a medical student, not as a physician. This is important so that individuals do not assume that students have more responsibility or authority concerning patient care than that of a medical student. Patients should be addressed using their last names. This more formal approach can be relaxed if the patient specifically requests the use of his or her first name. Students should remember that, in the clinical setting, they are a reflection of Michigan State University and the College of Human Medicine.

### **MSUNet Email**

To facilitate communication from CHM faculty and staff to students, CHM students are required to have a functioning MSUNet email address. Students are responsible for checking their MSUNet email accounts daily and maintaining their MSUNet mailboxes so that messages can be received. Failure to check email is not a valid excuse for missing a deadline or other requirements of the CHM clinical education program.

### **Sexual Harassment Policy**

Sexual harassment in the College of Human Medicine, Michigan State University is considered intolerable behavior. It is a violation of federal law; a violation of trust; a violation of ethical standards. Sexual harassment is a behavior; it is defined as unwelcome (unwanted, uninvited) behavior of a sexual nature including unwanted touching, fondling or hugging; or behavior which has the purpose or effect of unreasonably interfering with an individual's work performance or which creates an intimidating, hostile or offensive work environment; or direct or implied threat that submission to sexual advances is a condition for education or educational rewards (i.e., grades). Please refer to the MSU Sexual Harassment Policy (<http://www.hr.msu.edu/HRsite/Documents/Faculty/Handbooks/Faculty/UnivPolicies/Univ+Pol+-+POLICY+ON+SEXUAL+HARASSMENT.htm>) for additional specific information about what constitutes sexual harassment, how to make a complaint about sexual harassment and other relevant information.

Any CHM student who feels that s/he has been subjected to sexual harassment is strongly encouraged to advise the community administrator or assistant dean so that the matter can be investigated and appropriate action taken.

The Dean of the College of Human Medicine is committed to the goal of creating a work environment in which students, faculty and staff can be communicative, supportive and sensitive to each other.

### **Conflict of Interest in Educational Responsibilities Resulting from Consensual Amorous or Sexual Relationships**

An amorous or sexual relationship between a student and faculty member, resident, or another University employee who has educational responsibility for that student may impair or undermine the ongoing trust needed for effective teaching, learning and professional development. Because of the faculty member, graduate assistant or other employee's authority or power over the student, inherently conflicting interests and perceptions of unfair advantage arise when a faculty member, graduate teaching assistant or other

employee assumes or maintains educational responsibility for a student with whom the faculty member, graduate teaching assistant or other employee has engaged in amorous or sexual relations.

It is, therefore, the policy of Michigan State University that each faculty member, graduate teaching assistant and other University employee who has educational responsibilities for students shall not assume or maintain educational responsibility for a student with whom the faculty member, graduate teaching assistant or other employee has engaged in amorous or sexual relations, even if such relations were consensual. Whether such amorous or sexual relationships predate the assumption of educational responsibility for the student, or arise out of the educational relationship, the faculty member, graduate teaching assistant or other employee shall immediately disclose the amorous or sexual relationship to the relevant unit administrator, who shall promptly arrange other oversight for the student.

In unusual circumstances, the achievement of the affected student's academic requirements may necessitate continued oversight of the affected student by the faculty member, graduate teaching assistant or other University employee who has engaged in amorous or sexual relations with that student. In such circumstances the unit administrator shall, therefore, have authority, after consulting the affected student, to permit the continued oversight of the affected student by the faculty member, graduate teaching assistant or other University employee, provided that the faculty member, graduate teaching assistant or other University employee shall not grade or otherwise evaluate, or participate in the grading or other evaluation of, the work of the affected student, and that the alternative arrangements for grading or evaluating the affected student's work treat the student comparably to other students.

### **Discrimination**

Since its inception, the College of Human Medicine has been committed to admitting a heterogeneous class of students. We are proud of the diversity and plurality which we have achieved during the history of the College. The College will not tolerate discriminatory behavior and remarks, whether overt or covert. Any student who has been subjected, or feels that s/he has been subjected to discriminatory behavior should immediately advise the community administrator or assistant dean so that the matter can be investigated and appropriate action taken to stop such behavior.

### **Values Conflict**

From time to time, clinical students may be exposed to topics that are uncomfortable for the student or are in conflict with the student's values. Examples might include abortion, euthanasia, homosexuality, family violence. Students at the College of Human Medicine are expected to fully participate in such discussions, to explore these topics from more than one perspective, and to be able to articulate various points of view. If the student wishes to espouse a point of view different from the one being expressed, it is expected that this will be done in a thoughtful and respectful manner. In return, such a student should expect to have his or her points of view listened to in a thoughtful and respectful manner. Coming to understand diversity of thought and experience on a variety of health-related topics is part of the medical student experience. Functioning appropriately in a culturally diverse world is a professional responsibility of the physician.

It is therefore expected that CHM medical students will participate fully in all required experiences, despite the occasional values conflict that such participation might create. Failure to do so will be considered to be unprofessional behavior.

**POLICIES AND  
PROCEDURES  
GOVERNING THE  
ACADEMIC PROGRAM**

## MSU College of Human Medicine Graduation Requirements

The College expects that medical students will conduct themselves in an honest, responsible, and professional manner within the educational programs, in their interactions with peers, faculty, and patients, as well as in their activities beyond scheduled learning experiences. They are expected to abide by the Student Oath administered at the time of matriculation and to demonstrate the ability to function ethically and humanely (see Addendum A-1).

Graduation requirements for Michigan State University College of Human Medicine students are as follows:

1. Satisfactory completion of all components of the CHM Block I, Block II, and Block III programs within a maximum of eight (8) years, as specified by the CHM Student Performance Handbook and the MSU *Medical Student Rights and Responsibilities* document.
2. **Achievement of a passing score on the CHM Block III Care of Patients Gateway Assessment, a half-day clinical skills performance assessment held near the end of the third year.** The purpose of the exam is to assess essential clinical skills that are the foundation of clinical practice and necessary for the first year of residency: communication skills; information gathering and history taking; focused physical examination; and writing a Progress/SOAP note. The Block III Gateway Assessment, which is similar to the USMLE Step 2 Clinical Skills exam, takes place at the MSU Learning and Assessment Center and consists of multiple clinical encounters portraying common patient presentations.

Students who do not achieve a passing score on the Care of Patients Gateway Assessment will be required to complete an appropriate remediation.

3. Satisfactory completion of the CHM Block III Integration Gateway Assessment and the CHM Block III Rationality Gateway Assessment.
4. Achievement of a passing score on the United States Medical Licensure Examination (USMLE) Step 1 Exam, Step 2 Clinical Knowledge Exam, and Step 2 Clinical Skills Exam.

### CHM Block III Program

Satisfactory completion of the CHM Block III clinical training program requires completion of the following required and elective courses:

1) Block III Program Orientation	1 week
2) Family Medicine Clerkship	8 weeks
3) Internal Medicine Clerkship	8 weeks
4) Pediatrics Clerkship	8 weeks
5) Obstetrics/Gynecology Clerkship	8 weeks
6) Psychiatry Clerkship	8 weeks
7) Junior Surgery Clerkship	8 weeks
8) Core Competency Seminars	Completion of all modules
9) Advanced Medicine Clerkship	4 weeks
10) Senior Surgery Clerkship	4 weeks
11) Clinical Elective Clerkships	20 weeks

### **CHM Block III Rural Program at the U.P. Campus**

Medical students who are accepted into the CHM Block III Rural Program on the Upper Peninsula campus must successfully complete all of the following required and elective courses:

- |                                    |                           |
|------------------------------------|---------------------------|
| 1) Block III Program Orientation   | 1 week                    |
| 2) Family Medicine Clerkship       | 12 weeks                  |
| 3) Internal Medicine Clerkship     | 8 weeks                   |
| 4) Pediatrics Clerkship            | 8 weeks                   |
| 5) Obstetrics/Gynecology Clerkship | 8 weeks                   |
| 6) Psychiatry Clerkship            | 8 weeks                   |
| 7) Junior Surgery Clerkship        | 8 weeks                   |
| 8) Core Competency Seminars        | Completion of all modules |
| 9) Advanced Medicine Clerkship     | 4 weeks                   |
| 10) Senior Surgery Clerkship       | 4 weeks                   |
| 11) Clinical Elective Clerkships   | 16 weeks                  |

### **CHM Block III Leadership in Medicine for the Underserved Program at the Saginaw Campus**

Medical students who are accepted into the CHM Block III Leadership in Medicine for the Underserved/Vulnerable Program on the Saginaw campus must successfully complete all of the following required and elective courses:

- |   |                           |
|---|---------------------------|
| 1) Block III Program Orientation  | 1 week                    |
| 2) Family Medicine Clerkship  | 8 weeks                   |
| 3) Internal Medicine Clerkship  | 8 weeks                   |
| 4) Pediatrics Clerkship   | 8 weeks                   |
| 5) Obstetrics/Gynecology Clerkship  | 8 weeks                   |
| 6) Psychiatry Clerkship   | 8 weeks                   |
| 7) Junior Surgery Clerkship   | 8 weeks                   |
| 8) Core Competency Seminars   | Completion of all modules |
| 9) Leadership in Medicine for the Underserved/Vulnerable Planning Elective  | 4 weeks                   |
| 10) Leadership in Medicine for the Underserved/Vulnerable Elective          | 4 weeks                   |
| 11) Advanced Leadership in Medicine for the Underserved/Vulnerable Elective | 4 weeks                   |
| 12) Advanced Medicine Clerkship   | 4 weeks                   |
| 13) Senior Surgery Clerkship  | 4 weeks                   |
| 14) Clinical Elective Clerkships  | 8 weeks                   |

## USMLE Step 1 Rules and Remediation Process

1. All students are expected to take the USMLE Step I exam in the year in which they expect to start Block III, between the completion of Block II and beginning of Block III.
2. All Block II required courses must be passed before a student may sit for the USMLE Step 1 examination, and passing the examination is a requirement for entering Block III.

Students participating in the first PBL remediation course in May/June who pass the PBL examination must take the USMLE Step 1 examination by June 30 or prior to the first day of Block III orientation, whichever date is earlier, and must begin Block III in July.

Students participating in the second PBL remediation course in June/July who pass the PBL examination are required to take the USMLE Step 1 examination by July 29, and attend Block III orientation and core competency sessions during the first clerkship. If the student passes the USMLE Step 1 examination, the student may start Block III with the second clerkship.

3. Students who have started a clerkship and are then notified that they have been unsuccessful in their first attempt at Step 1 have two options: (1) student may withdraw from the first clerkship and will receive neither a penalty grade nor credit for time spent on the clerkship, and will be required to retake the entire clerkship at a later time; **OR** (2) student may complete the current clerkship and then take 1-2 clerkships off to study and post a passing score on Step 1.
4. Having failed for the first time, students must post a passing score before they can continue in the Block III curriculum. Students who withdrew from the first clerkship and are unable to post a passing score prior to the beginning of the third clerkship must wait until the beginning of the following academic year to start Block III. Students who remain in their first clerkship and are unable to post a passing score prior to the beginning of the fourth clerkship must wait until the beginning of the following academic year to continue in Block III.
5. Per the CHM Student Performance Committee:

Students must successfully pass the USMLE Step 1 examination within four administrations of the exam

**AND**

Students must successfully pass the USMLE Step 1 exam within 16 months of taking the Step 1 exam for the first time. (Note that the USMLE limits the number of attempts within any twelve-month period to three.)

Any student who takes the Step 1 exam and has not passed within the above stated criteria will be dismissed from the College.

## Core Competency Seminars

Students in all campuses must successfully complete the Block III **Core Competency seminars**. The Core Competency seminars have been developed to address important concepts and issues that cut across traditional clinical disciplines.

The Core Competency seminars are scheduled as weekly sessions beginning during the first clerkship and continuing throughout Year 3. They are usually held on Wednesdays from 3-5pm, and your community assistant dean's office will provide specific dates for your campus. Core Comps will not be scheduled during the week of final clerkship written exams or during Thanksgiving week. If there is a week in which Core Comps is cancelled or not scheduled, students are expected to remain on their clerkship. Each session is a structured learning experience, including discussion and/or skill sessions that will run independently of the clerkships. There are several topic modules for the Core Competency seminars, as listed below. For each module, a group of expert faculty has developed the major learning objectives and modalities.

### *Core Competency Seminar Modules*

Critical Analysis/Analytic Medicine  
The Virtuous Physician  
Health Disparities  
Palliative Care  
Therapeutics  
Occupational/Environmental Medicine  
Careers in Medicine

Core Competency seminar learning materials and assessments will be provided to students and community faculty in the MSU ANGEL course system, available on the Web at <https://www.angel.msu.edu>. Students are responsible for reviewing the appropriate materials and taking any required pre-tests prior to each session, and for coming to class prepared.

Attendance at all sessions is required, and excused absences will need to be made up. Failure to meet all requirements for each of the modules may result in a "CP" or "N" grade, depending on the number of deficiencies. Students who begin Core Comps but are unable to complete all sessions in the same year will be required to retake the entire seminar series the following year.

## The Block III Clinical Curriculum

Students are promoted to the Block III Clinical Education Program after having completed the CHM Preclinical Curriculum and passed the USMLE Step 1 examination.

The Block III program starts with a mandatory one-week community orientation which occurs in the student's assigned community campus. Year 3 is spent taking the six core clerkships: Family Medicine, Internal Medicine, Pediatrics and Human Development, Junior Surgery, Obstetrics and Gynecology, and Psychiatry. Year 4 is spent taking the two advanced clerkships, Advanced Medicine and Senior Surgery, and elective clerkships. Advanced clerkships and electives may not be taken prior to completion of the six core clerkships. No exceptions to this policy will be made without prior permission of the community assistant dean's office and the Block III director.

Block III students must take the CHM Care of Patients Gateway Assessment exam at the end of year 3. During year 4, students will sit for both parts of the USMLE Step 2 examinations (Clinical Knowledge and Clinical Skills), and apply and interview for residency programs.

The clinical curriculum for required clerkships is the same in all community campuses. Educational experiences and venues will vary to take advantage of local clinical resources and strengths, but such variations are monitored for educational equivalence of clerkship experiences between campuses and are intended to enhance the student's clerkship experience.

Curriculum is a dynamic process, always evolving in the direction of improved quality and of incorporating changes in medical knowledge. The college reserves the right to make such changes during the course of study for any given class. Such changes occur through ratification by the curriculum governance process and with appropriate notification and lead-time for students and faculty.

### **Clerkship Orientation**

All clinical clerkships begin with a clerkship orientation. **Attendance at the clerkship orientation is mandatory.** Any potential conflicts with the orientation session must be reported to the community clerkship director and the community administrator as early as possible. For unavoidable extenuating circumstances only, the clerkship director may determine that the absence is excused. In such an unusual event, the clerkship director or his/her designee may provide the student with a separate orientation. Absence from the clerkship orientation will require that the student read the clerkship handbook and become familiar with all requirements of the clerkship, including exam and evaluation policies. Lack of understanding of the requirements due to absence from the orientation session will not serve as an excuse for less-than-acceptable performance in any component of the clerkship. Any unexcused absence from the clerkship orientation will be considered unprofessional behavior and will be noted in the student's final clerkship evaluation letter.

### **Clerkship Enrollment and Attendance Policies**

Enrollment during Block III will be handled through your assigned community campus. The community administrator early enrolls all Block III students, working with CHM records officer. Students are then billed directly by MSU.

In order to ensure the quality and consistency of the MSU-CHM clinical student experience and to protect the clinical teaching resources of our community campus system, the College of Human Medicine requires that all required clerkships be taken in a student's assigned community.

Students must be available to participate in all aspects of the clerkship, on weekdays, evenings and weekends as designated by the clerkship director. Attendance at all scheduled clerkship activities – clinical assignments, rounds, lectures, clinical experiences such as surgeries, deliveries, etc. – is mandatory.

Students who are unable to be present for any required clerkship activities or Core Competency sessions because of extenuating circumstances are required to complete a CHM Absence Request form and have this form signed by the community clerkship director and community administrator. In all cases except for emergencies and sudden illness, requests for scheduled absences are to be submitted at least 30 days prior to the date(s) of absence. Time off for religious holiday observance should be submitted at least 30 days prior to the beginning of the clerkship from which time off is being requested. If permission for an absence is granted, it is the student's responsibility to notify his or her clinical preceptor.

Scheduled absences are not approved until signed by both the clerkship director and community administrator. Failure to complete this form and obtain the required signatures will result in an unexcused absence from the clerkship. While all requests are subject to approval by the community administrator and clerkship director and are considered on a case by case basis, examples of possible excused absences include:

- death of a close family member
- serious illness or hospitalization of a close family member
- student presentations at professional conferences

Students should plan weddings, family vacations and trips during scheduled time off.

In the case of emergency or sudden illness, the student must contact the community clerkship director, the community assistant dean's office, and his/her preceptor. For absences because of emergencies and illness, the CHM Absence Request form must be submitted no later than two days following the absence. Depending on the circumstances and length of absence, the student may be required to provide documentation.

Time missed during the clerkship—including for illness and other excused absences—must be made up. Students with excused or unexcused absences of more than five days in an eight-week clerkship, and more than two-and-a-half days in a four-week clerkship, may receive a CP grade for unprofessional behavior and need to remediate 4 weeks of the clerkship, in addition to any other deficiencies in the clerkship. Time off for religious holiday observance and for college-wide activity days will not be counted as absences. Some clerkships may have more stringent attendance policies; be sure to check your clerkship handbook for more specific information.

Any unexcused absences will be considered unprofessional behavior. Each unexcused absence will count as one instance of unprofessional behavior, and will be noted as such by the clerkship director on the student's CPE form and in the final clerkship letter. Instances of unprofessional behavior may be incorporated into the Medical Student Performance Evaluation.

### **Withdrawing From Clinical Clerkships**

Students are not permitted to drop or withdraw from a required clinical clerkship once they have commenced the clerkship except under rare and extraordinary circumstances. Academic difficulty is insufficient cause for dropping or withdrawing from a clerkship.

On occasion, a student may experience extenuating circumstances—illness, delivery, death in the immediate family—which make it impossible to continue a required clerkship. In this situation, the student must meet with the community assistant dean or community administrator to outline the circumstances and to discuss future plans for continuation in Block III. The community assistant dean's office must get final approval for dropping a clerkship from the Block III director. The community assistant dean's office will be responsible for notifying the appropriate clinical department. This policy assures that (1) students do not drop clerkships without good cause, (2) the College can be responsive to extenuating student circumstances, and (3) decision-making is consistent across the CHM multi-campus system.

If a student receives permission to leave a clerkship **prior to the mid-point of a clerkship**, the student must repeat the entire clerkship (a "drop" will be issued). If, however, a student receives permission to leave the clerkship **after the mid-point of the clerkship**, the student must complete, **within a time period of no more than six months**, all the unmet requirements of the clerkship (written and oral examinations, out-patient and in-patient experiences, etc.). In this circumstance an "ET" grade will be

issued and the student does not need to repeat the clerkship experiences s/he engaged in prior to departure.

### **Policy on Administration of Clerkship Final Examinations**

Each of the CHM core clerkships uses a written final examination at the end of the clerkship as a measure of knowledge gained during the clerkship experience. In 5 of the 6 required clerkships, the NBME shelf exam is the final examination. In the Family Medicine clerkship, a departmental exam is used for the final exam. The security of these examinations, the consistent and fair administration of the examinations across sites and clerkships, and our compliance with University policy regarding examinations and grading are of the highest priority to the College of Human Medicine.

1. Students will be notified in writing of the date, time and location of the final examination on the first day of the clerkship. Any room or scheduling changes will be communicated to students in writing as they occur. All final written exams must be administered in all communities on the same day, starting no later than 9:00 a.m.
2. The final exam will be offered once per clerkship. Students who do not sit for the final examination will receive a conditional pass (CP) grade for this component of the clerkship.
3. In addition to the reading of examination instructions to students, the exam start time and 30- and 10-minute reminder times will be posted where they are visible to examinees.
4. The starting time of the examination will be strictly adhered to, and all students must be seated in the exam location by the announced starting time for the exam. Admission to the exam will not be allowed after this time.

The examination will start on time and begin with the reading of directions for the examination, and admission to the exam will not be allowed during the reading of directions. Students arriving late to the exam will not be allowed to sit for the exam and will receive a CP grade for the exam. The student must meet with the Clerkship Director and Community Administrator to make arrangements to sit for the exam at a later date.

5. A Conditional Pass (CP) grade resulting from an unavoidable emergency situation—such as a traffic accident en route to the exam—should be brought to the attention of the Clerkship Director and Community Administrator as soon as possible. Such emergency situations will be considered on a case-by-case basis by the Lead Clerkship Director and Community Clerkship Directors, Community Administrator and Block III Director. Students will need to provide verifiable documentation of an emergency situation in order to have a CP grade reconsidered.
6. If the administration of the examination is not carried out according to this protocol for any reason, an equitable solution will be arrived at that will not penalize students. In most cases where exam administration is not carried out according to protocol, students who pass the examination will be allowed to retain their passing grades or retake the exam, at the student's option, and students who fail the examination will be given another opportunity to sit for the examination without penalty. Under no circumstances will a passing grade be granted for a student who failed to score a passing grade on the examination.
7. If a student becomes ill or otherwise cannot complete the examination, the student must ask the proctor to be excused from the exam setting, state the reason for leaving the exam, and arrange to

meet with the Clerkship Director. A decision about the consequence of leaving the examination will be made by the Clerkship Director, Community Assistant Dean, and Block III Director on a case-by-case basis.

8. Repeat administrations of a final examination for students who arrive late and are unable to sit for the exam, who must leave the examination before it is completed, or who fail the examination may not be available for several weeks (NBME exams must be ordered six weeks in advance). A student with an unexcused absence for an examination will be required to pay any additional fees associated with ordering another NBME exam.

### CHM Electives Policy

In addition to the basic and advanced required clerkships, CHM students must complete 20 weeks of elective clinical clerkships to meet graduation requirements. Because of the additional requirements of their programs, Upper Peninsula campus students in the Rural Medicine program complete 16 weeks of electives and Saginaw campus students in the Leadership in Medicine for the Underserved/Vulnerable program complete 8 weeks of electives.

Electives must be taken in continuous four-week blocks. Electives can be taken only after the six basic clerkships have been completed. A request to change an elective clerkship once it has been scheduled must be submitted at least 30 days prior to the start date of the clerkship using the "Request to Change a Scheduled Clerkship" form which is available in your community assistant dean's office.

To fulfill the clinical elective requirement, all electives must be clinical in nature and involve at least 50% clinical work during the four-week elective. Research electives do not need to involve patient contact but must be clinically relevant and approved by the community research director. Students may take non-clinical electives, but these will not count toward fulfilling the clinical elective requirement for graduation.

A student may not sign up for any more than two (2) electives in the same subspecialty. HOWEVER, if there is a more stringent department policy regarding subspecialty electives, the department policy takes precedence over the College policy in that particular clinical discipline.

All elective time may be spent anywhere within the CHM community system, space permitting. Off-campus electives, including international electives, are limited to 12 weeks.

**In-system** electives are taken at the student's home campus or one of the other MSU-CHM community campuses:

- **On-campus** electives are those taken within the student's home CHM community campus. They are arranged through the student's community assistant dean's office.
- **Inter-campus** electives are those taken within the CHM community campus system and are arranged through the community assistant dean's office in the student's home campus. Students do not arrange these electives on their own.

**Off-campus** electives are taken outside the MSU-CHM system and must be arranged and approved at least 30 days in advance. **Students will not be allowed to begin an off-campus elective that has not been approved by the appropriate MSU clinical department.** Off-campus elective requests must be submitted to the community administrator and be accompanied by a description of the elective clerkship curriculum and a letter of acceptance from the host institution. The community administrator and

department representatives who approve the request may ask for additional information about the clerkship. Elective information for other medical schools can usually be found on the school's website, and a listing of medical school contacts for electives can be found in the AAMC [Extramural Electives Compendium \(EEC\)](#).

For both inter-campus and off-campus electives, requests are coordinated through the student's community administrator. All required paperwork must be on file in advance of the clerkship.

The Visiting Student Application Service (VSAS) is an AAMC application designed to streamline the application process for senior "away" electives at other U.S. LCME medical schools. This service requires students to submit just one application for all schools, effectively reducing paperwork, miscommunication, and time. VSAS also provides a centralized location for managing offers and tracking decisions. You will **only** use VSAS if you are enrolled at a U.S. LCME medical school and are applying for senior away electives at any of the currently participating host schools. If you are **not** applying to one of these host schools, please use the [Extramural Electives Compendium \(EEC\)](#) for visiting student application information. More information on VSAS can be found at <http://www.aamc.org/programs/vsas/students/start.htm>.

**International** electives count as off-campus electives. However, if a student takes an international elective that is coordinated and accompanied by a CHM faculty member, the student may seek approval through their CHM community administrator to have this one such international elective count as an in-system elective. Please note that the maximum of one international elective counting toward meeting the in-system elective requirement is not negotiable.

**Student-generated** elective clerkships are those designed to meet specific educational needs of students for which clerkships do not currently exist (i.e. independent study, international electives). These electives may be taken within the College of Human Medicine community campus system or off-campus. A complete description of clerkship objectives, method of evaluation, and explanation of supervising individuals must be submitted for review. In addition, a letter from the host institution or applicable individual indicating student acceptance to the clerkship must be submitted. The community assistant dean or department representative who reviews the request may ask for additional information.

Off-campus and student-generated elective clerkships are subject to approval by the appropriate department representative, the community administrator, and the Block III Director. Approval for these electives may be withheld if any academic deficiency exists. Students who are on academic probation, have unremediated N grades, or who have had a CP or N grade due to unprofessional behavior may not take electives outside the CHM community campus system.

### **Placement of CHM Students in International Sites for Clinical Electives**

Students interested in taking clinical electives at international sites need to discuss this with their community administrator as early as possible, as considerable arrangements must be made and appropriate paperwork must be provided to the MSU clinical department responsible for approving the international elective. **Students will not be given credit for an international elective unless appropriate materials have been forwarded to the department and the elective has been approved in writing by the department.**

All international elective experiences must have the approval of the College, both centrally and departmentally. Any student who engages in international experiences **must** be enrolled for these experiences. Otherwise these will be considered **non-authorized** experiences and the College will not be held responsible for any liability or other concerns that may arise.

For more information about international electives, go to the College of Human Medicine International Health Opportunities for Medical Students website at <http://internationalhealth.msu.edu/>.

Students must also apply for international electives at least one month before departure through the MSU Office of Study Abroad (OSA). MSU has a medical insurance program for students participating in Study Abroad programs. For detailed information, see the OSA web site at <http://studyabroad.msu.edu/medrotate.html>.

## Grading in the Block III Program

The College of Human Medicine is authorized to use the Pass / No Pass system of grading. All required courses taken by medical students have been approved by the University Committee on Curriculum for Pass / No Pass grading. Within the approved grading system, and in keeping with *Faculty Rights and Responsibilities*, the faculty has final authority for the grade assigned to the individual student.

### 1. The Pass (P) grade

The Pass grade (P) is given when the student has met or exceeded all of the criteria of the course.

### 2. The Conditional Pass (CP) grade

The Conditional Pass (CP) is given when the student has either:

- a. Met almost all of the course objectives (criteria for passing) but is deficient in a specific definable course segment; or
- b. Completed all the course requirements but has failed to meet the overall pass level by a narrow margin.

The CP grade is issued when the course instructor believes the student's overall performance has been such that the student should not be required to repeat the entire course and that the character of the deficiency is specific and identifiable and is likely to be remediable within a foreseeable time span and through specifiable action by the student.

When the remediation activity is completed or time allocated to the remediation has expired, the CP grade will be changed to P (Pass) or N (No Pass). The Conditional Pass (CP) will remain on the student's record and transcript. Failure to complete the specified remediation by the due date will result in a grade of CP/N. A final grade must be reported upon completion of the block of the medical school program in which a student is enrolled or in the time approved by the Student Performance Committee for completion of the work.

### 3. The No Pass (N) grade

The No Pass (N) grade is given when the student fails to meet all the criteria of the course.

### 4. The Extended (ET) marker

The University-approved Extended (ET) marker is given to students in courses involving field experience, thesis work, or courses which extend beyond the end of the semester. An example of an appropriate use of the ET marker is when a Block III clerkship extends beyond the end of the semester. It is also used when the paperwork necessary for issuing the student grade is not finalized by the time grades must be reported to the University. The ET marker is not given to indicate an academic problem.

**5. The Honors (H) designation**

All of the required clerkships in Block III give an Honors designation (H) for outstanding performance, except Advanced Medicine and Senior Surgery. The criteria for qualifying for Honors will be provided to students at each clerkship orientation. Please note that although the Honors designation is awarded in the required clerkships, this is not an official University grade and therefore will not be reflected on the student's Michigan State University transcript. It will, however, be reflected in the Medical Student Performance Evaluation.

**Procedure for Grieving a Clerkship Grade**

Block III students wishing to grieve a clerkship grade should start with the **informal administrative procedure** for handling complaints. The process for this is as follows:

- A. The student meets with the appropriate Community Clerkship Director to discuss his or her concerns. If the dispute is resolved to the student's satisfaction, no further action is required.
- B. If the issue is not resolved with the Community Clerkship Director, the student meets with the Lead Clerkship Director from the appropriate CHM clinical department. If the dispute is resolved to the student's satisfaction, no further action is required.
- C. If the issue remains unresolved, the student meets with the CHM Department Chair. The Chair may hold a department administrative meeting with the student to seek resolution; this is not a formal hearing process.

If the student's concern remains unresolved after working through the informal administrative procedure, the student can use the **formal grievance procedure**. This involves the student requesting a grievance hearing before the CHM hearing body. The letter requesting a hearing should be addressed to the Associate Dean for Academic Affairs, who upon receipt will forward the request to the chair of the college hearing body.

For more detailed information about grievances, see Article 5 of the MSU Medical Students Rights and Responsibilities (MSRR) document. Section 5.3.4 of the MSRR specifically addresses the handling of student grievances:

Grievances/complaints must be initiated at the lowest administrative level feasible. Grievances/complaints brought within a department that is solely administered by CHM will normally be heard by the department hearing body. Grievances/complaints brought within a department that is not solely administered by CHM will be referred to the medical student's college hearing body. Upon the request of either party or on its own initiative, a department may waive jurisdiction and refer a grievance/complaint to the college hearing body with the approval of the college dean.

Per Student Performance Committee policy adopted Oct. 15, 2002, clinical students who grieve a clerkship grade may continue on clerkship rotations unless they have previously been suspended or dismissed. Due to concerns for patient safety and the integrity of the health care systems within which the College carries out the clinical education program, clinical students who are grieving a clerkship grade and have been suspended or dismissed may not continue in the Block III clinical education program during the grievance process. If, as a result of the grievance process, a student grade is changed such that, according to SPC rules, the student is no longer suspended or dismissed, the suspension or dismissal will be considered null and void and the student may re-engage the clinical curriculum.

## Professional Behavior & Academic Honesty

### A. Academic Honesty at Michigan State University

All members of the university community must first and foremost act in accordance with principles of academic honesty. All student groups at Michigan State University are governed by such principles, and medical students are no exception.

Michigan State University has established policies on the integrity of scholarship and grades which are contained in the All University Policy on Integrity of Scholarship and Grades, General Student Regulation 1.00 Protection of Scholarship and Grades, Ordinance on Examinations, and Academic Freedom for Students. The College of Human Medicine supports these policies and the additional policies and procedures described in the Medical Students' Rights and Responsibilities (MSRR) document. Additionally, the College holds students responsible for exemplary professional behavior as described in the Student Oath and the Principles of Professional Behavior.

#### Student Responsibilities

Students are responsible for their own behaviors and are expected to maintain stated standards of academic honesty. Students share the responsibility with the faculty for maintaining an environment that supports academic honesty and scholarship and discourages cheating and other unprofessional behaviors. Therefore, students are expected to:

1. Demonstrate appropriate professional behavior in all clinical and academic settings, including appropriate dress, punctuality (including handing in written assignments on time), respect, courtesy and helpfulness toward patients, preceptors, teachers, staff and classmates.
2. Develop personal practices that prevent suspicion of academic dishonesty such as avoiding sitting near friends in exams or avoiding wandering eyes.
3. Report instances of academic dishonesty and unprofessional behavior to appropriate faculty and administrators.
4. Name individuals involved in academic dishonesty and unprofessional behavior. This is an important responsibility of students. Faculty and administrators are unable to take appropriate action unless students are willing to take the initiative to report unprofessional behavior and to name the individuals involved. This is a first but necessary step in becoming a professional and learning to monitor one's peers.
5. Participate as a witness at judicial hearings in alleged cases of academic dishonesty and unprofessional behavior.
6. Avoid generating accusations of academic dishonesty and unprofessional behavior that cannot be substantiated.

Instances of academic dishonesty will be handled as a disciplinary not an academic matter. This process is outlined in the MSRR document, under Disciplinary Hearings. This is the same

process used for Student Grievances, although when it is a matter of behavior the hearing is called a disciplinary hearing not a grievance.

### **Faculty and Administrator Responsibilities**

Faculty are responsible for creating an environment that discourages cheating and other unprofessional behaviors, confronts suspected violators and insures fair treatment of all students. The College and University administrators also share the responsibility for developing an environment that discourages academic dishonesty. Accordingly, administrators are expected to:

1. Respond in a timely fashion to follow-up accusations of academic dishonesty.
2. Implement Departmental, College and University procedures to investigate accusations of student unprofessional behavior and academic dishonesty (See MSRR document).
3. Give due acknowledgement for work contributed on research projects.
4. Hear appeals and render a judgment.
5. Notify Provost and Ombudsman of decisions.

### **Unprofessional Behavior and Academic Dishonesty**

It is well documented that opinions differ with regard to what is considered dishonest or unprofessional. Given this, the faculty in the College feels that it is important to provide SOME examples to students, so as to create enough specificity that students can govern themselves. On the other hand, no list of examples is complete – it is possible for a student to behave in ways not covered by our list, and still be considered to have acted unprofessionally. The following behaviors are considered to be examples of unprofessional behavior or academic dishonesty from the clinical environment:

1. Behavior which diminishes or threatens patient safety and welfare
- \*2. Falsifying clinical records (e.g., noting that a physical exam had been performed when it had not been performed)
- \*3. Fabrication of written records (e.g., “making up” data on clerkship written records)
4. Unexcused absences in clinics, hospitals and other clerkship obligations
5. Falsifying reasons for excused absences from clerkships or examinations
6. Presenting or publishing data (including electronically) from a collaborative research project without the principal investigator’s permission
- \*7. Plagiarism, defined as representing as one’s own, the ideas, writings, or other intellectual properties of others, including other students
8. Treating faculty, peers, nurses, other health care professionals, staff of academic centers and other institutions with lack of respect and courtesy

9. Taking an examination for someone else or preparing and submitting an assignment for someone else
10. Receiving, retaining, and/or using materials obtained in a manner that is defined as academically dishonest
11. Failing to report observed instances of academic dishonesty\* or other unprofessional behavior
12. Removing or acquiring an examination during preparation, typing, duplication, storage or after administration including licensing examination
13. Continuing to answer test items beyond the prescribed exam time line
14. Leaving the examination room without permission
15. Taking examinations at times other than the one to which you have been assigned in order to obtain more preparation time

\* Academic dishonesty includes but is not limited to the following examples:

- collaboration on assignments when expressly prohibited in clerkship handbook
- bribing University staff/faculty to improve academic scores/grades in any way
- copy answers from another student's examination
- taking scribe sheet or other form of prepared answers/notes into an exam
- taking an exam, or having someone take an examination or preparing an assignment in one's stead
- systematically memorizing questions from secured exams and collating them for future study
- using signals or otherwise communicating during examination to share answers with other students

## B. Understanding Professional Behavior

Medical students' responsibilities for conduct go far beyond matters of academic honesty. Students are joining a professional community, and an important goal of medical education is to promote the development of professional integrity and professional virtues. In a pluralistic society there will be a variety of different conceptions of what it means to live a good life and to be a good person. While there will be important common elements – few will view serious acts such as killing, stealing, or lying as examples of “good” behavior – there will also be some important differences. It would therefore be inappropriate for a professional school to claim to either judge or teach what it means to be a person of integrity or a virtuous person.

On the other hand, it may be possible through inquiry to agree upon a core set of values that define medicine as a moral (as well as a scientific and technical) enterprise. These are values that all properly trained physicians ought to share in order to properly carry out medicine's particular mission. If we can agree on this moral core of medicine, we can then judge whether a physician accepts those values and is trying to shape his/her attitudes and behavior to conform to them. We can also identify certain personal qualities or practices which seem to go hand in hand with these values, and we can judge the relative excellence of a physician in developing those qualities and incorporating them into his/her everyday behaviors. That means we can both teach and evaluate what it means to possess virtue or integrity as a physician, even if what it means to possess them as a person is beyond our scope. However, medical evaluation can provide the student with opportunities to reflect upon the relationship between one's personal values and one's evolving professional values.

### Core Professional Values

One ought to be able to determine the core professional values of medical practice by carefully analyzing what sort of activity medicine is. To be a physician of integrity requires, first, that one adhere to the proper goals of medical practice; and second, that one use skilled and appropriate means to pursue those goals.

The proper goals of medical practice are:

1. Healing and ameliorating illness and its consequences
2. Promoting health
3. When 1 and 2 are no longer possible, assisting patients in achieving a comfortable and dignified death

The ethically appropriate means to pursue those goals include:

1. Competent practice in a technical sense
2. Inflicting harm only when necessary and proportional to a sought-after benefit
3. Honest portrayal of medical knowledge
4. Fidelity to the interests of one's patients

Taking one extreme example, engaging in sexual relationships with patients violates almost everything on this list. It pursues no legitimate medical goal. It elevates the physician's selfish interests over any concern for the patient's long-term interests. It fraudulently portrays medical knowledge if it gives the impression that sex can be a part of therapeutic practice. If the physician truly thinks that it could be therapeutic, that physician is technically incompetent.

C. **The Virtuous Student Physician: A System of Professional Development for Students in the College of Human Medicine** is described in the Virtuous Student Physician document (see Addendum A-2).

### D. **Development of Professionalism for CHM Students**

The CHM faculty is committed to help in the development of professional behaviors in its student body. There will be experiences held at intervals throughout the 4-year curriculum to assist students in understanding appropriate professional behaviors, built around the six virtues outlined by the CHM faculty and student body. These will occur as part of the formal and the informal curriculum. The six virtues have been incorporated into the student evaluation forms used in all three Blocks of the Curriculum. Expectations for students for demonstrating appropriate levels of professionalism have been incorporated into some courses in the preclinical curriculum, and all required clerkships in the clinical curriculum. Students will be given feedback about certain behaviors and it is expected that such behaviors will not be repeated.

Patterns of unprofessional behavior in a single course/clerkship will become an academic matter. This means that professionalism will be reflected in the student's grade for the course or clerkship, will be included in narrative comments in letters by course/clerkship faculty, and will be commented upon in the final Medical Student Performance Evaluation.

It is possible that a student could be put on academic review or probation, be suspended or be dismissed due to earning non-passing grades based solely on professionalism issues. In such instances, as with all academic matters, the student could make appeal to the Student Performance

Committee for reinstatement. In the event that probation was triggered by similar circumstances, the student would be notified of the academic probation, with appropriate corrective action outlined.

**E. Disciplinary Action**

In some instances, student behavior will be so egregious that any single instance will be handled by the disciplinary, not the academic process. Examples of such behavior include instances of academic dishonesty, behaviors which compromise the safety or endanger the welfare of a patient, and instances of threats of harm to patients, patient families, other students, faculty or staff, or violations of University-wide policies or violations of the criminal code of Michigan. In the case of such instances the process followed will be that outlined in the MSRR document, under Disciplinary Hearings. This is the same process used for Student Grievances (see Section VII), although when it is a matter of behavior the hearing is called a Disciplinary Hearing not a Grievance Hearing.

In rare instances there will have been repeated instances of unprofessional conduct, no single one of which gets reflected in the student's grade. Nevertheless, if such a pattern of unprofessional conduct is deemed to exist, a Disciplinary Hearing can be convened.

All allegations of unprofessional behavior conduct will be followed up with fact-finding by the responsible CHM administrator. If the fact-finding suggests there has been a violation of conduct expectations, a formal Hearing Body shall be convened to review all the data from every source, including the student in question. The process outlined in the Medical Student Rights and Responsibilities document will be followed. The Hearing Body will recommend to the Dean their findings and recommendations.

The Medical Student Rights and Responsibilities document identifies (see section 5.7) five sanctions that the Hearing Body will consider: a) warning; b) probation; c) suspension; d) dismissal; and e) other.

If the fact-finding results in the student admitting guilt, and if the behavior is a first instance of unprofessional conduct, and if the situation is not an 'urgent' one (as defined by the MSRR), the student has the option to request waiver of a formal hearing. In such an instance, the Chief Academic Officer, or his/her designate, will determine and implement an appropriate sanction. If the student does not agree with the sanction, a formal hearing will be called. In such an instance a formal record of the situation will be constructed by the Chief Academic Officer, and entered into the student's file as an official instance of unprofessional conduct. If there is any repeat instance of unprofessional behavior (similar to or different from the initial instance), a formal hearing will be called. If there is any dispute about facts or if the student does not agree to waiver, a formal hearing will be called.

**F. Procedures for Disciplinary Handling of Concerns Relating to Academic Dishonesty and Other Forms of Professional Misconduct**

**1. Responsibility**

For one to enter the practice of medicine requires the acceptance of a major responsibility for his/her professional colleagues and their patients. This responsibility extends into the student/resident years as well.

If a student demonstrates a behavior that does not conform to the expectations defined in this section and the Student Oath, students, faculty and staff alike not only must become

concerned, but also recognize the responsibility to become involved with the intent of helping the person whose behavior is seen as inappropriate. This clearly is the responsibility not only of fellow students, but also of faculty, staff and the administration.

2. Procedure for expressing one's concern is as follows:
  - a. Identify the specific incident(s) in as much detail as possible.
  - b. Express these details directly to the Associate Dean for Academic Affairs or the Community Assistant Dean.

Once the concerns have been expressed, the Associate or Assistant Dean will carry out a detailed assessment by interviewing all concerned parties and gathering all available data. This will be performed judiciously and without identifying the identity of any individuals to others who may be involved. This review will be completed as quickly as possible.

### G. **Formal Hearing**

If the fact-finding suggests there has been a violation of conduct expectations, a formal hearing body shall be convened to review all the data from every source, including the student in question. The process outlined in the Medical Student Rights and Responsibilities document will be followed. The hearing body will recommend to the Dean their findings and recommendations. The identity of those raising the original concern will be revealed at this level.

The Medical Student Rights and Responsibilities document identifies five sanctions (see section 5.7):

1. Warning
2. Probation
3. Suspension
4. Dismissal
5. Other

## **Student Promotion and Retention**

Following is a summary of the CHM Student Performance Committee (SPC) requirements criteria for Academic Review, Suspension Pending Dismissal, Probation, and Dismissal in Block III. For more detailed information about the process related to each of these disciplinary statuses, please refer to the *CHM Student Performance Handbook*.

### **Academic Review status in Block III**

1. Block III clinical students are automatically placed on Academic Review status when the following conditions are met:

An N grade in any clerkship  
OR  
Two (or more) CP grades in any of the clerkships

NOTE: N and CP grades count toward academic disciplinary statuses even after the student has remediated the non-passing grade and received a P grade in the clerkship.

2. Clinical students will remain on Academic Review until they have remediated all outstanding CP or N grades.

3. Permission from the Community Assistant Dean's office and the Block III Director is required to take off-campus electives while on Academic Review status.

### **Suspension Pending Dismissal status in Block III**

1. Block III students are automatically placed on Suspension Pending Dismissal when the following conditions are met:

N grade in a clerkship for a second time

OR

N grades in two (or more) clerkships

OR

One (1) N grade and one (1) CP grade

OR

Three (3) CP grades

NOTE: N and CP grades count toward academic disciplinary statuses even after the student has remediated the non-passing grade and received a P grade in the clerkship.

2. A Block III student who is Suspended Pending Dismissal will not be allowed to participate in any required or elective clerkships. A suspended student may continue to attend core comp seminars and take remediation exams.
3. A student who is Suspended Pending Dismissal has seven business days after notification of suspension to appeal to the Student Performance Committee (SPC). If no appeal is made, the student will be dismissed from CHM. Students who submit an appeal to the SPC will have a hearing with the committee, and the student will either be reinstated or dismissed from CHM.

### **Probation status in Block III**

1. A student who appeals suspension and is reinstated by the SPC will be on Probation status with new promotion and retention requirements established by the SPC. The student will be removed from Probation once all required remediations have been completed successfully and any further conditions established by the SPC have been met. Students who have been reinstated remain under the oversight of the SPC, with periodic review by the Subcommittee for Academic Review (SAR), whether or not the student is on Probation.
2. A student may not take off-campus electives while on Probation.
3. A student who is dismissed by the SPC will continue to have the opportunity to appeal to the Dean. If the Dean decides to reinstate, the student returns on Probation under the oversight of the SPC.

NOTE: Students must complete all graduation requirements within eight (8) years of matriculation, including leaves of absence or extensions for any reason. Students who fail to complete requirements within eight years will be dismissed from the College of Human Medicine. (This does not apply to students enrolled in the M.D./Ph.D. program.) Passing the CHM Block III Gateway Assessment exams and both of the USMLE Step 2 exams are required for graduation.

## Clerkship Evaluations

Clerkship evaluations are an important part of Block III. They are used by the faculty to determine areas of strength and weakness in your performance. Each department specifies the components of the evaluation for its clinical clerkship. In general, these components involve a clerkship performance evaluation, a written examination, and other assessment measures.

### Receiving Feedback from Preceptors

One important aspect of evaluation on clinical clerkships is ongoing verbal feedback from preceptors. We encourage attending and resident preceptors to provide constructive feedback on student strengths and weaknesses, but unfortunately it does not always occur. You, as the student, can help in the feedback process by asking for some time at the beginning of each rotation (or when you change preceptors) to sit down and clarify expectations. Follow up this discussion with periodic inquiries about your performance and progress.

### CHM Clinical Performance Evaluation (CPE)

The College has a required Clerkship Performance Evaluation (CPE) form that is used by all Block III clerkships (see Addendum B). The CPE evaluates the student's clinical knowledge, skills and professionalism. The CPE is distributed electronically, via the E-Value system, to attending and resident preceptors to whom the student was assigned during the clerkship. In some cases, students may be asked to supply additional names of preceptors with whom they worked directly during the clerkship. Obtaining evaluation forms from preceptors is essential in securing proper evaluation of student performance.

All clinical departments use the same criteria for determining the grade on the CPE portion of the clerkship evaluation:

- A Pass (P) grade is achieved by attaining 85% or more responses in the “Usually” and “Consistently” categories, no more than 15% in the “Seldom” category, and no more than two separate recorded Incidents of Unprofessional Behavior.
- A Conditional Pass (CP) grade will be given to students who receive more than 15% in the “Seldom” category or more than two separate recorded Incidents of Unprofessional Behavior. A CP grade will require that the student repeat four weeks of the clerkship, in addition to remediating any other outstanding clerkship deficiencies.
- The Honors (H) designation for the CPE portion of the clerkship evaluation is awarded to students who receive 75% or greater in the “Consistently” category, no marks in the “Seldom” category, and no Incidents of Unprofessional Behavior.

### Elective Clinical Performance Evaluations

Elective clinical performance evaluation forms are sent to the preceptor(s) to whom the student is assigned. Students may also be asked to supply names of other individuals with whom they worked during an elective clerkship. A final grade will not be issued until the evaluation forms have been received. A copy of each completed evaluation form is kept in the student file in the Community Assistant Dean's office for your review.

For electives taken outside the MSU-CHM system, it is ultimately the responsibility of the student to make certain that clerkship evaluation forms have been received by the Community Assistant Dean's office.

### **Final Clerkship Evaluations**

The community clerkship director uses the student's performance on Clinical Performance Evaluations (CPEs) and other clerkship assessments to identify the student's strengths and weaknesses on the clerkship and to prepare the student's final clerkship evaluation. The final clerkship evaluation will include a clerkship director's summary of the student's performance on the clerkship. The community clerkship director, in conjunction with the appropriate CHM department, assesses the overall performance of each student. The department is then responsible for issuing a grade of Pass (P), Conditional Pass (CP), or No Pass (N), based on the overall assessment. (Honors designations, where applicable, will be noted in the final clerkship evaluation but not on the student's MSU transcript).

When the final clerkship evaluation evaluations are received, students should be read them carefully. If there are concerns about the content of an evaluation, a meeting should be scheduled to discuss them with the community clerkship director. **Under no circumstances is a student allowed to discuss CPE ratings directly with preceptors; all concerns about CPE ratings must be addressed with the community clerkship director.** Failure to adhere to this policy will be considered unprofessional behavior and will be reflected in the student's grade and noted as such in the student's clerkship evaluation.

### **Student Evaluation of Clerkship Experiences and Instructors**

Student evaluation of their required clerkship experiences, preceptors and instructors is an integral part of CHM clinical program quality improvement. For required clerkships, students are required to complete the College-wide End of Clerkship Evaluation (see Addendum C) and any Departmental evaluations, all of which are distributed electronically via the E-Value system. The E-Value system is set up to protect student anonymity. Clerkship directors are given access to clerkship evaluation data only after clerkship summary letters are written. Preceptors and instructors are not provided with student feedback on their performance until more than three student evaluations of the preceptor or instructor have been completed, to protect student anonymity.

For elective clerkships, there are College-wide evaluation forms for assessing the clerkship and instructor(s) (see Addendums D & E). These forms are distributed to the student by the Community Assistant Dean's office. Students are encouraged to complete an evaluation for each elective clerkship.

### **Core Competency Evaluations**

Attendance at all sessions and satisfactory completion of all pre- and post-tests and other assignments is required. Any absences will need to be made up. Failure to complete the requirements of all sessions will result in a CP or N grade, depending on the number and nature of deficiencies.

## **Medical Student Performance Evaluations**

Medical Student Performance Evaluations are written in late summer or early fall in the student's fourth year. Medical Student Performance Evaluations will be forwarded to residency programs on or after November 1. Please notify your Community Assistant Dean or Community Administrator if you are

pressured to submit your Medical Student Performance Evaluation (MSPE) before November 1. The MSPE will include information on all required or elective clerkships taken prior to the fall semester of the fourth year (end of August).

Addendums to the MSPE will be written for any CHM student or graduate who re-enters the Match for any reason. The addendum will include results from all required and elective clerkships taken since the original MSPE was prepared, as well as a summary statement by the Community Assistant Dean. The addendum will become part of the student or graduate's permanent record and will be sent with the original MSPE when future requests for the MSPE are received.

### **Medical Student Performance Evaluation Rating Criteria**

The Community Assistant Deans are asked to summarize each student's overall performance and assign a rating based on standard criteria. These criteria are summarized below. Only grades from third-year required clerkships will be considered in determining the student's Medical Student Performance Evaluation rating.

**Outstanding:** Given to outstanding students who have distinguished themselves both academically and professionally. Received Honors in a minimum of four or more of our required clerkships, with no CP or N grades.

**Excellent:** Given to highly competitive students generally in the upper third of their class who have consistently excelled academically and professionally. Received Honors in two or more of our required clerkships, with no CP or N grades.

**Very Good:** Given to students who have consistently performed competently and professionally. Passed all required clerkships, with no more than one CP grade and no N grades.

**Good:** Given to students who have had academic or non-academic difficulty but have successfully remediated. We anticipate that students in this category will perform well in postgraduate education. Passed all required clerkships, with no more than two CP grades or one N grade.

**Satisfactory:** Given to students who have had academic or non-academic difficulty but have successfully remediated. Passed all required clerkships, with no more than three CP grades, or one CP and one N grade.

**Marginal:** Given to students who have had significant academic or non-academic difficulties and who may continue to have similar problems in postgraduate training. Expected to fulfill all graduation requirements.

### **MSPE Rating Criteria for Students with Professional Behavior Sanctions**

Students who have been suspended for breaches of professional behavior will receive no higher than a **Satisfactory** rating on the MSPE, and students who have been sanctioned but not suspended for breaches of professional behavior will receive no higher than a **Good** rating on the MSPE. The final MSPE rating for students who have been sanctioned or suspended for unprofessional behavior may end up being lower than Good or Satisfactory, respectively, depending on the student's academic performance.

## Access, Management, and Retention of Student Records

Careful maintenance of student academic files is required to insure an accurate record of the student's academic progress and ultimately, completion of all degree requirements. Additionally, more detailed records can assist administrators and committees such as the CHM Student Performance Committee, AOA, etc., in discharging their responsibilities.

### What Constitutes the Student's Academic Record?

"If the records involve or affect the status of the individual as a student in the University, the records are official and the student shall have access to them." (University Guidelines Governing Privacy and Release of Student Records) Those records held by the CHM Office of Student Affairs regarding non-academic matters are NOT part of the academic record and are governed by the Ethical Standards of the American Personnel and Guidance Association.

As defined by the University, the following are considered to be confidential information:

- a. academic evaluations and grades,
- b. counseling and advising records,
- c. disciplinary records,
- d. financial aid records,
- e. letters of recommendation,
- f. medical and psychological records,
- g. police records,
- h. transcripts and other academic records,
- i. scores on tests required for new students,
- j. billing and fee payment records.

The College of Human Medicine maintains multiple student files that contain information falling into categories above: the College (or Dean's) file, Community file, and Pre-matriculation Program files. These are all considered to be "official records, files, and data" and are subject to the University's guidelines on disclosure of confidential information. Confidentiality is maintained on all files. Access is granted to staff and administrators only on a **NEED TO KNOW** basis. Faculty members do not have access to these files except in their roles on College committees such as the Student Performance Committee when selected information the student file is reviewed.

### Contents of MSU-CHM Student Files

**A. The student's Permanent College File** is housed in the CHM Office of Student Affairs and Services and contains the following documents:

1. AMCAS documents and MCAT reports
2. Name change documentation
3. Change in status letters and forms related to academic review, suspension pending dismissal, reinstatement, or dismissal
4. Leave of absence forms
5. Readmission forms
6. Loan deferment forms
7. Grade reports
8. College copy of all grade changes, course drops/adds, and other administrative actions
9. Letters of commendation
10. Waiver and remediation examination results

11. Preclinical small group preceptor evaluations (from courses such as Clinical Skills and Social Context of Clinical Decisions)
12. Final Clerkship Evaluations
13. Medical Student Performance Evaluation
14. Copies of correspondence from the Student Performance Committee and Subcommittee for Academic Review
15. Copies of any official action taken against the student by the College/University e.g., Professional Behavior Hearing Body
16. USMLE score reports
17. Letter of recommendation or verification of status requested while enrolled
18. Licensing forms
19. Documents related to accommodation for disabilities (at the student's discretion)
20. Student Informed Consent for Educational Research form(s) +

B. **The Block III Program File** is housed in the office of the CHM community campus to which the student is assigned and may contain:

1. Preclinical internal transcript
2. USMLE score reports
3. Grades
4. Final Clerkship Evaluations
5. Clinical Performance Evaluations (individual forms and CPE summary reports)
6. Notes/summaries from meetings with Community Assistant Dean, Community Administrator, or Community Clerkship Directors
7. Information and correspondence regarding professional behavior incidents/actions
8. Letters of Recommendation++
9. Correspondence from faculty
10. Correspondence from the College or College committees
11. Change in status letters and forms related to academic review, probation and dismissal notifications suspension pending dismissal, reinstatement or dismissal
12. Medical Student Performance Evaluation
13. Student certifications (e.g., BCLS and ACLS certifications, HIPAA training)

+ "Informed Consent to Participate in Educational Research and Evaluation" forms are kept in the student's Permanent College file. A student's original selection with regard to participating in educational research and evaluation remains in effect unless the student elects to submit a new form changing his or her selection. Students will be offered an annual opportunity to submit a new form changing their selection.

++ Letters of Recommendation written in support of a student's residency application shall be submitted to the student's assigned Community Assistant Dean's office. If the student has waived the right to see these letters (via waiver form), the letters will remain confidential, separate from the Block III Program file, and not available for student review. If the student has not waived his or her right to see these letters, the community will forward copies to the student for future reference and use.

## **Policies and Procedures for Access to Student Records**

### **Access by Administrators and Staff**

In all cases, access to student records is governed by the need to know. In general, it is expected that administrators and staff in each unit have access to student records held in that area for the purposes of performing their administrative and staff functions. Additionally, the Student Performance Committee, appropriate Community Assistant Deans, the Dean, Associate Deans, and Student Affairs administrators

will have access to the files in the Academic Programs offices as needed to dispense their duties.

Under all circumstances, individuals with access to student record information will maintain the confidentiality of those records. Keeping information confidential means that careful attention must be given to security of files such that persons not authorized to see the file or parts therein cannot easily obtain or read file information. This applies to storage of files and storage of loose material that is in preparation for filing.

1. Staff who are responsible for the maintenance of files will have access to those files as needed to dispense their duties. These staff includes the following:

For all records: The Dean and Associate Dean for Academic Affairs and their designees

For Block I records: Block I secretary, Block I Director

For Block II records: Block II secretary, Block II Coordinator, Block II Director

For Block III records: Block III Community Administrators and their designees, Community Assistant Deans, Block III Director

For College files: Registrar and their designees

These staff should replace the files with "OUT" cards if the file will be out of the cabinet for more than several minutes. Out cards are available in or on each file cabinet housing student records. **UNDER NO CIRCUMSTANCES SHOULD A STUDENT FILE BE REMOVED FROM THE BUILDING COMPLEX IN WHICH IT RESIDES.**

2. Staff who need access to student files, but who are not responsible for their maintenance such as Academic Support specialists or Student Affairs administrators, may remove files from their storage cabinets but must insert an "OUT" card noting the date and their name.
3. Staff may not make copies of materials in student files for their own records.

### **Access by Students to Their Own Records**

The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records. They are:

1. The right to inspect and review the student's education records within 45 days of the day the College receives a request for access. (See CHM Student Request to Review Academic Record form on page 35.)

Students should submit to the College Records Officer written requests that identify the record(s) they wish to inspect. The Records Officer will make arrangements for access and notify the student of the time and place where the records may be inspected. If the records are not maintained by the Records Officer, the Records Officer shall advise the student of the correct official to whom the request should be addressed.

2. The right to request the amendment of the student's education records that the student believes are inaccurate or misleading.

Students may ask the College to amend a record that they believe is inaccurate or misleading. They should write the College official responsible for the record, clearly identify the part of the record they want changed, and specify why it is inaccurate or misleading.

FERPA was not intended to provide a process to be used to question substantive judgments which are correctly recorded. The rights of challenge are not intended to allow students to contest, for example, a grade in a course because they felt a higher grade should have been assigned.

If the College decides not to amend the record as requested by the student, the College will notify the student of the decision and advise the student of his or her right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the student when notified of the right to a hearing.

3. The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent.

One exception which permits disclosure without consent is disclosure to school officials with legitimate educational interests. A school official is a person employed by the University in an administrative, supervisory, academic or research, or support staff position (including law enforcement unit personnel and health staff); a person or company with whom the University has contracted (such as an attorney, auditor, collection agent, or official of the National Student Loan Clearinghouse); a person serving on the Board of Trustees; or a student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks.

A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

The College may disclose education records in certain other circumstances:

- to comply with a judicial order or a lawfully issued subpoena;
  - to appropriate parties in a health or safety emergency;
  - to officials of another school, upon request, in which a student seeks or intends to enroll;
  - in connection with a student's request for or receipt of financial aid, as necessary to determine the eligibility, amount, or conditions of the financial aid, or to enforce the terms and conditions of the aid;
  - to certain officials of the U.S. Department of Education, the Comptroller General, to state and local educational authorities, in connection with certain state or federally supported education programs;
  - to accrediting organizations to carry out their functions;
  - to organizations conducting certain studies for or on behalf of the University;
  - the results of an institutional disciplinary proceeding against the alleged perpetrator of a crime of violence may be released to the alleged victim of that crime with respect to that crime.
4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the University to comply with the requirements of FERPA. The name and address of the Office that administers FERPA is: Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue, SW., Washington, DC, 20202-4605.

5. The University designates the following as public or “Directory Information”: The student’s name, level, curriculum, class, local address and telephone number, home address and telephone number. A student may restrict the release of directory information by notifying the University Registrar’s Office, 150 Administration Building. To restrict name and address information from the printed Student Directory, a student must contact the Registrar’s Office by the 8<sup>th</sup> day of Fall semester. Directory restriction forms are also available at [www.reg.msu.edu/read/pdf/InformationRestriction.pdf](http://www.reg.msu.edu/read/pdf/InformationRestriction.pdf). With the exception of directory information, all student records are confidential and release is restricted according to University policy printed in the *Academic Programs* section of the University catalog.

The Guidelines Governing Privacy and Release of Student Records provide that the University may, without the student’s written consent, disclose confidential information to officials of another school, school system, or institution of postsecondary education where the student seeks to enroll.

For purposes of compliance with FERPA, the University considers all students independent.

### **Access by Others**

Faculty, other students, and relatives (parents, spouses, etc.) are third parties. Their access to confidential information is subject to the University’s guidelines on Disclosure of Confidential Information to Third Parties but in general, third parties may have access to student records only when granted permission by the student. There are circumstances such as when records are subpoenaed for legal purposes where student permission is not required.

### **Procedure for Students to Grant Access to Their Academic Records for Third Parties**

1. Student must complete appropriate portion of the CHM Release for Records Access for Third Parties form, available from the College Records Officer (see page 36).
2. College Records Officer will provide to the named third party, copies of items specified on the Release form.
3. College Records Officer will complete the appropriate portion of the Release form and file in the student’s file.

**College of Human Medicine**  
**STUDENT REQUEST TO REVIEW ACADEMIC RECORDS**

Date \_\_\_\_\_ Time \_\_\_\_\_

Student Name (please print) \_\_\_\_\_

I understand that I may view the contents of my academic record at any time under the supervision of a monitor. I also understand that I may not remove any documents, but I may request copies of any items. Additionally, I have the right to add items to the file to correct errors or otherwise rebut information that I believe to be inaccurate. Such items will be submitted to the Associate Dean, Community Assistant Dean, or Block Director prior to inclusion in the file.

Signature \_\_\_\_\_

-----  
For Office Use

Date of records review \_\_\_\_\_

Monitor \_\_\_\_\_

List any items copied for student

**College of Human Medicine**  
**RELEASE FOR RECORDS ACCESS FOR THIRD PARTIES**

Student Name (please print) \_\_\_\_\_

PID \_\_\_\_\_ Date \_\_\_\_\_

I grant permission for release of the documents listed below to:

\_\_\_\_\_  
Name of individual or agency

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

Documents to be duplicated and released:

Signature \_\_\_\_\_

Signature of Witness \_\_\_\_\_

-----  
For Office use

Date of records duplication and mailing \_\_\_\_\_ Staff member \_\_\_\_\_

## Tutorial Policy

### I. Eligibility for the Use of Tutors

Students experiencing academic difficulty or who have special needs due to physical impairments are encouraged to use tutors before any difficulties arise. The College believes that assistance with study habits can be both prevention and cure. Any student having difficulty with studies is therefore urged to use this type of assistance. Tutors will be provided to the limits that our budget will allow.

### II. Responsibilities

A. The community administrator or clerkship director must:

1. Assign an approved tutor and review the student's educational needs with the tutor.
2. Notify the Office of Academic Programs, which will maintain pay records for each transaction.
3. Maintain a complete file on the use of tutors by communities.

B. The tutor must:

1. Be a member of the faculty of the College of Human Medicine (including appointed residents) or be approved as a tutor by the appropriate clinical department.
2. Be willing to commit the time necessary to meet the needs of the student.
3. Be willing to complete, in a timely fashion, all forms designed to monitor the tutorial experience.

**NOTE: Salaried faculty members of the College of Human Medicine are not eligible to receive extra pay for tutoring CHM students.**

C. A student must:

1. Submit a timely request for a tutor to the community administrator.

D. The Office of the Associate Dean must:

Periodically review the files on the use of tutors in each community to assure their appropriate use.

## Advising for Block III Students

The College assigns major importance to the provision of academic and personal counseling and career guidance to its students. The decentralization of the College's clinical campuses and the maturity of its students mandate the availability of a variety of counseling and advising services rather than a single advising system.

For students who have established a relationship with a faculty advisor in the pre-clinical years, they are encouraged to maintain contact into Block III. All second year students are assigned a mentor from their Block III community with whom they will meet during the spring of the second year and fall of the third year.

Primary responsibility for the availability of advising and counseling services at each clinical campus rests with its chief academic officer, the community assistant dean. In addition to meeting with students personally, the community assistant dean shall be accountable to the associate dean for academic programs for the adequacy of such services. In all communities, a community administrator is responsible to the community assistant dean for day-to-day management of student services and programs. The community administrator is another important source of advising and counseling services.

During the transition from being a Block II student to developing confidence and success in Block III clerkships, students frequently desire counseling assistance. In addition to the availability of the community assistant dean and community administrator, any student may request a Block III faculty advisor or a (fourth year student or resident). These advisors will be carefully matched to the student and his/her needs and will be assigned by the community assistant dean's office.

As students progress through Block III clerkships, they become acquainted with the faculty members who serve as clerkship directors. In addition to responsibilities for clerkship curriculum and for giving students timely feedback on performance, the directors are available to students as faculty advisors.

Financial aid is an area in which effective student counseling is especially important. Community administrators may serve as backup financial aid advisors to Block III students for the specialized staff of the MSU Office of Financial Aid.

A student's interest in career guidance customarily peaks during Block III as they select their specialties and explore residency options. Responsibility for advising students in choosing electives and designing a fourth year curriculum rests with the community assistant deans and community administrators with assistance from the clerkship directors. Advising regarding career and residency decisions is also available from the student's faculty mentor, the Chairs of clinical departments at the College, community residency program directors, members of the regular and clinical faculties and residents in community training programs. The community assistant dean and community administrator will arrange for advising contacts with any individual whom the student believes would be helpful.

## Voluntary Leave of Absence

A medical student may need to take a voluntary leave of absence from the College of Human Medicine for a variety of reasons (e.g., personal, financial, health). This document is written to clarify the policy and procedures that must be followed whenever a student requests a leave of absence. The policy and procedures are based on and intended to be consistent with University policy on voluntary withdrawal.

1. Clinical students must submit a written request for a leave of absence to the Community Assistant Dean. This will be followed by a meeting to discuss the situation and circumstances of the request and conditions for subsequent re-entry. **There is an 8-year time limit on the entire medical student program, which includes leaves of absence.** Also, there are financial implications of leave of absence that should be reviewed and discussed with the Community Assistant Dean and the MSU Office of Medical Financial Aid (517-353-5188).

Forms for voluntary leave of absence are available from the CHM Records Officer, Student Affairs and Services, and the Office of the Community Assistant Dean.

Recommendation on requests by preclinical students will be the responsibility of the Assistant Dean for Student Affairs and Services, with the final authority for confirmation resting with the Associate Dean for Academic Affairs. In some cases, re-entry may require some review/practice of basic clinical skills.

2. For preclinical students, a leave of absence will be granted initially for a minimum of two (2) months (8 weeks, ½ semester). Clinical students will be granted a leave of absence initially for a semester. For all students, a maximum leave of absence will be one (1) year.
3. Students may petition for an extension of a leave of absence in two (2) month increments of up to one year. An extension will require the approval of the Associate Dean for Academic Affairs. Any student on leave more than two calendar years will be required to apply for readmission to the College starting at entry to Year 1.
4. Responsibility for requesting and filling out applications for re-entry to Michigan State University rests solely with the student and should be filed with the CHM Records Officer at least six (6) weeks prior to the first day of class of the semester in which the student expects to resume studies. All enrollment holds must be cleared before a readmitted student can enroll.
5. Students will be prohibited from registering prior to re-entry approval by the Associate Dean for Academic Affairs.
6. It is suggested that students contact the MSU Office of Medical Financial Aid at 517-353-5188 after enrollment occurs to notify them of planned re-entry.

## Graduation and USMLE Step 2 Requirements

In addition to successfully completing all clerkship and other academic requirements of the Block III clinical education program, **the College of Human Medicine requires passing both the USMLE Step 2 Clinical Knowledge and Clinical Skills examinations for graduation.**

Students planning to graduate in spring semester 2011 and begin residency in July 2011 must meet the following requirements:

1. Students must complete all Block III coursework and post a passing score on both the Step 2 Clinical Knowledge and Clinical Skills examinations by May 15, 2011, the last day of spring semester, in order to graduate spring semester.
2. Students planning to begin residency in July 2011 must graduate spring semester 2011 or before.
3. Students **must apply and be certified** for both the Step 2 Clinical Knowledge and Clinical Skills examinations **by Nov. 1, 2010**, and **must have dates scheduled for both exams by Dec. 1, 2010**.
4. Students must sit for **both** the Step 2 Clinical Knowledge and Clinical Skills exams by February 1, 2011 in order to be verified by the College for participation in the National Residency Matching Program (NRMP). Students who have not taken both parts of the Step 2 exam by February 1, 2011 will not be eligible to participate in the Match.

**Students planning to graduate in spring 2011 are strongly encouraged to consider these guidelines when scheduling their USMLE Step 2 Clinical Skills examination:**

Latest date to TAKE the Step 2 Clinical Skills exam:	In order to:
July 15, 2010	Have time for two attempts and have results ready for residency match through NRMP
November 1, 2010	Have results ready for residency match through NRMP
February 1, 2011	Be verified by the College to participate in the NRMP

### Additional Considerations for Scheduling USMLE Step 2 Examinations

1. It is likely that Step 2 Clinical Knowledge Exam scores will continue to be reported in 4 to 5 weeks. The Step 2 Clinical Skills Exam (CSE) has reporting periods which correspond to specific exam dates, and it could take as much as 12-16 weeks for these scores to be reported. Please refer to the USMLE Step 2 Clinical Skills Schedule for Reporting at [http://www.usmle.org/Examinations/step2/step2cs\\_reporting.html](http://www.usmle.org/Examinations/step2/step2cs_reporting.html) for specific information on reporting timeframes. The CHM Step 2 CSE guidelines above were developed using the dates in this USMLE schedule.
2. Residency directors view applicants who have passed both of the USMLE Step 2 exams more favorably than those who have not posted passing scores at the time of ranking for the National Residency Matching Program (NRMP). While a program may not require this information, when

faced with two equally qualified candidates, the candidate who has passed both Step 2 Clinical Knowledge and Step 2 Clinical Skills is likely to be ranked higher by the program.

3. Third year students are encouraged to register, obtain scheduling permits and schedule exam dates as soon as possible with the NBME for both the Step 2 Clinical Knowledge and Clinical Skills exams. Details are available in the licensing exams section of the NBME web site at [www.nbme.org](http://www.nbme.org). Students can register for the two parts of the Step 2 exam together or separately.
4. The fee for USMLE Step 2 Clinical Knowledge exam is approximately \$500. For the current fee schedule see <http://www.nbme.org/programs-services/medical-students/tabs/examination-fees.html>. Once a student has obtained a scheduling permit for the Step 2 CK exam, he or she may contact Prometric, Inc., to schedule an exam date as early as six months before the start date of the scheduled eligibility period.
5. The fee for USMLE Step 2 Clinical Skills exam is approximately \$1,100, not including travel or lodging costs. For the current fee schedule see <http://www.nbme.org/programs-services/medical-students/tabs/examination-fees.html>. Once a student has obtained a scheduling permit for the Step 2 CSE, he or she may schedule an exam date via the NBME Interactive Website for Applicants and Examinees. The Step 2 Clinical Skills exam is offered at five sites: Chicago, Philadelphia, Atlanta, Los Angeles, and Houston. The sooner a student registers and obtains a scheduling permit, the more choices the student will have regarding scheduling dates and sites.
6. Exam fees and travel and lodging costs can be included in the student's financial aid packet.
7. We strongly encourage students to schedule both parts of the USMLE Step 2 exam during break periods, vacation months, or interview months. Students may wish to consider taking a month off to sit for both parts of the Step 2 exam and work on preparing their ERAS application for residency. If necessary, students may request (by completing the CHM Excused Absence Form) one day during elective clerkships to sit for the Step 2 Clinical Knowledge exam and one day to sit for the Step 2 Clinical Skills exam.

**Students will not be excused from required clerkships to take either of the Step 2 exams. Any student who takes time off during a required clerkship to sit for either part of the Step 2 exam will receive an N grade and need to repeat the clerkship.**

8. In the event that a student has not met the USMLE Step 2 Clinical Knowledge or Clinical Skills exam requirement or any other graduation requirement, the College will notify the residency director that the student has not met all graduation requirements. It is also the student's responsibility to notify the residency director and the licensure body that he or she will be unable to meet graduation requirements prior to the start of the residency program. Failure to notify the residency director and licensure body is fraudulent.

### **Important Considerations in Planning Retakes of Step 2 Exams**

For both the Clinical Knowledge Exam and the Clinical Skills Exam, the USMLE limits the number of attempts within any twelve-month period to three.

### **Policy on Participating in Commencement**

In order to graduate and receive the M.D. degree from the College of Human Medicine, students must successfully complete all graduation requirements set forth at matriculation.

Any student who has not completed the requirements for graduation by the end of spring semester, but who anticipates completing all requirements no later than the end of the subsequent fall semester, may request special permission to participate in the commencement ceremony. A written request detailing the planned schedule of completion must be forwarded to the Block III Director. Students who can demonstrate a reasonable plan to complete graduation requirements by the end of the following fall semester will be given permission to participate in the commencement ceremony.

**POLICIES AND  
PROCEDURES  
GOVERNING  
STUDENT LIFE**

## **Student Health Insurance Coverage**

The College of Human Medicine requires every medical student to have health insurance coverage that includes mental health. All students will be automatically enrolled in the MSU student health insurance program, with the cost divided in half and added to their fall and spring semester tuition bill. If a student has other health insurance coverage that meets the MSU requirements, a waiver form must be submitted and s/he will not be enrolled in the MSU student health insurance program. Information on the MSU student health insurance, which will include a waiver form, will be sent directly to every medical student from the MSU Benefits Office. The waiver form must be returned to the MSU Benefits Office, 1407 South Harrison Road, Room 140, Nisbet Building, East Lansing, MI 48824-1229. You may access the waiver on the web at [www.hr.msu.edu](http://www.hr.msu.edu). Click on benefits. Under student information, click on health coverage and you will see the waiver request form toward the bottom of the screen. To check your current insurance status, click on student information lookup.

## **Immunization Tracking Procedures**

Immunization and occupational exposure and education records are housed in the MSU University Physician's Office, 341 Olin Health Center, 517-353-9101.

Students will receive an immunization status summary report detailing immunizations received, as well as a letter from the University Physician's Office indicating whether the student has met Center for Disease Control (CDC) guidelines and noting any exceptions to the guidelines. The Community Assistant Dean's office will only receive a copy of the letter from the University Physician's office. Some Community Assistant Dean's offices will request a copy of the student status summary report, to satisfy local hospital reporting requirements. In these cases, the student must sign a release form and give a copy of the summary report to the campus office.

If a student has a deficiency in the immunization requirements of the College or the campus to which he or she is assigned, it is the student's responsibility to update his or her immunization status and mail corresponding documents to the University Physician's Office, Attn: Paula Guss, R.N., 348 Olin Health Center, Michigan State University, East Lansing, Michigan 48824. The University Physician's office will then update the student's immunization records and send an updated immunization status summary report and letter to the student. Ms. Guss will also send a copy of the updated letter to the community assistant dean's office at that time.

If the student needs an additional or updated copy of their immunization status report for away electives, the student can go to [www.hcpimmunize.msu.edu](http://www.hcpimmunize.msu.edu) and access their own immunization record and print it off.

## **Exposure Control Policies and Procedures**

The College of Human Medicine will provide course instruction on protecting students against infectious agents (e.g., HIV, TB, Hepatitis B), transmission, and universal precautions. Instructions will be given on how the student can minimize the risk of becoming infected with HIV and HBV while taking care of patients. Student participation will be mandatory.

Mandatory testing of CHM students for HIV and HBV antibody is not recommended.

## Exposure Control Procedures

The following process related to exposures to infectious pathogens has been developed by the College of Human Medicine in collaboration with the MSU Office of the University Physician in accordance with OSHA and CDC regulations.

Immediately following a potential exposure to an infectious pathogen (i.e., tuberculosis, Hepatitis B, or HIV), the following procedures should be followed:

- **Needlesticks** and **cuts** should be washed with soap and water.
- Splashes to the **nose, mouth, or skin** should be flushed with water.
- **Eyes** should be irrigated with clean water, saline, or sterile irrigants.
- **Please note:** no scientific evidence shows that the use of antiseptics for wound care or squeezing the wound will reduce the risk of transmission of HIV. The use of a caustic agent such as bleach is not recommended.

Report the potential exposure to the appropriate parties responsible for managing exposures (e.g., supervising physician, attending, resident). Prompt reporting is essential because, in some cases, post-exposure treatment may be recommended, and it should be started as soon as possible – **preferably within one (1) hour if at all possible.**

In addition to HIV, discuss the possible risks of acquiring Hepatitis B and Hepatitis C with your health care provider. You should have already received Hepatitis B vaccine, which is extremely safe and effective in preventing Hepatitis B.

**If you believe you have been exposed to one of the pathogens that requires immediate evaluation (HIV, Hepatitis B, Hepatitis C, and Rabies), go to the nearest emergency room. For Monkey B exposures, go to the nearest designated care facility, as your site supervisor indicates.**

**If, however, you believe you have been exposed to one of the pathogens for which evaluation is not time-critical, please see your site supervisor.**

**Additionally,** the student must contact the community assistant dean or his/her designee **within 24 hours of exposure.** The exposure control reporting form must be filled out at the time of contact and the original forwarded to the MSU Occupational Health Nurse (see Addendum F) with a copy to the CHM Associate Dean for Academic Affairs. The Office of the Community Assistant Dean will also maintain a copy of the completed form in a separate file designated for medical purposes only. For further information, please visit the Exposures to Blood Borne and Other Pathogens website at: <http://uphys.msu.edu/forstudents/needlestick/index.htm> (also see Addendum G, H & I).

If the cost of the **initial testing** after an exposure to infectious pathogens and initial post-exposure prophylaxis is not covered by the student's health insurance or the community corporation, the College will cover the cost.

It is the **student's responsibility** to obtain post-exposure follow-up (per the attached guidelines for HIV and HBV). The cost of such follow-up may be covered by the student's health insurance. If the student's health insurance does not cover the cost, the cost must be covered by the individual student.

### **Policy Regarding Student Who May be Infectious for HIV/HBV**

In concert with the existing CHM policy on communicable diseases, students who are HIV or HBV positive have a professional responsibility to report their status to their community assistant dean and/or associate dean.

When the college is informed that a student is HIV or HBV positive, the student will meet with an established expert panel composed of CHM faculty with expertise in HIV or HBV infections. The panel will determine issues related to confidentiality and the recommended levels of participation of that student within the clinical settings of CHM programs. Recommendations will be given to the dean who will make the final decision. When appropriate, the panel will serve as an advocate group for HIV or HBV positive CHM students training in CHM participating hospitals and clinics.

According to the Center for Disease Control (CDC) guidelines, health care workers (HCW) who are infected with HIV should not perform exposure-prone procedures unless they have sought counsel from an expert review panel and been advised under what circumstances, if any, they may continue to perform these procedures. Such circumstances would include notifying prospective patients of the HCW's seropositivity before they undergo exposure-prone invasive procedures. \*\*

CHM students whose educational experience is modified because of their HIV or HBV infection status should, whenever possible, be provided opportunities to continue appropriate patient-care activities. Career counseling will be available to promote the continued use of the student's talents, knowledge, and skills.

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*\*\* An invasive procedure is defined as "surgical entry into tissues, cavities, or organs or repair of major traumatic injuries" associated with any of the following: (1) an operating or delivery room, emergency department, or outpatient setting, including physician's offices; (2) cardiac catheterization and angiographic procedures; (3) a vaginal or cesarean delivery or other invasive obstetric procedure during which bleeding may occur; or (4) the manipulations, cutting, or removal of any organ or perioral tissues.*

## **Guidelines Related to Exposure Control**

### **Hepatitis B Virus Post-exposure Management**

A student who has previously received HBV vaccine and has been exposed to an HBsAg-positive source, should be tested for antibody to hepatitis B surface antigen (anti-HBs), and given one dose of vaccine and one dose of HBIG if the antibody level in the student's blood sample is inadequate (i.e., 10 SRU by RIA, negative by EIA).

A student who has NOT previously been given hepatitis B vaccine and has been exposed to a source found to be positive for HBsAg, should receive the vaccine series. A single dose of hepatitis B immune globulin (HBIG) is also recommended, if this can be given within 7 days of exposure.

If the source individual is negative for HBsAg and the student has not been vaccinated, this opportunity should be taken to provide hepatitis B vaccination.

If the source individual refuses testing or s/he cannot be identified, unvaccinated students should receive the hepatitis B vaccine series.

HBIG administration should be considered on an individual basis when the source individual is known or suspected to be at high risk of HBV infection. Management and treatment, if any, of previously vaccinated students who receive an exposure from a source who refuses testing or is not identifiable should be individualized.

### **HIV Post-exposure Management**

**This is a rapidly evolving area with many uncertainties. Students are referred to Addendum J for information extracted from the *CDC Morbidity and Mortality Weekly Report (MMWR)* of June 29, 2001, Vol. 50, No. RR-11.** The most important immediate management steps include:

- Washing wounds and skin sites with soap and water; mucous membranes should be flushed with water.
- Assessment of infection risk
- Evaluation and testing of an exposure source
- Clinical evaluation and baseline testing
- Consideration of post-exposure prophylaxis with anti-retroviral therapy

(More detailed information is contained in Addendum J).

### **Timing of PEP initiation**

PEP should be initiated as soon as possible but **definitely** within 36 hours of exposure. (More detailed information contained in Addendum G).

## **Holiday / Time Off Policy**

To maintain consistency across the community campuses, the clinical departments (Family Medicine, Medicine, Neurology, Ob/Gyn, Pediatrics, Psychiatry, Radiology and Surgery) of the College of Human Medicine will release students for the University-designated holidays, as follows:

**4th of July**

**Labor Day**

**Thanksgiving and the Friday after Thanksgiving**

**Christmas**

**New Year's**

**Martin Luther King Day**

**Memorial Day**

### **All Religious Holidays**

In keeping with the University policy on religious observances, faculty will honor student requests for time off a clerkship for religious observances. Students will be expected and scheduled to make up the time missed. Students must make requests for excused absences for religious observance with the appropriate clerkship director and community administrator at least 30 days prior to the start of the clerkship during which time off is requested.

**CHM Activities** Students are excused from clerkship responsibilities to attend College-sponsored activities. Students not attending these activities are expected to fulfill their clerkship responsibilities.

**USMLE Step 2 exams** Students may be excused for one day during elective clerkships to sit for the Step 2 Clinical Knowledge exam and one day to sit for the Step 2 Clinical Skills exam. Students will not be excused from required clerkships to take either of the Step 2 exams.

### **Parking at Life Sciences, Clinical Center and Radiology Building**

There may be times during Block III when you will need to visit one of the offices at the Life Sciences building, the Clinical Center, or the Radiology Building. Please note that you are to park in Lot 100 on Service Road just east of the Radiology Building. **Students will be charged as they exit the parking lot.** If you park in any other area, you run the risk of being ticketed and you will be responsible for paying the fine.

### **Financial Aid**

Michigan State University's Office of Financial Aid is responsible for the administration of all scholarship, grant, and loan programs available for medical students in CHM. The office of the community assistant dean works closely with the staff in financial aid to assist medical students.

#### **Sending Materials to the Office of Financial Aid**

All mail sent to the Office of Financial Aid -- Health Professions is opened in the general mailroom; therefore, materials can be distributed to the wrong individual. Keep copies of all materials relating to financial aid. Materials should be addressed to the attention of Diane Batten, Judi Marks or Christy Cotton, and mailed to the Office of Financial Aid, Room 252 Student Services, East Lansing, MI 48824 or faxed to their attention at (517) 432-1155. A note should be attached to the material and make sure to include your name and student PID.

#### **Calling Financial Aid**

The Financial Aid Office phone number is (517) 353-5940. You should identify yourself as a medical student when calling, so you will be routed to one of the medical advisory staff.

#### **Visiting Financial Aid**

There may be times when you will have to physically go to the Office of Financial Aid -- Health Profession. Please note that the Office of Financial Aid -- Health Profession is located in **252 Student Services OR Room C18-B East Fee Hall (on a limited basis)**. If you need to go to one of these offices, call and make an appointment. By doing this, the Office of Financial Aid will be expecting you and can have the necessary paperwork ready when you arrive.

#### **Changes in Financial Aid Status**

All changes in your financial aid status must be reported to the Office Financial Aid if you are receiving aid. This should be put in writing to the Office of Financial Aid, with a copy to the assistant dean's office.

These changes include such things as a graduate assistant appointment, birth of a child, etc. If you have a question about what type of change should be reported, please check with the community administrator.

### Financial Aid Deadlines

*It is essential that you pay close attention to financial aid application requirements. Financial aid is awarded on a first-come first-served basis. Complete your application as soon after January 1 as you can. Also, be sure to take action regarding your on-line billing statement each semester even if the amount due from the student is zero (students must confirm attendance for the semester) in order to hold your registration and avoid late charges.*

### Cost of Attendance Increase for Away Electives/Designated Clinical Rotations

Medical students may request a cost of attendance increase for expenses related to Departmental approved "away electives/designated clinical rotations" (see information at [www.finaid.msu.edu/med/medbudinc.asp](http://www.finaid.msu.edu/med/medbudinc.asp)). Approved budget increases will typically be covered by Federal Unsubsidized Stafford Loan eligibility and then a federal Graduate PLUS loan, which is dependent on creditworthiness.

In order for the Office of Financial Aid (OFA) to process such a request the student needs to submit a letter from his/her department indicating the nature of the student's program of study and that this study will contribute to granting of the student's degree program. The student must also document actual cost for any additional transportation or housing related to the cost of attendance increase

Additional questions should be directed to Diane Batten, Judi Marks, or Christy Cotton at (517) 353-5940.

## Alpha Omega Alpha

In 1987 the College of Human Medicine was granted authority to establish a chapter of the National Medical Honorary, Alpha Omega Alpha.

To quote from a publication of the society: "*Alpha Omega Alpha is the only national honor medical society in the world. Its **raison' d'etre** can be expressed in a phrase: to recognize and perpetuate excellence in the medical profession. As stated in the society's constitution, "Alpha Omega Alpha is organized for educational purposes exclusively and not for profit, and its aims shall be the promotion of scholarship and research in medical schools, the encouragement of high standards of character and conduct among medical students and graduates, and the recognition of high attainment in medical science, practice and related fields."*

AOA is a national society that is governed by the national body. All chapters must follow national guidelines regarding selection for membership. Specifically, the AOA constitution limits membership to those students who are defined by their institution as being in the top 25% of their respective graduating classes. Further, no more than one-sixth of the projected graduating class can be elected to membership.

With these base standards in mind, the Gamma Chapter of AOA has established the following general criteria for the identification of candidates and the election of members to AOA. Specifically, a candidate for election to AOA must:

1. Demonstrate a superior record of academic performance.
2. Display evidence of scholarship beyond that normally expected in meeting degree requirements, and/or
3. Display evidence of institutional and/or community leadership and/or service consistent with the goals and values of the College.

Since the College does not offer an honors marking system during Block I and II, assessments of academic performance must, of necessity, be limited to Block III in which honors criteria & markers have been established.

With regard to the selection procedure to be employed, the committee has asked each Community Assistant Dean to submit nominations of students who meet the criteria.

### **Electronic Residency Application Service (ERAS)**

The Association of American Medical Colleges (AAMC) developed ERAS – the Electronic Residency Application Service to transmit residency applications, letters of recommendation, Medical Student Performance Evaluations, transcripts, and other supporting credentials from medical schools to residency program directors using the Internet.

ERAS will be used by most residency programs in the country. ERAS processing fees are based on the number of programs selected and are subject to change each year. The communities will distribute further information on accessing ERAS in the summer of the fourth year of medical school. Information on the ERAS program is available on the web at [www.eras.org](http://www.eras.org).

### **National Residency Matching Program (NRMP)**

The National Residency Matching Program (NRMP) is available to all medical students who are eligible for first year appointments in graduate medical education. The NRMP is the expected means by which senior students secure residency positions. The NRMP Web address is:

<http://www.nrmp.org/>

Information about residency programs is available at the AMA-FREIDA (AMA Fellowship and Residency Electronic Interactive Database Access) web site:

<http://www.ama-assn.org/ama/pub/category/2997.html>

This system contains not only a listing of the residency programs accredited to offer graduate medical training, but much of the information you will need to make informed decisions about choosing training programs. This information includes the program director's name and address, length of program and number of positions, compensation and benefits, teaching staff, clinical resources and other extensive facts about each graduate medical education program in the U.S.

The community assistant dean's office schedules student meetings to discuss residencies, the NRMP, Medical Student Performance Evaluations and the process that you will undertake over the next year. The information covered during these meetings will be crucial to the residency selection process; it is therefore essential that you attend. During the summer semester of your fourth year, you will receive information to allow you to register for the NRMP on-line. This is a three step process including completing a registration form, agreeing to the Terms and Conditions of the Match, and paying the registration fee (paying by credit card or personal check). Even if you are unsure whether you will be

using the Match, it is considered better to complete an agreement form and, if necessary, withdraw when you are certain you will not be utilizing the Match.

**ONCE THE DEADLINE FOR REGISTRATION FOR THE NRMP HAS PASSED, THERE WILL BE AN ADDITIONAL LATE REGISTRATION FEE OF APPROXIMATELY \$50.** If you are considering a Military Match, please check with your community administrator or community assistant dean as to appropriateness of enrolling in the NRMP.

The following deadlines are important times to note on your personal calendars during the fourth year:

AUGUST	Registering for the NRMP on-line will begin
DECEMBER	If not registered for the NRMP, a late fee will be charged
MID JANUARY/ EARLY FEBRUARY	Students will enter rank order lists
MARCH	Match Results are distributed

The Community Assistant Dean's office will be responsible for notifying students of the exact deadline dates as they change slightly on an annual basis. Generally the schedule for the upcoming Match cycle is released by June of the previous year.