

WMU Homer Stryker MD School of Medicine Student Policy Manual



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Introduction—UME200/GSE 200

Category: UME/GSE	Implementation: 5/1/2022
	Last update: 2/9/2024
Additional Details:	Responsible Office: Educational Affairs
Contacts:	Responsible person:
Gustavo Patino MD, PhD	Associate Dean for UME

Welcome to Western Michigan University Homer Stryker M.D. School of Medicine.

Western Michigan University Homer Stryker M.D. School of Medicine recruits outstanding students from across the US. Our students have demonstrated academic excellence as an undergraduate and an ability to work together as a team, problem solve, demonstrate compassion, and demonstrate a dedication to serve others, communicate effectively, and make decisions with integrity.

We value the unique qualities and life experiences that each person possesses, and our application process is designed to highlight these qualities and diverse experiences. Our medical school graduates are prepared to excel in any chosen specialty. Our goal is for our students to have a strong foundation that enables them to realize their individual potential and contribute to patient, family, and community well-being throughout their careers.

This Student Policy Manual serves as the student bylaws, course catalog, and reference guide to the roles and responsibilities of students of Western Michigan University Homer Stryker M.D. School of Medicine. The policies in this Student Policy Manual apply to all students, including those enrolled in any dual degree program and those on leave of absence.

Each student must behave and act at all times in accordance with the School Code of Professional Conduct, the Educational Pledge, the Student Policy Manual, and all pertinent school policies. The faculty and the office of Student Affairs have assembled this policy manual to help students excel in school. Any questions or comments from students regarding this policy manual or policies should be addressed to the associate dean for Student Affairs.

We are confident that our students will excel in our curriculum and graduate successfully to become outstanding clinicians, leaders, educators, advocates, and researchers.

The Faculty and Staff of Western Michigan University Homer Stryker M.D. School of Medicine.

What Motivates Us —UME 202/GSE 202

Content Information

Category: UME/GSE

Implementation: 5/1/2021

Last update: 6/01/2022

Responsible Office:

**Senior Associate Dean for Institutional Advancement
Chief Strategy Officer**

Additional Details:

Michele Serbinski

Michele.serbinski@wmed.edu

LCME
1.3



What Motivates Us



Accreditation Statement—UME 203/GSE 203

Content Information

Category: UME/GSE	Implementation: 5/1/2021 Last update: 06/01/2023
Additional Details: Contacts: Michael Busha MD, MBA, FAAFP Mike.busha@wmed.edu	Responsible Office: Educational Affairs Responsible person: Senior Associate dean for Academic Affairs

LCME Standards

1.6

Content

Western Michigan University Homer Stryker M.D. School of Medicine is a collaboration involving Western Michigan University and Kalamazoo's two teaching hospital systems, Ascension Borgess and Bronson Healthcare. The medical school is incorporated as a private 501(c)(3) nonprofit corporation. The board of directors comprises representatives from Western Michigan University, Ascension Borgess, Bronson Healthcare, the faculty of the medical school, and the community. The medical school is supported by private gifts, clinical revenue, research activity, tuition from students, and endowment income.

The medical school is approved by the State of Michigan as a nonpublic university with authority to grant the Doctor of Medicine degree and other healthcare related degrees. The medical school is accredited as an educational institution by the Higher Learning Commission (HLC), one of six regional institutional accreditors in the United States that accredits degree-granting post-secondary educational institutions. The educational program leading to the Doctor of Medicine degree is accredited by the Liaison Committee on Medical Education (LCME). The medical school is the sponsoring institution for graduate medical education programs accredited by the Accreditation Council for Graduate Medical Education (ACGME), and for continuing medical education accredited by Joint Accreditation, which includes the Accreditation Council for Continuing Medical Education (ACCME).

Misrepresentation Statement—UME 204/GSE 204

Content Information

Category: UME/GSE	Implementation: 5/1/2021 Last update: 06/01/2022
Additional Details: Contacts: Michael Busha MD, MBA, FAAFP Mike.busha@wmed.edu	Responsible Office: Educational Affairs Responsible person: Senior Associate Dean for Academic Affairs

Content

The medical school is committed to providing clear and accurate information in writing, visually, orally, and other means so that it does not misrepresent the nature of its educational programs, financial charges, and the employability of its graduates.

Medical Student Admissions—UME 205/GSE 205

Content Information

Category: UME/GSE

Implementation: 5/1/2021

Last update: 03/22/2024

Additional Details:

Contacts: Maria Sheakley, PhD

Maria.sheakley@wmed.edu

Timothy Bauler, PhD

Timothy.bauler@wmed.edu

Responsible Office: Office of Student Affairs

Responsible person:

Associate dean for Student Affairs

LCME Standards

10.1 - Premedical education/required coursework

10.2 - Final authority of Admissions committee

10.3 - Policies regarding student selection/progress and their dissemination

10.4 - Characteristics of accepted applicants.

10.6 - Content of Informational Materials

Content

Admission to WMed is a very competitive process. Successful applicants are competitive in each area of the application including academic, extracurricular, and personal dimensions. The criteria are holistic and broad-based, aligned with our mission and values, and promote multiple dimensions of diversity as essential to achieving excellence. Admission is offered after holistic review to those applicants who present the highest qualifications for the study and practice of medicine based on academic, physical, behavioral, and ethical standards of the curriculum. Meeting all of these standards is necessary to progress satisfactorily through our program of study and to graduate.

Admissions Philosophy

The medical school seeks students who will excel in our curriculum and graduate to become outstanding clinicians, leaders, educators, advocates, and researchers. The medical school seeks to identify and admit students from among the categories of specific groups identified by the medical school that add value to the learning and working environment with the highest qualifications for the study and practice of medicine based on the academic and behavioral standards of the curriculum. Meeting these standards is necessary to progress satisfactorily through our program of study and to graduate.

The medical school admits students who will excel in an increasingly interdisciplinary, collaborative, and technology-driven medical environment that is diverse, multicultural, and globally connected. The admissions process incorporates a holistic review to provide blended consideration to the breadth and depth of life experiences and skills, personal attributes and characteristics, and academic metrics of cognitive capabilities that reflect the value that the applicant would bring to the medical school learning and working environment and as a future physician to improve the health of all. The holistic approach for selection of medical students underscores our commitment to equal opportunity and equality of the selection process through recognizing and valuing multiple dimensions of diversity—where everyone from across our society can participate and has the opportunity to fulfill their potential. The medical school applies the criteria equitably across the entire applicant pool, giving each applicant thorough consideration of all submitted information with the intent to create a richly diverse interview and selection pool and student body.

Premedical education/ required coursework

To be well prepared, we recommend applicants complete upper division hard science coursework in:

- Biochemistry
- Genetics
- Human Anatomy
- Human Physiology
- Immunology
- Statistics

It is anticipated that applicants will have completed the foundational science coursework that is required by their undergraduate institution to enroll in these upper division courses. Additional undergraduate-level coursework is recommended to prepare the applicant with breadth and depth of knowledge and skills. While selecting a major in the sciences is not required, we encourage significant experience in upper-division coursework in rigorous academic settings.

Final Authority of Admissions Committee

While the committee may delegate components of the review to designated faculty and staff, the committee as a whole retains all authority over the admissions process and the status of applicants.

In addition to disclosure of all conflicts of interest and conflicts of commitment as required for faculty, members of the Admissions Committee must also disclose conflicts that are related to individual applicants and the selection process to the chair of the Admissions Committee in a timely manner as the conflicts are identified. The assistant dean for Admissions, in collaboration with the chair of the Admissions Committee, is responsible for managing these conflicts.

The chair, vice chair and committee members shall each ensure that the committee deliberations and decisions are not influenced by any political or financial factors. Only the names of the Chair and Vice Chair are public knowledge.

Policies regarding student selection/progress and their dissemination

The WMed Admissions Committee is charged each year with the responsibility of admitting a class of entering students with a diversity of experiences, strong attributes and the academic background required to successfully complete the curriculum. As each admission cycle concludes, the committee reviews the recent experience; assesses the implementation of Experience-Attributes-Metrics (EAM) criteria in the context of the holistic review process; correlates the success of classes admitted in previous years with selection criteria; and develop recommendations for changes in the admissions process and selection criteria for the following year.

Disseminated: In order to disseminate admissions criteria to potential applicants, WMed uses a variety of communications. Most potential students and advisors use online resources to begin their search. We devote time and resources to ensure our website is up to date, easy to navigate, and thorough. The MSAR (Medical School Admission Requirement Website) is another resource readily used by this audience that WMed admissions utilizes to share our message and our admission criteria. We also meet potential students and advisors through recruitment travel. An annual recruitment plan is developed to address enrollment goals. At medical school fairs and pre-medical club meetings information is shared, relationships are forged, and printed materials distributed. We have made the decision to keep our printed materials to a minimum with the goal to drive interested parties to the website.

Characteristics of accepted applicants

The EAM Model is utilized throughout the entirety of the admissions process. Annually as each class matriculates, the full class profile is added to the website at <https://wmed.edu/node/300>.

CONTENT OF INFORMATIONAL MATERIALS

Informational materials are developed as needed driven by the office of admissions in conjunction with communications and senior leadership. Each summer the recruitment materials are updated, edited, and reprinted for the new admission cycle. All print materials are approved by the Director of Admissions, Communications, and Dean. We are constantly reviewing our informational materials to ensure accuracy. As changes are made that effect information materials, admissions is notified to update informational materials.

Admission to the MS Degree in Biomedical Sciences Program

Application requirements include the following:

- Applicants must have earned, or anticipate earning before matriculation, a bachelor's degree from an institution accredited by a regional accreditor that is recognized by both the US Department of Education and the Council for Higher Education Accreditation. At least 90 credits of course work for the bachelor's degree must have been from an institution accredited by a regional accreditor that is recognized by both the US Department of Education and the Council for Higher Education Accreditation (CHEA).
- Completed AMCAS application and supplemental application or applied through the MBS direct application.
- Undergraduate grade point average of 3.00 or higher.
- Minimum MCAT score of 497 taken within three years (36 months).
- Be either a U.S. citizen or permanent resident.
- Proficiency in keyboarding, and in written and spoken English.

The direct application includes the following:

- Personal statement describing the applicant's professional goals in pursuing a degree in biomedical sciences.
- Minimum MCAT score of 497 taken within three years (36 months).
- Curriculum vitae.
- Two letters of reference from individuals familiar with the applicant's academic or professional achievement.

The selection criteria for the MS degree in Biomedical Sciences program include all elements of the holistic review process for the MD degree program at the medical school, as described in the Graduate Student Policy Manual. The Program Committee makes admission decisions for the MS degree in Biomedical Sciences program.

Matriculation Requirements for Master of Science in Biomedical Sciences

Offers of admission to graduate programs are conditional upon satisfactory review of the following prior to matriculation:

- Confirmation of a bachelor's degree from an institution in the US that is accredited by one of the regional accrediting organizations recognized by the Council for Higher Education (CHEA), or in Canada through membership in Universities Canada (formerly the Association of Universities and Colleges of Canada).
- Official transcripts from all institutions attended sent directly to the medical school.
- Criminal background check, which is conducted on all applicants accepted for admission.
- Evidence of health insurance that provides coverage for preventive, diagnostic, therapeutic, and mental health services, which is required of all students beginning at the start of courses and continuing throughout graduate school to graduation.
- Completed health forms and required immunizations.
- Alcohol and controlled substance testing, which is conducted on all graduate students during the first

week of graduate school. Students are not permitted to: abuse alcohol, as evidenced by binge drinking, public intoxication, and other signs of excessive use; use tobacco or derivative products including cigarettes, cigars, chewing tobacco, smokeless tobacco, snuff, nicotine gum, nicotine patches, e-cigarettes, and vaporizers; use controlled substances without a prescription; or have a substance dependence. Testing screens for alcohol and controlled substances. Students with positive results are in violation of medical school policy and may be required to undergo additional testing. Students with positive results on initial testing who do not comply with required testing will have their conditional admission rescinded and will not be eligible to re-apply for admission for one class year.

Admissions Inquiries

The medical school website is the principal resource for an interested applicant to learn more about the medical school, the curriculum, and the application and selection processes. The website is regularly updated with new information and frequently asked questions.

All inquiries about admissions to Western Michigan University Homer Stryker M.D. School of Medicine should be directed to the office of Admissions at admissions@wmed.edu or 269.337.6100. Staff from the office of Admissions are available to meet with potential applicants individually in-person, virtually, or in groups during designated times. The director of Admissions balances the time for staff spent recruiting and coaching future applicants with management of the application and selection processes.

Additional Contacts

Role	Name	Phone	Email
Assistant Dean for Admissions	Timothy Bauler, PhD	269.337.6174	Timothy.bauler@wmed.edu
Director of Admissions	Daniel Goodpaster	269.337.6103	Daniel.Goodpaster@wmed.edu
Chair of Medical Student Admissions Committee	Peter Vollbrecht, PhD	269.337.4495	Peter.vollbrecht@wmed.edu

UME 206/GSE 206/GEN 03—Commitment to Diversity and Inclusiveness including notice of nondiscrimination and affirmative action statement

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last update: 06/17/2023
Additional Details Contacts: Maria Sheakley, PhD Maria.sheakley@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

LCME Standards

3.3, 3.4

Scope

MD and MS Degree Programs

Policy Statement

<https://wmed.policytech.com/dotNet/documents/?docid=2142&public=true>

Transfer Students and Transfer Credit--UME 207/GSE 207

Content Information

Category: UME; GSE	Implementation: 5/1/2021 Last update: 02/09/2024
Additional Details: Contacts: Donna Miroslaw (registrar) Donnna.miroslaw@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

LCME Standards

10.7

Scope

MD degree program, Masters in Biomedical Sciences degree program

Policy Statement

MD degree program

WMed's curriculum for the degree of Doctor of Medicine is an integrated curriculum. Basic sciences and clinical sciences are introduced and reinforced throughout the four years of medical school. Because of the highly integrated approach, it is extremely difficult to accommodate advanced placement of medical students from another medical school into this curriculum. The medical school does not consider requests of medical students to transfer with advanced standing.

Transfer of individual credits toward elective requirements of degree program may be considered upon request. A review would occur by the Associate Dean for UME and include necessary faculty and staff in determining eligibility for individual credit acceptance and application towards degree requirements. All institutional policies governing credit limitations from outside WMed would apply.

Masters in Biomedical Sciences degree program

WMed's curriculum is aligned in several areas of sequence and content with the MD Degree Program. The process of introduction and reinforcement of competency areas precludes the ability to accommodate advanced placement from coursework from another institution. Transfer credits, if accepted by the Program Committee after review, are entered onto the transcript as elective credits and do not fulfill core requirements toward degree.

Approval

Maria Sheakley, PhD

Associate Dean for Student Affairs

Date _____

Educational Philosophy—UME 301/GSE 301

Content Information

Category: UME/GSE	Implementation: 5/1/2021 Last update: 06/01/2023
Additional Details:	Responsible Office: Office of Educational Affairs, UME Curriculum Committee
Contacts: Michael Busha MD, MBA, FAAFP, Mike.busha@wmed.edu	Responsible person: Senior Associate Dean for Academic Affairs

LCME Standards

3.5, 3.6

Content

WMed recognizes the need for innovative medical education to meet the changing healthcare needs of individuals, our communities, and the global society. “In a continuously learning and improving health system, every participant is both a learner and a teacher. Participants include undergraduate and graduate health professions students, trainees, and researchers enrolled in formal educational programs as well as practitioners, educators, administrators, staff, patients, families, and community members” (from Improving Environments for Learning in the Health Professions. Recommendations from the Macy Foundation Conference. April, 2018). We promote a learner-centered approach that comes to life through adult learning principles of self-directed, peer-supported, and experiential inquiry and learning to achieve our vision to be distinguished as a leader among medical schools through community collaboration in:

- Medical education – across the continuum of undergraduate, graduate, and continuing education supporting all healthcare professionals as lifelong learners;
- Patient care – of individual patients as well as community public health and global health;
- Research – including discovery and other forms of scholarship; and
- Service – to our local and global community.

The faculty use contemporary technologies and instructional strategies that focus on problem-solving in a stimulating team-oriented learning and working environment. We respect our learners’ initiative for self-directed learning and ability to make sound decisions as they gain maturity, insight, and experience in how they best attain new knowledge. We understand the need for connecting medical knowledge to real-world situations through reflection, hands-on experience, and faculty mentoring in a climate of psychological safety.

Psychological safety is the belief that the learning and working environment “is safe for interpersonal risk taking.” (Amy Edmundson, PhD). In this safe space, one can talk frankly about difficult issues and trust that what they say will be heard and explored rather than ignored or summarily dismissed. No members of our learning community will be punished or humiliated for speaking out with ideas, asking questions, raising concerns, or identifying errors. All must feel safe to speak out, contribute ideas, ask questions, raise concerns, and identify and work to rectify mistakes made by themselves and others without fear of reprimand, punishment, or humiliation. Psychological safety does not imply an absence of disagreement, but rather facilitates diversity of opinion and constructive critique in a respectful manner.

Faculty help learners establish achievable development goals and hold them accountable for their own learning. At the medical school, learning is a shared activity which requires students to acquire and integrate new knowledge through experiential interaction with faculty, peers, and others in a collegial and supportive atmosphere. Our team-oriented environment enables individual and group learning through problem-based active learning strategies including team-based learning, case-based learning, and simulation-based learning.

Our patient- and family-focused curriculum encompasses the breadth of biomedical sciences and clinical medicine—from genes to cells to individuals to society and the world—that embodies professionalism, critical thinking, integrative reasoning, evidence-based problem-solving, personalized medicine, healthcare quality, team-based interprofessional care, scholarship, service learning, and lifelong learning. Our graduates are knowledgeable, ethical and skilled physicians who are prepared to excel across the diversity of medical specialties and will become outstanding clinicians, leaders, educators, advocates, and researchers.

Our education programs are conducted in an environment that fosters the intellectual challenge and spirit of inquiry appropriate to a community of scholars. The medical school provides opportunities, encouragement, and support for learner participation in the research and other scholarly activities of our faculty, as well as self-identified areas of curiosity they wish to explore while at WMed. By performing research and scholarly activity in these areas, learners gain analytical and critical thinking skills, facilitating their ability to integrate inquiry and discovery to improve patient outcomes throughout their careers.

Educational Pledge—UME 302/GSE 302

Content Information

Category: UME/GSE

Implementation: 5/1/2021

Last update: 06/01/2022

Additional Details:

Contacts: Karen Tulik

Karen.tulik@wmed.edu

Responsible Office: Office of Educational Affairs,
Office of Faculty Affairs, WMed Human Resources

Responsible person:

Curriculum Committee (UME)

EDUCATIONAL PLEDGE

Western Michigan University Homer Stryker M.D. School of Medicine is committed to providing an environment that promotes excellence in teaching and learning, service, research and discovery, and the practice of medicine and clinical care. All persons in the medical school shall respect every person's worth and dignity, and contribute to a positive learning environment. To that end, students, residents, fellows, faculty, staff and administrators take this pledge to create an atmosphere in which all participants can teach and learn to the best of their abilities.

**As a Learner at Western Michigan University
Homer Stryker M.D. School of Medicine,
I pledge to:**

- Acquire the knowledge, skills, attitudes and behaviors necessary to fulfill all established educational objectives
- Treat educators, learners, staff and patients with respect and fairness
- Embody the professional virtues of integrity, altruism, respect, collaboration, empathy, compassion, honesty, courage, and trustworthiness in all of my interactions
- Respect others by being on time for and participating fully in all educational and clinical experiences
- Take responsibility for my learning experience and commit the time and energy to studies necessary to achieve the goals and objectives of each experience
- Communicate concerns and provide educators with timely feedback, constructive suggestions and opportunities for improvement for the curriculum, didactic methods, and the learning environment in a respectful and professional manner
- Assist my fellow learners in meeting their professional obligations, while fulfilling my own obligations as a professional
- Be willing to try new methods, ideas, technologies and other innovations with a positive and inquisitive attitude, accepting that the pursuit of knowledge and positive change includes some risk of failure but contributes to a positive learning environment

**As an Educator at Western Michigan University
Homer Stryker M.D. School of Medicine,
I pledge to:**

- Strive to maintain currency in my professional knowledge and skills
- Strive for excellence in my instruction that conveys knowledge and skills in an effective format for learning
- Accept feedback and strive to improve my teaching skills
- Treat educators, learners, staff and patients with respect and fairness
- Embody the professional virtues of integrity, altruism, respect, collaboration, empathy, compassion, honesty, courage, and trustworthiness in all of my interactions
- Respect others by being on time for and participating fully in all educational and clinical experiences
- Provide learners with timely, formative feedback in a professional and respectful manner with constructive suggestions and opportunities for improvement and remediation
- Assess learners equally and objectively based on performance and without influence of conflicts of interest or conflicts of commitment
- Provide proper notification and respond appropriately to unprofessional behavior by any participant in the educational process
- Nurture learner commitment to achieve personal, family and professional balance
- Be willing to try new methods, ideas, technologies and other innovations with a positive and inquisitive attitude, accepting that the pursuit of knowledge and positive change includes some risk of failure but contributes to a positive learning environment

**As a Staff Member at Western Michigan University
Homer Stryker M.D. School of Medicine,
I pledge to:**

- Strive to maintain currency in my professional knowledge and skills
- Help ensure excellence of an educational curriculum that conveys knowledge and skills in an effective format for learning
- Treat educators, learners, staff and patients with respect and fairness
- Embody the professional virtues of integrity, altruism, respect, collaboration, empathy, compassion, honesty, courage, and trustworthiness in all of my interactions
- Be willing to try new methods, ideas, technologies and other innovations with a positive and inquisitive attitude, accepting that the pursuit of knowledge and positive change includes some risk of failure but contributes to a positive learning environment



UME 303/GSE 303/GEN 01—Code of Professional Conduct

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last update: 06/01/2023
Additional Details Contacts: Michael Busha MD, MBA, FAAFP; Mike.busha@wmed.edu	Responsible Office: Office of Educational Affairs Responsible person: Senior Associate Dean for Academic Affairs

LCME Standards

Scope

MD and MS Degree Programs

Policy Statement

<https://wmed.policytech.com/dotNet/documents/?docid=2195&public=true>

Community and Collaboration—UME 304/GSE 304

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last update: 06/01/2023
Policy Statement Procedures	Responsible Office: Office of Educational Affairs
Additional Details: Contacts: Michael Busha MD, MBA, FAAFP; Mike.busha@wmed.edu	Responsible person: Senior Associate Dean for Academic Affairs

LCME Standards

1.4, 3.5, 6.7

Scope

Students and faculty

Policy Statement

The medical school is a community. Our vision embodies our commitment as a medical school community to our larger community. While the medical school is located in Kalamazoo and has distinct physical facilities, our perspective is that the world is our campus.

The medical school embraces the principles of community developed by the Carnegie Foundation for the Advancement of Teaching ([Campus life. In search of community A special report. Carnegie Foundation for the Advancement of Teaching, Princeton, NJ. 1990](#)) and strives to achieve these ideals.

- An educationally purposeful community, a place where faculty and students share academic goals and work together to strengthen teaching and learning on the campus.
- An open community, a place where freedom of expression is uncompromisingly protected and where civility is powerfully affirmed.
- A just community, a place where the sacredness of the person is honored and where diversity is aggressively pursued.
- A disciplined community, a place where individuals accept their obligations to the group and where well-defined governance procedures guide behavior for the common good.
- A caring community, a place where the well-being of each member is sensitively supported and where service to others is encouraged.
- A celebrative community, one in which the heritage of the institution is remembered and where rituals affirming both tradition and change are widely shared.

Reason for Policy

Alignment of WMed strategic values with academic learning and working environment

Approval

Additional Contacts

1. Kristine Gibson MD, Assistant Dean for Clinical Applications & Discipline Director for Interprofessional Education
2. Cheryl Dickson MD, Associate Dean for Health Equity and Community Affairs
3. Karen Horneffer-Ginter, Associate Dean for Culture and Wellness

History

Learning and Working Environment—UME 305/GSE 305

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last update: 06/08/2023
Additional Details: Contacts: Gustavo A. Patino, MD PhD gustavo.patino@wmed.edu	Responsible Office: Office of Educational Affairs Responsible person: Associate Dean for UME

LCME Standards

3.5

Scope

MD degree program

Policy Statement

The learning and working environment for medical education shapes the future patient care environment. The highest quality of safe and effective care for patients as well as the highest quality of effective and appropriate education are both rooted in human dignity.

Western Michigan University Homer Stryker M.D. School of Medicine is committed to an environment and professional workplace that promotes wellness and inspires learning, compassion, accountability, and commitment to ethical patient care. The learning and working environment must exemplify a universal and consistent shared sense of respect, civility, collegiality, cooperation, and teamwork. These values, which are embodied in the Code of Professional Conduct (medical school policy GEN01) and the Educational Pledge, must be exhibited: at all sites, settings, and events; across all clinical care, education, research, and service activities; and among all members of the healthcare team, which includes faculty, residents, fellows, students, and staff.

Learning and working environment “refers to the social interactions, organizational cultures and structures, and physical and virtual spaces that surround and shape participants’ experiences, perceptions, and learning” (from Improving Environments for Learning in the Health Professions. Recommendations from the Macy Foundation Conference. April, 2018). It “is a social system that includes the learner (including the external relationships and other factors affecting the learner), the individuals with whom the learner interacts, the setting(s) and purpose(s) of the interaction, and the formal and informal rules/policies/norms governing the interaction.” (Strategies for transforming the medical education learning environment. American Medical Association, Initiative to Transform Medical Education. December, 2008.) To promote a positive learning and working environment, the medical school establishes values and norms that are embodied in formal policies and in organizational procedures and practices that address:

- Faculty qualifications, expectations, appointments, and promotions.
- Student and resident selection policies.
- Advancement and graduation requirements.
- Teacher-learner relationships.
- Nondiscrimination, as stated in the medical school Notice of Nondiscrimination.
- Learner mistreatment.
- Sexual misconduct.
- Other forms of misconduct.
- Workplace violence

Medical school policies and procedures are guided by codes of professional organizations, standards of professional conduct, and accreditation standards for academic programs, state and federal laws and regulations, and requirements for physician licensure.

To promote a positive learning and working environment for students, the Curriculum Committee establishes detailed design and oversees the implementation of the educational program competencies, and the Curriculum Committee and the Medical and Graduate Student Performance Committees monitor student achievements of knowledge, skills, attitudes, behaviors, and values. The Curriculum Committee and the Medical and Graduate Student Performance Committees work in collaboration with the associate dean for UME, chair of the department of Biomedical Sciences/assistant dean for Foundations of Medicine, assistant dean for Clinical Applications, assistant dean for Clinical Competency and IPE and senior associate dean for Educational Affairs.

To achieve excellence in clinical care, education, research, and service, the medical school recognizes that frank feedback and constructive criticism to learners is necessary regarding performance. We are all lifelong learners, and we must demonstrate resilience even as we experience feelings of discomfort in recognizing our own errors and shortcomings. To ensure that feedback and criticism are delivered and received in a manner facilitating a strong, mutually respectful teacher-learner relationship, the medical school developed the Code of Professional Conduct (medical school policy GEN01) and Educational Pledge. All faculty members, fellows, residents, students, and staff must comply with the Code of Professional Conduct, Educational Pledge, and all medical school policies as a condition of their employment, faculty appointment, or admission as a student to the medical school. The Code of Professional Conduct serves also as an honor code for students, residents, and fellows. These standards apply to all instructional personnel in the medical school – including employed and volunteer faculty, fellows, residents, and other professionals – in all interactions with students and residents/fellows both on-and off-campus, and in educational (including classroom and clinical sites) and social settings.

Approval

Gustavo A. Patino, MD PhD

Associate Dean for UME _____ Date _____

Resident Participation in Facilitating UME Curriculum—UME 306

POLICY CONTENTS

Category: UME	Implementation: 5/1/2021 Last update: 06/01/2022
Additional Details: Contacts: Kristine Gibson MD Kristine.gibson@wmed.edu	Responsible Office: Office of Educational Affairs Responsible person: Assistant Dena for Clinical Competency and IPE

LCME Standards

3.1

Scope

MD degree program

Policy Statement

The purpose of this policy is to:

- Provide residents, fellows and their graduate medical education leadership guidelines for preparing trainees to serve in an educational supervisory role;
- Ensure that all residents and fellows understand their role and responsibilities in the teaching, supervision, and assessment of medical students;
- Establish minimum professional development requirements in preparation for this educational interaction;
- Maintain compliance with the Liaison Committee on Medical Education (LCME) standards for the resident as teacher curriculum.
- Ensure compliance with current or future curriculum guidelines proposed by the Accreditation Council for Graduate Medical Education (ACGME), and/or any specialty-specific Residency Review Committee (RRC) for the training of residents and fellows.

Residents and fellows who will work with WMed students are required to document attendance at an orientation describing the mission, vision and curricular goals of the medical school. This may be in-person, synchronous or asynchronous virtual. Residents and fellows working with medical students must have documented completion of an acceptable Residents as Teachers curriculum. Resident and fellows who are training for more than one year will be expected to complete a refresher curriculum annually.

Procedure

Residents or fellows who do not complete the required curriculum Resident as Teacher instruction, as well as discipline specific clerkship training by the established deadline will be reported to the appropriate GME leadership for removal from medical student interaction, until such time as the requirement is documented as complete.

Monitoring will occur through record retention of training activities in the Office of Educational Affairs. It will be the responsibility of the Course/Clerkship Director to confirm that course/clerkship

information was provided to residents, program directors, or other nonfaculty teaching within their courses/clerkships. This information includes the UME Education Program Objectives and specific course/clerkship objectives within the syllabus of the course/clerkship in which they will participate.

Approval

Michael Busha MD, MBA, FAAFP

Senior Associate Dean for Academic Affairs. _____ Date _____

Student Mistreatment—UME 307/GSE 307

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last update: 06/01/2023
	Responsible Office: Office of Educational Affairs
Additional Details: Contacts: Adam Channell PhD, Department of Medical Education Adam.channell@wmed.edu	Responsible person: Senior Associate Dean for Academic Affairs

LCME Standards

3.6

Scope

MD and MS degree programs

Policy Statement

The medical school is committed to providing a learning and working environment at all sites in which all participants can teach and learn to the best of their abilities in a climate of nondiscrimination and psychological safety. Psychological safety is a belief that one can talk frankly about difficult issues and trust that what is said will be heard and explored rather than ignored and summarily dismissed, and that they will not be punished or humiliated if they speak out with ideas, ask questions, raise concerns, or identify errors. All must feel free to respectfully speak out, ask questions, raise concerns, and identify and work to rectify mistakes made by themselves and others without fear of reprimand, retaliation, or humiliation. Our learning and working environment must be free of student mistreatment, which applies to everyone as lifelong learners.

The medical school recognizes that every student inevitably encounters material and has experiences that create discomfort but that do not constitute intentional, gross student mistreatment. In addition, students must seek and accept appropriate feedback, which may include constructive but unfavorable feedback from faculty and from peers that may create discomfort within the faculty-student dyad and between peers. Students must develop the skills to understand, process, and manage these various situations. Faculty, staff, residents, fellows, and students must make a conscious effort to uphold the medical school's guiding principles and professional code of conduct by exercising situational awareness and empathy in an effort to avoid mistreatment in the form of microaggressions towards all they encounter related to gender, race, sexual orientation, a disability, or other demographic factors or topics. While many of these microaggressions may occur without intent and may not qualify as intentional, gross mistreatment, they will be categorized as unintentional mistreatment and treated as coachable opportunities for development that contribute to alignment with the medical school's commitment to diversity and inclusion.

Duty to Report

All students, residents, fellows, faculty, administrators, directors, and staff have a duty to report, in a timely manner, discrimination, harassment, mistreatment, unprofessional behavior, impairment, and criminal activity that they observe, become aware of, or have information about occurrences on medical school premises, or that involves any person affiliated with the medical school. Individuals who report discrimination, harassment, mistreatment, impairment, and other unprofessional behavior have a right to seek timely review and effective remediation, as appropriate, with the full support of the medical school.

To be timely, the information about alleged discrimination or mistreatment must be reported within 30 calendar days after the alleged occurrence, or for instances that involve students or residents/fellows, no later than 30 calendar days after the end of the rotation/term of the alleged occurrence.

Means to Report

Specific mechanisms are provided for everyone at the medical school to bring forward concerns of unprofessional behavior, including discrimination and student mistreatment, exhibited by anyone at any time in the learning and working environment.

Reports or complaints of sexual misconduct are reported to the medical school Title IX Coordinator (Surangi Pradhan, director of Human Resources; Surangi.Pradhan@wmed.edu) as described in medical school policy GEN10, *Sexual and Gender-based Harassment and Violence, Intimate Partner Violence, and Stalking*. Allegations and concerns of sexual misconduct are investigated by the medical school Title IX Coordinator (Surangi Pradhan, director of Human Resources) or a deputy coordinator.

Medical Students

Medical students have several means to report observations or experiences with discrimination, mistreatment, impairment, and unprofessional behavior, which include reporting to the following leaders and individuals:

- Course/clerkship directors.
- Learning Community Clinical Skills Educators.
- Designated individual mentor.
- Associate dean for Student Affairs.
- Assistant dean for Foundations.
- Assistant dean for Clinical Applications.
- Assistant dean for Clinical Competency and IPE
- Associate dean for UME.
- Department chairs.

In addition, several other mechanisms may be used to report observations or experiences with discrimination and mistreatment including:

- Course/clerkship evaluations. (Each course/clerkship evaluation, which is completed by every medical student at the end of each course/clerkship, includes questions about student mistreatment.)
- Online forms on the medical student portal (may be anonymous or confidential).
 - Report of Student Mistreatment.
 - Report of Student Concern or Complaint.
 - Student Feedback Form.
 - Resident feedback form in New Innovations.
- Compliance Hotline (269.337.6505).

The online forms provide a mechanism for medical students to bring forward any concerns or complaints contemporaneously with options for confidential or anonymous reporting. Students may request delayed intervention by the medical school until after the current course/clerkship concludes, which the medical school may accommodate for issues that are not egregious and do not require immediate intervention, and are not related to gender-based issues under the scope of medical school policy GEN10, *Sexual and Gender-Based Harassment and Violence, Intimate Partner Violence, and Stalking*.

Any individuals who observe or learn of discrimination or mistreatment of medical students have the duty to report the information to their immediate supervisor and to medical school senior leadership.

Graduate Students

Graduate students have several means to report observations or experiences with discrimination, mistreatment, impairment, and unprofessional behavior, which include reporting to the following leaders and individuals:

- Course directors.
- Program Committee members.
- Associate dean for Student Affairs.
- Senior Associate dean for Academic Affairs.

In addition, several other mechanisms may be used to report observations or experiences with discrimination and mistreatment including:

- Course evaluations. (Each course/clerkship evaluation, which is completed by every medical student at the end of each course/clerkship, includes questions about student mistreatment.)
- Online forms on the graduate student portal (may be anonymous or confidential).
 - Report of Student Mistreatment.
 - Report of Student Concern or Complaint.
 - Student Feedback Form.
 - Resident feedback form in New Innovations.
- Compliance Hotline (269.337.6505).

The online forms provide a mechanism for graduate students to bring forward any concerns or complaints contemporaneously with options for confidential or anonymous reporting. Students may request delayed intervention by the medical school until after the current course concludes, which the medical school may accommodate for issues that are not egregious and do not require immediate intervention, and are not related to gender-based issues under the scope of medical school policy GEN10, *Sexual and Gender-Based Harassment and Violence, Intimate Partner Violence, and Stalking*.

Any individuals who observe or learn of discrimination or mistreatment of graduate students have the duty to report the information to their immediate supervisor and to medical school senior leadership.

Residents/Fellows

Residents/fellows have several means to report observations or experiences with discrimination, mistreatment, impairment, and unprofessional behavior, which include reporting to the following leaders and individuals:

- Residency/fellowship program director.
- Department chair.
- Chief Resident for the program.
- Peer-selected GMEC representative from the program.
- Associate dean for Graduate Medical Education.
- Human Resources.

In addition, several other mechanisms may be used to report observations or experiences with discrimination and mistreatment including:

- Online forms on the resident/fellow portal (may be anonymous or confidential).
 - Student Feedback Form.
 - Resident feedback form in New Innovations.
- Compliance Hotline (269.337.6505).

Any individuals who observe or learn of discrimination or mistreatment of residents/fellows have the duty to report the information to their immediate supervisor and to medical school senior leadership.

Faculty

Faculty have several means to report observations or experiences with discrimination, mistreatment, impairment, and unprofessional behavior, which include reporting to the following leaders and individuals:

- Department chair/program chief.
- Course/clerkship directors.
- Residency/fellowship program directors.
- Associate dean for Student Affairs.
- Assistant dean for Foundations.
- Assistant dean for Clinical Applications.
- Assistant dean for Clinical Competency and IPE.
- Associate dean for UME.
- Senior associate dean for Academic Affairs.
- Associate dean for Graduate Medical Education.
- Associate dean for Faculty Affairs.
- Human Resources.

In addition, several other mechanisms may be used to report observations or experiences with discrimination and mistreatment including:

- Online forms on faculty portal (may be anonymous or confidential).
 - Student Feedback Form.
 - Resident feedback form in New Innovations.

Any individual faculty who observes or learns of discrimination or mistreatment of students or residents/fellows has the duty to report the information to their immediate supervisor and to medical school senior leadership.

Staff

Staff have several means to report observations or experiences with discrimination, mistreatment, impairment, and unprofessional behavior, which include reporting to the following leaders and individuals:

- Their supervisor or director, who works with them to continue the report through the most appropriate mechanism.
- Course/clerkship directors
- Assistant dean for Foundations
- Assistant dean for Clinical Applications
- Assistant dean for Clinical Competency and IPE
- Associate Dean for UME
- Senior associate dean for Academic Affairs
- Human Resources.

In addition, several other mechanisms may be used to report observations or experiences with discrimination and mistreatment including:

- Online forms on the employee portal.
- Student Feedback Form.
- Resident feedback form in New Innovations.

Any individual staff member who observes or learns of discrimination or mistreatment of students or residents/fellows has the duty to report the information to their immediate supervisor and to medical school senior leadership

Confidentiality

Reports of mistreatment or unprofessional behavior are managed confidentially to the extent possible for the appropriate committee to investigate the reports. Investigations and actions may be deferred at the student's request until the end of the current course/clerkship, for example as provided on the online form, Report of Student Mistreatment, on the student portal.

The deliberations, minutes, reports, and other products of mistreatment investigations are strictly confidential and are disclosed only on a need-to-know basis. Confidentiality is especially important in consideration of information about individual applicants, students, residents, fellows, faculty, and employees. It is a violation of trust and the medical school Code of Professional Conduct to disclose or discuss deliberations or actions inappropriately.

Procedure

Research misconduct is managed under medical school policy RES04, *Misconduct in Research and Scholarly Activities*. Sexual misconduct is managed under medical school policy GEN10, *Sexual and Gender-Based Harassment and Violence, Intimate Partner Violence, and Stalking*. All reports or complaints from students of possible sexual misconduct are forwarded to the medical school Title IX Coordinator (Surangi Pradhan, director of Human Resources; Surangi.Pradhan@wmed.edu). The final report of the procedure described in RES04 and GEN10 that finds unacceptable action or behavior is accepted as a misconduct finding and as the Investigation Committee Report by the Investigation Committee, which then determines the sanctions.

All reports of student mistreatment that do not imply possible sexual misconduct are reviewed in a timely fashion, even if action has already been taken at the site to address the issue. Medical Education faculty review and determine if further action is indicated, which may include:

- Serving as a sounding board for individuals uncertain of the complaint.
- Providing guidance to the student about such situations.
- Engaging in discussion and coaching individuals involved in student mistreatment.
- Formal notice provided to medical school leadership as well as the leadership and medical staff office at the site.
- Maintaining a record to monitor trends and repeat offenses.

Reports are provided to the senior associate dean for Academic Affairs and the associate dean for Graduate Medical Education, who monitor all such reports and ensure that there is communication to

supervisors and site leadership to facilitate recognition of patterns and to promote dissemination of best practices. The senior associate dean for Academic Affairs and associate dean for Graduate Medical Education provide a report of the learning and working environment throughout the medical school annually to the dean and annually to the Faculty Academic Council.

Student mistreatment by faculty and staff must be corrected. Repeated student discrimination and mistreatment by faculty will result in reassignment of some or all teaching and other responsibilities, denial of promotion, nonrenewal of appointment, termination of faculty appointment, and, for employed or contracted faculty, nonrenewal or termination of employment or contract.

Retaliation or reprisals against a person who, in good faith, reports or provides information during an investigation is prohibited and may result in separate academic or corrective action.

Procedure

- Student mistreatment allegation is received by Adam Channell, PhD via various methods of reporting.
- Mistreatment allegations are documented within a secure online location.
- Follow-up with student is completed within 7 days of receiving the mistreatment report.
- A classification of the mistreatment report as either not mistreatment, unintentional mistreatment/microaggression, or intentional gross mistreatment is decided by faculty associated with the category of the mistreatment report.
- Follow-up with faculty is completed upon receiving potential additional student feedback.
- Final documentation of mistreatment report is completed within a secure online location.

Contacts

1. Adam Channell PhD, Assistant Professor in Department of Medical Education
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2. Karen Horneffer-Ginter PhD, Associate Dean for Culture and Wellness
karen.horneffer-ginter@wmed.edu
3. Kathryn Redinger MD, Assistant Dean for Clinical Applications
kathryn.redinger@wmed.edu
4. Surangi Pradhan, Director of Human Resources
surangi.pradhan@wmed.edu

Curriculum Design, Outcomes and Governance--UME 401

POLICY CONTENTS

Category: UME

Implementation: 5/1/2021

Last Updated: 03/28/2024

Additional Details

Contacts: Gustavo Patino MD, PhD
Gustavo.patino@wmed.edu

Responsible Office: Curriculum Committee

Responsible person: Associate Dean for UME

LCME Standards

1.3, 4.6, 6.1, 8.1, 8.2, 8.3, 8.4, 9.6, 10.9

Scope

MD Degree Program

Policy Statement

The medical curriculum includes all levels of objectives, all forms of content, all mechanisms of delivery, and all individual and group assessments that are organized to achieve the educational outcomes. Curriculum content is provided to students through a variety of means, including in person activities and the curriculum management system. The medical school curriculum management system and student portal are extensions to the Student Policy Manual and provide additional information about the curriculum, its delivery, student assessment, and program evaluation.

Curriculum Design

The dean charges the faculty of the medical school through the Curriculum Committee with the responsibility to define the educational program objectives and level of competencies to be achieved by its students through the medical education program, and for the detailed design and implementation of the components of a medical curriculum that enable students to achieve those competencies. Medical education program competencies are statements of the knowledge, skills, behaviors, and attitudes that students are expected to exhibit as evidence of achieving completion of the program.

The faculty of the medical school through the Curriculum Committee:

- ☐ Define the medical education program outcome-based objectives that facilitate assessment of student progress in developing the competencies that the profession and the public expect of a physician. The medical school makes these medical education program competencies known to all medical students and faculty. In addition, the medical school ensures that the learning objectives for each course/clerkship are made known to all medical students and those faculty, residents, and others with teaching and assessment responsibilities.
- ☐ Define the types of patients and clinical conditions that students are required to encounter, the skills to be performed by medical students, the appropriate clinical settings for these experiences, and the expected levels of student responsibility.
- ☐ Ensure that the medical curriculum includes self-directed learning experiences and time for independent study to allow students to develop the skills of lifelong learning. Self-directed learning involves students' self-assessment of learning needs; independent identification, analysis, and synthesis of relevant information; and appraisal of the credibility of information sources.
- ☐ Ensure that the medical curriculum includes substantive clinical experiences in both outpatient and inpatient settings.

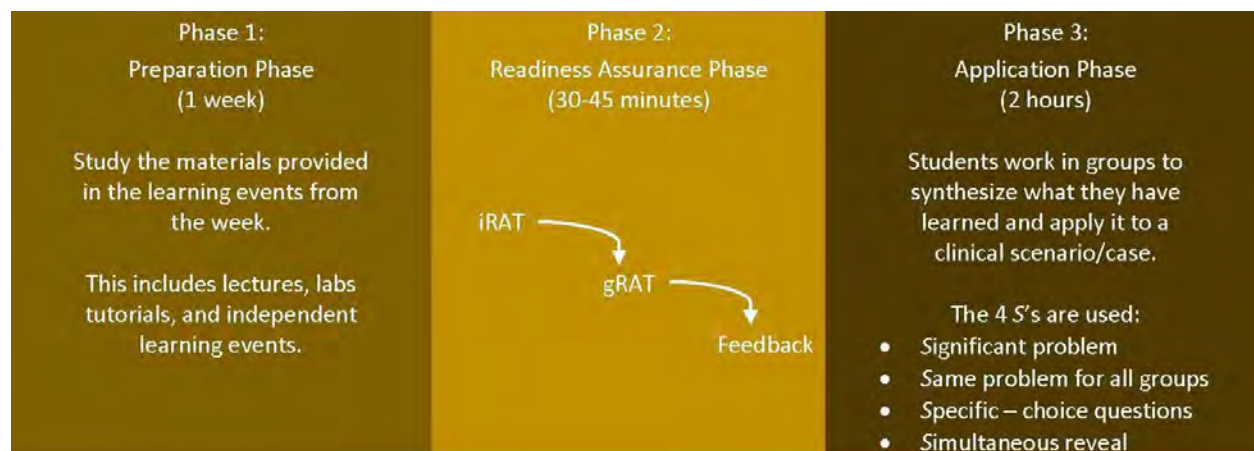
- Ensure that the medical curriculum includes elective opportunities that supplement required learning experiences and that permit medical students to gain exposure to and deepen their understanding of medical specialties reflecting their career interests and to pursue their individual academic interests.
- Ensure that the medical education program provides sufficient opportunities for, encourages, and supports student participation in service-learning and community service activities.
- Ensure that students have opportunities to learn in academic environments that permit interaction with students enrolled in other health professions, graduate and professional degree programs, and in clinical environments that provide opportunities for interaction with physicians in graduate medical education programs and in continuing medical education programs.
- Provide a medical education curriculum consisting of a pre-clerkship phase, consisting of courses in Foundations of Medicine, and a clerkship phase, consisting of core and advanced clerkships and courses during Clinical Applications, that provides the minimum credits and weeks of instruction necessary for advancement and graduation with the MD degree.

Guiding Principles for Curriculum Design

The design and implementation of the medical education curriculum incorporates the Educational Philosophy, Educational Pledge, Code of Professional Conduct, and these guiding principles for curriculum design to achieve the 58 required educational objectives across all eight domains.

- The competency-based curriculum trains future clinicians, leaders, educators, advocates, and researchers across eight domains and 58 educational program objectives that meet the breadth and depth of requirements by the LCME and emphasize the skills that exemplify scientific inquiry, critical thinking, scholarship, and lifelong learning.
 - o The curriculum integrates the basic sciences, social and behavioral sciences, population-based science, and clinical sciences throughout all years to provide clinical relevance in a biopsychosocial context. Normal structure and function are studied alongside the study of abnormal, disordered structure, and dysfunction. Health and disease prevention are fully integrated into the curriculum.
 - o The curriculum addresses all USMLE objectives and also the clinical discipline objectives that are provided by professional organizations for each of the required clerkships. Successful completion of the curriculum prepares medical students who achieve curriculum competencies to pass USMLE Step 1 and USMLE Step 2 CK examinations on the first attempt, as placed in the curriculum requirements, recognizing that this outcome is dependent on individual student performance on the examinations and is not guaranteed for students.
 - o The curriculum enables students to achieve competencies for the Entrustable Professional Activities, which are mapped to the 58 required educational objectives across all eight domains.
 - o The curriculum, as shown in the curriculum calendars, provides the minimum credits and weeks of instruction to meet educational needs and accreditation requirements.
 - Courses/clerkships are listed in the course catalog, contained in the Student Policy Manual, and described fully, including the syllabus course/clerkship objectives, on the student portal.
 - o Biomedical science courses may have a basic science course director and a clinician course director. Each required clerkship has a clerkship director.
 - o Disciplines/Domains are embedded across courses/clerkships and have a discipline director to oversee their content throughout the curriculum. They include:
 - Anatomy.
 - Biochemistry.
 - Cell and Molecular Biology.
 - Diagnostic Imaging.

- Endocrinology.
 - Epidemiology, Biostatistics and Evidence-based Practice.
 - Genetics.
 - Geriatrics.
 - Gross Anatomy.
 - Histology.
 - Immunology.
 - Interprofessional Education (also a domain).
 - Microbiology.
 - Neurosciences.
 - Nutrition.
 - Oral health.
 - Pathology.
 - Pharmacology.
 - Physiology.
 - Wellness.
- ☐ Core clinical clerkships integrate and reinforce basic science principles and include clinical experiences in hospital and ambulatory settings.
 - ☐ Students participate in clinical, interprofessional, and longitudinal learning experiences throughout the curriculum.
 - o Initial clinical learning experiences include the Medical First Responder course, Clinical Skills courses, and the interprofessional component of Principles of Medicine courses, all during Foundations of Medicine.
 - o Students interact with students enrolled in other health professions, graduate and professional degree programs, and in clinical environments that provide opportunities for interaction with residents and fellows in graduate medical education programs, and in continuing education programs to achieve the competencies in the Interprofessional Education domain.
 - ☐ Students participate in Service Learning and/or Research during Foundations of Medicine, which is a faculty-mentored activity that integrates service learning and/or research with a project and culminates in student group presentations.
 - ☐ Elective opportunities that supplement required learning experiences are provided in both Foundations of Medicine and Clinical Applications. These electives provide medical students with opportunities to pursue their individual academic interests and to gain exposure to and deepen their understanding of medical specialties reflecting their career interests.
 - ☐ The curriculum incorporates modern adult-learning pedagogy and methodologies emphasizing active learning and experiential learning opportunities, such as team-based learning and simulation-based learning that stimulate active exchange of ideas among students and faculty.
 - o There are no more than six hours, on average, of lectures per week during Foundations of Medicine.
 - ☐ Assessment of student performance in the curriculum includes evaluation of professionalism—the set of values, behaviors, and relationships that underpins the trust the public has in physicians—in addition to knowledge acquisition.
 - ☐ Continuous cycles of improvement at the instructor, course/clerkship, and curriculum levels are embedded in curriculum oversight, with regular peer review of faculty teaching and systematic faculty development opportunities.



Interprofessional Collaboration

Interprofessional collaboration is one of the eight domains of competency of the medical student curriculum.

Collaboration is “a process through which parties who see different aspects of a problem can constructively explore their differences and search for solutions that go well beyond their own vision of what is possible” (Gray B: Collaborations: Finding common ground for multiparty problems. San Francisco: Jossey-Bass. 1989). Interprofessional collaboration encompasses interprofessional education that facilitates interprofessional practice. Interprofessional education includes training for the skills of collaboration, as well as education that occurs in an interprofessional setting “when two or more professions learn with, from, and about each other to improve collaboration and the quality of care” ([CAIPE, 2002](#)).

The medical program will provide students with significant opportunities for interprofessional education and collaboration throughout all phases of the curriculum. The assistant dean for for Clinical Competency and IPE will oversee this aspect of the educational program.

Self-Directed Learning

Self-directed learning facilitates learners to diagnose their own learning needs, reflect critically on what they need to learn, and design a learning plan to obtain the needed information. In self-directed learning, the learner has a role in defining his or her own learning outcomes and/or those of his or her peers.

Self-directed learning is a type of learning where learners independently or collaboratively with peers take the initiative for their own learning: diagnosing needs, formulating goals, identifying resources, implementing appropriate activities, and evaluating outcomes. Self-directed learning includes the following elements.

1. Identify, analyze, and synthesize information relevant to their individual learning needs.
2. Assess the credibility of information sources.
3. Share the information with peers and instructors.
4. Receive feedback from peers and faculty on their information-seeking skills.
5. Provide feedback to peers.

Self-directed learning requires learners to have metacognitive skills to evaluate what they know, what they need to know, and where to independently obtain, analyze, synthesize, and validate needed information. Self-directed learning promotes the development of lifelong learning skills and requires assessment and feedback on applications using these skills.

Self-directed learning requires facilitated learning experiences that promote learner development to

adequately perform these tasks.

Self-Directed Learning: Principles of Medicine

During Foundations of Medicine, students participate in events of the Principles of Medicine course that provide each student with a strong foundation of self-directed learning opportunities. Students develop the critical-thinking skills necessary for continuous self-improvement and independent lifelong learning. Honing these skills early in their medical careers is expected to help students transition smoothly from the highly structured Foundations of Medicine curriculum to the environment of self-directed learning, which is a core component of Clinical Applications.

Self-Directed Learning: Electives

Electives in the first- and second years of medical school (7500 series), Independent Study electives, and non-traditional fourth-year electives at non-LCME-accredited sites or at international sites provide medical students with the opportunity to pursue individual academic and potential career interests. These electives incorporate self-directed learning experiences and time for independent study to help students develop and practice the skills of lifelong learning. Before the elective starts, students identify learning needs related to the content of the elective that have been identified based on self-assessment. Students may develop these objectives working with the elective director or other faculty or resources.

After the elective is completed, students provide the following as part of the self-directed learning process:

- ☐ How the student identified, analyzed, and synthesized relevant information to achieve the learning objectives.
- ☐ How the student appraised the credibility of information sources.

Curriculum Calendars

The curriculum for the MD degree covers four distinct curriculum years and the pre-clerkship and clerkship phases.

The curriculum calendars are subject to change to meet educational needs and accreditation requirements. Updated curriculum calendars are published annually and as needed.

Educational Program Domains and Objectives

The overall goal of medical education at the medical school is to train physicians across the continuum from medical school through residency and into practice to be outstanding clinicians, leaders, educators, advocates, and researchers. The medical school provides a competency-based education using a course-based approach with 58 educational program objectives across eight domains that prepares graduates to achieve the overall goal (Englander R, Cameron T, Ballard AJ, Dodge J, Bull J, Aschenbrener CA: Toward a common taxonomy of competency domains for the health professions and competencies for physicians. *Acad Med* 2013;88:1088-1094).

The eight domains and 58 objectives of the medical student educational program are statements of complex knowledge, skills, attitudes, behaviors, and values applied to specific situations. Students are required to exhibit the appropriate level of competency for each of the 58 objectives across all eight domains as evidence of their achievement of completing the MD degree program. Objectives for each educational program objective are behavioral statements describing the goals of instruction. The 58 educational program objectives guide the learning objectives of each event in the curriculum. The learning objectives guide the content of learning activities and the associated assessments.

The 58 educational program objectives are comprehensive and underscore that the practice of medicine is simultaneously both an art and a science, and that these separate elements must be integrated through the knowledge, skills, attitudes, behaviors, and values of each individual physician graduate.

By the time of graduation, each student must individually achieve the required level of competency that demonstrates the requisite knowledge, skills, attitudes, behaviors, and values for each of the 58 required educational program objectives across the eight domains. Educational program objectives are mapped to EPA key functions and assessed at the appropriate points in the curriculum where the highest level of competency is anticipated (Table 3).

The following definitions for competency level are used for assessment of students meeting EPA key functions and educational program objectives:

- **Competent:** The learner must achieve competency to perform with indirect supervision and be trusted to perform this function.
- **Advanced Learner:** The learner has a developing skill but may still require direct observation to perform this function.
- **Beginning Learner:** The learner is provided foundational knowledge and may or may not have opportunity to apply the function in clinical practice.
- **Novice:** The clinical practice of these skills is not emphasized in the curriculum. The learner is exposed to the theory behind the function with only elective or extracurricular opportunities to practice, and no associated assessment.

Table 3. Domains and educational program objectives mapped to EPA Key Functions.

Domain and Educational Program Objectives		Competency Level	EPA Key Function Mapping	Course/ Clerkship Assessment
Patient Care: Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.				
1.1	Perform all medical, diagnostic, and surgical procedures considered essential for the area of practice.	Competent	10c 12a, 12b	Emergency Medicine advanced clerkship Core Surgery Critical Care Transition to Adv Clinical Management
1.2	Gather essential and accurate information about patients and their conditions through history-taking, physical examination, and the use of laboratory data, imaging, and other tests.	Competent	1a, 1d, 2a, 4b, 6a, 10a, 10b	All core clerkships All advanced clerkships
1.3	Organize and prioritize responsibilities to provide care that is safe, effective, and efficient.	Competent	8b, 9a, 9c, 10b, Professionalism and engagement	All Core clerkships All advanced clerkships Competency OSCE
1.4	Interpret laboratory data, imaging studies, and other tests required for the area of practice.	Competent	2b, 3c, 5a, 5c, 10a, 10b	All core clerkships All advanced clerkships
1.5	Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.	Competent	3a, 3b, 3c, 4b, 10a, 10b, 11a	All core clerkships All advanced clerkships

1.6	Develop and carry out patient management plans.	Competent	4a, 5c, 6b, 10b, 11a, 12c	All core clerkships All advanced clerkships
1.7	Counsel and educate patients and their families to empower them to participate in their care and enable shared decision making.	Competent	3b, 3c, 7d, 11a, 12c	All core clerkships All advanced clerkships
1.8	Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes.	Early Learner	8c	In at least one designated advanced clerkship
1.9	Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health.	Advanced Learner	3a, 3c	All core clerkships All advanced clerkships
1.10	Provide appropriate role modeling.	Competent	Professionalism and engagement competencies evaluation	All core clerkships All advanced clerkships
1.11	Perform supervisory responsibilities commensurate with one's roles, abilities, and qualifications.	Competent	Professionalism and engagement competencies	All core clerkships All advanced clerkships

Knowledge for Practice: Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.

2.1	Demonstrate an investigatory and analytic approach to clinical situations.	Competent	1c, 3a, 3b, 3c, 13a	• All core clerkships • All advanced clerkships • Competency OSCE
2.2	Apply established and emerging bio-physical scientific principles fundamental to health care for patients and populations.	Competent	2a	• All core clerkships • All advanced clerkships • Competency OSCE
2.3	Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision-making, clinical problem-solving, and other aspects of evidence-based health care.	Competent	2a, 2b, 2c, 7a, 7c, 11a	• All core clerkships • All advanced clerkships • Competency OSCE

2.4	Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations.	Competent	2a, 2b, 2c, 3a, 3b, 7c, 11a	• All core clerkships • All advanced clerkships • Competency OSCE
2.5	Apply principles of social-behavioral sciences to provision of patient care, including assessment of the impact of psychosocial and cultural influences on health, disease, care-seeking, care compliance, and barriers to and attitudes toward care.	Advanced Learner	11a	• In at least one designated advanced clerkship • Competency OSCE
2.6	Contribute to the creation, dissemination, application, and translation of new health care knowledge and practices.	Advanced Learner	—	• Evidence- based Practice thread
Practice-Based Learning and Improvement: Demonstrate the ability to investigate and evaluate one's care of patients, appraise and assimilate scientific evidence, and continuously improve patient care based on constant self-evaluation and life-long learning.				
3.1	Identify strengths, deficiencies, and limits in one's knowledge and expertise.	Competent	2b, 4a, 6a, 6c, 7a, 7d Professionalism and engagement competencies	• All core clerkships • All advanced clerkships
3.2	Set learning and improvement goals.	Competent	—	• Explorations • Transition courses • Medicine core clerkship
3.3	Identify and perform learning activities that address one's gaps in knowledge, skills, and/or attitudes.	Competent	7a	• Evidence- based Practice thread
3.4	Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement.	Novice	13b	—
3.5	Incorporate feedback into daily practice.	Competent	Professionalism and engagement competencies	• All core clerkships - All advanced clerkships
3.6	Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems.	Competent	7a, 7b, 7c	• Evidence-based Practice thread

3.7	Use information technology to optimize learning.	Competent	4c, 7b, 8a	• All advanced clerkships
3.8	Participate in the education of patients, families, students, trainees, peers and other health professionals.	Advanced Learner	7d	• Evidence-based Practice thread
3.9	Obtain and utilize information about individual patients, populations of patients, or communities from which patients are drawn to improve care.	Competent	3a, 3b, 7d	• All advanced clerkships
3.10	Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes.	Novice	13b	—
Interpersonal and Communication Skills: Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.				
4.1	Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.	Competent	1b, 4d, 5a, 5c, 6c, 7d, 11a	• All core clerkships • All advanced clerkships
4.2	Communicate effectively with colleagues within one's profession or specialty, other health professionals, and health related agencies (see also 7.3).	Competent	2c, 5c, 6b, 6c, 7d, 8a, 8b, 8c, 8d, 9b, 10d, 13a	• All core clerkships • All advanced clerkships
4.3	Work effectively with others as a member or leader of a health care team or other professional group (see also 7.4).	Competent	8a, 8b, 8d, 9a	• All core Clerkships • In at least one designated advanced Clerkship Competency OSCE
4.4	Act in a consultative role to other health professionals.	Novice	—	—
4.5	Maintain comprehensive, timely, and legible medical records.	Competent	5b	• All core clerkships • All advanced clerkships
4.6	Demonstrate sensitivity, honesty, and compassion in difficult conversations, including those about death, end of life, adverse events, bad news, disclosure of errors, and other sensitive topics.	Competent	10d, 12c	• Emergency Medicine advanced clerkship • Competency OSCE

4.7	Demonstrate insight and understanding about emotions and human responses to emotions that allow one to develop and manage interpersonal interactions.	Competent	1b, 9b, 9c, 11a	• All core clerkships • All advanced clerkships
Professionalism: Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.				
5.1	Demonstrate compassion, integrity, and respect for others.	Competent	1b, 6a, 6d, 9b, 9c	• All core clerkships • All advanced clerkships
5.2	Demonstrate responsiveness to patient needs that supersedes self-interest.	Competent	Professionalism and engagement competencies	• All core clerkships • All advanced clerkships
5.3	Demonstrate respect for patient privacy and autonomy.	Competent	1b, 6d, 8a, 8e	• All core clerkships • All advanced clerkships • Competency OSCE
5.4	Demonstrate accountability to patients, society, and the profession.	Competent	5b, 13a, 13d	• All core clerkships • All advanced clerkships • POM 5-7
5.5	Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.	Competent	1b	• All core clerkships • All advanced clerkships
5.6	Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations.	Competent	11a	• In at least one designated advanced clerkship • Competency OSCE
Systems-Based Practice: Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.				
6.1	Work effectively in various health care delivery settings and systems relevant to one's clinical specialty.	Competent	5b, 9a	• All core clerkships • All advanced clerkships
6.2	Coordinate patient care within the health care system relevant to one's clinical specialty.	Competent	9a, 9c, 10c	• All core clerkships • All advanced clerkships

6.3	Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care.	Competent	3a, 3b, 4d	• All advanced clerkships
6.4	Advocate for quality patient care and optimal patient care systems.	Early Learner	13c	• All advanced clerkships
6.5	Participate in identifying system errors and implementing potential systems solutions.	Early Learner	13d	• All advanced clerkships
6.6	Perform administrative and practice management responsibilities commensurate with one's role, abilities, and qualifications.	Competent	Professionalism and engagement competencies	• All core clerkships • All advanced clerkships
Interprofessional Collaboration: Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care.				
7.1	Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust.	Competent	9b, 9c	• All core clerkships • All advanced clerkships
7.2	Use the knowledge of one's own role and the roles of other health professionals to appropriately assess and address the health care needs of the patients and populations served.	Competent	9a	• All core clerkships • All advanced clerkships
7.3	Communicate with other health professionals in a responsive and responsible manner that supports the maintenance of health and the treatment of disease in individual patients and populations.	Competent	9b	• All core clerkships • All advanced clerkships
7.4	Participate in different team roles to establish, develop, and continuously enhance interprofessional teams to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable.	Competent	10c	• Emergency Medicine advanced clerkship
Professional and Professional Development: Demonstrate the qualities required to sustain lifelong personal and professional growth.				
8.1	Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors.	Competent	10b, 10c, 10d, 11c, 12d	• Emergency Medicine advanced clerkship
8.2	Demonstrate healthy coping mechanisms to respond to stress.	Early Learner	—	—
8.3	Manage conflict between personal and professional	Early Learner	—	—

	responsibilities.			
8.4	Practice flexibility and maturity in adjusting to change with the capacity to alter one's behavior.	Competent	6a, 6d	• All core clerkships • All advanced clerkships
8.5	Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients.	Competent	13a Professionalism and engagement competencies	• All core clerkships • All advanced clerkships
8.6	Provide leadership skills that enhance team functioning, the learning environment, and/or the health care delivery system.	Advanced Learner	—	• In at least one designated advanced clerkship
8.7	Demonstrate self-confidence that puts patients, families, and members of the health care team at ease.	Competent	6c, 11c, 12d	• All core clerkships • All advanced clerkships
8.8	Recognize that ambiguity is part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty.	Advanced Learner	2b, 11c Professionalism and engagement competencies	• All core clerkships • All advanced clerkships

Entrustable Professional Activities (EPAs)

Achieving all of the competencies of the curriculum incorporates the demonstration of the 13 core behaviors and activities identified as “Core Entrustable Professional Activities for Entering Residency” (AAMC, [EPA toolkit](#)).

The following 13 Entrustable Professional Activities (EPAs) are activities that medical students must demonstrate appropriate progression toward entrustment, as defined by curriculum expectations. Confirmation of achieving the appropriate level of entrustment on all of these abilities and behaviors is a graduation requirement. Each EPA is mapped to specific competencies within the eight domains of the MD degree program curriculum (indicated in parentheses) that are critical to entrustment decisions. Each EPA is also predicated on the competencies of conscientiousness, trustworthiness and self-awareness of limitations that leads to appropriate help-seeking behavior. Each EPA is further subdivided into key functions that are mapped and assessed across the required core and advanced clerkships.

EPA 1: Gather a history and perform a physical examination.

- Patient Care (1.2)
- Knowledge for Practice (2.1)
- Interpersonal and Communication Skills (4.1, 4.7)
- Professionalism (5.1, 5.3, 5.5)

EPA 2: Develop a prioritized differential diagnosis and select a working diagnosis following a patient encounter.

- Patient Care (1.2, 1.4)
- Knowledge for Practice (2.2, 2.3, 2.4)
- Practice-Based Learning and Improvement (3.1)
- Interpersonal and Communication Skills (4.2)
- Personal and Professional Development (8.8)

EPA 3: Recommend and interpret common diagnostic and screening tests.

- Patient Care (1.4, 1.5, 1.7, 1.9)
- Knowledge for Practice (2.1, 2.4)
- Practice-Based Learning and Improvement (3.9)
- Systems-Based Practice (6.3)

EPA 4: Enter and discuss patient orders/prescriptions.

- Patient Care (1.2, 1.5, 1.6)
- Knowledge for Practice
- Practice-Based Learning and Improvement (3.1, 3.7)
- Interpersonal and Communication Skills (4.1)
- Systems-Based Practice (6.3)

EPA 5: Provide documentation of a clinical encounter in written or electronic format.

- Patient Care (1.4, 1.6)
- Interpersonal and Communication Skills (4.1, 4.2, 4.5)
- Professionalism (5.4)
- Systems-Based Practice (6.1)

EPA 6: Provide an oral presentation/summary of a patient encounter.

- Patient Care (1.2)
- Practice-Based Learning and Improvement (3.1)

- Interpersonal and Communication Skills (4.1, 4.2)
- Professionalism (5.1, 5.3)
- Personal and Professional Development (8.4, 8.7)

EPA 7: Form clinical questions and retrieve evidence to advance patient care.

- Knowledge for Practice (2.3, 2.4)
- Practice-Based Learning and Improvement (3.1, 3.3, 3.6, 3.7, 3.9)
- Interpersonal and Communication Skills (4.2)

EPA 8: Give or receive a patient handover to transition care responsibility to another healthcare provider or team.

- Patient Care (1.3, 1.8)
- Practice-Based Learning and Improvement (3.5, 3.7)
- Interpersonal and Communication Skills (4.2, 4.3)
- Professionalism (5.3)

EPA 9: Participate as a contributing and integrated member of an interprofessional team.

- Interpersonal and Communication Skills (4.2, 4.3, 4.7)
- Professionalism (5.1)
- Systems-Based Practice (6.1, 6.2)
- Interprofessional Collaboration (1.3, 7.1, 7.2, 7.3)

EPA 10: Recognize a patient requiring urgent or emergent care, initiate evaluation and treatment, and seek help.

- Patient Care (1.1, 1.2, 1.3, 1.4, 1.5, 1.6)
- Interpersonal and Communication Skills (4.2, 4.6)

EPA 11: Obtain informed consent for tests and/or procedures that a beginning resident is expected to perform or order without supervision.

- Patient Care (1.3, 1.6, 1.7)
- Interpersonal and Communication Skills (4.1, 4.5, 4.7)
- Professionalism (5.6)
- Systems-Based Practice (6.3)
- Personal and Professional Development (8.7)

EPA 12: Perform general procedures of a physician.

- Patient Care (1.1, 1.7)
- Interpersonal and Communication Skills (4.5, 4.6)
- Professionalism (5.6)
- Systems-Based Practice (6.3)
- Personal and Professional Development (8.7)

EPA 13: Identify system failures and contribute to a culture of safety and improvement.

- Knowledge for Practice (2.1)
- Practice-Based Learning and Improvement (3.4, 3.10)
- Interpersonal and Communication Skills (4.2)
- Professionalism (5.4)
- Systems-Based Practice (6.4, 6.5)

Approval

MD Curriculum Committee

Date: _____

Procedures

Additional Contacts

Gustavo A. Patino
Associate Dean for UME
gustavo.patino@wmed.edu

Forms

Related Information

History

Academic Year and Enrollment—UME 402/ GSE 402

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last Update: 02/28/2024
Additional Details Contacts: Maria Sheakley, PhD maria.sheakley@wmed.edu Donna Mirosław Donna.mirosław@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

LCME Standards

Scope

MD and MS Degree Programs

Policy Statement

Academic Year

The medical school defines the academic year for each of its degree programs based on the minimum number of weeks of instructional time and minimum number of credits (Table 1). These definitions meet the minimum standards set by the U.S. Department of Education.

Table 1. Academic Year Minimum Weeks and Credits for the Doctor or Medicine Program.

Program	Minimum Weeks of Instructional Time	Minimum Credits
Doctor of Medicine	30 weeks	30 credits
Master of Science in Biomedical Sciences	36 weeks	32 credits

Student Enrollment Status per Term

The medical school determines enrollment status based on students' course schedules and total credits each term (Table 2). Some programs may require more credits per term to complete the program within prescribed timeframes.

Students must be enrolled at least half-time to be eligible for federal student loans. Students receiving benefits through the military Health Professions Scholarship Program (HPSP), National Health Service Corps (NHSC), Veterans Affairs, or other scholarship programs are required generally to maintain full-time enrollment.

Table 2. Student Enrollment Status for the Doctor or Medicine Program.

Program	Full time	Three-quarter time	Half-time	Less than half-time
Doctor of Medicine	15 credits or more	11.5-14.5 credits	7.5-11 credits	1-7 credits
Master of Science in Biomedical Sciences	12 credits or more	9-11.5 credits	6-8.5 credits	1-5.5 credits

Approval

Maria Sheakley, PhD

Associate Dean for Student Affairs _____ Date: _____

Procedures

Additional Contacts

Forms

Related Information

History

Course Management--UME 403/GSE403

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last Update: 02/29/2024
Additional Details Contacts: Gustavo Patino MD, PhD Gustavo.patino@wmed.edu	Responsible Office: Office of Educational Affairs Responsible person: Associate Dean for UME, Assistant Dean for Foundations of Medicine

LCME Standards

6.3, 7.1, 7.2, 7.3, 7.4, 7.5, 7.6, 8.2, 8.6, 8.7

Scope

MD and MS Degree Programs

Policy Statement

Course directors and co-directors are identified according to expertise by department chairs, the assistant dean for Foundations of Medicine, and the associate dean for UME. UME 408 outlines the responsibilities of a course director.

Content and calendar development and management occur under the leadership of the course director(s) with the assistance of a course committee, corresponding Curriculum Committee working group (Basic Science Course Directors or Clinical Applications) and the Integrations Subcommittee of the MD Curriculum Committee. All calendars are available to curriculum committee members for review, comment and discussion through consent agenda items. Course Director(s) must work with discipline directors across integrated content areas utilizing the course committee and curriculum committee workgroup to ensure alignment with the educational program objectives and USMLE Content Outline.

Course evaluation occurs through program evaluation processes as outlined in UME/GSE 426. Course report recommendations are reviewed, discussed and accepted/alterd by the MD Curriculum Committee to guide the CQI process for each course.

Approval

Gustavo Patino MD, PhD
Associate Dean for UME _____ Date: _____

Procedures

Additional Contacts

Forms

Related Information

History

Clerkship Management--UME 404

POLICY CONTENTS

Category: UME	Implementation: 5/1/2021 Last Update: 2/23/2024
Additional Details Contacts: Gustavo Patino MD, PhD Gustavo.patino@wmed.edu	Responsible Office: Office of Educational Affairs Responsible person: Associate Dean for UME, Assistant Dean for Clinical Applications

LCME Standards

5.5, 5.6, 6.4, 7.4, 7.9, 8.2, 9.3, 10.9

Scope

MD Degree Program

Policy Statement

Clerkship directors are identified according to expertise by department chairs, the assistant dean for clinical applications and the associate dean for UME. UME 409 outlines the responsibilities of a clerkship director.

Content and calendar development and management occur under the leadership of the clerkship director with the assistance of the clerkship committee, corresponding MD Curriculum Committee working group (Clinical Applications) and the Integrations Subcommittee of the MD Curriculum Committee. All calendars are available to curriculum committee members for review, comment and discussion through consent agenda items. Clerkship Directors are required to work with discipline directors across integrated content areas utilizing both the course committee and curriculum workgroup to ensure important elements of the curriculum are covered.

Clerkship evaluation occurs through program evaluation processes as outlined in UME/GSE 426. Clerkship report recommendations are reviewed, discussed and accepted/edited by the MD Curriculum Committee to guide the CQI process for each course.

Approval

Gustavo Patino MD, PhD
Associate Dean for UME

Date: _____

Procedures

Additional Contacts

Forms

Related Information

History

Discipline/Thread/Domain Management--UME 405

POLICY CONTENTS

Category: UME	Implementation: 5/1/2021 Last Update: 2/23/2024
Additional Details Contacts: Gustavo Patino MD, PhD Gustavo.patino@wmed.edu	Responsible Office: Office of Educational Affairs Responsible person: Associate Dean for UME

LCME Standards

7.1, 7.2, 7.3, 7.4, 7.5, 7.6, 7.7, 7.9, 8.2

Scope

MD Degree Program

Policy Statement

Discipline/thread/domain directors and co-directors are identified according to expertise by department chairs and the associate dean for UME. UME 410 outlines the responsibilities of a discipline/thread/domain director.

Content and calendar development and management occur under the leadership of the course director(s) with the assistance of the course committee, corresponding MD Curriculum Committee working group (Basic Science Course Directors or Clinical Applications) and the Integrations Subcommittee of the MD Curriculum Committee. All calendars are available to curriculum committee members for review, comment and discussion through consent agenda items. Discipline/thread/domain Director(s) are required to work with course/clerkship directors across integrated content areas utilizing both the course committee and curriculum workgroup to ensure important elements of the curriculum are covered.

Discipline/thread/domain evaluation occurs through program evaluation processes as outlined in UME/GSE 426. Discipline/thread/domain report recommendations are reviewed, discussed and accepted/alterd by the MD Curriculum Committee to guide the CQI process for each course.

Approval

Gustavo Patino MD, PhD
Associate Dean for UME _____ Date: _____

Procedures

Additional Contacts

Forms

Related Information

History

Feedback to Faculty--UME 406/GSE 406

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last Update: 4/1/2024
Additional Details Contacts: Gustavo Patino MD, PhD. Gustavo.patino@wmed.edu	Responsible Office: Office of Educational Affairs Responsible person: Associate Dean for UME

LCME Standards

4.4

Scope

MD and MS Degree Programs

Policy Statement

Faculty receive feedback through several different mechanisms.

- Course feedback: Faculty involved in a course will have the opportunity to review overall course performance and feedback from students which includes student assessment data, course evaluation by students and the results of a student course focus group facilitated through the Department of Medical Education.
- Clerkship feedback: Faculty involved in a clerkship can receive general clerkship student feedback from experiences through the clerkship director. This information includes student clerkship evaluations, student clerkship focus group and site level data as available.

Approval

Gustavo Patino MD, PhD

Associate Dean for UME _____ Date: _____

Procedures

Additional Contacts

Forms

Related Information

History

Faculty Development for Curriculum Roles--UME 407/GSE 407

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last Update: 2/23/2024
Additional Details Contacts: Michael Busha MD, MBA, FA. Mike.busha@med.wmich.edu	Responsible Office: Office of Educational Affairs Responsible person: Senior Associate Dean for Academic Affairs

LCME Standards

4.5, 9.1

Scope

MD and MS Degree Programs

Policy Statement

The Office of Educational Affairs and the Office of Faculty Affairs support faculty development for involvement in curriculum in multiple ways.

- Mentorship with content area, discipline or department.
- Consultation with faculty in the Department of Medical Education.
- Ongoing faculty development programming through the Office of Faculty Affairs which rotates through important topic areas pertinent to institutional development.
- The Department of the Library is available for assistance in determining best external content materials, student utilization and literature search assistance.
- The chair for the Department of Biomedical Sciences/assistant dean for Foundations of Medicine serves as a curriculum content leader for the basic sciences curriculum and can mentor and assist faculty as needed.
- The assistant dean for Clinical Applications is available to assist with content delivery structures, sources chosen, curriculum mapping, student assessment and clerkship management.
- The assistant dean for Simulation is available to assist with OSCE development and utilization of simulation in education.
- Any internal curriculum role that provides a time and effort allocation has a proportionate allocation of professional development funds allocated for the purpose of that role.

Approval

Michael Busha MD, MBA, FAAFP

Senior Associate Dean for Academic Affairs _____ Date: _____

Procedures

Additional Contacts

Forms

Related Information

History

Course Director Profile—UME 408

POLICY CONTENTS

Category: UME	Implementation: 5/1/2021 Last Update: 4/1/2024
Additional Details Contacts: Gustavo Patino MD, PhD Gustavo.patino@wmed.edu	Responsible Office: Office of Educational Affairs Responsible person: Associate Dean for UME

LCME Standards

9.4, 9.6, 9.7, 9.8, 9.9

Scope

MD Degree Program

Policy Statement

One or more course directors lead the design, implementation, management, student assessment, and evaluation for each course in alignment with the medical student educational program objectives, recommendations of the Curriculum Committee and its standing subcommittees, and pertinent national bodies. Course directors can represent a variable number of basic science, clinical or humanities departments within the medical school, depending on the scope of the specific course. Course directors share responsibility for design, implementation, student assessment, and course evaluation.

In courses with a basic scientist course director, the latter reports to the chair of the department of Biomedical Sciences/assistant dean for Foundations of Medicine and is the principal administrator of the course.

Course directors are a key link between students and faculty, demonstrating interpersonal and leadership skills that earn the trust of both groups. Additionally, course directors provide leadership in medical school educational endeavors and must remain informed of trends and practices in medical education, pedagogy, technology, and administration.

Course directors are responsible for developing and maintaining the vision for the short-term and long-term development and activities of the course through continuing development, planning, reporting, evaluating, and monitoring that balance discipline-specific interests with interdisciplinary and overall curricular interests. Course directors must communicate and collaborate effectively with students, faculty, staff and instructors, and administration. The Curriculum Committee monitors the overall accomplishments of the courses, reviewing and approving any necessary or significant revisions in scope, content, and curriculum delivery.

Course Director Responsibilities

Teaching Expectations

- Participate in the delivery and/or supervision of lectures, group activities, simulations, and other course activities.
- Work collaboratively with diverse faculty, other course directors, discipline directors, chair of the department of Biomedical Sciences/assistant dean for Foundations of Medicine, associate dean for UME, and the Integration Subcommittee of the Curriculum Committee to develop and implement

a course curriculum that achieves the learning objectives.

- Work collaboratively with faculty for continuing curriculum improvement to assure that the required educational content is provided effectively, and optimal learning methods are utilized.
- Participate in development and implementation of appropriate student performance measures and grading system.
- Effectively communicate course learning objectives, grading system, and outcome measures to orient all students and faculty.
- Develop formative measures, provide feedback to students, and review outcomes to facilitate early identification of students with deficiencies, and assist in development and implementation of remediation plans in a timely manner.
- Work collaboratively with the Biomedical Sciences Workgroup, Curriculum Committee, and other directors and leaders to coordinate, sequence and integrate curricular content with minimal redundancy.
- Additional expectations as described in the Faculty Policy Manual

Administrative Expectations

- Routinely monitor lectures, group activities and other course activities to assure quality and consistency.
- Assure efficient scheduling of students and faculty to maximize learning.
- Maintain open access to students and faculty to address individual needs and concerns.
- Define and establish standards and parameters for grading, adhering to medical school policies and directives.
- Review and respond appropriately and in a timely manner to student course evaluations, including meeting with student focus groups.
- Submit the annual course report to the Curriculum Committee, including a report on teaching contributions (for both quality and quantity) of faculty and instructors.
- Systematically review student evaluations of individual faculty and instructors, and provide timely feedback to the individuals, department chairs and the Curriculum Committee.
- Maintain contact and familiarity with faculty and instructors for other areas to ensure consistency, coordination, and integration with minimal redundancy.
- Additional expectations as described in the Faculty Policy Manual

Scholarly and Personal Development Expectations

- Participate in faculty development activities for personal improvement of teaching and assessment skills.
- Engage in scholarly activities in medical education as evidenced by curriculum development, oral or poster presentations at regional or national meetings, publications, and participation or leadership in educational grant opportunities and programs.
- Serve on education committees of national and professional organizations.

Service Activities

- Attend and participate in the Biomedical Sciences Workgroup, Integration Committee and Curriculum Committee, as requested.
- Attend and participate in course director meetings and other educational committees including serving, when requested, in leadership roles.
- Provide students with academic advising and participate in developing and implementing remediation plans for students with academic difficulties.
- Provide timely letters of reference, when requested, such as for student applications to residency

- programs.
- Additional activities as described in the Faculty Policy Manual

Course Director Competencies

- Ability to manage and oversee the course.
- Knowledge of and ability to articulate the goals and objectives of the medical student curriculum.
- Ability to communicate effectively with students and faculty.
- Ability to provide effective feedback to students and faculty.
- Ability to fairly assess student and faculty performance.
- Ability to work with other directors and education committees in curriculum development and implementation.
- Ability to serve as a good mentor and teacher.

Course Director Resources

- Each course is provided by the medical school with:
 - A designated course coordinator to assist in running the course.
 - The necessary resources for the running of the course.
 - Recognition of faculty time and effort for education.
 - Assistance in identifying opportunities for educationally directed scholarly work.
 - Faculty development, mentoring, and training for educational skills and educational research skills.

Approval

Gustavo Patino MD, PhD
Associate Dean for UME

_____ Date: _____

Procedures

Additional Contacts

Forms

Related Information

History

Clerkship Director Profile—UME 409

POLICY CONTENTS

Category: UME	Implementation: 5/1/2021 Last Update: 4/1/2024
Additional Details Contacts: Gustavo Patino MD, PhD Gustavo.patino@wmed.edu	Responsible Office: Office of Educational Affairs Responsible person: Associate Dean for UME

LCME Standards

Scope

MD Degree Program

Policy Statement

Each department which administers a core clerkship (Family and Community Medicine, Medicine, Pediatric and Adolescent Medicine, Obstetrics and Gynecology, Psychiatry, and Surgery), must designate one or more faculty within the department who serves the following roles:

- Clerkship director for the core clerkship in the discipline.
- Clerkship director for the required advanced clerkships in the discipline.
- Oversight of elective clerkships offered by the department.
- Oversight of integration of the discipline throughout the four-year curriculum.

Clerkship directors lead the design, implementation, management, student assessment, and course evaluation of a clerkship in alignment with the medical student educational program objectives, directions of the Curriculum Committee and subcommittees, and relevant national recommendations.

Clerkship directors are a key link between students, faculty, and clinical staff, demonstrating interpersonal and leadership skills that earn the trust of all groups. Additionally, clerkship directors provide leadership in medical school educational endeavors and demonstrate scholarly activities in medical education.

Clerkship directors are responsible for developing and maintaining the vision for the short-term and long-term development and activity of the clerkships. This is a continuing effort that entails development, planning, reporting, evaluating, and monitoring to balance the discipline-specific interests with the interdisciplinary and overall curricular needs.

Clerkship directors must remain informed of trends and practices in medical education, pedagogy, technology, clinical operations, and administration. Planning involves consultation with faculty, staff, and administration.

For this role, clerkship directors report to the assistant dean for Clinical Applications and work closely with diverse faculty, other clerkship directors, Clinical Applications Workgroup, discipline directors, associate dean for UME, and the Integration Subcommittee of the Curriculum Committee to optimize integration of the clerkship into the overall curriculum.

Clerkship directors must communicate and collaborate effectively with students, faculty, staff and

instructors, and administration. The Curriculum Committee monitors the overall performance of the clerkship, and reviews and approves any necessary or significant revisions in scope, content, and curriculum delivery.

Clerkship directors serve on the Clinical Applications Workgroup, the Clinical Competency Workgroup and may serve also on the Curriculum Committee.

Clerkship Director Responsibilities

Teaching Expectations

- Participate directly in lectures, group activities, simulations, and other clerkship activities.
- Work collaboratively with diverse faculty, discipline directors, the Curriculum Committee and the assistant dean for Clinical Applications to develop and implement a clerkship curriculum that achieves the learning objectives.
- Work collaboratively with faculty for continuing curriculum improvement to assure that the required educational content is provided effectively, and optimal learning methods are utilized.
- Work collaboratively with faculty to achieve comparable educational experiences and equivalent methods of evaluation across all learning sites, and to assure that any limitations in learning environments do not impede accomplishing the objectives.
- Participate in development and implementation of appropriate student performance measures and grading system.
- Effectively communicate clerkship learning objectives, grading system, and outcome measures to orient all students and faculty.
- Develop formative measures, provide face-to-face feedback to students, and review outcomes results to facilitate early identification of students with deficiencies, and assist in development and implementation of remediation plans in a timely manner.
- Work collaboratively with the department of Medical Education and Academic Advising to develop summative measures and review outcome results that assess the achievement of learning objectives in the context of the competencies, provide benchmarking with national trends, incorporate student feedback, and demonstrate continuing quality improvement.
- Work collaboratively with the department of Medical Education, Simulation Center, Medical Library faculty and staff, and Information Technology staff to enhance teaching and assessment in the clerkship.
- Work collaboratively with the Curriculum Committee, the Clinical Applications workgroup, basic science faculty, and other directors and leaders to coordinate, sequence, and integrate curricular content with minimal redundancy.

Administrative Expectations

- Routinely monitor didactics, group activities, teaching rounds at all sites, and other clerkship activities to assure quality and consistency.
- Assure efficient scheduling of students and faculty to maximize learning.
- Maintain open access to students and faculty to address individual needs and concerns.
- Assist in defining and establishing standards and parameters for grading, adhering to medical school policies and directives.
 - Calculate and calibrate student grades including narratives, noting both strengths and opportunities for improvement.
 - Ensure aggregate formative/summative feedback for students from individual evaluations.
- Review and respond appropriately and in a timely manner to student clerkship evaluations,

- including meeting with student clerkship groups.
- Provide student grades and narrative competency assessments to the office of Educational Affairs within four weeks of clerkship completion.
- Provide outcome results to the Curriculum Committee and the Medical Student Performance Committee with assistance of the department of Medical Education.
- Respond to requests from the Curriculum Committee and the Clinical Applications workgroup.
- Review annually with the assistant dean for Clinical Applications and/or associate dean for UME (or designee) for performance evaluation based on the director's responsibilities.
- Identify and assign/reassign faculty for specific teaching responsibilities in the clerkship.
- Recognize faculty achievements and promote faculty success in the clerkship.
- Participate in identifying and recruiting additional faculty as educators in the clerkship.
- Monitor and administer budgetary resources for implementation of the clerkship.
- Work collaboratively with the associate dean for Faculty Affairs and the department of Medical Education to contribute to faculty development activities to improve teaching and assessment.
- Systematically review student evaluations of individual faculty and instructors, and provide timely feedback to the individuals, chairs, and the Curriculum Committee.
- Maintain contact and familiarity with faculty and instructors for other areas to ensure consistency, coordination, and integration with minimal redundancy.
- Oversee clerkship coordinator support of the clerkship.

Scholarly and Personal Development Expectations

- Participate in faculty development activities for personal improvement of teaching and assessment skills.
- Engage in scholarly activities in medical education as evidenced by curriculum development, oral or poster presentations at regional or national meetings, publications, and participation or leadership in educational grant opportunities and programs.
- Serve on committees of national and professional organizations.

Service Activities

- Attend and participate in the Curriculum Committee and workgroups, including serving in leadership roles as requested.
- Attend and participate in clerkship director meetings and other educational committees including serving, as requested, in leadership roles.
- Mentor faculty to be able to assume roles in the clerkship.
- Provide students with academic advising.
- Serves as a knowledgeable resource about science careers, and resident programs for physician directors, and provide career advising, as requested.
- Provide timely letters of reference, when requested, such as for student applications to residency programs.

Clerkship Director Competencies

- Manage and oversee the clerkship.
- Articulate the goals and objectives of the medical student curriculum.
- Communicate effectively with students and faculty.
- Provide effective feedback to students and faculty.
- Fairly assess student and faculty performance.

- Collaborate with other directors and education committees in curriculum development and implementation.
- Serve as a good mentor and teacher.

Clerkship and Director Resources

- Each clerkship provided by the medical school includes:
- Clerkship director
 - Core clerkships (FMED 8110, MED 8110, OBGY 8110, PEDS 8110, PSYC 8110, SURG 8110): One clerkship director for each of the six core clerkships (40% time and effort).
 - Advanced Emergency Medicine (EMER 9710) clerkship: Clerkship director (s) (30% time and effort total distributed between clerkship directors).
 - Advanced Critical Care clerkships (98--): Clerkship directors (20% time and effort distributed among the clerkship directors).
 - Advanced hospital-centered clerkships (971-): Clerkship directors (5-20% time and effort).
- A clerkship coordinator to assist in managing the clerkships.
- The necessary resources for the running of the course.
- Recognition of faculty time and effort for education.
- Assistance in identifying opportunities for educationally directed scholarship.
- Faculty development, mentoring, and training for teaching and assessment skills, and scholarship skills.

Approval

Gustavo Patino MD, PhD

Associate Dean for UME _____ Date: _____

Procedures

Additional Contacts

Forms

Related Information

History

Discipline/Thread/Domain Director Profile—UME 410

POLICY CONTENTS

Category: UME	Implementation: 5/1/2021 Last Update: 6/1/2023
Additional Details Contacts: Gustavo Patino MD, PhD Gustavo.patino@wmed.edu	Responsible Office: Office of Educational Affairs Responsible person: Associate Dean for UME

LCME Standards

9.6

Scope

MD Degree Program

Policy Statement

A discipline/domain director may be named for selected basic science and clinical disciplines to lead the integration of the discipline content across all courses and, as appropriate, required clerkships, in alignment with the medical student educational program objectives, directions of the Curriculum Committee and subcommittees, and relevant national recommendations.

For this role, discipline/domain directors work with the Integration Subcommittee. Discipline/domain directors work collaboratively with all course/clerkship directors in the design, implementation, and assessment of the discipline/domain content in the curriculum. Discipline/domain directors work collaboratively with faculty to coordinate curriculum delivery and participate directly in curriculum delivery.

- Participate directly in delivery of curriculum content in the discipline/domain.
- Stay abreast of current information and educational needs in the discipline/domain.
- Identify national guidelines, model curricula, and best practices for medical student curricula in the discipline/domain.
- Integrate model curricula with the medical school curriculum.
- Coordinate and correlate objectives, curriculum content, and assessment of learning of the discipline across all medical school courses.
- Ensure that all discipline/domain objectives are met in the curriculum content.
- Ensure that all discipline/domain content is current and up to date.
- Identify and help resolve gaps and redundancies in the curriculum content.
- Embed use of technology and simulation methodology as appropriate for instruction in the discipline/domain.
- Assist course/clerkship directors in assessment of student learning in the discipline/domain.
- Assist course/clerkship directors in assessment of curriculum delivery and faculty performance.
- Participate in course and curriculum evaluation to improve curriculum objectives, content, delivery, and assessment.

Approval

Gustavo Patino MD, PhD

Associate Dean for UME _____ Date: _____

Procedures

Additional Contacts

Forms

Related Information

History

Credit Definitions and Audits—UME 411/GSE 411

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last Update: 2/28/2024
Additional Details Contacts: Michael Busha MD, MBA, FAAFP Mike.busha@wmed.edu	Responsible Office: Office of Educational Affairs Responsible person: Senior Associate Dean for Academic Affairs

LCME Standards

Scope

MD and MS Degree Programs

Policy Statement

MD Program

The Liaison Committee on Medical Education (LCME) accredits the Doctor of Medicine (M.D.) program and defines the minimum program length in terms of weeks of instruction. The LCME requires that a program of medical education leading to the M.D. degree must include at least 130 weeks of instruction. Western Michigan University Homer Stryker M.D. School of Medicine (WMed) program length is 176 weeks of instruction. WMed further assigns credit hours for required and elective courses and clerkships in alignment with Higher Learning Commission (HLC) and Department of Medical Education requirements. The credit requirement for the M.D. degree program is 178.5.

Pre-Clinical Credit Hour Definition:

The medical school defines one credit as the amount of work represented in expected learning outcomes and verified by evidence of student achievement that reasonably approximates 45 hours for academic activities. This includes direct faculty instruction as well as faculty-directed work including but not limited to: lectures, guided independent learning assignments, laboratories, discussion sessions, seminars, journal clubs, team-building exercises, service learning, simulations, team- and case- and problem-based learnings, workshops, research, training in clinical settings, practicums, independent student work, reflections, tutorials, and assessments.

Clinical Credit Hour Definition:

During the clinical experiences associated with M2-M4 Core Clerkship and Advanced Clinical courses, actual contact time is often greater. Because the educational approach is fundamentally different, with less emphasis on formal didactic instruction and study and greater emphasis on experiential learning and patient care, the number of hours needed is between 45 and 80 hours of academic activity per week. This range is translated to equal one (1) credit hour per week.

Any variances over 10% of the credit hour definition must be approved by the Associate Dean of Educational Affairs. Variances are managed both through scheduling review prior to a course starting and the course evaluation process after the course is complete. Adjustments to course content and credit hour assignments are managed through an annual review process of each course under the direction of the WMed UME Curriculum Committee.

MS Degree Program

The MS degree in Biomedical Sciences program is continuous from matriculation to graduation. There are two semesters, or periods of enrollment, during the ten-month period of the program.

The medical school defines one credit as the amount of work that for the average student is represented in expected learning outcomes and verified by evidence of student achievement that reasonably approximates not less than 45 hours for academic activities. This includes direct faculty instruction as well as faculty-directed work including but not limited to: lectures, guided independent learning assignments, laboratories, discussion sessions, seminars, journal clubs, team-building exercises, service learning, simulations, team-and/case and problem-based learnings, workshops, research, training in clinical settings, practicums, independent student work, reflections, tutorials, and assessments.

Credit Audits

In conjunction with the course/clerkship approval process by the Curriculum Committee, the course/clerkship directors and Educational Affairs staff, conducts an audit of course/clerkship credit to ensure that the assignment of credit, as defined for Title IV of the Higher Education Action of 1965, is compliant with the medical school credit policy. The Curriculum Committee reviews and approves course/clerkship credit as part of course/clerkship approval. After each course's completion, a final credit audit is conducted and included in the course/clerkship self-study, provided to the Curriculum Committee for approval and to resolve any deficiencies.

****credit definition change occurred through WMed MD Curriculum Committee action April 2022.**

Curriculum Committee: _____ Date: _____

Approval

Procedures

Additional Contacts

Forms

Related Information

History

Course Catalog Management--UME 412/GSE 412

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last Update: 2/29/2024
Additional Details Contacts: Donna Mirosław, Registrar Registrar@wmed.edu	Responsible Office: Office of Educational Affairs Responsible person: Associate Dean for UME

LCME Standards

Scope

MD and MS Degree Programs

Policy Statement

The course catalog is managed by the registrar in accordance with direction from the MD and MS Curriculum Committees and Integrations subcommittee for all required courses and clerkships. Credit assignments, credit audits and overall credits required for degree by graduating year/program are tracked and evaluated on an annual basis. Elective courses and clerkships are managed through an application process that involves evaluation of workload, credit hour assignment, objectives and overall experience alignment with MD degree program. This evaluation and approval process is managed through the Office of Educational Affairs with assistance of content experts, department chairs and curriculum lead as necessary.

An annual report of electives taken by students is prepared for use by the MD Curriculum Committee and department chairs.

Approval

Gustavo Patino MD, PhD

Associate Dean for UME _____ Date: _____

Procedures

Additional Contacts

Forms

Related Information

History

Course Catalog--UME 414/GSE 414

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last Update: 3/11/2024
Additional Details: Contacts: Donna Mirosław, Registrar Donna.mirosław@wmed.edu	Responsible Office: Registrar Responsible person: Registrar

LCME Standards

6.2, 6.5

Scope

MD and MS degree programs

Policy Statement

MD Program

The first and second year, Foundations of Medicine, and the third and fourth year, Clinical Applications, provide the minimum credits and weeks of instruction necessary for advancement and graduation with the MD degree.

This listing of courses and clerkships serves as the course catalog for the medical degree program. This course catalog is complemented by the [online course catalog](#) that contains additional course/clerkship information. In addition, the student curriculum management system (Elentra) in combination with other systems provides a full description of each course/clerkship, course/clerkship learning objectives, learning objectives for all events, course/clerkship learning resources, and lists course/clerkship directors with their contact information in the introductory material in Elentra for each course/clerkship. Required and recommended textbooks along with the costs are listed on the student portal as well as on the public website for applicants and updated annually. Information about other learning resources (both electronic and print) is provided to students at the beginning of each academic year and beginning of each course/clerkship. Methods of learner assessment and course/clerkship grading are described in the Student Policy Manual.

Courses and clerkships have a prefix abbreviation (Table 4) for the discipline and a four- digit numeric designation. Tables 5-6 show the courses/clerkships offered as part of the curriculum leading to the medical degree.

Table 4. Prefix Abbreviations for Course Names.

Prefix	Full Name
ALHS	Allied Health Sciences
ANES	Anesthesiology
AWAY	Electives or experiences taken for credit at sites other than core training sites
BINF	Biomedical Informatics
BIOM	Biomedical Sciences
CLIN	Clinical Education and Training (including multidisciplinary and interprofessional clinical education and training)
EMER	Emergency Medicine
FMED	Family and Community Medicine
GLOH	Global Health
IND	Independent Study
MED	Medicine

MEDE	Medical Engineering
MEDU	Medical Education
MEHL	Medical Ethics, Humanities, and Law
OBGY	Obstetrics and Gynecology
ORTH	Orthopaedic Surgery
PATH	Pathology
PEDS	Pediatric and Adolescent Medicine
PROF	Profession of Medicine
PSYC	Psychiatry
RAD	Radiology
RES	Research
SIM	Medical Simulation
SURG	Surgery
TRAN	Transition (to the next level of education and training)
WELL	Wellness

Courses and clerkships for the MD degree program are numbered with a four-digit course designation according to the following system:

For class of 2025 and prior

- Seminar courses 6 - - -
- Foundations of Medicine courses 7 - - -
 - BIOM courses 7 1 - - and 7 2 - -
 - PROF courses 7 3 - -
 - CLIN courses 7 4 - -
 - Electives 7 5 - -
- Clinical Applications core clerkships and courses 8 - - -
 - Core clerkships 8 1 1 0
 - PROF courses during core clerkships 8 3 - -
- Clinical Applications advanced clerkships, courses, and electives 9 - - -
 - TRAN courses 9 1 ---- and 9900
 - Research electives 9 2 1 -
 - PROF courses 9 3 - -
 - Subspecialty clerkships 9 4 - -, 9 5 - -, and 9 6 - -
 - Advanced clerkships 9 7 - -
 - Advanced critical care clerkships 9 8 - -

For class of 2026 and 2027

- Seminar courses 6 - - -
- Foundations of Medicine courses 7 - - -
 - BIOM courses 7 1 - - and 7 2 - -
 - CLIN courses 7 3 - -
 - MEDU courses 7 2 - - and 7 3 - -
 - Electives 7 5 - -
- Clinical Applications core clerkships and courses 8 - - -
 - Core clerkships 8 1 1 0
 - MEDU courses 8 3 - -
- Clinical Applications advanced clerkships, courses, and electives 9 - - -
 - TRAN courses 9 1 ---- and 9900

- Research electives 9 2 1 -
- Subspecialty clerkships 9 4 - -, 9 5 - -, and 9 6 - -
- Advanced clerkships 9 7 - -
- Advanced critical care clerkships 9 8 - -

Foundations of Medicine (MD program)

For the class of 2025

Courses in Foundations of Medicine include transition courses (2), biomedical science courses (13), Profession of Medicine courses (4), Introductory Clinical Experiences courses (3 for other classes), one-week electives (3), and the seminars courses (2). The total time commitment of medical students during Foundations of Medicine includes all scheduled events and personal study time for independent learning.

For class of 2026

Courses in Foundations of Medicine include transition courses (2), biomedical science courses (13), Principles of Medicine courses (4), Clinical Skills courses (4), Engagement and Discovery courses (3), one-week electives (3), and the seminars courses (3). The total time commitment of medical students during Foundations of Medicine includes all scheduled events and personal study time for independent learning.

For class of 2027

Courses in Foundations of Medicine include transition courses (2), biomedical science courses (12), Principles of Medicine courses (3), Clinical Skills courses (3), Engagement and Discovery courses (3), and the seminars courses (4). The total time commitment of medical students during Foundations of Medicine includes all scheduled events and personal study time for independent learning.

For class of 2028

Courses in Foundations of Medicine include transition courses (2), biomedical science courses (12), Principles of Medicine courses (3), Clinical Skills courses (3), Engagement and Discovery courses (3), and the seminars courses (4). The total time commitment of medical students during Foundations of Medicine includes all scheduled events and personal study time for independent learning.

Table 5 Foundations of Medicine Required and Elective Courses.

Table 5 (continued). Foundations of Medicine Required and Elective Courses.

Course	Number	Name	Credits
Required Courses for the Class of 2025			
TRAN	6900	Transition to Medical School	1
BIOM	7110	Molecular Foundations of Health and Disease	5
BIOM	7120	Genetic and Metabolic Disorders	5
BIOM	7140	Musculoskeletal System	5
BIOM	7150	Immunology and Infectious Diseases	5
BIOM	7160	Hematology and Oncology	5
BIOM	7230	Cardiovascular System	5
BIOM	7240	Pulmonary System	5
BIOM	7250	Renal and Genitourinary Systems	5
BIOM	7260	Gastrointestinal System	5
BIOM	7270	Endocrine and Reproductive Systems	6
BIOM	7280	Nervous System	6
BIOM	7281	Behavioral Medicine	4
BIOM	7292	Multisystem Disorders	4
MEDU	6801	Advances and Perspectives in Medicine	1
MEDU	6802	Advances and Perspectives in Medicine	1

PROF	7310	Profession of Medicine - Active Citizenship in Community Health 1	1
PROF	7311	Profession of Medicine - Principles of the Profession 1	2
PROF	7312	Profession of Medicine - Clinical Skills 1	3
PROF	7313	Profession of Medicine - Active Citizenship in Community Health 2	1
PROF	7314	Profession of Medicine - Principles of the Profession 2	2
PROF	7315	Profession of Medicine - Clinical Skills 2	2
PROF	7320	Profession of Medicine - Active Citizenship in Community Health 3	1
PROF	7321	Profession of Medicine - Principles of the Profession 3	2
PROF	7322	Profession of Medicine - Clinical Skills 3	2
PROF	7323	Profession of Medicine - Principles of the Profession 4	1
PROF	7324	Profession of Medicine - Clinical Skills 4	1
CLIN	7410	Introductory Clinical Experiences 1	2
CLIN	7412	Introductory Clinical Experiences 2	1
CLIN	7420	Introductory Clinical Experiences 3	2
TRAN	7900	Transition to Clinical Applications	2

Table 5 (continued). Foundations of Medicine Required and Elective Courses.

Course	Number	Name	Credits
Required Courses for the Class of 2026			
TRAN	6900	Transition to Medical School	1
BIOM	7110	Molecular Foundations of Health and Disease	5
BIOM	7120	Genetic and Metabolic Disorders	5
BIOM	7140	Musculoskeletal System	5
BIOM	7150	Immunology and Infectious Diseases	5
BIOM	7160	Hematology and Oncology	5
BIOM	7230	Cardiovascular System	5
BIOM	7240	Pulmonary System	5
BIOM	7250	Renal and Genitourinary Systems	5
BIOM	7260	Gastrointestinal System	5
BIOM	7270	Endocrine and Reproductive Systems	6
BIOM	7280	Nervous System	6
BIOM	7281	Behavioral Medicine	4
BIOM	7292	Multisystem Disorders	4
MEDU	7210	Principles of Medicine 1	2
MEDU	7220	Principles of Medicine 2	2
MEDU	7230	Principles of Medicine 3	2
MEDU	7240	Principles of Medicine 4	1
CLIN	7310	Clinical Skills 1	5
CLIN	7320	Clinical Skills 2	3
CLIN	7330	Clinical Skills 3	4
CLIN	7340	Clinical Skills 4	1
MEDU	6801	Advances and Perspectives in Medicine	1
MEDU	7310	Engagement and Discovery 1	1
MEDU	7320	Engagement and Discovery 2	1
MEDU	7330	Engagement and Discovery 3	1
MEHL	6801	Disease, Disparities, and Justice 1	0.5
MEHL	6802	Disease, Disparities, and Justice 2	0.5
TRAN	7900	Transition to Clinical Applications	2

Course	Number	Name	Credits
Required Courses for the Class of 2027			
TRAN	6900	Transition to Medical School	1
BIOM	7110	Molecular Foundations of Health and Disease	5
BIOM	7120	Genetic and Metabolic Disorders	5
BIOM	7140	Musculoskeletal System	5
BIOM	7150	Immunology and Infectious Diseases	5
BIOM	7160	Hematology and Oncology	5
BIOM	7230	Cardiovascular System	5
BIOM	7240	Pulmonary System	5
BIOM	7250	Renal and Genitourinary Systems	5
BIOM	7260	Gastrointestinal System	5
BIOM	7270	Endocrine and Reproductive Systems	6
BIOM	7280	Nervous System	6
BIOM	7281	Behavioral Medicine	4
MEDU	7210	Principles of Medicine 1	2
MEDU	7220	Principles of Medicine 2	2
MEDU	7230	Principles of Medicine 3	2
CLIN	7310	Clinical Skills 1	5
CLIN	7320	Clinical Skills 2	3
CLIN	7330	Clinical Skills 3	4
MEDU	7310	Engagement and Discovery 1	1
MEDU	7320	Engagement and Discovery 2	1
MEDU	7330	Engagement and Discovery 3	1
MEHL	6801	Disease, Disparities, and Justice 1	0.5
MEHL	6802	Disease, Disparities, and Justice 2	0.5
MEHL	6803	Disease, Disparities, and Justice 3	0.5
MEHL	6804	Disease, Disparities, and Justice 4	0.5
TRAN	7900	Transition to Clinical Applications	2

Course	Number	Name	Credits
Required Courses for the Class of 2028			
TRAN	6900	Transition to Medical School	1
BIOM	7115	Fundamentals of Biomedical Sciences I	4.5
BIOM	7125	Fundamentals of Biomedical Sciences II	4.5
BIOM	7140	Musculoskeletal System	5
BIOM	7150	Immunology and Infectious Diseases	5
BIOM	7160	Hematology and Oncology	5
BIOM	7230	Cardiovascular System	5
BIOM	7240	Pulmonary System	5
BIOM	7250	Renal and Genitourinary Systems	5
BIOM	7260	Gastrointestinal System	5
BIOM	7270	Endocrine and Reproductive Systems	6
BIOM	7280	Nervous System	6
BIOM	7281	Behavioral Medicine	4
MEDU	7110	Medical First Responder 1	1
MEDU	7115	Medical First Responder 2	1
MEDU	7210	Principles of Medicine 1	2
MEDU	7220	Principles of Medicine 2	2
MEDU	7230	Principles of Medicine 3	2
CLIN	7310	Clinical Skills 1	5
CLIN	7320	Clinical Skills 2	3

CLIN	7330	Clinical Skills 3	4
MEDU	7310	Engagement and Discovery 1	1
MEDU	7320	Engagement and Discovery 2	1
MEDU	7330	Engagement and Discovery 3	1
MEHL	6801	Disease, Disparities, and Justice 1	0.5
MEHL	6802	Disease, Disparities, and Justice 2	0.5
MEHL	6803	Disease, Disparities, and Justice 3	0.5
MEHL	6804	Disease, Disparities, and Justice 4	0.5
TRAN	7900	Transition to Clinical Applications	2

Table 5 (continued). Foundations of Medicine Required and Elective Courses.

Course	Number	Name	Credits
Elective Courses			
<i>1.5 credits of electives are required during Foundations of Medicine for the class of 2025 - 2026</i>			
ALHS	75- -	Selected Topics in Allied Health Sciences	0.5
ANES	75- -	Selected Topics in Anesthesiology	0.5
BINF	75- -	Selected Topics in Biomedical Informatics	0.5
BIOM	75- -	Selected Topics in Biomedical Sciences	0.5
CLIN	75- -	Selected Topics in Clinical Medicine	0.5
EMER	75- -	Selected Topics in Emergency Medicine	0.5
EPID	75- -	Selected Topics in Epidemiology and Biostatistics	0.5
FMED	75- -	Selected Topics in Family and Community Medicine	0.5
MED	75- -	Selected Topics in Medicine	0.5
MEDE	75- -	Selected Topics in Medical Engineering	0.5
MEDU	75- -	Selected Topics in Medical Education	0.5
MEDU	75- -	Medical Spanish	0.5
MEHL	75- -	Selected Topics in Medical Ethics	0.5
MEHL	75- -	Selected Topics in Medical Humanities	0.5
MEHL	75- -	Selected Topics in Health Law	0.5
OBGY	75- -	Selected Topics in Obstetrics and Gynecology	0.5
ORTH	75- -	Selected Topics in Orthopaedic Surgery	0.5
PATH	75- -	Selected Topics in Pathology	0.5
PEDS	75- -	Selected Topics in Pediatric and Adolescent Medicine	0.5
PROF	75- -	Selected Topics in Profession of Medicine	0.5
PSYC	75- -	Selected Topics in Psychiatry	0.5
RAD	75- -	Selected Topics in Radiology	0.5
RES	75- -	Selected Topics in Research	0.5
SIM	75- -	Selected Topics in Simulation	0.5
SURG	75- -	Selected Topics in Surgery	0.5
WELL	75- -	Selected Topics in Wellness	0.5
IND	75- -	Independent Study	
GLOH	71- -	Global Health	0.5
AWAY	7110	Away elective at a non-LCME-accredited site	0.5
AWAY	7120	Away elective at an LCME-accredited site	0.5
Seminar (required each year)			
MEDU	6801	Advances and Perspectives in Medicine (year 1)	1
MEDU	6802	Advances and Perspectives in Medicine (year 2)	1
or			
MEHL	6801	Disease, Disparities, and Justice 1 (year 1)	0.5
MEHL	6802	Disease, Disparities, and Justice 2 (year 1)	0.5
MEHL	6803	Disease, Disparities, and Justice 3 (year 2)	0.5
MEHL	6804	Disease, Disparities, and Justice 4 (year 2)	0.5

Total for Foundations of Medicine	
Class of 2025	94.5
Class of 2026	93.5
Class of 2027	86.0
Class of 2028	87.0

For the classes of 2025-2026, at least one Foundations of Medicine elective must be taken in the first year of medical school. Requests for elective changes and drops must be submitted and approved at least thirty days prior to the elective/course start date using the schedule change request form. Courses dropped after the 30-day deadline are considered withdrawn and a grade of “W” will appear on the student transcript.

Clinical Applications (MD Program)

For Class of 2025: Courses in Clinical Applications include transition courses (2), core clerkships (6), Profession of Medicine courses (4), required advanced clerkships (a total of at least 12 credits), fourth-year electives (a total of at least 18 credits), and the seminars courses (2).

For class of 2026: Courses in Clinical Applications include transition courses (2), core clerkships (6), Profession of Medicine courses (4), required advanced clerkships (a total of at least 14 credits), fourth-year electives (a total of at least 18 credits), and the seminars courses (4).

For class of 2027: Courses in Clinical Applications include transition courses (2), biomedical science courses (2) core clerkships (6), Clinical Reasoning course (1), required advanced clerkships (a total of at least 15 credits), fourth-year electives (a total of at least 16 credits), Engagement and Discovery (a total of at least 4 credits), Capstone (1), and the seminars courses (4).

For class of 2028: Courses in Clinical Applications include transition courses (2), biomedical science courses (2) core clerkships (6), Clinical Reasoning course (1), required advanced clerkships (a total of at least 15 credits), fourth-year electives (a total of at least 16 credits), Engagement and Discovery (a total of at least 4 credits), Capstone (1), and the seminars courses (4).

Table 6. Clinical Applications Required Courses and Clerkships.

Course	Number	Name	Credits
Core Clerkships* and Required Courses During Clinical Applications for the Class of 2025			
M3 Year			
FMED	8110	Family and Community Medicine	6
MED	8110	Medicine	8
OBGY	8110	Obstetrics-Gynecology	6
PEDS	8110	Pediatric and Adolescent Medicine	6
PSYC	8110	Psychiatry and Neurology	6
SURG	8110	Surgery	9
PROF	8330	Profession of Medicine 5	2
PROF	8332	Profession of Medicine 6	2
PROF	8334	Profession of Medicine 7	2
MEDU	6803	Advances and Perspectives in Medicine	1
TRAN	9100	Transition to Advanced Clinical Management	2
M4 Year			
EMER	9710	Advanced Emergency Medicine Clerkship <i>for four continuous weeks</i>	4
At least one advanced hospital-center selective (971-)			

xxxx	9710	Advanced Hospital Selective <i>for four continuous weeks</i>	4
At least one advanced critical care selective (98--)			
xxxx	9810	Advanced Critical Care Selective <i>for four continuous weeks</i>	4
At least 18 weeks of fourth year elective clerkships			18
MEHL	6803	Disease, Disparities, and Justice 3	0.5
MEHL	6804	Disease, Disparities, and Justice 4	0.5
PROF	9340	Profession of Medicine 8	1
TRAN	9900	Transition to Residency	2

*One core clerkship is taken at the end of the second-academic year of the curriculum.

Course	Number	Name	Credits
Core Clerkships* and Required Courses During Clinical Applications for the Class of 2026			
M3 Year			
FMED	8110	Family and Community Medicine	6
MED	8110	Medicine	7
OBGY	8110	Obstetrics-Gynecology	6
PEDS	8110	Pediatric and Adolescent Medicine	6
PSYC	8110	Psychiatry and Neurology	6
SURG	8110	Surgery	8
MEDU	8350	Principles of Medicine 5	2
MEDU	8360	Principles of Medicine 6	2
MEDU	8370	Principles of Medicine 7	2
MEDU	6803	Advances and Perspectives in Medicine	1
MEHL	6803	Disease, Disparities, and Justice 3	0.5
MEHL	6804	Disease, Disparities, and Justice 4	0.5
TRAN	9100	Transition to Advanced Clinical Management	2
M4 Year			
EMER	9710	Advanced Emergency Medicine Clerkship <i>for four continuous weeks</i>	4
NEUR	9710	Advanced Neurology Clerkship <i>for two continuous weeks</i>	2
At least one advanced hospital-center selective (971-)			
xxxx	9710	Advanced Hospital Selective <i>for four continuous weeks</i>	4
At least one advanced critical care selective (98--)			
xxxx	9810	Advanced Critical Care Selective <i>for four continuous weeks</i>	4
At least 18 weeks of fourth year elective clerkships			18
MEDU	9980	Principles of Medicine 8	1
MEHL	6805	Disease, Disparities, and Justice 5	0.5
MEHL	6806	Disease, Disparities, and Justice 6	0.5

TRAN	9900	Transition to Residency	2
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*One core clerkship is taken at the end of the second-academic year of the curriculum.

Course	Number	Name	Credits
Core Clerkships* and Required Courses During Clinical Applications for the Class of 2027			
M3 Year			
CLIN	7320	Clinical Reasoning	7
FMED	8110	Family and Community Medicine	6
MED	8110	Medicine	7
OBGY	8110	Obstetrics-Gynecology	6
PEDS	8110	Pediatric and Adolescent Medicine	6
PSYC	8110	Psychiatry and Neurology	6
SURG	8110	Surgery	7
BIOM	7292	Multisystem Disorders	4
BIOM	7293	Health System Science	4
MEHL	6805	Disease, Disparities, and Justice 5	0.5
MEHL	6806	Disease, Disparities, and Justice 6	0.5
TRAN	9100	Transition to Advanced Clinical Management	2
M4 Year			
EMER	9710	Advanced Emergency Medicine Clerkship <i>for four continuous weeks</i>	4
NEUR	9710	Advanced Neurology Clerkship <i>for two continuous weeks</i>	2
ANES	9710	Advanced Anesthesiology Clerkship	1
At least one advanced hospital-center selective (971-)			
xxxx	9710	Advanced Hospital Selective <i>for four continuous weeks</i>	4
At least one advanced critical care selective (98--)			
xxxx	9810	Advanced Critical Care Selective <i>for four continuous weeks</i>	4
At least 16 weeks of fourth year elective clerkships			16
Varies		Engagement and Discovery <i>(may be fulfilled by taking 4 credits in one of the following: RES, INTL, Public Health, Service Learning)</i>	4
MEDU	9900	Capstone	1
MEHL	6807	Disease, Disparities, and Justice 7	0.5
MEHL	6808	Disease, Disparities, and Justice 8	0.5
TRAN	9900	Transition to Residency	2

*Two core clerkships are taken at the end of the second-academic year of the curriculum.

Course	Number	Name	Credits
Core Clerkships* and Required Courses During Clinical Applications for the Class of 2028			
M3 Year			

CLIN	7320	Clinical Reasoning	7
FMED	8110	Family and Community Medicine	6
MED	8110	Medicine	7
OBGY	8110	Obstetrics-Gynecology	6
PEDS	8110	Pediatric and Adolescent Medicine	6
PSYC	8110	Psychiatry and Neurology	6
SURG	8110	Surgery	7
BIOM	7292	Multisystem Disorders	4
BIOM	7293	Health System Science	4
MEHL	6805	Disease, Disparities, and Justice 5	0.5
MEHL	6806	Disease, Disparities, and Justice 6	0.5
TRAN	9100	Transition to Advanced Clinical Management	2
M4 Year			
EMER	9710	Advanced Emergency Medicine Clerkship <i>for four continuous weeks</i>	4
NEUR	9710	Advanced Neurology Clerkship <i>for two continuous weeks</i>	2
ANES	9710	Advanced Anesthesiology Clerkship	1
At least one advanced hospital-center selective (971-)			
xxxx	9710	Advanced Hospital Selective <i>for four continuous weeks</i>	4
At least one advanced critical care selective (98--)			
xxxx	9810	Advanced Critical Care Selective <i>for four continuous weeks</i>	4
At least 16 weeks of fourth year elective clerkships			16
Varies		Engagement and Discovery <i>(may be fulfilled by taking 4 credits in one of the following: RES, INTL, Public Health, Service Learning)</i>	4
MEDU	9900	Capstone	1
MEHL	6807	Disease, Disparities, and Justice 7	0.5
MEHL	6808	Disease, Disparities, and Justice 8	0.5
TRAN	9900	Transition to Residency	2

*Two core clerkships are taken at the end of the second-academic year of the curriculum.

Total Credits for Clinical Applications	
Class of 2025	84
Class of 2026	83
Class of 2027	89
Class of 2028	95

Fourth-Year Elective Clerkships

In the fourth year, students have flexibility in scheduling elective clerkships (Table 7).

The class of 2025: the fourth-year includes two vacation, and several additional weeks of flexible time to accommodate interviewing for residency. These classes have 35 calendar weeks to complete 18 credits (which is

also 18 weeks) of fourth-year electives.

The class of 2026: the fourth-year includes three vacation, and several additional weeks of flexible time to accommodate interviewing for residency. These classes have 32 calendar weeks to complete 18 credits (which is also 18 weeks) of fourth-year electives.

The class of 2027: the fourth-year includes seven vacation, and several additional weeks of flexible time to accommodate interviewing for residency. These classes have 29 calendar weeks to complete 16 credits (which is also 16 weeks) of fourth-year electives.

The class of 2028: the fourth-year includes seven vacation, and several additional weeks of flexible time to accommodate interviewing for residency. These classes have 27 calendar weeks to complete 16 credits (which is also 16 weeks) of fourth-year electives.

Not all fourth-year clerkships are offered each year for all potential dates and lengths of duration. The available clerkships and specific dates are provided to medical students annually near the middle of the third year as the medical school initiates the process for student selection of fourth-year electives. Students should review the [online catalog](#) for a listing of current course offerings.

Research electives (9210) and Selected Topics electives (9220) may be repeated for credit.

Advanced Emergency Medicine (EMER 9710), advanced hospital-centered clerkships (971 -), and advanced critical care clerkships (981 -) must be taken for four continuous weeks to count toward the required fourth-year clerkships (Table 6). These clerkships may be offered for two weeks or for non-contiguous weeks, which count toward the requirements for fourth-year elective clerkships.

Independent Study (IND)

Independent Study electives (IND 7110 if taken prior to completing the first core clerkship, and IND 9110 if taken after completing the core-year clerkship) may be repeated for credit, from one to eight credits each course, up to a maximum of eight credits per course (Table 8).

- IND 7110 credits are Foundations of Medicine electives (Table 5) but do not count toward meeting the requirements for Foundations of Medicine electives.
- IND 9110 credits are equivalent to Clinical Applications electives in the fourth-year (Table 7). A maximum of 8 credits of IND 9110 may count toward meeting the elective requirements for Clinical Applications.

Global Health Activities Sponsored by the Medical School (GLOH)

The medical school may sponsor global health activities including courses and clerkships (Table 8) taught by medical school faculty who deliver the curriculum and supervise the medical students. These are designated by the prefix abbreviation “GLOH.” All global travelers on school-sponsored activities must comply with medical school policy GEN09, *International Travel for Activities Sponsored by the Medical School*. Student participation in global health activities away from the medical school is a privilege that is optional and not required for advancement or graduation. Students in Foundations of Medicine may not register for a global health activity if they have failed the initial summative assessment in a course during the current or previous term. See policy UME423, *Global Student Experiences Sponsored by the Medical School*.

Electives Away from the Medical School (AWAY)

Medical student participation in electives for credit away from the medical school is a privilege that is optional and not required for advancement or graduation. Students in Foundations of Medicine may not register for an elective away from the medical school if they have failed the initial summative assessment in a course during the

current or previous term.

The prefix abbreviation “AWAY” designates a curriculum elective for credit (Table 8) with content approved by the medical school even though the medical school faculty do not directly deliver the curriculum and supervise the students. Medical school approval is required of all medical student curriculum experiences away from the medical school to assess the awarding of academic credit, assure that it does not adversely affect the student’s academic progress, and address concerns of student safety, risk, liability, and potential impact on the financial aid status of the student. Electives that are away are graded as Pass/Fail. See policy UME424, *Electives Away from the Medical School*.

Table 8. Elective Courses and Clerkships (IND, GLOH, and AWAY).

Course	Number	Name	Credits
IND	7110	Independent Study (taken after completing four Foundations of Medicine electives but prior to completing the first core clerkship)	1 – 8
IND	9110	Independent Study (taken after completing the first core clerkship)	1 – 8
GLOH	7110	Global Health (taken as one of the three Foundations of Medicine electives but prior to completing the first core clerkship)	1 – 4
GLOH	9- - -	Global Health (taken after completing the first core clerkship)	2 – 8
AWAY	7110	Away elective at a non-LCME-accredited site (taken prior to completing the first core clerkship)	1 – 4
AWAY	7120	Away elective at an LCME-accredited site (taken prior to completing the first core clerkship)	1 – 4
AWAY	9110	Away elective at a non-LCME-accredited site (taken after completing the first core clerkship)	2 – 8
AWAY	9120	Away elective at an LCME-accredited site (taken after completing the first core clerkship)	2 – 8

Seminar Courses

Advances and Perspectives in Medicine (MEDU 680-) and MEHL (680-) is an interdisciplinary seminar course for 0.5 credit per term (1 credit for the academic year). These seminars explore advances in biomedical and health sciences with translational applications to clinical medicine and the broad context of medicine in society. MEDU 680- or MEHL 680- is required of all medical students in each year, including medical students attending less than full time, dual-degree programs, and students repeating an entire year for any reason.

Table 9. Seminar Courses.

Course	Number	Name	Credits
MEDU	6801	Advances and Perspectives in Medicine (year 1)	1
MEDU	6802	Advances and Perspectives in Medicine (year 2)	1
MEDU	6803	Advances and Perspectives in Medicine (year 3)	1
MEDU	6804	Advances and Perspectives in Medicine (year 4)	1
MEDU	6805	Advances and Perspectives in Medicine (year 5 if applicable)	1*
MEHL	6801	Disease, Disparities, and Justice 1	0.5
MEHL	6802	Disease, Disparities, and Justice 2	0.5
MEHL	6803	Disease, Disparities, and Justice 3	0.5
MEHL	6804	Disease, Disparities, and Justice 4	0.5
MEHL	6805	Disease, Disparities, and Justice 5	0.5
MEHL	6806	Disease, Disparities, and Justice 6	0.5
MEHL	6807	Disease, Disparities, and Justice 7	0.5
MEHL	6808	Disease, Disparities, and Justice 8	0.5

*This credit will be in addition to the graduation requirements for the MD degree program.

Masters of Biomedical Sciences Program

This listing of courses serves as the course catalog for the MS degree in Biomedical Sciences program. This course catalog is complemented by the [online course catalog](#) that contains additional course information. In addition, the graduate student curriculum management system provides a full description of each course, course learning objectives, learning objectives for all events, course textbooks and other learning resources, and lists course directors with their contact information in the introductory material in for each course. Required and recommended textbooks along with the costs are listed on the graduate student portal as well as on the public website for applicants and are updated annually. Information about other learning resources (both electronic and print) is provided to graduate students at the beginning of each academic year and beginning of each course. Methods of learner assessment and course grading are described in the Graduate Student Policy Manual.

Courses have a prefix abbreviation (BIOM for Biomedical Sciences, TRAN for Transition) for the discipline and a four-digit numeric designation.

TRAN 6700 Transition to Master of Science in Biomedical Sciences (0 Credits)

This is a one-week orientation course that prepares students to understand, participate, and connect in the MS degree in Biomedical Sciences program. Students build the foundation for their success in academics and professional relationships. During this course, students have opportunities to connect with the medical school's services and support offices, and are introduced to student life organizations, student support services, information management, learning strategies, time management, financial aid, library skills, personal development, emotional intelligence, wellness, reflective writing, and the biomedical sciences curriculum.

BIOM 6110 Cellular Biochemistry (3.5 Credits)

Cellular Biochemistry is a five-week course that focuses on the structure and function of cells and tissues, and how nutrition and key homeostatic hormones influence how organs metabolize carbohydrates and lipids. In addition to learning about the regulatory features of energy metabolism in healthy individuals, students also learn how dysregulation of energy metabolism underlies obesity, metabolic syndrome, and disturbances in glucose metabolism including diabetes. This course also introduces regional anatomy and the basic principles of pharmacology.

BIOM 6120 Molecular Genetics (4 Credits)

Molecular Genetics is a four-week course that provides a background in metabolism of small molecules, genetic contributors to disease, and cellular pathways governing macromolecular precursor synthesis and breakdown. Basic processes of DNA, genome, and chromosome metabolism are integrated with key principles of inherited and spontaneous genetic disorders. Gene expression, developmental genetics, population genetics, infectious agents, and molecular technologies are explained to provide a framework for understanding the DNA-based contributions to human disease.

BIOM 6130 Principles of Immunology (4 Credits)

Principles of Immunology is a five-week course that provides a fundamental understanding of the immune system. The course integrates immunology with microbiology and includes relevant aspects of pharmacology and pathology. The course covers soluble mediators, cells, and organs of the immune system and how these elements work together to prevent infection. Students examine how immune system dysfunction results in autoimmune diseases and allergies, and acquire the necessary foundational knowledge of bacteriology, virology, mycology, and parasitology to understand how infectious microbes cause organ-specific and systemic diseases.

BIOM 6801 Anatomy and Physiology I (3 credits)

BIOM 6802 Anatomy and Physiology II (3 credits)

BIOM 6803 Anatomy and Physiology III (3 credits)

BIOM 6804 Anatomy and Physiology IV (3 credits)

The anatomy and physiology course series will provide a fundamental understanding of each of the organ systems. This course will focus on normal physiology and anatomy using pathology to highlight disease states providing relevance to medicine. The course builds from the cellular level to organ systems level and begins to address the

complexity seen in the human body. This course will be taught using a variety of teaching modalities including active learning sessions, laboratories, and didactic lectures.

MEDU 6801 Advances and Perspectives in Medicine 1 (0.5 credit)

Advances and Perspectives in Medicine and Health provides students in the professional health-related sciences both exposure to and an opportunity for involvement in current topics that influence the practice, quality, and delivery of health care. The course consists of a series of events that includes seminars, workshops, plays, demonstrations, simulations, and conferences that are distributed throughout the academic year. Topics covered in the series of events include ethics, professionalism, communication, health policy, health disparities, delivery of care, biomedical/translational/clinical/community-based research, bioengineering, business and legal aspects of health care, health informatics, and global health. For some events, there are opportunities to participate in interprofessional discussion groups that include students from other health profession programs, as well as health care professionals. Students develop critical thinking skills and raise awareness to cross-disciplinary aspects and integration of health care teams, through attendance and reflection of the events in this course.

MEDU 6802 Advances and Perspectives in Medicine 2 (0.5 credit)

Advances and Perspectives in Medicine and Health provides students in the professional health-related sciences both exposure to and an opportunity for involvement in current topics that influence the practice, quality, and delivery of health care. The course consists of a series of events that includes seminars, workshops, plays, demonstrations, simulations, and conferences that are distributed throughout the academic year. Topics covered in the series of events include ethics, professionalism, communication, health policy, health disparities, delivery of care, biomedical/translational/clinical/community-based research, bioengineering, business and legal aspects of health care, health informatics, and global health. For some events, there are opportunities to participate in interprofessional discussion groups that include students from other health profession programs, as well as health care professionals. Students develop critical thinking skills and raise awareness to cross-disciplinary aspects and integration of health care teams, through attendance and reflection of the events in this course.

MEDU 6731 and MEDU 6732 Capstone I (4 credits) and Capstone II (3 credits)

Capstone I and II are related courses that consist of three components: learning strategies, critical analysis of scientific literature, and a thesis literature review. In Capstone I students develop strategies for learning including time management, study skills, organization, effective reading, testing skills, mindset, and motivation. Students learn how to interpret scientific literature and prepare scientific presentations. Students identify a topic related to the molecular mechanism of disease and develop a strategy for a literature review in consultation with the course director. Students apply the critical evaluation of scientific literature concepts to literature related to their thesis topics, and develop a comprehensive outline and annotated bibliography. In Capstone II, students learn about scientific writing, apply the skills learned in Capstone I to write a literature review as a thesis, and give an oral thesis presentation.

MEDU 6741 Professional and Learning Skills (0.5 Credit)

Professional and Learning Skills is a course aimed at improving academic and professional success by building test-taking and study skills as well as broad professional skills such as writing a personal statement and formatting a CV. During this course students will be introduced to a variety of test-taking and study skills as well as being provided with opportunities to reflect on their own learning strategies to guide future success in the M.D. curriculum and beyond.

Approval

Donna Miroslaw
Registrar _____

Date: _____

Procedures

Additional Contacts

Michael Busha MD, MBA, FAAFP

Senior Associate Dean for Academic Affairs _____ Date: _____

Forms

Academic Calendars by Graduating Class--UME 415

POLICY CONTENTS

Category: UME	Implementation: 5/1/2021 Last Update: 6/1/2022
Additional Details Contacts: Karen Tulik, Director Educational Affairs Karen.tulik@med.wmich.edu	Responsible Office: Office of Educational Affairs Responsible person: Associate Dean for UME

LCME Standards

Scope

MD Degree Program

Policy Statement

The curriculum for the MD degree is divided into two phases. The pre-clerkship phase, also known as Foundations of Medicine, consists of biomedical courses, clinical skills practice, and longitudinal courses. The clerkship phase, called Clinical Applications, consists of core and advanced clerkships, advanced electives, and longitudinal courses. The curriculum calendars are subject to change to meet educational needs and accreditation requirements. Updated curriculum calendars are published annually and as needed.

[Academic Calendars by Graduating Class](#)

Approval

Gustavo Patino MD, PhD

Associate Dean for UME _____ Date: _____

Technical Standards for Admissions, Advancement, and Graduation -- UME 416/GSE 416

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last Update: 6/17/2023
Additional Details Contacts: Maria Sheakley, PhD maria.sheakley@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

LCME Standards

10.5 - Technical Standards

Scope

MD and MS Degree Programs

Policy Statement

Western Michigan University Homer Stryker M.D. School of Medicine (WMed) is committed to diversity. The WMed community actively collaborates to support a safe and inclusive environment. To this end, WMed provides reasonable accommodations for candidates with disabilities via the Office of Student Affairs and the Accommodations Committee.

The faculty at WMed believe that earning a degree requires mastery of a coherent body of knowledge and skills as well as the ability to integrate, synthesize, and apply such knowledge and skills in a broad-based practice. Graduates are prepared to excel in any chosen specialty field. Accordingly, every student must complete all aspects of the curriculum and achieve all the competencies as determined by the faculty, with or without reasonable accommodation. The WMed MD degree affirms that any recipient holds the general knowledge and skills to function in a broad variety of clinical situations and the capacity to enter residency training and qualify for medical licensure. Students must acquire substantial competence in several areas throughout their medical education, including understanding and appreciating the principles and practices of several fields of basic medical science and clinical medicine, and have the abilities and characteristics to relate to patients, families, and other health care professionals compassionately and comprehensively.

In conjunction with the academic standards, the following technical standards are requirements for admission, promotion, and graduation. The Technical Standards at WMed include essential academic and non-academic abilities, attributes, and characteristics in the areas of:

- 1) Cognitive abilities
- 2) Observation
- 3) Motor
- 4) Communication
- 5) Behavioral and Social attributes
- 6) Ethics and Professionalism

Applicants and students must continually meet the following technical standards for admission, advancement, and graduation, and must review and sign the technical standards at the start of each academic year and when they return from a leave of absence. Accommodations granted by the Accommodations Committee may be applied to achieve the following technical standards. The process for requesting an accommodation is detailed in policy UME710

1. Cognitive Abilities

- a. Possess and demonstrate the analytical, conceptual, integrative, quantitative, and reasoning skills that are needed to assimilate and integrate large volumes of information from diverse sources.

- b. Apply the skills outlined in 1a independently and in a timely manner to solve medical problems to deliver appropriate patient care.
 - c. Comprehend, understand, and adapt to different educational environments and learning modalities.
 - d. Capacity to demonstrate sound judgment in patient assessment, diagnosis, and therapeutic planning.
- 2. **Observation**
 - a. Collect, use, and interpret information from demonstrations, from diagnostic and assessment procedures and tools, and from all other modes of patient assessment in the context of laboratory studies, medication administration, radiologic studies, and all other patient care activities (candidates must be able to document these observations and maintain accurate records).
- 3. **Motor**
 - a. Demonstrate the physical capacity to perform physical examinations and diagnostic interventions on patients in accordance with currently acceptable medical practice.
 - b. Demonstrate sufficient motor movements required to provide general care to patients and provide (or if appropriate, direct the provision) of emergency medical care.
 - c. Demonstrate adequate physical stamina and energy to perform taxing duties over long hours.
 - d. Possess the ability to comply with all safety standards in all clinical settings, including but not limited to universal precautions.
 - e. Be capable of moving within and between clinical treatment environments without compromising the safety of patients, members of the healthcare team, or others.
- 4. **Communication**
 - a. Communicate effectively and efficiently with patients, their families, health care personnel, colleagues, faculty, staff, and all other individuals with whom they come in contact.
 - b. Obtain a medical history in a timely fashion, interpret non-verbal aspects of communication, and establish therapeutic relationships with patients.
 - c. Record information accurately and clearly; and communicate effectively and efficiently in English with other health care professionals in a variety of patient settings.
 - d. Communicate with, examine, and provide care for all patients, without discrimination or bias.
- 5. **Behavioral and Social Attributes**
 - a. Display mature and respectful interactions with patients and with members of the medical school community and health care teams.
 - b. Contribute to collaborative, constructive learning environments; accept constructive feedback from others; and take personal responsibility for making appropriate positive changes.
 - c. Demonstrate emotional maturity and stability to manage stressful and demanding workloads.
 - d. Adapt to changing environments, display flexibility, and learn in the face of the uncertainty inherent to the clinical problems of many patients and clinical settings.
 - e. Demonstrate the emotional maturity and stability required for full utilization of intellectual abilities, the exercise of good judgment, responsibility for behavior, the prompt completion of all responsibilities, attendant to the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with patients, fellow students, faculty, and staff.
- 6. **Ethics and Professionalism**
 - a. Model professionalism and a professional demeanor consistent with WMed's [Code of Professional Conduct](#) and [Educational Pledge](#).
 - b. Adhere to the WMed Student Guidelines for Dress and Appearance (see policy UME517).
 - c. Consistently appreciate and preserve patient confidentiality.
 - d. Maintain sobriety in all academic and clinical environments.
 - e. Abide by local, state, and federal laws, as well as all WMed policies.
 - f. Maintain and display ethical and moral behaviors commensurate with the role of a physician in all interactions with patients, faculty, staff, students, and the public. These include but are not limited to integrity, ethics, responsibility, accountability, compassion, empathy, tolerance, responsiveness to

- patient needs that supersedes self-interest, respect for others, commitment to excellence, and motivation.
- g. Understand the legal and ethical aspects of the practice of medicine and function within the law and ethical standards of the medical profession.

WMed welcomes candidates with disabilities who may need accommodations. Consistent with Section 504 of the Rehabilitation Act of 1973, Title III of the Americans with Disabilities Act as Amended 2010, and Michigan law, the school of medicine does not discriminate on the basis of disability. Students seeking accommodation should utilize the technical standards in guiding a request for accommodations and shall follow the process indicated in (see policy UME710). Candidates with questions about the technical standards, reasonable accommodations, or the accommodations process may email the Director of Student Life and Well-Being at accommodations@wmed.edu.

Prior to matriculation, a candidate must attest that they have read the school's technical standards and to the best of their knowledge can meet them with or without reasonable accommodation.

Approval

Maria Sheakley, PhD

Associate Dean for Student Affairs _____ Date: _____

Procedures

Additional Contacts

Forms

Related Information

History

Medical Student Hours in Curriculum—UME 417

POLICY CONTENTS

Category: UME	Implementation: 5/1/2021 Last Update: 4/1/2024
Additional Details Contacts: Gustavo Patino MD, PhD Gustavo.patino@wmed.edu	Responsible Office: Office of Educational Affairs Responsible person: Associate Dean for UME

LCME Standards

8.8

Scope

MD Degree Program

Policy Statement

Foundations of Medicine

The growing volume of scientific and medical knowledge means that physicians in training are expected to assimilate a tremendous amount of knowledge. The medical school and faculty are sensitive to the academic curriculum workload for medical students.

During Foundations of Medicine, the faculty limit medical student scheduled contact hours to an average of no more than 26 hours per week averaged over all Foundations of Medicine curriculum weeks. This includes all scheduled events with required attendance as well as scheduled lectures, review sessions, Dean's Forums, Student Forums, and other events for which attendance is optional.

It is anticipated that students spend an average of an additional 20-25 hours in personal study each week during Foundations of Medicine. The total time commitment of medical students during Foundations of Medicine including all scheduled events and also personal study time for independent learning is generally an average of 50-60 hours per week averaged over all Foundations of Medicine curriculum weeks.

Clinical Applications

During the clinical experiences in Clinical Applications it is important for medical students to model the lifestyle of the clinicians caring for all patients. This is part of the educational process. Learning to care for patients means taking professional responsibility, making personal sacrifices of time, and showing altruism, dedication, compassion, and integrity. While all students' customs and practices are respected, medical education includes clinical activities on weekends and holidays.

The total time commitment of medical students during Clinical Applications includes all scheduled events and clinical activities generally 60-70 hours per week, on average, in the core clerkships and required advanced clerkships, and 50-60 hours per week, on average, in the advanced elective clerkships.

The following guidelines help ensure that students are not over-extending their clinic time at the expense of their own health and personal study time. Excessive work hours can diminish the impact of training by decreasing the time for students to read and assimilate information. Generally, student hours should mirror those of the physicians and residents that the student is assigned to work with. If the physicians and residents work late, the medical student should stay late, and if the physicians and residents work on

weekends, the medical student should be present on weekends.

Medical students rotating on clinical services are subject, by medical school standards, to the same principles that govern duty hours for residents, based on current ACGME duty hours standards. The medical school develops student schedules following these principles:

- Medical student duty hours include clinical and academic activities that are part of the medical student curriculum (i.e., patient care experiences including provision for transfer of patient care, and scheduled academic activities such as conferences). Medical student duty hours do not include study time while away from the duty site.
- Duty hours are limited to a maximum of 80 hours per week, averaged over a four-week period.
- There must be at least one day free of duty every seven days, averaged over a four-week period.
- Continuous on-site duty, including in-hospital overnight call, must not exceed 24 continuous hours.
- There should be at least 10 hours, and there must be at least eight hours, free of duty between scheduled duty periods.
- Medical students may be assigned duty periods that fall outside of normal workday hours. There must be no more than six consecutive nights of scheduled night duty periods.

The medical school encourages and expects students to report duty hours circumstances that are not consistent with medical school standards. These circumstances should be reported to the Clerkship Director, associate dean for Student Affairs, or using the online form, “Report of Duty Hours Concern.” The medical school does not tolerate punitive actions against students who, in good faith, report potential duty hours concerns, even if the concerns prove unsubstantiated.

Approval

Gustavo Patino MD, PhD

Associate Dean for UME _____ Date: _____

Procedures

Additional Contacts

Forms

Related Information

History

Attendance & Absence – MD Program UME 418

Content Information

Category: UME	Date of update: 6/1/2022 Review/update: 11/1/2023 Responsible Office: Office of Educational Affairs
Additional Details: Contacts: Educational Affairs coordinators Administrator: Educational Affairs managers Forms: absence request forms on student portal	Responsible person: Associate Dean for UME

LCME Standards

- 3.5 Learning Environment/Professionalism
- 8.6 Monitoring of Completion of Required Clinical Experiences
- 8.8 Monitoring Student Time
- 12.3 Personal Counseling/Well-Being Programs
- 12.4 Student Access to Health Care Services

Scope

MD degree program

Policy Statement

This policy details the Attendance and Absence requirements and procedures for the Foundations Phase and Clinical Applications Phase of the MD curriculum. The policy also states the procedures for addressing tardiness, missed examinations, and excused/unexcused absences.

Reason for Policy

In keeping with the AAMC's Core Entrustable Professional Activities (EPAs), attendance at required events is considered an important component of professional development toward knowledge acquisition, as well as an element of effective interpersonal and team skills.

- In the Foundations Phase of the curriculum, students engage multiple modalities of learning to develop their professional knowledge and skills. Small group and active learning modalities are used to facilitate students' ability to peer teach and to prepare them for their future professional responsibilities in clinical teamwork. Attendance at these learning activities is required and students are expected to be active members of their groups.
- In the Clinical Applications Phase of the curriculum, students engage in intensive education in the practice of clinical medicine. In this role, students are expected to be active members of the medical teams caring for patients in hospitals, offices, and clinics. Accordingly, students are expected to be present for all scheduled clinical activities, lectures, examinations, etc. Clinical responsibilities will sometimes require that students be present on holidays, nights, and weekends. In addition, students may be required to be present at times that conflict with family events and other personal obligations and preferences.

Mandatory and Non-Mandatory Learning Events:

Medical students are expected to attend all curricular and co-curricular activities in the courses/clerkships that are designated as 'Required' in Elentra or required as part of a learning contract. Students are responsible for all curricular content that is delivered in each course/clerkship, regardless of individual student attendance. Curriculum learning objectives and competencies are not modified because of individual student absences and students must achieve the required levels of competency regardless of

absences for any reason. Required learning sessions comprise all sessions that students must attend or obtain approved leave.

Professionalism:

Attendance and timeliness are elements of professionalism in the evaluation of student performance throughout the program, and are monitored longitudinally by the office of Educational Affairs. Attendance record is one of the elements that contribute every term to the assessment of the Professional Development course.

Excessive and Extended Absenteeism:

Students with multiple absences, both excused and unexcused, are referred by the associate dean for Undergraduate Medical Education or designee to meet with the Chair of the Professionalism Subcommittee. Continued absenteeism after meeting with the Chair of the Professionalism Subcommittee represents unprofessional behavior that is referred to the Medical Student Performance Committee (MSPC) and included in the comments in the Medical Student Performance Evaluation (MSPE) if a learning contract is initiated. Excessive absenteeism may require course/clerkship remediation and may result in a course non-credit grade of withdrawal, incomplete or fail.

The course/clerkship directors in collaboration with the appropriate assistant/associate dean have the authority to withdraw a student from a course/clerkship if the student has excessive absenteeism, defined as being absent for 20% or more of any course or clerkship, regardless of the reason. Removal results in a noncredit grade of withdrawal. The student may be referred to the Medical Student Performance Committee, depending on the reason for excessive absenteeism.

Extended absences may require a Leave of Absence. A student who is absent for five consecutive days with scheduled events during any term and has not submitted an absence request form is deemed to have voluntarily withdrawn from the MD degree program, is not entitled to any refund of tuition, and automatically receives a failing grade in all courses/clerkships in which they are enrolled.

Remediation Requirements:

All absences at mandatory events, regardless of the reason for the absence, must be remediated as rescheduled by and to the satisfaction of the course/clerkship director. Remediation requirements vary according to the event objectives and content that were missed.

Planned absences with advance notice may be remediated under the direction of the course/clerkship director even before the event is normally scheduled. Students are responsible for communicating and working with the course/clerkship director to fulfill all remediation requirements as required by and to the satisfaction of the course/clerkship director. Failure to remediate all requirements by the last scheduled day of the course/clerkship results in a non-credit grade of Incomplete, which may be changed to a credit grade of Pass upon completing all remediation requirements as scheduled by and to the satisfaction of the course/clerkship director. Failure to remediate completely all requirements as rescheduled by and to the satisfaction of the course/clerkship director results in a non-credit grade of Fail.

Sufficient time for remediation of rescheduled events must be provided for the student before taking the summative assessment. Therefore, the summative assessment may be postponed for a student if it is not feasible, at the discretion of the course director and the assistant dean for Foundations of Medicine, for the student to satisfactorily complete the remediation requirements and the course director to evaluate the student's remediation performance by the day prior to the examination.

Absences or Tardiness for Scheduled Examinations:

Examination schedules are published on the student portal in the curriculum section. Students are expected to arrive before the posted beginning time for summative assessments.

All students are expected to take examinations on the scheduled day and time unless approved by the associate dean for Undergraduate Medical Education or designee.

- Students who miss a summative assessment without appropriate communication or prior approval receive a score of zero. The associate dean for Undergraduate Medical Education or designee may make exceptions, such as for illness and emergency situations.
- Students arriving within 10 minutes of the start of the examination, as determined by the time on the proctor's computer, may begin the examination but are not given additional time after the scheduled end of the examination.
- Students arriving more than 10 minutes after the start of the examination are considered late, are not permitted into the examination room, and are required to reschedule the examination.
- The same basic principles for absence and tardiness apply to remotely proctored exams.

Foundations of Medicine Phase:

For the Foundations of Medicine Phase of the curriculum, attendance is mandatory for all sessions identified as 'required' in Elentra. This includes active learning events, TBLs, CBLs, Tutorials, Labs, Principles of Medicine, Clinical Skills, Engagement and Discovery, Clinical Experiences, and summative exams. Course directors reserve the right to make any of these sessions optional, which will be noted in Elentra.

- A Pre-clinical Student Absence Form must be submitted for every absence.
- Required events may not be recorded and teaching documents may or may not be released before or after the event.
- For TBLs, students arriving after the start of the iRAT may take the iRAT using the balance of time remaining in the original allotted time. Students arriving after completion of the iRAT will receive a zero for the iRAT and tRAT. There is no remediation of iRATs, tRATs, or Application Exercises.

Lectures and other non-mandatory events have optional attendance and are routinely recorded and available for students to view at other times. Students are responsible for the content of all non-mandatory events in the curriculum and should not rely solely on the availability of lecture recordings since not all of the lecture content may be captured in the recording, and technical issues may prevent a lecture from being recorded or published.

After submission of a Pre-clinical Student Absence Form, the student will be notified via email of the approval decision. It is the student's responsibility to complete all remediation in the timeframe indicated.

Illness related absence:

- All require WMed Illness and Airborne Exposure Reporting Survey (link provided in absence request form).
- For COVID-19 absences, students should follow WMed Occupational Health recommendations.
- Days missed for an illness that extends two or more consecutive days are considered a single absence.
- Three or more days of the same illness requires documentation from an appropriate health care provider.

Non-illness related absence:

Planned (requires advanced notification and approval)

- Planned absences require notification at least 14 days before the course begins.

- The following are examples of planned absences: personal/dependent medical care, research/conference travel, religious holidays, mandatory court appearances, and weddings.
- Planned absences are not permitted during summative examinations or OSCEs.
- A student should not expect approval of more than two planned absences per term for TBL or Principles of Medicine events.

Unplanned (requires notification and approval)

- The request should be submitted prior to the start of the event and each subsequent day if the absence extends beyond one day.
- In an emergency, an absence form must be submitted within 24 hours after the missed event's start time.
- The following are examples of excused, unplanned absences: bereavement, funerals/memorial services, medical appointments scheduled after the start of the affected course, transportation issues, or unexpected family care needs.
- The following are considered unexcused absences: late arrival to an event, no call/no show (i.e., absence and failure to submit an absence form as required).
- An unexcused absence during a TBL or Principles of Medicine event will result in a score of zero for the iRAT/tRAT or quiz, respectively.
- An unexcused absence for a summative exam or OSCE results in an initial failure and grade of incomplete until remediation is complete. An initial exam failure due to an unexcused absence counts toward the limit of three initial failures in two consecutive terms.

Applies to all Pre-clinical absences:

- Students are responsible for the learning objectives and content covered in all missed sessions. Absences during required events will require remediation of the material at the course director's discretion.
- Failure to submit an absence request form according to the process outlined above may result in a medical student feedback form for non-attendance and an unexcused absence.

Initiates a formative meeting with an advisor	Initiates a formative meeting with an assistant/associate dean
More than two unplanned absences in a term	More than three absences in a term
More than one unexcused absence in a term	More than two unexcused absences in a term
	Any no call / no show

Clinical Applications Phase:

Students are responsible to successfully demonstrate all clerkship objectives and complete all scheduled clinical shifts, didactic sessions and assessments regardless of whether an absence(s) is excused or unexcused, planned or unplanned.

Core clerkships

If needed, a student is permitted up to three days of excused absence during a core clerkship. The three days following the shelf examination (last Thursday of the Rotation) provide a remediation window for rescheduling any outstanding requirements of the rotation. Missed learning opportunities (shifts, didactics, assessments) will be remediated with an experience that most closely replaces the event with considerations for other learners and capacities. All remediation decisions are at the discretion of the clerkship director. Although every effort is made to reschedule missed events and shifts within the rotation, absences beyond designated limits (3 per rotation) may require additional clinical time. In this case, the student's grade would remain "Incomplete" until all course requirements and remediation has been complete.

Advanced clerkships

If needed, a student is permitted one day of excused absence during a 2-week rotation and 2 days of excused absence during a 4-week rotation. Missed learning opportunities (shifts, didactics, assessments) will be remediated with an experience that most closely replaces the event with considerations for other learners and capacities. All remediation decisions are at the discretion of the clerkship director.

Although every effort is made to reschedule missed events and shifts within the rotation, absences beyond designated limits (3 per rotation) may require additional clinical time. In this case, the student's grade would remain "Incomplete" until all course requirements and remediation has been complete.

Planned absence requests may include but are not limited to:

- Personal activities (e.g., weddings, family events)
- Religious observances
- Student presentations at professional conferences
- Healthcare appointments
- Residency Interviews

Requests for planned absences must be submitted at least 14 days prior to the first day of the clerkship using the [WMed Clinical Student Absence Form](#).

Students are encouraged to submit requests as soon as they know the dates so that every attempt can be made to try to accommodate the request within the limits of the schedule and avoid an absence from clinical duty.

It is the student's responsibility to notify the clinical preceptor if they will be missing a clinical shift for which they were previously scheduled.

Unplanned absence requests may include, but are not limited to:

- Acute illness or injury
- Childcare needs
- Serious illness/hospitalization of close family member
- Death of a close family member

Students will need to complete the [WMed Clinical Student Absence Form](#) which is available in the forms section on the Student Portal.

For all unplanned absences, the following people should be notified immediately:

- Supervising attending/senior resident
- Clerkship coordinator
- Clerkship director
- Occupational Health if the reason for the absence is acute illness

Students reporting acute illness require clearance from Occupational Health before return to clinical duty.

Students will never be denied an absence for physical or mental health appointments. Students with ongoing health care needs or frequent appointments are welcome to contact the assistant dean for Clinical Applications and the Clinical Applications Manager so schedules can be accommodated in a manner least disruptive to clinical duty for the individual rotation. Unexcused absences reflect unprofessional communication or behavior regarding the absence. Some examples include not showing up to your scheduled shift or event without notification or justification for the absence. It may also include being absent despite your request being denied. Or it may be leaving your designated clinical site or didactics prior to the completion of duties and being released by your preceptor. A single unexcused absence in a clerkship without communication with the clerkship director may result in a grade of P-CON for the clerkship.

Additional Contacts

Course or clerkship coordinators

Educational Affairs manager/director

Assistant Dean for Foundations of Medicine

Assistant Dean for Clinical Applications

Associate Dean for Undergraduate Medical Education

[Pre-clinical student absence request form](#)

[Clinical student absence request form](#)

MD Student Assessment--UME 419

POLICY CONTENTS

Category: UME	Implementation: 5/1/2021 Last Update: 3/29/2024
Additional Details Contacts: Gustavo Patino MD, PhD gustavo.patino@wmed.edu	Responsible Office: Office of Educational Affairs Responsible person: Associate Dean for UME

LCME Standards

8.5, 9.4, 9.5, 9.7, 9.8

Scope

MD Degree Program

Policy Statement

Course/Clerkship Requirements and Sequencing

All required courses/clerkships and the required number of credits of electives must be completed satisfactorily before a student can be recommended for graduation.

Selected courses may be taken and count as Clinical Applications electives, with prior approval of the associate dean for UME or their designate, prior to the core clerkships and only after completing all Foundations of Medicine courses.

Students must complete all Core Clerkships prior to participating in Advanced Required Clerkships or Away clinical rotations. Off cycle students may be allowed to enroll in an advanced clinical electives from any department in which they have already completed the Core Clerkship. Any other exceptions to the usual course/clerkship sequencing must be in the context of a learning contract approved by the Medical Student Performance Committee.

Any exceptions to the usual course/clerkship sequencing shall not change in any way the advancement and graduation requirements of the MD degree program nor shorten or change in any other way the requirements of a deferred course/clerkship.

Testing Standards

Testing standards are described in UME432_GSE432 Computer and Web-Based Examination Standards

Grading System

In all courses/clerkships, the course/clerkship directors are the instructors of record and assign grades in a manner that is consistent and objective using criteria and mechanisms that are provided to students in the Student Policy Manual and course/clerkship syllabi. Grading is based on performance and whether it meets or exceeds defined benchmarks. Psychometrics and performance metrics are used to evaluate student assessment methods. For final summative grades that are not a whole number, the grade will not be rounded up or down to the nearest integer. Students in the medical education program complete most components of the Foundations of Medicine phase of the curriculum in the same location and with the same faculty members, simplifying application of a single standard for advancement to Clinical Applications. Some clinical elements of the Foundations of Medicine phase of the curriculum and the Clinical Applications phase of the curriculum occur in multiple clinical settings. The use of standardized assessments and consistent policies, processes, and training of preceptors/evaluators in the use of assessment instruments ensures that students are evaluated comparably in different clinical training sites.

Grading of student performance in required and elective courses/clerkships is criterion-based and incorporates both quantitative and qualitative measures of components in each course/clerkship. Only the course/clerkship final grades are part of the permanent student record. Final grades reflect the amalgam of all course/clerkship measures and are based on individual student performance and whether it meets or exceeds established criteria.

Two grades of credit (pass and fail/pass) and three grades of non-credit (incomplete, fail, and withdrawal) are recognized for required and elective courses in the Foundations of Medicine curriculum and fourth-year clerkships that do not have a standardized summative written assessment. Four grades of credit (honors, high pass, pass, and fail/pass) and three grades of non-credit (incomplete, fail, and withdrawal) are recognized for core clerkships and those fourth-year clerkships that include a summative written assessment.

Failure to pass any summative component are handled as described in UME 420 Medical Student Performance in Curriculum. The initial examination score is used for calculating class standing.

A course/clerkship with a final grade of fail may be repeated only one time as directed by a learning contract from the Medical Student Performance Committee. The initial examination score of the second iteration of the course/clerkship is used for calculating class standing. Transcripts of students who fail a course/clerkship and must remediate by taking the entire course/clerkship again, show multiple course/clerkship entries with each entry showing a final course/clerkship grade. The final grade of the first course/clerkship remains on the transcript as fail, and second course/clerkship grade may be either fail, which results in dismissal from medical school, or fail/pass (FP), which is a passing course/clerkship grade and is for credit.

Grade point averages for students are not provided or reported.

Grade Definitions

Honors

The grade of honors (H) is awarded only in Clinical Applications for required core clerkships, and advanced clerkships that include a standardized summative written assessment. The grade of honors recognizes performance that significantly exceeds clerkship requirements. The honors student demonstrates performance with distinction in each major component of the clerkship. Students requiring remediation of a summative clinical or written assessment are not eligible for the clerkship grade of honors.

High Pass

The grade of high pass (HP) is awarded only in Clinical Applications for required core clerkships, and advanced clerkships that include a standardized summative written assessment. The grade of high pass recognizes student performance that exceeds minimum clerkship requirements but does not meet the criteria for the grade of honors. Students requiring remediation of a summative clinical or written assessment are not eligible for the clerkship grade of high pass.

Pass

The grade of pass (P) is assigned if the student's performance meets minimum course/clerkship requirements as defined by the criteria in the course/clerkship syllabus.

Fail

- The grade of fail (F) is assigned if the student's performance fails to meet the minimum requirements for completing a course/clerkship as defined in UME 420 Medical Student Performance in Curriculum and the course/clerkship syllabus, or if the student withdraws after the start of a course/clerkship without the prior written approval of the associate dean for Student Affairs.

Incomplete

The grade of incomplete (I) is a temporary grade assigned if the student:

- Has been unable to complete the required coursework, assignments, or assessments within the established timeframe due to extenuating circumstances, such as illness or personal emergencies.
- Has not taken as scheduled the summative written assessment, anatomy assessment, OSCE, or another scored component for a course/clerkship. The student is eligible to take the assessment as scheduled by the course director before receiving a final course grade. The assessment must be taken as re-scheduled by the course/clerkship director or the grade becomes a non-credit grade of fail.
- Has taken and failed once the summative written assessment, anatomy assessment, OSCE, or another scored component for a course/clerkship. The student is eligible to take a second assessment before receiving a course grade for credit. The second assessment must be taken as scheduled by the course director or the grade for the course/clerkship is changed from incomplete to fail. The score used for class standing is the initial score for the assessment.
- Has not achieved a minimum of pass on the clinical performance assessment of a clerkship during the initial scheduled clerkship. The student is eligible to remediate this component of the clerkship as directed by a learning contract with the Medical Student Performance Committee. The remediation must be successfully completed as scheduled or the grade for the clerkship is changed from incomplete to fail. Students who achieve a pass on the first remediation attempt of the clinical performance assessment may receive a clerkship grade no higher than pass.

The purpose of assigning an "Incomplete" is to provide the student with an opportunity to complete the remaining work or assessments at a later date, allowing them to earn a passing grade once they fulfill the necessary requirements.

The grade of Incomplete will be issued in conjunction with a Remediation contract with a specific timeframe established by course instructor within which the student must complete the outstanding work to remove the "Incomplete" status. The course/clerkship director or assistant dean for Foundations of Medicine or assistant dean for Clinical Applications communicates the basis for the grade of incomplete to the student with feedback concerning the complete and incomplete portions of the course/clerkship and the process and timetable for completing the course/clerkship requirements.

It is an expectation that students who receive a grade of incomplete in a course/clerkship will meet with the course/clerkship director and/or other faculty designated by the course/clerkship director during the week of the first curriculum break as part of their individual effort to satisfactorily complete all requirements to achieve a grade of pass by the end of that week. Course/clerkship directors and faculty provide additional learning guidance and support for these students. It is the student's responsibility to avail themselves of this additional guidance and support.

The grade of incomplete is changed to the appropriate credit grade when the student satisfactorily completes all required work for the course/clerkship within the time period granted for the extension and satisfactorily meets all other requirements. If the student has not completed the required work in a satisfactory manner within the time period granted for the extension, the grade of incomplete is changed to a final grade of fail. If a student is dismissed with an "Incomplete" on their transcript, the "Incomplete" will be changed to "Withdraw".

Fail/Pass

The grade of fail/pass (FP) is assigned if the student has failed twice the summative written assessment, anatomy assessment, OSCE, or other scored component for a course/clerkship, and then passes the assessment on the third attempt as scheduled by the course/clerkship director.

Withdrawal

The grade of withdrawal (W) is assigned when a student officially requests to withdraw from a course or program, or when the institution mandates their withdrawal due to excessive absenteeism, dismissal, failure of USMLE licensing examination after starting the experience, or other reasons at the discretion of the associate dean for Student Affairs or associate dean for Undergraduate Medical Education. Withdrawals can also occur for various non-academic reasons, including personal, medical, or logistical issues.

A "Withdrawal" is a final grade, and it does not change. It indicates that the student withdrew from the course or program after the designated official deadline and did not complete the course requirements. The

purpose of assigning a "Withdrawal" is to formally acknowledge that the student has left the course voluntarily or due to institutional policies. It does not impact the class rank or grade average. It does have an impact on Financial Satisfactory Academic Progress (FSAP).

- **Course Withdrawal Deadline:** The deadline for withdrawing from a course is no later than 14 calendar days prior to the official start date of the course, corresponding with the same deadline for absence requests.
- **Course Withdrawal Process**
 1. **Notification:** Students wishing to withdraw from a course must notify the Office of Educational Affairs and the Registrar at registrar@wmed.edu in writing and complete the Schedule Change Request Form, indicating their intent to withdraw from the course before the specified deadline. Email contact for Pre-Clinical Electives is electives@wmed.edu. Email contact for Advanced Electives is Year4Scheduling@wmed.edu.
 2. **Reason for Withdrawal:** Students are required to provide in their withdrawal request a valid reason for their withdrawal, such as medical reasons or other extenuating circumstances, including but not limited to: changes in residency plans, acceptance of Away rotation, unable to secure Away rotation, or change to USMLE exam scheduling.
 3. **Approval:** Course withdrawal requests will be reviewed by the relevant faculty and administrative staff in the Office of Educational Affairs and the assistant dean for Clinical Applications or the assistant dean for Foundations of Medicine. Approval for withdrawal will be granted based on the validity of the reason provided.
 4. **Further scheduling changes:** Students must maintain a certain number of credits per term to maintain full-time status and may require further scheduling changes to ensure their ability to maintain this status. Withdrawal from a course may require additional communications and meeting with the Office of Educational Affairs, the Registrar, and the Office of Financial Aid. Students considering a withdrawal at any time are encouraged to contact the necessary individuals for support and advice in making the decision for withdrawal and any potential implications to the remainder of graduation requirements or financial aid awards with as much advanced notice as possible. The Office of Student Affairs also has Career Advising, Academic Advising, and other support to assist students in these decisions.
- **Consequences of Late Withdrawal**
 1. **Late Withdrawal:** Any course withdrawal request submitted after the 14-day deadline will be considered a late withdrawal.
 2. **Late Withdrawal Review:** Late withdrawal requests will be subject to a thorough review by the relevant faculty and administrative staff in the Office of Educational Affairs. Approval for late withdrawal will be granted only in exceptional circumstances.
 3. **Grade Impact:** Students who receive approval for late withdrawal will receive a grade of "Withdrawal" (W) and no credit will be awarded.
 4. **Professionalism Impact:** Student who withdraw from a course after the 14-day deadline without proper notification, responsiveness to staff, or without valid extenuating circumstances will be referred to the Professionalism Subcommittee of the MSPC.

Student Assessment

Assessment is an interactive process between students and faculty that serves multiple functions. Each course/clerkship has both formative and summative assessments.

Formative assessments are learner-centered tools used within courses/clerkships to provide feedback to support student growth and development. Formative feedback is intended to shape the student's thinking or behavior in order to improve subsequent learning and performance. Results of formative assessments may be used by the learner, instructor, or both. Formative assessments do not provide any assurance of the final course/clerkship evaluation or grade.

Summative assessments are assessments of learning and not primarily learning tools. They are given near the end of the course/clerkship, and always contribute to the final grade. Course/clerkship grades

may reflect components other than course content mastery level, including professionalism and engagement competencies.

Specific questions and answers of summative assessments are not shared with students in order to maintain confidentiality of examinations for future use. This practice mirrors USMLE and other summative licensing examinations that students will be taking during their entire career, for which they will not receive specific feedback nor have an opportunity to review the questions and answers. Students need to develop the skills to assess and reflect on their examination performance knowing only their total score, and sometimes scores on subsets of the examination, and without being able to review the actual questions and answers.

Some of the summative assessments such as iRATs and tRATs from TBLs are also expected to be used formatively by students to gauge learning and understanding. Additional formative-only assessments can include weekly formative examinations, quizzes in learning materials and online modules, and quizzes using the audience response system in class.

-Faculty preceptor clinical assessments, while primarily formative in nature, are used to inform summative clinical judgements by the Clerkship Director. Competencies displayed in end-of-clerkship OSCEs are also used to inform summative clinical grading.

Formative feedback between supervising faculty and student is expected during all clerkships, and students share in the responsibility for facilitating such feedback. During these feedback sessions, faculty are required to discuss student performance, recommendations for improvement and suggestions on how to incorporate the feedback for growth.

The medical school may monitor student activity logs including computer addresses (e.g., MAC address, IP address) and time spent in content areas, and formative quiz attempts and scores, to monitor learner engagement and to facilitate continuous quality improvement of the curriculum.

Student assessments are also used by faculty as part of WMed's quality improvement process in evaluating course design, content delivery, and student learning.

Professionalism and Engagement Competencies

Assessment of professionalism and engagement competencies occurs longitudinally through the Professional Development courses. Such competencies include:

- Truthfulness
- Conscientiousness
- Discernment
- Presence and engagement in required learning activities.
- Completion of required evaluations and questionnaires in a timely and responsible manner.

These competencies are assessed by observing the following behaviors. Specific behaviors can meet expectations, represent areas of concern, or represent areas of commendation.

- Behaviors that meet expectations.
 - o Dependable with follow-through and completing tasks and assignments.
 - o Arrives on time.
 - o Seeks appropriate assistance to ensure safe, effective, efficient patient care.
 - o Accepts feedback.
 - o Completes logging and evaluations in a timely manner.
 - o Effectively engaged during didactics.
 - o Adheres to Code of Professional Conduct and Educational Pledge.
- Behaviors that are areas of concern.
 - o Consistently late or absent.
 - o Defensive response to feedback.
 - o Does not complete assignments on time.
 - o Is repeatedly not where they said they would be or fails to show as assigned without

- o communicating with supervisor.
- o Is not engaged in content being presented during the course.
- o Repeatedly engages in inappropriate team behaviors: does not develop good working relationship with peers, does not actively participate in group work, or is hostile.
- o Fabricates data, plagiarizes written work or visual presentations.
- o Significant violation of Code of Professional Conduct or Educational Pledge.
- Behaviors that are areas of commendation:
 - o Takes responsibility for errors.
 - o Regularly incorporates feedback for positive change.
 - o Seeks opportunities to assist team members and improve the patient experience.
 - o Seeks additional learning opportunities.
 - o Consistently displays their best effort

Student Evaluations of Faculty, Events, and Courses/Clerkships

As part of each course/clerkship, students might be required to provide evaluations of faculty, peers, and courses/clerkships. Completing and submitting required evaluations in a timely and responsible manner is tracked as an element of professionalism. Repeated failure by medical students to meet this requirement is referred to the Professionalism Subcommittee of the Medical Student Performance Committee and may result in a comment in the Medical Student Performance Evaluation (MSPE).

Student Assessment for Foundations Phase

Student assessment in the Foundations Phase courses is detailed in the syllabus of each course, available through the curriculum management system.

Students must pass each course component individually to achieve a course grade of pass. Minimum requirements for the examinations are criterion-referenced and based on the curriculum content of the course. Failure to meet the minimum requirements for pass on one or more components results in a course grade of incomplete or fail. Components may be remediated individually or collectively.

Core and Advanced Required Clerkship and Selectives Grade Determination Policy **Continuous Feedback**

Throughout the clerkship, expect regular clinical assessments, mid-rotation feedback session with the course director or designated faculty member, and a final summative evaluation.

During a clerkship, when a clerkship director becomes aware that a student is underperforming, the clerkship director will notify the student promptly that, in the absence of improvement, a non-passing grade is being considered. Once final grades are entered, the Associate Dean for UME or the Assistant Dean for Clinical Applications will notify the student about any non-passing final grade to be assigned and discuss appropriate remediation.

Clinical Performance Assessment

The clinical performance assessment incorporates preceptor(s) feedback over time and is based on the AAMC Entrustable Professional Activities (EPAs) and their subcomponent key functions. Narrative feedback about student performance, including non-cognitive performance, is required for core and advanced clerkships.

The assessment process is designed to foster a culture of continuous improvement, aligning with values of lifelong learning and dedication to enhancing healthcare delivery. WMED's mission prioritizes health equity, and the assessment form reflects this commitment by evaluating students not only on clinical proficiency but also on their understanding and application of healthcare practices contributing to equity in patient care.

The scale on the assessment form corresponds to the expected behaviors for a medical student's level of training. Most students are expected to fall within the 2 to 3 range, where 3 meets the expectations for a 3rd-year CORE rotations student, reflecting typical progress from early to mid-clerkship experiences.

Level 4 is an advanced learner, and 5 signifies exemplary performance and is a stretch goal for truly exceptional performers with advanced skills and a strong commitment to health equity. Assessors are asked to select the level that most closely matches the behavior they have directly observed during the time with the student. Students are assessed against a common reference standard and are not assessed in comparison to one another.

1. The skill is not aligned with the mission, vision, and expected conduct of WMed and its students. Immediate intervention is needed.
2. The student needs further assessment, coaching, and improvement. Remediation of clinical skills is required to successfully pass the clerkship and advance to the next.
3. The student is performing consistently with errors. The student has displayed inconsistent, marginal performance and will benefit from clinical skills advising and longitudinal support over time.
4. The skill is performed at a sufficient level to participate effectively in patient care.
5. The skill is consistently performed with critical thinking and clinical reasoning.
6. The skill is consistently performed exceptionally, incorporating practices, and demonstrating values for health equity.

If a student is displaying some behaviors at both lower and higher levels within the same clinical domain, the assessors are asked to select the lower performance level. It is important to acknowledge and commend students for advanced skills but to also emphasize targeted improvement in foundational skills.

AAMC Entrustable Professional Activities and Key Functions

An Entrustable Professional Activity (EPA) is a unit of observable, measurable professional practice requiring integration of competencies. Underlying entrustability for all EPAs are trustworthy habits, including truthfulness, conscientiousness, and discernment. Day 1 residents are expected to demonstrate various competencies outlined as Entrustable Professional Activities (EPAs).

The EPA domains and key functions serve as the primary learning objectives of all the required core and advanced clinical rotations. All 13 EPAs are being continuously assessed throughout the Clinical Applications Phase. Multiple methods of teaching and assessing EPAs throughout the curriculum are used to determine the student has achieved clinical competence and is prepared for graduation and residency. Among other modalities, simulation, reflection, and standardized and structured experiences will all provide data about student competence. However, central to the concept of entrustment is the global performance of EPAs in authentic clinical settings, where the EPA is taught and assessed holistically, not as the sum of its parts. EPAs 10, 11 and 12 are not part of the formal clinical performance assessment of the core phase when determining the grade, but are part of the expected behaviors of the advanced phase.

For the complete publication published by the AAMC, which identifies the list of 13 Entrustable Professional Activities (EPAs) to be expected of all MD graduates transitioning from medical school to residency, please visit the [AAMC website](#).

EPA 1: Gather a history and perform a physical examination

- 1A: Obtain a complete and accurate history in an organized fashion
- 1B: Demonstrate patient-centered interview skills
- 1C: Demonstrate clinical reasoning in gathering focused information relevant to a patient's care
- 1D: Perform a clinically relevant, appropriately thorough physical exam pertinent to the setting and purpose of the patient visit

EPA 2: Prioritize a differential diagnosis following a clinical encounter

- 2A: Synthesize essential information from previous records, history, physical exam, and initial diagnostic evaluations to propose a scientifically supported differential diagnosis
- 2B: Prioritize and continue to integrate information as it emerges to update differential diagnosis, while managing ambiguity
- 2C: Engage and communicate with team members for endorsement and verification of the working diagnosis that will inform management plans

EPA 3: Recommend and interpret common diagnostic and screening tests

- 3A: Recommend first-line cost-effective screening and diagnostic tests for routine health

- maintenance and common disorders
 - 3B: Provide rationale for decision to order tests, taking into account pre_ and posttest probability and patient preference
 - 3C: Interpret results of basic studies and understand the implication and urgency of the results
- EPA 4: Enter and discuss orders and prescriptions
 - 4A: Compose orders efficiently and effectively verbally, on paper, and electronically
 - 4B: Demonstrate an understanding of the patient's condition that underpins the provided orders
 - 4C: Recognize and avoid errors by attending to patient-specific factors, using resources, and appropriately responding to safety alerts
 - 4D: Discuss planned orders and prescriptions with team, patients, and families
- EPA 5: Document a clinical encounter in the patient record
 - 5A: Prioritize and synthesize information into a cogent narrative for a variety of clinical encounters (e.g., admission, progress, preand post-op, and procedure notes; informed consent; discharge summary)
 - 5B: Follow documentation requirements to meet regulations and professional expectations
 - 5C: Document a problem list, differential diagnosis, and plan supported through clinical reasoning that reflects patient's preferences
- EPA 6: Provide an oral presentation of a clinical encounter
 - 6A: Present personally gathered and verified information, acknowledging areas of uncertainty
 - 6B: Provide an accurate, concise, well-organized oral presentation
 - 6C: Adjust the oral presentation to meet the needs of the receiver
 - 6D: Demonstrate respect for patient's privacy and autonomy
- EPA 7: Form clinical questions and retrieve evidence to advance patient care
 - 7A: Combine curiosity, objectivity, and scientific reasoning to develop a well-formed, focused, pertinent clinical question (ASK)
 - 7B: Demonstrate awareness and skill in using information technology to access accurate and reliable medical information (ACQUIRE)
 - 7C: Demonstrate skill in appraising sources, content, and applicability of evidence (APPRAISE)
 - 7D: Apply findings to individuals and/or patient panels; communicate findings to the patient and team, reflecting on process and outcomes (ADVISE)
- EPA 8: Give or receive a patient handover to transition care responsibility
 - 8A: Document and update an electronic handover tool and apply this to deliver a structured verbal handover (Transmitter)
 - 8B: Conduct handover using communication strategies known to minimize threats to transition of care (Transmitter)
 - 8C: Provide succinct verbal communication conveying illness severity, situational awareness, action planning, and contingency planning (Transmitter)
 - 8D: Give or elicit feedback about handover communication and ensure closed-loop communication (Transmitter and Receiver)
 - 8E: Demonstrate respect for patient's privacy and confidentiality (Transmitter and Receiver)
- EPA 9: Collaborate as a member of an interprofessional team
 - 9A: Identify team members' roles and responsibilities and seek help from other members of the team to optimize health care delivery
 - 9B: Include team members, listen attentively, and adjust communication content and style to align with team-member needs
 - 9C: Establish and maintain a climate of mutual respect, dignity, integrity, and trust. Prioritize team needs over personal needs to optimize delivery of care. Help team members in need
- EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management (Chest pain, Mental status change, Shortness of breath and hypoxemia, Fever, Hypotension or hypertension, Tachycardia or arrhythmia, Oliguria, anuria, or urinary retention, Electrolyte abnormalities, Hypoglycemia or hyperglycemia)
 - 10A: Recognize normal and abnormal vital signs as they relate to patient- and disease-

- specific factors as potential etiologies of a patient's decompensation
- 10B: Recognize severity of a patient's illness and indications for escalating care and initiate interventions and management
- 10C: Initiate and participate in a code response and apply basic and advanced life support
- 10D: Upon recognition of a patient's deterioration, communicate situation, clarify patient's goals of care, and update family members
- EPA 11: Obtain informed consent for tests and/or procedures
 - 11A: Describe the key elements of informed consent: indications, contraindications, risks, benefits, alternatives, and potential complications of the intervention
 - 11B: Communicate with the patient and family to ensure that they understand the intervention
 - 11C: Display an appropriate balance of confidence and skill to put the patient and family at ease, seeking help when needed
- EPA 12: Perform general procedures of a physician (Basic cardiopulmonary resuscitation (CPR), Bag-mask ventilation (BMC), Sterile technique, Venipuncture, Insertion of an intravenous line, Placement of a Foley catheter)
 - 12A: Demonstrate technical skills required for the procedure
 - 12B: Understand and explain the anatomy, physiology, indications, contraindications, risks, benefits, alternatives, and potential complications of the procedure
 - 12C: Communicate with the patient and family to ensure they understand pre- and postprocedural activities
 - 12D: Demonstrate confidence that puts patients and families at ease
- EPA 13: Identify system failures and contribute to a culture of safety and improvement
 - 13A: Identify and report actual and potential ("near miss") errors in care using system reporting structure (e.g., event reporting systems, chain of command policies)
 - 13B: Participate in system improvement activities in the context of rotations or learning experiences (e.g., rapid cycle change using plan-do-study act cycles, root cause analyses, morbidity and mortality conference, failure modes and effects analyses, improvement projects)
 - 13C: Engage in daily safety habits (e.g., accurate and complete documentation, including allergies and adverse reactions, medicine reconciliation, patient education, universal precautions, hand washing, isolation protocols, falls and other risk assessments, standard prophylaxis, time-outs)
 - 13D: Admit one's own errors, reflect on one's contribution, and develop an individual improvement plan

Clerkship Summative OSCE or Oral Examination Assessments

Standardized, objective, discipline-based summative assessments are administered at the end of each core clerkship, and some of the advanced clerkships. A summative OSCE is given near the end of each core clerkship.

The OSCE assesses communication skills, physical and mental status examination, clinical reasoning and management planning, and USMLE-style patient note(s). The OSCE can be replaced with the use of real patient encounters interspersed throughout the clerkship for comparable assessment with the approval of the Curriculum Committee. Clerkships may also include demonstration of mastery of procedural skills (such as electrocardiogram interpretation, chest x-ray interpretation, and suturing skills), or additional summative assessments (e.g. oral examination).

Students need to meet passing requirements and the performance on these summative assessments informs the final summative clinical assessment component of the grade.

NBME Subject Examination

The six core clerkships and advanced Emergency Medicine administer a standardized multiple-choice summative assessment at the end of the clerkship known as the National Board of Medical Examiners (NBME) Clinical Sciences Subject Examination. Sometimes this is referred to as a "Shelf" Exam. These subject examinations incorporate questions from NBME that mirror USMLE questions and provide reliable feedback to the student and the medical school about projected performance on USMLE examinations.

Annually, the National Board of Medical Examiners (NBME) produces a report with recommended levels for passing, high pass and honors thresholds. These are reviewed by the Clinical Applications Subcommittee and threshold changes are made under the direction and approval of the Curriculum Committee.

	Fail	Pass	High Pass	Honors
CORE	<10 th percentile	10 th – 59 th percentile	60 – 79 th percentile	≥ 80 th percentile
ADVANCED	<10 th percentile	10 th – 59 th percentile	60 – 79 th percentile	≥ 80 th percentile

Professionalism

Expectations of Clerkship Performance: Professional Behavior Standards

Professionalism is a vital aspect of academic evaluation within courses and clerkships, assessed through criteria such as truthfulness, conscientiousness, discernment, and engagement. Students are expected to demonstrate various behaviors indicative of professionalism, including dependability, punctuality, seeking assistance when necessary, accepting feedback, completing tasks promptly, actively engaging in learning activities, and adhering to codes of conduct.

Areas of concern regarding professionalism include, but are not limited to, consistent lateness or absence, defensive responses to feedback, incomplete assignments, failure to communicate regarding absences or deviations from assigned duties, disengagement during coursework, and inappropriate behavior within teams. Behaviors such as data fabrication, plagiarism, or significant breaches of conduct are also flagged as problematic and constitute misconduct.

Conversely, commendable behaviors include taking responsibility for errors, integrating feedback constructively, assisting team members, seeking additional learning opportunities, and consistently demonstrating high effort.

These behaviors are integrated into the clinical assessment and significantly influence the narrative feedback for the clerkship. Consequently, they will affect the final grade determinations and contribute to the evaluation of the student's clinical performance in that specific clerkship, as reflected in the student's MSPE.

Longitudinal Professionalism Tracking

Professional development encompasses not only clinical skills but also administrative and credentialing tasks. It is essential for physicians in training to understand that adherence to medical staff office policies is vital for maintaining privileges and securing and maintaining licensure and board certification in their future careers. This aspect is monitored over time, integrating post-course evaluations, compliance with occupational health requirements and certifications, and observations of absenteeism or professionalism concerns. Oversight of these specific behaviors falls under the purview of the Chair of the Professionalism Subcommittee of the MSPC and informs the longitudinal Professional Development course, where grades are assigned at the end of each term.

Furthermore, confidential feedback on student conduct can be submitted at any time by faculty, staff, or peers through the online Medical Student Feedback Form. This feedback, accessible through the medical school's intranet portals, serves to recognize exemplary behavior or address concerns. Confidentiality is prioritized, though individuals providing feedback must identify themselves for potential follow-up.

Upon receipt of feedback, the Assistant Dean for Clinical Competency will communicate with the student, providing recognition or addressing concerns while keeping the source of feedback anonymous. Serious issues may be referred to the Medical Student Performance Committee for further review. Feedback providers receive confirmation of receipt and are informed of actions taken while respecting student confidentiality.

Final Clerkship Grade

Clerkships are graded using a tiered system that not only ensures a robust evaluation of students' clinical abilities but also actively promotes and encourages behaviors that align with our school's mission and vision of advancing health equity. This holistic approach not only prepares students for their future roles but also contributes positively to the communities they will serve.

Our tiered system, consisting of Honors, High Pass, and Pass with transparent grading, serves as a motivational tool for students, driving them toward excellence and allowing outstanding individuals to be recognized. The clearly defined levels within this system offer students a roadmap to comprehend their progress, and outline behaviors corresponding to higher levels of performance.

The final clerkship grade is determined by the lower of two component grades. To achieve Honors, the student must attain an Honors grade in both the first try of the NBME Clinical Sciences Subject Examination and the final Clinical Performance Assessment. The grades for both are noted on the MSPE individually.

Summative Clinical Assessment	NBME	Initial Clerkship Transcript Grade	Remediation Required	First Remediation Attempt / Transcript Grade	Remediation Required	Second Remediation Attempt / Transcript Grade
Honors	Honors	Honors				
Honors	High Pass	High Pass				
Honors	Pass	Pass				
Honors	Incomplete	Incomplete	Retake NBME in 4 – 8 weeks	Pass		
				Fail		
					Fail	
High Pass	Honors	High Pass				
High Pass	High Pass	High Pass				
High Pass	Pass	Pass				
High Pass	Incomplete	Incomplete	Retake NBME in 4 – 8 weeks	Pass		
				Fail		
					Fail	
Pass	Honors	Pass				
Pass	High Pass	Pass				
Pass	Pass	Pass				
Pass	Incomplete	Incomplete	Retake NBME in 4 – 8 weeks	Pass		
				Fail		
					Fail	
Incomplete (Individual EPA domain, 2 max)	Honors	Incomplete	One Week Clinical Remediation in 4 – 8 weeks	Pass		
				Fail		
					Fail	
Incomplete (Individual	High Pass	Incomplete	One Week Clinical	Pass		
				Fail		

EPA domain, 2 max)			Remediation in 4 – 8 weeks		Clerkship	Fail
Incomplete (Individual EPA domain, 2 max)	Pass	Incomplete	One Week Clinical Remediation in 4 – 8 weeks	Pass		
				Fail	Repeat Clerkship	Fail/Pass
						Fail
Incomplete (Individual EPA domain, 2 max)	Incomplete	Incomplete	One Week Clinical Remediation and repeat NBME in 4 – 8 weeks	Pass (both components)		
				Fail (Clinical Remediation)	Repeat Clerkship	Fail/Pass
				Fail (NBME Remediation)	Retake NBME in 4 – 8 weeks <i>If needing to remediate both a second time, NBME following the repeated clerkship</i>	Fail
						Fail/Pass
						Fail
Fail (Multiple EPA domain and/or low composite score)	Honors	Fail	Repeat Clerkship at end of CORE	Fail/Pass		
				Fail		
Fail (Multiple EPA domain and/or low composite score)	High Pass	Fail	Repeat Clerkship at end of CORE	Fail/Pass		
				Fail		
Fail (Multiple EPA domain and/or low composite score)	Pass	Fail	Repeat Clerkship at end of CORE	Fail/Pass		
				Fail		
Fail (Multiple EPA domain and/or low composite score)	Incomplete	Fail	Repeat Clerkship at end of CORE and take NBME again at the end of the rotation	Fail/Pass (Pass both remediations)		
				Fail (Pass NBME only)		
				Fail (Pass Clinical only)	Retake NBME in 4 – 8 weeks	Fail/Pass
						Fail

Honors Criteria: A grade of Honors will be assigned to students who meet all of the following criteria:

1. Receive an average score of greater than or equal to 3.0 (three) in all domains on the Final Summative Clinical Assessment
2. Receive a total composite score of greater than or equal to 81% (49 – 60 / 60) on the Summative Clinical Assessment
3. Achieve a score on the NBME Subject Examination on first attempt at or above the 80th percentile;
4. Pass the OSCE or oral exam on first try
5. Completion of all required assignments, including minimum logging of required core conditions and procedures

6. Complete all clerkship activities by the end of business day within 7 days after the last day of the course.

High Pass Criteria: A grade of High Pass will be assigned to students who meet all of the following criteria:

1. Receive an average score of greater than or equal to 3.0 (three) in all domains on the Final Summative Clinical Assessment
2. Receive a total composite score of 71-80% (43 - 48 / 60) on the Summative Clinical Assessment
3. Achieve a score on the NBME Subject Examination on first attempt between the 60th – 79th percentile
4. Pass the OSCE or oral exam on first try;
5. Completion of all required assignments, including minimum logging of required core conditions and procedures
6. Complete all clerkship activities by the end of business day within 7 days after the last day of the course.

Pass Criteria: A grade of Pass will be assigned to students who meet all of the following criteria.

1. Receive an average score of greater than or equal to 2.0 (two) in all domains on the Final Summative Clinical Assessment
2. Pass the NBME Subject Examination (refer to passing cut offs above) on first or second attempt
3. Pass the OSCE or oral exam on first try;
4. Completion of all required assignments, including minimum logging of required core conditions and procedures
5. Complete all clerkship activities by the end of business day within 7 days after the last day of the course.

Incomplete Criteria: A grade of Incomplete will be assigned to students who meet any one of the following criteria.

1. Unable to meet the goals and objectives of the clerkship, as determined by the Clerkship Director due to missed clinical time
2. Fail the NBME Subject Examination first attempt, or have an approved exam delay
3. Receive an average score of 1.0 or 0.0 in no more than 2 EPA domains assessed on the Clinical Assessment first attempt
4. Do not complete or fail any “other” graded component (e.g. OSCE or other summative assessment), first attempt
5. Failure to complete all clerkship activities by the end of business day 7 days after the last day of the course, but having completed at least 80% of the clerkship activities in total.

A grade of Incomplete can be converted to a grade of Pass by successful remediation of all eligible clerkship components.

A grade of Incomplete automatically reverts to a Fail on the transcript after one calendar year if the terms of remediation have not been successfully completed. If an approved leave of absence is the reason the Incomplete is not completed within one calendar year, a student will receive a “W” (Withdraw) on their transcript and will be required to restart the clerkship/selective regardless of how much of the clerkship they have completed upon their return. This includes outstanding NBME remediation.

All Incomplete CORE clerkship grades and failures must be resolved before engaging in any CORE electives or ADVANCED year 4 patient care electives, selectives or clerkships.

Fail Criteria: A grade of Fail will be assigned to students who meet any one of the following criteria:

1. An average score of less than 2.0 (two) in 3 or more EPA domain on the Clinical Assessment form

2. An average total score of less than (31/60) on the Clinical Assessment form
3. Fail the NBME Subject Examination, second attempt
4. Fail any other graded component, second attempt
5. Fail to complete all clerkship activities within one year of completing the course as outlined in the remediation agreement, excluding approved leave of absence.

A grade of Fail can be converted to Fail/Pass by successful remediation of repeating the clerkship. Only one opportunity will be allowed to remediate a failing grade by repetition of a course or clerkship.

Withdraw Criteria:

1. Student initiated request to voluntarily drop the course
2. Excessive absenteeism defined as missing more than 20% of required clerkship activities for any reason (excused or unexcused)
3. Incomplete grade not successfully remediated within one calendar year provided student is on an approved leave of absence

Core and Advanced Elective Grade Determination Policy

This policy outlines the criteria and procedures for determining grades for elective rotations at WMED. It is essential for students to proactively engage with preceptors or designated coordinators to ensure a successful elective experience. Failure to adhere to the outlined guidelines may result in a failing grade.

Students are encouraged to seek clarification and guidance from Educational Affairs if needed. Students are required to contact the designated coordinator at least 14 days before the rotation's start date if direct communication from the coordinators or preceptors has not already been received. Effective communication between the student and the preceptor or designated coordinator is crucial. This initial communication will cover orientation meetings, expectations, learning objectives and schedules. All communication should be documented and maintained for future reference, if necessary.

Grade Determination:

Withdraw

- Requests to reschedule any Elective or Advanced Course after the designated drop/add period can be submitted without the course being listed on the transcript as a "Withdrawal" provided it is at least 14 days prior to the start of the rotation for the following reasons: Change of Residency/Specialty Plans, Illness or Family Emergency, Academic Difficulties, Acceptance of an Away Rotation Offer.
- Late Withdrawal: Any course withdrawal request submitted after the 14-day deadline will be considered a late withdrawal.
- Late Withdrawal Review: Late withdrawal requests will be subject to a thorough review by the relevant faculty and administrative staff in the Office of Educational Affairs and the Assistant Dean for Clinical Applications. Approval for late withdrawal will be granted only in exceptional circumstances.
- Grade Impact: Students who receive approval for late withdrawal will receive a grade of "Withdrawal" (W) and no credit will be awarded.
- Professionalism Impact: Students who withdraw from a course after the 14-day deadline without proper notification, responsiveness to staff, or valid extenuating circumstances will be referred to the Professionalism Subcommittee of the MSPC.

Students are not permitted to withdraw after the end of the rotation. Once the rotation period has concluded, the grade will be determined based on the following criteria:

Assessment of Performance on Electives

Students' performance in electives is assessed across various categories:

1. **Communication Skills:** The student exhibits clear and effective communication skills, actively listens, and proficiently communicates ideas both orally and in writing.
2. **Professionalism:** The student demonstrates professional behavior and ethical conduct, actively engages in elective activities, and interacts respectfully with peers and faculty.
3. **Understanding of Course Content:** The student displays a thorough understanding of the course's learning objectives and effectively applies relevant knowledge to course tasks and discussions.
4. **Self-Reflection and Learning Goals:** The student regularly engages in self-reflection on learning experiences and sets and pursues personal learning goals.
5. **Completion of Assignments/Projects:** The student submits work that meets specified criteria in a timely manner.

Narrative feedback, both formative and summative, is provided to students, highlighting their strengths and areas for further development.

Pass:

- The student has initiated contact with the preceptor or designee.
- The student begins the rotation on the scheduled date.
- All coursework and assignments are completed by the final day of the rotation.
- The student has fulfilled minimum requirements of the 5 areas of performance on their summative assessment

Incomplete:

- The student has initiated contact with the preceptor or designee.
- The student begins the rotation on the scheduled date.
- The student participates in all coursework and has maintained communication with course directors and coordinators, yet some assignments remain incomplete, by virtue of not being submitted by the final day of the rotation or are unsatisfactory and will be resubmitted.
- All outstanding assignments must be completed by the end of the grading period (4 weeks after the end of the rotation) unless there has been a separate deadline as outlined in a remediation contract signed by the Assistant Dean for Clinical Applications.

Fail:

- The student in failing to contact the preceptor or designee, does not participate in the course and has not withdrawn by the end of the rotation.
- Incomplete or unsatisfactory course work, assignments, or professional behavior as assessed on the summative evaluation, or remediation of missed event has not been completed by the agreed-upon remediation date or within 4 weeks after the end of the rotation when the grading period ends if no alternative remediation date has been determined.

Grade Reporting:

Within four weeks following the conclusion of a clerkship, the clerkship director must submit to the Office of Educational Affairs a single grade for each student enrolled and a written narrative report for each student. These narrative reports, signed by the clerkship director, should evaluate various attributes of the student, including their fund of knowledge, comprehension level, clinical skills, interpersonal communication abilities, and professionalism. Specifically, they should identify any instances of conduct that deviates from the Code of Professional Conduct and other school policies or raise concerns regarding the mental health and well-being of the student or their contacts. Records of medical student performance, encompassing academic achievements and professionalism, are maintained in their permanent records.

In the event of a student receiving a non-passing score on a summative assessment or a non-credit grade for a course or clerkship, the Assistant Dean for Clinical Applications is promptly notified and will review all relevant reports and consult with directors, faculty, the Associate Dean for Undergraduate Medical Education (UME), the Medical Student Performance Committee, and other relevant parties to determine appropriate actions. The director provides a summary of specific areas

of deficiency to focus on during the remediation process. Importantly, the final grade for the remediated course or clerkship cannot exceed a pass if the student initially received an unsatisfactory or failing evaluation in any component.

Any instances of personal or professional conduct not aligning with the Code of Professional Conduct or raising concerns about safety and well-being are immediately reported to the Associate Dean for UME, Associate Dean for Student Affairs, and Assistant Dean for Clinical Competency. Serious allegations of misconduct are addressed according to the outlined misconduct process for medical students.

Immediate reporting to the Associate Dean for Student Affairs is also required for any identified mental health concerns, ensuring appropriate corrective actions are taken to address these issues promptly.

Grade Appeals:

Students can appeal subjective performance evaluations and final grades they believe were unfairly assigned by course/clerkship directors. However, appeals are not allowed for final grades resulting from a learning contract or decisions by the Medical Student Performance Committee.

The process of initiating a grade appeal must begin within three days of the grade being posted. If the course director informs the student in writing, before the official grade release, that they'll receive an unsatisfactory or fail grade, the appeal period starts with that notification.

To address a dispute, students should first talk informally with the course/clerkship directors. If the appeal results in a grade change, the new standard applies to all students in that course/clerkship. If the issue persists, students can formally appeal to the Assistant Dean for Clinical Applications or Associate Dean for UME. The appeal should explain why the evaluation or grade was unfair.

Within 10 working days, the Assistant Dean or Associate Dean reviews relevant documents. If the evaluation or grade is found fair, the appeal is denied. If issues are identified, a plan is made to address them. The directors revise the evaluation, apply the plan, and recalculate the grade. The new standard is applied to all students in the same.

The Curriculum Competency Workgroup (CCW) and Advance Information to Directors

In the transition between the Foundations and Clinical Applications phases of the curriculum, advisors will meet with the Assistant Dean for Clinical Applications to review the academic performance and professional/personal conduct of students. The goal of this meeting is to facilitate continuity and effective support for the student's development throughout their medical education journey.

The Assistant Dean for Clinical Applications utilizes this advance information to tailor the student's educational experience, facilitating their efforts to address and improve upon the identified areas of concern. This may involve adjustments in scheduled rotations, provision of additional tutoring, or direct management of situations that may arise during the course or clerkship related to the student's performance and interactions with faculty and peers.

The Curriculum Competency Workgroup (CCW), a sub-group of the Medical Student Performance Committee oversees the semi-annual performance review process for medical students, focusing on their progression towards meeting graduation requirements and core competencies. The workgroup compiles this information and reports it to the Medical Student Performance Committee. Each student's academic year, expected graduation year, and advisor are noted, along with a checklist of completed coursework and USMLE exam status. The core competencies assessed include medical knowledge, patient care, professionalism, interpersonal and communication skills, practice-based learning and improvement, and systems-based practice. Additionally, any leaves of absence or gaps in the student's academic timeline are documented, along with recommendations for performance enhancement. This comprehensive process ensures that students are on track for graduation.

This review occurs twice a year. Students in the Core Phase of the curriculum are reviewed at the midterm by Deans only, and then undergo an end of year review including all the Clerkship Directors of the respective phase. This is intended to avoid potential bias of directors who have not had a chance to work with a student.

In certain cases, it is beneficial for the medical school to share information with course and clerkship directors before a student begins their coursework. This is particularly true for students who the aim of sharing this advance information is to enable early intervention, preventing these concerns from escalating into major or persistent issues that could adversely impact the student's academic record.

As part of ongoing student evaluation, the Medical Student Performance Committee, in collaboration with relevant assistant deans, determines the necessity of sharing advance information with course and clerkship directors. Specific recommendations and requirements may be established for each course or clerkship to support the student in addressing their areas of concern, potentially including periodic progress reports from directors to the appropriate academic leadership.

Students are informed when advance information is provided to their course or clerkship directors and receive a copy of the information detailing their areas of concern. They are encouraged to communicate with their directors before the course or clerkship begins to discuss these concerns and agree on strategies for addressing them. Directors are then responsible for monitoring the student's performance, with particular attention to evaluating their progress in the identified areas of concern.

To prevent potential bias in evaluations, advance information is shared only with individuals with a legitimate educational or administrative need, typically limited to course and clerkship directors rather than additional faculty or staff involved in instruction. Furthermore, this process is not documented on the student's transcript or MSPE.

Commitment to Students with Disability Accommodations

WMed is dedicated to supporting students with disabilities in their academic journey, ensuring their equitable access and satisfactory progress. Every effort will be made to provide accommodations in a sensitive and supportive manner. We recognize the importance of confidentiality in the accommodations process and assure students that their information will be treated with the utmost discretion.

Individual faculty preceptors, staff, and clerkship directors will not be informed of students' disability accommodations unless there is a specific accommodation they have been asked to arrange in the clinical setting. This ensures the privacy and dignity of the student while maintaining their academic integrity.

All students are encouraged to reach out to the Office of Student Affairs for support, as WMed offers a range of resources to assist all students in navigating their academic challenges. We are committed to fostering an inclusive and supportive learning environment where all students can thrive.

Remediation Contracts

Remediation contracts are often implemented when a student has not met established academic standards or has failed to demonstrate proficiency in certain areas of study or assessment. It is a corrective measure designed to help the student overcome identified challenges and improve academic performance. The content of a remediation contract typically includes clear objectives for improvement, specific actions or interventions required, timelines for completion, and criteria for success. It may involve additional coursework, tutoring, or targeted assessments.

Remediation contracts and Individualized Learning Plans themselves are not noted on the Medical Student Performance Evaluation (MSPE), whereas learning contracts are noted on the MSPE. Some deficiencies may result in both remediation contracts and learning contracts as certain areas of improvement may be addressed through both corrective measures and positive, voluntary agreements for development. Failure to satisfy the requirements of a remediation contract may result referral to MSPC and the issuing of a learning contract.

Examples of reasons for issuing a Remediation Contract during the Clinical Applications Phase include, but are not limited to the following:

1. Missed Required Activities, Events or Assignments (including but not limited to: Orientation events, didactics, clinical time, OSCE, NBME examination)
2. Has not met passing threshold for NBME subject examination
3. Individual EPA Domain lower than expected for one clerkship (average score less than 2.0)
4. Multiple EPA Domain Deficiencies or Low Global Clinical Performance
5. Persistent EPA Domain lower than expected across more than two rotations (average score less than 3.0) or downward trajectory of EPAs across the Clinical Application Phase
6. Failure of USMLE Step 1 or Step 2
7. Failure of the Comprehensive Competency OSCE for Graduation

Individualized Learning Plans are initiated to target professional behavior change.

Incomplete or Unsatisfactory Clerkship / Elective Course Assignments/Requirements

Remediation policy and procedure:

Students failing to complete clerkship or course assignments will perform remedial activities at the discretion of the Clerkship / Elective Course Director.

Procedure for Clerkship Examination Unexcused Absence:

Students are required to participate in OSCE and NBME examinations on the designated day and time unless explicit approval is granted by the associate dean for Undergraduate Medical Education or an assigned representative. Students will be provided with three scheduled attempts for the NBME summative examination. NBME exams are consistently scheduled on Thursdays of the final week for the Core Rotations and Advanced EM. Failure to attend a summative assessment on time without prior approval results in a score of zero. For students who miss the first attempt, the second attempt is scheduled for the following Monday. The third and final attempt is scheduled for the next designated remediation day during the next rotation. Absence from any scheduled remediation will be recorded as a score of zero and count toward the total maximum attempts of three.

NBME Medical Knowledge Subject Exam Remediation/Retake policy and procedure

Retakes of the National Board of Medical Examiners (NBME) exam are permissible exclusively in cases where the student fails the exam on the initial attempt. This policy ensures a fair and structured approach to address academic challenges and provides an opportunity for students to demonstrate improvement.

Procedure for Clerkship Exam Failure:

1. Students experiencing their first clerkship exam failure will be permitted to continue with their scheduled clerkships.
2. A minimum preparation period of four weeks is accommodated for students preparing for the NBME exam retake.
3. The retake will occur on a scheduled clerkship exam date, ensuring alignment with the established academic calendar.
4. Second attempt NBME shelf failure will result in the transcript grade conversion to "Fail", the student placed on Warning Academic Status, and accompanying updates to the Learning and Remediation Contract
5. A student who fails a third attempt at the NBME shelf is subject to dismissal from the MD program.

Subsequent Failures and Remediation:

1. The second instance of an NBME shelf failure will result in the student being placed on Warning Academic Status, and accompanying Learning and Remediation Contract. Remediation of the subsequent clerkship NBME subject examination follows the same path as if it were the first instance.
2. A student who fails a third occurrence of a first attempt NBME shelf is subject to dismissal from the MD program.

3. In the event of a subsequent NBME shelf deficiency in a different clerkship and a student has two outstanding subject exams in different clerkships, further enrollment in required clerkships will not be permitted until there is no more than one outstanding subject exam. Remediation, advising, and curriculum schedule revision will be provided to address difficulties.

Remediation of Individual Clinical Domains for one clerkship (Maximum 2) – Clinical Performance

In the event a student faces challenges in any of the EPA (Entrustable Professional Activities) domains assessed on the clinical assessment form, a targeted and supportive remediation process is initiated. This process aims to provide the necessary guidance and resources for the student to enhance their skills and competencies in the specific clinical skill domain.

The remediation plan is as follows:

1. The student meets with the Advising Team and Clerkship Leadership to discuss the identified deficiency and formulate a personalized Remediation Plan.
2. The Remediation Plan includes additional practice of the specific clinical skill domain with a dedicated Clinical Skills Advisor. This one-on-one coaching is designed to address individual learning needs and facilitate skill improvement.
3. The student is provided with continued opportunities to practice the specific clinical skill domain over the course of one week. This intensive practice period allows for focused improvement.
4. To ensure an unbiased evaluation, the student is assigned to another neutral site for the remediation week. An independent assessor, separate from the initial evaluation, will objectively assess the student's performance.

Outcome of Remediation:

At the conclusion of the one-week remediation period, two possible outcomes may occur:

1. Successful Remediation - Conversion to Pass: If the student successfully demonstrates sufficient competence in the specific skill domain, the Incomplete Grade will convert to Pass.
2. Unsuccessful Remediation – Conversion to Fail and requirement to repeat clerkship: If, despite dedicated efforts, the student is unable to demonstrate the required competence in the specific skill domain, they will be required to repeat the entire clerkship. This repetition is scheduled at the end of their CORE rotations, prior to transitioning to the ADVANCED phase. If a student fails the clinical portion of a clerkship but passes the NBME then the student will not have to repeat the NBME as part of their remediation plan.

Remediation of Multiple EPA Domain Deficiencies (At least 3) or Low Global Clinical Performance in one Clerkship / Selective Course

In instances where a student exhibits deficiencies across multiple EPA (Entrustable Professional Activities) domains, leading to an overall clinical assessment score of 50% or less, a comprehensive remediation policy is implemented. This policy ensures a thorough and targeted approach to address the identified challenges.

Remediation Process:

1. The student meets with the Advising Team and Clerkship Leadership to discuss the identified deficiencies across multiple domains.
2. A comprehensive and individualized Remediation Plan is developed to address the specific challenges in each deficient EPA domain. This plan may include additional coaching, targeted practice sessions, and ongoing support.
3. The student is provided with an extended period for remediation to ensure adequate time for

- improvement across multiple domains by repeating the entire clerkship.
- 4. Continuous monitoring of the student's progress is conducted throughout the extended remediation period. Regular check-ins with the Advising Team and Clerkship Leadership help track improvement and provide additional support as needed.
- 5. If a student fails the clinical portion of a clerkship but passes the NBME then the student will not have to repeat the NBME as part of their remediation plan.

Outcome of Comprehensive Remediation:

At the conclusion of the extended remediation period, the student's overall performance is reassessed, taking into account the targeted efforts across multiple domains. Two possible outcomes may occur:

- 1. **Successful Remediation – Converts to Fail/Pass:** If the student demonstrates significant improvement across the deficient EPA domains and achieves a satisfactory overall clinical assessment score, they may pass the remediation and continue in the program.
- 2. **Persistent Challenges – Grade Remains Fail:** If, despite extended remediation efforts, the student is unable to achieve the required level of performance across multiple domains, the student will be referred back to MSPC for failure to make satisfactory academic progress and be considered for dismissal from the MD program.

Remediation of Persistent EPA Domain lower than expected across more than two rotations (average score less than 3.0) or Downward trajectory of EPAs across the Clinical Applications Phase

All students undergo a biannual review of performance from the Curriculum Competency Workgroup reporting to the MSPC to ensure satisfactory academic progress and graduation requirements. In the event a student faces challenges in any of the Clinical EPA - domains assessed on the clinical assessment form longitudinally over the course of the Clinical Applications Phase, a targeted and supportive remediation process is initiated. This process aims to provide the necessary guidance and resources for the student to enhance their skills and competencies in the specific clinical skill domain.

The remediation plan is as follows:

- 1. The student meets with the Advising Team and Clerkship Leadership to discuss the identified deficiencies and formulate a personalized Remediation Plan.
- 2. The Remediation Plan includes additional practice of the specific clinical skill domain with a dedicated Clinical Skills Advisor. This one-on-one coaching is designed to address individual learning needs and facilitate skill improvement.
- 3. The student is provided with continued opportunities to practice the specific clinical skill domain. This will take a tailored individualized approach to allow for schedule accommodations. This intensive practice period allows for focused improvement.

Outcome of Remediation:

At the conclusion of the remediation period, two possible outcomes may occur:

- 1. **Successful Remediation:** If the student successfully demonstrates sufficient improvement or performance in the specific skill domain, the terms of the agreement are fulfilled and no further action needed. There will be no notation added to the MSPE.
- 2. **Unsuccessful Remediation –** If, despite dedicated efforts, the student is unable to demonstrate the required gains/improvement/performance requirements in the specific skill domain, the student will be referred to the MSPC for the formation of a learning contract. In certain instances, learning contracts may necessitate more rigorous compliance than standard academic requirements, and require additional clinical time be added to the student's schedule. This will take a tailored individualized approach to allow for schedule accommodations. This intensive practice period allows for focused improvement.

Remediation of the Comprehensive Competency OSCE for Graduation

The Comprehensive Competency OSCE for Graduation is designed to assess the clinical skills and knowledge of medical students as they prepare to graduate. The exam consists of a series of patient encounters with standardized patients (SPs), oral examinations, EKG interpretation, and summative multiple choice exam testing visual diagnosis skills. Examinees must take a history, perform a physical examination, determine potential diagnoses, and discuss their clinical reasoning of cases throughout the day. The exam covers common presentations encountered in internal and family medicine, surgery, psychiatry, pediatrics, and obstetrics and gynecology. Examinees are expected to thoroughly investigate the patient's chief complaint, medical history, medications, allergies, social history, and family history, as well as provide differential diagnoses and propose appropriate tests or procedures, and initiate patient management. The exam is graded on a pass/fail basis.

One aspect of assessment in the exam is Communication and Interpersonal Skills (CIS), which evaluates the examinee's ability to engage in patient-centered communication. This includes skills such as building rapport, gathering information, providing information, aiding in decision-making, and supporting emotional needs. SPs assess communication skills using a checklist based on observable behaviors.

Furthermore, the exam assesses data gathering and interpretation skills with trained physician raters providing assessment. Oral examinations conducted by faculty members evaluate the examinee's ability to summarize findings, provide diagnostic impressions, justify potential diagnoses, and propose initial diagnostic studies and interventions.

Overall, the Comprehensive Competency OSCE serves as a comprehensive evaluation of a medical student's readiness for graduation, ensuring they possess the necessary clinical skills and competencies to begin their careers as competent and compassionate physicians.

Students who do not pass any individual component of the Comprehensive Competency OSCE for Graduation will receive targeted feedback and an opportunity for additional practice. They will be required to repeat the assessment to achieve a passing score. This approach ensures that students have the chance to address specific areas of weakness and demonstrate competency before graduation, thereby upholding the standards of clinical excellence expected of future physicians.

Failure of multiple components of the exam, or failure to pass on the subsequent remediation assessment, will lead to referral to the Medical Student Performance Committee (MSPC). Subsequently, the student will receive a learning contract, be placed on warning academic status, and a remediation contract outlining the requirements for a third and final attempt. This process ensures that students who struggle to meet the required standards receive appropriate support and interventions to address their deficiencies effectively.

Learning Contracts

The learning contract serves as a personalized agreement between the student and WMED, outlining specific academic requirements and timelines. It is crucial to note that the stipulations within the learning contract may, in certain instances, necessitate more rigorous compliance than standard academic requirements. It is imperative for students to fully adhere to the terms outlined in the learning contract, and failure to do so may lead to further actions by the Medical Student Performance Committee, with potential consequences, including dismissal from the medical school. Learning Contracts are noted on the student's Medical Student Performance Evaluation (MSPE).

Criteria for MSPC Referral for consideration of dismissal for failure to make satisfactory academic progress, include but are not limited to:

1. Failure of the initial attempt of the NBME subject examination in more than two core clerkships.
2. Failure of the initial summative clinical performance assessment in more than two core clerkships.
3. Reception of a final course grade of Fail/Pass in more than two core clerkships.
4. Failure of the initial attempt of summative clinical performance assessment in more than one advanced/elective clerkship.

5. Reception of a final course grade of Fail/Pass in no more than one advanced/elective clerkship.
6. Failure to comply with Professional Development learning contracts.

The range of actions that the MSPC may undertake includes measures designed to address non-compliance effectively. Dismissal from the medical school is within the spectrum of potential consequences for persistent or severe breaches of the learning contract.

Leave of Absence:

Students who meet satisfactory academic progress conditions at the beginning of an approved leave of absence for personal or educational pursuits will retain this status throughout the duration of their leave.

For students referred to the MSPC as the result of clinical deficiencies, professionalism, or examination and/or course failures, the committee may prescribe a leave of absence to provide medical students with additional time to address extenuating circumstances. For medical students experiencing repeated failures to address academic and/or behavioral deficiencies or failure to fully comply with the learning contract, the committee may deem it necessary to enforce a mandatory leave of absence as part of a revised learning contract. This action is taken with the intention of supporting the medical student's progress. In cases where it becomes evident that the medical student is unable to maintain an acceptable level of performance or is unwilling or unable to resolve these circumstances, the MSPC may make the determination for dismissal.

Medical students are required to fulfill all requirements for the Doctor of Medicine degree within six years (72 months) from their matriculation date. Students on leave of absence must adhere to this maximum time limit and complete all degree requirements within six years of matriculation.

The Associate Dean for Undergraduate Medical Education may extend the degree completion time limit beyond six years for students engaged in additional approved scholarly activities or enrolled in a dual-degree program that includes a degree from the medical school. Students enrolled in a combined Doctor of Medicine-Master's degree program must fulfill all Doctor of Medicine degree requirements within seven years of matriculation, while those enrolled in a combined Doctor of Medicine-Doctor of Philosophy degree program must complete all requirements within 10 years of matriculation.

However, for all medical students, no more than three years (36 months) may be taken to complete the Foundations of Medicine requirements, and similarly, no more than three years (36 months) may be taken to fulfill the Clinical Applications requirements. Enrollment during the summer months is considered part of the academic year for measurement purposes.

Professionalism

Fitness to assume professional responsibility necessitates the absence of impairment and is demonstrated by maturity, emotional stability, honesty, integrity, showing respect for patient's dignity and rights, civility, courtesy, appropriate relationships to others, and the ability to accept and discharge the duties of the medical profession.

Impairment is the inability of a health professional to perform according to the prevailing standards of practice because of drug or alcohol use, substance abuse, chemical dependency, or mental illness.

Professionalism is a core component of performance in the medical program, one of the eight domains of the medical student curriculum, and is continually assessed. The final grade for each Professional Development course and required clerkships encompasses behavior during in and outside of the required educational experiences.

Students must conduct themselves in accordance with the Code of Professional Conduct at all times, including: all curricular and co-curricular activities such as large group events, small group events, and classroom work; laboratory work; clinical experiences; community activities; examinations; experiences away from the medical school including at affiliated institutions; and all other activities.

The lack of professionalism includes personal or professional conduct that is not civil, not in accordance with the Code of Professional Conduct and other medical school policies and procedures, or that raises any concerns of safety and well-being for the student or any other individuals. Concerns by students about impairment or any other concerns for the safety and well-being of students or any other individuals must be reported immediately as they are identified to the associate dean for Student Affairs, who is responsible for ensuring that the concerns are appropriately addressed. Based on the assessment, the associate dean for Student Affairs may involve others as needed, including Occupational Health and the Medical Student Performance Committee.

The “classroom” is a communal space, and the learning and working environment throughout the medical school and all affiliate facilities is shared. Students have the responsibility to ensure that they do not diminish the opportunities for others to learn and work by participating in distracting activities that create obstacles for others to pay attention and pursue their duties and responsibilities.

WMed recognizes the developmental nature of medical professional identity formation, and we attempt to support students as they go through this developmental process. There may be instances where the student has not followed through with professional improvement plans, the unprofessional behavior is egregious, or it has been a persistent pattern despite repeated feedback. In these instances, a record of unprofessional behavior may be included in the permanent student record and/or student's MSPE. All information regarding issues of professionalism or behavior including personal or professional conduct that is not in accordance with the Code of Professional Conduct and other medical school policies are examined and addressed using all available resources including discussions with the student. Allegations of serious student misconduct are managed according to the misconduct process outlined for students in this policy manual.

Evaluation of Professionalism During Courses/Clerkships

Professionalism is continually evaluated throughout all four years of the curriculum. Course/clerkship directors are required to document each student's professional behaviors. The process facilitates longitudinal tracking of behavior to identify concerns, and also areas of commendation. Repeated professionalism concerns are referred to the assistant dean for Clinical Competency, and if necessary to the MSPC which can implement learning contracts. UME 420 Medical Student Performance in Curriculum describes this process. Commendations are tracked for potential inclusion in the student's MSPE.

Opportunities for Assessment of Professionalism at All Times

In addition to scheduled assessments of professionalism during courses/clerkships, at any time, any person, including all faculty and staff, may provide confidential feedback about any student using the online Medical Student Feedback Form. This feedback describes any incident that either reflects exemplary behavior for recognition, or a concern or problem that reflects attitude or behavior. This form is available on each of the medical school intranet portals, including the portals for medical students, faculty, and staff. The feedback is submitted confidentially and reviewed by the associate dean for Student Affairs, associate dean for UME, assistant dean for Clinical Competency and IPE who also serves as the Chair of the Professionalism Subcommittee of the MSPC and the academic advisors. Confidentiality is maintained. Individuals must provide a name in order to permit the associate dean for Student Affairs to provide follow up as needed. The medical school does not encourage anonymous feedback.

After review, the associate dean for Student Affairs or designee communicates confidentially with the student, as appropriate, providing positive recognition or discussing the concern or problem, and keeping the identity of the person submitting the feedback anonymous to the student. Based on the assessment, the associate dean for Student Affairs may involve others as needed and may refer significant concerns and problems to the Medical Student Performance Committee for further review. The associate dean for Student Affairs or designee follows up with the person who submitted the form, generally within 30 days, to confirm receipt of the feedback and inform them generally of the types of steps taken while also maintaining appropriate confidentiality for the student.

USMLE Examination Requirements

Passing the USMLE Step 1 and Step 2 Clinical Knowledge (CK) examinations are required for graduation. The National Board of Medical Examiners (NBME) sets the level for passing the steps of the USMLE examinations. Medical students must be enrolled to be eligible to take USMLE examinations, or if on leave of absence must have permission of the associate dean for UME.

The USMLE Step 1 and Step 2 CK examinations are administered by computer at Prometric Test Centers. Testing is available throughout the year except for the first two weeks in January.

Information regarding availability of testing times at Prometric is posted at www.prometric.com.

Students are responsible for scheduling the USMLE Step 1 and Step 2 CK examinations so that they do not interfere with medical school activities and responsibilities. Students are responsible for all examination costs and travel expenses to the testing sites for USMLE testing.

USMLE Examination Reporting

The medical school accepts and recognizes only USMLE scores that are received directly from USMLE. Students may not withhold reporting of scores by USMLE to the medical school. Reports of “Withheld by student request” or equivalent are managed by the medical school as a USMLE attempt and a failing examination score.

USMLE Examination Preparation

Our integrated curriculum provides a solid foundation for students to prepare and perform well on the USMLE examinations. Reflecting the integration of basic sciences and clinical sciences even on the USMLE Step 1 exam, in our curriculum clinical experiences begin in the first term of medical school, and basic sciences are reinforced during each of the core clerkships. The faculty coordinate and closely aligns curriculum content with USMLE question content.

The medical school provides comprehensive testing preparation to facilitate medical student success on the USMLE examinations. Many assessments incorporate questions that mirror actual USMLE questions and provide the most reliable feedback to the student and the medical school about projected performance on the actual USMLE examinations.

The NBME Comprehensive Basic Science Self-Assessment (CBSSA) is an assessment that resembles the USMLE Step 1 examination. The medical school will provide vouchers for the CBSSA and deadlines for students to use them at regular intervals in the second year. Achieving a passing threshold score in this test is required before taking USMLE Step 1.

Prerequisites and Remediation of USMLE Step 1 or Step 2

Students are required to have a passing score on or have completed a first attempt of the USMLE Step 1 examination before advancing to core clerkships. Students may not take the USMLE Step 1 examination until they have successfully completed all requirements in the Foundations of Medicine curriculum, including any necessary remediations and achieved the qualifying score on the CBSSA prior to sitting for the exam.

It is advised that students post a passing score on USMLE Step 1 prior to the start of their Core Clerkship rotations. Students will not be permitted to start core clerkship rotations without having sat for their first attempt at the exam. Students who have not received a passing score within 6 months of the completion of the Foundations of Medicine phase will be placed on Warning Academic Status. Students are expected to achieve a passing score on the USMLE Step 1 examination within 12 months of completion of the Foundations of Medicine phase of curriculum or will be subject to dismissal.

It is advised that students sit for USMLE Step 2 prior to September of their Advanced year for best success in participation in the NMRP Match. Optimal timing for sitting for the USMLE Step 2 examination should be determined by the individual student and their advisors. Students must achieve a passing score on the USMLE Step 2 examination for graduation requirements within 18 months of the completion of the core phase rotations or by February 1st of their graduation year,

whichever comes first. Students who have not sat for USMLE Step 2 within 6 months of completion of their core rotations will be placed on a learning contract, and if they have not received a passing score within 12 months after completion of core clerkships will be placed on Warning Academic Status.

USMLE failures require both a remediation contract and learning contract. Students are permitted to remain enrolled with notification of an initial failure. In the event of a failure on the second attempt, the student will be withdrawn from their current rotation and further enrollment in required clerkships will not be permitted until the student receives a passing score. Remediation, advising, and curriculum schedule revision will be provided to address difficulties. With a second failure, the student is placed on Warning Academic Status and is subject to dismissal from the MD program if not successful on a third and final attempt.

Advance Information to Course/Clerkship Directors

In certain circumstances, it is in the best interest of the student for the medical school to provide information to course/clerkship directors in advance of the student beginning the course/clerkship, such as for students who have had significant difficulty in prior academic coursework or professional and personal conduct. The intent of providing advance information is to facilitate early intervention to rectify the area(s) of concern before developing into a sustained or major deficiency that is permanently recorded in the student's transcript. The area(s) of concern may be in any area of evaluation, cognitive or non-cognitive, and may embody a single episode or a pattern of repeated episodes. The objectives for providing advance information are to facilitate early intervention for individualized student support and assistance for the student in the area(s) of concern, ensure that there is adequate feedback to the student, and provide ongoing evaluation of the area(s) of concern. Course/clerkship directors should use advance information to customize the educational experience of the student to facilitate the student's ability to strengthen and rectify the area(s) of concern. Advance information allows the course/clerkship director to make appropriate group assignments, assign additional tutoring, and directly manage situations that may arise during the course/clerkship regarding the student's performance and interactions with faculty, residents, fellows, and other students.

As part of the continuing evaluation of each student after each course/clerkship, the Medical Student Performance Committee in collaboration with the assistant dean for Foundations of Medicine, assistant dean for Clinical Competency & IPE or assistant dean for Clinical Applications shall make determinations of the need for providing advance information to course/clerkship directors. The Medical Student Performance Committee may make specific recommendations and set specific requirements for each course/clerkship to facilitate addressing the area(s) of concern, including the need for interval reports from the course/clerkship director to the associate dean for UME and the Medical Student Performance Committee. The committee shall approve the content of the information to be sent to the course/clerkship director. The student is notified that advance information is being provided and receives a copy of the information sent to the course/clerkship director describing the area(s) of concern. The student is advised to contact the course/clerkship director prior to beginning of the course/clerkship in order to discuss the area(s) of concern and to agree upon the mechanism for addressing problems should they arise. The course/clerkship director shall monitor the student's performance as for all students and give specific attention to discreetly evaluate the student's performance in the area(s) of concern.

To minimize the possibility of negative bias in evaluations, advance information is provided only to individuals with a legitimate educational or business need, which is generally only the course/clerkship directors and not additional faculty, residents, fellows, or other individuals involved in course/clerkship instruction. The use of the process of providing advance information is not noted on the student's transcript. A developmental handoff between the Foundations phase of curriculum and the Clinical Applications phase occurs between the Academic Advising Team and the associate dean for Clinical Applications.

Approval

Curriculum Committee_____. Date: _____

Procedures

Additional Contacts

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Forms

Related Information

History

Medical Student Performance in Curriculum--UME 420

POLICY CONTENTS

Category: UME	Implementation: 5/1/2021 Last Update: 4/1/2024
Additional Details Contacts: Gustavo Patino, MD PhD gustavo.patino@wmed.edu	Responsible Office: Office of Educational Affairs Responsible person: Associate Dean for UME

LCME Standards

9.9

Scope

MD Degree Program

Policy Statement

Evaluation of Medical Student Performance

Individual student performance throughout the MD degree program curriculum is continually monitored by the Medical Student Performance Committee, as well as the Academic Advising team, who meet with each student every term to review progress and foster habits of informed self-assessment. Student performance, as defined by the medical school, includes the entire student record, both academic performance and behavioral and other non-academic performance. The Medical Student Performance Committee has access to and is responsible for evaluating the entire student record and makes determinations to ensure fairness and balance in the best interests of the student, the standards of the medical school and the curriculum, the integrity of the profession, and, most importantly, the health and safety of patients who will be treated by the school's graduates.

Students are assessed throughout the curriculum with the expectation that they are functioning at their best and without physical, psychological, or emotional limitations or other circumstances that affect their performance. Students should seek the assistance of their academic advisor, clinical advisor, designated individual mentor, faculty, or associate dean for Student Affairs with any concern they have about their performance or any current or developing circumstances that the student believes to have, or is likely to have, a significant adverse impact on their performance. It is important, and an expectation, that the student in a timely manner brings to the attention of the academic advisor or associate dean for Student Affairs any individual or other circumstances or concerns that may adversely affect their performance.

In all courses/clerkships, the course/clerkship directors are the instructors of record and assign grades at the end of each course/clerkship. Course/clerkship directors and all instructors assess students in a manner that is consistent, objective, fair, and unbiased using the criteria and mechanisms stated in the Student Policy Manual and the course/clerkship syllabus.

Assessment of student learning and performance (including grades) are based solely on performance during the course/clerkship and determined independently of having met matriculation requirements and recommendations.

Western Michigan University Homer Stryker M.D. School of Medicine may dismiss at any time any student who fails to demonstrate satisfactory evidence of academic ability, satisfactory academic progress, earnestness of purpose, or active cooperation in all requirements.

Medical Student Performance Committee

The Medical Student Performance Committee (MSPC) has the responsibility to monitor learning and performance, both academic and professional, of all medical students, and make recommendations for medical student advancement and graduation. In this role, the committee is responsible for overseeing adherence to policies regarding requirements for advancement and graduation established by the Curriculum Committee. The MSPC purview includes student misbehavior, especially if related to curricular activities, including isolated instances of student misbehavior that are not sufficiently serious to warrant dismissal. However, the MSPC may take any action up to and including dismissal for failure to comply with corrective actions and remediation steps, including failure to resolve academic and/or behavioral deficiencies, or a pattern of student misbehavior. Serious student misconduct that could warrant a reprimand, probation, or dismissal is generally managed through the misconduct process, which is under the direction of the associate dean for UME. The process to address student academic, non-academic, and/or behavioral deficiencies is managed generally through a learning contract. Learning contracts, as defined by the medical school, embody learning plans, action plans, corrective actions, and remediation plans.

Professionalism monitoring by the Medical Student Performance Committee

The academic advising team receives and reviews all input related to student behavior, conduct, and professionalism. This includes information and reports from course/clerkship evaluations, Report of Student Concern (which is on the medical student portal and can be submitted by anyone at any time, either anonymously or confidentially), Medical Student Feedback Form (which is on the student and faculty/staff portals and can be submitted by anyone at any time), Learning and Working Environment Committees, assistant dean for Foundations of Medicine, assistant dean for Clinical Applications, associate dean for UME, associate dean for Student Affairs, and other sources as deemed appropriate by the Medical Student Performance Committee. The academic advising team works with the assistant dean for Clinical Competency and IPE who may act on trends and patterns of student behavior, conduct, and professionalism even if there has been satisfactory performance within each individual course/clerkship. The assistant dean for Clinical Competency and IPE, by referral from the Medical Student Performance Committee, oversees management of remediation for professionalism concerns through learning contracts, monitors student progress, and reports back to the Medical Student Performance Committee; this oversight occurs within the operational structures of the academic advising unit. The assistant dean for Clinical Competency and IPE may serve to provide a one-time review and recommendations, or provide continuing monitoring, as directed by and under the authority of the Medical Student Performance Committee.

Satisfactory Academic Progress

Satisfactory academic progress is the successful completion of degree requirements according to established increments that lead to the awarding of the degree within established time limits. Standards of satisfactory academic progress in the medical school are established to facilitate students achieving their education and graduating in a timely manner, with the understanding that students learn at different rates and through different study techniques. These standards are applied consistently to all students. Medical students are required to earn sufficient credits each term to graduate within the required time limit. Students receiving federal financial aid must maintain satisfactory academic progress as described in the Student Policy Manual and also financial satisfactory academic progress as described in the Financial Aid Policy Manual as a condition for continued eligibility for federal financial aid.

The academic advising team and the Medical Student Performance Committee, or its designee, monitors performance of academic progress, as well as professional and personal conduct, of all medical students on a continuing basis with comprehensive assessments and formal determinations of satisfactory academic progress twice each academic year. Notifications of any change in a student's status related to satisfactory academic progress are sent by the Medical Student Performance Committee to the student, associate dean for UME, associate dean for Student Affairs, director of Admissions and Student Life, registrar, and director of Financial Aid.

As a single, uniform standard for all medical students, each student must receive a final grade of at least pass or fail/pass in all courses/clerkships and meet the advancement requirements from Foundations of Medicine to Clinical Applications after completing all courses in Foundations of Medicine.

A student is maintaining satisfactory academic progress even if the student has demonstrated academic difficulties provided that the student meets the following stipulations:

Foundations of Medicine

- For each single course
 - Attempts remediation of a course grade of incomplete as scheduled by the course director generally within one week of the initial failed attempt to pass a course summative assessment.
 - Successfully remediates an initial course grade of fail (defined as failure of first remediation attempt for summative assessment or anatomy practical assessment), if eligible, and achieves a grade of fail/pass by the end of the term following the term in which the course was taken. All remediations must be successfully completed prior to starting core clerkships
 - Has not received a final course grade of fail after attempted remediation.
- For more than one course
 - Fails the initial attempt of the non-anatomy course composite grade requiring a remediation of the summative assessment, with an initial grade of incomplete, in no more than three courses within two consecutive terms (as attended by student) during Foundations of Medicine.
 - Has not received a final course grade of fail/pass in more than two courses within two consecutive terms.
- General
 - Achieves a passing score on the USMLE Step 1 within 12 months of completing the Foundations of Medicine phase of curriculum.
 - Successfully completes the Foundations of Medicine curriculum within 36 months of their matriculation date (including time on leave of absence).

Clinical Applications

- For each single course or clerkship
 - Attempts remediation of a course or clerkship grade of incomplete as scheduled by the course or clerkship director and assistant dean for Clinical Applications prior to beginning any advanced clerkships.
 - Successfully remediates an initial course or clerkship grade of fail, if eligible, and achieves a grade of fail/pass no later than 4 weeks following the end of core clerkships for 8110 courses (core clerkships) and by the end of the term in which the course or clerkship grade was reported for all 9xxx level courses.
 - Has not received a final grade of fail after attempted remediation in any course or clerkship.
- For more than one core clerkship
 - Fails the initial attempt of the NBME subject examination, with an initial grade of incomplete, in no more than two core clerkships.
 - Fails the summative clinical performance assessment, with an initial grade of incomplete, in no more than two core clerkships.
 - Has received a final course grade of fail/pass in no more than two core clerkships.
- For more than one advanced elective/clerkship
 - Fails the initial attempt of summative clinical performance assessment, with an initial grade of incomplete, in no more than one advanced/elective clerkship.
 - Has received a final course grade of fail/pass in no more than one advanced/elective clerkship.
- General
 - Receives a passing score on the USMLE Step 2 CK examination by Feb 1st of graduating year or within 18 months of completing the core clerkships, whichever comes first.

- Successfully completes the Clinical Applications curriculum within 36 months of the completion of the Foundations curriculum (including time on leave of absence).
- Adheres to all requirements of any learning contract that is in place.
- Maintains substantial compliance with the Code of Professional Conduct and all other medical school policies

Table 18. Summary of Actions Resulting from Summative Assessment or Course/Clerkship Failure.

Foundations of Medicine	
<i>Course Summative Assessment - Failure of summative for same course</i>	
Fail 1 st summative attempt	• Meet with Academic Advisor • Gradebook: I (converts to P if successfully remediated on 1st attempt) • MSPE: no notation added
Fail 2 nd summative attempt	• Warning academic status • Meet with Academic Advisor • Meet with Medical Student Performance Committee • Learning contract – notation added to MSPE • Gradebook: F (converts to F/P if successfully remediated on 2nd attempt)
Fail 3 rd summative attempt	• Gradebook: F • Dismissal – not making satisfactory academic progress
<i>Anatomy Practical Assessment - Failure of practical for same course</i>	
Fail 1 st summative attempt	• No action • Gradebook: I (converts to P if successfully remediated on 1st attempt) • MSPE: no notation added
Fail 2 nd summative attempt	• Warning academic status • Meet with Academic Advisor • Meet with Medical Student Performance Committee • Learning contract – notation added to MSPE • Gradebook: F (converts to F/P if successfully remediated on 2nd attempt)
Fail 3 rd summative attempt	• Gradebook: F • Dismissal – not making satisfactory academic progress
<i>Course Summative Assessment - Failure of first attempt within two consecutive terms</i>	
First instance	• Meet with Academic Advisor • Gradebook: I (converts to P if successfully remediated on 1st attempt) • MSPE: no notation added
Second instance	• Meet with Academic Advisor • Learning contract – notation added to MSPE • Gradebook: I (converts to P if successfully remediated on 1st attempt)
Third instance	• Warning academic status • Meet with Academic Advisor • Meet with Medical Student Performance Committee • Learning contract – notation added to MSPE • Gradebook: I (converts to P if successfully remediated on 1st attempt)
Fourth instance	• Dismissal – not making satisfactory academic progress
<i>Course Grade or Anatomy Practical Grade – Grade of Fail/Pass within two consecutive terms</i>	

First instance	• Meet with Academic Advisor • Learning contract – notation added to MSPE
Second instance	• Warning academic status • Meet with Academic Advisor • Meet with Medical Student Performance Committee • Learning contract – notation added to MSPE
Third instance	• Dismissal – not making satisfactory academic progress
<i>Longitudinal Response to Course level Professionalism Grade – Repeated awarding of PPUB in any domain</i>	
Third instance of PPUB in any domain	• Meet with Academic Advisor (inclusive of mid-clerkship concerns and end of term summative assessment)
Fourth instance	• Meet with Asst Dean for Clinical Competency and IPE • Development of Independent Learning Plan (ILP) focusing on skill attainment Gradebook: Incomplete for Term-based Professionalism Grade is converted to Pcon with successful remediation
Failure to comply with terms of the Professionalism Learning Contract	• Warning academic status • Meet with Academic Advisor and/or Asst Dean for Clinical Competency and IPE • Meet with Professionalism Subcommittee of the MSPC • Meet with Medical Student Performance Committee • Gradebook: Term-based Professionalism grade is Fail. Successful remediation results in a term grade of F/Pcon
Continued disregard for professional obligations	• Dismissal – not making satisfactory academic progress • Gradebook: Fail
<i>Longitudinal Term- Based Professional Development Grade – Awarded Incomplete for Term Professional Development Grade</i>	
Incomplete awarded for the 1 st summative attempt due to multiple instances of Persistent Unprofessional Behavior across courses / domains of professionalism as defined by Grade Matrix.	• Meet with Asst Dean for Clinical Competency and IPE – development of Individualized Learning Plan (ILP) • Gradebook: Longitudinal term-based professionalism grade registered as Incomplete (I) (converts to Pcon if successfully remediated on 1st attempt, according to the terms of the Individualized Learning Plan) • MSPE: no notation added re: the ILP
Failure to comply with the terms of the Professionalism ILP	• Warning academic status • Meet with the Professionalism Subcommittee of the MSPC • Meet with Medical Student Performance Committee • Learning contract – notation added to MSPE • Gradebook: professionalism grade converts to FPcon if successfully remediated on this 2nd attempt
Failure to comply with the terms of the Professionalism Learning Contract	• Gradebook: Professionalism Term-Based Grade remains an F • Dismissal – not making satisfactory academic progress
<i>Longitudinal Term- Based Professional Development Grade – Major Violation of Educational Pledge or Code of Professional Conduct</i>	
Fail grade awarded 1 st summative attempt due to major violation of Educational Pledge or Code of	• Meet with Asst Dean for Clinical Competency and IPE – development of Individualized Learning Plan (ILP) • Gradebook: Longitudinal term-based professionalism grade to F

Professional Conduct – occurring at any time during the term	(converts to Pcon if successfully remediated on 1st attempt, according to the terms of the Individualized Learning Plan) • MSPE: no notation added re: the ILP • Student may be subject to misconduct hearing and any reporting based on conclusions of the process
Failure to comply with the terms of the Professionalism ILP	• Warning academic status • Meet with the Professionalism Subcommittee of the MSPC • Meet with Medical Student Performance Committee • Learning contract – notation added to MSPE • Gradebook: professionalism grade converts to FPcon if successfully remediated on this 2nd attempt
Failure to comply with the terms of the Professionalism Learning Contract	• Gradebook: Professionalism Term-Based Grade remains an F • Dismissal – not making satisfactory academic progress
Core Clerkship - Failure of subject exam for same clerkship	
Fail 1 st attempt of subject exam	• Meet with Academic Advisor • Remediation Contract • Gradebook: I (converts to P if successfully remediated on 1st attempt)
Fail 2nd attempt of subject exam	• Warning Academic Status • Meet with Academic Advisor • Meet with Medical Student Performance Committee • Learning contract & Remediation contract – notation added to MSPE • Gradebook: F (converts to F/P if successfully remediated on 2nd attempt)
Fail 3rd attempt of subject exam	• Gradebook: F • Dismissal – not making satisfactory academic progress
Core Clerkship - Failure of clinical performance assessment for same clerkship	
Fail 1 st attempt of clinical performance assessment	• Warning academic status • Meet with Academic Advisor • Meet with Medical Student Performance Committee • Learning contract & Remediation contract – notation added to MSPE • Gradebook: I (converts to P if successfully remediated on 1st attempt)
Fail 2 nd attempt of clinical performance assessment	• Gradebook: F • Dismissal – not making satisfactory academic progress
Core Clerkship NBME Subject Examination - Failure of first attempt across all six core clerkships	
First Instance	• Meet with Academic Advisor • Remediation contract • Gradebook: I (converts to P if successfully remediated on 1st attempt)
Second instance	• Meet with Academic Advisor • Learning contract & Remediation contract – notation added to MSPE • Gradebook: I (converts to P if successfully remediated on 1st attempt)
Third instance	• Warning academic status • Meet with Academic Advisor • Meet with Medical Student Performance Committee • Learning contract & Remediation contract – notation added to MSPE

	Gradebook: I (converts to P if successfully remediated on 1st attempt)
Fourth instance	Dismissal – not making satisfactory academic progress
<i>Core Clerkship Summative Clinical Performance Assessment – Failure of first attempt across all six core clerkships</i>	
First instance	- Meet with Academic Advisor - Learning contract & Remediation contract – notation added to MSPE - Gradebook: I (converts to P if successfully remediated on 1st attempt)
Second instance	- Warning academic status - Meet with Academic Advisor - Meet with Medical Student Performance Committee - Learning contract & Remediation contract – notation added to MSPE - Gradebook: I (converts to P if successfully remediated on 1st attempt)
Third instance	Dismissal – not making satisfactory academic progress
<i>Core Clerkships - Grade of Fail/Pass across all six core clerkships</i>	
First instance	- Meet with Academic Advisor - Meet with Medical Student Performance Committee - Learning contract & Remediation contract – notation added to MSPE
Second instance	- Warning academic status - Meet with Academic Advisor - Meet with Medical Student Performance Committee - Learning contract & Remediation contract – notation added to MSPE
Third instance	Dismissal – not making satisfactory academic progress
<i>Advanced Required and Elective Clerkships - Failure of subject exam (clerkships) or final grade (electives) for same clerkship</i>	
Fail 1 st attempt	- Meet with Academic Advisor - Remediation contract - Gradebook: I (converts to P if successfully remediated on 1st attempt)
Fail 2 nd attempt	- Warning academic status - Meet with Academic Advisor - Meet with Medical Student Performance Committee - Learning contract & Remediation contract – notation added to MSPE - Gradebook: F (converts to F/P if successfully remediated on 2nd attempt)
Fail 3 rd attempt	- Gradebook: F - Dismissal – not making satisfactory academic progress
<i>Advanced Required and Elective Clerkships - Failure of clinical performance assessment for same clerkship</i>	
Fail 1 st attempt of clinical performance assessment	- Warning academic status - Meet with Academic Advisor - Meet with Medical Student Performance Committee - Learning contract & Remediation contract – notation added to MSPE - Gradebook: I (converts to P if successfully remediated on 2nd attempt)
Fail 2 nd attempt of clinical performance assessment	- Gradebook: F - Dismissal – not making satisfactory academic progress
<i>Advanced Required and Elective Clerkships - Failure of first attempt (clinical performance) across all clerkships</i>	

First instance	• Warning academic status • Meet with Academic Advisor • Meet with Medical Student Performance Committee • Learning contract & Remediation contract – notation added to MSPE • Gradebook: I (converts to P if successfully remediated on 1st attempt)
Second instance	• Dismissal – not making satisfactory academic progress
<i>Clerkship Professionalism Grade – Longitudinal Pcon response</i>	
First instance	• Meet with Academic Advisor
Second instance	• Meet with Asst Dean for Clinical Competency and IPE • Development of ILP focusing on skill attainment
Failure to comply with terms of the Professionalism ILP – third clerkship Pcon	• Warning Academic Status • Meet with Professionalism Subcommittee of the MSPC • Meet with Medical Student Performance Committee • Learning contract – notation added to MSPE • Gradebook: Incomplete professionalism grade awarded with ability to convert to Pcon with successful compliance of the Learning Contract
Failure to comply with terms of the Professionalism Learning Contract	• Dismissal – not making satisfactory academic progress
<i>Clerkship Professionalism Grade – Incomplete (student displaying persistent pattern of unprofessional behaviors throughout the duration of a course/clerkship)</i>	
First instance	Meet with Academic Advisor Meet with Asst Dean for Clinical Competency and IPE Development of ILP focusing on skill attainment • Gradebook: Initial professionalism grade is an Incomplete with ability to convert to Pcon with successful compliance of the ILP
Failure to comply with terms of the Professionalism ILP	• Warning Academic Status • Meet with Professionalism Subcommittee of the MSPC • Meet with Medical Student Performance Committee • Learning contract – notation added to MSPE • Gradebook: Initial professionalism grade is converted to Fail with ability to convert to F/Pcon with successful compliance of the Learning Contract
Failure to comply with terms of the Professionalism Learning Contract	• Dismissal – not making satisfactory academic progress
<i>Clerkship Professionalism Grade – Fail assigned on initial attempt (major violation of Educational Pledge or Code of Professional Conduct not rising to the level of misconduct)</i>	
Fail grade awarded 1 st summative attempt due to major violation of Educational Pledge or Code of Professional Conduct	• Warning academic status • May trigger a misconduct investigation • Meet with the Asst Dean for Clinical Competency and IPE • Meet with Medical Student Performance Committee • Learning contract – notation added to MSPE • Gradebook: F awarded for professionalism component and the summative clerkships grade (clerkship summative grade converts to F/P if successfully remediated according to terms of the learning contract. Professionalism grade converts to F/Pcon). • Student may be subject to misconduct hearing and any reporting based on conclusions of the process

	• Student may be required to repeat the entire clerkship as part of the terms of the learning contract/ misconduct hearing
Failure to comply with the terms of the Professionalism Learning Contract	• Gradebook: F • Dismissal – not making satisfactory academic progress

Learning and Remediation Contracts

A student demonstrating significant academic difficulties and/or inappropriate professional or personal conduct must work with the assistant dean for Foundations of Medicine, assistant dean for Clinical Applications, assistant dean for Clinical Competency and IPE, or associate dean for UME to define a remediation contract, or the Medical Student Performance Committee to define a learning contract including corrective actions and timeframes that achieve appropriate remediation. The student must acknowledge agreement by signing the learning or remediation contract and fully cooperating in completing all of the requirements and elements of the learning or remediation contract in accordance with the specified timetable. A student who is meeting all of the requirements and elements of the learning or remediation contract in accordance with the specified timetable is making satisfactory academic progress. A student who does not acknowledge agreement by signing the learning or remediation contract or is not meeting all of the requirements and elements of the learning or remediation contract in accordance with the specified timetable is not making satisfactory academic progress and is dismissed and loses federal financial aid eligibility. Neither the need for a learning or remediation contract nor the requirements and conditions of the learning or remediation contract is eligible for appeal by the student.

Students who fail to comply with all the requirements and elements of a learning or remediation contract, including deadlines for successful remediation of any grades of incomplete or fail, are subject to dismissal through a formal hearing conducted by the Medical Student Performance Committee.

Leave of Absence

Students who meet the conditions of satisfactory academic progress at the time of the start of an approved leave of absence maintain status of satisfactory academic progress throughout the approved duration of the leave of absence.

Dismissal for Not Maintaining Satisfactory Academic Progress

As a single, uniform standard for all medical students, any medical student who fails to maintain satisfactory academic progress is dismissed from the medical school. The Medical Student Performance Committee conducts a formal review of the process for any student up for dismissal from medical school to confirm that all procedural actions were conducted fairly and in conformity with prescribed procedures. Under extraordinary circumstances, the Medical Student Performance Committee may recommend to the Dean an exception to the requirement for dismissal for a student who is not making satisfactory academic progress, which must be supported by an explanatory document from the committee and a plan for rectifying deficiencies in the form of a learning contract signed by the student and the associate dean for Educational Affairs. Any exception to the requirement for dismissal requires the approval of the Dean of the medical school.

Warning Academic Status

- Determination of warning academic status may not be appealed. The student is eligible for financial aid and maintains scholarships that have been awarded. Table 18 indicates circumstances in which a medical student is placed on warning academic status for summative assessment or course/clerkship failure(s). Additional causes of warning academic status include:
- Failure to receive a passing score on USMLE Step 1 within six months of completion of the foundations phase of the curriculum.
- Failure to receive a passing score on USMLE Step 2 CK within 12 months of completing the core clerkships

A medical student on warning academic status must work with the Medical Student Performance Committee to define a learning contract including a course of study defining key milestones, and a timetable that demonstrates appropriate remediation. A student who is repeating a course/clerkship, repeating part or an entire academic year, or preparing to retake a USMLE examination in accordance with the requirements and elements of a learning contract is making satisfactory academic progress. A student who is not meeting all of the requirements and elements of the learning contract in accordance with the specified timetable is not making satisfactory academic progress and is subject to dismissal through a

formal hearing conducted by the Medical Student Performance Committee.

A medical student who has not received a passing score on the USMLE Step 1 examination within six months of completing all of the foundations phase of curriculum is placed on warning academic status. The student is eligible for financial aid. Determination of warning academic status may not be appealed. A student who has not received a passing score on the USMLE Step 1 examination within 12 months of completing the foundations phase of curriculum has not maintained satisfactory academic progress in the medical school and is subject to dismissal through a formal hearing conducted by the Medical Student Performance Committee.

A student who has not received a passing score on USMLE Step 2 CK within 12 months of completing the core clerkships is placed on warning academic status. The student is eligible for financial aid. Determination of warning academic status may not be appealed. A student who has not received a passing score on the USMLE Step 2 CK within 18 months of completing the core clerkships has not maintained satisfactory academic progress in the medical school and is subject to dismissal through a formal hearing conducted by the Medical Student Performance Committee.

Specific Roles of the Medical Student Performance Committee

- Making recommendations for standards for determination of satisfactory academic progress, satisfactory progress for advancement and graduation of medical students, and professionalism.
- Establishing consistent standards and methods for and correcting academic and other deficiencies of medical students.
- Monitoring learning and performance – academic progress as well as professional and personal conduct – of all medical students on a continuing basis with comprehensive assessments and formal determinations of satisfactory academic progress twice each academic year, at the conclusion of each term. This includes medical students enrolled in dual-degree programs even during the time that the medical student is primarily pursuing the second degree.
- Working in collaboration with the Academic Advising team, the assistant dean for Clinical Competency and IPE, and associate dean for UME to identify medical students experiencing significant difficulty with academic coursework or professional or personal conduct and who require learning contracts, providing guidance to and charging the associate dean for UME with developing learning contracts with medical students, monitoring medical student performance while subject to a learning contract, and approving completion of learning contracts. Any medical student on warning academic status requires a learning contract to be in place.
- Confirming on a continuing basis the appropriate status of medical students including advancement of medical students through the curriculum.
- Responding to student concerns regarding advancement of medical students and developing policies and procedures for learning contracts.
- Conducting a formal review of the educational record for any medical student up for dismissal from medical school through the Medical Student Performance Committee to confirm that all procedural actions were conducted fairly and in conformity with prescribed procedures. Under extraordinary circumstances, the Medical Student Performance Committee may recommend an exception to the requirement for dismissal for a medical student who is not making satisfactory academic progress, as described under “Satisfactory Academic Progress.”
- Toward the conclusion of the medical student’s academic program at the medical school and after reviewing a graduation audit prepared by the registrar and with input from the associate dean for UME and associate dean for Student Affairs, recommending appropriate candidates to the dean for the conferral of the Doctor of Medicine degree.

The Medical Student Performance Committee follows principles that embody the academic and professional standards of the medical school for overseeing medical student academic progress and professional development. The Medical Student Performance Committee applies these principles

consistently while recognizing that each medical student's situation is reviewed on individual merit and circumstances.

- Medical students must meet all of the requirements for advancement and graduation. The committee must uphold all of the standards of the medical school while simultaneously supporting the medical student's continuation in the program by allowing appropriate corrective actions or modifications of the student's educational activities when there is convincing evidence to the committee that the student can be successful in the program. Corrective actions and modifications of the medical student's educational activities are incorporated into a learning contract.
- The committee weighs all aspects of a medical student's performance and should consider extenuating circumstances. The committee has the appropriate latitude to consider a variety of corrective actions to support the medical student's continuation in the medical school.
- In developing corrective actions as part of the learning contract, the committee should incorporate input and insights from the medical student on how they learn to determine which corrective actions may work best for the medical student.
- The Medical Student Performance Committee should consider extenuating circumstances. For issues of academic performance with extenuating circumstances, the committee may permit the medical student the opportunity to continue in the program at the medical school. It is the responsibility of the medical student to resolve extenuating circumstances so they do not continue to interfere with the student's performance in subsequent coursework. The committee may mandate a leave of absence to give the medical student additional time to resolve extenuating circumstances, and may recommend dismissal if it is evident that the medical student is unable to perform at an acceptable level, or is unable or unwilling to resolve extenuating circumstances.
- The Medical Student Performance Committee shall endeavor to develop learning contracts in accordance with all medical school policies. In exceptional circumstances, if in the best interests of the medical student and medical school, and upon review and approval of the associate dean for UME, a learning contract may define less strict stipulations that best address the individual circumstances that may differ from medical school policies. If there is a difference between medical school policies and the terms of a learning contract approved by the associate dean for UME, the terms of the learning contract shall take precedence.

The Medical Student Performance Committee reviews the aggregated and individual performance records of all medical students on a continuing basis. The committee conducts formal hearings of individual medical students with significant academic and other deficiencies, and of medical students dismissed from medical school. Medical Student Performance Committee members shall not serve in a principal role for providing remediation or implementing learning contracts, and must maintain a clear demarcation of their role on the Medical Student Performance Committee to evaluate medical student learning and performance.

Medical Student Performance Committee members must recuse themselves from both the discussion and vote for actions for medical students whose performance is being reviewed by the Medical Student Performance Committee and for whom they have: provided the medical student with sensitive health, psychiatric, or psychological care, including as determined solely by the medical student; served as the medical student's private tutor or designated individual mentor; or otherwise have a conflict of interest related to the medical student.

Medical students who have a formal hearing scheduled by the Medical Student Performance Committee because of academic and other deficiencies must meet with the committee, and are accorded the following rights:

- To be notified by email at least two days in advance of the formal hearing.
- To request and receive from the chair of the Medical Student Performance Committee a written list of the student's deficiencies that necessitated the formal hearing.

- To have an opportunity to discuss their academic or other deficiencies with their Academic Advisors, designated individual mentor, or other individuals.
- To submit a written proposal before the formal hearing for consideration by the Medical Student Performance Committee for a program of corrective and remedial actions and timelines.
- For any case managed through the Medical Student Performance Committee involving potential suspension or dismissal from the medical school, to appear in person at the scheduled Medical Student Performance Committee meeting during the presentation of their case prior to the closed deliberation of the committee.
- Students appearing before the committee may also have one faculty member attend the presentation of the case as an advocate for the student. *Students are strongly encouraged to have one of their Academic Advisors or their designated individual mentor accompany them at the meeting* but may have a different faculty member accompany them at the meeting.

The Medical Student Performance Committee may *require* any corrective actions and remediation steps and stipulate the time limits to address academic and other deficiencies. The Medical Student Performance Committee may *recommend* that the medical student have any combination of actions and steps including but not limited to tutoring, mentoring, coaching, psychological or other professional evaluation, diagnostic testing to assess potential learning differences and evaluation for eligibility of accommodation, and counseling. The medical student is responsible for all additional costs that might be incurred to fulfill the actions and steps, whether required or recommended. For medical students with repeated failures to remediate academic and/or behavioral deficiencies or failure to comply fully with the learning contract, the committee may require a mandatory leave of absence as part of a revised learning contract, if believed to be of benefit to the medical student, or may impose an action of dismissal from the medical school for career redirection. The action of dismissal by the Medical Student Performance Committee may be appealed by the medical student to the Student Appeals Committee.

The medical student receives a written report of the outcome of the hearing from the chair of the Medical Student Performance Committee generally within 10 working days. The associate dean for Student Affairs and associate dean for UME are responsible for implementing the decisions and corrective actions of the Medical Student Performance Committee. Corrective actions are typically implemented in the form of a learning contract that are monitored by the academic advising team, who provide periodic reports of medical student progress and compliance with the learning contract to the Medical Student Performance Committee. The learning contract may stipulate requirements for satisfactory academic requirements that are more stringent than, but not less stringent than, the usual requirements. Failure to comply fully with the learning contract and required timelines may result in additional actions by the Medical Student Performance Committee, up to and including dismissal from the medical school.

Actions stipulated by the Medical Student Performance Committee may be implemented as final actions by the associate dean for UME upon receipt of the written report from the committee. The medical student may appeal the final action of advancement, graduation, suspension, and dismissal to the Student Appeals Committee. Final actions are not permanent until the appeal deadline has passed, the appeal process is exhausted, or the medical student provides notice in writing of a decision not to appeal.

Time Limits

Medical students must complete all requirements for the Doctor of Medicine degree within six years (72 months) of their matriculation date. The associate dean for UME may extend the degree completion time limit to more than six years for students who are pursuing additional approved scholarly activities or enrolled in a dual-degree program that includes a degree at the medical school.

For all medical students, no more than three years (36 months) may be taken to complete all requirements of Foundations of Medicine, and no more than three years (36 months) may be taken to complete all requirements of Clinical Applications.

The time period of approved leaves of absence is included in the time limits for completion of the MD degree program. Enrollment during summer months is considered part of the academic year for purposes of this measurement.

Students enrolled in a combined Doctor of Medicine-Master's degree program must complete all requirements for the Doctor of Medicine degree within seven years of the matriculation date. Students enrolled in a combined Doctor of Medicine-Doctor of Philosophy degree program must complete all requirements for the Doctor of Medicine degree within 10 years of the matriculation date.

Advancement Requirements

Students are approved to advance to the next course/clerkship only if they comply with all medical school policies and continuously meet all academic requirements and professional standards of the medical school.

A student may advance from Foundations of Medicine to Clinical Applications after meeting the following requirements, which serve as a single standard for all medical students:

- Maintain compliance with the Code of Professional Conduct and all other medical school policies and procedures.
- Maintain the technical standards for completion of the medical curriculum of the medical school.
- Attain the minimum required credits during Foundations of Medicine.
 - Attain a final grade of pass or fail/pass in all required courses of Foundations of Medicine.
 - Attain a final grade of pass in the minimum number of required one-week elective courses (class of 2025 and 2026: 3; class of 2026 and later: N/A).
- Pass the Comprehensive History and Physical Diagnosis Competency Examination that is given as part of the Clinical Skills sequence.
- Achieving a minimum score as set for each class based on NBME data on the Comprehensive Basic Science Self Assessment (CBSSA) as a prerequisite for sitting for Step 1
- Sitting for or achieving a passing score on the USMLE Step 1 examination. Students who are notified of failure to pass Step 1 after the start of the first core clerkship are permitted to complete their first clerkship. On the rare instance a student is permitted by exception to return to a second clerkship after sitting for a second attempt but prior to obtaining a passing score, the student will be required to withdraw from the rotation if a second failure occurs. Furthermore, they cannot begin another clerkship prior to a passing score.

A student may advance in the Clinical Applications phase from the core clerkships to advanced clerkships after meeting the following requirements, which serve as a single standard for all medical students:

- Maintain compliance with the Code of Professional Conduct and all other medical school policies and procedures.
- Maintain the technical standards for completion of the medical curriculum of the medical school.
- Attain the minimum required credits in the core clerkships and courses during the core clerkships, including:
 - Attain a final grade of pass, high pass, honors, or fail/pass in all six core clerkships.
 - Attain a final grade of pass in all longitudinal courses during the core clerkships.
 -

Any exceptions to any advancement requirements must be in the context of a learning contract that is approved by the Medical Student Performance Committee.

Graduation Requirements

Medical students are approved to graduate only if they comply with all medical school policies and meet

all academic requirements and professional standards of the medical school. To receive the degree of Doctor of Medicine, a student must complete a course of study that meets all of the graduation requirements of the medical school, which includes achieving and demonstrating individually by the time of graduation the appropriate and expected development of the knowledge, skills, attitudes, behaviors, and values embodied in each of the 58 required educational competencies across the eight domains. Satisfactory grades and performance in individual components of the curriculum, including the totality of academic performance only, do not guarantee that the student meets graduation requirements for awarding the degree of Doctor of Medicine.

Each medical student, as part of the graduation requirements, must successfully demonstrate scholarship skills, quality improvement skills, active citizenship in community health, and teaching skills. Activities in each of these areas complement the knowledge competencies and help medical students identify areas of personal interest, promote individual inquiry and exploration, establish and achieve individual self-directed learning objectives, and develop lifelong learning skills and habits through active learning. Students achieve all of these skills through work that is integrated as part of the curriculum and overseen by the Curriculum Committee. The Medical Student Performance Committee reviews the performance of students who have not completed sufficient activities to achieve one or more of the four required skills through the curriculum and establishes a learning contract for the student to satisfactorily demonstrate these skills.

A student may graduate and be awarded the Doctor of Medicine degree after meeting the following requirements, which serve as a single standard for all medical students:

- Maintain compliance with the Code of Professional Conduct and all other medical school policies and procedures.
- Maintain the technical standards for completion of the medical curriculum of the medical school.
- Demonstrate appropriate and expected development toward competency for all 58 required educational competencies across all eight domains.
- Demonstrate appropriate and expected development of the skills and behaviors of the 13 Entrustable Professional Activities.
- Foundations of Medicine
 - Pass all required courses.
 - Pass a minimum of three, one-week elective courses (class of 2025 and 2026 only).
 - A maximum of one week of M1/M2 elective courses may be performed at a site that is not affiliated with the medical school, with prior approval of the associate dean for Educational Affairs.
 - Pass the Comprehensive History and Physical Diagnosis Competency Examination.
 - Achieve a passing score on USMLE Step 1.
- Clinical Applications
 - Pass all six core clerkships.
 - Students are not permitted to take core clerkships at other institutions to meet this requirement.
 - Pass all required advanced clerkships (three clerkships).
 - Students are not permitted to take the required advanced clerkships at other institutions to meet this requirement.
 - Pass all required courses in the Clinical Applications curriculum
 - Pass the Comprehensive WMed Graduation OSCE
 - Attain the minimum required credits (20 credits) of fourth-year elective clerkships.
 - A maximum of twelve credits of advanced clerkships in the same clerkship or in the same subspecialty even if at different LCME-accredited sites may count

toward meeting graduation credit requirements. There is no restriction on the number of credits for different electives in the same specialty (Medicine, Pediatrics, Psychiatry, etc).

- Maximum credits of experiences completed at sites that are not affiliated with the medical school (designated by the course prefix, AWAY) are detailed in UME 424 Electives AWAY From the Medical School
 - A maximum of eight credits of IND 9110 taken after completing the first core clerkship may count toward meeting the elective requirements for Clinical Applications.
- Assessments
 - Complete initial BLS certification and renew as needed throughout your medical school career.
 - Complete the Advanced Cardiovascular Life Support (ACLS) course and achieve certification.
 - Pass the USMLE Step 1 examination.
 - Pass the USMLE Step 2 CK examination.

Approval

Curriculum Committee _____ Date: _____

Procedures

Additional Contacts

Gustavo Patino, MD PhD
Associate Dean for UME
Gustavo.patino@wmed.edu

Forms

Related Information

History

Medical Student Appeals--UME 421

POLICY CONTENTS

Category: UME	Implementation: 5/1/2021 Last Update: 6/15/2023
Additional Details Contacts: Gustavo Patino MD, PhD gustavo.,patino@wmed.edu	Responsible Office: Office of Educational Affairs Responsible person: Associate Dean for UME

LCME Standards

9.9, 11.6

Scope

MD Degree Program

Policy Statement

Examination Question Challenges

With the exception of standardized examinations that are obtained from external sources, such as core clerkship examinations, course/clerkship directors routinely review examination results immediately after the examination to determine if there is need to adjust examination scoring. Any changes in examination scoring are applied uniformly to the examination for all students enrolled in the same course/clerkship.

In addition, students may challenge examination questions of iRATs, tRATs, and summative assessments that they believe are flawed. Disputed examination questions must be brought to the attention of the course/clerkship directors either by flagging the question using the examination software during the examination, or notifying the course/clerkship directors immediately after the examination, and no later than two hours after the scheduled end time of the examination. The course/clerkship director may consult with other faculty involved in the curriculum, and the assistant dean for Foundations of Medicine or assistant dean for Clinical Applications, as appropriate. Examination question challenges are resolved by the course directors, whose decisions are final. If the scoring of an examination question is changed because of a challenge, the same adjusted standard shall be applied uniformly to the examination for all students enrolled in the same course/clerkship.

Performance Evaluation and Grade Appeals

Students may appeal subjective performance evaluations and final course/clerkship grades that they believe have been assigned by course/clerkship directors in an inappropriate, arbitrary, or capricious manner. Students may not appeal final grades resulting from a learning contract and determination of the Medical Student Performance Committee, including management of issues of professionalism and engagement.

The student must first attempt to informally resolve the dispute with the course/clerkship directors. The course/clerkship directors may consult with other faculty involved in the curriculum for the course/clerkship. The course/clerkship director and student may consult with the assistant dean for Foundations of Medicine or assistant dean for Clinical Applications, as appropriate. If the final grade is changed because of the student appeal, the same adjusted standard shall be applied uniformly to the final grades of all students enrolled in the same course/clerkship.

If the dispute remains unresolved for any reason, the student may formally appeal the performance evaluation or grade assignment to the associate dean for UME. To initiate the appeal process, the student must submit the appeal in writing or email to the associate dean for UME within three working days of

the evaluation or grade being posted. The appeal must include the student's statement addressing how the evaluation or grade is perceived to have been assigned in an inappropriate, arbitrary, or capricious manner. If, prior to the official release of the course grade, the course director informs the student in writing that the final calculation of course grades indicates that the student will receive an evaluation of unsatisfactory or final grade of fail, the three working day period to submit an appeal begins with the notification.

Within 10 working days following receipt of an appeal, the associate dean for UME reviews the course/clerkship syllabus, the grading policy, and all written documents evaluating the student's performance that have been shared previously with the student. All of this information is available to the student making the appeal.

If the associate dean for UME finds that the performance evaluation or final course/clerkship grade resulted from consistent and fair application of the mechanisms of evaluation, the associate dean for UME informs the student in writing that the appeal is denied and the process is terminated.

If the associate dean for UME identifies any aspects deemed to be inappropriate, arbitrary, or capricious, the associate dean for UME works with the course/clerkship directors and others as appropriate, and defines a plan to address the deficiencies. The course/clerkship directors apply the plan and revise the performance evaluation and recalculate the final grade. The same adjusted standard shall be applied uniformly to the performance evaluations and grades of all students enrolled in the same course/clerkship. The course/clerkship directors provide revised grades to the registrar and a written report of actions to the associate dean for UME and the Medical Student Performance Committee within 10 working days. The associate dean for UME informs the student in writing of the outcome and the process is terminated. The course/clerkship syllabus and grading policy for the course/clerkship are revised as appropriate for subsequent courses/clerkships.

Student Appeals Committee

Medical students may appeal:

- A decision of the Medical Student Performance Committee and action of the associate dean for UME regarding advancement, graduation, suspension, and dismissal.
- A decision of the associate dean for Student Affairs to refuse to permit a student to return from an approved leave of absence.
- Sanctions of a misconduct process.

Grades as well as learning contracts (ie, corrective actions and remediation plans) are not subject to appeal to the Student Appeals Committee.

Final actions that are subject to medical student appeal are not implemented until the appeal deadline has passed, the appeal process is exhausted, or the medical student provides notice in writing of a decision not to appeal.

Appeal Process

A request for an appeal must be submitted in writing or by email to the associate dean for UME within five working days of the notice of the final action of the Medical Student Performance Committee, associate dean for Student Affairs, associate dean for UME, or Investigation Committee. A request for an appeal must meet two conditions: (1) cite the basis of the appeal; and (2) provide sufficient and detailed information to support the appeal. Failure to meet both of these conditions, at the discretion of the Student Appeals Committee, shall be sufficient cause for the Student Appeals Committee to deny an appeal.

Within 10 working days of receipt of a written or email request from the student for an appeal, the Student Appeals Committee shall convene to review the final action and the appeal. The appeal process shall be limited to a review of the record and supporting documents of the initial review except for new

information that was not known to the student at the time of the review and that was provided also by the student with the request for the appeal.

Student Appeals Committee members must recuse themselves from participating in the appeal process for students for whom they have: provided the medical student with sensitive health, psychiatric, or psychological care, including as determined solely by the medical student; served as the medical student's private tutor or designated individual mentor; or otherwise have a conflict of interest related to the medical student. The dean shall appoint another faculty member to serve on the Student Appeals Committee, if needed, for the appeal process for the student.

The Student Appeals Committee, at its discretion, may offer the student an opportunity to meet with the Student Appeals Committee. The Student Appeals Committee is not required to meet with the student. The report of the Student Appeals Committee shall be limited to the final decision, without comment, either to affirm the action or decision, or to overturn the action or decision and return the matter to the appropriate committee or associate dean for further action.

The following are the only accepted bases for review by the Student Appeals Committee:

- To determine whether the review was conducted fairly and in conformity with prescribed procedures.
- To determine whether the decision reached regarding the actions of the student was based on sufficient information. That is, to determine whether the facts in the case were sufficient to establish that it is more likely than not that the medical student's actions were not in alignment with medical school academic requirements or policies, and that the student bore responsibility.
- To determine whether the sanctions or final actions were appropriate for the medical student's actions.
- To consider new information sufficient to alter a decision, that was not available at the original review because such information was not known to the student at the time of the original hearing.

Upon consideration of the request for an appeal, the Student Appeals Committee may:

- Determine not to review the case as the appeal was not submitted within the required time limit, or the basis for the appeal lacks merit. The process is closed and the findings and sanctions by the Medical Student Performance Committee, associate dean for Student Affairs, associate dean for UME, or Investigation Committee stand as the final action.
- Review the case, and deny the appeal. The process is closed and the findings and sanctions by the Medical Student Performance Committee, associate dean for Student Affairs, associate dean for UME, or Investigation Committee stand as the final action.
- Review the case, and require that the Medical Student Performance Committee, associate dean for Student Affairs, associate dean for UME, or Investigation Committee, as appropriate, review the case again based on the availability of new information that was not available at the time of the original hearing. The outcome of the subsequent review of the case by the Medical Student Performance Committee, associate dean for Student Affairs, associate dean for UME, or Investigation Committee is also subject to appeal by the student.
- Review the case, and reverse or modify the findings or sanctions that constitute the final action, which may be based on a modified finding of responsibility of the student for any or all actions. The process is closed and the modified findings and sanctions by the Student Appeals Committee stand as the final action.

Approval

Gustavo A. Patino, MD PhD
Associate Dean for UME

Date: _____

Procedures

Additional Contacts

Forms

Related Information

History

Prohibition of Assessment of Students by Faculty with Healthcare Provider Relationships--

UME 422

POLICY CONTENTS

Category: UME	Implementation: 5/1/2021 Last Update: 6/1/2023
Additional Details Contacts: Michael Busha MD, MBA, FAAFP Mike.busha@wmed.edu	Responsible Office: Office of Educational Affairs Responsible person: Senior Associate Dean for Academic Affairs

LCME Standards

9.8, 12.5

Scope

MD Degree Program

Policy Statement

Faculty and other health care professionals must recuse themselves from involvement in the academic assessment and consideration for advancement and graduation of the medical student if they have provided the medical student with health, psychiatric, or psychological care. Either the student or faculty, or both, may declare a conflict exists. No further information or clarification is required.

Faculty are required to review the list of their assigned medical students prior to the beginning of student courses/clerkships to identify conflicts of interest and resolve the conflicts with the course/clerkship director or senior associate dean for Academic Affairs. Faculty and all evaluators must attest as part of completing the medical student assessment form that they have not: provided health, psychiatric, or psychological care, including as determined solely by the medical student; served as the medical student's private tutor or designated individual mentor; or otherwise have a conflict of interest related to the medical student. Medical students may bring concerns of conflicts to course/clerkship directors or associate dean for Student Affairs, who will address the conflicts as appropriate. Faculty must not participate in course/clerkship grading or Medical Student Performance Committee review, including decisions about advancement and graduation, if they have such a conflict. Medical Student Performance Committee members must recuse themselves from both the discussion and actions for medical students for whom they have such a conflict.

Approval

MD Curriculum Committee _____ Date: _____

Procedures

Additional Contacts

Forms

Related Information

History

International Student Experiences Sponsored by the Medical School--UME 423

POLICY CONTENTS

Category: UME	Implementation: 5/1/2021 Last Update: 03/31/2024
Additional Details Contacts: Maria Sheakley, PhD Maria.sheakley@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Assistant Dean for Student Affairs

LCME Standards

Scope

MD Degree Program

Policy Statement

The medical school may sponsor international activities including courses and clerkships (see policy UME414 – *Course Catalog*) that are taught by medical school faculty who deliver the curriculum and supervise the medical students. These are designated by the prefix abbreviation “GLOH.” All international travelers on school-sponsored activities must comply with medical school policy GEN09, *International Travel for Activities Sponsored by the Medical School*. Medical student participation in international activities away from the medical school is a privilege that is optional and not required for advancement or graduation. Students in Foundations of Medicine may not register for an international activity if they have failed the initial summative assessment in a course during the current or previous term.

A maximum of six weeks of fourth-year clerkships or experiences may be performed at an international site for which the medical school faculty directly deliver the curriculum and supervise the students, with prior approval of the senior associate dean for academic affairs.

The lead faculty member for a school-sponsored international activity that involves students or residents/fellows is required to serve as the Campus Safety Authority (CSA) for the activity as stipulated in medical school policy GEN09, *International Travel for Activities Sponsored by the Medical School*. This requires notification to the Chief Safety and Security Officer (director of Facilities) and completion of the required CSA training prior to departure. Within five school days following the conclusion of the activity the lead faculty member must submit a crime report to the Chief Safety and Security Officer.

All international travelers on school-sponsored activities are required to obtain all necessary immunizations and take all necessary precautions appropriate for the travel sites and the activities conducted.

All international travelers on school-sponsored activities must comply with medical school policy UME606, *Insurance for Student International Travel*.

Approval

Maria Sheakley, PhD

Associate Dean for Student Affairs _____ Date: _____

Procedures

Additional Contacts

Forms

Related Information

- GEN09 – International Travel Sponsored by the Medical School
- UME414 – Course Catalog
- UME606 – Insurance for Student International Travel

History

Electives AWAY from the Medical School--UME 424

POLICY CONTENTS

Category: UME	Implementation: 5/1/2021 Last Update: 3/28/2024
Additional Details Contacts: Gustavo Patino MD, PhD gustavo.patino@wmed.edu	Responsible Office: Office of Educational Affairs Responsible person: Associate Dean for UME

LCME Standards

Scope

MD Degree Program

Policy Statement

Medical student participation in electives for credit away from the medical school is a privilege that is optional and not required for advancement or graduation. Students in Foundations of Medicine may not register for an elective away from the medical school if they have failed the initial summative assessment in a course during the current or previous term.

The prefix abbreviation “AWAY” designates a curriculum elective for credit (see policy UME/GSE 414 – *Course Catalog*) with content approved by the medical school even though the medical school faculty do not directly deliver the curriculum and supervise the students. Medical school approval is required of all medical student curriculum experiences away from the medical school to assess the awarding of academic credit, assure that it does not adversely affect the student’s academic progress, and address concerns of student safety, risk, liability, and potential impact on the financial aid status of the student. Electives that are away are graded as Pass/Fail.

A maximum of 12 weeks of fourth-year elective clerkships or experiences (designated by the prefix, AWAY) towards graduation requirements may be performed at sites that are not affiliated with the medical school and for which the medical school faculty do not directly deliver the curriculum and supervise the students (eg, approved electives at other LCME-accredited medical schools), including a maximum of 6 weeks at non-LCME-accredited sites, with prior approval of the assistant dean for Clinical Applications.

For international AWAY electives, please see policy UME423 - *International Student Experiences Sponsored by the Medical School*.

Approval

Gustavo Patino MD, PhD

Associate Dean for UME _____ Date: _____

Procedures

Additional Contacts

Forms

Related Information

- UME/GSE 414 – Course Catalog
- UME423 – International Student Experiences Sponsored by the Medical School

History

Visiting Medical Students (WMed hosting)--UME 425

POLICY CONTENTS

Category: UME	Implementation: 5/1/2021 Last Update: 6/15/2023
Additional Details Contacts: Kathryn Redinger MD Kathryn.Redinger@wmed.edu Gustavo Patino MD PhD Gustavo.patino@wmed.edu	Responsible Office: Office of Educational Affairs Responsible person: Associate Dean for UME

LCME Standards

10.8

Scope

MD Degree Program

Policy Statement

Visiting Student Learning Opportunities (VSLO)

Western Michigan University Homer Stryker M.D. School of Medicine (WMed) is a Host and Home school utilizing the AAMC Visiting Student Learning Opportunities program.

Guidelines for Visiting Medical Students from institutions in VSLO

WMed welcomes Senior students from other institutions accredited by the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association (AOA) to participate in the fourth-year elective study.

To be approved for an elective study at WMed, a visiting medical student must be in good academic standing, have completed the equivalent of any prerequisites listed for the desired course before actually participating in the elective experience, be covered by personal health and malpractice insurance, and provide documentation of required immunizations.

Students may apply for visiting student status at any time. Enrollment decisions for visiting students will be made following registration and the clerkship assignment period for WMed students. Please note: All paperwork must be submitted four weeks before the beginning of the elective experience.

There are no fees or tuition charged to visiting medical students. Housing is provided as available through WMed Office of Educational Affairs.

If a student accepted for elective study at WMed must cancel participation in the course for any reason, the WMed VSLO contact should be notified in writing as soon as possible, and the application should be withdrawn from VSLO.

Guidelines for Visiting Medical Students from institutions not participating in VSLO

WMed may approve up to 4 visiting students from institutions not participating in VSLO per academic year. Students from institutions not participating in VSLO can spend up to 4 weeks at WMed. To be

approved for an elective study at WMed, a visiting medical student from an institution not participating in VSLO must fulfill, and present documentation for, the following requirements:

- Demonstrate personal ties to Southwestern Michigan (having graduated from high school or college in the region, spouse or dependents in the area) or participate as part of a formal WMed global exchange program.
- Be in good academic standing at their home institution.
- Have passed Step 1.
- Have passed all required clerkships in the M3 year of their program by the time they begin their elective at WMed.
- Have completed the equivalent of any prerequisites listed for the desired course before actually participating in the elective experience.
- Be covered by personal health and malpractice insurance, and provide documentation of required immunizations.

Application process for Visiting Medical Students

Students may apply for visiting student status at any time by contacting seniorelectives.info@wmed.edu. Enrollment decisions for visiting students will be made following registration and the clerkship assignment period for WMed students. Please note: All paperwork must be submitted four weeks before the beginning of the elective experience.

There are no fees or tuition charged to visiting medical students.

If a student accepted for elective study at WMed must cancel participation in the course for any reason, the WMed contact should be notified in writing as soon as possible.

Approval

Gustavo Patino MD, PhD

Associate Dean for UME _____ Date: _____

Procedures

Additional Contacts

Forms

Related Information

History

Program Evaluation Procedure--UME 426/GSE 426

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last Update: 7/24/2023
Additional Details Contacts: Jeff Greene PhD, Director of Program Evaluation jeffrey.greene@wmed.edu	Responsible Office: Office of Educational Affairs Responsible person: Associate Dean for UME

LCME Standards

8.3, 8.4

Scope

MD and MS Degree Programs

Policy Statement

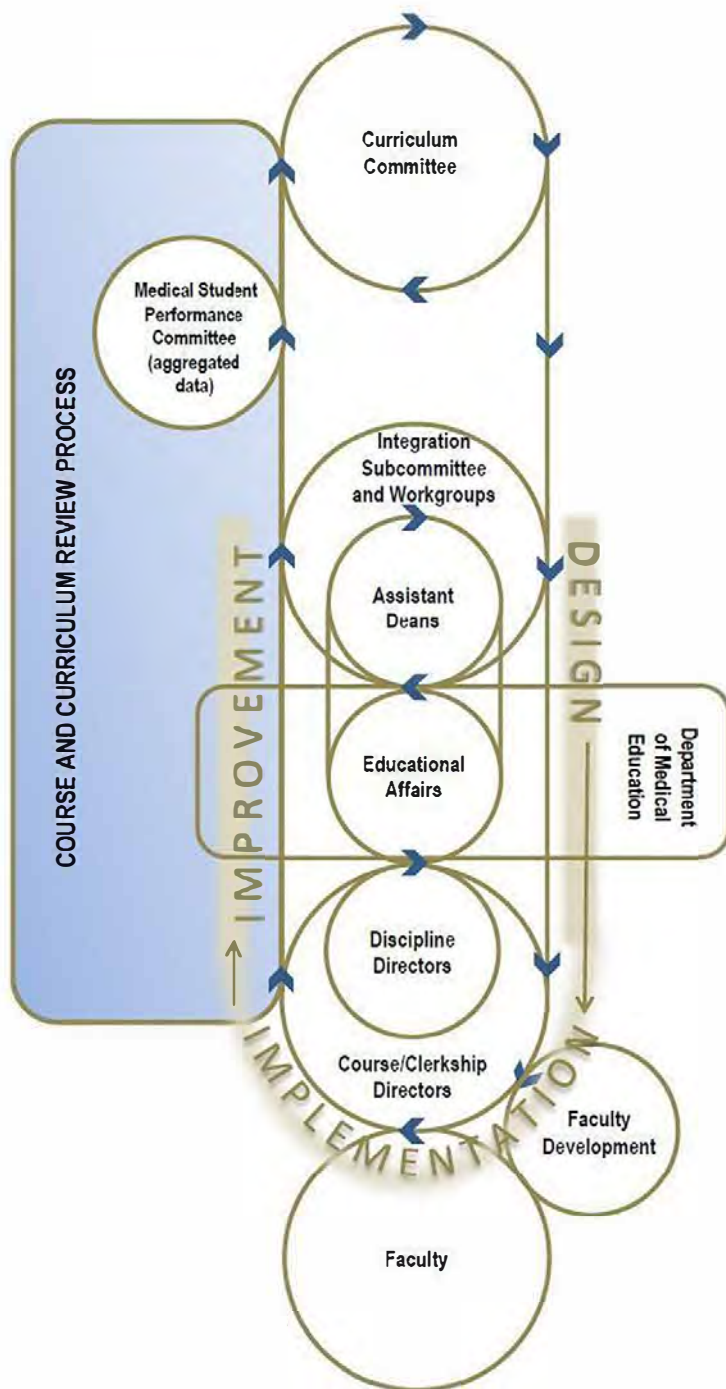
Program evaluation is an element of the continuous improvement process to refine and enhance the educational experience. Program evaluation is designed to ensure that the nature and quality of the curriculum: 1) enable student success in achieving the educational program objectives; and 2) meet the criteria stipulated for medical school and program accreditation (Figure 7).

Program evaluation follows a stratified design that elicits data from multiple sources at the course/clerkship level. The Curriculum Committee establishes the goals and focus of program evaluation. The curriculum competencies (UME 401) are used to determine the learning objectives of each event, which inform both the event learning activities and the associated assessments. Event learning objectives support the course objectives, which collectively support all 58 educational competencies across all eight domains. The design, execution, and reporting functions of evaluation are implemented through the department of Medical Education. Program evaluation is an intentional practice that is embedded in the daily activities of teaching and learning. As one of the medical school's primary stakeholder groups, students have a key role in the design and execution of program evaluation as well as in the interpretation of the evaluation data.

Intersection of Faculty Assessment and Program Evaluation

Faculty assessment is a distinct process to improve faculty expertise and effectiveness in teaching and occurs in parallel with curriculum and program evaluation. Student evaluations of teaching are included in the course/clerkship evaluation processes and also the Annual Curriculum Review. These data are also used to provide feedback to faculty and inform individual faculty performance evaluations. Both faculty assessment and program evaluation use student evaluation of instruction as a source of data, but while these processes share data collection instruments, they have distinctly different objectives.

Figure 7. Process for Curriculum Design, Implementation, and Continuing Improvement.



Course/Clerkship Evaluation Process for Individual Educational Experiences

The course/clerkship evaluation process for each of the required experiences in the curriculum starts with student course evaluations. Survey responses are anonymized so that ascription of student ratings and comments may not be determined from recorded materials. There are two written components of the evaluation: 1) the Course/Clerkship Evaluation Report, which is prepared by the Department of Medical Education and Educational Affairs; and 2) the Course/Clerkship Self-Study, which is prepared by the course or clerkship directors. The process used by the Curriculum Committee incorporates peer-review of the reports by two or three members of the Curriculum Committee or a curriculum subcommittee/workgroup who are not involved with the course or clerkship. They provide specific recommendations for improvement, as well as discussion at a full Curriculum Committee meeting with recommendations to the Curriculum Committee for further actions.

Evaluation at the conclusion of individual courses serves a near-term formative function that enables improvements at the event and course level. Such reports are also reviewed by the Curriculum Committee as part of the Annual Curriculum Review.

Student Course Evaluations

Each course is given once per year and is evaluated at the end of the yearly iteration. For clerkships, that are delivered multiple times throughout the year, data are aggregated from individual clerkship evaluations by students of all iterations of the clerkship over the preceding 12 months. Results from student evaluation surveys are used to frame the prompts for a student focus group for core and required advanced clerkship, and to provide input for the course self-study by each course director. Using this composite information, clerkship directors then perform an annual self-study of clinical teaching and student learning in the clerkship. Between annual reviews, individual clerkship iterations are evaluated by the clerkship director, assistant dean for Clinical Applications, and associate dean for UME using results from the student evaluation surveys to identify new or significant issues, with engagement of the Curriculum Committee as necessary.

An email is sent to all students at the conclusion of the course/clerkship with links to the course evaluation survey instrument. All students are assigned, and required, to submit a student evaluation that includes both objective assessments using a five-point Likert scale as well as open-ended narrative feedback. Submission of evaluations is tracked as an element of professionalism. Repeated failure by medical students to provide required evaluations in a timely manner is referred to the Professionalism Subcommittee of the Medical Student Performance Committee. All student course/clerkship evaluations must be completed no later than the Tuesday following the end of the course. Student evaluations are included in the Course/Clerkship Evaluation Report.

Course/Clerkship Evaluation Report

The Course/Clerkship Evaluation Report incorporates all available information including student event evaluations (if available), student course/clerkship evaluations, and aggregate learner performance results. Usually within one week following the end of the experience, a student focus group consisting of one student from each of the four learning communities meets first with a faculty member of the department of Medical Education, who then is joined by the course or clerkship directors to review the aggregated results of the evaluation surveys completed for the experience. The focus group provides narrative feedback on individual events as well as the overall course, which is intended to enrich the data obtained from the surveys and make the information more actionable.

Usually within two weeks following the end of the experience, which is usually within one week following the student focus group meeting, a summary course clerkship evaluation report is drafted by the faculty members of the department of Medical Education. Aggregate learner performance results are incorporated in the evaluation report with recommendations for improvement, or areas that require further review.

Course/clerkship directors and students who participated in the focus group confirm their agreement with the report, or submit an opinion outlining the areas of disagreement, and the course evaluation report is finalized. A copy of the evaluation report is shared with the associate dean for UME, assistant dean for Foundations of Medicine or assistant dean for Clinical Applications depending on the phase to which the course corresponds, and the Curriculum Committee (see below).

Course Self-Study

Within three weeks following the end of the course, course directors complete a course self-study.

Curriculum Committee Review

When completed, the course evaluation report and course self-study are submitted to the Curriculum Committee for review.

The Curriculum Committee reviews the course objectives, curriculum content, aggregated student course evaluations, aggregated student performance results, course evaluation report, and course self-study. The Curriculum Committee and workgroups provide feedback to the course directors and initiates whatever actions are appropriate related to the course based on the data.

Course evaluation reports and course self-studies, along with aggregated student performance results, are used also to inform the curriculum evaluation process to refine and enhance the educational experience.

Annual Curriculum Review

The Annual Curriculum Review is under the oversight of the associate dean for UME and the Curriculum Committee. The Curriculum Committee through the Integration Subcommittee conducts a rigorous and multidimensional annual review of the entire curriculum using three parallel processes for Foundations of Medicine, Clinical Applications, and courses with integrated curricula that span multiple terms. This review incorporates a credit audit by Educational Affairs staff and is the primary source of information for the Curriculum Committee. Changes to the curriculum following completion of the Annual Curriculum Review are implemented at the beginning of a curriculum cycle, which for core clerkships is generally 17 months (with the possibility of five months for minor changes), and for Foundations of Medicine is generally ten months. Major curriculum changes may require review and approval by the LCME.

Changes to the Curriculum

Medicine and health care are dynamic and ever changing. Components of the curriculum, course and clerkship structure and content, methods of instruction, methods of assessment, testing standards, grading, advancement requirements, and graduation requirements may change and be implemented as needed and approved by the Curriculum Committee and the dean.

Approval

Gustavo A. Patino, MD PhD

Associate Dean for UME

Curriculum Committee _____ Date: _____

Procedures

Additional Contacts

Forms

Related Information

History

Medical Student Performance Evaluation--UME 427

POLICY CONTENTS

Category: UME	Implementation: 5/1/2021 Last Update: 3/29/2024
Additional Details Contacts: Donna Miroslaw, registrar Donna.miroslaw@med.wmich.edu	Responsible Office: Office of Educational Affairs Responsible person: Associate Dean for UME

LCME Standards

Scope

MD Degree Program

Policy Statement

The Medical Student Performance Evaluation (MSPE) is an objective, written evaluative communication of the medical student's performance in medical school that is prepared for all students in good standing in their final year regardless of the student's residency application plans. It is a required component of the application to residency and becomes part of the permanent student record. Any attachments are also part of the MSPE and part of the permanent student record. ERAS generally releases the MSPE to residency programs around October 1 of each year.

The MSPE is prepared following AAMC guidelines ([Recommendations for Revising the Medical Student Performance Evaluation \(MSPE\)](#), AAMC, 2017.) The MSPE is a summary letter of evaluation that communicates student's personal attributes, experiences, and academic accomplishments during medical school and is based, to the greatest extent possible, on verifiable information and faculty summative assessments that are not further edited for content. There may be minor editing for length, redundancy, grammar, and spelling to enhance the readability of the MSPE without substantively affecting the objective assessment provided by the faculty.

The MSPE is not a letter of reference, recommendation, or support. The MSPE is only one component of a residency application, which includes also letters of reference, a personal statement, and interviews with the residency program. The final MSPE is part of the permanent student record.

The senior associate dean for Academic Affairs is responsible for the process for developing the MSPE and is charged with maintaining objectivity and ensuring that student performance reported in the MSPE aligns with the educational curriculum.

Each medical student must submit the information about their noteworthy characteristics and accomplishments for consideration for the MSPE that is requested by the registrar through the form or online survey by June 15 of their fourth year. The MSPE information from the student is used to develop the description of the student's noteworthy characteristics and significant activities and accomplishments, including those during medical school as well as during college prior to entering medical school. This proposed language is reviewed and used as appropriate to develop part of the MSPE. Information about accommodations, such as for testing, including requests for accommodations, is not reported in the MSPE.

MSPE Format and Content

Administrative annotations, such as stating the criteria for awarding the grade of Honors, or describing the grading of courses/clerkships, are shown below and also in the MSPE. Specific information about individual

elements is shown below in blue text, which does not appear in the MSPE.

The MSPE format is formulaic and includes the following five sections:

Identifying Information

- The medical student's legal name, and identifying the student as a fourth-year medical student at Western Michigan University Homer Stryker M.D. School of Medicine in Kalamazoo, Michigan.

Noteworthy Characteristics

- The medical student must submit information for consideration of up to three highlights of their most salient, noteworthy characteristics and accomplishments in a bulleted list, each of one to two sentences. This information should include:
 - o A description of significant accomplishments while at medical school including leadership roles and participation in student activities, membership and service on medical school committees, active citizenship and volunteer work, research, presentations, publications, commendations, and awards.
 - o A description of significant challenges or hardships encountered by the medical student during medical school.
 - o A description of significant accomplishments during college and prior to entering medical school.

Academic History

- Month and year of initial matriculation into medical school.
- Month and year of expected graduation from medical school.
- If applicable, information about the student's enrollment and anticipated graduation in a dual degree program.
- If applicable, an explanation based on medical school policies of any extensions, leaves of absence, gaps, and breaks in the student's educational program after matriculation to medical school.
- If applicable, an explanation based on medical school policies of any courses/clerkships that the student was required to repeat or otherwise remediate during medical school.
- If applicable, information about learning contracts regarding academic progress as provided by the Medical Student Performance Committee, whether for academic or non-academic reasons.
- If applicable, an explanation based on medical school policies of any adverse actions taken by the medical school.
- If applicable, results of any criminal background check that led to a learning contract, adverse action by the medical school, or legal action.

Academic Progress Professionalism

- A statement that the student has consistently demonstrated professionalism with conduct and behavior meeting professional standards as embodied by the Professionalism domain of the curriculum, Code of Professional Conduct, Educational Pledge, and Student Policy Manual.
- If applicable, information about commendations for exemplary professional behavior, and learning contracts or significant concerns regarding professionalism as provided by the Professionalism Subcommittee of the Medical Student Performance Committee.

Years One and Two (Foundations of Medicine)

- A summary statement that the student met all requirements of Foundations of Medicine, and comments from the biomedical sciences course directors about the student's academic performance and professional attributes in biomedical sciences courses. Courses in Foundations of Medicine are graded Pass/Fail. If applicable: This student's performance in the biomedical science courses during Foundations of Medicine was in the top 50%/25%/10% of the class.

Clinical Skills Training (Foundations of Medicine)

- A summary statement that the student met all requirements for clinical skills training during Foundations of Medicine, and comments from the Advisors about the student's performance and professional attributes in clinical skills. During Foundations of Medicine, students complete four Profession of Medicine courses that include in-depth clinical skills training by a small cohort of faculty Clinical Skills Scholars.

Core Clerkships (of Clinical Applications) (with clerkships listed in chronological order)

- Core clerkships in Clinical Applications are graded as Honors, High Pass, Pass, Fail-Pass, and Fail based on Clinical Performance Assessment, summative written examination ("shelf exam"), and OSCE.
- For each of the six core clerkships, listed in the student's chronological order, a summary of the student's academic performance in the clerkship and professional attributes, based on faculty summative assessments, accompanied by a bar graph showing the distribution of grades for the clerkship for the entire medical school class and the grade placement of the student in the clerkship.
- Grade component performance and NBME subject exam percentile are displayed.

Advanced Clerkships (of Clinical Applications) (if requested by the student, with clerkships listed in chronological order)

- Clerkships in year 4, during Clinical Applications, are graded Pass/Fail unless otherwise noted. If applicable, for each advanced clerkship completed through September 1, listed in chronological order, a summary of the student's academic performance in the clerkship and professional attributes, based on faculty summative assessments.
- If applicable, notations are added for Advanced Emergency Medicine and Advanced Orthopaedic Surgery: Advanced Emergency Medicine and Advanced Orthopaedic Surgery are graded Honors, Pass, Fail-Pass, and Fail based on Clinical Performance Assessment and summative written examination.

Academic Distinction (only for those students who have earned this distinction)

- Example for Global and Public Health Distinction: The student is on track to meet the requirements for the Global and Public Health Distinction, which is a longitudinal curriculum focused on health equity, cultural competence, and community service. The requirements, which can vary in content and nature for each student, include completion of designated activities across a broad range of global and public health foundational areas along with focused interests, and include delivering a significant contribution to the discipline of global and/or public health through an individual project.

Summary

- The student is advancing as expected to fulfill all graduation requirements across the 58 curriculum competencies and 13 EPAs.
- A summative narrative performance assessment commenting on individual strengths and qualities as a candidate for residency training.

Updated MSPEs

Information about clerkships that are completed after the initial MSPE is released through ERAS to residency programs, around October 1, may be released to ERAS as an updated MSPE upon request of the student or the Medical Student Performance Committee. Updated MSPEs, including final MSPEs just prior to graduation, are released through ERAS to residency programs generally at intervals established by the senior associate dean for Academic Affairs, generally December 1 and February 1. The final MSPE just prior to graduation is part of the permanent student record.

Reviewing a Draft of the MSPE

All medical students are provided with the opportunity to review a draft of their MSPE before it is finalized and transmitted through ERAS to residency programs. Students are expected to review their MSPE and provide information to correct factual inaccuracies in a timely manner. Students may provide suggestions for grammar, syntax, and verb agreement, but may not provide material changes to content, grades, evaluation comments, or the summary of evaluation comments. All changes and the final content of the MSPE are at the discretion of the senior associate dean for Academic Affairs.

Approval

Gustavo A. Patino, MD PhD

Associate Dean for UME _____ Date: _____

Procedures

Additional Contacts

Forms

Related Information

History

Dual Degree Programs--UME 428

POLICY CONTENTS

Category: UME	Implementation: 5/1/2021 Last Update: 4/1/2024
Additional Details Contacts: Gustavo A. Patino, MD PhD gustavo.patino@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for UME

LCME Standards

Scope

MD Degree Program

Policy Statement

The medical school provides established opportunities for dual Doctor of Medicine - Doctor of Philosophy degrees with the PhD degree from either WMU or Van Andel Institute of Graduate Studies, and dual Doctor of Medicine - Master of Business Administration degrees with WMU Haworth College of Business. Other dual-degree programs may be approved on an individual basis.

Students may be accepted into a dual-degree program at the time of admission to the medical school or may be accepted after matriculation in the MD degree program. All students must have a plan for completing both degrees that is approved by the associate dean for Student Affairs and the associate dean for UME, and, if applicable, the affiliated institution. The Medical Student Performance Committee responsibility for monitoring performance – academic progress as well as professional and personal conduct – continues while the student is primarily at another institution for the second degree. The Medical Student Performance Committee must approve the transition of the student from the MD curriculum to the second degree curriculum, and also the transition for re-entry to the MD curriculum. The Medical Student Performance Committee may stipulate additional requirements prior to transition to the second degree curriculum, prior to re-entry into the MD curriculum, or at any other time to facilitate student success. Students in dual-degree programs take a leave of absence from the medical school while enrolled as a degree-seeking student at the other participating institution. Students in dual-degree programs on leaves of absence continue at all times to be subject to all medical school policies, including the Code of Professional Conduct and the requirement to provide notice of adverse actions within five working days of the action. Students in dual-degree programs on leaves of absence from the medical school are strongly encouraged to maintain, throughout the entire leave, health insurance that provides coverage for preventive, diagnostic, therapeutic, and mental health services.

Approval

Gustavo A. Patino, MD PhD

Associate Dean for

UME _____ Date: _____

Procedures

Additional Contacts

Forms

Related Information

History

Academic Distinctions—UME 429

POLICY CONTENTS

Category: UME	Implementation: 5/1/2021 Last Update: 7/24/2023
Additional Details Contacts: Gustavo Patino MD, PhD Gustavo.patino@wmed.edu	Responsible Office: Office of Educational Affairs Responsible person: Associate Dean for UME

LCME Standards

Scope

MD Degree Program

Policy Statement

Medical students have the opportunity to participate in designated areas beyond the requirements of the curriculum, creating an enhanced focus for students with an interest in a designated area. The additional experiences are structured to extend knowledge and understanding by providing concentrated opportunities for exploration. Students who successfully complete all of the additional requirements for a designated area earn the designation of distinction in that area.

Areas of distinction are designed to align a longitudinal curricular bundle of experiences that may include specific courses either at the medical school or outside of the medical school, service projects, research activities, and participation in specific events and activities. Medical student participation in areas of distinction is a privilege that is optional and not required for advancement or graduation. Students must be currently enrolled (e.g., not on a leave of absence) and, in order not to distract the student from academic success, must not have any learning contracts in place in order to be eligible to formally participate and achieve distinction.

Specific requirements for achieving distinction in focused areas of the curriculum, the application process, and the application deadline to formally participate are available on the student portal.

Approval

MD Curriculum Committee _____ Date: _____

Procedures

Additional Contacts

Forms

Related Information

History

Letters of Reference—UME 430

POLICY CONTENTS

Category: UME	Implementation: 5/1/2021 Last Update: 6/17/2023
Additional Details Contacts: Maria Sheakley, PhD Maria.sheakley@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

LCME Standards

Scope

MD Degree Program

Policy Statement

Current and former medical students may request letters of reference (sometimes called letters of recommendation or letters of support) from faculty and other individuals associated with the medical school, though faculty and other individuals are not required to provide letters of reference.

Letters of reference for current and former medical students may be subject to FERPA regulations. Letters of reference from faculty and other individuals associated with the medical school that are for current and former medical students require a signed release from the current or former student using the Request for Letter of Reference form, which is available on the student portal or from Student Affairs, or an equivalent form such as the AAMC ERAS Letter of Recommendation Portal.

Faculty and other individuals associated with the medical school who provide a letter of reference for a current or former medical student must ensure that Student Affairs has a valid signed release from the individual before providing a letter of reference that assesses student performance in courses/clerkships or refers to or incorporates information from any setting that is otherwise confidential including committee meetings, disciplinary hearings, and other instances.

By signing a release to waive the right to review the letter of reference, the individual waives all access to the letter of reference and any right or interest in confidentiality, including that which may arise under FERPA as well as for information from any setting that is otherwise confidential including committee meetings, disciplinary hearings, and other instances. Failure by an individual to waive confidentiality may limit or preclude the ability of faculty and other individuals associated with the medical school to provide letters of reference.

Faculty and other individuals associated with the medical school must also provide the registrar with copies of the signed release from the current or former medical student and the signed letter of reference.

Approval

Maria Sheakley, PhD

Associate Dean for Student Affairs _____ Date: _____

Procedures

Additional Contacts

Forms

Related Information

History

Withdrawal—UME 431/ GSE 431

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last Update: 6/17/2023
Additional Details Contacts: Maria Sheakley, PhD maria.sheakley@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

LCME Standards

Scope

MD and MS Degree Programs

Policy Statement

Official Withdrawal

Students may officially withdraw from their program by providing notification in writing of the reason to the associate dean for Student Affairs. Students approved for official withdrawal may be eligible for full or partial tuition refund, receive a non-credit grade of withdrawal for all courses/clerkships in which currently enrolled, and are eligible to apply for readmission, which is not assured. If the student is readmitted, the medical school, at the discretion of the associate dean for UME, may require repeating any or all courses/clerkships, including courses/clerkships completed before official withdrawal.

Tuition for terms in which withdrawal is approved is reviewed in accordance with the tuition refund schedule. There is no refund of tuition for official withdrawal after the deadline as stated in the tuition refund schedule unless there are exceptional circumstances as determined at the discretion of the associate dean for Student Affairs. No credit is earned for the term if any or all tuition for the term is refunded.

Unofficial Withdrawal

Students who withdraw from school without prior written approval of the associate dean for Student Affairs, including students with unexcused absences from all scheduled events for five successive days (during any term that have scheduled events for the student on those days) are deemed to have unofficially withdrawn. These students are not entitled to any refund of tuition, receive a non-credit grade of fail in all courses/clerkships in which currently enrolled, and are not entitled to apply for readmission.

Approval

Maria Sheakley

Associate Dean for Student Affairs _____ Date: _____

Procedures

Additional Contacts

Forms

Related Information

History

Computer and Web-based Examination Standards – UME 432/GSE 432

Category: GSE	Implementation: 5/1/2021 Last update: 09/01/2022
Additional Details: Contacts: Michael Busha MD, MBA, FAAFP Mike.busha@wmed.edu	Responsible Office: Educational Affairs Responsible person: Senior Associate Dean for Academic Affairs

For computer-based summative exams and web-based clinical subject exams students must bring their own laptop. Loaner laptops are available from the library, but availability is not assured. If sufficient loaner laptops are not available, students who do not bring their own laptop or whose laptop has an unauthorized operating system or software may be rescheduled to take the examination later that day or on another day using a loaner laptop. Please note, if you have a library laptop checked out, please ensure the correct software is on the system prior to your scheduled examination.

Unauthorized items may not be brought into the examination room. Unauthorized items include but are not limited to:

- Cell phones, watches and smartwatches, pagers, tablet PCs, iPods, Media players, any device with transmitting or receiving capabilities (e.g., Bluetooth)
- Outerwear, such as coats, jackets, headwear (hoods and all types of hats), gloves
- Book bags, backpacks, handbags, briefcases, or wallets
- Books, pens/pencils, calculators, notes, written materials, or scratch paper
- Food, candy, gum, or beverages are not permitted in the examination room
- Formulas, study materials, notes, or papers
- Please leave water, a snack, or medications outside of the examination room
- Do NOT remove materials in any form (i.e.: written, printed, recorded) from the examination room.

All personal items are subject to inspection and may be prohibited in the examination room.

Students desiring noise reduction may bring and use soft-foam earplugs, which must be removed from the packaging and available for inspection by proctoring staff.

Once the student begins an examination, the score is recorded: 1) at the end of the scheduled time regardless of whether the student feels they have had sufficient time to complete the examination; 2) if the student leaves the examination room other than for an approved restroom visit or break; or 3) the student terminates the test for any reason.

In-Person Examination Seating Standards

For in-person computer-based summative exams and web-based clinical subject exams (NBMEs), examinees are positioned such that examinees can neither communicate nor observe the computer monitor of other examinees. Examinees all face forward with privacy dividers. Alternatively, examinees all face forward with a minimum four-foot separate between each examinee, both side-to-side and back-to-back. For tables eight feet or more in length, two examinees can be seated at a table, one examinee toward each end. For tables less than eight feet in length, one examinee is seated at each table near the center. This examinee positioning is used both for rooms with level and elevated seating

When used for examinations, rooms must use normal room lighting, and proctors must be continuously present in the room and must have an unobstructed, well-lit view of the student and their entire examination area, and unimpeded access to every examinee.

Medical school test seating standards meet the requirements of the National Board of Medical Examiners (NBME) for web-based testing.

Remote/Virtually Proctored Examination Standards

For remote/virtually proctored examinations, students are required to keep their examination environment as close to the on-campus environment as possible.

For remote/virtually proctored examinations, students should ensure they have:

- Stable internet connection
- A secondary device (phone, tablet, laptop – depending on exam type)
- Quiet environment with minimal distractions (Construction, roommates, pets, etc.)
- No visible notes, books, study materials, etc.

Students should clear the space around their area, except for blank paper, a writing utensil, and/or a USMLE lab values sheet

Students will receive additional instructions from staff prior to their examination day.

Conflict of Interest and Commitment - UME 501/GSE 501/GEN 04

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last update: 6/1/2023
Additional Details Contacts: Michael Busha MD, MBA, FAAFP Mike.busha@wmed.edu	Responsible Office: Office of Educational Affairs Responsible person: Senior Associate Dean for Academic Affairs

LCME Standards

Scope

MS Degree Programs

Policy Statement

[Conflict of Interest Policy](#)

[Conflict of Interest Disclosure](#)

Fiscal and Academic Year, School Days, Working Days and Holidays--UME 502/GSE 502

Content Information

Category UME/GSE	Implementation: 5/1/2021 Last update: 3/5/2024
Additional Details: Contacts: WMed Registrar Registrar@wmed.edu	Responsible Office: Office of Educational Affairs Responsible person: Associate Dean for UME

LCME Standards

Content

Fiscal Year and Academic Year

The medical school operates on a fiscal year of July 1 through June 30. This is also the award year for federal financial aid. Many of the academic programs of the medical school, including the residency programs, also operate on an academic year from July 1 through June 30.

MD Program

The academic year for the MD degree program is defined each year based on the following dates:

- First-year (approximately 12 calendar months, 11 months for financial projections): First day of the Transition to Medical School course through the last day of the Pulmonary System course.
- Second-year (approximately 11 calendar months, 11 months for financial projections): First day of the Renal and Genitourinary course through the last day of the second core clerkship.
- Third-year (approximately 12 calendar months, 12 months for financial projections): First day of the third core clerkship through the last day of the first four-week block that may be used for an advanced clerkship or advanced elective.
- Fourth-year (approximately 12 calendar months, 12 months for financial projections): First day of the first four-week block that may be used for an advanced clerkship or advanced elective through the final day of the Transition to Residency course.

Master's Degree in Biomedical Sciences

The academic year for the MS degree in Biomedical Sciences program, which is generally July through May, is defined as the first day of TRAN 6700 through the last day of MEDU 6802.

School Days and Working Days

For student policies, school days and working days are defined as weekdays, whether classes are scheduled for an individual student or class, and excluding the observed holidays for which the medical school is closed.

Observed Holidays

The medical school formally recognizes and observes federal holidays including: New Year's Day; Martin Luther King, Jr. Day; Memorial Day; Independence Day; Labor Day; Thanksgiving Day, including Friday for Thanksgiving observance; Christmas Eve (close at noon); Christmas Day; and New Year's Eve (close at noon) (Table 19). The curriculum has scheduled breaks for all students that accommodates six of these holidays. For the remaining four holidays, student course events are not held; during Clinical Applications portion of the curriculum, medical students are required to participate in clerkships based on the schedule specific for the clinical site where they are assigned.

During clinical experiences in Clinical Applications, it is important for medical students to model the lifestyle and professionalism of the clinicians caring for all patients and at all times. This is part of the

educational process. Learning to care for patients means accepting professional responsibility, making personal sacrifices of time, and showing dedication, compassion, and integrity. While all students' customs and practices are respected, medical education includes clinical activities on weekends and holidays. Students on clinical activities participate on weekends and holidays based on the schedule of the activities at the sites to which they are assigned.

Procedures

If applicable

Additional Contacts

1. Derik Reding-Office of Financial Aid

Approval

Gustavo Patino, MD, PhD
Associate Dean for Undergraduate Medical Education

Student Conduct and Background Checks--UME 503/GSE 503

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last update: 2/15/2024
Additional Details: Contacts: Maria Sheakley, PhD Maria.sheakley@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Assoc Dean for Student Affairs

LCME Standards

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Scope

MD and MS degree programs

Policy Statement

Student Conduct

All Western Michigan University Homer Stryker M.D. School of Medicine faculty (including employed, contracted, clinical, research, community, adjunct, and emeriti faculty), residents, fellows, students including matriculating students who have accepted an offer of admission, and staff are expected to conduct themselves in accordance with the high ethical and professional standards expected of physicians, educators, and healthcare professionals. Physicians, and medical students after graduation, are licensed to practice medicine and assume responsibilities for the life and welfare of other human beings. Each individual participating in clinical care, education, research, and service must demonstrate competence and behaviors consistent with their responsibilities.

The medical school Code of Professional Conduct (medical school policy GEN01) is found with all medical school policies accessible to students, faculty, and staff, and is also on the medical school website for all student, faculty, staff, and employee and student applicants.

All students are required to: acknowledge and agree to abide all medical school policies; conduct themselves in accordance with the medical school Code of Professional Conduct (medical school policy GEN01), which states professional standards and proscribed conduct, and the Educational Pledge; personify the values of the medical school; demonstrate institutional citizenship working collaboratively and effectively with the faculty and other learners to facilitate meeting the mission of the medical school; and model behaviors that create an environment enriched by diversity.

The medical school graduates only those students who are deserving of the public's trust. The medical school has the right to sever at any time the relationship it has with any faculty, student, employee, or associate determined, after appropriate due process, to be unfit for a career in medicine or medical education.

The Medical and Graduate Student Performance Committees are responsible for oversight of the performance and progress of students, and generally manage student misbehavior, especially if related to curricular activities and professional behavior. In this role, the committee is responsible for overseeing policies regarding requirements for advancement and graduation. The Medical and Graduate Student

Performance Committee purview includes isolated instances of student misbehavior that are not sufficiently serious that they could warrant dismissal. However, the Medical and Graduate Student Performance Committees may take any action up to and including dismissal for failure to comply with corrective actions and remediation steps such as may be implemented through a learning contract, including failure to resolve academic and/or behavioral deficiencies that leads to a pattern of student misbehavior. Misconduct that is sufficiently serious that it could warrant dismissal, at the discretion of the associate dean for UME, is generally managed through the misconduct process.

Criminal Background Check

For many healthcare roles, including being licensed by a state as a physician, obtaining hospital privileges as a physician, or being employed by a healthcare provider, an individual must meet certain standards regarding their history of criminal activities. The medical school employs similar standards as part of the criteria in selecting students and making admissions determinations, and in decisions regarding student advancement and graduation. The criminal background check includes information about misdemeanors and felonies, and all convictions and conviction-equivalent adjudications, arrests regardless of final adjudication (including not guilty, nolo contendere or no contest, dismissals, and similar outcomes), and arrests without final adjudication.

Background checks are necessary to:

- Ascertain the eligibility of accepted applicants and enrolled medical students to meet some of the criteria that are required to eventually become licensed as physicians.
- Bolster the public's trust in the medical profession.
- Enhance the safety and welfare of patients, peers, and employees of the medical school and affiliates.
- Minimize the liability of the medical school and affiliated clinical facilities.

The following are examples of the information that may be required and reviewed by the medical school as part of the criminal background check:

- Social Security Number Search: A search of credit report header data to help confirm the applicant's identifying information such as name, aliases, addresses, and Social Security Number and to determine areas of prior residence.
- County Criminal Records Searches: A direct search of county courthouse records for any felony or misdemeanor criminal history. All records are researched to help ensure positive identification and complete, easy-to-read details.
- Statewide Criminal Records Search: A search conducted through statewide criminal records repositories or court systems for any felony or misdemeanor criminal history.
- Federal Criminal Records Search: A direct search of federal courthouse records for any felony or misdemeanor criminal history. All records are researched to help ensure positive identification and complete, easy-to-read details.
- National Criminal Database Search: A multi-jurisdiction private database search covering more than 194 million criminal records collected from across the country. While the database does not contain information from all states, it supplements county, statewide and federal criminal searches. To ensure compliance with the Fair Credit Reporting Act (FCRA), all database findings are verified directly through the source of information to ensure that records reported are current and up-to-date.
- National Sexual Offender Database Search: A search of a national private database that contains sex offender data collected from across the country. All records are researched to help ensure positive identification.

- U.S. Department of Health and Human Services Office of Inspector General List of Excluded Individuals/Entities Search: A search of the U.S. Department of Health and Human Services Office of Inspector General List of Excluded Individuals/Entities (LEIE), a database that provides information to the public, health care providers, patients, and others relating to parties excluded from participation in Medicare, Medicaid, and all Federal health care programs.
- Search for Dishonorable Discharge from the Armed Forces: Military records are verified through either telephone interviews with the subject's former commander or by obtaining the applicant's DD-214 form. Verification generally includes subject's name, Service Number, rank, dates of service, awards and decorations, and place of entrance and separation.
- International Screening: International criminal records searches are generally performed by facilitating the applicant in obtaining an official Police Clearance or Police Certificate from a specific country. In those countries that have established third-party criminal records search facilities, including Canada and Great Britain, searches are obtained directly through those channels.
- Fingerprint check: A search of the Integrated Automated Fingerprint Identification System, which is the central database of fingerprints and arrest data managed by the Federal Bureau of Investigation.

All criminal background check information is deemed confidential. Confidentiality of criminal background check information is maintained in a manner consistent with FERPA guidelines by storing these results and supporting documentation separately from students' permanent files. The office of Admissions is responsible for storing criminal background check information for applicants, and the office of Student Affairs is responsible for storing criminal background check information for students. Criminal background check information may be shared with the Medical Student Admissions Committee, Medical and Graduate Student Performance Committees, medical school administration, and others on a need-to-know basis.

Prior to Matriculation

All applicants who are offered admission to the MD degree program undergo a criminal background check conducted by a service selected by the AAMC as part of the AMCAS application process. Applicants receive the results of the background check to ensure accuracy and to initiate an appeal, if needed. The background search is conducted using social security number, areas of prior residence (on county-wide, state-wide and national levels), and sex offender databases. The background check seeks conviction information for all criminal felonies and misdemeanors committed as an adult, as well as for all unresolved offenses and arrests. The background check does not encompass offenses committed as a juvenile with the exception of those offenses for which the juvenile was deemed an adult.

Admissions decisions by the medical school are made prior to and without regard to the background check results. Once an applicant is offered acceptance to the MD degree program, which is conditional pending the results of the criminal background check as well as fulfilling other requirements, the results of the criminal background check are provided by AAMC to the office of Admissions. The assistant dean for Admissions and the chair of the Medical Student Admissions Committee review the criminal background checks when information is deemed inaccurate or shows a recent offense not self-reported on the applicants AMCAS application. In cases where new criminal activity appears in the background check, the applicant is asked to submit a written response to the director of Admissions within 10 working days of notification.

For all criminal convictions and adjudications, consideration is given to: the nature and seriousness of the offense and potential future risk to others; the age of the individual when the offense was committed;

whether the offense was an isolated incident or part of a pattern; the period of time that has elapsed since the offense was committed; the impact to prohibit the individual from obtaining a medical license in the future; and especially the potential jeopardy to patient care and welfare. The assistant dean for Admissions and chair of the Medical Student Admissions Committee may request further information and consult with others in the medical school as needed, and make a final determination to accept the student without condition, accept the application with conditions, or rescind the offer of admission. If the background check reveals that inaccurate, misleading, or incomplete information was submitted by the applicant during the application process, that the applicant would not be permitted to participate in any portion of the curriculum, or that the results are deemed to be unacceptable, at the discretion of the chair of the Medical Student Admissions Committee, the offer of admission is rescinded.

The criminal background check information obtained during the application process is maintained in the office of Admissions and does not become part of the permanent student record. These results are not forwarded to future employers or residency programs. Students should retain their own copies of the admission background check for such purposes.

After Matriculation

Additional criminal background checks of students may be performed at any time by affiliates as a condition for participation with the affiliate and may be required at any time by the medical school including but not limited to when required by law, if the student exhibits unprofessional behavior, or if criminal behavior is suspected of a student. Upon receiving notification from an affiliate that a student has criminal background check information that is not acceptable, the medical school requires the student to undergo an additional criminal background check at the student's expense with results reported directly to the medical school.

Failure of a student to fully comply with the medical school to obtain a criminal background check results in dismissal from medical school. If the criminal background check reveals that inaccurate, misleading, or incomplete information was submitted by the student during the application process or to the medical school after matriculation, the student is referred to the Medical or Graduate Student Performance Committee or to the associate dean for UME to manage as a case of possible student misconduct.

The associate dean for Student Affairs reviews the criminal background check information and, as needed, presents the information to the Medical or Graduate Student Performance Committee for action, which may include a learning contract and sanctions, up to and including dismissal from medical school. The information may also be provided to the associate dean for UME for review through the student misconduct process. Criminal background check information is included in decisions regarding student advancement and graduation. If criminal background check information leads to a learning contract or sanctions by the medical school or legal action, the information and action may be included in the MSPE.

Approval

Maria Sheakley, PhD

Associate Dean for Student Affairs _____ Date: _____

Additional Contacts

Related Information

GEN01 - Code of Professional Conduct

Student Misconduct--UME 504/GSE 504

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last update: 2/15/2024
Additional Details: Contacts: Gustavo Patino MD, PhD Gustavo.patino@wmed.edu	Responsible Office: Office of UME Responsible person: Associate Dean for UME

LCME Standards

1.2

Scope

MD and MS degree programs

Policy Statement

Should a student's conduct not meet the high ethical and professional standards expected of physicians, including violation of the Student Policy Manual or other medical school policies, in most instances the student is given the opportunity to correct such conduct under the guidance and mentoring of the faculty and the Medical or Graduate Student Performance Committee. Serious student misconduct that does not involve research misconduct or sexual misconduct, and that could warrant a formal reprimand, probation, or dismissal, at the discretion of associate dean for UME, is generally managed through the student misconduct process.

The medical school is committed to taking appropriate and diligent steps outlined in this Student Policy Manual and with due regard for other applicable policies in response to allegations of student misconduct to:

- Protect the safety and well-being of patients, learners, and the community.
- Facilitate thorough, competent, objective, fair, and timely response to allegations of wrongdoing and misconduct.
- Protect or restore the reputations of persons who in good faith make allegations and persons who provide information or serve in any capacity in furtherance of this policy.
- Protect or restore the reputations of students when allegations are not confirmed.
- Protect the privacy and confidentiality of persons making allegations and all others.
- Provide students with adequate notice and opportunity for comment.
- Secure the service of persons with the necessary and appropriate expertise to participate in the implementation of relevant portions of this policy.
- Avoid real and perceived conflicts of interest on the part of any person providing such service.
- Take actions appropriate to each case, including, where applicable, making reports required under relevant law.

Notwithstanding any provision of this policy or the Student Policy Manual, in the event of an allegation of serious student misconduct, nothing in this policy or the Student Policy Manual shall preclude the associate dean for UME from taking immediate action at any time to suspend or place restrictions on a student's continued participation in any or all activities at the medical school when such action is deemed, at the discretion of the associate dean for UME, to be: (1) appropriate and in the best interests of patients, other students, faculty, the medical school, or academic integrity; or (2) necessary to comply with directives from law enforcement authorities or order from a court of competent jurisdiction.

The associate dean for UME shall recuse himself/herself if there is a significant conflict of interest that is identified at any step in this process. Under such circumstances, the dean shall designate an individual to manage the misconduct process. The dean shall recuse himself/herself if there is a significant conflict of interest. Under such circumstances, the board of directors shall designate an individual to manage the

misconduct process.

Misconduct and Violation of Law

The medical school may institute and conduct independent proceedings against any student charged with violation of a law that also constitutes misconduct or a violation of school policies. Proceedings of the medical school may be carried out prior to, simultaneous with, or following civil or criminal proceedings.

Determinations made or sanctions imposed under the Student Policy Manual, Code of Professional Conduct, and school policies shall not be subject to change because criminal charges arising out of the same facts giving rise to violation of medical school policies were dismissed, reduced, or resolved in favor or against the criminal law defendant.

If a student is charged only with an off-campus violation of federal, state, or local laws, but not with any other violation of medical school policies, actions for misconduct may be taken and sanctions imposed. In such cases, no sanction may be imposed until the student is found guilty in a court of law, declines to contest such charges whether or not admitting guilt (e.g., a “no contest” or *nolo contendere* plea), or a conviction result from plea bargaining that is accepted by the court.

When federal, state, or local authorities charge an individual with a violation of law, the medical school will not request or agree to special consideration for that individual. If the alleged offense is also being processed through the medical school, the medical school may advise off-campus authorities of the existence of the Student Policy Manual, Code of Professional Conduct, and all relevant medical school policies, including the procedures for due process of how such matters are handled internally within the medical school.

The medical school is committed to cooperating fully with law enforcement and other agencies in the enforcement of violations of criminal law.

Misconduct by students in research and scholarly activities conducted at, under the auspices of, or using the services or resources of the medical school is managed under policy RES04, *Misconduct in Research and Scholarly Activities*. Sexual misconduct by students is managed under medical school policy GEN10, *Sexual and Gender-Based Harassment and Violence, Intimate Partner Violence, and Stalking*. Sexual misconduct is defined as sexual discrimination or harassment (e.g., on the basis of gender identity or sexual orientation), sexual assault, sexual exploitation, rape including acquaintance rape, dating violence, intimate partner violence, domestic violence, and stalking. The final report of the procedure described in RES04 and GEN10 that finds unacceptable action or behavior is accepted as a misconduct finding and as the Investigation Committee Report by the Investigation Committee, which then determines the sanctions. Faculty play a key role in all student misconduct processes – research, sexual, and other – to stipulate the sanctions and participate in the appeal process.

Allegation

Any member of the medical school community may provide information (the “allegation”) to the associate dean for UME regarding alleged violation(s) by a student of the medical school Code of Professional Conduct, Student Policy Manual, or a medical school policy. The information should include sufficient detail to allow for adequate assessment of the allegation(s) such as identification of the person(s) engaged in such conduct and the names of witnesses and corroborators, if any. The person or persons (the “reporter”) submitting the allegation should be identified. However, anonymous allegations shall not be rejected as long as they contain sufficient information to permit an objective inquiry into the allegations.

Initial Inquiry

The associate dean for UME makes an initial inquiry, with the support of Academic Advising and Educational Affairs, to determine whether the allegation has merit and is sufficiently credible and specific so that potential evidence of misconduct might be identified through an investigation, or if the allegations are frivolous, maliciously false, or otherwise do not warrant further inquiry or action. The associate dean for UME may determine that the circumstances do not warrant further investigation and can be resolved

administratively with no subsequent proceedings. In making such a determination, the associate dean for UME may, but is not required to, consult with any other person who may assist in the initial inquiry.

If the associate dean for UME determines that the allegation is frivolous, false, or otherwise does not warrant further investigation or action, this determination generally is communicated to the student and reporter, if known, and such other persons or entities as the associate dean for UME determines appropriate under the circumstances. If the associate dean for UME determines that the allegation was maliciously false and not provided in good faith, the associate dean for UME initiates appropriate action, which may include a finding of misconduct against the reporter.

Investigation

Within 10 working days of the determination by the associate dean for UME that an investigation is warranted, the associate dean for UME shall:

- Appoint an Investigation Committee comprised of three or more people with appropriate background for evaluating the report. Investigation Committee members must recuse themselves from involvement in the investigation if they have provided the student with sensitive health, psychiatric, or psychological care, including as determined solely by the student, or otherwise have a conflict of interest related to the student, as determined by the associate dean for UME.
- One member shall be appointed as chair of the Investigation Committee.
- Within a reasonable amount of time after determining that an investigation is warranted but before the investigation begins, provide written notice to the student that the investigation will proceed.
- To the extent not already done, take reasonable and practical steps to obtain custody of the relevant records and any other evidence that reasonably may be relevant to the investigation and maintain them in a secure manner.

The Investigation Committee shall operate according to the following guidelines:

- The Investigation Committee meetings are closed meetings.
- All procedural determinations are subject to the final decision of the chair of the Investigation Committee.
- The investigation shall begin within 20 working days after the associate dean for UME determines that an investigation is warranted.
- The Investigation Committee will use best efforts to complete the investigation and submit its Investigation Committee Report no later than 30 working days after appointment of the Investigation Committee. If the Investigation Committee believes that the circumstances warrant an extension, it must submit a written request to the associate dean for UME for an extension before the expiration of the 30-day period, stating the reasons why additional time is necessary. The associate dean for UME may accept or reject the request. In the event of an extension, the associate dean for UME will state the period of extension and may require one or more written periodic reports from the Investigation Committee of the progress of the investigation.
- The Investigation Committee shall examine all pertinent information including data and documentation, publications, written and email correspondence, memoranda of telephone calls, and any written comments received from the student or others.
- The Investigation Committee should interview the reporter, corroborators, witnesses, and any other persons who may have information relevant to the allegations in the report including, to the extent reasonable and practical, witnesses identified by the student.
- The Investigation Committee should interview the student. The failure of the student to appear before the Investigation Committee shall not preclude the hearing process from proceeding.
- Throughout the process, only if the allegation involves alleged conduct that could constitute a crime, the student and reporter have the option to have one other individual (who may be legal counsel) accompany them to act as an advisor who may be present at any meeting or interview related to the investigation or a subsequent disciplinary proceeding. However, the student or reporter must answer questions directly. The advisor may not provide statements or answer questions. The advisor is a silent and non-participating presence who is there solely to observe

and provide support to the student or reporter during the investigative process. The student or reporter may, however, request to speak privately with their advisor privately in a nearby room. The student, reporter, and advisor (if permitted to attend) may not take photographs or make audio or video recordings. Prior to participating in any meeting, the advisor is required to meet with a medical school administrator for an orientation to relevant medical school policies and procedures, privacy protections, and expected participation and decorum. The advisor may not be a fact witness or otherwise have any conflicting role in the process.

- At the discretion of the Investigation Committee, one or more persons interviewed may be given a copy of any summaries made of the respective interviews and may be given an opportunity to provide comments or revisions, which shall be included with the record. In the event portions of records or other evidence are provided or made available to the student or others pursuant to this policy, all reasonable and practical efforts shall be made to remove the names of and identifying information concerning individuals who made the report, who provided information to the Investigation Committee, or who otherwise provided information or documents concerning these proceedings unless otherwise deemed appropriate by the associate dean for UME. Access to such records and other evidence shall be in a supervised setting, and no copying of materials is permitted.
- The Investigation Committee shall document its findings and conclusions, based on a preponderance of the evidence, in a written report (the “Investigation Committee Report”). The Investigation Committee Report should incorporate comments verbatim provided by or on behalf of the student as well as from the reporter, and shall include the following:
 - (1) a summary of the allegation(s);
 - (2) summary of how the investigation was conducted, including how and from whom information was obtained and a summary of such information;
 - (3) the findings, including the basis for the findings, of the Investigation Committee;
 - (4) the conclusion of the Investigation Committee as to whether or not one or more instances of misconduct occurred; and
 - (5) sanctions and other actions to be imposed or taken by the medical school.
- The Investigation Committee Report shall be submitted to the associate dean for UME.

The associate dean for UME shall give a copy of the Investigation Committee Report to the student, who will be given the opportunity to provide written comments. The student must submit any such comments within 10 working days of receipt of the Investigation Committee Report. Comments submitted by the student shall be attached to the Investigation Committee Report. The associate dean for UME may determine that a longer period of time is warranted, based on a written request from the student submitted before the expiration of the 10 working day period, stating the period of time requested and the reasons for the request of the extension.

Sanctions

The determination to impose sanctions, and the nature of the sanctions, shall be conducted as a discrete and separate part of the hearing process and only after a finding of violation and individual responsibility has been reached. Sanctions are determined by the Investigation Committee with input from the Medical or Graduate Student Performance Committee if the sanctions include a learning contract, interruption of expected progression through the curriculum, or dismissal. The student has the option under defined circumstances to appeal the decision to the Student Appeals Committee, which then makes final determination of sanctions.

Sanctions are designed to eliminate the misconduct, prevent its recurrence, and remedy its effects while supporting the medical school’s learning and working environment and also meeting regulatory requirements. The following factors may be considered:

- The nature, severity, and pattern of the conduct.
- The impact and threat of the conduct on the health, safety, and property of others.
- The impact on the medical school and its reputation in the community.
- Pattern of prior misconduct by the student, including relevant prior disciplinary history at the medical school and elsewhere, and any criminal convictions.

- How the student has accepted responsibility for the conduct.
- The impact on the medical school to maintain a safe and respectful learning and working environment.
- Protection of the medical school community.
- Any other mitigating, aggravating, or compelling circumstances in order to reach a just and appropriate resolution.

The following sanctions as final actions may be imposed upon any student found to be responsible for misconduct after consideration of all of the relevant information.

Sanctions shall be based on the severity of the violation, multiplicity of violations, history of previous violations, current status of the student, and the threat to the health, safety, and property of any person because of the violation. Sanctions may be applied individually or in combination, even for a single violation, depending on the particular circumstances of the violation. Sanctions may be imposed upon more than a single individual. Repeated and multiple violations shall increase the severity of sanctions applied. Sanctions are included in the permanent student record and MSPE, and may appear on the medical school transcript.

Sanctions are listed in order of severity from least severe to most severe:

- *Reprimand*
An official written censure containing three components: a reprimand for inappropriate conduct, notice that the conduct associated with the violation must cease immediately and permanently, and notice that additional violations shall result in more severe sanctions.
- *Learning Contract*
The process to address student academic, non-academic, and/or behavioral deficiencies is managed generally through a “learning contract,” regardless of the scope of academic and behavioral terms of the learning contract. A written learning contract is between the student and the medical school wherein the student agrees to correct inappropriate conduct with additional discretionary stipulations as appropriate. Learning contracts, as defined by the medical school, embody learning plans, action plans, corrective actions, and remediation plans. Discretionary components of sanctions may include requirements for: service to the medical school, affiliate, or community; attendance at educational seminars, classes, or workshops; written assignments; presentations; or other activities deemed appropriate by the Investigation Committee. The required elements of a learning contract following a misconduct hearing are submitted to the Medical or Graduate Student Performance Committee, which finalizes and manages the learning contract. The student is required to submit written proof of required actions including evidence of completion of the sanction(s) to the Medical or Graduate Student Performance Committee. The student is responsible for any registration and travel costs for seminars, classes, and workshops that are required as part of the learning contract.
- *Restitution*
Compensation for loss, damage, or injury. This may take the form of appropriate service or monetary or material replacement.
- *Loss of Privileges*
Denial of specified privileges for a defined period of time or indefinitely. Examples of privileges that can be denied include: access to a building or portion of a building; access to a program; association with specific individuals or groups of the medical school; or any other privilege that the Investigation Committee deems appropriate.
- *Probation*
Probation requires that a student's conduct be monitored for a specified period of time. During probation, the student may have loss of privileges. The associate dean for UME may develop a written learning contract consistent with the sanctions imposed by the Investigation Committee that stipulates any conditions of the probationary period. All conditions must be fully satisfied for the probationary period to end. The associate dean for UME is responsible for monitoring the student during the probationary period and verifying satisfaction of the

probation conditions. If the student is found responsible for violation of any institutional policy during the probationary period, additional and more severe sanctions may be applied, including dismissal of the student from medical school.

- *Suspension*

Separation of the student from the medical school or a medical school program for a period of time, after which the student may be dismissed or eligible for re-admission. The associate dean for UME shall develop a written plan consistent with the sanctions imposed by the Investigation Committee that stipulates the conditions for re-admission. During a suspension, the student may have loss of privileges and shall forfeit all other rights of student status for the duration of the suspension. The associate dean for UME is responsible for monitoring the student during the suspension and verifying satisfaction of the suspension conditions. If a student is found responsible for violation of any institutional policy during the suspension, additional and more severe sanctions may be applied. Under these circumstances, the associate dean for UME may specify additional conditions for re-admission and re-enrollment, and time limits. Failure of the student to meet the specified conditions and time limits to the satisfaction of the associate dean for UME may result in dismissal of the student from medical school.

- *Withholding of Degree*

The medical school may withhold awarding a degree otherwise earned until the completion of any inquiry or investigation, or the fulfillment of all other sanctions imposed, if any.

- *Dismissal*

Permanent separation of the student from the medical school. A request for affirmation of dismissal is submitted to the Medical or Graduate Student Performance Committee. A dismissed student shall have no access to medical school premises and shall forfeit immediately and permanently all rights of student status upon dismissal.

- *Revocation of Degree*

A degree awarded by the medical school may be revoked for fraud, misrepresentation, or other violation of medical school standards in obtaining the degree, or for other serious violations committed by a student prior to graduation. Being a degree-holding alumnus is sufficient association with the medical school and basis for application of this sanction.

Appeal

The student has the right to appeal the final decision of the Investigation Committee to the Student Appeals Committee. A request for an appeal must be submitted in writing or by email to the associate dean for UME within ten working days of receiving the investigation report. A request for an appeal must meet two conditions: (1) cite the basis of the appeal; and (2) provide sufficient and detailed information to support the appeal. Failure to meet these conditions, at the discretion of the Student Appeals Committee, shall be sufficient cause for the Student Appeals Committee to deny an appeal.

Within 10 working days of receipt of a written or email request from the student for an appeal, the Student Appeals Committee shall convene to review the final action and the appeal. The appeal process shall be limited to a review of the record and supporting documents of the Investigation Committee except for new information that was not known to the student at the time of the hearing and that was also provided by the student with the request for the appeal.

The Student Appeals Committee shall operate under the same guidelines as the Investigation Committee. The appeal process and role of the Student Appeals Committee is described under the Student Appeals Committee in this Faculty Policy Manual.

Final Actions

Final actions of the misconduct process are not implemented until the appeal deadline has passed, the appeal process is exhausted, or the student provides notice in writing of a decision not to appeal.

The associate dean for UME is responsible for implementing actions by the medical school that are consistent with the full extent of the sanctions imposed by the Investigation Committee or the Student Appeals Committee, monitoring the student for compliance with the sanctions, and ensuring compliance with all reporting and other obligations concerning substantiated allegations of misconduct, consistent

with relevant law.

The associate dean for UME is responsible for notifying affiliated institutions and others, including individuals within the medical school and entities external to the medical school, where appropriate or required under medical school policies, or with a need to know, at the discretion of the associate dean for UME.

The reporter may be notified of whether the investigation resulted in a finding of misconduct, and may be permitted to review relevant portions of the Investigation Committee Report for comment, at the discretion of the associate dean for UME. In the event portions of the Investigation Committee Report are made available for review, none of the materials may be copied, and all reasonable and practical efforts shall be made to remove the names of, and identifying information concerning, individuals who provided information to the Investigation Committee during the investigation.

The final institutional investigation materials consist of the Investigation Committee Report, summary of the information provided by all persons interviewed by the Investigation Committee, and any comments; Student Appeals Committee report, if applicable; report of the associate dean for UME of actions taken, or to be taken, by the medical school that are consistent with the sanctions imposed by the committee; and a plan by the associate dean for UME for monitoring compliance with the sanctions imposed by the committee.

The associate dean for UME shall retain the final institutional investigation materials in a secure and confidential manner for at least seven years after the final action, or for such longer time period as may be required by relevant law, medical school policies, or the circumstances of the case.

Approval

Gustavo Patino MD, PhD

Associate Dean for UME _____ Date: _____

Notice to School of Adverse Actions--UME 505/GSE 505

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last update: 2/15/2024
Additional Details: Contacts: Maria Sheakley, PhD Maria.sheakley@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

LCME Standards

Scope

MD and MS degree programs

Policy Statement

Applicants must inform the Director of Admissions within five working days if they are arrested, charged, or convicted of a felony or misdemeanor; receive or are subject to a restraining order or personal protection order; or a recipient of an institutional disciplinary action or employment action such as termination after submitting their AMCAS or direct application.

Students must inform the associate dean for Student Affairs within five working days if they are arrested, charged, or convicted of a felony or misdemeanor; receive or are subject to a restraining order or personal protection order; receive a subpoena or any legal document related to their student activities; or a recipient of any adverse action including but not limited to institutional disciplinary action or employment action such as termination. This requirement also applies to students who are on an approved leave of absence.

Reason for Policy

Notification requirements are for operational, oversight and compliance areas affected.

Approval

Maria Sheakley, PhD

Associate Dean for Student

Affairs _____ Date: _____

Student Concerns - UME 506/ GSE 506

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last update: 3/30/2024
Additional Details: Contacts: Maria Sheakley, PhD Maria.sheakley@wmed.edu Gustavo Patino, MD, PhD Gustavo.patino@wmed.edu	Responsible Office: Office of Student Affairs and Office of UME Responsible person: Associate Dean for Student Affairs and Associate Dean for UME

LCME Standards

3.1

Scope

MD and MS degree programs

Policy Statement

Fitness to assume professional responsibility necessitates the absence of impairment and is demonstrated by maturity, emotional stability, honesty, integrity, showing respect for patient's dignity and rights, civility, courtesy, appropriate relationships to others, and the ability to accept and discharge the duties of the medical profession. Impairment is the inability of a health professional to perform according to the prevailing standards of practice because of drug or alcohol use, substance abuse, chemical dependency, or mental illness.

The medical school expects all faculty, residents, fellows, students, and staff to display respect for others and professional behavior at all times. Students and all individuals at the medical school have the duty to report, in a timely manner, discrimination, harassment, mistreatment, unprofessional behavior, impairment, and criminal activity that they observe, become aware of, or have information about occurrences on medical school premises, or that involves any person affiliated with the medical school.

Several specific mechanisms are provided for students to bring forward concerns of impairment and unprofessional behavior, including learner mistreatment and sexual misconduct, exhibited by anyone at any time in the learning and working environment, including other students. Options for students to report concerns and raise questions are discussed with students in the Transition to Medical School course and reviewed periodically thereafter.

Options for students, individually or collectively, to report concerns and raise questions include:

- Discuss directly with the faculty or staff member who has responsibility for the issue, such as the course/clerkship directors for course/clerkship-related issues.
 - Direct involvement is encouraged as the medical school seeks to empower students, staff, and faculty to identify and solve problems as they are recognized. However, the medical school appreciates that in a teacher-learner or supervisor-employee relationship this is not always comfortable or possible, which is why many other options are provided.
- Discuss with the assistant dean for Foundations of Medicine for foundations-related issues, the assistant dean for Clinical Applications for clerkship-related issues, or the assistant dean for Clinical Competency and IPE for simulation-related issues.
- Using the form *Report of Learner Mistreatment* on the student portal, students can, and are

expected to, report occurrences of learner mistreatment contemporaneously at any time. The form and process provide options for confidential or anonymous reporting, and also for requesting delayed intervention by the medical school until after the current course/clerkship concludes.

- Providing feedback about a concern or problem related to another student using the *Student Feedback Form* on the student portal, or a concern or problem related to a resident/fellow using the *Resident Feedback Form* in New Innovations.
- Discuss with the appropriate department chairs.
- Discuss with their Academic Advisor.
- Discuss through the Student Council, either directly or indirectly through an elected student representative.
- Reporting concerns and asking questions in the scheduled Student Forums with the associate dean for UME and the associate dean for Student Affairs.
- Discuss directly with the director of student life and well-being
- Discuss directly with the associate dean for Student Affairs or associate dean for UME Curriculum.
- Discuss directly with the associate dean for Administration and Finance, who is the medical school's Chief Compliance Officer.
- Discuss directly with the Dean.

Report of Student Concern Form

Student concerns and questions that have not been resolved through the numerous processes outlined above should be submitted in writing using the *Report of Student Concern* form on the student portal in the 'Forms' section. This allows any concern or complaint to be submitted confidentially with follow-up, or anonymously without follow-up.

Student concerns and questions that have not been resolved through the numerous processes outlined above should be submitted in writing using the form, Report of Student Concern, on the student portal in the Forms section. This provides any concern or complaint to be submitted confidentially with follow-up, or anonymously without follow-up.

Reports of student concern are triaged collectively by a group of leaders, including the associate dean for Student Affairs, Associate Dean for UME, Assistant dean for IPE and Professionalism, and director of Clinical Skills, assuring that they receive appropriate action by the responsible individuals, and unless the concern or complaint was submitted anonymously, provide feedback to the student and ensures that the outcome is perceived by the student to be responsive.

Reports or complaints of sexual misconduct are forwarded by a member of the leadership team listed above to the medical school Title IX Coordinator (Surangi Pradhan, director of Human Resources; 269.337.4408; surangi.pradhan@wmed.edu). Sexual misconduct is defined as sexual discrimination or harassment (eg, on the basis of gender identity or sexual orientation), sexual assault, sexual exploitation, rape including acquaintance rape, dating violence, intimate partner violence, domestic violence, and stalking. Student concerns and complaints are tracked by members of the leadership team mentioned above.

Approval

Maria Sheakley, PhD

Associate Dean for Student

Affairs _____ Date: _____

Gustavo Patino MD, PhD

Associate Dean for UME _____ Date: _____

Procedures

Narrative with bullets

Additional Contacts

Forms

List with links

Communications and Emergency Alerts--UME 507/GSE 507

Content Information

Category: UME/GSE	Implementation: 5/1/2021 Last update: 2/15/2024
Additional Details: Contacts: Maria Sheakley, PhD Maria.sheakley@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

LCME Standards

5.7

Content

Email is the preferred means of communication of the medical school. Students have individual accounts that are established on medical school information systems, which includes the curriculum management system (Elentra) and an individual email address and account. Each student is responsible for monitoring and awareness of all communications posted for students on the curriculum management system and all communications sent to their medical school email address. Notices sent by email to the student's medical school email address are deemed to have been sent in writing.

Emergency Alerts

Upon matriculation, students are automatically enrolled in the medical school's emergency notification system using their medical school email address. Students are given information during the Transition to Medical School course about the system and *strongly* encouraged to add up to three mobile device numbers and additional email addresses. Access to the emergency notification system to add or edit mobile device numbers and email addresses is provided on the student portal on the Campus Information resource page.

In addition to the medical school emergency notification system, students are provided with information during the Transition to Medical School course about the WMU emergency notification system and are *strongly* encouraged to subscribe to this system as well.

Procedures

Additional Contacts

Approval

Maria Sheakley, PhD

Associate Dean for Student Affairs _____ Date: _____

Information Technology, Library Systems and Copyright--UME 508/GSE 508

Content Information

Category: UME/GSE	Implementation: 5/1/2021 Last update: 4/1/2024
Additional Details: Contacts: Gustavo Patino MD, PhD gustavo.patino@wmed.edu Mike Fusko Mike.fusko@wmed.edu	Responsible Office: Office of Educational Affairs and Information Technology Responsible person: Associate Dean for UME and Director for Information Technology

LCME Standards

Content

The medical school library provides access to network resources such as walk-up computers, printers, network peripherals, software, email, and internet for academic purposes related to the study and practice of medicine. Medical school computers shall not be used for personal entertainment such as playing games or to access non-academic sites that may be offensive to other users or staff.

mData files and messages traversing the medical school network are not private communications. The medical school reserves the right, as owner of the network, to examine or inspect any message transmitted over the network and any information stored on medical school-owned devices.

All members of the medical school community must recognize that electronic communication is not absolutely confidential and that during the course of ordinary management of computing and networking services, network administrators and others may view user files or messages. If a user is suspected of violations of prevailing laws or medical school policies, the user's privacy is superseded by the medical school's need to maintain network integrity and compliance with applicable laws and regulations.

In order to protect the security and integrity of the medical school network and computer resources, the medical school reserves the right to limit, restrict, or terminate any account or use of network resources, and to inspect, copy, remove or otherwise alter any data, file, or system resources that may undermine authorized use. The medical school shall not be liable for, and the user assumes the risk of, inadvertent loss of data or interference with files resulting from the medical school's efforts to maintain the privacy, integrity, and security of the medical school network and resources.

Users of portable computers and mobile devices must take responsibility for the security of their equipment, software, and data in their care. Individuals are responsible for protecting usernames and passwords for all computer accounts that are assigned to them and may not give anyone else access to their accounts. Individuals are responsible for the security of passwords, which must be changed on a regular basis. Passwords shall not be conveyed to others or written down in a way that provides access. Much of the educational software provided by the medical school cannot be legally copied. All software installed on computers or electronic devices owned by the medical school must comply with copyright laws.

Use of library systems and its licensed materials is for the purposes of education, research, and other non-commercial uses. Users may display, download, and print licensed materials to support teaching, learning, and training related to patient care, education, and research directly associated with the medical school. Users may not, at any time, remove copyright notices, create any derivative work based on the licensed material, post or produce copies for redistribution outside the medical school's network, or use a

crawler or other automated downloading programs to continuously and automatically search, extract, and systematically download licensed materials.

The medical school does not permit any medical school official to request or require that a student or prospective student grant access to, disclose information that allows access to, or allow observation of personal internet accounts. The medical school may access directly, or request or require that a student disclose access information to the medical school to provide access to, an electronic device owned by the medical school, or an account or service provided or funded in whole or in part by the medical school. The medical school may also view, access, and use information about a student or prospective student that can be obtained without requiring specific information from the student for access or that is available in the public domain.

Copyright Violation

The student curriculum includes instruction on federal copyright law and the appropriate use of copyrighted material. Violation of copyright such as unauthorized use and distribution of copyrighted material, including unauthorized peer-to-peer file sharing, may subject the student to civil and criminal liabilities including actual or statutory damages, court costs, attorneys' costs, imprisonment, and fines. For details, see Title 17, United States Code, Sections 504, 505. Violation of copyright is also a violation of the Code of Professional Conduct (medical school policy GEN01) that is subject to medical school discipline, up to and including dismissal from the medical school.

Computer Standards

The medical school curriculum uses multimedia content that requires a personal computer. Computer standards for students reflect this intensive use of technology for content organization and delivery.

All students must have at their own expense, a laptop computer that meets the minimum specifications to access and display curriculum content, use in classroom, and team settings, and for examinations. Other devices such as netbooks, iPads, iPhones, Android devices, and Kindles do not meet the requirements for these purposes.

Entering students are advised to defer purchase of computers and other devices, if any, until they receive additional information with their offer of acceptance for admission. Students are eligible for a discount on some computer products through the medical school.

Laptop Specifications

A personal laptop computer:

- o A 15-inch display is recommended for optimal display of curriculum content and for web-based examinations.
- o A minimum of 16 GB RAM and 256 GB SSD hard drive.
- o Intel Celeron processors should be avoided.
- o Window PC – OS Windows 10 or higher
- o Apple Macintosh – macOS 12 (Monterrey) or higher

Software Requirements, Specifications, and Configuration

Access to email, library, network (eg, Microsoft Office 365, SharePoint), and other resources are provided for students. Network and email privileges may be suspended or terminated for cause at any time.

The following software is required of all students.

- Antivirus software: must be purchased and kept current. The medical school recommends one

of the following:

- o Windows Defender (Windows; free)
 - o BitDefender (Windows and Mac; free basic and paid advanced options)
- Firewall: the operating system or antivirus software firewall must be enabled at all times.
- Programs and Apps (current versions are required)
 - o Microsoft Office 365 (license purchased by the medical school and provided to students). Students are provided credentials to access their Office 365 account, which permits downloading the latest Office for Mac suite of programs, as well as access to online Office apps.
 - o Chrome (internet browser; free)
 - o Audience Response System (license purchased by the medical school and provided to students).
 - o Exemplify (AiM for ExamSoft) (license purchased by the medical school and provided to students).
 - Students are given an ExamSoft Student ID and Password, and instructions for downloading.
 - Students login at [the medical school site for ExamSoft](#) with their ExamSoft Student ID and Password.
 - Exemplify is also available as an iPad app. Not all examinations are accessible using an iPad and this is not supported or recommended.
 - o [AirMedia](#) (for wirelessly accessing Crestron-enabled displays in classrooms and group rooms; free).
 - To install AirMedia, scroll down the AirMedia webpage and select Windows Deployable Application or OS X Deployable Application. Apps are also available for iPhone, iPad, and Android devices.
 - Soundflower (for sound while wirelessly accessing Crestron enabled displays in classrooms and group rooms). This is installed as part of AirMedia using the OS X Deployable Application.
- Web Services
 - o VitalSource (for textbooks purchased by students through the medical school).
 - VitalSource is the online digital textbook provider for our students. VitalSource permits course instructors to highlight and annotate the digital text and allows both faculty and students to share notes, all as a means of fostering collaborative learning. The medical school discloses the cost of required and optional textbooks during the matriculation process.
 - Do *not* create your own account using your medical school email address or you will be charged twice. The medical school library will provide you with your credentials before your program begins to grant you access to VitalSource digital textbooks.
 - o ScholarRX (a digital learning system with a built-in review tool for Foundations of Medicine courses).
 - o ScholarRX allows faculty to utilize RX Bricks, a high-yield, interactive learning platform for basic biomedical topics and recall.
 - o McGraw Hill USMLE First Aid (license purchased by the medical school and provided free to students through the medical school library).
 - o Mendeley (openly available software used by the medical school and provided to students through the medical school library).

Graduating students can continue to use their @wmed.edu Outlook email account and the associated Outlook calendar after graduation. However, this email and calendar will be managed at <https://outlook.office365.com> instead of the WMed portal. The WMed username will continue to be used as the login credentials. Post-graduation communication will be sent from the Office of Student

Affairs and the Alumni Association to the @wmed.edu account unless the student notifies the Registrar to use a different preferred email address. If there is no activity on the @wmed.edu email account for a period of 12 months, the account will be deactivated. Graduating students are encouraged to use the account or to forward the WMed email to another account. If a graduating student does not want to use their @wmed.edu account after leaving WMed, they can choose to opt-out. The opt-out process is coordinated by the Office of Student Affairs prior to graduation. For all students who opt-out, their WMed email account will remain active for 90 days after graduation to allow the student to transfer any messages or data they wish to retain to another location. For all graduating students, all other online applications and services that were provided by WMed IT while they were active, enrolled students will be deactivated 90 days after graduation.

Tablets and Other Devices

Students may find that an iPad tablet and other devices may be useful for specific purposes. During Foundations of Medicine, the use of devices in addition to a laptop computer is optional, and no other device is required or formally recommended. Cellular network access is not necessary as all medical school facilities and affiliates provide wireless network access for students.

Cell Phone Standards and Use

Students during Clinical Applications are required to have and carry a WiFi-enabled personal cell phone for information access, text messaging, and phone contact. Having and carrying a personal cell phone during Foundations of Medicine is strongly recommended as one of the means for receiving emergency notifications from the medical school.

Cell phones should be in silent mode or turned off in student study areas designated for quiet study, the Simulation Center, anatomy laboratory, classrooms, and during team-based activities. Cell phones should be in silent mode anytime students are working in patient care settings. Certain designated patient care areas may require that cell phones be turned off. Students at affiliated sites should follow cell phone guidelines in accordance with the policies of the affiliated site.

The medical school does not provide cell phones or pagers for students.

Approval

Gustavo Patino MD, PhD

Associate Dean for UME _____ Date: _____

Director of Information Technology _____ Date: _____

Social Media - UME 509/GSE 509

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last update: 2/15/2024
Additional Details Contacts: Maria Sheakley, PhD Maria.sheakley@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

LCME Standards

Scope

MD and MS Degree Programs

Policy Statement

Scope:

These guidelines apply to all students at Western Michigan University Homer Stryker M.D. School of Medicine (WMed). They are relevant to the use of social media during and outside of classroom and clinical time, when the individual's affiliation with the school is identified, known or presumed.

Definitions:

- Social media: Refers to online tools and services that allow any internet user to create and publish content. The platforms include, but are not limited to, blogs, podcasts, discussion forums, and social media networks such as Facebook, Twitter/X, Instagram, LinkedIn, Snapchat, Tumblr, and YouTube.
- WMed-sponsored accounts: Accounts that are approved and created by Communications or Information Technology for medical school business purposes including: recruiting prospective students, residents, staff, or faculty; branding the organization; or supporting members of a shared interest group at the medical school.
- WMed affiliation: Indicated by the account holder if it is stated or implied that they are enrolled in a program at WMed. Such accounts must abide by this policy.

Procedure:

Creating a WMed-Sponsored Account

- a. Social media accounts for departments, programs, clinics, administrative units, and other groups may be established for the purposes of recruitment, branding, or shared interests. WMed-sponsored social media accounts must be approved by Communications and created by either Communications or Information Technology.
- b. An Account Administrator, and a Secondary Administrator, must be specified by the requesting entity and commit to keeping all accounts active and current. If a Secondary Administrator from the requesting entity is not specified, staff in Communications will act in that role.
- c. Specific guidelines for operating a WMed-sponsored account are in the medical school Social Media Resource Guide.

Policy:

This Policy incorporates all standards set forth in the Code of Professional Conduct.

Each student is responsible for their postings on the Internet and in all varieties of social media. In all situations, including on social media sites, members of the medical profession should represent themselves in a manner that reflects values of professionalism, accountability, integrity, honor, acceptance of diversity, and commitment to ethical behavior. Inappropriate postings on the Internet or social media, such as those outlined in the AMSA guidelines below, will be considered lapses in the standards of professionalism expected of WMed students. Students responsible for such postings are subject to the professionalism processes in the same manner as for any other unprofessional behavior that occurs outside the academic setting. Students who do not follow these expectations may face disciplinary actions, up to and including dismissal from the School of Medicine. As stated in the WMed Code of Professional Conduct, WMed Students are expected to conduct themselves in accordance with the high ethical standards expected of physicians, educators, and healthcare professionals. Physicians, and students after graduation, are licensed to practice medicine and assume responsibilities for the lives and welfare of others. Each individual participating in clinical care, education, research, and service must demonstrate confidence and behaviors consistent with their responsibilities.

WMed Students must follow the guidance below before posting any comments, videos, pictures, or essays to the Internet or a social media site:

- There is no such thing as an “anonymous” post.
- Where your connection to WMed is apparent, make it clear that you are speaking for yourself and not on behalf of WMed by using a disclaimer such as "The views expressed on this [blog; website; post] are my own and do not reflect the views of my school."
- Internet activities may be permanently linked to the author, such that all future employment may be hampered by inappropriate behavior on the Internet.
- Making postings "private" does not preclude others from copying and pasting comments on public websites. "Private" postings that become public are still subject to professionalism standards described in the School of Medicine Code of Professional Conduct.
- Do not share information in a way that may violate any laws or regulations (i.e., HIPAA or FERPA). Disclosing protected information about peers or patients, including photographs or potentially identifiable information, is strictly prohibited. This rule also applies to deceased patients and cadavers in the anatomy lab.

In addition to the above, the following Social Media Guidelines for Students and Physicians, created by the American Medical Student Association (AMSA), should be followed:

- **Be professional.** As students and physicians, we should represent our profession well. Adhere to rules of ethical and professional conduct at all times.
- **Be responsible.** Carefully consider content and exercise good judgment as anything you post can have immediate and/or long-term consequences and carry the potential for significant public impact and viral spread of content. Therefore, all statements must be true and not misleading. Make sure that you differentiate opinions from facts.
- **Maintain separation.** Do not interact with current or past patients through social media, and do not give medical advice through social media. (e.g. replying to a post on social media asking to be diagnosed)
- **Be transparent/use disclaimers.** Disclose yourself and provide an appropriate disclaimer that distinguishes your views from those of the clinic, hospital system and/or University with which you are associated (while at the same time, being careful not to violate any social media policy to which you may be subject by such organizations). Without specific direction from the appropriate personnel, you may not present yourself as an official representative or spokesperson for said organizations. Also, be sure to reveal any conflicts of interest and be honest about your credentials as a student or physician (resident or otherwise).

- **Be respectful.** As future doctors and medical professionals bound by the WMed Code of Professional Conduct, you should not use defamatory, vulgar, libelous and potentially inflammatory language or display language or photographs that imply disrespect for any individual or group because of age, race, national origin, gender, sexual orientation, ethnicity, marital status, genetic information, military status, or any other protected characterization or group.
- **Follow copyright laws.** Comply with copyright laws. Make sure you have the right to use material before publishing.
- **Protect client/patient information.** Do not discuss confidential information and follow standards of patient privacy and confidentiality and regulations outlined in Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA, 20 U.S.C. § 1232g). Remember you could personally face a HIPAA violation if there are enough details in the post for patients to recognize themselves.
- **Avoid political endorsements.** Political endorsements of candidates should be avoided outside your own personal social media accounts. Even there, comments should be carefully considered. Endorsements of any candidates or political parties via AMSA social media channels is strictly prohibited, be aware of where and how AMSA's name is used.
- **Comply with all legal restrictions and obligations.** Remember use of social networking sites or weblogs can carry legal and professional ramifications. Comments made in an unprofessional manner can be used in legal, professional, or other disciplinary proceedings (i.e., hearings before a State Medical Licensing Board).
- **Be aware of risks to privacy and security.** Read the site's Terms of Use and Privacy Policy. Be cognizant of continuous changes in these sites and closely monitor the privacy settings of the social network accounts to optimize your privacy and security.

Adapted from WMed policy COM-03, the [Social Media Guidelines for the American Medical Student Association](#) (AMSA), and Emory University School of Medicine Social Media Policy.

Procedures

Additional Contacts

Approval

Maria Sheakley, PhD

Associate Dean for Student Affairs _____ Date: _____

Related Policies:

- [Acceptable Use of Information Technology Systems](#)
- Code of Professional Conduct

Student Advocacy - UME 510/GSE 510

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last update: 3/22/2024
Additional Details: Contacts: Maria Sheakley, PhD Maria.sheakley@wmed.edu Alex Carlson, MA Alex.carlson@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

LCME Standards

Scope

MD and MS degree programs

Policy Statement

With prior approval from the Office of the Dean, recognized student organizations and interest groups may be granted permission to use institutional letterhead for correspondence in support of advocacy by students. The correspondence should include the following:

- The name of the student organization or interest group, and the number of students involved in the student organization or interest group.
- Signature of one or more enrolled students on behalf of the student organization or interest group.
- A disclaimer at the end of the document that reads: "DISCLAIMER: The content of this correspondence does not necessarily represent the views and opinions of the administration and faculty of Western Michigan University Homer Stryker M.D. School of Medicine."

The draft correspondence should be provided electronically in an editable format to the associate dean for Student Affairs who will coordinate approval with the Office of the Dean. The student organization or interest group is responsible for the process of disseminating the correspondence along with any associated costs.

Approval

Maria Sheakley, PhD

Associate Dean for Student Affairs _____ Date: _____

Procedures

n/a

Additional Contacts

Intellectual Property - UME 511/GSE 511/RES 07

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last update: 2/15/2024
Additional Details: Contacts: Maria Sheakley, PhD Maria.sheakley@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

LCME Standards

Scope

MD and MS Degree Programs

Policy Statement

<https://wmed.policytech.com/dotNet/documents/?docid=335&public=true>

Participation in Scholarship and Authorship - UME 512/GSE 512/GEN 06

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last update: 6/1/2022
Additional Details Contacts: Gustavo Patino MD, PhD Gustavo.patino@wmed.edu	Responsible Office: Office of Educational Affairs Responsible person: Associate Dean for UME

LCME Standards

Scope

MD and MS Degree Programs

Policy Statement

<https://wmed.policytech.com/dotNet/documents/?docid=3079&public=true>

All written scholarly work submitted for publication in journals or websites, or as abstracts or posters, by all students and all other individuals affiliated with the medical school must comply with all medical school policies including medical school policy GEN06, *Authorship*, which provides requirements to ensure that the contributions of individuals to scholarly works are appropriately identified and acknowledged. These requirements follow the [Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals](#), published by the International Committee of Medical Journal Editors (ICMJE), December, 2015.

Student Guests--UME 513/GSE 513

Content Information

Category: UME/GSE	Implementation: 5/1/2021 Last update: 3/22/2024
Additional Details: Contacts: Maria Sheakley, PhD Maria.sheakley@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs
Alex Carlson MA, Director of Student Life and Well-Being Alex.Carlson@wmed.edu	

LCME Standards

N/A

Content

Students are not permitted to invite or have family members, friends, or other guests attend or otherwise participate in courses/clerkships or other student curriculum events unless specifically invited by the course/clerkship director or faculty supervisor of the event.

Students are each permitted to host up to two guests at a time at the W.E. Upjohn M.D. Campus during normal building hours, including evenings and weekends when the building is normally accessible to students, and when the hosting student is not scheduled for any curricular activities. During weekdays from 7 am to 5 pm, all student guests should sign in and out with security at the front desk and will be provided with a visitor identification badge. On weekends, all students and student guests must sign in and out of the building using the Weekend Access Log. Permission is required from the director of Student Life and Well-Being for students to host more than two guests at a time. Guests must be accompanied by the student at all times and may not access areas where guests of students are not permitted, such as the: third floor outside of normal business hours; fourth, fifth, and seventh floors; and the fitness center.

An important exception to this policy, according to policy UME/GSE 504, is that a dismissed student shall have no access to medical school premises except for official business and shall forfeit immediately and permanently all rights of student status upon dismissal.

Procedures

Additional Contacts

Alex Carlson MA, Director of Student Life and Well-Being
Alex.Carlson@wmed.edu

Forms

Approval

Maria Sheakley, PhD
Associate Dean for Student
Affairs _____

Date: _____

Signal and Guide Dogs, Comfort Animals, and Pets--UME 514/GSE 514

Content Information

Category: UME/GSE	Implementation: 5/1/2021 Last update: 6/1/2022
Additional Details: Contacts: Maria Sheakley, PhD Maria.sheakley@med.wmich.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

LCME Standards

n/a

Content

Signal and guide dogs, and animals that are part of sanctioned experiences such as pet therapy and wellness programs, are permitted on medical school premises. Emotional support, therapy, comfort, companionship, and other animals and pets are not considered service animals under the ADA and are not permitted on medical school premises or at affiliated sites.

Procedures

Additional Contacts

Approval

Maria Sheakley, PhD

Associate Dean for _____ Date: _____ for _____ Student

Inclement Weather and Closures--UME 515/GSE 515

Content Information

Category: UME/GSE	Implementation: 5/1/2021 Last update: 6/17/2023
Additional Details: Contacts: Maria Sheakley, PhD Maria.sheakley@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

LCME Standards

5.7

Content

The medical school rarely closes because of inclement weather. Closures are announced through the medical school's emergency notification system to registered student cell phones and email addresses, and are also announced on [WWMT](#), a local television station. If there is a question about closure, students should always refer to the medical school website, where the homepage is updated immediately with notices of school closures and emergencies. Closures may affect patient care activities and educational activities differently. Patient care responsibilities are not obviated generally by adverse weather conditions. Students are expected to make up missed work in a timely manner if they are unable to attend a scheduled or assigned activity for any reason.

When students are assigned to a clinic or hospital that may require a longer drive and travel time, students should consider these questions during inclement weather:

- Will patients be able to make it in? Generally, if patients can be there, so can the healthcare providers and the students.
- What does the forecast look like? If the forecast predicts worsening conditions, then alternatives should be considered.
- Which direction will the student be going? If traveling toward Lake Michigan (and the lake effect snow belt), students may need to be more cautious.
- Call ahead. It may be snowing in Kalamazoo and sunny just a few miles away. The opposite may also be true. A phone call to out-of-town sites is a great way to help understand the weather conditions.
- Keep an eye on the weather. If a storm is coming, be prepared to spend the night at an out-of-town location if return travel is unsafe.

In addition to notices provided through the emergency notification system and the medical school website, students may also contact the site supervisors about attendance at the site during inclement weather. Students must use good judgment and make their own decisions regarding traveling in poor weather or hazardous conditions.

Additional Contacts

Forms

Approval

Maria Sheakley, PhD

Associate Dean for Student

Affairs _____ Date: _____

Accommodating Religious Obligations--UME 516/GSE 516

POLICY CONTENTS

Category: UME/GSE

Implementation: 5/1/2021

Last update: 6/17/2023

Additional Details:

Contacts: Maria Sheakley, PhD

Maria.sheakley@wmed.edu

Responsible Office: Office of Student Affairs

Responsible person: Associate Dean for Student Affairs

LCME Standards

Scope

MD and MS degree programs

Policy Statement

The medical school includes a diverse, multicultural community. We embrace both individual responsibility and respect for our differences. We seek to permit students, residents/fellows, faculty, and staff the opportunity to fulfill their religious obligations according to their faith consistent with the mission of the medical school in an appropriate and supportive learning and working environment.

In constructing the academic calendar for students and residents/fellows, religious holy days are considered but are not the sole factor in determining dates and times that classes and activities will be held. Course/clerkship directors and residency/fellowship program directors should attempt to facilitate religious obligations by permitting planned absence from classes and activities, with appropriate remediation, to accommodate religious obligations and religious holy days. Learners should understand that the logistical constraints of certain activities, such as summative course/clerkship examinations on the last day of the course/clerkship, might necessitate scheduling on religious holy days.

The requirements of patient care and associated clinical education are significantly different from classroom education. In clinical settings, students, residents/fellows, and faculty are expected to model professional responsibility for continuous patient care, which may preclude the individual's observance of religious obligations.

Course/clerkship directors and residency/fellowship program directors should assume that a learner's claim of a religious obligation has veracity. Learners who desire to be excused from scheduled curriculum events because of a scheduling conflict with religious obligations are responsible to make mutually agreeable arrangements for remediation with course/clerkship directors or residency/fellowship program directors well in advance, generally at least four weeks prior to the conflict. Course/clerkship directors and residency/fellowship program directors should provide reasonable accommodations for learners to complete activities and events that are missed because of religious obligations. Reasonable accommodations do not fundamentally change the essential nature of the activity, interfere with the delivery of content, or create an unreasonable burden on the program, faculty, course/clerkship directors, or residency/fellowship program directors.

Learners retain individual responsibility for their learning experience and must commit the time and energy necessary to meet all obligations and achieve the goals and objectives of each activity. This includes fulfilling reasonable accommodations and remediation requirements resulting from observance of religious obligations.

Course/clerkship directors and residency/fellowship program directors are not obligated to provide additional materials to students beyond the materials that would have normally been distributed to all participants.

Additional Contacts

Forms

Approval

Maria Sheakley, PhD

Associate Dean for Student Affairs

Date:

Student Guidelines for Dress and Appearance--UME 517/GSE 517

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last update: 3/29/2024
Additional Details: Contacts: Maria Sheakley, PhD Maria.sheakley@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

LCME Standards

3.5 - Learning Environment/Professionalism

Scope

MD and MS degree programs

Policy Statement

Dress Code for Nonclinical Settings

- Casual and comfortable attire is appropriate with discretion.
- Avoid: Plunging necklines, midriff exposure, strapless tops, short shorts, miniskirts, offensive slogans/images on t-shirts.
- Attire should be comfortable and respectful of the educational environment.
- During lectures or small group sessions with patients, adhere to clinical dress guidelines.

Dress Code for Anatomy Lab

- Wear authorized attire provided by the medical school in the anatomy lab on the 7th floor of the W.E. Upjohn M.D. Campus.
- Options: Laboratory coat over street clothing or anatomy scrubs provided by WMed.
- Additional laboratory coats or anatomy scrubs can be purchased through Student Affairs.
- Lab coats and scrubs for anatomy are not to be worn outside the building or on other floors.
- Students must regularly launder their lab coat and scrubs for a professional appearance.

Dress Code for Clinical Settings

Students are expected to promote and reflect a professional and safe patient care environment. The following guidelines are the minimum standards for all students with regard to dress, grooming, and personal hygiene. Students must also adhere to the dress code policies of any clinical sites to which they are assigned. These guidelines apply to all student interactions with the public at all inpatient and ambulatory sites of the medical school and affiliate sites, including with standardized patients and simulated clinical encounters in the Simulation Center.

Clinical Setting Attire (Professional Dress)

1. The official photo identification badge of the hospital or clinical site must be worn at all times, between the shoulder and the waist, with the name and picture easily visible.
2. White coats must be clean and pressed.
3. Appropriate professional attire may include: shirt with collar and tie, blouse, or turtleneck; dress pants or skirt; dress; hosiery, socks, or stockings. Clothing must not be tight, sheer, or revealing. Skirts and dresses must be an appropriate length to maintain modesty while standing, sitting, or bending over. Wearing a shirt without a tie may be acceptable in certain settings with prior

approval of the site supervisor.

4. Clean hospital scrubs are acceptable within the hospital in certain settings outside of the operating or procedure rooms but require wearing also a clean white coat. Hospital scrubs are not to be worn outside of the hospital. Other scrubs that are worn outside the hospital are not acceptable to be worn inside the hospital.
5. Shoes should be clean, closed-toe and closed-heel, and constructed of sufficient strength to protect the foot. Tennis shoes may be acceptable in certain settings with prior approval of the site supervisor.
6. Head coverings required for religious or cultural reasons are permitted.
7. Jewelry should be minimal and not interfere with patient care or personal safety.

Inappropriate Attire in Clinical Settings

- Jeans, denim, or denim-like fabric
- Shorts of any type, mini-skirts, sweat pants or sweatshirts, pajamas, or athletic wear.
- T-shirts or undershirts worn by themselves
- Midriff, off-the-shoulder, spaghetti-strap, or strapless shirts, blouses, sweaters, and dresses.
- Attire with inappropriate slogans or images.
- Opened-toed or open-heeled shoes, sandals, stiletto heels, or platform shoes exceeding one inch.
- Bare feet are not permitted; hosiery, socks, or stockings are required at all times.
- Hats, caps, or visors indoors (may be acceptable when appropriate for medical or religious reasons).
- Wearing operating room/procedure room attire (masks, booties, hair coverings) outside of procedure areas
- Piercings, other than ear and nose piercings, should be covered or removed in professional settings. Body jewelry must be of a size and design to not interfere with student and/or patient safety or the ability to perform clinical duties.
- Any visible tattoo that may be considered offensive or contain inappropriate language must be covered.
- Extreme hairstyles and hair colors are not permitted.

Personal Hygiene/Cleanliness

1. Hair is to be clean and well-groomed. Faces should be clean-shaven or beards and mustaches clean, neatly trimmed (may be acceptable when appropriate for medical or religious reasons).
2. Body hygiene is required so that offensive body and/or breath odor is avoided.
3. Cosmetics should be appropriate for a business environment.
4. Perfumes, colognes, scented lotions and/or after-shave lotion should not be worn.
5. Fingernails must be kept clean, well-manicured, and trimmed at a length that does not interfere with patient care or personal safety.

Approval

Maria Sheakley, PhD

Associate Dean for Student Affairs _____ Date: _____

Student Information and Records--UME 518/GSE 518

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last update: 2/15/2024
Additional Details Contacts: Donna Miroslaw, registrar Donna.miroslaw@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Registrar

LCME Standards

11.5, 11.6

Scope

MD and MS degree programs

Policy Statement

Legal and Preferred Names

Students must provide their full legal name at the time of application and confirm it at the time of matriculation. The legal name must be used for certain medical school records, documents, and business processes such as reporting, financial aid, transcripts, diplomas, and other records where use of legal name is required by law or the medical school.

As an inclusive and diverse community, the medical school allows students to request use of a preferred first name, such as a nickname, that is different from their legal first name and by which the student wishes to be identified for certain purposes, where appropriate, such as for directories, class lists, group lists, and identification badges.

Students can designate a preferred first name at matriculation and thereafter. The preferred first name must be respectful, appropriate, and not used for any purpose of misrepresentation. The medical school reserves the right to deny use and remove a preferred first name from the records if it is deemed inappropriate, at the discretion of the medical school. Once designated, the preferred first name will be used where appropriate until the student requests a change. The student's legal first name and preferred first name are both included in the medical school student information system and accessible to faculty and staff.

Family Educational Rights and Privacy Act (FERPA)

The medical school takes seriously its commitment to protect the privacy of our students and their education records. The medical school complies fully with the requirements of the Family Educational Rights and Privacy Act (FERPA) of 1974, a federal law designed to protect the privacy of students' education records and applies these rights and protections to all enrolled students and formerly enrolled students for as long as the medical school retains their education records.

Students are notified of their FERPA rights at least annually through a required computer-based learning module. Additionally, student FERPA rights are noted in the annual update of the Student Policy Manual. These rights, which are provided in full by the medical school, include:

- The right to inspect and review the student's education records within 45 days of the date the medical school receives a request for access. The medical school routinely provides students with contemporaneous access to their individual education records for each course/clerkship through the curriculum management system.

- The right to request the amendment of the student's education records that the student believes is inaccurate.
- 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, which includes medical school officials with legitimate educational interests.
- The right to file a complaint with the US Department of Education concerning alleged failures by the medical school to comply with the requirements of FERPA. The contact information of the office that administers FERPA is: Family Policy Compliance Office, US Department of Education, 400 Maryland Avenue, SW Washington, DC 20202-5901.

The registrar is the compliance officer for FERPA for the medical school, under the oversight of the associate dean for Administration and Finance who serves as the chief compliance officer for the medical school. Specific questions about FERPA should be directed to the registrar.

Confidentiality and Privacy of Student Records

The FERPA definition of education records includes all of the information and records in any format that are used by the medical school in the instruction and evaluation of students. Education records include any information or documentation that is recorded in any way, including records produced by handwriting, computer, email, audio, and video, among others. Education records contain information directly related to a student and may be maintained by the medical school or any party acting on its behalf.

The matriculation date and the date of attaining the status as student is defined by the medical school as the start date of the first course for which the student is registered.

Certain records are deemed not to be education records, and therefore are not subject to FERPA, including: admissions records of applicants who do not matriculate; financial aid records; health records; alumni records, which are created or updated after the student is no longer enrolled; records that are made by instructional, supervisory, and administrative personnel that are kept in the sole possession of the maker of the record and not accessible or revealed to another individual except a replacement; and still photographs, audio recordings, and video recordings with or without audio used to privately and publicly promote medical school activities for informational, promotional, marketing, and fundraising purposes as well as for educational purposes.

FERPA protects the privacy of students' education records by setting forth strict instructions and limitations governing the release of information about students. Disclosure without consent is permitted to medical school officials with a need to know and legitimate educational interests, which are defined by the medical school to include: curriculum development, delivery, and assessment; assessment of student performance; student life and wellness; student advising and mentoring; student health; and student financial aid including scholarships. A medical school official has a legitimate need to know and educational interest if the official needs to review an education record in order to fulfill a professional medical school responsibility. The following individuals have legitimate academic, and business needs to access and know this information and are provided with confidential knowledge to meet these needs and to facilitate the student's successful progress.

- Registrar.
- The student's academic advisor and clinical skills educator.
- The student's designated individual mentor.
- Course/clerkship directors.
- Associate dean for UME.
- Chair of the department of Biomedical Sciences.
- Assistant dean for Foundations of Medicine

- Assistant dean for Clinical Applications.
- Assistant dean for Clinical Competency and IPE.
- Director of Educational Affairs and staff of Educational Affairs.
- Associate dean for Student Affairs, and staff of Student Affairs on a need-to-know basis.
- Director of Student Life and Well-Being, and staff on a need-to-know basis.
- Director of Academic Advising, and staff on a need-to-know basis.
- Assistant dean for Career Development, and staff on a need-to-know basis.
- Director of Financial Aid, and staff on a need-to-know basis.
- Associate dean for Administration and Finance, and staff on a need-to-know basis.
- Dean, and staff on a need-to-know basis.
- Student Scholarship Committee in the review of each individual student's performance for consideration for scholarships and awards, and committee staff on a need-to-know basis.
- Medical Student Performance Committee in the review of each individual student's performance, and committee staff on a need-to-know basis.
- Student Appeals Committee in the course of an individual student's appeal, and committee staff on a need-to-know basis.
- Investigation Committees for student misconduct in the course of an individual student undergoing investigation, and committee staff on a need-to-know basis.
- Affiliated entities that are participating with the medical school in the delivery of the MD curriculum, such as for clinical and community experiences, for purposes related to the student's participation in the MD curriculum.
- WMU for students that are enrolled or intending to enroll in WMU courses, including all students for enrollment in the WMU course IPE 6800 (Interprofessional Education 6800: Advances and Perspectives in Medicine and Health or Disease, Disparities, and Justice), for purposes related to the student's enrollment at WMU.
- Institutions of affiliated degree programs that request the records for students enrolled or intending to enroll in dual-degree programs, for purposes related to the student's enrollment at the other institution.
- To comply with an order from a court of competent jurisdiction.
- Other individuals with a legitimate educational or business need to know this information such as:
 - Security staff.
 - Human Resources staff.
 - Occupational Health and Infection Control staff.
 - Information Technology staff.
 - An individual or company with whom the medical school has contracted, such as an attorney, auditor, or collection agent.
 - An individual serving on the Board of Directors.
 - An individual serving on a medical school committee.
 - An individual assisting a medical school official in performing an official task.
 - An individual faculty member to whom the student has specifically given permission in writing to review the records. Under these circumstances, the sections of the records pertaining to the actions of the Medical Student Performance Committee and Student Appeals Committee are removed for the review.

De-identified or aggregated medical student information may be provided to other individuals in the medical school and to outside entities such as for accreditation and reporting purposes.

The medical school is committed to providing an exceptional medical educational program and curriculum.

Students enrolled at the medical school should expect to be active participants in the process to continually evaluate and improve the educational experience. As a component of our efforts to continually improve the curriculum, all medical student records including application materials, assessments, evaluations, examination scores, student reports, surveys, MCAT scores, NBME scores, USMLE scores, and other exam scores may be analyzed to assess the effectiveness of the curriculum and other purposes. The results are used to improve the curriculum, and de-identified or aggregated medical student information and performance results may be shared through scholarly presentations and publications. Improvements that result from these analyses benefit students and faculty in our program and also students and faculty in other medical education programs.

Inquiries regarding confidentiality and privacy of student records should be made to the registrar.

Request to Review Individual Education Records

Students have the right to inspect and review their individual education records that are maintained by the medical school. The medical school provides each student with contemporaneous access to their individual education records through the curriculum management system.

If there are additional individual education records that exist that a student desires to review, the student should submit to the registrar a written request that specifies the individual education records they seek to review. If the request is approved, at the discretion of the associate dean for Student Affairs, the registrar arranges for access and notifies the student of the date, time, and place where the records may be reviewed. It is expected that most requests to review individual education records will be accommodated within 30 days, and in all cases within 45 days of the date the medical school receives the written request. In no instance may records be removed from the place provided, nor may they be copied, photographed, or altered by the student. The student is required to sign a Review of Records form documenting their review of that record on a specified date, and the registrar stores the Review of Records form. If the medical school does not maintain the requested records, the registrar shall advise the student of the appropriate individual to whom such a request should be addressed.

Request to Amend Individual Education Records

Students may ask the medical school to amend a record that they believe is inaccurate or misleading. Students should notify the registrar in writing and clearly identify the part of the record they want changed, specifying the basis for the perceived inaccuracy. Copies of evidence relating to the record being questioned should accompany the request. The registrar and associate dean for UME (or designee) evaluate the student's request and consult, as needed, with other individuals possessing information relevant to the record to determine whether revision of the record is warranted. The registrar notifies the student of the decision in writing within 15 days. If the student's request is supported the registrar amends the records. If the request is not supported, the registrar will notify the student in writing of the decision and the student's 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. Additionally, the student is permitted to attach a notation in the record stating the basis of the disagreement.

Release of Individual Education Records

Students must provide written consent that follows the format specified in FERPA before any education records may be released to any third party, including the students' parents, relatives, friends, other students, and employers. Particularly sensitive information includes but is not limited to students' social security numbers, race/ethnicity, gender, nationality, grades, academic performance, and disciplinary records.

If a record contains information about more than one student, only the content regarding the student requesting and authorizing the release can be disclosed.

Requests for disclosure of official records must be made in writing to the registrar's office. It is expected that most requests will be accommodated within 30 days, and in all cases within 45 days.

Sole Possession Notes

Individual faculty members may create and maintain sole possession notes as an individual observation or recollection about a student. Sole possession notes that are not shared with medical school administration or another person, except a replacement, are not education records, are not part of the permanent student record, and are not subject to FERPA regulations.

Student Directory Information

Pursuant to FERPA, this notice is provided to students annually to advise them that certain information classified by the medical school as directory information may be disclosed to the public even in the absence of student consent unless the student files written notice within three weeks before September 1 of each school year informing the medical school not to disclose any or all of the directory information for that year, through August 31. Notice not to disclose student directory information must be filed with the registrar.

The items classified by the medical school as directory information include:

- Student's full legal name, and preferred first name (if any).
- Local and permanent addresses.
- Local and permanent telephone numbers, including cell telephone numbers.
- Email addresses.
- Date and place of birth.
- Country of citizenship, or US permanent resident status
- State of residence.
- Photographs and electronic images and recordings.
- Program(s) in which the student is enrolled.
- Student's classification and enrollment status.
- Results of participation in residency matching programs while enrolled as a student.
- Dates of attendance and graduation.
- Degrees and certificates received.
- Honors and awards received.
- Previous colleges and universities attended.
- Degrees and certificates, and dates of each, earned at previous colleges, universities, and other organizations.
- Participation in medical school committees and student organizations that are officially recognized by the medical school.
- Scheduling-related material for purposes of conducting instructional activities within the confines of course/clerkship expectations.

Students may restrict the release of items of information considered directory information by completing and submitting the Directory Information Restriction form available from the registrar. The decision to restrict directory information applies to all requests for directory information from outside the medical school, including prospective employers and academic programs. Students should be aware of the possible consequences of restricting release of directory information such as missed messages and announcements, and non-verification of enrollment or degree status for prospective employers and academic programs. Restrictions on release of directory information remain in effect until August 31 or the registrar is informed in writing to remove the restrictions.

Permanent Student Record

The medical school maintains the permanent student record and provides official transcripts for all current and former students. The registrar is responsible for maintaining permanent student records and providing timely and accurate records and transcript services. The permanent student record contains demographic information, documentation of enrollment status and leaves of absence, and academic records including admissions records and documentation of student performance related to the medical degree curriculum. Prior to matriculation, the office of Admissions removes all comments and committee voting records from admissions records that are retained as part of the permanent student record. Non-academic records include financial aid records and health records, which are not part of the permanent student record. Records and related documents of committee proceedings are maintained by the medical school and are not part of the permanent student record. Alumni records, which are created or updated after the student is no longer enrolled, are not part of the permanent student record.

The permanent student record for each medical student includes the following academic records, which are maintained by the registrar:

- Demographic information including preferred first name, photograph, representative student signature, and documentation of name changes.
- Documentation of requests for leaves of absence (completed Leave of Absence Request forms) and returns from leaves of absence (completed Request to Return from Leave of Absence forms).
- Copy of certificates and diplomas from the medical school.
- Admissions records.
 - AMCAS application.
 - Supplemental application.
 - Complete, official transcripts showing all academic work prior to matriculation to the medical school.
- Start dates and end dates for each course/clerkship in which the student enrolled.
- The date that all degree requirements were completed, or the date that the student was dismissed or withdrew.
- Official transcript of all courses/clerkships for which any grade was given.
- Copy of diplomas of degrees awarded from other institutions, including dual-degree programs affiliated with the medical school.
- Copy of certificates of programs completed at other institutions while enrolled at the medical school.
- Documentation of grade changes.
- Learning contracts and reports of actions, including sanctions and final actions, of the Medical Student Performance Committee, Investigation Committees for student misconduct, Student Appeals Committee, and the associate dean for UME (eg, suspension).
- Documentation of student withdrawal.
- Documentation contained in the student dashboard at the time of graduation or separation.
- Final MSPE.
- Letters of reference provided through the medical school for residency applications and other purposes, including requests submitted by students for letters of reference.
- USMLE scores, USMLE ID number, and examination dates including notation of pass/fail.
- AAMC ID number.

The following information may be kept by the medical school but is not part of the permanent student record. This information may be kept while the student is enrolled and for a period of years following graduation or separation from the medical school.

- Financial aid records, which are maintained by the office of Financial Aid.

- Health records, including vaccination records and other health records, which are maintained by Occupational Health and Infection Control, as well as health care providers.
- Alumni records, which are created or updated after the student is no longer enrolled.
- Records of course/clerkship drops/adds, test scores, formative and summative assessment scores, subjective performance evaluations including student performance evaluations of experiences away from the medical school, course/clerkship performance records, and final course/clerkship evaluations.
- Student attendance and participation records, including documentation of absences.
- Advising records (in addition to those that are kept in the sole possession of the maker).
 - Memos to file that are submitted to the registrar from the associate dean for Student Affairs, academic advisors, clinical skills educator, and designated individual mentors.
 - Notes and summaries that are maintained by the registrar regarding academic and non-academic issues.
- Completed medical school forms submitted by students, and related documents.
- Records and related documents of committee proceedings, including but not limited to:
 - Records and related documents of the Medical Student Performance Committee regarding performance.
 - Records and related documents of the Student Appeals Committee of appeals by the student.
 - Records and related documents of the Accommodations Committee regarding accommodations, including requests for accommodations.
 - Records and related documents of allegations, initial inquiries, and investigations, including of Investigation Committees, for student misconduct.
- Records and related documents of the medical school providing official transcripts, letters of verification of training, and forms for licensing and privileges.
- Other records as determined by the medical school.

Curriculum requirements, including advancement and graduation requirements, are described in the Student Policy Manual and are not maintained as part of the permanent student record.

Grade point averages for students are not calculated, provided, or reported. The medical school may generate, as needed for internal purposes, analyses of performance of students. Such analyses include individual course/clerkship and cumulative performance, as well as course/clerkship and cumulative weighted class averages and performance distribution in Foundations of Medicine courses (not including Transition courses and Introductory Clinical Experiences), core clerkships, and advanced clerkships. Individual student and class analyses and reports using aggregated data are not part of the permanent student record, though individual student results may be reported in the context of class-wide performance results in the MSPE and other reports that are part of the permanent student record.

Identification Badge and Photograph

Students are issued a medical school identification badge, which includes an identification photograph, and are required to wear their badge at all times and at all sites when they are in the role as a student having any interaction with patients or the public.

The identification badge is the property of the medical school and must be returned to the medical school upon request or student separation or graduation. There is a charge for replacement of a lost, stolen, or misplaced identification badge.

An identification photograph taken by the medical school is required to obtain a medical school

identification badge, which is necessary to assure faculty and staff at different settings that students are legitimate learners in the hospital and clinic environment. The identification photograph may be used and distributed for informational, promotional, and educational purposes.

The medical school publishes and distributes pictures, picture directories, and class photographs of students to meet the educational needs of the medical school, including publishing student information and pictures on the medical school websites. Directories and pictures are distributed publicly and are available to students, faculty, medical school staff, and affiliated hospitals and clinics. While the medical school classifies photographs, electronic images, and recordings as directory information, these are not generally released to parties outside the medical school without the student's permission.

Still Photographs, Video Recordings With or Without Audio, and Audio Recordings

The medical school is committed to quality education and training. Toward this end, students and faculty are routinely observed and evaluated as an integral part of their education and development of their professional competencies, either directly or through still photographs, video recordings with or without audio, and audio recordings, as appropriate to the objectives and format of the experience. These records are an integral part of the teaching and assessment methods of students. All use of still photographs, video recordings with or without audio, and audio recordings involving patients must meet HIPAA requirements.

All rooms in the Simulation Center, the TBL Halls, many examination rooms in the clinics, and many other sites are equipped with cameras and microphones, and may be monitored for safety, business, educational, and evaluation purposes. The medical school records both visually and audibly many campus events and daily activities such as classes, educational events, commencement, convocations, student events, and public events. These images and recordings, as well as other information about learners and faculty, may be published by the medical school in print or on websites regularly as part of the medical school's coverage of campus life and portrayal of the medical school to a variety of audiences. The medical school generally restricts the use of any image or recording to the representation, marketing, or promotion of medical school activities only.

By virtue of accepting an offer of admission, registering for courses/clerkships, and participating in medical school activities, students consent that their image and voice in still photographs, audio recordings, and video recordings with or without audio obtained in the course of medical school activities, at any site and at any time, may be recorded, used, and distributed by the medical school now and in the future to:

- Provide formative feedback to learners and educators to improve their performance.
- Formally assess learner achievement.
- Help evaluate and improve curricula.
- Evaluate our teaching process.
- Promote medical school activities for informational, promotional, marketing, and fundraising purposes as well as for educational purposes.

Still photographs, video recordings with or without audio, and audio recordings that are created during the delivery of curricula may be accessed by medical school faculty and staff only for official authorized purposes including learner education, learner evaluation, educator evaluation, and curriculum development, implementation, and oversight. Only those medical school faculty and staff with a legitimate educational or business need to use this information have access to these records. Portions of still photographs, audio recordings, and video recordings with or without audio may be used by the medical school to privately and publicly promote medical school activities for informational, promotional, marketing, and fundraising purposes as well as for educational purposes.

Students are provided with access to still photographs, video recordings with or without audio, and audio recordings that are part of curricula, including recordings that are created from lectures, curricular and co-curricular activities and experiences, standardized patient experiences, simulation experiences, and clinical or patient-related experiences related to medical school events and activities. Making copies of these recordings in any format including on laptops and personal electronic devices, posting or publishing in any format, or showing or distributing to other individuals without prior written authorization is prohibited.

Still photographs, audio recordings, and video recordings with or without audio recordings related to learner performance that are created during curriculum delivery are retained generally for about one year after the learner has graduated or is no longer officially associated with the medical school, whichever comes first. Generally, at that time, recordings of individual learners are destroyed and no longer available. Portions of these recordings may be retained and used indefinitely for educational and business purposes, but these recordings no longer represent performance of the individual learner or group.

Personal Cameras and Recording Devices

Use of a personal camera or recording device (for photography, or audio, video, or audio video recording) to record any clinical or patient-related experience with patients must be in accordance with the policies of the clinical site. To minimize misperception, learners and faculty should not have a personal camera or recording device within the view of a patient unless permission to photograph or record has been obtained through the policies and procedures of the clinical site. Use of a personal camera or recording device by learners and faculty is not permitted in the setting of anatomy instruction, standardized patients, and simulation training.

Publishing and Posting on the Internet

Students, residents/fellows, faculty, and staff shall not post or publish still photographs, video recordings with or without audio, audio recordings, written records, or in any other form the content of curriculum events including but not limited to lectures, iBooks and other independent learning resources, standardized patient experiences, simulation experiences, examination questions, and clinical and patient-related experiences related to medical school events and activities in any format including the internet, such as social networking sites and personal websites whether with or without restricted access, including posting anonymously or under a pseudonym.

Content, including still photographs and video recordings, posted by the medical school on its website and media sites is copyrighted by the medical school and may be referenced and linked without change or modification for non-commercial purposes with attribution. All other use, both non-commercial and commercial, requires advance written authorization from the office of the Dean.

Commencement and Graduation Activities

Submitting the Intent to Graduate form signals that a student is preparing to graduate. By signing the Intent to Graduate form, the student is giving permission to the medical school to print the following information in any medical school graduation program and announce this information at any medical school graduation ceremony: the student's name as indicated on the Intent to Graduate form, any honors or awards received, the medical school degree, previous colleges and universities attended, and degrees earned at those previous colleges and universities. If a Directory Information Restriction form was previously submitted, the student's signature on the Intent to Graduate form permits the directory information to be published for the graduation program and graduation ceremony. The student's signature also permits the medical school to release the student's name and address to the external photography vendor with whom the medical school contracts, and to have the vendor place graduation photographs of the student on its website. The student's signature also permits the medical school to publish the student's picture in a picture composite and the student's image in a video of the Commencement ceremony that is created and distributed. The recording of the graduation ceremony may be posted on the medical school

website and social media sites such as YouTube and Facebook. The student's signature also permits publication of the student's name, photograph, previous degrees earned, and other information in medical school publications.

Records of Deceased Students

Since, according to FERPA, the privacy interests of an individual expire with that individual's death, the disposition of records held by medical school pertaining to a deceased student is not a FERPA issue but a matter of institutional policy and/or state law.

Following the death of a student, the medical school releases educational records of the individual student to third parties only: 1) if the student had submitted a signed authorization designating the person(s) eligible to receive the educational records; 2) if a release is authorized by the executor of the student's estate, parents, or next of kin if an executor has not been appointed; 3) in response to an order from a court of competent jurisdiction; or 4) at the discretion of the medical school. The deceased student's educational records may be shared with medical school individuals who have legitimate academic, and business needs to access and know this information and may be made available for medical school research purposes.

Use of Contact Information

Contact information including names, addresses, phone numbers, and email addresses of current and former faculty is used only for medical school and related academic purposes. This information is not used, sold, or distributed for other purposes. Students may not use medical school mailing and emailing lists for unauthorized fundraising or for commercial, private, or political purposes.

Approval

Gustavo Patino MD, PhD

Associate Dean for UME _____ Date: _____

Procedures

Additional Contacts

Leaves of Absence--UME 519

POLICY CONTENTS

Category: UME	Implementation: 5/1/2021 Last update: 3/31/2024
Additional Details Contacts: Maria Sheakley, PhD Maria.sheakley@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

LCME Standards

Scope

MD Degree Program

Policy Statement

A leave of absence may be approved for a student when a temporary interruption of the student's academic schedule is in the best interest of the student or the medical school. A leave of absence may postpone participation in residency match and graduation. Requests for Leaves of Absence for the sole purpose of delaying graduation, when all requirements for degree completion are met, are generally not accepted. All leaves of absence are part of the permanent student record and are described in the Medical Student Performance Evaluation (MSPE). The medical school does not recognize an unapproved leave of absence. Any leave of absence that does not meet all of the conditions of an approved leave of absence is considered to be unapproved and is treated as an unofficial withdrawal from medical school.

Individuals who are on leave of absence: are not enrolled in any courses/clerkships; are not reported by the medical school as enrolled students; may not participate as a student in curricular or other medical school activities including research at WMed (unless on an academic leave of absence in which the student is accepted to conduct research at WMed); may not hold a position in student organizations or on medical school committees; may not represent the medical school in any manner including at conferences (unless on an academic leave of absence in which the student is accepted to conduct research at WMed); are not eligible for medical school travel awards and other student funding awards, and are not covered by the medical school's malpractice insurance. Individuals on leave of absence may confer with medical school faculty to facilitate independent learning; maintain access to their WMed email address, have continued electronic access to library resources, and course/clerkship materials for those courses/clerkships for which they had been enrolled, to facilitate independent learning; have access to medical school facilities as normally provided for a visitor, which does not include printing and photocopying privileges, or access to the fitness center. Individuals on leaves of absence continue at all times to be subject to all medical school policies, including the Code of Professional Conduct and the requirement to provide notice of adverse actions within five working days of the action. Individuals on leaves of absence are strongly encouraged to maintain, throughout the entire leave, health insurance that provides coverage for preventive, diagnostic, therapeutic, and mental health services.

All requests for leaves of absence are made in writing directly to and granted at the discretion of the associate dean for Student Affairs. A leave of absence constitutes a mutual agreement between the medical school and individual with regard to the use of time during the leave, as well as the requirements that must be met prior to re-entering the curriculum. Stipulations of a learning contract are deemed to be part of the mutual agreement between the medical school and the individual for the leave of absence. The Medical Student Performance Committee may modify an existing learning

contract upon approval of a leave of absence, and upon return from leave of absence, to revise the requirements and deadlines stipulated by the learning contract. A leave of absence may be required as part of a learning contract.

The medical school recognizes three types of leaves of absence, each of which requires the approval of the associate dean for Student Affairs:

- Academic leave of absence: an approved leave of absence, generally for up to one year, granted to pursue a specified course of study or academic experience, including research. An academic leave of absence is not granted for remediation purposes.
- Medical leave of absence: an approved leave of absence, generally for up to one year, granted because of a personal medical condition.
- Personal leave of absence: an approved leave of absence, generally for up to one year, granted because of temporary, extenuating personal and family circumstances, including to provide time for course/clerkship remediation or additional preparation for USMLE. All members of the Armed Forces, including reserve components and National Guard will be eligible for a personal leave of absence if such members are temporarily unavailable or must suspend enrollment by reason of serving in the Armed Forces.

Conditions and circumstances that necessitate an interruption of studies for longer than one year should be managed generally by request for official withdrawal from the medical school.

The Leave of Absence Request includes the reason for the leave of absence, start date, proposed end date, and must be signed, dated, and submitted by the student. Students requesting a leave of absence must meet with the director of Financial Aid, which is also required to meet Federal Title IV financial aid exit counseling requirements. If the leave is approved, the student receives written confirmation of approval from the associate dean for Student Affairs. This approval summarizes any conditions pertinent to the individual student's leave and establishes the date by which time the student must notify the registrar of intent to return to the medical school, and the date by which the student must return to enrollment and full participation in courses/clerkships.

Grades of Incomplete and In Progress at the start of a leave of absence are changed to a grade of either Fail or Withdrawal. For students returning from a leave of absence with remediation that is under a learning contract or a make-up/remediation contract, a grade of Withdrawal may be remediated to a grade of Pass, and a grade of Fail may be remediated to a grade of Fail/Pass, under the oversight of the MSPC.

Individuals must submit a completed Request to Return from Leave of Absence to the associate dean for Student Affairs at least four weeks prior to the requested date to return if no accommodations are requested, and at least eight weeks prior to the requested date to return if accommodations are requested. Approval for return from a leave of absence requires satisfactory results from a background check and drug testing, and also a fitness-for-duty evaluation for students after a medical or personal leave of absence. Individuals who need to extend their Leave of Absence may submit a Leave of Absence Extension Request to be reviewed by the associate dean for Student Affairs. Individuals who do not request an extension or return by the leave of absence end date, or whose return is not approved, are dismissed from medical school on the first working day following the approved end date of the leave of absence and with an effective dismissal date of the start date of the leave of absence. Individuals remain on leave of absence until approved to return and have restarted courses/clerkships. Individuals resume the curriculum generally at the same point in the curriculum that the leave of absence started.

Tuition may be refunded for a leave of absence, following approval and according to the tuition refund schedule as described in the Financial Aid Policy Manual. Time on an approved leave of absence does not count toward the federal financial aid eligibility time limits for progress toward

degree completion.

Leaves of Absence and Satisfactory Academic Progress

A student on a leave of absence remains subject to policies regarding satisfactory academic progress.

Time Limitations of Leaves of Absence

In general, leaves of absence for students are not granted for a period longer than 12 months. A return from leave of absence to the academic program leading to the Doctor of Medicine degree is subject to the availability of space in the appropriate student class.

Students who go on a leave of absence must adhere to the maximum time limit and are required to complete all requirements for the Doctor of Medicine degree within six years of matriculation. The Foundations of Medicine curriculum must be completed within 36 months of the student's matriculation date (including time on leave of absence), and the Clinical Applications curriculum must be completed within 36 months of completion of the Foundations curriculum (including time on leave of absence).

The associate dean for UME may extend the degree completion time limit to more than six years for students who are pursuing additional approved scholarly activities or enrolled in a dual-degree program that includes a degree at the medical school.

Appeal of Refusal to Permit Return from Leave of Absence

An individual who requests to return from an approved leave of absence may appeal a refusal by the associate dean for Student Affairs by submitting an appeal in writing to the senior associate dean for Academic Affairs within five working days after receipt of the refusal. The appeal must state the grounds for the appeal.

The senior associate dean for Academic Affairs submits the appeal to the Student Appeals Committee, which is responsible for the appeal process. The Student Appeals Committee shall meet separately with the student and the associate dean for Student Affairs, and others as the committee deems appropriate, as soon as possible but not more than 30 working days from the date of the receipt of the appeal. Within 30 working days of concluding all meetings, the committee shall report its findings and decision to the Dean for disposition. The decision of the Student Appeals Committee is final.

Approval

Maria Sheakley, PhD

Associate Dean for Student Affairs _____

Date: _____

Procedures

Additional Contacts

History

Travel Awards for International and Scholarly Activities--UME 520/GSE 520

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last update: 3/29/2024
Additional Details Contacts: Maria Sheakley, PhD Maria.sheakley@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

LCME Standards

n/a

Scope

MD and MS degree programs

Policy Statement

Travel Awards for international activities as part of an approved clerkship taken for credit

The medical school has a limited amount of funds for travel awards for medical students to support international activities taken for credit at sites outside the United States and Canada. Reimbursement for allowable travel expenses is up to \$500 for a 1 credit elective, \$750 for a 2-3 credit elective, and up to \$1,000 for a 4+ credit elective. Requests and funding must be approved in advance of the start of the elective. Each medical student is eligible for international travel awards up to a maximum of \$1,000 total while at WMed. Travel awards are subject to availability of funds.

[Applications for travel awards for international electives](#) must be submitted to the office of Financial Aid. Determinations of travel awards for international activities are based on merit and financial need.

All international travelers on school-sponsored activities must comply with medical school policy GEN09, *International Travel for Activities Sponsored by the Medical School*. Medical student participation in activities at international sites is an optional medical student activity and is not required for advancement or graduation.

Travel Awards for Presentations at Professional Academic Meetings

The medical school has a limited amount of funds that provide a limited number of travel awards for students for presenting a poster or oral presentation at an approved professional academic meeting of an abstract or manuscript for which they are listed as an author affiliated with the medical school, or resolution for which they are listed as an author affiliated with the medical school at an approved professional society meeting. The meeting and all travel must occur prior to graduation from medical school. Travel awards are available to students who are enrolled full-time and in good academic standing. Reimbursement for allowable travel and meeting expenses is up to a maximum of \$350 for a meeting held in Michigan and contiguous states, and up to a maximum of \$750 for a national or international meeting that is held outside of the region. Travel awards are provided for only one meeting for each eligible abstract or manuscript, and only for the student(s) giving the oral or poster presentation or presenting the resolution. For abstracts, manuscripts, and resolutions with multiple students making the presentation, the travel award is divided equitably among eligible students based on participation, as determined at the discretion of the medical school. A student may receive multiple travel awards for multiple presentations of different abstracts, manuscripts, and resolutions. Travel awards are subject to availability of funds.

[Applications for Travel Awards for Conference or Research Presentation](#) at approved professional academic meetings must be submitted along with the complete abstract to the office of Student Affairs at least four weeks prior to the meeting.

Approval

Maria Sheakley, PhD

Associate Dean for Student Affairs

Date: _____

Related Information

- GEN09 - International Travel for Activities Sponsored by the Medical School

Account Charges—UME 521/GSE 521

Content Information

Category: UME/GSE	Implementation: 5/1/2021 Last update: 6/17/2023
Additional Details Contacts: Maria Sheakley, PhD Maria.sheakley@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

LCME Standards

Content

In addition to tuition, the medical school charges students for the following:

- Required books purchased by the medical school for individual student use.
 - Charges for required books are assessed in two equal installments semi-annually along with tuition.
- The annual access charges for WMU Sindecuse Health Center (for health services, including psychiatry services but excluding counseling services provided by Sindecuse Counseling Services) and WMU Student Recreation Center, for students who choose to purchase access to these services.
- Photocopying exceeding the allowance of \$200 per student per fiscal year.
- Medical school property loaned to the student (e.g., locker, locker keys, identification badges, and equipment) that is damaged or not returned.
- Charges to the medical school by external entities resulting from actions by the student.
- Damage of medical school property.

Payment of access charges for WMU Sindecuse Health Center and WMU Student Recreation Center, photocopying that exceeds the annual fiscal year allotment, replacement of items, and any other charges are due within 30 days upon posting to the student account. Payments received from or on behalf of the student are applied first to tuition, and then to charges for required books, and then to other outstanding charges.

Additional Contacts

Forms

Approval

Maria Sheakley, PhD

Associate Dean for Student Affairs _____ Date: _____

Health Requirements and Immunizations--UME 601/GSE 601

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last update: 3/29/2024
Additional Details: Contacts: Maria Sheakley, PhD Maria.sheakley@wmed.edu Jason Davis, RN Jason.Davis@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

LCME Standards

12.7 - Immunization Requirements and Monitoring

Scope

MD and MS Degree Programs

Policy Statement

All applicants admitted to the medical school must submit a complete health screening and record of immunizations before matriculation. The applicant must also review the *Technical Standards for Admission, Advancement and Graduation* and self-attest to the ability to comply with all elements of these Technical Standards. All forms should be completed as soon as possible, preferably 1-2 months prior to matriculation when possible, and must be signed, dated, and submitted.

Health Screening:

All applicants admitted to the medical degree program and the MS degree in Biomedical Sciences program must submit a completed Student History and Physical Examination form before matriculation. This includes a complete health history, physical examination by a licensed health care provider, record of immunizations, record of tuberculosis testing or additional laboratory testing results.

Required and Recommended Immunizations

Contact with patients is integral to medical education, and providing patient care involves potential exposure to contagious diseases that can be transmitted to students and other healthcare providers by way of airborne droplets or needle puncture wounds involving contaminated blood and body fluids. Examples of these diseases include but are not limited to pertussis, measles, mumps, rubella, varicella, influenza, hepatitis B, hepatitis C, HIV, meningococcus, and tuberculosis.

Although the risk of contracting serious illness is low, the most effective protection against infection is immunization. The immunization requirements are about protecting each student as well as protecting every individual with whom the student comes in contact, including other patients. Students must complete these immunization requirements in a timely fashion and before any clinical activity.

Immunization forms and instructions are provided after the applicant accepts the offer of admission. Immunization forms should be completed and submitted as soon as possible, and, time permitting, must be submitted four weeks prior to the beginning of the first course. Entering students should submit the forms and review necessary tests and immunizations with Occupational Health and Infection Control

before obtaining additional tests or immunizations. Occupational Health and Infection Control reviews the student immunization forms and laboratory tests prior to matriculation to verify that the student's immunizations meet the medical school requirements. This allows Occupational Health and Infection Control to recommend additional immunizations and obtain additional titers if necessary. Applicants and students who complete the recommended immunization schedule but have an inadequate post-vaccination titer are revaccinated according to CDC (Centers for Disease Control) guidelines, which may require another post-vaccination titer. Applicants and students who do not meet the immunization requirements before the beginning of the first course are required to initiate needed immunizations and obtain clearance from Occupational Health and Infection Control before participating in any medical school courses or activities. Annual influenza vaccinations and an initial QuantiFERON Gold TB blood test followed by annual TB surveillance questionnaires and TB testing as needed is provided by the medical school.

If a student is unable to complete any of the required immunizations because of a medical or religious reason, a vaccine exemption form must be completed with appropriate documentation. Refer to Policy IC03 regarding Vaccine Exemptions and forms. All exemptions are evaluated by the Vaccine Exemption Committee and if approved need to determine if accommodations can be met. If there is a local outbreak of the infectious disease to which a student does not have documented vaccination or immunity, Occupational Health and Infection Control may restrict student participation in some or all clinical care activities until the local outbreak is over.

Upon initial notification of non-compliance, the student will have three business days to fulfill the overdue requirement. Failure to do so will result in removal from the curriculum. In case of removal, any missed events must be remediated at the discretion of the course/clerkship director. Upon five business days of non-compliance from the date of initial notice, the student will be withdrawn from the course/clerkship, which may affect graduation timelines. Extensions to these timelines may be considered on a case-by-case basis by the Associate Dean for UME and/or Associate Dean for Student Affairs, especially if Occupational Health cannot accommodate the given schedule or if there are extenuating circumstances to be considered.

Required immunizations and tests are based on CDC guidelines (Centers for Disease Control and Prevention: Immunization of health-care personnel. Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR* 2011;60(RR-7):1-45.) The required immunizations and testing for students include:

- *Tetanus/Pertussis*: All students must have written documentation of immunization of a Tdap as an adult and Tdap or Td within 10 years. All students should receive a single dose of Tdap as soon as feasible if they have not previously received Tdap and regardless of the time since their most recent Td vaccination. Students should receive Tdap or Td every 10 years as a booster vaccination.
- *Tuberculosis*: A QuantiFERON Gold TB test is required of matriculating students, followed by annual TB surveillance questionnaires and TB testing as needed. If the QuantiFERON Gold test is positive, a chest x-ray and follow-up consultation with Occupational Health & Infection Control is required. For matriculating students, if the most recent documented QuantiFERON Gold test was within 6 months, a TB surveillance questionnaire is completed. All students with history of tuberculosis require follow-up consultation with Occupational Health and Infection Control for continuing management. Additional TB testing may be required as necessary.
- *Measles, Mumps, Rubella (MMR)*: All students must have written documentation of either two doses of MMR vaccine or laboratory evidence of immunity (e.g., measles, mumps, and rubella titers). Students who have written documentation of two doses of MMR who are tested and have negative or equivocal serologic results for immunity for MMR are considered to have

presumptive evidence of immunity and are not in need of additional MMR doses.

- *Varicella (chickenpox)*: All students must have written documentation of two doses of varicella vaccine at least 28 days apart or laboratory evidence of immunity (e.g., varicella titer). Students without acceptable documentation should receive two doses of varicella vaccine at least 28 days apart.
- *Influenza*: All students must have annual influenza vaccination, which is administered in the fall of each year during which the student is enrolled.
- *Hepatitis B*: All students must have written documentation of two to three doses of hepatitis B vaccine, according to the vaccine manufacturer and laboratory evidence of immunity (e.g., anti-HBs). Students who have not yet completed the series should receive the necessary doses and tested for anti-HBs one to two months after the third dose to document immunity. Students who are non-immune after the primary vaccination series should be revaccinated with a second complete 2-dose or 3-dose series, followed by testing for anti-HBs one to two months after the final dose.
- *Meningococcus*: All students must have written documentation of at least one dose of meningococcal vaccine as proof of vaccination to meningococcal disease.
- *Covid-19*: Covid-19 vaccination is preferred but not required for students, however, it may be a requirement of other organizations hosting the student.

Recommended immunizations for students include:

- *Hepatitis A*: During their course of study, students will have close contact with persons at high-risk for hepatitis A. All students should have written documentation of immunization for hepatitis A.

Approval

Maria Sheakley, PhD

Associate Dean for Student Affairs

_____ Date: _____

Alcohol and Controlled Substances--UME 602/GSE 602

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last update: 03/29/2024
Additional Details: Contacts: Maria Sheakley, PhD Maria.sheakley@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

LCME Standards

Scope

MD and MS Degree Programs

Policy Statement

The medical school is committed to protecting the health, safety, and welfare of its students, staff, and patients. To carry out this commitment, the medical school seeks to assure that a drug-free workplace is maintained and that students perform their duties unimpaired by the effects of alcohol and controlled substances (including cannabis or cannabinoids in any form including medical marijuana). Controlled substances include all illegal drugs as well as drugs that require a prescription for legal possession or use.

The medical school does not admit or enroll students who: abuse alcohol, as evidenced by binge drinking, public intoxication, and other signs of excessive use; use controlled substances without a prescription; use illegal drugs; use cannabis or cannabinoids in any form (including medical marijuana) with or without a prescription or registration card; or have a substance dependence. All applicants who accept an offer of admission are required to undergo testing prior to matriculation or during the Transition to Medical School course for alcohol and controlled substances.

Applicants/students who refuse to be tested with a blood, urine, and/or saliva tests are considered to have a positive result for the tests. The following actions constitute a refusal to submit to alcohol and drug testing:

- failing to appear at a collection/testing site on time when directed to report;
- failing to remain at the collection/testing site as directed;
- failing to provide a sufficient, blood, urine, or saliva sample;
- failing to permit a monitored or observed urine collection or otherwise refusing to follow instructions during the monitored or observed collection/testing process;
- failing or declining to take an additional drug test that the medical or the collector/tester has directed;
- failing to undergo a medical examination or evaluation that the medical school has directed;
- failing to cooperate with any part of the collection/testing process;
- possessing or wearing a prosthetic or other device that interferes with the collection/testing process; or
- having provided an adulterated or substituted specimen.

Failure of a student to fully comply with the medical school requirement to be tested with blood, urine, and/or saliva is considered to be a positive result for all of the tests and results in immediate dismissal

from medical school.

Applicants/students who test positive on the initial test may request a second test. If a second test is not requested, then the results of the first test will be used for decision making.

Applicants who refuse to be tested, and those whose initial and second test results are positive and who do not have an appropriate prescription, are in violation of this policy, will have their admission rescinded, and will not be permitted to re-apply for admission for one year.

Students who refuse to be tested, and those whose initial and second test results are positive and who do not have an appropriate prescription, are in violation of this policy. The associate dean for Student Affairs reviews drug test information and, as needed, presents the information to the Medical or Graduate Student Performance Committee for action, which may include a learning contract and sanctions, up to and including dismissal from medical school. The information may also be provided to the associate dean for UME Curriculum for review through the student misconduct process. Drug test information is included in decisions regarding student advancement and graduation. If the results of any drug test leads to a learning contract or sanctions by the medical school or legal action, the information and action may be included in the MSPE.

While enrolled as students, additional testing may be required of any or all students at any time, including testing of students by affiliates as a condition of participation with the affiliate. Individual students may be tested at any time based upon a reasonable suspicion as determined solely by the medical school including but not limited to:

- Any concern about student conduct, including signs and symptoms that are consistent with substance use. Any concern about student academic performance, including a failing grade in any course/clerkship.
- Administrative evaluation such as when any student returns from extended absence, leave of absence, or rotation away from the medical school.
- Information provided to the medical school by other students, faculty, or staff, or obtained by the medical school such as in police reports.
- Any student who self-reports a concern or problem that is consistent with substance use.

Signs and symptoms of possible substance-related impairment include but are not limited to: disheveled appearance; odor of alcohol or marijuana on the student; slurred or incoherent speech; change in personality; difficulties with relationships with others; and decline in academic performance. If, in the judgment of the instructor or supervisor, the student appears impaired, the student is referred to the office of Student Affairs and required to be tested immediately. Testing may include blood, urine, and/or saliva.

Violation of the ban on abuse of alcohol and controlled substances without a prescription, and substance dependence, as may be indicated by a single positive drug test, whether random or for cause, arrest or conviction of substance abuse, admission of use or substance dependence, or a finding of use or substance dependence will result in a learning contract that may include required additional testing and any other actions as well as a verbal or written reprimand, suspension, or dismissal, at the discretion of the medical school.

If the reason for suspension or expulsion is drug addiction, which addiction is successfully treated, and with the recommendation of an attending addictionologist, re-admission may be granted on the condition of additional testing and any other actions, at the discretion of the medical school, that any relapse, recurrence, or re-offense will result in automatic and immediate dismissal. Under these circumstances, there is no possibility of re-admission to the medical school.

Approval

Maria Sheakley, PhD

Associate Dean for Student

Affairs _____ Date: _____

Hazardous Materials and Infectious Pathogens--UME 603/GSE 603

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last update: 3/18/2024
Additional Details: Contacts: Maria Sheakley, PhD Maria.sheakley@wmed.edu Jason Davis, RN Jason.davis@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

LCME Standards

12.8 - Student Exposure Policies/Procedures

Scope

MD and MS Degree Programs

Policy Statement

The curriculum includes experiential activities that involve the use of cells, human tissues, blood and body fluids, human cadavers and anatomical specimens, animal tissues, animals and biologics. Hazardous exposures include physical, chemical, radiological, and biological hazards.

Failure to maintain compliance with all precautions including all immunization and testing requirements shall result in immediate suspension of all activities in the medical school until rectified to the satisfaction of the medical school.

All medical students must have health insurance that provides coverage for preventive, diagnostic, therapeutic, and mental health services beginning at the start of courses and continuing throughout medical school to graduation.

Exposures to Infectious Pathogens

Medical student health, and the health of all healthcare providers, is a priority. Contact with patients is an integral part of the medical education experience. Training in medicine may involve risks to one's own health such as exposure to patients with contagious diseases that can be transmitted to students and other healthcare providers by way of airborne droplets or needle puncture wounds involving infected body fluids. Examples of these diseases include (but are not limited to) tuberculosis, hepatitis B, hepatitis C, and HIV.

At the time of any potential contamination, students are automatically and immediately excused from the current activity until the issue is fully addressed. See policy IC04 for complete details on exposures. Students are required to follow the procedure below immediately after any needle stick, splash or other body fluid exposure:

- Immediately wash the exposed area thoroughly with soap and running water. If blood is splashed in the eye or on a mucous membrane, flush the affected area with running water for 15 minutes.
- Report the exposure to the preceptor and the supervisor of the clinical site and contact WMed Occupational Health and Infection Control.
- Follow the process of the institution where the incident occurred. Based on the circumstances, for most sites including hospitals this may be an immediate evaluation in the emergency department or an appointment as instructed by WMed Occupational Health and Infection Control. A hospital incident

report will likely be required and should be completed. A medical school incident report must also be completed.

- Required laboratory testing should be completed as required by the institution – both for the student and the patient as protocol dictates. This will likely include testing for bloodborne pathogens including hepatitis B, hepatitis C, and HIV. Based on risk of exposure to these pathogens, post exposure prophylaxis may be offered to the student. In addition, testing of the source patient may be performed.
- Students are responsible for all clinical and laboratory charges for testing that is performed related to the incident. The medical school will reimburse students up to \$500 per incident for costs of all required testing and recommended treatment that are not covered by the student's health insurance. Requests for reimbursement from the medical school should be submitted to Student Affairs. Receipts must show payment for actual expense and date of service for any reimbursement of required laboratory tests or immunizations. Expenses greater than \$500 per incident are the responsibility of the student.

To minimize the risk of exposure of contagious diseases to yourself or others, always follow standard precautions with any patient, during any procedure, and with any exam. Wear gloves, eye protection and a facemask during procedures. Change gloves between patients. Wear gloves when handling soiled items, touching soiled surfaces, performing procedures, handling blood or body fluid specimens, starting intravenous lines or drawing blood and when emptying a urinary catheter. Treat all patients and bodily fluids as if they are infected. Avoid contamination of open cuts, abrasions, or mucous membranes with blood or other body fluids. Wash your hands frequently. Do not recap needles, and dispose of all sharp objects immediately after use.

Students receive annual training and review on the appropriate management of exposure to infectious and environmental pathogens.

Students with an Infectious Disease

Accommodations for absence may be made for personal illness. Students should not attend medical school activities if they have a contagious infectious disease that is likely to spread by direct contact or airborne transmission.

Because of the risk of transmission, students must notify the medical school when they have an infectious disease, and adhere to medical school procedures to minimize the risk of transmission of infectious pathogens to patients, students, and staff (see Policy IC12, Employee and Student Restrictions for Infectious Diseases).

Students Infected with Bloodborne Pathogens

Healthcare providers, including students, have a professional responsibility to self-identify personal behaviors and events that pose a risk for infection with a bloodborne pathogen, ensure that they have appropriate testing in the presence of any risk factors for infection, and notify their employer of a bloodborne infection. Reference policy IC12 for the detailed reporting procedure.

It is the responsibility of each medical school applicant, upon acceptance of an offer of admission, and each student at any time before graduation to notify the Occupational Health and Infection Control as soon as possible, and before further participating in any invasive procedures, of information that suggests or confirms infection with a bloodborne pathogen including but not limited to hepatitis B virus, hepatitis C virus, and HIV. Decisions for participation in clinical experiences for students known to be infected with a bloodborne pathogen are based on CDC and SHEA guidelines of measures to be taken by the healthcare community to minimize the risk of transmission of hepatitis B virus, hepatitis C virus, and HIV from infected healthcare workers to patients (Updated CDC recommendations for the management of hepatitis B virus–infected health-care providers and students. *MMWR* 2012;61:1-12; SHEA guidelines 2010, SHEA guidelines 2020). The medical school generally follows these recommendations although an expert review panel considers each case individually. Affiliated organizations may impose additional restrictions at their

sites for students infected with a bloodborne pathogen.

The responsibilities of the student infected with a bloodborne pathogen include compliance with each of the following:

- Students with hepatitis B virus, hepatitis C virus, or HIV infection are required to have physical examinations by a licensed physician who has expertise in management of the infection and also viral burden determinations at least twice each year and as requested by Occupational Health & Infection Control. The findings and reports of all medical evaluations and test results must be submitted in a timely manner by the student's physician directly to the associate dean for Student Affairs.
- The student must provide the medical school with signed authorization using the medical school form located in policy IC12 for authorization to disclose protected health information. Failure of the student to sign the authorization is grounds for dismissal from the medical school.
- Students with HIV infection must receive pneumococcal vaccine, annual influenza vaccine, and all other recommended immunizations.
- Students with HIV infection must undergo screening for tuberculosis every 6- months.
- The associate dean for Student Affairs convenes an expert review panel to evaluate the student's condition at least twice annually. The associate dean for Student Affairs and expert review panel may consult with the applicant's/students personal physician to define limitations, if any, of the student's participation in clinical activities and any medical school activities. The expert review panel and associate dean for Student Affairs develop a formal contract, modeled after the contract used by the medical school for employees infected with bloodborne pathogens, delineating specific requirements and restrictions, if any, regarding the student's activities, training in infection control, conduct of specific procedures, follow-up, and management. The student shall provide signed agreement with all requirements and restrictions in order to participate in any clinical activities. Failure of the student to sign the contract and comply fully with all requirements and restrictions is grounds for dismissal from the medical school.
- Students infected with a bloodborne pathogen are counseled concerning their potential risk to patients. All students receive training in standard precautions and are required to practice standard precautions in all settings and at all times.
- Confidentiality regarding medical student health matters is maintained to the extent that is possible, and as permitted by federal and state laws and professional standards. The student is generally not required to disclose information about infection with a bloodborne pathogen to patients.
- The student must provide the medical school with signed authorization using the medical school form for authorization to disclose protected health information to permit the associate dean for Student Affairs to directly obtain the medical records and information, and also to inform department chairs, clinic directors, course/clerkship directors, supervising faculty, attending physicians, residents, fellows, and others as determined by the associate dean for Student Affairs of the student's bloodborne infection and any limitations on the student's activities. The student has the responsibility to discuss their bloodborne infection status with the course/clerkship director and supervising attending physicians prior to each course/clerkship or experience.
- The student has the responsibility to immediately inform faculty, attending physicians, residents, fellows, and others as appropriate and to withdraw from participating in procedures if the student believes that participation presents a risk for provider-to-patient transmission.
- The medical school will make reasonable efforts, without reducing or changing the requirements for advancement and graduation, to assist the student in completing the requirements for the Doctor of Medicine degree. Affiliated organizations may impose additional restrictions at their sites for students infected with a bloodborne pathogen, which may adversely affect the ability of students to complete all requirements for advancement and graduation. In addition, the medical school will offer career advising to the student of career options, potential limitations, and probable issues related to clinical practice resulting from infection with a bloodborne pathogen.

Noncompliance with any of these student responsibilities, including noncompliance with prescribed treatment regimens, may result in immediate loss of privileges or suspension of the student by the associate dean for Student Affairs from any or all activities in the medical school. Continued noncompliance that results in continued loss of privileges or suspension that adversely affects making satisfactory academic progress may result in dismissal from the medical school.

REFERENCES:

IC12 Policy: Employee and Student restrictions for infectious disease

Updated CDC recommendations for the management of hepatitis B virus-infected health-care providers and students. MMWR 2012;61(RR3):1-12.

Henderson DK, Dembry L, Fishman NO, et al: SHEA guidelines for management of healthcare workers who are infected with hepatitis B virus, hepatitis C virus, and/or human immunodeficiency virus. Infect Control Hosp Epidemiol 2010;31:203-32

Henderson, D. K., Dembry, L. M., Sifri, C. D., Palmore, T. N., Dellinger, E. P., Yokoe, D. S., Grady, C., Heller, T., Weber, D., Del Rio, C., Fishman, N. O., Deloney, V.M., Lundstrum, T., & Babcock, H. M. (2020). Management of healthcare personnel living with hepatitis B, hepatitis C, or human immunodeficiency virus in US healthcare institutions. Infection Control & Hospital Epidemiology, 1-9. doi:10.1017/ice.2020.458

Approval

Maria Sheakley, PhD

Associate Dean for Student Affairs _____ Date: _____

Health and Disability Insurance--UME 604/GSE 604

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last update: 6/17/2023
Additional Details: Contacts: Maria Sheakley, PhD Maria.sheakley@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

LCME Standards

- 10.6 - Content of Informational Materials
- 12.4 - Student Access to Health Care Services
- 12.6 - Student Health and Disability Insurance

Scope

MD and MS Degree Programs

Policy Statement

Health Insurance

The medical school requires that all students have health insurance that provides coverage for preventive, diagnostic, therapeutic, and mental health services beginning at the start of courses and continuing through graduation. The medical school, at its discretion, may waive this requirement for students accepted late in the selection process, generally for no more than one month, during which the student is solely responsible for any expenses incurred. The health insurance must include, within the limits, copays, and terms of the insurance, coverage for medical problems and emergencies that might occur during the educational and clinical training that is part of the degree program curriculum.

Students must provide documentation to the office of Student Affairs of health insurance coverage that meets medical school requirements at least annually and within 30 days of loss of coverage or change in insurance carrier.

Students may satisfy the medical school health insurance requirement using the government [healthcare exchange](#), Medicaid insurance, or private health insurance under a parent plan, spouse/partner plan, or separate individual/family health insurance plan. The medical school recommends that the health insurance meet the [Essential Benefits requirements of the Affordable Care Act](#) (ACA), such as the bronze, silver, and gold plans of the ACA. While many options are available that meet the medical school health insurance requirement and also meet needs for dependents, there are important differences between plans in the coverage that is provided, including copays and coverage for diagnostic testing, mental health and counseling services, and when traveling out of the state of Michigan. Students are individually responsible for understanding the terms of their health insurance and selecting the plan that best meets their individual circumstances.

The student is responsible for all costs of their health care, including the costs of health insurance. Students may elect additional insurance coverage through their provider and at their own expense for spouses/significant others and dependent children.

WMU Sindecuse Health Center

Students are eligible to use the services of WMU Sindecuse Health Center, located on the main campus

of Western Michigan University. Students must use their Bronco ID card and pay an additional annual access fee for this service. *The access fee to use Sindecuse Health Center as a health care provider does not replace the need for health insurance.*

Sindecuse Health Center offers convenient services for evaluation and treatment for a variety of illnesses and injuries, preventive health check-ups, periodic health monitoring, as well as health promotion opportunities that enhance individual and community health. This includes psychiatry services but excludes Sindecuse counseling services. Using Sindecuse Health Center requires health insurance as well as payment of the additional annual access fee. For students who pay the annual student access fee, their spouse and dependent children 12 years of age and older of may also use Sindecuse Health Center by obtaining a Bronco ID card and paying the annual access fee for themselves, or alternatively paying a modest fee at each visit. Sindecuse Health Center does not provide care for children younger than 12 years of age. For additional information about eligibility of dependents to access Sindecuse Health Center, [click here](#).

WMU Sindecuse Health Center
Kalamazoo MI 49008-5445 USA
(269) 387-3287

<https://wmich.edu/healthcenter>

Sindecuse Health Center determines which health insurance plans they accept, and students are advised to confirm with Sindecuse Health Center that their health insurance is accepted before selecting to be charged the annual access fee. Sindecuse Health Center does accept some Medicaid plans (eg, Meridian Medicaid) but not all. The [Sindecuse Health Center website](#) provides information about [insurance plans](#) that are accepted.

For students who do not have dependents younger than 12 years of age, the medical school recommends that students obtain health insurance that is accepted by Sindecuse Health Center and also choose the option to pay the annual access fee to use Sindecuse Health Center for their individual healthcare needs.

Students who elect to use Sindecuse Health Center for health care are charged the annual access fee by the medical school, which then submits the payments to WMU on behalf of the students. Annual access charges for Sindecuse Health Center are set by WMU and are subject to change each year. Students are individually responsible for any other charges to them by Sindecuse Health Center, which are charged directly to the individual medical student, including by posting to their WMU student account, and collected by WMU.

The annual fee for medical student access to the WMU Sindecuse Health Center is sent to students on an annual basis as part of the annual matriculation process by the registrar.

Parking for students visiting Sindecuse Health Center is provided without additional cost. Students are given a parking token prior to leaving the building that is used to exit the gated parking area.

Disability Insurance

Disability insurance to cover injuries during their educational training period that might result in chronic disability is required of all students and is provided by the medical school. Students may accumulate significant debt and are particularly vulnerable to the financial hardships that may result from a disability that results in being unable to complete their medical education. The medical school provides disability insurance for all students beginning at the start of courses and continuing throughout medical school to

graduation. This disability insurance remains in effect as long as the student is enrolled as a full-time student, even during international experiences and vacation periods. The insurance provides for a long-term disability benefit of \$1,500 per month for complete disability, and other benefits.

Additional information is available on the medical student portal and through the office of Student Affairs. Students may purchase additional disability insurance from a provider of their choice and at their own cost.

Approval

Maria Sheakley, PhD

Associate Dean for Student Affairs _____ Date: _____

Professional Liability--UME 605/GSE 605

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last update: 6/17/2023
Additional Details: Contacts: Maria Sheakley, PhD Maria.sheakley@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

LCME Standards

Scope

MD and MS Degree Programs

Policy Statement

Students must not practice medicine and must be appropriately supervised by licensed attending physicians when participating in patient care. Students who do not abide by these scope of practice limits may not be covered by the medical school professional liability (malpractice) insurance.

Western Michigan University Homer Stryker M.D. School of Medicine provides students enrolled in the medical school and in good standing with professional liability insurance for activities *in the United States only* that are part of their medical degree curriculum. The insurance provides coverage of \$2,500,000 per occurrence and \$5,000,000 in the aggregate.

The professional insurance provides coverage for activities as a student in any activity as a learner in the approved curriculum for the MD degree that is provided in the United States. The professional insurance does *not* provide coverage for students for any jobs or roles outside of the MD degree program, including but not limited to: prior to matriculation; after graduation; during a leave of absence; extracurricular activities, including volunteer and shadowing experiences; and activities outside of the United States.

Approval

Maria Sheakley, PhD

Associate Dean for Student

Affairs _____ Date: _____

Procedures

Additional Contacts

Forms

Related Information

History

Insurance for Student International Travel--UME 606

POLICY CONTENTS

Category: UME	Implementation: 5/1/2021 Last update: 11/29/23
Additional Details Contact: Maria Sheakley, PhD Maria.Sheakley@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

LCME Standards

Scope

MD Degree Program

Policy Statement

All international travelers on school-sponsored activities must comply with general policy *GEN09 – International Travel Sponsored by the Medical School* and *UME423 - International Student Experiences Sponsored by the Medical School* and complete the forms included in those policies. Medical student participation in activities at international sites is optional and not required for advancement or graduation.

The medical school requires that medical students who are participating in electives or activities in foreign countries have health insurance, disability insurance, and emergency medical evacuation and repatriation insurance.

Health insurance that provides coverage for preventive, diagnostic, therapeutic, and mental health services is required of all students beginning at the start of courses and continuing throughout medical school to graduation. Medical students should ensure that their health or homeowner's/renter's insurance policy provides coverage while traveling internationally, and offers emergency medical evacuation and repatriation coverage, for both school-related and personal travel. See links below for additional coverage options if needed.

The medical school provides disability insurance for all medical students beginning at the start of courses and continuing throughout medical school to graduation. This disability insurance remains in effect if the student is enrolled as a full-time student, even during international experiences and vacation periods. Students may purchase additional disability insurance from a provider of their choice and at their own cost.

Some students may wish to purchase trip cancellation and/or interruption insurance for their international electives or activities. Such insurance plans may provide financial protection if a student must unexpectedly cancel or interrupt their educational experience and having it may prevent unforeseen circumstances from presenting a substantial financial loss for students who must later withdraw from an elective to which they are committed. While WMed does not require students to purchase trip cancellation/interruption insurance, we do advise students taking international electives to consider purchasing it, as is not provided by the medical school. Please read policies carefully before purchasing insurance so that you know exactly what is and is not covered. While WMed does not endorse any company, a few examples of online vendors where trip cancellation policies can be purchased are included below.

[Insure My Trip](#)
[Allianz travel insurance](#)
[AIG Travel Guard](#)
[Travelex Insurance](#)

Policy UME605 – *Professional Liability Insurance* outlines professional liability coverage provided for students; it does not include activities outside the United States. Generally, countries in Europe as well as Canada, Japan, and Australia have court systems designed to limit judgments, with some countries operating in a no-fault manner. Malpractice lawsuits are currently rare in under-resourced countries (e.g., Central America, South America, and Africa). It is recommended that medical students engage in international experiences only at established medical centers that are part of or closely affiliated with an LCME-accredited medical school. The medical school recommends that medical students ask for advice and follow the recommendations of officials at the cooperating institution regarding the need for additional professional liability (malpractice) insurance.

Approval

Maria Sheakley, PhD

Associate Dean for Student

Affairs _____ Date: _____

Procedures

Additional Contacts

Forms

Related Information

- GEN09 - International Travel for Activities Sponsored by the Medical School
- UME423 - International Student Experiences Sponsored by the Medical School
- UME605 - Professional Liability Insurance

History

Occupational Health & Infection Control --UME 607/GSE 607

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last update: 3/29/2024
Additional Details: Contacts: Maria Sheakley, PhD Maria.sheakley@wmed.edu Jason Davis, RN Jason.Davis@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

LCME Standards

12.7 - Immunization Requirements and Monitoring

12.8 - Student Exposure Policies/Procedures

Scope

MD and MS Degree Programs

Policy Statement

Occupational Health & Infection Control ensures that all occupational health and infection control functions in the medical school are completed satisfactorily. This includes education and safety surrounding personal protective equipment, hazardous exposures such as blood borne, airborne and sharps injuries and illnesses, as well as follow-up and treatment.

Occupational Health & Infection Control evaluates students for appropriateness of immunizations and risk of disease upon admission. They also maintain compliance for vaccinations and mask fitting as outlined in policy *UME/GSE 601 - Health Requirements and Immunizations*.

Occupational Health & Infection Control manages injuries and exposures to ensure appropriate management and follow-up to minimize disease transmission as outlined in policy *UME/GSE 603 – Hazardous Materials and Infectious Pathogens*. All records are held separately from medical and education records and documentation supports the needs of accrediting bodies.

Approval

Maria Sheakley, PhD

Associate Dean for Student

Affairs _____ Date: _____

Related Information

- UME/GSE 601 - Health Requirements and Immunizations
- UME/GSE 603 – Hazardous Materials and Infectious Pathogens

Student Access to Healthcare Services--UME 608/GSE 608

POLICY CONTENTS

Category: UME/GSE

Implementation: 5/1/2021

Last update: 3/30/2024

Additional Details:

Contacts: Maria Sheakley, PhD

Maria.sheakley@wmed.edu

Responsible Office: Office of Student Affairs

Responsible person: Associate Dean for Student Affairs

LCME Standards

12.4 - Student Access to Health Care Services

Scope

MD and MS Degree Programs

Policy Statement

Students are required to have health insurance while enrolled at WMed. Primary, Specialty, Urgent and Emergency care are accessible within the community to students. Student Affairs can assist students with locating primary and specialty care sites and providers as well as provide a list of commonly used providers. Affiliate healthcare systems have urgent and emergency care services that can be readily utilized by students.

Students and faculty are made aware of policies prohibiting the assessment of a student by a physician with a prior provider-patient relationship.

Approval

Maria Sheakley, PhD

Associate Dean for Student Affairs _____ Date: _____

Procedures

Additional Contacts

Forms

Related Information

- Health and Disability Insurance (UME 604)
- Occupational Health (UME 607)
- Counseling and Mental Health Services (UME 608)
- Employee Assistance Program (UME 610)
- Emergency Services (UME 611)
- Disabilities (UME 612)
- Substance Abuse Counseling (UME 613)

History

Counseling and Mental Health Services--UME 609/GSE609

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last update: 3/30/2024
Additional Details: Contacts: Maria Sheakley, PhD Maria.sheakley@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

LCME Standards

12.3 - Personal Counseling/Mental Health/Well-Being Programs

Scope

MD and MS Degree Programs

Emergency Mental Health Services

For emergency behavioral and mental health crises, students may access community services by using the 24-hour community Help Line at 269.381.1510 (Gryphon Place help line)

Medical School Personal Counseling Services

The medical school provides programs that promote student wellness and facilitate student adjustment to the physical and emotional demands of medical education. The medical school also facilitates connecting students to appropriate professional counseling and therapy, if needed. The medical school does not provide psychological or psychiatric therapy for students.

Limited, confidential personal counseling services are available to enrolled students with school-related adjustment issues such as anxiety or situational depression. Generally, approximately six counseling visits are provided free of charge for each student.

Licensed counselors serving as consultants to the medical school provide the sessions and are bound by confidentiality. No protected health information is released, including to medical school administration, without signed written release by the student. These counselors are not involved with student academic instruction, student performance evaluations, or consideration for advancement or graduation of students. Safeguards are in place in the electronic health record to prevent disclosure of sensitive clinical notes.

Students may confidentially make appointments by contacting the counselors directly. If a condition is determined to be persistent, severe, or require longer term counseling, students can continue sessions with the counselor beyond six visits at their own expense.

Willow Path Counseling Center

<https://www.willowpathcounseling.com/>

269.459.8889 (call)

A variety of diverse counselors to choose from

Virtual and in-person visits

Full-service psychotherapy services

Free, confidential service for students (up to 6 visits per student)

Accept most major insurance plans, including Medicaid

Dr. Mary Wassink

269.760.9220 (call or text)

Virtual visits only

Free, confidential service for students (up to 6 visits per student)

Accepts insurance, excluding Medicaid

Substance abuse and addiction-related issues are beyond the scope of these counseling services and are referred to the medical school Employee Assistance Program, Behavioral Health Services at Western Michigan University, or private counselors who are outside of the medical school.

Private Practice Counselors and Mental Health Services

The medical school has contracted with private practice counselors in the community to provide counseling and mental health services to students. Students are responsible for expenses for these counseling services. The staff at these sites are not involved in the education of students, eliminating conflicts of interest that could arise in the assessment of academic performance such as advancement of students. Up-to-date information for private practice counselors can be found on the WMed Student Portal: <https://portal.wmed.edu/counseling-and-support-services>.

Approval

Maria Sheakley, PhD

Associate Dean for Student Affairs _____ Date: _____

Procedures

Additional Contacts

Forms

Related Information

History

Employee Assistance Program--UME 610/GSE 610

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last update: 6/17/2023
Additional Details: Contacts: Maria Sheakley, PhD Maria.sheakley@wmed.edu Human Resources hrmail@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

LCME Standards

12.3 - Personal Counseling/Mental Health/Well-Being Programs

12.5 - Non-Involvement of Providers of Student Health Services in Student Assessment/Location of Student Health Records

Scope

MD and MS Degree Programs

Policy Statement

The medical school Employee Assistance Program (EAP) is a confidential and voluntary support service that is fully accessible to students and immediate household members to help find solutions to their challenges, and in a manner that is best suited to individual preferences, comfort level, and lifestyle.

The EAP is a confidential service (within the limits of the law) that is available by telephone or website 24 hours a day, seven days a week: No one at the medical school will know that you have used the program unless you choose to share that information. There is no cost to use the EAP. The EAP provides a wide range of services including:

- Short-term professional counseling for support for personal and emotional issues including stress, anger, death and dying, and alcohol and substance abuse. You may choose the counseling delivery option that is most comfortable including telephone, online chat, or in-person.
- Family support services connects you with a Family Support Specialist for personalized assistance with family planning, parenting, childcare, eldercare, daily living support, and more.
- Legal support services provide telephone or in-person consultation with attorneys to address legal questions surrounding divorce, custody, adoption, real estate, debt, bankruptcy, landlord/tenant issues, and more.
- Financial support services provide consultation with financial professionals to address financial questions surrounding budgeting, debt management, tax issues, and more.

EAP Contact info:

Phone: 1.800.448.8326

Online: www.LifeAdvisorEAP.com (Company name: WMed; City: Kalamazoo.)

If crisis services are required, the phone counselor helps locate local crisis services, which may include a recommendation to go to a local hospital emergency department.

Additional information about the EAP is available from Human Resources at 269.337.6363.

Approval

Maria Sheakley, PhD
Associate Dean for Student
Affairs

Date: _____

Emergency Services--UME 611/GSE611

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2022 Last update: 6/20/2023
Additional Details: Contacts: Maria Sheakley, PhD Maria.sheakley@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

LCME Standards

12.4 - Student Access to Health Care Services

12.5 - Non-Involvement of Providers of Student Health Services in Student Assessment/Location of Student Health Records

Scope

MD and MS Degree Programs

Policy Statement

For emergency behavioral and mental health crises or when the offices for these private counselors are closed, students may access community services by using the 24-hour community Helpline at 269.381.4357. This service is supported in Kalamazoo by Gryphon Place, which is a local organization providing emergency behavioral support.

- Gryphon Place
- 3245 S 8th St, Kalamazoo, MI 49009
- 24-hour Hotline: 269-381-1510

Students requiring emergency intervention may be evaluated by crisis screeners in the Ascension Borgess Hospital Emergency Department, which serves the community as a central point of care.

- Ascension Borgess Hospital Emergency Department
- 1521 Gull Rd, Kalamazoo, MI 49048
- 269-226-7000 (24 hour)

If needed, access to inpatient psychiatric care is available in a confidential manner through services provided by Forest View Psychiatric Hospital in Grand Rapids, Michigan. Forest View Psychiatric Hospital provides excellent care and assures confidentiality for the student. By avoiding hospital admission at one of the Kalamazoo teaching hospitals, students will not be treated by a physician involved with the medical school. After referral and by calling a toll-free number, a student (or their counselor) can discuss the appropriateness of inpatient management of their psychological emergency with a licensed social worker.

Forest View Psychiatric Hospital

- https://forestviewhospital.com/?utm_source=Google-Business-Yext&utm_medium=organic
- 1055 Medical Park Dr SE, Grand Rapids, MI 49546, USA
- Local Phone: 616-942-9610 (24 hour)
- Toll-Free Phone: 800-949-8439 (24 hour)

Approval

Maria Sheakley, PhD

Associate Dean for Student

Affairs

Date: _____

Procedures

[Additional Contacts](#)
[Forms](#)
[Related Information](#)
[History](#)

Evaluation and Testing for Learning Disabilities--UME 612/GSE 612

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last update: 6/17/2023
Additional Details: Contacts: Maria Sheakley, PhD Maria.sheakley@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

LCME Standards

3.4 - Anti-Discrimination Policy

Scope

MD and MS Degree Programs

Policy Statement

The medical school adheres to Section 504 of the Rehabilitation Act of 1973 and the American with Disabilities Act of 1990 (ADA) in prohibiting discrimination against any qualified person with a disability within the context that students must be able to meet the technical standards necessary to undertake and complete the curriculum in a reasonably independent manner and must demonstrate an ability to personally perform activities and achieve competencies required by the curriculum. Matriculating and enrolled students with specific questions regarding medical school policies governing students with disabilities should contact the Director of Student Life and Well-Being at accommodations@wmed.edu

Approval

Maria Sheakley, PhD

Associate Dean for Student Affairs _____ Date: _____

Procedures

Additional Contacts

Forms

Related Information

- Technical Standards for Curriculum (UME416)
- Support for Students with Disabilities Seeking Accommodation (UME710)

History

Substance Abuse Counseling--UME 613/GSE 613

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last update: 6/17/2023
Additional Details: Contacts: Maria Sheakley, PhD Maria.sheakley@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

LCME Standards

12.3 - Personal Counseling/Mental Health/Well-Being Programs

Scope

MD and MS Degree Programs

Policy Statement

Behavioral Health Services at Western Michigan University is a licensed and accredited outpatient substance use and behavioral health disorder treatment provider in Michigan. Substance use disorder and other behavioral health treatment services are provided by therapists who have extensive training in assessment and delivery of individual, group, and family treatment services. Behavioral Health Services offers a specialty program in alcohol and drug abuse, provides substance use assessment and evaluation services, and consultation, information, and education regarding addiction. These services are available to students, which may incur a charge for which the student is responsible.

- Behavioral Health Services Western Michigan University
 - wmich.edu/unifiedclinics/about/behavioral
 - 269.387.8230
 - 1000 Oakland Drive Unified Clinics, 3rd Floor Kalamazoo, MI 49008 Phone: 269.337.8230

Approval

Maria Sheakley, PhD

Associate Dean for Student Affairs _____ Date: _____

Student Consumer Information—UME 701/GSE 701

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last update: 2/15/2024
Additional Details Contacts: Maria Sheakley, PhD Maria.sheakley@Wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

LCME Standards

Scope

MD and MS Degree Programs

Policy Statement

The medical school maintains student consumer information that is available to prospective and current students through the medical school website and student portal. Annually, or more frequently as necessary, the medical school provides notice to all enrolled students describing the availability of all required elements of consumer information, in compliance with all applicable federal laws and regulations concerning participation in Title IV Federal financial student aid programs.

Student consumer information includes disclosures and consumer information about our academic programs, campuses and facilities, security and safety including the Annual Security Report with crime statistics for each medical school campus location, and financial aid counseling and programs. When additional or individual notification is required, individual emails are sent to students' medical school email addresses. Any disclosure or student consumer information made available electronically is provided in printed format upon request to Student Affairs.

Approval

Maria Sheakley, PhD

Associate Dean for Student Affairs _____ Date: _____

Procedures

Additional Contacts

Forms

Related Information

History

Faculty Access—UME 702/GSE 702

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last update: 6/1/2022
Additional Details Contacts: Michael Busha MD, MBA, FAAFP Mike.busha@wmed.edu	Responsible Office: Office of Educational Affairs Responsible person: Senior Associate Dean for Academic Affairs

LCME Standards

Scope

MD and MS Degree Programs

Policy Statement

Students may contact faculty directly to schedule meetings. Faculty, especially the basic science faculty, are regularly available in their offices and when not available in-person are accessible by phone, WMed email addresses, and Microsoft Teams. Basic science faculty are generally found onsite during business hours for student support while their course is running.

Approval

Michael Busha MD, MBA, FAAFP

Senior Associate Dean for Academic Affairs: _____

Student Organizations—UME 703

POLICY CONTENTS

Category: UME	Implementation: 5/1/2021 Last update: 3/22/2024
Additional Details Contacts: Maria Sheakley, PhD Maria.sheakley@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs
Alex Carlson MA, Director of Student Life & Well-Being Alex.carlson@wmed.edu	

LCME Standards

N/A

Scope

MD Degree Program

Policy Statement

The medical school values and encourages students to grow professionally. Student programs and organizations provide great opportunities for students to gain perspective through experiences that go beyond the classroom, the clinics, and hospitals. The medical school supports student body engagement with several national student organizations to facilitate students to develop leadership and social skills, promote community involvement, cultivate creative talents, and enhance personal accomplishment and fulfillment.

Students on Warning Academic Status may participate in student organizations but may not hold a position of leadership. Students on probation or in academic risk are strongly advised to carefully consider limiting their involvement in all extracurricular activities (including committees, student interest group leadership and student organization leadership) to focus on academics.

Medical Student Council

The Medical Student Council is a key component of the shared governance of the medical school. Through shared governance, medical school administration, faculty, staff, and students are engaged directly or through elected representatives in discussions about and decision-making for academic requirements, policies, and processes through effective structures for contribution and collaborative effort. Mechanisms for shared governance include, but are not limited to, the board of directors, dean and medical school leadership, Faculty Academic Council, Medical Student Council, Graduate Medical Education Committee, Graduate Student Education Committee, and the other standing committees.

The charge of the Medical Student Council is to represent all medical students in all four years to: communicate the needs and opinions of the medical student body to faculty and administration; facilitate medical student contributions to the development of certain school policies and administrative matters that affect medical students throughout their four years at the medical school; consult with the associate dean for Student Affairs to make recommendations for medical student members on medical school committees; and recommend amendments to the Student Policy Manual.

The voting members (16-17 total) of the Medical Student Council comprise four Medical Student Council representatives from each medical student class, and one Master's Student representative. Meetings are held monthly, in general, and are open to all medical students. The Medical Student Council representatives are responsible for advising their class of matters discussed at each Medical

Student Council meeting, clarifying and conveying the general opinion of the class on issues, and conveying information, questions, concerns, and recommendations between the medical school administration and students. The Medical Student Council is also responsible for student-run activities such as Medical Student Council elections, and medical student social activities that are open to all medical students.

Elected officers for each class serve for one year beginning each July 1 to June 30, with the exception of officers for first-year students who serve from October 1 to June 30. The Medical Student Council oversees all medical student class elections, supported by the office of Student Affairs. Each class shall elect annually the class officers, consisting of four representatives. The Medical Student Council will then elect leadership positions within the elected group.

Association of American Medical Colleges (AAMC) Organization of Student Representatives (OSR)

The medical school has a student representative to the Association of American Medical Colleges (AAMC) [Organization of Student Representatives](#) (OSR), which represents medical students nationwide and provides an active role for students in advancing the AAMC mission to improve the nation's health. Additionally, the OSR seeks to ensure that students actively participate in directing their education, preserving their rights, and delineating their professional responsibilities.

The Medical Student Council will appoint annually one delegate and up to three alternate delegates to represent the medical school in OSR meetings and events through an application process, similar to the Student Membership on Committees process. The medical school supports the cost of the delegate (or alternate delegate) to attend and represent the medical school at one national OSR meeting each year, subject to medical school travel and meeting reimbursement policies.

American Medical Association Medical Student Section (AMA-MSS)

The medical school has a section of the American Medical Association (AMA) [Medical Student Section](#) (MSS), which is dedicated to representing medical students, improving medical education, developing leadership, and promoting activism for the health of America. The AMA-MSS serves as a patient and medical student advocate, supports volunteer work in the area, and sponsors educational events for medical students. The issues and opportunities explored by this organization are dictated in part by the membership.

Medical students who are active in the medical school AMA-MSS chapter elect annually one delegate and one alternate delegate to represent the medical school in AMA-MSS meetings and events. The medical school supports the cost of membership dues in AMA-MSS for the delegate and alternate delegate, and the cost of the delegate (or alternate delegate) to attend and represent the medical school at one national AMA-MSS meeting each year, subject to medical school travel and meeting reimbursement policies.

American Medical Student Association (AMSA)

The medical school has a medical chapter of the [American Medical Student Association](#) (AMSA), which is a student-governed, national organization committed to representing the concerns of physicians-in-training, including medical students. Through the many interest groups, AMSA members from schools around the country are able to come together and focus on issues related to medical education, health policy and public health. National and regional conferences and events give students the opportunity to be a part of shaping policy, experience leadership opportunities, and network with students from other schools.

Medical students who are active in the medical school AMSA chapter elect annually one delegate and one alternate delegate to represent the medical school in AMSA meetings and events. The medical school supports the cost of membership dues in AMSA for the delegate and alternate delegate, and

the cost of the delegate (or alternate delegate) to attend and represent the medical school at one national AMSA meeting each year, subject to medical school travel and meeting reimbursement policies.

Student National Medical Association (SNMA)

The medical school has a medical chapter of the [Student National Medical Association](#) (SNMA), which is the oldest and largest student-run organization focused on the needs and concerns of medical students of color. The SNMA boasts over 40 years of advocacy and service to underserved communities and medical students.

Medical students who are active in the medical school SNMA chapter elect annually one delegate and one alternate delegate to represent the medical school in SNMA meetings and events. The medical school supports the cost of membership dues in SNMA for the delegate and alternate delegate, and the cost of the delegate (or alternate delegate) to attend and represent the medical school at one national SNMA meeting each year, subject to medical school travel and meeting reimbursement policies.

American Medical Women's Association (AMWA)

The medical school has a branch of the (AMWA), which is dedicated to advancing women in medicine and improving women's health.

Medical students who are active in the medical school AMWA chapter elect annually one delegate and up to four alternate delegates to represent the medical school in AMWA meetings and events. The medical school supports the cost of membership dues in AMWA for the delegate, and the cost of the delegate (or alternate delegate) to attend and represent the medical school at one national AMWA meeting each year, subject to medical school travel and meeting reimbursement policies.

Latino Medical Student Association (LMSA)

The medical school has a chapter of the [Latino Medical Student Association](#) (LMSA), whose mission is to unite and empower current and future physicians through service, mentorship, and education to advocate for the improved health of the Hispanic & Latina/o/x community in the United States. The medical school chapter of LMSA works closely with El Concilio of Kalamazoo, a non-profit community-focused organization that seeks to help Latinx residents support their families, contribute to society and appreciate their cultural significance in the region.

Medical students who are active in the medical school LMSA chapter elect annually one delegate and one alternate delegate to represent the medical school in LMSA meetings and events. The medical school supports the cost of membership dues in LMSA for the delegate and alternate delegate, and the cost of the delegate (or alternate delegate) to attend and represent the medical school at one national LMSA meeting each year, subject to medical school travel and meeting reimbursement policies.

Medical Student Pride Alliance (MSPA)

The medical school has a chapter of the [Medical Student Pride Alliance](#) (MSPA), which is a not-for-profit activist and social organization committed to empowering current and prospective LGBTQIA+ medical students, increasing the number of physicians trained in LGBTQ-inclusive healthcare, and addressing the unique needs of queer communities through research, advocacy, education, and service.

Medical students who are active in the medical school MSPA chapter elect annually one delegate and one alternate delegate to represent the medical school in MSPA meetings and events. The medical school supports the cost of the delegate (or alternate delegate) to attend and represent the medical school at one national MSPA meeting each year, subject to medical school travel and meeting reimbursement policies.

Alpha Omega Alpha (AOA) Honor Medical Society

is a national honor medical society. Election to AOA is a distinction that accompanies a physician throughout their career. Members can be elected as students, residents, alumni, or faculty of an affiliated institution or on an honorary basis because of distinguished achievement in any field. Student members for AOA are chosen on the basis of their accomplishments utilizing the following criteria:

- Academic performance during the first three years of the medical curriculum including all courses/clerkships completed to date.
- Successful research activities as documented by formal presentations at national meetings or by publications or other scholarly work.
- Leadership in medical school activities.
- Leadership in community service.
- Professionalism and humanism.

A meeting of the medical school chapter of AOA composed of faculty members (outside of the dean's office and Student Affairs) convenes to elect students soon after the beginning of the senior year. Selection is timed to allow students who have been elected into AOA to have this distinction noted on the student's MSPE for residency training.

The medical school board of AOA uses all of the criteria for AOA to select 16% of the senior class for election into the AOA Honor Society from among the students in the top quartile of the class based on academic performance in all courses/clerkships completed to date; students are eligible with the class they complete their core clerkships with.

The medical school pays for the first year of AOA membership dues for medical student inductees.

Gold Humanism Honor Society

The medical school hosts a chapter of the [Gold Humanism Honor Society](#), underscoring our commitment to humanism and recognizing the importance of the patient-physician relationship. The goal of this society is to recognize and celebrate students and faculty who demonstrated, while in medical school, a commitment to humanism in medicine, the highest standards of patient care, and likelihood of becoming humanistic physicians.

To be considered for this honor, medical students must be in good academic standing and be nominated by their peers during their third-year of medical school; students are eligible with the class they complete their core clerkships with. Medical students are nominated for this honor by their peers, and faculty and residents are nominated by the chapter.

White Coat Ceremony and Oath

Humanistic medicine is a practice of medicine that emphasizes the relationship between doctor and patient, puts the patient at the core of the relationship, is respectful and compassionate, and first and foremost promises to do no harm. The concept is as ancient as the Hippocratic Oath, a pledge and rite of passage for physicians that dates back to the 5th century BC.

Reflecting the purpose of the Gold Humanism Honor Society, each entering medical school class develops, with faculty guidance, a class oath that is recited during the annual White Coat Ceremony early in the first year. The White Coat Ceremony is a rite of passage as new students begin medical school. In the presence of faculty, family, and guests, students are welcomed into the medical community by leaders and faculty of the medical school and are ceremonially cloaked with their first white coat. Students also take the oath that they have developed, committing them to the profession of medicine. The ceremony impresses upon students the primacy of the doctor-patient relationship. It is designed to clarify for

students that a physician's responsibilities are to take care of patients and also to care for patients. The message transmitted is that doctors must *care* as well as *cure*. The White Coat Ceremony emphasizes the commitment and obligations inherent in the practice of medicine: to be excellent in science, to be compassionate, and to embody integrity, professionalism, and lifelong learning. This is a symbolic milestone for medical students as they pursue their dream to be exceptional clinicians, leaders, educators, advocates, and researchers of tomorrow.

Medical Student Interest Groups (SIGs)

Medical student interest groups provide forums for medical students interested in focused areas of medicine and related topics. Like other student clubs and activities, these student interest groups are established and run by students with oversight by at least one designated faculty or staff advisor. Through student interest groups, students cultivate their interests and leadership potential, become involved in additional community service and mentoring activities, and focus on their future as physicians.

The medical school promotes and supports student participation and leadership in student interest groups that meet the needs of groups of students. Formal medical school recognition of a student interest group is predicated on specific criteria: 1) defined objectives for the student interest group; 2) a minimum of three students who are actively participating in the activities of the student interest group; 3) a minimum of one core faculty or staff advisor who is actively participating in the activities of the student interest group; and 4) regular activities, defined as holding events at least two times each year.

The office of Student Life tracks the activities of student interest groups to facilitate appropriate support to meet the needs of the participating students, and to assure compliance with all medical school policies and procedures. The medical school provides limited funding for direct expenses of student interest group events through the Medical Student Council, under the oversight of the associate dean for Student Affairs.

The designated faculty and staff advisors for Student Organizations receive specific training and serve, along with others, as Campus Security Authorities in compliance with the federal [Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, also known as The Clery Act](#). Based on the role and significant responsibility of designated faculty and staff advisors for student organizations, these are federally mandated requirements of designated faculty and staff advisors to recognize and appropriately report alleged crimes that fall under the Clery Act that they witness or are reported to them.

Approval

Maria Sheakley, PhD

Associate Dean for Student Affairs _____ Date: _____

Procedures

Additional Contacts

Forms

Related Information

History

Student Membership on Medical School Committees--UME 704/GSE 704

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last update: 3/22/2024
Additional Details Contacts: Maria Sheakley, PhD Maria.sheakley@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs
Alex Carlson MA, Director of Student Life & Well-Being Alex.carlson@wmed.edu	

LCME Standards

Scope

MD and MS Degree Programs

Policy Statement

Annually, the Student Council invites all students in good standing in years 1 – 3 to self-nominate to serve on medical school committees for the following academic year. The Student Council assesses each candidate and forwards the top recommendations among eligible students to the Director of Student Life & Well Being and the associate dean for Student Affairs. The associate dean for Student Affairs selects student members for medical school standing committees and other committees. The associate dean for Student Affairs may consult with other faculty and staff before making appointments. Students are notified of their appointments by the Student Council and the associate dean for Student Affairs. This information is then shared with the Office of the Dean, Faculty Affairs, and the various committees.

Student participation on medical school committees is a privilege that is optional and not required for advancement or graduation. Students must be currently enrolled (e.g., not on a leave of absence) to serve on any medical school committee. No student may serve on more than one standing committee and students may not serve on committees and the Student Council, per their constitution. Student committee members serve one-year terms without automatic reappointment and may be reappointed by the associate dean for Student Affairs, unless otherwise outlined in the Faculty Policy Manual and below.

Students on Warning Academic Status may serve on committees but may not hold a position of leadership. Students on probation or in academic risk are strongly advised to carefully consider limiting their involvement in all extracurricular activities (including committees, student interest group leadership and student organization leadership) to focus on academics.

The Student Council is responsible for notifying the student body of open applications and providing recommendations to Student Affairs. Unless otherwise determined in collaboration with the Director of Student Life and Well-Being, all recommendations should be submitted to Student Affairs by the last week of May each year.

Standing committees with student members include:

- Curriculum Committee (1 student in year 1, appointment through graduation.)
- Culture Committee (1 student in year 2.)
- Diversity, Equity and Inclusiveness Committee (1 student in year 2.)

- Student Admissions Committee (2 students in year 2, appointment term begins in January of year 2 and extends through graduation.)
- Research Committee (1-2 students in any year.)
- Student Scholarship Committee (1 student in year 4.)

Other committees with student members include:

- Facilities Committee (1-2 students in any year.)
- Library Committee (1-3 students in any year.)
- Race and Equity in the Curriculum Committee (1 student in year 2, appointment through graduation.)

Workgroup with student members include:

- Speaker Selection Workgroup (2 students in year 4)
- Alumni Relations Workgroup (1-2 students in year 2, appointment through graduation.)

Approval

Maria Sheakley, PhD

Associate Dean for Student Affairs _____ Date: _____

Procedures

Additional Contacts

Forms

Related Information

History

Learning Communities--UME 705/GSE 705

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last update: 3/31/2024
Additional Details Contacts: Maria Sheakley, PhD Maria.sheakley@wmed.edu Alex Carlson, MA Alex.carlson@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

LCME Standards

Scope

MD and MS Degree Programs

Policy Statement

The students at the medical school are organized as members of learning communities, which enhance and maximize student learning by promoting professional and social interactions among and between classes. Students learn from each other through these associations and collaborations – similar to how physicians learn from their colleagues throughout their careers. Each learning community receives guidance from designated academic advisors. All entering students are assigned to one of four learning communities and are a member of the same community throughout the four years of medical school.

Each learning community is named after a prominent physician who serves as a role model for students. The four learning communities are named after:

- Virginia Apgar, MD
- Elizabeth Blackwell, MD
- Harvey Cushing, MD
- Charles Drew, MD

The learning communities provide:

- A support system to assist students in the pursuit of academic success, personal growth, career decisions, and professional development.
- A setting for community-based delivery of student support services that promote student wellness.
- Opportunities that facilitate student participation in social activities.
- Opportunities for student spouses, partners, significant others, and families for shared emotional connections.
- A comfortable forum in a less structured format that fosters communication and enhances social engagement and professional relationships between students.
- Opportunities that facilitate student leadership through active participation in the learning communities.
- Longitudinal delivery of selected curriculum content.

Approval

Maria Sheakley, PhD

Associate Dean for Student Affairs _____ Date: _____

Procedures

Additional Contacts

Form

Related Information

History

Communications and Student Forums--UME 706

POLICY CONTENTS

Category: UME	Implementation: 5/1/2021 Last update: 3/31/2024
Additional Details Contacts: Maria Sheakley, PhD Maria.sheakley@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

LCME Standards

Scope

MD Degree Program

Policy Statement

Student class leaders, with their classmates, determine the Student Forum agendas, which are scheduled during every other course. The dean, other associate deans, assistant deans, chair of the department of Biomedical Sciences, and director/managers in educational affairs attend Student Forums as needed, based on the agenda. Student forums provide regular opportunities for the deans to hear directly from students, and for continuing dialogue directly with the deans on any issues related to the logistics of the curriculum and medical student life. This facilitates dialogue between the deans and students about curriculum and student life issues that require interaction beyond notifications through email or the medical student portal. Student attendance at Student Forums is encouraged but not required. A summary of each Student Forum is posted in the Elentra event for students who are unable to attend.

The associate dean for UME and associate dean for Student Affairs also hold meetings with student leadership from each class during each course/clerkship to maintain open communication between senior leadership and class leadership.

Approval

Maria Sheakley, PhD

Associate Dean for Student Affairs _____ Date: _____

Procedures

Additional Contacts

Forms

Related Information

History

Academic Advising--UME 707/GSE 707

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last update: 03/31/2024
Additional Details Contacts: Maria Sheakley PhD Maria.sheakley@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

LCME Standards

11.1 - Academic Advising and Academic Counseling

Scope

MD and MS Degree Programs

Policy Statement

WMed provides academic advising, mentoring and coaching for all students that integrates the efforts of faculty members, course and clerkship directors, clinical skills educators, individual mentors, the academic advising team (director of academic success, 2 full-time academic advisors, 2 clinical coaches), peer-tutors, the associate dean for Student Affairs, the registrar, the director of financial aid, and the director of student life and well-being. WMed also ensures that students can obtain academic and mental health counseling from individuals who have no role in making assessment or promotion decisions about them.

Students receive formal and informal academic advising from numerous sources over the course of their education:

- The full-time academic advisors serve as the primary source of academic and personal advising and monitor overall performance throughout the four-year medical school curriculum.
- Clinical academic advisors provide specialized advising for clinical skills, professionalism concerns, and career development.
- Course and clerkship directors serve as an important source of academic advising focused on academic performance in courses and clerkships.
- Clinical Skills educators serve as an informal advisors and provide collective and individual student coaching to assigned students, particularly during the first two years of medical school.
- The Director of Academic Success, a member of the department of Student Affairs, provides coaching for learning skills and coordinates peer-tutoring.
- Students in advanced years provide peer-to-peer advising within their learning communities.
- Residents in graduate medical education programs in the medical school provide informal advising especially related to career choice, residency selection, and transition to residency training.
- The Registrar and the director of Financial Aid provide advising on scheduling and financial aid.
- Additional mentoring relationships develop from students' interactions with faculty during courses, clerkships, co-curricular and extracurricular activities, community projects, and other experiences.

Academic Advisor Roles

The two full-time academic advisors are assigned to students in each of the learning communities and advise

students across all classes.

Some specific coaching, mentoring, academic advising, and career advising functions of the academic advisors include:

- Individual meetings with students at least once per term to formally review the student's individual goals, academic progress, and early career planning.
- Help individual students identify and meet their self-directed learning needs and develop personalized learning plans.
- Meet as needed with students having academic or other difficulties to provide personal support and academic advising.
- Providing individualized support through student remediation processes.
- Support and track student progress for advancement and graduation requirements.
- Ensure that the associate dean for Student Affairs and Associate Dean for UME is appropriately notified in a timely manner of student needs, including current or developing circumstances that an advisor believes to have, or is likely to have, a significant adverse impact on an individual student's performance.
- In conjunction with the associate dean for Student Affairs and the Director of Academic Success, collaborate to support student success and identify student needs.
- Advising for courses and clerkships, especially scheduling core clerkships and choosing and scheduling advanced clerkships.
- Explore information in AAMC Careers in Medicine.
- Serving as one of many means for students to raise questions or concerns, especially regarding unprofessional behavior by anyone in the learning and working environment.
- Serving as a mechanism for the medical school to hear the voice of the students
- Improving support systems for student networking and advising.

Academic advisors also receive specific training and serve, along with others, as Campus Security Authorities in compliance with the federal [Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, also known as The Clery Act](#). Based on the role and significant responsibility of academic advisors for student activities, these are federally mandated requirements to recognize and appropriately report alleged crimes that fall under the Clery Act that they witness or are reported to them.

Approval

Maria Sheakley, PhD

Associate Dean for Educational Affairs _____ Date: _____

Procedures

Additional Contacts

Forms

Related Informatio

History

Career Advising--UME 708

POLICY CONTENTS

Category: UME	Implementation: 5/1/2021 Last update: 3/31/2024
Additional Details Contacts: Maria Sheakley, PhD Maria.sheakley@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs
Biren Shah, MD Biren.shah@wmed.edu	

LCME Standards

11.2 - Career Advising

Scope

MD Degree Program

Policy Statement

The associate dean for Student Affairs, assistant dean for Career Development, Director for Career Development, Director for Academic Success, Clinical Skills Educators, Academic Advisors, specialty career mentors, and faculty provide student support for career development through coaching, mentoring, and advising across the four years of medical school. The medical school provides individual support and advocacy for students that also must be consistent with and provided in the context of sustaining the standards of the profession and safeguarding the best interests of society.

Students receive formal career advising from several sources over the course of their medical education:

- The Assistant Dean for Career Development and Director of Career Development oversee the four-year career development curriculum.
- The Academic Advisors provide early career coaching using the AAMC CiM resources at selected term meetings with students.
- The Career Development Team meets annually with all students individually during medical school, with more meetings in the third and fourth years, to provide career advising and identify additional faculty and other resources to meet the individual needs of each student.
- Students in advanced years provide peer-to-peer advising within their learning communities and career interest groups.
- Residents in graduate medical education programs at WMed may provide informal ad hoc advising related to career choice, residency selection, and transition to residency training.

Throughout their four years of medical school, students utilize the AAMC Careers in Medicine modules (<https://www.aamc.org/cim/>), a career-planning program that is designed to help students learn about medical specialties and choose a medical specialty as a career, which is preparatory to selecting and applying to residency programs in that specialty.

Approval

Maria Sheakley - Associate Dean for Student Affairs

Date:

Disabilities Resources--UME 710/GSE 710

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last update: 6/1/2022
Additional Details Contacts: Maria Sheakley, PhD Maria.sheakley@wmed.edu Alex Carlson, MA Alex.carlson@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

LCME Standards

10.5 - Technical Standards

Scope

MD and MS Degree Programs

Policy Statement

Western Michigan University Homer Stryker M.D. School of Medicine (WMed) is committed to providing an affirming and inclusive environment for students with disabilities, as well as cultivating a diverse healthcare workforce and student body. The policy establishes how WMed determines who is a qualified student with a disability, what accommodations may be appropriate, how students may appeal accommodations decisions, and the responsible parties in these processes.

It is the policy of WMed to provide reasonable accommodations to qualified students with disabilities, as necessary to afford them an equal opportunity to participate in, and enjoy the benefits of, WMed courses, programs, and activities. A qualified student is a student with a disability who meets WMed's admissions standards and Technical Standards for Admission, Advancement and Graduation (see policy UME416), with or without the benefit of reasonable accommodation.

Under WMed's non-discrimination policy (see policy GEN03), a "reasonable accommodation" is a modification to WMed's practices, policies and/or procedures that allows a qualified student with a disability to have equal access to WMed's educational program and activities but does not result in a fundamental alteration of WMed's educational program, activities or impose an undue burden, or create a direct threat to the health or safety of the student or others.

Decisions regarding reasonable accommodations are made on a case-by-case basis, in compliance with [Americans with Disabilities Act \(ADA\)](#) guidelines. Because WMed conducts an individualized assessment of each request, there is no standard accommodation for any particular type of disability. WMed is committed to protecting the privacy of all students throughout this process. If at any time a student requires accommodation, it is their responsibility to self-identify and follow the procedures and policy below for seeking accommodation.

Accommodation Procedure:

Step 1: Complete the Request for Reasonable Accommodations

Students may request accommodations at any point during the program, however accommodations are not retroactive. Please contact the Director of Student Life and Well-Being at accommodations@wmed.edu as soon as possible (upon admission is best) to ensure that eligibility for accommodations is determined and accommodations are in place prior to the start of medical school.

- An accepted applicant or student can complete the '[Request for Reasonable Accommodation](#)' Form to

initiate the process of requesting Reasonable Accommodations to meet the Technical Standards (see policy UME416).

- Contact Director of Student Life and Well-Being at accommodations@wmed.edu at any time to request more information about accommodations or receive assistance with the Request for Reasonable Accommodation Form.

Step 2: Meet with the Director of Student Life and Well-Being

Contact the Director of Student Life and Well-Being at accommodations@wmed.edu to request an appointment. Follow up will typically occur within 5 business days to schedule an appointment to engage with the student in the interactive process to better understand what barriers impact the student's full inclusion in the program and/or ability to meet the Technical Standards. Meetings can take place via phone, Teams, or in person.

Step 3: Provide Disability Information

Guidance will be provided regarding the extent and type of records needed during the initial meeting with the Director of Student Life and Well-Being. Students who do not have documentation of their condition, and/or who believe they have an undiagnosed condition, should contact the Director of Student Life and Well-Being for consultation.

The Director of Student Life and Well-Being may request that the student provide medical/educational records regarding the need for the requested accommodation when the adjustments required to provide accommodation or the reasonableness of a requested accommodation are not readily apparent.

The disability documentation should be created by a healthcare professional with the relevant training and expertise to diagnose and/or treat the particular medical condition or conditions which are the basis of the accommodation request. Disability documentation should include the diagnosis/condition, nature, functional limitations, impact, and duration of a disability, and should be written on official letterhead of the provider. In rare circumstances, and at its expense, WMed may ask a student to obtain an additional medical assessment or medical documentation review from a healthcare professional of WMed's choice.

Step 4: Determine Eligibility and Accommodations

Generally, accommodations for didactic and/or non-clinical environments are determined via an expedited review process by the Chair of the Accommodations Committee in consultation with the Director of Student Life and Well-Being. The Accommodations Committee is composed of the Chair, the Director of Student Life and Well-Being, one clinical faculty member, one non-clinical faculty member, and one member of the examinations team. Accommodations in clinical and/or laboratory spaces, or otherwise at the discretion of the Director of Student Life and Well-Being, will be determined by the Accommodations Committee. The Director of Student Life and Well-Being will work directly with the corresponding faculty and/or curriculum administrators to ensure that the requested accommodations uphold the essential features of the curriculum and technical standards. The participation of all relevant parties in the interactive process including the student, Director of Student Life and Well-Being, and faculty is essential.

All accommodation reviews will take into consideration the information provided by the student, provided documentation/records, the academic and technical requirements of WMed, and the recommended specific accommodations, if any. Consideration should be given to the specific accommodation requested by the student and health care provider unless it is deemed not appropriate because other reasonable accommodations are available. Accommodations recommended by healthcare providers may be accepted or rejected in making the final determination regarding accommodations. Additional documentation or clarification from the student may be required during this process. If provided documentation is deemed by the Director of Student Life and Well-Being or Accommodations Committee to be complete, but the committee requires an additional independent evaluation, WMed bears the cost. The second evaluator must be a qualified professional and is of the committee's choosing. The student may request additional review if there is additional information or a justified concern that the defined process was not followed.

Members of the Accommodations Committee must recuse themselves from participating in the review of students for whom they have provided sensitive health, psychiatric, or psychological care; served as the student's private tutor or designated individual mentor; or otherwise have a conflict of interest related to the student.

Step 5: Accessing Accommodations

Accommodation Approval: If a student is eligible for accommodations, the Director of Student Life and Well-Being will provide the student with a copy of their accommodation decision letter that describes their eligibility for services. The student can also meet with the Director of Student Life and Well-Being to review policies and procedures regarding the provision of accommodations. Established procedures for each level of the medical curriculum are in place to ensure successful implementation of the accommodations.

Accommodation Denial: If the requested accommodations cannot be provided, the Director of Student Life and Well-Being will provide the decision and rationale to the student in writing in an accommodation decision letter.

Step 6: Informal Resolution and Appeals Process

If a student's accommodations are not being properly applied, the student should first address the issue with the Director of Student Life and Well-Being, who will make every effort to resolve the matter. If the Director of Student Life and Well-Being is notified that a student's approved accommodations are not being implemented, the Director of Student Life and Well-Being is required to notify the Associate Dean for Student Affairs. If no resolution results, or if direct contact with the Director of Student Life and Well-Being is inappropriate under the circumstances, the student should initiate an appeal.

The student may formally appeal any Accommodations decision. To initiate the appeals process, the student must file the appeal within 60 days of the event(s) giving rise to the complaint. Appeals must be filed in writing and include the following:

- a. The student's name, email address and phone number
- b. A full description of the problem
- c. A description of what efforts have been made to resolve the issue informally
- d. A statement of the remedy requested

Appeals for didactic and/or non-clinical accommodations that were granted by the Chair of the Admissions committee in an expedited review will go to the Accommodations Committee for review. Appeals for any accommodations that were granted by the Accommodations Committee will go to the Associate Dean for Student Affairs for review.

On appeal, the Accommodations Committee or Associate Dean for Student Affairs will review the appeal, the meeting minutes for the specific accommodation request, and any documentation that was available to the Director of Student Life and Well-Being. All of this information is also available to the student making the appeal.

If the Committee or Associate Dean finds the accommodation decision resulted from unfair, inappropriate, or incomplete application of the process for determining accommodation, they will work with the Director of Student Life and Well-Being to amend the decision of the Committee and inform the student and Accommodations Committee of the revised accommodation. The Accommodations Committee applies the new decision and notifies all parties of the revised decision via the normal notification processes.

If the Committee or Associate Dean finds that the accommodation decision resulted from fair and complete application of the process for determining accommodation, they inform the student in writing that the appeal cannot be granted, and the appeal process is terminated.

Accommodations by Other Entities

WMed cannot guarantee that accommodations provided by WMed will be provided by other entities, such as the NBME for USMLE examinations.

Privacy

Requests for accommodations, the minutes and actions of the Accommodations Committee, and the accommodations that are provided by the medical school are considered confidential. Students are permitted access to the meeting minutes for their case upon request. Information about accommodations, including requests for accommodations, is protected under FERPA (see policy UME518). This information is provided to the Associate Dean for Student Affairs, to faculty and staff as needed, but is not reported on transcripts or the Medical Student Performance Evaluation (MSPE) and is not released to outside persons or entities, except in response to an order from a court of competent jurisdiction or otherwise required by law.

Non-Retaliation

Requesting disability accommodation will not adversely affect a student's opportunity to enjoy equal terms, benefits, privileges, or conditions of WMed's programs, including social or recreational activities. It is a violation of WMed's policy to take adverse action against a student based on a student's disability status, request for accommodation, or filing of a complaint. If you feel you have been retaliated against for requesting accommodations, please contact the Associate Dean for Student Affairs.

Approval

Maria Sheakley, PhD

Associate Dean for Student Affairs _____ Date: _____

Procedures**Additional Contacts****Forms****Related Information****History**

Facilities and Guidelines for Use--UME 711/ GSE 711

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last update: 6/17/2023
Additional Details Contacts: Maria Sheakley, PhD Maria.sheakley@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

LCME Standards

- 5.4 - Sufficiency of Buildings and Equipment
- 5.11 - Study/Lounge/Storage Space/Call Rooms

Scope

MD and MS Degree Programs

Policy Statement

The medical school buildings and facilities are private property for use by faculty, residents, fellows, students, and staff for events and activities authorized by the medical school. Facility access is controlled by onsite personnel and an automated security system with access controls and video surveillance. Access is provided to students as needed for medical school events and activities. Students may not disrupt medical school events or activities. Protests, demonstrations, and public gatherings are not permitted without prior written approval of the office of the dean.

The medical school may deny requests and cancel events at any medical school facility that do not benefit the medical school or if security cannot be ensured, at the discretion of the office of the dean.

Although the medical school respects students' legitimate privacy concerns, such concerns are subservient to building, employee, student, visitor, and patient safety and security concerns. Students should have no general or specific expectation of privacy on medical school property. When the medical school has reason to believe a student has brought prohibited substances or items onto medical school property (including but not limited to weapons, drugs, and alcohol) or has otherwise violated a medical school policy (e.g., theft), the medical school has the right to conduct a search of school property and the items brought onto medical school property, including searches of students, classrooms, lockers, desks, briefcases, purses, bags, and personal vehicles if driven or parked on property owned or leased by the medical school. If any such items are locked, the student must provide the medical school with access including the key or combination. If a student refuses to submit to comply with a search request by the medical school, the student is subject to academic and corrective actions up to and including dismissal, at the discretion of the medical school. Searches, when possible and practical, will be conducted in the student's presence but may be conducted without the student's knowledge or consent.

If unlawful or prohibited items are identified during the search, the items will be confiscated and law enforcement may be contacted. The medical school reserves the right not to return items that have been confiscated, which may be turned over to law enforcement. In addition, the student is subject to academic and corrective actions up to and including dismissal, at the discretion of the medical school.

If there are items that a student desires to keep private, the items should not be brought onto medical school property.

Weapons Possession or Use

Possessing, using, or storing firearms, explosives, or other lethal and non-lethal weapons, and unauthorized dangerous chemicals, on medical school premises or at activities sponsored by or associated with the medical school, is prohibited. Brandishing or using a weapon, even if possession is properly authorized, in a manner that harms, threatens, or causes fear in others is prohibited.

Weapons include, but are not limited to, the following:

- Firearms
- Pellet guns, BB guns, Paint ball guns
- Ammunition
- Bow and arrows
- Knives (including pocketknives with a blade exceeding 2 inches)
- Firecrackers
- Pepper spray
- Conducted electrical weapons (Tasers)

Printing and Photocopying Privileges

Each student has an allowance of \$200 each fiscal year for printing and photocopying on medical school printers. These funds are managed by Student Affairs. Charges exceeding the annual allowance are charged to the student account and are due within 30 days upon posting to the student account. Printing and photocopying privileges are suspended if charges are not paid within 30 days upon posting to the student account. Printing and photocopying privileges are suspended during leaves of absence.

Student Lockers

Students are provided lockers at the medical school or affiliated sites on either an exclusive or shared-use basis. During Foundations of Medicine students are provided a medical school locker in their learning community that is assigned for their exclusive use. During Clinical Applications students have shared-use access to medical school lockers on the W.E. Upjohn M.D. Campus. Students have shared-use access to lockers or storage space for personal use at the Oakland Drive Campus and at each affiliated site.

Lockers are the property of the medical school or affiliated entity and are subject to search at any time by the medical school or affiliated site for security, safety, and other reasons.

The locker key is the property of the medical school and must be returned to the medical school upon request or student separation or graduation. There is a charge for replacement of a damaged, lost, stolen, or misplaced locker key.

Fitness Center

The medical school fitness center, located on the first floor on the W.E. Upjohn M.D. Campus, is open for use by students during those times the students have general access to the building. Use is unsupervised and is at the student's own risk. The center is for use by students, faculty, residents, and staff only. No guests are permitted. Attire must be appropriately modest, and shirt and shoes are required at all times. Only water is allowed; no food is allowed. Equipment must be cleaned after use with the disposable wipes that are provided. Lockers and showers are provided but you must bring your own lock, towel, and toiletries. Equipment and the fitness studio is available on a first-come, first-served basis and may not be reserved.

Student Parking

Students are responsible for all costs related to their parking needs, whether parking is purchased from the

medical school or other entities.

W.E. Upjohn M.D. Campus

Free parking is provided for graduate students and first- and second-year medical students (and third- and fourth-year students as available) at the W.E Upjohn M.D. Campus in the Lovell Street ground lot or the South Street parking garage. Students may choose to park in any other public or pay parking lots and ramps at their own expense. Parking permits are administered on an annual basis.

Parking for students and others with disabilities is available on adjacent streets and in the parking ramps adjacent to the W.E. Upjohn M.D. Campus.

Visitor parking is available on adjacent streets as well as in the public parking ramps adjacent to the medical school. Visitor permits for vehicle parking for invited guests during business hours are available from the Welcome Desk inside the main entrance to the medical school.

Oakland Drive Campus and Other Clinical Sites

Parking for students is provided without cost at all clinical sites including the Oakland Drive Campus, Ascension Borgess, and Bronson Healthcare facilities. Parking for students and others with disabilities is available in designated areas of the parking lot at the Oakland Drive Campus and the parking lots at other clinical sites. Visitor parking is available in designated areas.

WMU Sindecuse Health Center

Parking for students visiting Sindecuse Health Center is provided without additional cost. Students are given a token prior to leaving the building to use to exit the gated parking area.

WMU Student Recreation Center and other WMU Sites

Parking for students visiting the WMU Student Recreation Center and other WMU sites is available at metered sites designated for guest parking. Students must have current automobile information on file with the medical school, and must comply with WMU guest parking requirements. Alternatively, students can individually purchase a parking permit (day, specific days, term, or academic year) from [WMU Parking Services](#). Students are individually responsible for any parking tickets issued by WMU to them or their automobile.

Escorts to and from Student Parking

Security personnel are available at the W.E. Upjohn M.D. campus for students who wish to be escorted after dusk to and from their car in the medical school parking lot or on adjacent streets (Portage, Lovell, and South Streets) as well as at the School of Medicine Clinics, hospitals, and affiliated clinical sites. Students are encouraged to walk to their cars in pairs or groups, whenever possible, and to leave buildings at reasonable hours. Security systems and security personnel do not replace the need for situational awareness and personal responsibility.

Student Bike Racks

Students with bikes may use the outdoor bike racks provided at the W.E. Upjohn M.D. Campus or the indoor bike racks provided inside the parking ramp located across the street. Bikes and other personal items left on medical school premises for longer than 72 hours are considered to be abandoned and subject to removal and disposal.

Student Commons

The Student Commons adjacent to the learning communities provides respite space at the W.E. Upjohn M.D. Campus for all students.

Food Service

The W.E. Upjohn M.D. Campus and the Oakland Drive Campus both provide vending machines with drinks and snacks along with café seating for dining. Vending in some areas is unattended and based on an honor system; removal of items without purchase is theft and subject to disciplinary action.

Both Ascension Borgess Hospital and Bronson Methodist Hospital (across the street from the W.E. Upjohn M.D. Campus) offer full food service options throughout the day with food available for purchase at students' expense.

Approval

Maria Sheakley, PhD

Associate Dean for Student Affairs _____ Date: _____

Procedures**Additional Contacts****Forms****Related Information****History**

Extracurricular Volunteer and Shadowing Experiences--UME 712

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last update: 6/17/2023
Additional Details Contacts: Maria Sheakley, PhD Maria.sheakley@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

LCME Standards

11.3 - Oversight of Extramural Electives

Scope

MD and MS Degree Programs

Policy Statement

The medical school curriculum provides medical students with introductory clinical experiences that begin early in the first year, and other curriculum components that constitute service learning. Service learning is an instructional technique, used in the Engagement and Discovery course, in which students participate in community service activities with academic objectives. Students gain relevant, hands-on experience while contributing to improving the health of the communities we serve. These activities are part of the curriculum and are fully supported by the medical school, and have educational objectives, a curriculum, and assessments.

Volunteering enables a student the uncompensated opportunity to participate and actively contribute, but without the academic rigor of service learning. Shadowing experiences extra-curricular and are purely observational in nature.

The professional liability (malpractice) insurance provided through the medical school does *not* provide coverage for students for any extracurricular activities, including volunteer and shadowing experiences (See policy UME 605 – *Professional Liability*).

Student participation in extracurricular activities needs to be carefully considered by the student relative to the priority for achieving the curriculum and course learning objectives. As with any extracurricular activity, students are responsible to ensure that participation does not unduly infringe on the time necessary for required academic work or otherwise interfere with their studies. Student participation in shadowing experiences is not recommended. Because these activities are not part of the medical school curriculum and do not have a formal assessment, comments, if any, in the MSPE about volunteering are limited to the volunteer aspect of the experience, not specifically to any educational aspect. The MSPE does not include comments about shadowing experiences.

Students who engage in volunteer and shadowing experiences are expected to adhere to the Code of Professional Conduct and other medical school policies while engaged in these activities. Students who choose to participate in volunteer and shadowing experiences during medical school do so on their own time and assume all responsibility for their conduct during the experiences. As with any unsponsored activity, the medical school accepts no responsibility for any harm or loss caused to the student or third parties in connection with the student's participation.

Faculty who choose to provide these experiences to students do so outside of their medical school responsibilities, on their own time, and assume all responsibilities to ensure appropriate

supervision and training. This includes approval of their employer and the personnel responsible for the site. Because these activities are not part of the medical school curriculum, there is no compensation from the medical school to medical faculty for providing these experiences.

The medical school reserves the right to prohibit students from participating in unsafe or inappropriate extracurricular activities of which it has actual knowledge. The medical school may request that a student not engage in volunteer and shadowing experiences if it believes that it is detrimental to the student's academic performance and advancement.

Approval

Maria Sheakley, PhD

Associate Dean for Student Affairs _____ Date: _____

Procedures

Additional Contacts

Forms

Related Information

- UME605 – Professional Liability Insurance

History

WMU Student Enrollment Status, ID and Recreation Center—UME 713/GSE 713

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2022 Last update: 7/1/2023
Additional Details Contacts: Maria Sheakley, PhD Maria.sheakley@wmed.edu Donna Mirosław Donna.mirosław@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

LCME Standards

Scope

MD and MS Degree Programs

Policy Statement

Students enrolled in the medical school seminars course, MEDU 680- (Medical Education 680-: Advances and Perspectives in Medicine) or MEHL 680- (Disease, Disparities, and Justice), are concurrently enrolled by WMU in a WMU course, IPE 6800 (Interprofessional Education 6800: Advances and Perspectives in Medicine and Health), which recognizes a portion of MEDU 680- or MEHL 680- coursework for WMU credit. The curriculum content of MEDU 680-/MEHL 680- remains wholly under the control of the medical school. The grades posted by WMU for IPE 6800 on the WMU transcript equate to the grades posted by the medical school for MEDU 680- or MEHL 680-, which is graded on a pass/fail basis.

WMU Bronco ID

As enrolled students at WMU, students receive a WMU Bronco ID card, which provides for the following (as for all WMU students):

- Free bus access on the Kalamazoo [Metro Transit](#) bus system and also on the WMU [Bronco Transit](#) bus system. This provides medical students with free transportation to both campus and city locations.
- Free entry to WMU sporting events including football, basketball, and hockey games. For additional information, [click here](#).
- Ability to checkout books from the [WMU Library](#).
- Discounts to events at [Miller Auditorium](#).
- The Kalamazoo Symphony Orchestra independently provides students with discount tickets to their concerts. For additional information, [click here](#).

Students also receive a WMU Bronco Net ID, which provides remote access to the [WMU Library](#). This is in addition to remote access already provided to the medical school library.

WMU Student Recreation Center

Students have the option to access, for an additional fee, the [WMU Student Recreation Center](#). A Bronco ID card and an additional payment, which equals the WMU annual student access fee, are required.

Spouses of medical students may also access the Student Recreation Center by purchasing a Bronco ID card and paying an additional payment that equals the WMU annual student access fee. Students may bring dependents 15 years of age and younger during Family Hours (all day on Friday, Saturday, and Sunday), and may bring up to two guests 16 years of age and older for a guest fee of \$8 for each visit. WMU Student Recreation Center policies and hours are set by WMU and subject to change.

Medical students who elect to use the WMU Student Recreation Center are charged the WMU annual access fee by the

medical school, which then submits the payments to WMU on behalf of the students. The fee is set by WMU and subject to change. Students are individually responsible for any other charges to them by the WMU Student Recreation Center, which are charged directly to the individual medical student, including by posting to their WMU student account, and collected by WMU.

The WMU annual access fee for student access to the WMU Student Recreation Center is:

- Annual Academic Year Membership is \$270.00 (starts and ends with each student's academic calendar)

Approval

Maria Sheakley, PhD

Associate Dean for Student Affairs _____ Date: _____

Procedures

Additional Contacts

Forms

Related Information

History

Community Events and Wellness Events--UME 714/GSE 714

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last update: 3/31/2024
Additional Details Contacts: Maria Sheakley, PhD Maria.sheakley@wmed.edu Karen Horneffer-Ginter, EdD Karen.horneffer-ginter@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

LCME Standards

Scope

MD and MS Degree Programs

Policy Statement

The medical school supports student engagement in community events.

The associate dean for Culture and Chief Wellness Officer oversees a variety of events and activities at the medical school for students, residents/fellows, faculty, and staff that promote well-being.

The Director of Student Life and Well-Being within the Student Affairs department has a budget to assist students with some registration costs for community events sponsored by WMU, Ascension Borgess, and Bronson Healthcare, and for wellness events and activities at the medical school.

Approval

Maria Sheakley, PhD

Associate Dean for Student Affairs _____ Date: _____

Procedures

Additional Contacts

Karen Horneffer-Ginter, EdD

Forms

Related Information

History

Content Information

Category: GSE		Implementation: 5/1/2021	
		Last update: 02/29/2024	
Additional Details:		Responsible Office: Educational Affairs	
Contacts: Program Directors		Responsible person:	
		Senior Associate Dean for Academic Affairs	

Policy Statement

The Hal B. Jenson Master of Science in Biomedical Sciences Degree program (MBS) consists of 13 courses totaling 32 credits completed in one academic year. This educational program is designed for students who show potential for a career in medicine but are not currently competitive for acceptance into the medical school's MD degree program. The MBS curriculum is designed to prepare students for success in the MD program.

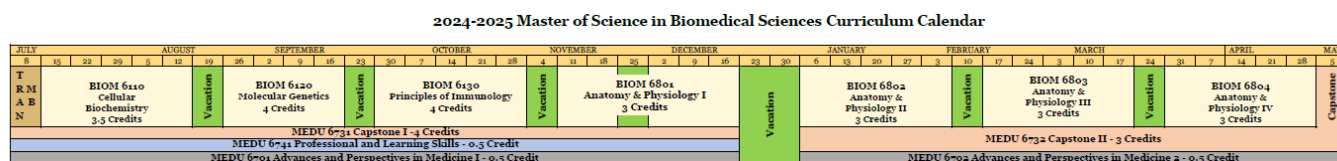
Upon successful completion of the program, students receive a Master of Science degree in Biomedical Sciences. Students who complete the program in good academic standing are automatically offered acceptance into the MD degree program.

Curriculum

Curriculum content is provided to students through a variety of means including lectures, laboratories, independent learning events, and active learning sessions. The medical school curriculum management system and medical school student portal are considered extensions to this policy manual and may provide additional information about the curriculum, its delivery, and student assessment.

Curriculum Calendar

Figure 2. Curriculum Calendar for the MS Degree in Biomedical Sciences Program.



Program Requirements

The MS degree in Biomedical Sciences program is 13 courses totaling 32 credits over two semesters in ten calendar months of one academic year. There are no elective courses. Successful completion of the MS degree in Biomedical Sciences program requires obtaining a passing grade for every course.

Learning Objectives

The goal of the MS degree in Biomedical Sciences program is to prepare students for entry into and success in the MD degree program at this or another medical school, laying the foundation for success as a physician. Students are expected to achieve or surpass a threshold level of competency in foundational biomedical sciences required to gain admission to the MD degree program.

At the completion of the MS degree in Biomedical Sciences program, a student is expected to:

- Demonstrate advanced knowledge of established and evolving biomedical sciences.
- Apply established and emerging biological principles fundamental to healthcare.
- Communicate effectively both orally and in writing.

Academic Year and Enrollment—UME 402/ GSE 402

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last Update: 02/28/2024
Additional Details Contacts: Maria Sheakley, PhD maria.sheakley@wmed.edu Donna Mirosław Donna.mirosław@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

LCME Standards

Scope

MD and MS Degree Programs

Policy Statement

Academic Year

The medical school defines the academic year for each of its degree programs based on the minimum number of weeks of instructional time and minimum number of credits (Table 1). These definitions meet the minimum standards set by the U.S. Department of Education.

Table 1. Academic Year Minimum Weeks and Credits for the Doctor or Medicine Program.

Program	Minimum Weeks of Instructional Time	Minimum Credits
Doctor of Medicine	30 weeks	30 credits
Master of Science in Biomedical Sciences	36 weeks	32 credits

Student Enrollment Status per Term

The medical school determines enrollment status based on students' course schedules and total credits each term (Table 2). Some programs may require more credits per term to complete the program within prescribed timeframes.

Students must be enrolled at least half-time to be eligible for federal student loans. Students receiving benefits through the military Health Professions Scholarship Program (HPSP), National Health Service Corps (NHSC), Veterans Affairs, or other scholarship programs are required generally to maintain full-time enrollment.

Table 2. Student Enrollment Status for the Doctor or Medicine Program.

Program	Full time	Three-quarter time	Half-time	Less than half-time
Doctor of Medicine	15 credits or more	11.5-14.5 credits	7.5-11 credits	1-7 credits
Master of Science in Biomedical Sciences	12 credits or more	9-11.5 credits	6-8.5 credits	1-5.5 credits

Approval

Maria Sheakley, PhD

Associate Dean for Student Affairs _____ Date: _____

Procedures

Additional Contacts

Forms

Related Information

History

Course Management--UME 403/GSE 403

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last Update: 02/29/2024
Additional Details Contacts: Gustavo Patino MD, PhD Gustavo.patino@wmed.edu	Responsible Office: Office of Educational Affairs Responsible person: Associate Dean for UME, Assistant Dean for Foundations of Medicine

LCME Standards

6.3, 7.1, 7.2, 7.3, 7.4, 7.5, 7.6, 8.2, 8.6, 8.7

Scope

MD and MS Degree Programs

Policy Statement

Course directors and co-directors are identified according to expertise by department chairs, the assistant dean for Foundations of Medicine, and the associate dean for UME. UME 408 outlines the responsibilities of a course director.

Content and calendar development and management occur under the leadership of the course director(s) with the assistance of a course committee, corresponding Curriculum Committee working group (Basic Science Course Directors or Clinical Applications) and the Integrations Subcommittee of the MD Curriculum Committee. All calendars are available to curriculum committee members for review, comment and discussion through consent agenda items. Course Director(s) must work with discipline directors across integrated content areas utilizing the course committee and curriculum committee workgroup to ensure alignment with the educational program objectives and USMLE Content Outline.

Course evaluation occurs through program evaluation processes as outlined in UME/GSE 426. Course report recommendations are reviewed, discussed and accepted/alterd by the MD Curriculum Committee to guide the CQI process for each course.

Approval

Gustavo Patino MD, PhD
Associate Dean for UME _____ Date: _____

Procedures

Additional Contacts

Forms

Related Information

History

Applicant Review and Selection Process – MS degree in Biomedical Sciences - GSE 404

Content Information

Category: GSE	Implementation: 5/1/2021 Last update: 04/10/2024
Additional Details: Contacts: Michael Busha MD, MBA, FAAFP Mike.busha@wmed.edu	Responsible Office: Educational Affairs Responsible person: Senior Associate Dean for Academic Affairs

Policy Statement

Admission to the Hal B. Jenson MD Master of Science Degree in Biomedical Sciences Program

Application requirements include the following:

- Applicants must have earned, or anticipate earning before matriculation, a bachelor's degree from an institution accredited by a regional accreditor that is recognized by both the US Department of Education and the Council for Higher Education Accreditation. At least 90 credits of course work for the bachelor's degree must have been from an institution accredited by a regional accreditor that is recognized by both the US Department of Education and the Council for Higher Education Accreditation (CHEA).
- Completed AMCAS application and supplemental application OR complete the direct admission application
- Undergraduate grade point average of 3.00 or higher.
- MCAT score of 495 within three years (36 months).
- Be either a U.S. citizen or permanent resident.

Applicant Review and Selection Process

Selection for the Hal B. Jenson MD Master of Science in Biomedical Sciences Degree Program includes a holistic review process that includes metrics such as GPA and test scores, experiences, and personal attributes. The Program Committee makes admission decisions for the MS degree in Biomedical Sciences program that align with the medical school's mission and values to promote multiple dimensions of diversity that are essential to achieving excellence as a medical school.

Selection Criteria

Candidates for the MBS program may be identified from applicants to the MD program or may directly apply through the MBS application portal. Offers for admission to the MS degree in Biomedical Sciences program are made by the Program Committee through the Office of Admissions.

For direct admission to the MD program, students must be approved for admission by the MD admissions committee. The MD admissions committee reviews all MBS candidates for MD candidacy prior to their enrollment in the MBS program, acceptance to the MD program is provisional until successful completion of the MBS program in good academic standing.

Matriculation to MD Degree Program – GSE 405

Content Information

Category: GSE	Implementation: 5/1/2021 Last update: 02/14/2024
Additional Details: Contacts: Michael Busha MD, MBA, FAAFP Mike.busha@wmed.edu	Responsible Office: Educational Affairs Responsible person: Senior Associate Dean for Academic Affairs

Policy Statement

Students who complete the MS degree in Biomedical Sciences program are admitted to the next entering class for the MD degree program, or a later entering class only by mutual agreement, if they meet the following requirements:

- Complete the MS degree in Biomedical Sciences program by the WMed graduation date in the year following matriculation, with:
 - No course grades of Fail.
 - No more than three failures of course summative assessments (includes both initial course summative assessments and remediation attempts).
 - No more than one course professionalism grade of ‘Pass with concern’.
 - The following circumstances will permit students additional time to complete the degree program:
 - An initial summative assessment failure of a course whose grade is assigned in May will grant the student a 1-2-week extension at the discretion of the course director. Students that pass the first remediation within that extension are considered to have completed the degree “on-time”.
 - Initial failure of a single course whose grade is assigned in May will allow the student with an otherwise perfect record (zero failures of any other summative assessments and zero professionalism grades of pass with concern) a further 4-week extension. Students that earn a FP in the course within the 4-week extension are considered to have completed the degree “on-time”.
 - Any other scenarios involving failures of courses whose grades are assigned in May will result in the student losing their guaranteed admission into the medical program.
- Meet the Technical Standards for Completion of the Medical Curriculum, as described in the Graduate and Medical Student Policy Manual.
- Any student who enters the Biomedical Sciences program who does not have an MCAT score that meets the minimum criteria of (≥ 497) must complete an MCAT preparation course and retake the MCAT examination with the score reported to the medical school prior to MD program admission. For these individuals, the MCAT preparation course and MCAT examination fee are included in the tuition for the MS degree in Biomedical Sciences program. The MCAT score is not used to determine successful completion of the MS in Biomedical Sciences program but is used to determine, in part, eligibility for matriculation to the MD degree program.

Students graduating from the MS degree in Biomedical Sciences program who qualify for matriculation to the MD degree program must formally re-apply to the MD degree program through AMCAS. However, the medical school waives the application fee.

Feedback to Faculty--UME 406/GSE 406

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last Update: 4/1/2024
Additional Details Contacts: Gustavo Patino MD, PhD. Gustavo.patino@wmed.edu	Responsible Office: Office of Educational Affairs Responsible person: Associate Dean for UME

LCME Standards

4.4

Scope

MD and MS Degree Programs

Policy Statement

Faculty receive feedback through several different mechanisms.

- Course feedback: Faculty involved in a course will have the opportunity to review overall course performance and feedback from students which includes student assessment data, course evaluation by students and the results of a student course focus group facilitated through the Department of Medical Education.
- Clerkship feedback: Faculty involved in a clerkship can receive general clerkship student feedback from experiences through the clerkship director. This information includes student clerkship evaluations, student clerkship focus group and site level data as available.

Approval

Gustavo Patino MD, PhD

Associate Dean for UME _____ Date: _____

Procedures

Additional Contacts

Forms

Related Information

History

Faculty Development for Curriculum Roles--UME 407/GSE 407

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last Update: 2/23/2024
Additional Details Contacts: Michael Busha MD, MBA, FA. Mike.busha@med.wmich.edu	Responsible Office: Office of Educational Affairs Responsible person: Senior Associate Dean for Academic Affairs

LCME Standards

4.5, 9.1

Scope

MD and MS Degree Programs

Policy Statement

The Office of Educational Affairs and the Office of Faculty Affairs support faculty development for involvement in curriculum in multiple ways.

- Mentorship with content area, discipline or department.
- Consultation with faculty in the Department of Medical Education.
- Ongoing faculty development programming through the Office of Faculty Affairs which rotates through important topic areas pertinent to institutional development.
- The Department of the Library is available for assistance in determining best external content materials, student utilization and literature search assistance.
- The chair for the Department of Biomedical Sciences/assistant dean for Foundations of Medicine serves as a curriculum content leader for the basic sciences curriculum and can mentor and assist faculty as needed.
- The assistant dean for Clinical Applications is available to assist with content delivery structures, sources chosen, curriculum mapping, student assessment and clerkship management.
- The assistant dean for Simulation is available to assist with OSCE development and utilization of simulation in education.
- Any internal curriculum role that provides a time and effort allocation has a proportionate allocation of professional development funds allocated for the purpose of that role.

Approval

Michael Busha MD, MBA, FAAFP

Senior Associate Dean for Academic Affairs _____ Date: _____

Procedures

Additional Contacts

Forms

Related Information

History

Course Directors – MS degree in Biomedical Sciences – GSE 408

Content Information

Category: GSE	Implementation: 5/1/2021 Last update: 02/29/2024
Additional Details: Contacts: Michael Busha MD, MBA, FAAFP Mike.busha@wmed.edu	Responsible Office: Educational Affairs Responsible person: Senior Associate Dean for Academic Affairs

Content

One or more course directors lead the design, implementation, management, student assessment, and course evaluation in alignment with the curriculum learning objectives and under the direction of the Program Committee. For the Basics of Medicine courses, typically one (or more) course director(s) is a basic scientist, and one (or more) course director(s) is a clinician. Course directors share responsibility for design, implementation, student assessment, and course evaluation. The basic science course director reports to the chair of the department of Biomedical Sciences/assistant dean for Foundations of Medicine and is the principal administrator of the course.

Course directors are a key link between students and faculty, demonstrating interpersonal and leadership skills that earn the trust of both groups. Additionally, course directors provide leadership in educational endeavors and must remain informed of trends and practices in medical education, pedagogy, technology, and administration.

Course directors are responsible for developing and maintaining the vision for the short- term and long-term development and activity of the course through continuing development, planning, reporting, evaluating, and monitoring that balance discipline-specific interests with interdisciplinary and overall curricular interests. Course directors must communicate and collaborate effectively with students, faculty, staff and instructors, and administration. The MBS Program Committee monitors the overall accomplishments of the courses, reviewing and approving any necessary or significant revisions in scope, content, and curriculum delivery.

Program Committee – MS degree in Biomedical Sciences – GSE 409

Content Information

Category: GSE	Implementation: 5/1/2021 Last update: 02/02/2024
Additional Details: Contacts: Michael Busha MD, MBA, FAAFP Mike.busha@wmed.edu	Responsible Office: Educational Affairs Responsible person: Senior Associate Dean for Academic Affairs

Content

The Graduate Student Education Committee oversees the MS degree in Biomedical Sciences program to ensure outstanding educational programs, a supportive learning and working environment, appropriate student support services, and meeting accreditation requirements. The Graduate Student Education Committee reports to the Dean and provides a report annually to the Faculty Academic Council regarding admissions, curriculum, and student performance for each graduate student program.

Program Committee

A Program Committee for the MS degree in Biomedical Sciences program in collaboration with the dean has overall responsibility for the program. Members of the Program Committee, including a committee chair, are appointed by the dean. The chair of the Program Committee and another core faculty member also serve as members of the Graduate Student Education Committee. Responsibilities of the Program Committee, in collaboration with the chair of the department of Biomedical Sciences and the associate dean for Educational Affairs, include:

- Oversight of procedures related to student admissions to the MS degree in Biomedical Sciences program. Responsibilities include reviewing and making recommendations regarding admissions processes and selection criteria and providing an annual report to the senior associate dean for Academic Affairs.
- Oversight of the performance and progress of students in the MS degree in Biomedical Sciences program, and generally manages student misbehavior related to curricular activities and all aspects of professionalism that does not rise to the level of student misconduct.
- Making recommendations for standards for determination of satisfactory academic progress and professionalism.
- Making determinations of satisfactory progress for advancement and graduation of students in the MS degree in Biomedical Sciences program.
- Leading, directing, coordinating, managing, and reporting all aspects of the design, management, and improvement of a coherent and coordinated curriculum. Curriculum design includes planning and establishing the objectives, structure, pedagogy, and content. Curriculum management includes all aspects of content delivery and evaluation. Curriculum improvement includes all levels of continuing cycles of improving instructors, courses, and the curriculum.
- All other needs of the MS degree in Biomedical Sciences program as determined by the dean, senior associate dean for Academic Affairs, and chair of the department of Biomedical Sciences.
- The Program Committee monitors the overall accomplishments of the courses, and reviews and approves any necessary or significant revisions in scope, content, and curriculum delivery.

Tutoring Policy – MS degree in Biomedical Sciences – GSE 410

Content Information

Category: GSE	Implementation: 5/1/2021 Last update: 09/01/2022
Additional Details: Contacts: Maria Sheakley, PhD Maria.sheakley@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

Content

Tutoring Policy

A tutor will be provided for each student through the office of Academic Advising. A minimum of 1 weekly tutoring session is required for students through the first term (through Anatomy and Physiology I). Tutoring services are free to students and may be continued beyond the mandatory period at the student's request.

Credit Definitions and Audits—UME 411/GSE 411

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last Update: 2/28/2024
Additional Details Contacts: Michael Busha MD, MBA, FAAFP Mike.busha@wmed.edu	Responsible Office: Office of Educational Affairs Responsible person: Senior Associate Dean for Academic Affairs

LCME Standards

Scope

MD and MS Degree Programs

Policy Statement

MD Program

The Liaison Committee on Medical Education (LCME) accredits the Doctor of Medicine (M.D.) program and defines the minimum program length in terms of weeks of instruction. The LCME requires that a program of medical education leading to the M.D. degree must include at least 130 weeks of instruction. Western Michigan University Homer Stryker M.D. School of Medicine (WMed) program length is 176 weeks of instruction. WMed further assigns credit hours for required and elective courses and clerkships in alignment with Higher Learning Commission (HLC) and Department of Medical Education requirements. The credit requirement for the M.D. degree program is 178.5.

Pre-Clinical Credit Hour Definition:

The medical school defines one credit as the amount of work represented in expected learning outcomes and verified by evidence of student achievement that reasonably approximates 45 hours for academic activities. This includes direct faculty instruction as well as faculty-directed work including but not limited to: lectures, guided independent learning assignments, laboratories, discussion sessions, seminars, journal clubs, team-building exercises, service learning, simulations, team- and case- and problem-based learnings, workshops, research, training in clinical settings, practicums, independent student work, reflections, tutorials, and assessments.

Clinical Credit Hour Definition:

During the clinical experiences associated with M2-M4 Core Clerkship and Advanced Clinical courses, actual contact time is often greater. Because the educational approach is fundamentally different, with less emphasis on formal didactic instruction and study and greater emphasis on experiential learning and patient care, the number of hours needed is between 45 and 80 hours of academic activity per week. This range is translated to equal one (1) credit hour per week.

Any variances over 10% of the credit hour definition must be approved by the Associate Dean of Educational Affairs. Variances are managed both through scheduling review prior to a course starting and the course evaluation process after the course is complete. Adjustments to course content and credit hour assignments are managed through an annual review process of each course under the direction of the WMed UME Curriculum Committee.

MS Degree Program

The MS degree in Biomedical Sciences program is continuous from matriculation to graduation. There are two semesters, or periods of enrollment, during the ten-month period of the program.

The medical school defines one credit as the amount of work that for the average student is represented in expected learning outcomes and verified by evidence of student achievement that reasonably approximates not less than 45 hours for academic activities. This includes direct faculty instruction as well as faculty-directed work including but not limited to: lectures, guided independent learning assignments, laboratories, discussion sessions, seminars, journal clubs, team-building exercises, service learning, simulations, team-and/case and problem-based learnings, workshops, research, training in clinical settings, practicums, independent student work, reflections, tutorials, and assessments.

Credit Audits

In conjunction with the course/clerkship approval process by the Curriculum Committee, the course/clerkship directors and Educational Affairs staff, conducts an audit of course/clerkship credit to ensure that the assignment of credit, as defined for Title IV of the Higher Education Action of 1965, is compliant with the medical school credit policy. The Curriculum Committee reviews and approves course/clerkship credit as part of course/clerkship approval. After each course's completion, a final credit audit is conducted and included in the course/clerkship self-study, provided to the Curriculum Committee for approval and to resolve any deficiencies.

**credit definition change occurred through WMed MD Curriculum Committee action April 2022.

Curriculum Committee: _____ Date: _____

Approval

Procedures

Additional Contacts

Forms

Related Information

History

Course Catalog Management--UME 412/GSE 412

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last Update: 2/29/2024
Additional Details Contacts: Donna Miroslaw, Registrar Registrar@wmed.edu	Responsible Office: Office of Educational Affairs Responsible person: Associate Dean for UME

LCME Standards

Scope

MD and MS Degree Programs

Policy Statement

The course catalog is managed by the registrar in accordance with direction from the MD and MS Curriculum Committees and Integrations subcommittee for all required courses and clerkships. Credit assignments, credit audits and overall credits required for degree by graduating year/program are tracked and evaluated on an annual basis. Elective courses and clerkships are managed through an application process that involves evaluation of workload, credit hour assignment, objectives and overall experience alignment with MD degree program. This evaluation and approval process is managed through the Office of Educational Affairs with assistance of content experts, department chairs and curriculum lead as necessary.

An annual report of electives taken by students is prepared for use by the MD Curriculum Committee and department chairs.

Approval

Gustavo Patino MD, PhD

Associate Dean for UME _____ Date: _____

Procedures

Additional Contacts

Forms

Related Information

History

Registration – MS degree in Biomedical Sciences – GSE 413

Content Information

Category: GSE	Implementation: 5/1/2021 Last update: 09/01/2022
Additional Details: Contacts: Michael Busha MD, MBA, FAAFP Mike.busha@wmed.edu	Responsible Office: Educational Affairs Responsible person: Senior Associate Dean for Academic Affairs

Content

The MS degree in Biomedical Sciences program requires full-time participation, and all graduate students are enrolled with full-time student status.

Course Catalog--UME 414/GSE 414

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last Update: 3/11/2024
Additional Details: Contacts: Donna Mirosław, Registrar Donna.mirosław@wmed.edu	Responsible Office: Registrar Responsible person: Registrar

LCME Standards

6.2, 6.5

Scope

MD and MS degree programs

Policy Statement

MD Program

The first and second year, Foundations of Medicine, and the third and fourth year, Clinical Applications, provide the minimum credits and weeks of instruction necessary for advancement and graduation with the MD degree.

This listing of courses and clerkships serves as the course catalog for the medical degree program. This course catalog is complemented by the [online course catalog](#) that contains additional course/clerkship information. In addition, the student curriculum management system (Elentra) in combination with other systems provides a full description of each course/clerkship, course/clerkship learning objectives, learning objectives for all events, course/clerkship learning resources, and lists course/clerkship directors with their contact information in the introductory material in Elentra for each course/clerkship. Required and recommended textbooks along with the costs are listed on the student portal as well as on the public website for applicants and updated annually. Information about other learning resources (both electronic and print) is provided to students at the beginning of each academic year and beginning of each course/clerkship. Methods of learner assessment and course/clerkship grading are described in the Student Policy Manual.

Courses and clerkships have a prefix abbreviation (Table 4) for the discipline and a four- digit numeric designation. Tables 5-6 show the courses/clerkships offered as part of the curriculum leading to the medical degree.

Table 4. Prefix Abbreviations for Course Names.

Prefix	Full Name
ALHS	Allied Health Sciences
ANES	Anesthesiology
AWAY	Electives or experiences taken for credit at sites other than core training sites
BINF	Biomedical Informatics
BIOM	Biomedical Sciences
CLIN	Clinical Education and Training (including multidisciplinary and interprofessional clinical education and training)
EMER	Emergency Medicine
FMED	Family and Community Medicine
GLOH	Global Health
IND	Independent Study
MED	Medicine

MEDE	Medical Engineering
MEDU	Medical Education
MEHL	Medical Ethics, Humanities, and Law
OBGY	Obstetrics and Gynecology
ORTH	Orthopaedic Surgery
PATH	Pathology
PEDS	Pediatric and Adolescent Medicine
PROF	Profession of Medicine
PSYC	Psychiatry
RAD	Radiology
RES	Research
SIM	Medical Simulation
SURG	Surgery
TRAN	Transition (to the next level of education and training)
WELL	Wellness

Courses and clerkships for the MD degree program are numbered with a four-digit course designation according to the following system:

For class of 2025 and prior

- Seminar courses 6 - - -
- Foundations of Medicine courses 7 - - -
 - BIOM courses 7 1 - - and 7 2 - -
 - PROF courses 7 3 - -
 - CLIN courses 7 4 - -
 - Electives 7 5 - -
- Clinical Applications core clerkships and courses 8 - - -
 - Core clerkships 8 1 1 0
 - PROF courses during core clerkships 8 3 - -
- Clinical Applications advanced clerkships, courses, and electives 9 - - -
 - TRAN courses 9 1 ---- and 9900
 - Research electives 9 2 1 -
 - PROF courses 9 3 - -
 - Subspecialty clerkships 9 4 - -, 9 5 - -, and 9 6 - -
 - Advanced clerkships 9 7 - -
 - Advanced critical care clerkships 9 8 - -

For class of 2026 and 2027

- Seminar courses 6 - - -
- Foundations of Medicine courses 7 - - -
 - BIOM courses 7 1 - - and 7 2 - -
 - CLIN courses 7 3 - -
 - MEDU courses 7 2 - - and 7 3 - -
 - Electives 7 5 - -
- Clinical Applications core clerkships and courses 8 - - -
 - Core clerkships 8 1 1 0
 - MEDU courses 8 3 - -
- Clinical Applications advanced clerkships, courses, and electives 9 - - -
 - TRAN courses 9 1 ---- and 9900

- Research electives 9 2 1 -
- Subspecialty clerkships 9 4 - -, 9 5 - -, and 9 6 - -
- Advanced clerkships 9 7 - -
- Advanced critical care clerkships 9 8 - -

Foundations of Medicine (MD program)

For the class of 2025

Courses in Foundations of Medicine include transition courses (2), biomedical science courses (13), Profession of Medicine courses (4), Introductory Clinical Experiences courses (3 for other classes), one-week electives (3), and the seminars courses (2). The total time commitment of medical students during Foundations of Medicine includes all scheduled events and personal study time for independent learning.

For class of 2026

Courses in Foundations of Medicine include transition courses (2), biomedical science courses (13), Principles of Medicine courses (4), Clinical Skills courses (4), Engagement and Discovery courses (3), one-week electives (3), and the seminars courses (3). The total time commitment of medical students during Foundations of Medicine includes all scheduled events and personal study time for independent learning.

For class of 2027

Courses in Foundations of Medicine include transition courses (2), biomedical science courses (12), Principles of Medicine courses (3), Clinical Skills courses (3), Engagement and Discovery courses (3), and the seminars courses (4). The total time commitment of medical students during Foundations of Medicine includes all scheduled events and personal study time for independent learning.

For class of 2028

Courses in Foundations of Medicine include transition courses (2), biomedical science courses (12), Principles of Medicine courses (3), Clinical Skills courses (3), Engagement and Discovery courses (3), and the seminars courses (4). The total time commitment of medical students during Foundations of Medicine includes all scheduled events and personal study time for independent learning.

Table 5 Foundations of Medicine Required and Elective Courses.

Table 5 (continued). Foundations of Medicine Required and Elective Courses.

Course	Number	Name	Credits
Required Courses for the Class of 2025			
TRAN	6900	Transition to Medical School	1
BIOM	7110	Molecular Foundations of Health and Disease	5
BIOM	7120	Genetic and Metabolic Disorders	5
BIOM	7140	Musculoskeletal System	5
BIOM	7150	Immunology and Infectious Diseases	5
BIOM	7160	Hematology and Oncology	5
BIOM	7230	Cardiovascular System	5
BIOM	7240	Pulmonary System	5
BIOM	7250	Renal and Genitourinary Systems	5
BIOM	7260	Gastrointestinal System	5
BIOM	7270	Endocrine and Reproductive Systems	6
BIOM	7280	Nervous System	6
BIOM	7281	Behavioral Medicine	4
BIOM	7292	Multisystem Disorders	4
MEDU	6801	Advances and Perspectives in Medicine	1
MEDU	6802	Advances and Perspectives in Medicine	1

PROF	7310	Profession of Medicine - Active Citizenship in Community Health 1	1
PROF	7311	Profession of Medicine - Principles of the Profession 1	2
PROF	7312	Profession of Medicine - Clinical Skills 1	3
PROF	7313	Profession of Medicine - Active Citizenship in Community Health 2	1
PROF	7314	Profession of Medicine - Principles of the Profession 2	2
PROF	7315	Profession of Medicine - Clinical Skills 2	2
PROF	7320	Profession of Medicine - Active Citizenship in Community Health 3	1
PROF	7321	Profession of Medicine - Principles of the Profession 3	2
PROF	7322	Profession of Medicine - Clinical Skills 3	2
PROF	7323	Profession of Medicine - Principles of the Profession 4	1
PROF	7324	Profession of Medicine - Clinical Skills 4	1
CLIN	7410	Introductory Clinical Experiences 1	2
CLIN	7412	Introductory Clinical Experiences 2	1
CLIN	7420	Introductory Clinical Experiences 3	2
TRAN	7900	Transition to Clinical Applications	2

Table 5 (continued). Foundations of Medicine Required and Elective Courses.

Course	Number	Name	Credits
Required Courses for the Class of 2026			
TRAN	6900	Transition to Medical School	1
BIOM	7110	Molecular Foundations of Health and Disease	5
BIOM	7120	Genetic and Metabolic Disorders	5
BIOM	7140	Musculoskeletal System	5
BIOM	7150	Immunology and Infectious Diseases	5
BIOM	7160	Hematology and Oncology	5
BIOM	7230	Cardiovascular System	5
BIOM	7240	Pulmonary System	5
BIOM	7250	Renal and Genitourinary Systems	5
BIOM	7260	Gastrointestinal System	5
BIOM	7270	Endocrine and Reproductive Systems	6
BIOM	7280	Nervous System	6
BIOM	7281	Behavioral Medicine	4
BIOM	7292	Multisystem Disorders	4
MEDU	7210	Principles of Medicine 1	2
MEDU	7220	Principles of Medicine 2	2
MEDU	7230	Principles of Medicine 3	2
MEDU	7240	Principles of Medicine 4	1
CLIN	7310	Clinical Skills 1	5
CLIN	7320	Clinical Skills 2	3
CLIN	7330	Clinical Skills 3	4
CLIN	7340	Clinical Skills 4	1
MEDU	6801	Advances and Perspectives in Medicine	1
MEDU	7310	Engagement and Discovery 1	1
MEDU	7320	Engagement and Discovery 2	1
MEDU	7330	Engagement and Discovery 3	1
MEHL	6801	Disease, Disparities, and Justice 1	0.5
MEHL	6802	Disease, Disparities, and Justice 2	0.5
TRAN	7900	Transition to Clinical Applications	2

Course	Number	Name	Credits
Required Courses for the Class of 2027			
TRAN	6900	Transition to Medical School	1
BIOM	7110	Molecular Foundations of Health and Disease	5
BIOM	7120	Genetic and Metabolic Disorders	5
BIOM	7140	Musculoskeletal System	5
BIOM	7150	Immunology and Infectious Diseases	5
BIOM	7160	Hematology and Oncology	5
BIOM	7230	Cardiovascular System	5
BIOM	7240	Pulmonary System	5
BIOM	7250	Renal and Genitourinary Systems	5
BIOM	7260	Gastrointestinal System	5
BIOM	7270	Endocrine and Reproductive Systems	6
BIOM	7280	Nervous System	6
BIOM	7281	Behavioral Medicine	4
MEDU	7210	Principles of Medicine 1	2
MEDU	7220	Principles of Medicine 2	2
MEDU	7230	Principles of Medicine 3	2
CLIN	7310	Clinical Skills 1	5
CLIN	7320	Clinical Skills 2	3
CLIN	7330	Clinical Skills 3	4
MEDU	7310	Engagement and Discovery 1	1
MEDU	7320	Engagement and Discovery 2	1
MEDU	7330	Engagement and Discovery 3	1
MEHL	6801	Disease, Disparities, and Justice 1	0.5
MEHL	6802	Disease, Disparities, and Justice 2	0.5
MEHL	6803	Disease, Disparities, and Justice 3	0.5
MEHL	6804	Disease, Disparities, and Justice 4	0.5
TRAN	7900	Transition to Clinical Applications	2

Course	Number	Name	Credits
Required Courses for the Class of 2028			
TRAN	6900	Transition to Medical School	1
BIOM	7115	Fundamentals of Biomedical Sciences I	4.5
BIOM	7125	Fundamentals of Biomedical Sciences II	4.5
BIOM	7140	Musculoskeletal System	5
BIOM	7150	Immunology and Infectious Diseases	5
BIOM	7160	Hematology and Oncology	5
BIOM	7230	Cardiovascular System	5
BIOM	7240	Pulmonary System	5
BIOM	7250	Renal and Genitourinary Systems	5
BIOM	7260	Gastrointestinal System	5
BIOM	7270	Endocrine and Reproductive Systems	6
BIOM	7280	Nervous System	6
BIOM	7281	Behavioral Medicine	4
MEDU	7110	Medical First Responder 1	1
MEDU	7115	Medical First Responder 2	1
MEDU	7210	Principles of Medicine 1	2
MEDU	7220	Principles of Medicine 2	2
MEDU	7230	Principles of Medicine 3	2
CLIN	7310	Clinical Skills 1	5
CLIN	7320	Clinical Skills 2	3

CLIN	7330	Clinical Skills 3	4
MEDU	7310	Engagement and Discovery 1	1
MEDU	7320	Engagement and Discovery 2	1
MEDU	7330	Engagement and Discovery 3	1
MEHL	6801	Disease, Disparities, and Justice 1	0.5
MEHL	6802	Disease, Disparities, and Justice 2	0.5
MEHL	6803	Disease, Disparities, and Justice 3	0.5
MEHL	6804	Disease, Disparities, and Justice 4	0.5
TRAN	7900	Transition to Clinical Applications	2

Table 5 (continued). Foundations of Medicine Required and Elective Courses.

Course	Number	Name	Credits
Elective Courses			
<i>1.5 credits of electives are required during Foundations of Medicine for the class of 2025 - 2026</i>			
ALHS	75- -	Selected Topics in Allied Health Sciences	0.5
ANES	75- -	Selected Topics in Anesthesiology	0.5
BINF	75- -	Selected Topics in Biomedical Informatics	0.5
BIOM	75- -	Selected Topics in Biomedical Sciences	0.5
CLIN	75- -	Selected Topics in Clinical Medicine	0.5
EMER	75- -	Selected Topics in Emergency Medicine	0.5
EPID	75- -	Selected Topics in Epidemiology and Biostatistics	0.5
FMED	75- -	Selected Topics in Family and Community Medicine	0.5
MED	75- -	Selected Topics in Medicine	0.5
MEDE	75- -	Selected Topics in Medical Engineering	0.5
MEDU	75- -	Selected Topics in Medical Education	0.5
MEDU	75- -	Medical Spanish	0.5
MEHL	75- -	Selected Topics in Medical Ethics	0.5
MEHL	75- -	Selected Topics in Medical Humanities	0.5
MEHL	75- -	Selected Topics in Health Law	0.5
OBGY	75- -	Selected Topics in Obstetrics and Gynecology	0.5
ORTH	75- -	Selected Topics in Orthopaedic Surgery	0.5
PATH	75- -	Selected Topics in Pathology	0.5
PEDS	75- -	Selected Topics in Pediatric and Adolescent Medicine	0.5
PROF	75- -	Selected Topics in Profession of Medicine	0.5
PSYC	75- -	Selected Topics in Psychiatry	0.5
RAD	75- -	Selected Topics in Radiology	0.5
RES	75- -	Selected Topics in Research	0.5
SIM	75- -	Selected Topics in Simulation	0.5
SURG	75- -	Selected Topics in Surgery	0.5
WELL	75- -	Selected Topics in Wellness	0.5
IND	75- -	Independent Study	
GLOH	71- -	Global Health	0.5
AWAY	7110	Away elective at a non-LCME-accredited site	0.5
AWAY	7120	Away elective at an LCME-accredited site	0.5
Seminar (required each year)			
MEDU	6801	Advances and Perspectives in Medicine (year 1)	1
MEDU	6802	Advances and Perspectives in Medicine (year 2)	1
or			
MEHL	6801	Disease, Disparities, and Justice 1 (year 1)	0.5
MEHL	6802	Disease, Disparities, and Justice 2 (year 1)	0.5
MEHL	6803	Disease, Disparities, and Justice 3 (year 2)	0.5
MEHL	6804	Disease, Disparities, and Justice 4 (year 2)	0.5

Total for Foundations of Medicine	
Class of 2025	94.5
Class of 2026	93.5
Class of 2027	86.0
Class of 2028	87.0

For the classes of 2025-2026, at least one Foundations of Medicine elective must be taken in the first year of medical school. Requests for elective changes and drops must be submitted and approved at least thirty days prior to the elective/course start date using the schedule change request form. Courses dropped after the 30-day deadline are considered withdrawn and a grade of “W” will appear on the student transcript.

Clinical Applications (MD Program)

For Class of 2025: Courses in Clinical Applications include transition courses (2), core clerkships (6), Profession of Medicine courses (4), required advanced clerkships (a total of at least 12 credits), fourth-year electives (a total of at least 18 credits), and the seminars courses (2).

For class of 2026: Courses in Clinical Applications include transition courses (2), core clerkships (6), Profession of Medicine courses (4), required advanced clerkships (a total of at least 14 credits), fourth-year electives (a total of at least 18 credits), and the seminars courses (4).

For class of 2027: Courses in Clinical Applications include transition courses (2), biomedical science courses (2) core clerkships (6), Clinical Reasoning course (1), required advanced clerkships (a total of at least 15 credits), fourth-year electives (a total of at least 16 credits), Engagement and Discovery (a total of at least 4 credits), Capstone (1), and the seminars courses (4).

For class of 2028: Courses in Clinical Applications include transition courses (2), biomedical science courses (2) core clerkships (6), Clinical Reasoning course (1), required advanced clerkships (a total of at least 15 credits), fourth-year electives (a total of at least 16 credits), Engagement and Discovery (a total of at least 4 credits), Capstone (1), and the seminars courses (4).

Table 6. Clinical Applications Required Courses and Clerkships.

Course	Number	Name	Credits
Core Clerkships* and Required Courses During Clinical Applications for the Class of 2025			
M3 Year			
FMED	8110	Family and Community Medicine	6
MED	8110	Medicine	8
OBGY	8110	Obstetrics-Gynecology	6
PEDS	8110	Pediatric and Adolescent Medicine	6
PSYC	8110	Psychiatry and Neurology	6
SURG	8110	Surgery	9
PROF	8330	Profession of Medicine 5	2
PROF	8332	Profession of Medicine 6	2
PROF	8334	Profession of Medicine 7	2
MEDU	6803	Advances and Perspectives in Medicine	1
TRAN	9100	Transition to Advanced Clinical Management	2
M4 Year			
EMER	9710	Advanced Emergency Medicine Clerkship <i>for four continuous weeks</i>	4
At least one advanced hospital-center selective (971-)			

xxxx	9710	Advanced Hospital Selective <i>for four continuous weeks</i>	4
At least one advanced critical care selective (98--)			
xxxx	9810	Advanced Critical Care Selective <i>for four continuous weeks</i>	4
At least 18 weeks of fourth year elective clerkships			18
MEHL	6803	Disease, Disparities, and Justice 3	0.5
MEHL	6804	Disease, Disparities, and Justice 4	0.5
PROF	9340	Profession of Medicine 8	1
TRAN	9900	Transition to Residency	2

*One core clerkship is taken at the end of the second-academic year of the curriculum.

Course	Number	Name	Credits
Core Clerkships* and Required Courses During Clinical Applications for the Class of 2026			
M3 Year			
FMED	8110	Family and Community Medicine	6
MED	8110	Medicine	7
OBGY	8110	Obstetrics-Gynecology	6
PEDS	8110	Pediatric and Adolescent Medicine	6
PSYC	8110	Psychiatry and Neurology	6
SURG	8110	Surgery	8
MEDU	8350	Principles of Medicine 5	2
MEDU	8360	Principles of Medicine 6	2
MEDU	8370	Principles of Medicine 7	2
MEDU	6803	Advances and Perspectives in Medicine	1
MEHL	6803	Disease, Disparities, and Justice 3	0.5
MEHL	6804	Disease, Disparities, and Justice 4	0.5
TRAN	9100	Transition to Advanced Clinical Management	2
M4 Year			
EMER	9710	Advanced Emergency Medicine Clerkship <i>for four continuous weeks</i>	4
NEUR	9710	Advanced Neurology Clerkship <i>for two continuous weeks</i>	2
At least one advanced hospital-center selective (971-)			
xxxx	9710	Advanced Hospital Selective <i>for four continuous weeks</i>	4
At least one advanced critical care selective (98--)			
xxxx	9810	Advanced Critical Care Selective <i>for four continuous weeks</i>	4
At least 18 weeks of fourth year elective clerkships			18
MEDU	9980	Principles of Medicine 8	1
MEHL	6805	Disease, Disparities, and Justice 5	0.5
MEHL	6806	Disease, Disparities, and Justice 6	0.5

TRAN	9900	Transition to Residency	2
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*One core clerkship is taken at the end of the second-academic year of the curriculum.

Course	Number	Name	Credits
Core Clerkships* and Required Courses During Clinical Applications for the Class of 2027			
M3 Year			
CLIN	7320	Clinical Reasoning	7
FMED	8110	Family and Community Medicine	6
MED	8110	Medicine	7
OBGY	8110	Obstetrics-Gynecology	6
PEDS	8110	Pediatric and Adolescent Medicine	6
PSYC	8110	Psychiatry and Neurology	6
SURG	8110	Surgery	7
BIOM	7292	Multisystem Disorders	4
BIOM	7293	Health System Science	4
MEHL	6805	Disease, Disparities, and Justice 5	0.5
MEHL	6806	Disease, Disparities, and Justice 6	0.5
TRAN	9100	Transition to Advanced Clinical Management	2
M4 Year			
EMER	9710	Advanced Emergency Medicine Clerkship <i>for four continuous weeks</i>	4
NEUR	9710	Advanced Neurology Clerkship <i>for two continuous weeks</i>	2
ANES	9710	Advanced Anesthesiology Clerkship	1
At least one advanced hospital-center selective (971-)			
xxxx	9710	Advanced Hospital Selective <i>for four continuous weeks</i>	4
At least one advanced critical care selective (98--)			
xxxx	9810	Advanced Critical Care Selective <i>for four continuous weeks</i>	4
At least 16 weeks of fourth year elective clerkships			16
Varies		Engagement and Discovery <i>(may be fulfilled by taking 4 credits in one of the following: RES, INTL, Public Health, Service Learning)</i>	4
MEDU	9900	Capstone	1
MEHL	6807	Disease, Disparities, and Justice 7	0.5
MEHL	6808	Disease, Disparities, and Justice 8	0.5
TRAN	9900	Transition to Residency	2

*Two core clerkships are taken at the end of the second-academic year of the curriculum.

Course	Number	Name	Credits
Core Clerkships* and Required Courses During Clinical Applications for the Class of 2028			
M3 Year			

CLIN	7320	Clinical Reasoning	7
FMED	8110	Family and Community Medicine	6
MED	8110	Medicine	7
OBGY	8110	Obstetrics-Gynecology	6
PEDS	8110	Pediatric and Adolescent Medicine	6
PSYC	8110	Psychiatry and Neurology	6
SURG	8110	Surgery	7
BIOM	7292	Multisystem Disorders	4
BIOM	7293	Health System Science	4
MEHL	6805	Disease, Disparities, and Justice 5	0.5
MEHL	6806	Disease, Disparities, and Justice 6	0.5
TRAN	9100	Transition to Advanced Clinical Management	2
M4 Year			
EMER	9710	Advanced Emergency Medicine Clerkship <i>for four continuous weeks</i>	4
NEUR	9710	Advanced Neurology Clerkship <i>for two continuous weeks</i>	2
ANES	9710	Advanced Anesthesiology Clerkship	1
At least one advanced hospital-center selective (971-)			
xxxx	9710	Advanced Hospital Selective <i>for four continuous weeks</i>	4
At least one advanced critical care selective (98--)			
xxxx	9810	Advanced Critical Care Selective <i>for four continuous weeks</i>	4
At least 16 weeks of fourth year elective clerkships			16
Varies		Engagement and Discovery <i>(may be fulfilled by taking 4 credits in one of the following: RES, INTL, Public Health, Service Learning)</i>	4
MEDU	9900	Capstone	1
MEHL	6807	Disease, Disparities, and Justice 7	0.5
MEHL	6808	Disease, Disparities, and Justice 8	0.5
TRAN	9900	Transition to Residency	2

*Two core clerkships are taken at the end of the second-academic year of the curriculum.

Total Credits for Clinical Applications	
Class of 2025	84
Class of 2026	83
Class of 2027	89
Class of 2028	95

Fourth-Year Elective Clerkships

In the fourth year, students have flexibility in scheduling elective clerkships (Table 7).

The class of 2025: the fourth-year includes two vacation, and several additional weeks of flexible time to accommodate interviewing for residency. These classes have 35 calendar weeks to complete 18 credits (which is

also 18 weeks) of fourth-year electives.

The class of 2026: the fourth-year includes three vacation, and several additional weeks of flexible time to accommodate interviewing for residency. These classes have 32 calendar weeks to complete 18 credits (which is also 18 weeks) of fourth-year electives.

The class of 2027: the fourth-year includes seven vacation, and several additional weeks of flexible time to accommodate interviewing for residency. These classes have 29 calendar weeks to complete 16 credits (which is also 16 weeks) of fourth-year electives.

The class of 2028: the fourth-year includes seven vacation, and several additional weeks of flexible time to accommodate interviewing for residency. These classes have 27 calendar weeks to complete 16 credits (which is also 16 weeks) of fourth-year electives.

Not all fourth-year clerkships are offered each year for all potential dates and lengths of duration. The available clerkships and specific dates are provided to medical students annually near the middle of the third year as the medical school initiates the process for student selection of fourth-year electives. Students should review the [online catalog](#) for a listing of current course offerings.

Research electives (9210) and Selected Topics electives (9220) may be repeated for credit.

Advanced Emergency Medicine (EMER 9710), advanced hospital-centered clerkships (971 -), and advanced critical care clerkships (981 -) must be taken for four continuous weeks to count toward the required fourth-year clerkships (Table 6). These clerkships may be offered for two weeks or for non-contiguous weeks, which count toward the requirements for fourth-year elective clerkships.

Independent Study (IND)

Independent Study electives (IND 7110 if taken prior to completing the first core clerkship, and IND 9110 if taken after completing the core-year clerkship) may be repeated for credit, from one to eight credits each course, up to a maximum of eight credits per course (Table 8).

- IND 7110 credits are Foundations of Medicine electives (Table 5) but do not count toward meeting the requirements for Foundations of Medicine electives.
- IND 9110 credits are equivalent to Clinical Applications electives in the fourth-year (Table 7). A maximum of 8 credits of IND 9110 may count toward meeting the elective requirements for Clinical Applications.

Global Health Activities Sponsored by the Medical School (GLOH)

The medical school may sponsor global health activities including courses and clerkships (Table 8) taught by medical school faculty who deliver the curriculum and supervise the medical students. These are designated by the prefix abbreviation “GLOH.” All global travelers on school-sponsored activities must comply with medical school policy GEN09, *International Travel for Activities Sponsored by the Medical School*. Student participation in global health activities away from the medical school is a privilege that is optional and not required for advancement or graduation. Students in Foundations of Medicine may not register for a global health activity if they have failed the initial summative assessment in a course during the current or previous term. See policy UME423, *Global Student Experiences Sponsored by the Medical School*.

Electives Away from the Medical School (AWAY)

Medical student participation in electives for credit away from the medical school is a privilege that is optional and not required for advancement or graduation. Students in Foundations of Medicine may not register for an elective away from the medical school if they have failed the initial summative assessment in a course during the

current or previous term.

The prefix abbreviation “AWAY” designates a curriculum elective for credit (Table 8) with content approved by the medical school even though the medical school faculty do not directly deliver the curriculum and supervise the students. Medical school approval is required of all medical student curriculum experiences away from the medical school to assess the awarding of academic credit, assure that it does not adversely affect the student’s academic progress, and address concerns of student safety, risk, liability, and potential impact on the financial aid status of the student. Electives that are away are graded as Pass/Fail. See policy UME424, *Electives Away from the Medical School*.

Table 8. Elective Courses and Clerkships (IND, GLOH, and AWAY).

Course	Number	Name	Credits
IND	7110	Independent Study (taken after completing four Foundations of Medicine electives but prior to completing the first core clerkship)	1 – 8
IND	9110	Independent Study (taken after completing the first core clerkship)	1 – 8
GLOH	7110	Global Health (taken as one of the three Foundations of Medicine electives but prior to completing the first core clerkship)	1 – 4
GLOH	9- - -	Global Health (taken after completing the first core clerkship)	2 – 8
AWAY	7110	Away elective at a non-LCME-accredited site (taken prior to completing the first core clerkship)	1 – 4
AWAY	7120	Away elective at an LCME-accredited site (taken prior to completing the first core clerkship)	1 – 4
AWAY	9110	Away elective at a non-LCME-accredited site (taken after completing the first core clerkship)	2 – 8
AWAY	9120	Away elective at an LCME-accredited site (taken after completing the first core clerkship)	2 – 8

Seminar Courses

Advances and Perspectives in Medicine (MEDU 680-) and MEHL (680-) is an interdisciplinary seminar course for 0.5 credit per term (1 credit for the academic year). These seminars explore advances in biomedical and health sciences with translational applications to clinical medicine and the broad context of medicine in society. MEDU 680- or MEHL 680- is required of all medical students in each year, including medical students attending less than full time, dual-degree programs, and students repeating an entire year for any reason.

Table 9. Seminar Courses.

Course	Number	Name	Credits
MEDU	6801	Advances and Perspectives in Medicine (year 1)	1
MEDU	6802	Advances and Perspectives in Medicine (year 2)	1
MEDU	6803	Advances and Perspectives in Medicine (year 3)	1
MEDU	6804	Advances and Perspectives in Medicine (year 4)	1
MEDU	6805	Advances and Perspectives in Medicine (year 5 if applicable)	1*
MEHL	6801	Disease, Disparities, and Justice 1	0.5
MEHL	6802	Disease, Disparities, and Justice 2	0.5
MEHL	6803	Disease, Disparities, and Justice 3	0.5
MEHL	6804	Disease, Disparities, and Justice 4	0.5
MEHL	6805	Disease, Disparities, and Justice 5	0.5
MEHL	6806	Disease, Disparities, and Justice 6	0.5
MEHL	6807	Disease, Disparities, and Justice 7	0.5
MEHL	6808	Disease, Disparities, and Justice 8	0.5

*This credit will be in addition to the graduation requirements for the MD degree program.

Masters of Biomedical Sciences Program

This listing of courses serves as the course catalog for the MS degree in Biomedical Sciences program. This course catalog is complemented by the [online course catalog](#) that contains additional course information. In addition, the graduate student curriculum management system provides a full description of each course, course learning objectives, learning objectives for all events, course textbooks and other learning resources, and lists course directors with their contact information in the introductory material in for each course. Required and recommended textbooks along with the costs are listed on the graduate student portal as well as on the public website for applicants and are updated annually. Information about other learning resources (both electronic and print) is provided to graduate students at the beginning of each academic year and beginning of each course. Methods of learner assessment and course grading are described in the Graduate Student Policy Manual.

Courses have a prefix abbreviation (BIOM for Biomedical Sciences, TRAN for Transition) for the discipline and a four-digit numeric designation.

TRAN 6700 Transition to Master of Science in Biomedical Sciences (0 Credits)

This is a one-week orientation course that prepares students to understand, participate, and connect in the MS degree in Biomedical Sciences program. Students build the foundation for their success in academics and professional relationships. During this course, students have opportunities to connect with the medical school's services and support offices, and are introduced to student life organizations, student support services, information management, learning strategies, time management, financial aid, library skills, personal development, emotional intelligence, wellness, reflective writing, and the biomedical sciences curriculum.

BIOM 6110 Cellular Biochemistry (3.5 Credits)

Cellular Biochemistry is a five-week course that focuses on the structure and function of cells and tissues, and how nutrition and key homeostatic hormones influence how organs metabolize carbohydrates and lipids. In addition to learning about the regulatory features of energy metabolism in healthy individuals, students also learn how dysregulation of energy metabolism underlies obesity, metabolic syndrome, and disturbances in glucose metabolism including diabetes. This course also introduces regional anatomy and the basic principles of pharmacology.

BIOM 6120 Molecular Genetics (4 Credits)

Molecular Genetics is a four-week course that provides a background in metabolism of small molecules, genetic contributors to disease, and cellular pathways governing macromolecular precursor synthesis and breakdown. Basic processes of DNA, genome, and chromosome metabolism are integrated with key principles of inherited and spontaneous genetic disorders. Gene expression, developmental genetics, population genetics, infectious agents, and molecular technologies are explained to provide a framework for understanding the DNA-based contributions to human disease.

BIOM 6130 Principles of Immunology (4 Credits)

Principles of Immunology is a five-week course that provides a fundamental understanding of the immune system. The course integrates immunology with microbiology and includes relevant aspects of pharmacology and pathology. The course covers soluble mediators, cells, and organs of the immune system and how these elements work together to prevent infection. Students examine how immune system dysfunction results in autoimmune diseases and allergies, and acquire the necessary foundational knowledge of bacteriology, virology, mycology, and parasitology to understand how infectious microbes cause organ-specific and systemic diseases.

BIOM 6801 Anatomy and Physiology I (3 credits)

BIOM 6802 Anatomy and Physiology II (3 credits)

BIOM 6803 Anatomy and Physiology III (3 credits)

BIOM 6804 Anatomy and Physiology IV (3 credits)

The anatomy and physiology course series will provide a fundamental understanding of each of the organ systems. This course will focus on normal physiology and anatomy using pathology to highlight disease states providing relevance to medicine. The course builds from the cellular level to organ systems level and begins to address the

complexity seen in the human body. This course will be taught using a variety of teaching modalities including active learning sessions, laboratories, and didactic lectures.

MEDU 6801 Advances and Perspectives in Medicine 1 (0.5 credit)

Advances and Perspectives in Medicine and Health provides students in the professional health-related sciences both exposure to and an opportunity for involvement in current topics that influence the practice, quality, and delivery of health care. The course consists of a series of events that includes seminars, workshops, plays, demonstrations, simulations, and conferences that are distributed throughout the academic year. Topics covered in the series of events include ethics, professionalism, communication, health policy, health disparities, delivery of care, biomedical/translational/clinical/community-based research, bioengineering, business and legal aspects of health care, health informatics, and global health. For some events, there are opportunities to participate in interprofessional discussion groups that include students from other health profession programs, as well as health care professionals. Students develop critical thinking skills and raise awareness to cross-disciplinary aspects and integration of health care teams, through attendance and reflection of the events in this course.

MEDU 6802 Advances and Perspectives in Medicine 2 (0.5 credit)

Advances and Perspectives in Medicine and Health provides students in the professional health-related sciences both exposure to and an opportunity for involvement in current topics that influence the practice, quality, and delivery of health care. The course consists of a series of events that includes seminars, workshops, plays, demonstrations, simulations, and conferences that are distributed throughout the academic year. Topics covered in the series of events include ethics, professionalism, communication, health policy, health disparities, delivery of care, biomedical/translational/clinical/community-based research, bioengineering, business and legal aspects of health care, health informatics, and global health. For some events, there are opportunities to participate in interprofessional discussion groups that include students from other health profession programs, as well as health care professionals. Students develop critical thinking skills and raise awareness to cross-disciplinary aspects and integration of health care teams, through attendance and reflection of the events in this course.

MEDU 6731 and MEDU 6732 Capstone I (4 credits) and Capstone II (3 credits)

Capstone I and II are related courses that consist of three components: learning strategies, critical analysis of scientific literature, and a thesis literature review. In Capstone I students develop strategies for learning including time management, study skills, organization, effective reading, testing skills, mindset, and motivation. Students learn how to interpret scientific literature and prepare scientific presentations. Students identify a topic related to the molecular mechanism of disease and develop a strategy for a literature review in consultation with the course director. Students apply the critical evaluation of scientific literature concepts to literature related to their thesis topics, and develop a comprehensive outline and annotated bibliography. In Capstone II, students learn about scientific writing, apply the skills learned in Capstone I to write a literature review as a thesis, and give an oral thesis presentation.

MEDU 6741 Professional and Learning Skills (0.5 Credit)

Professional and Learning Skills is a course aimed at improving academic and professional success by building test-taking and study skills as well as broad professional skills such as writing a personal statement and formatting a CV. During this course students will be introduced to a variety of test-taking and study skills as well as being provided with opportunities to reflect on their own learning strategies to guide future success in the M.D. curriculum and beyond.

Approval

Donna Miroslaw
Registrar _____

Date: _____

Procedures

Additional Contacts

Michael Busha MD, MBA, FAAFP

Senior Associate Dean for Academic Affairs _____ Date: _____

Forms

Technical Standards for Admissions, Advancement, and Graduation -- UME 416/GSE 416

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last Update: 6/17/2023
Additional Details Contacts: Maria Sheakley, PhD maria.sheakley@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

LCME Standards

10.5 - Technical Standards

Scope

MD and MS Degree Programs

Policy Statement

Western Michigan University Homer Stryker M.D. School of Medicine (WMed) is committed to diversity. The WMed community actively collaborates to support a safe and inclusive environment. To this end, WMed provides reasonable accommodations for candidates with disabilities via the Office of Student Affairs and the Accommodations Committee.

The faculty at WMed believe that earning a degree requires mastery of a coherent body of knowledge and skills as well as the ability to integrate, synthesize, and apply such knowledge and skills in a broad-based practice. Graduates are prepared to excel in any chosen specialty field. Accordingly, every student must complete all aspects of the curriculum and achieve all the competencies as determined by the faculty, with or without reasonable accommodation. The WMed MD degree affirms that any recipient holds the general knowledge and skills to function in a broad variety of clinical situations and the capacity to enter residency training and qualify for medical licensure. Students must acquire substantial competence in several areas throughout their medical education, including understanding and appreciating the principles and practices of several fields of basic medical science and clinical medicine, and have the abilities and characteristics to relate to patients, families, and other health care professionals compassionately and comprehensively.

In conjunction with the academic standards, the following technical standards are requirements for admission, promotion, and graduation. The Technical Standards at WMed include essential academic and non-academic abilities, attributes, and characteristics in the areas of:

- 1) Cognitive abilities
- 2) Observation
- 3) Motor
- 4) Communication
- 5) Behavioral and Social attributes
- 6) Ethics and Professionalism

Applicants and students must continually meet the following technical standards for admission, advancement, and graduation, and must review and sign the technical standards at the start of each academic year and when they return from a leave of absence. Accommodations granted by the Accommodations Committee may be applied to achieve the following technical standards. The process for requesting an accommodation is detailed in policy UME710

1. Cognitive Abilities

- a. Possess and demonstrate the analytical, conceptual, integrative, quantitative, and reasoning skills that are needed to assimilate and integrate large volumes of information from diverse sources.

- b. Apply the skills outlined in 1a independently and in a timely manner to solve medical problems to deliver appropriate patient care.
 - c. Comprehend, understand, and adapt to different educational environments and learning modalities.
 - d. Capacity to demonstrate sound judgment in patient assessment, diagnosis, and therapeutic planning.
2. **Observation**
- a. Collect, use, and interpret information from demonstrations, from diagnostic and assessment procedures and tools, and from all other modes of patient assessment in the context of laboratory studies, medication administration, radiologic studies, and all other patient care activities (candidates must be able to document these observations and maintain accurate records).
3. **Motor**
- a. Demonstrate the physical capacity to perform physical examinations and diagnostic interventions on patients in accordance with currently acceptable medical practice.
 - b. Demonstrate sufficient motor movements required to provide general care to patients and provide (or if appropriate, direct the provision) of emergency medical care.
 - c. Demonstrate adequate physical stamina and energy to perform taxing duties over long hours.
 - d. Possess the ability to comply with all safety standards in all clinical settings, including but not limited to universal precautions.
 - e. Be capable of moving within and between clinical treatment environments without compromising the safety of patients, members of the healthcare team, or others.
4. **Communication**
- a. Communicate effectively and efficiently with patients, their families, health care personnel, colleagues, faculty, staff, and all other individuals with whom they come in contact.
 - b. Obtain a medical history in a timely fashion, interpret non-verbal aspects of communication, and establish therapeutic relationships with patients.
 - c. Record information accurately and clearly; and communicate effectively and efficiently in English with other health care professionals in a variety of patient settings.
 - d. Communicate with, examine, and provide care for all patients, without discrimination or bias.
5. **Behavioral and Social Attributes**
- a. Display mature and respectful interactions with patients and with members of the medical school community and health care teams.
 - b. Contribute to collaborative, constructive learning environments; accept constructive feedback from others; and take personal responsibility for making appropriate positive changes.
 - c. Demonstrate emotional maturity and stability to manage stressful and demanding workloads.
 - d. Adapt to changing environments, display flexibility, and learn in the face of the uncertainty inherent to the clinical problems of many patients and clinical settings.
 - e. Demonstrate the emotional maturity and stability required for full utilization of intellectual abilities, the exercise of good judgment, responsibility for behavior, the prompt completion of all responsibilities, attendant to the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with patients, fellow students, faculty, and staff.
6. **Ethics and Professionalism**
- a. Model professionalism and a professional demeanor consistent with WMed's [Code of Professional Conduct](#) and [Educational Pledge](#).
 - b. Adhere to the WMed Student Guidelines for Dress and Appearance (see policy UME517).
 - c. Consistently appreciate and preserve patient confidentiality.
 - d. Maintain sobriety in all academic and clinical environments.
 - e. Abide by local, state, and federal laws, as well as all WMed policies.
 - f. Maintain and display ethical and moral behaviors commensurate with the role of a physician in all interactions with patients, faculty, staff, students, and the public. These include but are not limited to integrity, ethics, responsibility, accountability, compassion, empathy, tolerance, responsiveness to

- patient needs that supersedes self-interest, respect for others, commitment to excellence, and motivation.
- g. Understand the legal and ethical aspects of the practice of medicine and function within the law and ethical standards of the medical profession.

WMed welcomes candidates with disabilities who may need accommodations. Consistent with Section 504 of the Rehabilitation Act of 1973, Title III of the Americans with Disabilities Act as Amended 2010, and Michigan law, the school of medicine does not discriminate on the basis of disability. Students seeking accommodation should utilize the technical standards in guiding a request for accommodations and shall follow the process indicated in (see policy UME710). Candidates with questions about the technical standards, reasonable accommodations, or the accommodations process may email the Director of Student Life and Well-Being at accommodations@wmed.edu.

Prior to matriculation, a candidate must attest that they have read the school's technical standards and to the best of their knowledge can meet them with or without reasonable accommodation.

Approval

Maria Sheakley, PhD

Associate Dean for Student Affairs _____ Date: _____

Procedures

Additional Contacts

Forms

Related Information

History

Attendance and Absences – MS degree in Biomedical Sciences – GSE 418

Content Information

Category: GSE	Implementation: 5/1/2021 Last update: 03/14/2024
Additional Details: Contacts: Michael Busha MD, MBA, FAAFP Mike.busha@wmed.edu	Responsible Office: Educational Affairs Responsible person: Senior Associate Dean for Academic Affairs

Content

Course Attendance

Learning in medicine is a shared activity that requires students to acquire and integrate new knowledge through experiential interaction with faculty, peers, and others in a collegial and supportive atmosphere. In the classroom setting, student engagement in group learning activities is impossible without being present. Absence diminishes the experience for both the student who is absent and the other students in the group who are present. Because of this dynamic, attendance and active participation in all required student activities is necessary in each course to achieve a grade with credit.

The professionalism required of graduate students includes arriving to educational activities on time and actively participating through the entire event. Professionalism also requires students minimizing personal disruptions of the educational activity, including preventing distractions by personal electronic devices and cell phone calls.

Students arriving after an event has begun may be refused admission to the event, which requires rescheduling or remediating the event, as directed by the course directors. Students arriving after an examination has begun may be refused admission to the examination, which requires rescheduling the examination with the course directors.

Attendance Requirements

Attendance and engagement are elements of professionalism in each course in the evaluation of student performance. Each course includes the requirement of achieving a grade of pass for professionalism in order to achieve a course grade for credit.

Students are expected to arrive on time and be prepared to participate. For the purposes of graduate student policies, the term absence encompasses missing the entire event, arriving late to the event, excessive absence during an individual event, and leaving before the event is scheduled to end.

Student Attendance Tracking

Student attendance is tracked for all events. Student attendance at events may be recorded at any time during the event at the discretion of the course director. Student absence for all or any portion of an event where attendance is recorded is deemed an absence for the event.

Students must submit a completed Graduate Student Absence Form to Educational Affairs for all absences. It is strongly recommended that the Graduate Student Absence Form be submitted prior to the start of the event and the absence when possible.

Educational Affairs, under the oversight of the associate dean for Undergraduate Medical Education, maintains attendance records for mandatory events, which may be used for evaluation of engagement and professionalism.

Review Sessions, Lectures, and Forums

Graduate students are expected to attend all required curricular events and co-curricular activities of the courses in order to prepare them to attain all the goals and objectives of the educational program.

Summative Assessments

Students are expected to arrive at the posted beginning time for the beginning of summative assessments. Students arriving within 10 minutes of the start of the examination, as determined by the time on the proctor's computer issuing the exam start code, may begin the examination but are not given additional time after the scheduled end of the examination. Students arriving 10 minutes or more after the start of the examination are considered late, are not to be permitted into the examination room, and are required to reschedule the examination.

Students who must reschedule an examination with an approved absence take the same examination as directed by the course director, and are awarded their score. Students who must reschedule an examination because of an unapproved absence are required to take a rescheduled examination as directed by the course director and are awarded their individual score but not higher than the lowest passing score for the class for the examination.

Students must submit a Graduate Student Absence Form to Educational Affairs for consideration for approval to reschedule a summative assessment. The form must be accompanied by appropriate supporting documentation, as determined by the director of Educational Affairs, at least three days prior to the scheduled examination. Students who do not obtain prior approval to reschedule a summative assessment and do not take the summative assessment as scheduled receive a score of zero on the summative assessment. The associate dean for Student Affairs may make exceptions, such as for illness, for notices from students received less than three days but still prior to the scheduled examination.

Infectious Diseases

Students should not attend any medical school activities in-person if they have a current diagnosis or symptoms that are compatible with a contagious disease that is transmissible by direct contact, or current diagnosis or symptoms within the preceding 10 days that are compatible with a contagious disease that is transmissible by airborne transmission (eg, SARS-Cov-2 [COVID-19], influenza) until recovery and clearance by Occupational Health. Students must submit a completed Graduate Student Absence Form to the office of Educational Affairs for all absences, including those related to an acute contagious infectious disease. The form should be submitted prior to the start of the event and the absence. A student with an infectious disease requiring absence of three or more consecutive days must submit a completed Graduate Student Absence Form accompanied by satisfactory supporting documentation, such as the form Certification from Health Care Provider for Student Medical Condition, which is completed by the student's health care provider or the provider's office. This form must be completed and submitted within two working days of the third day of absence.

Attendance and Grades

Students are responsible for all curricular content that is delivered in each course, regardless of individual student attendance. Curriculum learning objectives and competencies are not modified because of individual student absences and students must achieve the required levels of performance regardless of absences, regardless of the reason. All absences regardless of the reason for the absence, must be remediated as rescheduled by and to the satisfaction of the course director.

The final grade for each course encompasses both academic performance and behavior during the course activities. Preparation, attendance, timeliness of arriving, participation for the full duration of the event, and behavior during the event are included in every course evaluation as part of the continuing assessment of professionalism. Evaluations of poor professionalism, including absenteeism, may require course remediation and may result in a course non-credit grade of incomplete or fail. Serious or repeated evaluations of poor professionalism, including absenteeism, are referred to the Program Committee.

The office of Educational Affairs provides all course evaluations and records, including attendance records, to the Program Committee for consideration in the determination of satisfactory academic progress, performance, and professionalism.

Excessive Absenteeism

Absenteeism is an element of professionalism in the evaluation of student performance for each course. Excessive absenteeism limited to a single course is addressed through the evaluation process for that course.

The associate dean for Student Affairs initiates corrective actions for students with a pattern of excessive absenteeism in more than one course per semester/term through referral of the student to the Program Committee.

The course director in collaboration with Program Committee have the authority and may withdraw a student from a course if the student has excessive absenteeism, regardless of the reason, that adversely affects the student's exposure to the course curriculum and experiences. Withdrawal results in a non-credit grade of incomplete and the requirement to repeat the entire course. The student is automatically referred to the Program Committee.

Extended Absenteeism

A student who has absences of three or more consecutive days because of personal illness must submit a completed Graduate Student Absence Form accompanied by satisfactory supporting documentation such as Certification from Health Care Provider for Student Medical Condition, which is completed by the student's health care provider or the provider's office. This must be completed and submitted within two working days of the third day of absence.

A student who is absent for five consecutive days with scheduled events during any semester/term and has not submitted a completed Graduate Student Absence Form is deemed to have voluntarily withdrawn from the educational program and is not entitled to any refund of tuition, automatically receives a failing grade in all courses in which currently enrolled, and is not entitled to return and must apply for readmission. Readmission is not assured. If the student is readmitted, the medical school, at the discretion of the associate dean for Undergraduate Medical Education, may require repeating any or all courses, even for courses completed before withdrawal.

Remediation Requirements

All absences at mandatory events, regardless of the reason for the absence, must be remediated as rescheduled by and to the satisfaction of the course director. Remediation requirements vary according to the event objectives and the content and experiences that were missed, and may reflect student performance and competence in achieving course objectives. Planned absences with advance notice may be remediated under the direction of the course director even before the event is normally scheduled.

Students are responsible for communicating and working with the course director to fulfill all remediation requirements as required by and to the satisfaction of the course director. Failure to remediate all requirements by the last scheduled day of the course results in a non-credit grade of Incomplete, which may be changed to a credit grade of Pass upon completing all remediation requirements as scheduled by and to the satisfaction of the course director. Failure to remediate completely all requirements as rescheduled by and to the satisfaction of the course director results in a non-credit grade of Fail.

Sufficient time for remediation of rescheduled events must be provided for the student before taking the summative assessment. Therefore, the summative assessment may be postponed for a student if it is not feasible, at the discretion of the course director, for the student to satisfactorily complete the remediation requirements and the course director to evaluate the student's remediation performance by the day prior to the examination.

The medical school recognizes that additional expenses are incurred by the medical school for rescheduling certain curriculum events and examinations to accommodate student absences. Rescheduling events and examinations are managed through Educational Affairs. Students are not assessed any charges for rescheduling events and examinations. Students must continue to abide by absence and remediation policies, as well as any learning contracts that may be in effect.

An [absence request form](#) must be submitted for every absence.

Illness-related absence

- Requires completion of the WMed Illness and Airborne Exposure Reporting Survey (link provided in absence request form).
- For COVID-19 absences, students should follow WMed Occupational Health recommendations.
- Days missed for an illness that extends two or more consecutive days are considered a single absence.
- Three or more days of the same illness requires documentation from an appropriate health care provider.

Non-illness-related absence

Planned (requires advanced notification and approval)

- Planned absences require notification at least one week before the affected course begins.
- The following are examples of planned absences: personal/dependent medical care, research/conference travel, religious holidays, mandatory court appearances, and weddings.
- Planned absences are not permitted during summative examinations.
- Two planned absences per term may apply to weekly iRAT/tRAT without penalty for the quiz. This requires one-week notification before the course begins.

Unplanned (requires notification and approval)

- The request should be submitted prior to the start of the event and each subsequent day if the absence extends beyond one day.
- In an emergency, an absence form must be submitted within 24 hours after the missed event's start time.
- The following are examples of excused, unplanned absences: bereavement, funerals/memorial services, medical appointments scheduled after the start of the affected course, transportation issues, or unexpected family care needs.
- The following are considered unexcused absences: late arrival to an event, no call/no show (i.e., absence and failure to submit an absence form as required).
- An unexcused absence for an iRAT/tRAT will result in a score of zero for the iRAT/tRAT.
- An unexcused absence for a summative exam results in an initial failure and grade of incomplete until remediation is complete. An initial exam failure due to an unexcused absence counts toward the limit of four exam failures during the duration of the program.

Applies to all absences:

- Students are responsible for the learning objectives and content covered in all missed sessions.
- Absences will require remediation of the material at the course director's discretion.

- More than one unexcused absence in a course will result in a P-CON for the course.
- Failure to submit an absence request form according to the process outlined above may result in a medical student feedback form for non-attendance and an unexcused absence.
- Any unexcused absence for the iRAT/tRAT results in a score of zero for iRAT/tRAT.
- Missing a third iRAT/tRAT in a single term due to a planned absence or to an excused, unplanned absence may result in a score of zero for the iRAT/tRAT, depending on circumstances and at the determination of the MBS program director(s), who will consult with the academic advisors.

Initiates a formative meeting with advisor:

- More than two unplanned absences in a term
- More than one unexcused absence in a term

Initiates a formative meeting with MBS Program Director(s):

- More than three absences in a term
- More than two unexcused absences in a term
- Any no call/no show

MS degree in Biomedical Sciences - Student Assessment — GSE 419

Content Information

Category: GSE	Implementation: 5/1/2021 Last update: 02/29/2024
Additional Details: Contacts: Michael Busha MD, MBA, FAAFP Mike.busha@wmed.edu	Responsible Office: Educational Affairs Responsible person: Senior Associate Dean for Academic Affairs

Content

Assessment is an interactive process between students and faculty that informs faculty how well students are learning what they are taught. Each course may have both formative assessments and summative assessments. Formative assessments are learner-centered tools used within courses to provide feedback to support student growth and development. Formative feedback is intended to shape the student's thinking or behavior in order to improve subsequent learning and performance. Results of formative assessments may be used by the learner, instructor, or both. Formative assessments do not provide any assurance of the final course evaluation or grade.

Summative assessments are assessments of learning, are not primarily learning tools, are given at the end of the course, as well as mid-course summative assessments that may be given in some courses, and always contribute to the final course grade. Course grades may reflect components other than course content mastery level, including professionalism and engagement competencies.

Specific questions and answers of summative assessments are not shared with students in order to maintain confidentiality of assessments for future use. This practice mirrors USMLE and other summative licensing assessments that students will take during their entire career, for which they will not receive specific feedback nor have an opportunity to review the questions and answers. Students need to develop the skills to assess and reflect on their assessment performance knowing only their total score, and sometimes scores on subsets of the assessment, and without being able to review the actual questions and answers.

In addition to academic achievement, student professionalism is also assessed. This may be done in a variety of contexts including through interactions with faculty and peers across the medical school. Each graduate student in the MS degree in Biomedical Sciences program is a member of one of the four learning communities that includes all medical students, which provides these graduate students with support, encouragement, and feedback from medical students. Faculty members may also directly mentor students individually and provide specific instruction and coaching to achieve skills for this program and to be successful in medical school. This individualized attention provides direct assessment of the student's capabilities and aptitude.

Student Assessment for BIOM 6110-6130 Basics of Medicine Courses

Students are assessed using both formative and summative assessments administered during the course. Formative exams are administered every Friday of the course except the final week of the course, and consist of 10-15 multiple choice questions related to the material presented during the week. The purpose of the formative exams is to provide the student with a personalized benchmark relating to how effectively they are learning the material. The course final summative assessment is administered the final day of the course. The summative assessment consists of 20-25 multiple choice questions for each credit of the course that are related to material covered during the entire course. Students must achieve a passing grade on the course summative assessment(s) to pass the course. Students failing to achieve a passing course summative assessment score are required to remediate the material in preparation to retake the course summative assessment.

During the first three courses of the curriculum (BIOM 6110 (CBC), BIOM 6120 (MGE), and BIOM 6130 (PIM)) MBS students are required to complete formative assessments within the indicated time window. Failure to meet these requirements will result in professionalism concerns and a potential P-Con for the course. See section below on the MBS student performance committee regarding the implications of professionalism grades.

Student Assessment for MEDU 6731 and 6732 Capstone I and Capstone II

Students are assessed by evaluation of written assignments, oral presentations, engagement, and professionalism (Capstone I and II). Writing assignments include critical analyses, a thesis topic proposal, summary of literature to be reviewed, and creation of a comprehensive outline that includes major sections and subsections to be addressed in the written thesis (Capstone I). An assessment of the final written thesis is made by a committee composed of at least three biomedical science faculty members based on the thesis rubric (Capstone II). Failure to achieve a passing course grade will require remediation of assignments on which the student performed poorly. Typically, remediation is accomplished by improving a particular written assignment within a specified time frame. Specific course remediation requirements are determined by the course director.

Student Assessment for MEDU 6741 Professional and Learning Skills

Assessments may include written reflections, attendance and participation, and additional written assignments or quizzes as determined by the course director(s).

Student Assessment for MEDU 6801 and 6802 Advances and Perspectives in Medicine 1 and 2

Students are assessed by quizzes, required activities, and a case analysis at the end of the course.

Student Assessment for BIOM 6801-6804 Anatomy and Physiology Course Series

Students are assessed by evaluation of homework assignments, quizzes, laboratory assessments, and a final summative examination. Formative assessments may also be provided. Summative examinations in this course may include multiple choice questions as well as additional question formats such as short answer, diagram or essay questions. Students failing to achieve a passing course grade are required to remediate the material in preparation to retake the course summative assessment which may include a written summative examination and/or the practical examination.

Grading System - MS degree in Biomedical Sciences

In all courses, the course directors are the instructors of record and assign grades in a manner that is consistent and objective using criteria and mechanisms that are provided to students in the Policy Manual and the course syllabus. Grading is based on performance that meets or exceeds defined criteria and incorporates psychometrics and performance metrics to establish criteria and evaluate student assessment methods.

Two grades of credit (Pass and Fail/Pass) and three grades of non-credit (Incomplete, Fail, and Withdrawal) are recognized for all courses.

Grade Definitions

Pass

The grade of pass (P) is assigned if the student's performance meets minimum course requirements as defined by the criteria in the course syllabus. A grade of pass may be achieved by successfully completing the summative assessment, or by passing the first remediation assessment.

Fail

The grade of fail (F) is assigned if the student's performance fails to meet the minimum requirements for completing a course as defined in the Graduate Student Policy Manual and the course syllabus, or if the student:

- Has failed the initial summative assessment for a course and has not attempted to remediate the summative assessment as scheduled by the course director, generally within one week of the end of the first curriculum break following the initial failed assessment.
- Has failed the initial summative assessment and the first remediation assessment for a course.
- Has failed the summative assessment, first remediation and second remediation assessment for a course. Under these circumstances the grade of fail is final and is not subject to change. The student is not making satisfactory academic progress and is subject to dismissal from the MS degree in Biomedical Sciences program. The Graduate Student Performance Committee may make exceptions to this policy, however automatic admission to the MD program cannot be reinstated. Has failed to meet the minimum conduct for professionalism required for the course, which includes personal and professional conduct that is entirely in accordance with the Code of Professional Conduct and other WMed policies and procedures.
- Has failed to complete for any reason all the requirements of a course including successfully remediating all required events or assignments, and achieve a passing grade, within the semester following the course.
- Withdraws after the start of a course without the prior written approval of the associate dean for Student Affairs.

Incomplete

The grade of incomplete (I) is assigned if the student:

- Has absences, regardless of the reason for the absences, or required components of a course that have not been satisfactorily remediated by the end of the course or as rescheduled by and to the satisfaction of the course director. The remediation must be taken as scheduled by the course director, generally within one week of the end of the first curriculum break following the course, or the grade for the course is changed from incomplete to fail.
- Has not taken as scheduled the summative assessment for a course. The student is eligible to take the assessment as scheduled by the course director before receiving a final course grade. The assessment must be taken as re-scheduled by the course director, generally within one week of the end of the first curriculum break following the initial failed assessment, or the grade for the course is a non-credit grade of fail.
- Has taken and failed the initial summative assessment for a course. The student is eligible to take a second assessment before receiving a course grade for credit. The second assessment must be taken as scheduled by the course director, generally within one week of the end of the first curriculum break following the initial failed assessment, or the grade for the course is changed from incomplete to fail.

The course director communicates the basis for the grade of incomplete to the student with feedback concerning the complete and incomplete portions of the course and the process and timetable for completing the course requirements.

It is an expectation that graduate students who receive a grade of incomplete in a course will meet regularly with the course director and/or other faculty designated by the course director during the week of the first curriculum break as part of their individual effort to satisfactorily complete all course requirements by the end of that week. Course directors and faculty provide additional learning guidance and support for these students. It is the student's responsibility to avail themselves of this additional guidance and support.

A grade of incomplete that is not changed to a grade of pass, fail, or withdrawal within two weeks of the end of the course requires meeting with the Graduate Student Performance Committee who establishes a learning contract that outlines a path to resolve the grade of incomplete in a timely manner. A course grade of incomplete must be changed to a grade of pass or fail by the end of the semester following the semester in which the course was taken.

The grade of incomplete is changed to the grade of pass when the student satisfactorily completes all required work for the course within the time period granted for the extension and satisfactorily meets all other requirements. If the student has not completed the required work in a satisfactory manner within the time period granted for the extension, and in no case later than the semester following the course or four weeks before graduation, whichever is earlier, the grade of incomplete is changed to a final grade of fail.

Fail/Pass

The grade of fail/pass (FP) is assigned if the student has failed the initial and first remediation summative written assessments for a course, who then passes the assessment on the third attempt as scheduled by the course director within the semester following the semester in which the course was taken. The recorded score for students who require more than one attempt to pass a summative assessment is the lowest passing score for the examination. Transcripts of students who fail a course, and must remediate by taking the entire course again, will show multiple course entries, with each entry showing a final course grade.

Withdrawal

The grade of withdrawal (W) is assigned and no credit is received when a student officially requests and withdraws from a course while in good academic standing and upon recommendation of the associate dean for Educational Affairs, or is withdrawn by the medical school for excessive or extended absenteeism.

Grade Reporting

Within one week of the conclusion of a course, the course director must submit to Educational Affairs a single course grade for each student. In addition, course directors must submit a report of professionalism and engagement for the course. The report for engagement and professionalism for a course includes identifying personal or professional conduct that is not in accord with the Code of Professional Conduct and other medical school policies and procedures, or raises any mental health concerns of safety and well-being for the student or their contacts. Graduate student course performance records, including academic and other aspects of performance such as professionalism, are transmitted to the registrar for inclusion in the permanent student record.

The senior associate dean for Academic Affairs is notified immediately of any student receiving a non-passing score on a summative assessment or a non-credit course grade. The senior associate dean for Academic Affairs reviews all course reports and consults with course directors, faculty, Program Committee, and others as necessary to take appropriate actions.

The senior associate dean for Academic Affairs and the associate dean for Student Affairs are notified immediately of any student who demonstrates personal or professional conduct that is not in accord with the Code of Professional Conduct and other medical school policies and procedures, or behavior that raises any concerns of safety and well-being for the student or their contacts. Allegations of serious student misconduct are managed according to the misconduct process outlined for graduate students in this policy manual. For the safety and well-being of students and their contacts, mental health concerns must be reported immediately as they are identified to the associate dean for Student Affairs, who is responsible to take appropriate corrective actions to address the concerns.

A single final component evaluation must be submitted for each component of a course to the course director. If a student receives an unsatisfactory or failing evaluation for any component(s) of a course and does not successfully remediate the component(s) within the proscribed limits, the student must repeat the entire course. The course director provides the specific area(s) of deficiency that should be emphasized during the repeat course. The final grade for the repeat course cannot be higher than pass or C if a student repeats a course because of an initial unsatisfactory or failing evaluation in any component(s).

Graduate Student Performance Committee – MS degree in Biomedical Sciences – GSE 420

Content Information

Category: GSE	Implementation: 5/1/2021 Last update: 04/10/2024
Additional Details: Contacts: Michael Busha MD, MBA, FAAFP Mike.busha@wmed.edu	Responsible Office: Educational Affairs Responsible person: Senior Associate dean for Academic Affairs

Content

Graduate Student Performance Committee

The Graduate Student Performance Committee has the responsibility to monitor learning and performance – academic progress as well as student behavior, professional, and personal conduct – of students in the MBS curriculum. In this role, the committee is responsible for maintaining, developing, and overseeing policies regarding requirements for graduation, and admission into the MD program. The Graduate Performance Committee is composed of at least three faculty members approved by the MBS Program Director(s) in consultation with the Chair of the Department of Biomedical Sciences.

Below is a summary table of actions that occur following summative assessment failures (both initial course summative assessments and remediation attempts) or professionalism grades of ‘pass with concern’.

Course Summative Assessment Failure #1	- Meet with MBS Program Director - Meet with Academic Advisor
Course Summative Assessment Failure #2	- Meet with MBS Program Director - Meet with Academic Advisor - Learning Contract - If two failures are within a single course (initial and remediation) student will meet with the Graduate Student Performance Committee
Course Summative Assessment Failure #3	- Meet with Graduate Student Performance Committee - Meet with Academic Advisor - Learning contract continues or is updated - Warning academic status
Course Summative Assessment Failure #4	- Loss of automatic admittance into MD Degree Program - If all four were the initial attempts: dismissal
Course Summative Assessment Failure #5	Dismissal
Course Professionalism Grade of Pass with Concern #1	- Meet with Graduate Student Performance Committee - Learning contract

Course Professionalism Grade of Pass with Concern #2	• Meet with Graduate Student Performance Committee • Learning contract (warning status) • Loss of automatic admittance into MD Degree Program
Course Professionalism Grade of Pass with Concern #3	• Dismissal

The Graduate Performance Committee conducts a formal review of the process for any student dismissed from the MBS program to confirm that all procedural actions were conducted fairly and in conformity with prescribed procedures. Under extraordinary circumstances, the Graduate Performance Committee may recommend an exception to the dean of the requirement for dismissal for a student, which must be supported by an explanatory document from the committee and a plan for rectifying deficiencies in the form of a learning contract signed by the student and the MBS Program Director. Any exception to the dismissal requires the approval of the dean of the medical school.

Professionalism

Fitness to assume professional responsibility necessitates the absence of impairment and is demonstrated by maturity, emotional stability, honesty, integrity, showing respect for patient's dignity and rights, civility, courtesy, appropriate relationships to others, and the ability to accept and discharge the duties of the medical profession. Impairment is the inability of a health professional to perform according to the prevailing standards of practice because of drug or alcohol use, substance abuse, chemical dependency, or mental illness.

Professionalism is embedded in the graduate student curriculum and is continually evaluated. The final grade for each course encompasses both academic performance and behavior during the course activities. Graduate students must conduct themselves in accordance with the Code of Professional Conduct at all times, including: all curricular and co-curricular activities such as large group events, small group events, and classroom work; laboratory work; clinical experiences; community activities; examinations; experiences away from the medical school including at affiliated institutions; and all other activities. The lack of professionalism includes personal or professional conduct that is not civil, not in accordance with the Code of Professional Conduct and other medical school policies and procedures, or that raises any concerns of safety and well-being for the student or any other individuals. Concerns by students about impairment or any other concerns for the safety and well-being of students or any other individuals must be reported immediately as they are identified to the associate dean for Student Affairs, who is responsible for ensuring that the concerns are appropriately addressed. Based on the assessment, the associate dean for Student Affairs may involve others as needed, including Occupational Health and the appropriate Program Committee.

The "classroom" is a communal space, and the learning and working environment throughout the medical school and all affiliate facilities is shared. Students have the responsibility to ensure that they do not diminish the opportunities for others to learn and work by participating in distracting activities that create obstacles for others to pay attention and pursue their duties and responsibilities.

All reports regarding issues of professionalism are incorporated in the evaluation of the graduate student for the current course and may also be placed in the permanent student record. All information regarding issues of professionalism or behavior including personal or professional conduct that is not in accordance with the Code of Professional Conduct and other medical school policies are examined and addressed using all available resources including discussions with the student. Allegations of serious graduate student misconduct are managed according to the misconduct process outlined for graduate students in this policy manual.

Evaluation of Professionalism during Courses

Professionalism is continually evaluated throughout the curriculum. Course directors are required to document each student's professional attitudes and behaviors and to include an assessment of the student's professionalism and behavior as part of student evaluation for the course. Lack of professionalism, including failure to submit evaluations and questionnaires in a timely manner, results in a grade of incomplete or fail. In addition, the course director has authority to require the student demonstrating lack of professionalism to withdraw during the course, which results in a grade of fail and the requirement to repeat the entire course.

Evaluation of Professionalism at All Times

In addition to scheduled evaluations of professionalism during courses, at any time any person including all faculty and staff may provide confidential feedback about any graduate student using the online Student Feedback Form. This feedback describes any incident that either reflects exemplary behavior for recognition, or a concern or problem that reflects attitude or behavior. This form is available on each of the medical school intranet portals, including the portals for graduate students, faculty, and staff. The feedback is submitted confidentially and reviewed by the associate dean for Student Affairs. Confidentiality is maintained. Individuals must provide a name in order to permit the associate dean for Student Affairs to provide follow up as needed. The medical school does not encourage anonymous feedback.

After review, the associate dean for Student Affairs or designee communicates confidentially with the student, as appropriate, providing positive recognition or discussing the concern or problem, and keeping the identity of the person submitting the feedback anonymous to the student. Based on the assessment, the associate dean for Student Affairs may involve others as needed and may refer significant concerns and problems to the Program Committee for further review. The associate dean for Student Affairs will follow-up with the person who submitted the form, generally within 30 days, to confirm receipt of the feedback and inform them generally of the types of steps taken while also maintaining appropriate confidentiality for the student.

Satisfactory Academic Progress

Satisfactory academic progress and warning academic status are defined for purposes of advancement and promotion by the Graduate Student Education Committee. Satisfactory academic progress and financial aid warning are defined for purposes of financial aid by the director of Financial Aid. These determinations are independent and the status is shared by the Graduate Student Education Committee with the office of Financial Aid. Unless otherwise specified, the terms satisfactory academic progress and warning academic progress in the Graduate Student Policy Manual refer to the determinations of the Graduate Student Education Committee.

Satisfactory academic progress is the successful completion of degree requirements according to established increments that leads to the awarding of the degree or certificate within established time limits. Standards of satisfactory academic progress are established to facilitate students achieving their education and graduating in a timely manner, with the understanding that students learn at different rates and through different study techniques. These standards include both quantitative (time-based) and qualitative (grade-based) criteria that are applied consistently to all students. Graduate students are required to earn sufficient credits each semester to graduate within the required timeframe. Students receiving federal financial aid must maintain satisfactory academic progress as described in the Graduate Student Policy Manual and also financial satisfactory academic progress as described in the Financial Aid Policy Manual as a condition for continued eligibility for federal financial aid.

The Program Committees monitor performance of academic progress, as well as professional and personal conduct, of all graduate students on a continuing basis with comprehensive assessments and formal determinations of satisfactory academic progress twice each academic year, at the conclusion of each semester. Notifications of any change in a student's status related to satisfactory academic progress are sent by the Program Committee to the student, senior associate dean for Academic Affairs, associate dean for Student Affairs, director of Admissions, registrar, and director of Financial Aid.

As a single, uniform standard for all graduate students, each student must receive a final grade of at least pass or pass/fail in all courses. A student is maintaining satisfactory academic progress even if the student has demonstrated academic difficulties provided that the student:

- Remediates all absences to the satisfaction of the course director.
- Fails a summative assessment on the first attempt, with an initial grade of incomplete, in no more than three modules/courses within two consecutive semesters.
- Attempts remediation of a course grade of incomplete as scheduled by the course director generally within one week of the end of the first curriculum break following the initial failed examination.
- Remediates an initial course grade of fail, if eligible, and achieves a grade of fail/pass by the end of the semester/term following the semester/term in which the course was taken.
- Has not received a final course grade of fail/pass in more than two courses Has not received a final course grade of fail after attempted remediation.
- Adheres to all requirements of any learning contract that is in place;
- Maintains substantial compliance with the Code of Professional Conduct and all other medical school policies and procedures including maintaining compliance with any learning contracts.

Learning Contract

A student demonstrating significant academic difficulties or inappropriate professional or personal conduct must work with the Program Committee to define a learning contract including corrective actions and timeframes that achieve appropriate remediation. The student must acknowledge agreement by signing the learning contract and fully cooperating in completing all of the requirements and elements of the learning contract in accordance with the specified timetable. A student who is meeting all of the requirements and elements of the learning contract in accordance with the specified timetable is making satisfactory academic progress. A student who does not acknowledge agreement by signing the learning contract or is not meeting all of the requirements and elements of the learning contract in accordance with the specified timetable is not making satisfactory academic progress and is dismissed and loses federal financial aid eligibility. Neither the need for a learning contract nor the requirements and conditions of the learning contract is eligible for appeal by the student.

Dismissal for Not Maintaining Satisfactory Academic Progress

As a single, uniform standard for all graduate students, any graduate student who fails to maintain satisfactory academic progress is dismissed from the medical school. The Program Committee conducts a formal review of the process for any student dismissed from medical school through the Program Committee to confirm that all procedural actions were conducted fairly and in conformity with prescribed procedures. Under extraordinary circumstances, the Program Committee may recommend an exception to the dean of the requirement for dismissal for a student who is not making satisfactory academic progress, which must be supported by an explanatory document from the committee and a plan for rectifying deficiencies in the form of a learning contract signed by the student and the senior associate dean for Academic Affairs. Any exception to the requirement for dismissal requires the approval of the dean of the medical school.

Students who fail to comply with all of the requirements and elements of a learning contract, including failure to meet deadlines for successful remediation of any grades of incomplete or fail, are subject to dismissal through a formal hearing conducted by the Program Committee.

Warning Academic Status

A graduate student who fails the initial attempt on more than one course summative assessment or does not maintain compliance with the Code of Professional Conduct and all other medical school policies and procedures (including compliance with learning contracts, if any) as determined by the Program Committee is placed immediately on warning academic status. The student is eligible for financial aid. Determination of warning academic status may not be appealed.

A student on warning academic status must work with the Program Committee to define a learning contract including a course of study defining key milestones, and a timetable that demonstrates appropriate remediation. The student must acknowledge agreement by signing the learning contract and fully cooperating in completing all of the requirements and elements of the learning contract in accordance with the specified timetable. A student who is repeating a course or repeating part or an entire academic year in accordance with the requirements and elements of a learning contract is making satisfactory academic progress. A student who is not meeting all of the requirements and elements of the learning contract in accordance with the specified timetable is not making satisfactory academic progress and is subject to dismissal through a formal hearing conducted by the Program Committee.

Time Limits – MS degree in Biomedical Sciences

Graduate students must complete all requirements for the MS degree in Biomedical Sciences within three semesters. A student may require additional time for completion of additional scholarly activities or meeting degree requirements. A learning contract may be established by the Program Committee that departs from the usual time limits or the usual course of study and that requires repetition of part of all of the curriculum, such as subsequent to incomplete or unsatisfactory course work.

Course Requirements and Sequencing

All required courses and other requirements must be completed satisfactorily before a student can be recommended for graduation for a degree.

Any exceptions to the usual course sequencing must be in the context of a learning contract that is approved by the Program Committee.

Graduation Requirements

Graduate students are approved to graduate only if they comply with all medical school policies and meet all academic requirements and professional standards of the medical school. To receive the degree of Master of Science, a student must successfully pass all courses within the MBS program curriculum and remain in good academic standing at the time of degree conferral.

Graduate Student Appeals and Appeals Committee--GSE 421

POLICY CONTENTS

Category: GSE	Implementation: 5/1/2021 Last update: 06/01/2022
Additional Details Contacts: Michael Busha MD, MBA, FAAFP Mike.busha@wmed.edu	Responsible Office: Office of Educational Affairs Responsible person: Senior Associate Dean for Academic Affairs

Policy Statement

Students may appeal subjective performance evaluations and final course grades that they believe have been assigned in an inappropriate, arbitrary, or capricious manner. Students may not appeal final grades resulting from a learning contract and determination of the Program Committee, such as for management of issues of engagement and professionalism.

The student must first attempt to informally resolve the dispute with the course directors. The course directors may consult with other faculty involved in the curriculum as appropriate. If the final grade is changed because of the student appeal, the same adjusted standard shall be applied uniformly to the final grades of all students enrolled in the same course.

If the dispute remains unresolved for any reason, the student may formally appeal the performance evaluation or grade assignment to the senior associate dean for Academic Affairs. To initiate the appeal process, the student must submit the appeal in writing or email to the senior associate dean for Academic Affairs within three working days of the evaluation or grade being posted. The appeal must include the student's statement addressing how the evaluation or grade is perceived to have been assigned in an inappropriate, arbitrary, or capricious manner. If, prior to the official release of the course grade, the course director informs the student in writing that the final calculation of course grades indicates that the student will receive an evaluation of unsatisfactory or final grade of fail, the three working day period to submit an appeal begins with the notification.

Within 10 working days following receipt of an appeal, the senior associate dean for Academic Affairs reviews the course syllabus, the grading policy, and all written documents evaluating the student's performance that have been shared previously with the student. All of this information is available to the student making the appeal.

If the senior associate dean for Academic Affairs finds that the performance evaluation or final course grade resulted from consistent and fair application of the mechanisms of evaluation, the senior associate dean for Academic Affairs informs the student in writing that the appeal is denied and the process is terminated.

If the senior associate dean for Academic Affairs identifies any aspects deemed to be inappropriate, arbitrary, or capricious, the senior associate dean for Academic Affairs works with the course director and others as appropriate, and defines a plan to address the deficiencies. The course director applies the plan and revises the performance evaluation and recalculates the final grade. The same adjusted standard shall be applied uniformly to the performance evaluations and grades of all students enrolled in the same course. The course director provides revised grades to the registrar and a written report of actions to the senior associate dean for Academic Affairs and the Program Committee within 10 working days. The senior associate dean for Academic Affairs informs the student in writing of the outcome and the process is terminated. The course syllabus and grading policy for the course are revised as appropriate for subsequent courses.

Student Appeals Committee

Graduate students may appeal: a decision of the Program Committee and action of the senior associate dean for Academic Affairs regarding advancement, graduation, suspension, and dismissal; and sanctions of a misconduct process. Grades as well as learning contracts (ie, corrective actions and remediation plans) are not subject to appeal to the Student Appeals Committee.

Final actions that are subject to graduate student appeal are not implemented until the appeal deadline has passed, the appeal process is exhausted, or the graduate student provides notice in writing of a decision not to appeal.

Appeal Process

A request for an appeal must be submitted in writing or by email to the senior associate dean for Academic Affairs within five working days of the notice of the final action of the Program Committee, associate dean for Student Affairs, or Investigation Committee. A request for an appeal must meet two conditions: (1) cite the basis of the appeal; and (2) provide sufficient and detailed information to support the appeal. Failure to meet both of these conditions, at the discretion of the Student Appeals Committee, shall be sufficient cause for the Student Appeals Committee to deny an appeal.

Within 10 working days of receipt of a written or email request from the student for an appeal, the Student Appeals Committee shall convene to review the final action and the appeal. The appeal process shall be limited to a review of the record and supporting documents of the initial review except for new information that was not known to the student at the time of the review and that was provided also by the student with the request for the appeal.

Student Appeals Committee members must recuse themselves from participating in the appeal process for students for whom they have provided sensitive health, psychiatric, or psychological care, or otherwise have a conflict of interest related to the student. The dean shall appoint another faculty member to serve on the Student Appeals Committee, if needed, for the appeal process for the student.

The Student Appeals Committee, at its discretion, may offer the student an opportunity to meet with the Student Appeals Committee. The Student Appeals Committee is not required to meet with the student. The report of the Student Appeals Committee shall be limited to the final decision, without comment, either to affirm the action or decision, or to overturn the action or decision and return the matter to the appropriate committee or associate dean for further action.

The following are the only accepted bases for review by the Student Appeals Committee:

- To determine whether the review was conducted fairly and in conformity with prescribed procedures.
- To determine whether the decision reached regarding the actions of the student was based on sufficient information. That is, to determine whether the facts in the case were sufficient to establish that it is more likely than not that the graduate student's actions were not in alignment with medical school academic requirements or policies, and that the student bore responsibility.
- To determine whether the sanctions or final actions were appropriate for the graduate student's actions.
- To consider new information sufficient to alter a decision, that was not available at the original review because such information was not known to the student at the time of the original hearing.

Upon consideration of the request for an appeal, the Student Appeals Committee may:

- Determine not to review the case as the appeal was not submitted within the required time limit, or the basis for the appeal lacks merit. The process is closed and the findings and sanctions by the Program Committee, senior associate dean for Academic Affairs, or Investigation Committee stand as the final action.
- Review the case and deny the appeal. The process is closed and the findings and sanctions by the Program Committee, senior associate dean for Academic Affairs, or Investigation Committee stand as the final action.
- Review the case, and require that the Program Committee, associate dean for Student Affairs, or Investigation Committee, as appropriate, review the case again based on the availability of new information that was not available at the time of the original hearing. The outcome of the subsequent review of the case by the Program Committee, associate dean for Student Affairs, or Investigation Committee is also subject to appeal by the student.
- Review the case, and reverse or modify the findings or sanctions that constitute the final action, which may be based on a modified finding of responsibility of the student for any or all actions. The process is closed and the modified findings and sanctions by the Student Appeals Committee stand as the final action.

Evaluation of Student Performance - GSE 422

Content Information

Category: GSE	Implementation: 5/1/2021 Last update: 10/18/2023
Additional Details: Contacts: Michael Busha MD, MBA, FAAFP Mike.busha@wmed.edu	Responsible Office: Educational Affairs Responsible person: Senior Associate Dean for Academic Affairs

Content

Individual student performance throughout each graduate curriculum is continually monitored by the Program Committee. Student performance, as defined by the medical school, includes the entire student record, both academic performance as well as behavioral and other non-academic performance. The Program Committee has access to and is responsible for evaluating the entire student record, and makes determinations to ensure fairness and that balance the best interests of the student, the standards of the medical school and the curriculum, the integrity of the profession, and, most importantly, the health and safety of patients who will be treated by the school's graduates.

Students are evaluated throughout the curriculum with the expectation that they are functioning at their best and without physical, psychological, or emotional limitations or other circumstances that affect their performance. Students should seek the assistance of the Program Committee or associate dean for Student Affairs with any concern they have about their performance or any current or developing circumstances that the student believes to have, or is likely to have, a significant adverse impact on their performance. It is important, and an expectation that the student in a timely manner brings to the attention of the Program Committee or associate dean for Student Affairs any individual or other circumstances or concerns that may affect their performance.

In all courses, the course directors are the instructors of record and assign grades at the end of each course. Course directors and all instructors evaluate students in a manner that is consistent, objective, fair, and unbiased using the criteria and mechanisms stated in the Graduate Student Policy Manual and the course syllabus.

Assessment of student learning, including course grades, and evaluation of student performance are based solely on performance during the course and determined independently of having met matriculation subject requirements and recommendations.

Western Michigan University Homer Stryker M.D. School of Medicine may dismiss at any time any student who fails to demonstrate satisfactory evidence of academic ability, satisfactory academic progress, earnestness of purpose, or active cooperation in all requirements.

Prohibition of Assessment of Students by Faculty with Healthcare Provider Relationships

Faculty and other health care professionals must recuse themselves from involvement in the academic assessment and consideration for advancement and graduation of the graduate student if they have provided the graduate student with sensitive health, psychiatric, or psychological care. Either the student or faculty, or both, may declare the status of any care as being "sensitive" care. No further information or clarification is required.

Faculty are required to review the list of their assigned graduate students prior to the beginning of student courses to identify conflicts of interest and resolve the conflicts with the course director or Senior associate dean for Academic Affairs. Faculty and all evaluators must attest as part of completing graduate student assessment that they have not: provided sensitive health, psychiatric, or psychological care, including as determined solely by the graduate student, or otherwise have a conflict of interest related to the graduate

student. Graduate students may bring concerns of conflicts to course directors or associate dean for Student Affairs, who will address the conflicts as appropriate. Faculty must not participate in course grading or Program Committee review, including decisions about advancement and graduation, if they have such a conflict. Program Committee members must recuse themselves from both the discussion and actions for graduate students for whom they have such a conflict.

Evaluation of Students by the Program Committee

The Program Committee has the responsibility to monitor learning and performance— academic progress as well as professional and personal conduct – of all graduate students – and make faculty recommendations for graduate student advancement and graduation. In this role, the committee is responsible for maintaining, developing, and overseeing policies regarding requirements for advancement and graduation. The Program Committee purview includes student misbehavior, especially if related to curricular activities, including isolated instances of student misbehavior that are not sufficiently serious to warrant dismissal. However, the Program Committee may take any action up to and including dismissal for failure to comply with corrective actions and remediation steps, including failure to resolve academic and/or behavioral deficiencies, or a pattern of student misbehavior. Serious student misconduct that could warrant a reprimand, probation, or dismissal, at the discretion of the senior associate dean for Academic Affairs, is generally managed through the misconduct process. The process to address student academic, non-academic, and/or behavioral deficiencies is managed generally through a “learning contract,” regardless of the scope of academic and behavioral terms of the learning contract. Learning contracts, as defined by the medical school, embody leaning plans, action plans, corrective actions, and remediation plans.

The Program Committee may exercise the option at any time for any student to meet with the student, formally assess student learning and performance – academic progress as well as professional and personal conduct – and intervene through a learning contract with the student.

Specifically, the Program Committee is responsible for:

- Making recommendations for standards for determination of satisfactory academic progress, satisfactory progress for advancement and graduation of graduate students, and professionalism.
- Establishing consistent standards and methods for assessing graduate student performance and correcting academic and other deficiencies of graduate students.
- Monitoring learning and performance – academic progress as well as professional and personal conduct – of all graduate students on a continuing basis with comprehensive assessments and formal determinations of satisfactory academic progress twice each academic year, at the conclusion of each semester.
- Working in collaboration with the senior associate dean for Academic Affairs to identify graduate students experiencing significant difficulty with academic coursework or professional or personal conduct and who require learning contracts, providing guidance to and charging the senior associate dean for Academic Affairs with developing learning contracts with graduate students, monitoring graduate student performance while subject to a learning contract, and approving completion of learning contracts. Any graduate student on warning academic status requires a learning contract to be in place.
- Confirming on a continuing basis the appropriate status of graduate students including advancement of graduate students through the curriculum.
- Responding to student concerns regarding advancement of graduate students and developing policies and procedures for learning contracts.
- Toward the conclusion of the graduate student’s academic program at the medical school and after reviewing a graduation audit prepared by the registrar and with input from the senior associate dean for Academic Affairs and associate dean for Student Affairs, recommending appropriate candidates to the dean for the conferral of degrees and certificates.

The Program Committee follows principles that embody the academic and professional standards of the medical school for overseeing graduate student academic progress and professional development. The

Program Committee applies these principles consistently while recognizing that each graduate student's situation is reviewed on individual merit and circumstances.

- Graduate students must meet all of the requirements for advancement and graduation. The committee must uphold all of the standards of the medical school while simultaneously supporting the graduate student's continuation in the program by allowing appropriate corrective actions or modifications of the student's educational activities when there is convincing evidence to the committee that the student can be successful in the program. Corrective actions and modifications of the graduate student's educational activities are incorporated into a learning contract.
- The Program Committee weighs all aspects of a graduate student's performance and should consider extenuating circumstances. The committee has the appropriate latitude to consider a variety of corrective actions to support the graduate student's continuation in the medical school.
- In developing corrective actions, the Program Committee should incorporate input and insights from the graduate student on how they learn to determine which corrective actions may work best for the student.
- The Program Committee should take into account extenuating circumstances. For issues of academic performance with extenuating circumstances, the Program Committee may permit the graduate student to have the opportunity to continue in the program at the medical school. It is the responsibility of the graduate student to resolve extenuating circumstances so they do not continue to interfere with the student performance in subsequent coursework. The Program Committee may recommend dismissal if it is evident that the graduate student is unable to perform at an acceptable level, or is unable or unwilling to resolve extenuating circumstances.
- The Program Committee shall endeavor to develop learning contracts in accordance with all medical school policies. In exceptional circumstances, if in the best interests of the graduate student and medical school, and upon review and approval of the associate dean for Educational Affairs and the dean, a learning contract may define stipulations that best address the individual circumstances that may differ from medical school policies. If there is a difference between medical school policies and the terms of a learning contract approved by the associate dean for Educational Affairs and the dean, the terms of the learning contract shall take precedence.
- The Program Committee reviews the aggregated and individual performance records of all graduate students on a continuing basis, and conducts formal hearings of individual graduate students with significant academic and other deficiencies, and of graduate students dismissed from medical school.
- Program Committee members must recuse themselves from both the discussion and vote for actions for graduate students whose performance is being reviewed by the Program Committee and for whom they have: provided the graduate student with sensitive health, psychiatric, or psychological care, including as determined solely by the graduate student, or otherwise have a conflict of interest related to the graduate student.

Graduate students who have a formal hearing scheduled by the Program Committee because of academic and other deficiencies must meet with the committee, and are accorded the following rights:

- To be notified by email at least two days in advance of the formal hearing.
- To request and receive from the chair of the Program Committee a written list of the student's deficiencies that necessitated the formal hearing.
- To submit a written proposal before the formal hearing for consideration by the Program Committee for a program of corrective and remedial actions and timelines.
- For any case managed through the Program Committee involving potential suspension or dismissal from the medical school, to appear in person at the scheduled Program Committee meeting during the presentation of their case prior to the closed deliberation of the committee. Students appearing before the committee may also have one faculty member attend the presentation of the case as an advocate for the student.

The Program Committee may require any corrective actions and remediation steps, and stipulate the time limits to address academic and other deficiencies. The Program Committee may recommend that

the graduate student have any combination of actions and steps including but not limited to tutoring, mentoring, coaching, psychological or other professional evaluation, diagnostic testing to assess potential learning differences and evaluation for eligibility of accommodation, and counseling. The graduate student is responsible for all additional costs that might be incurred to fulfill the actions and steps, whether required or recommended. For graduate students with repeated failures to remediate academic and/or behavioral deficiencies or failure to comply fully with the learning contract, the Program Committee may impose an action of dismissal from the program for career redirection. The action of dismissal by the Program Committee may be appealed by the graduate student to the Student Appeals Committee.

The graduate student receives a written report of the outcome of the hearing from the chair of the Program Committee generally within 10 working days. The senior associate dean for Academic Affairs is responsible for implementing the decisions and corrective actions of the Program Committee. Corrective actions are typically implemented in the form of a learning contract with the senior associate dean for Academic Affairs, who provides periodic reports of graduate student progress and compliance with the learning contract to the Program Committee. The learning contract may stipulate requirements for satisfactory academic requirements that are more stringent than, but not less stringent than, the usual requirements. Failure to comply fully with the learning contract and required timelines may result in additional actions by the Program Committee, up to and including dismissal from the medical school.

Actions stipulated by the Program Committee may be implemented as final actions by the senior associate dean for Academic Affairs upon receipt of the written report from the committee. The graduate student may appeal the final action of advancement, graduation, suspension, and dismissal to the Student Appeals Committee. Final actions are not permanent until the appeal deadline has passed, the appeal process is exhausted, or the graduate student provides notice in writing of a decision not to appeal.

Evaluation Intervals – MS degree in Biomedical Sciences - GSE 424

Content Information

Category: GSE	Implementation: 5/1/2021 Last update: 09/01/2022
Additional Details: Contacts: Michael Busha MD, MBA, FAAFP Mike.busha@wmed.edu	Responsible Office: Educational Affairs Responsible person: Senior Associate dean for Academic Affairs

Content

Frequent interim formative evaluative comments from the faculty directly to the student may be required during all courses, and students share in the responsibility for facilitating such feedback. Faculty are required to communicate to each student information concerning the student's performance and, as appropriate, recommendations for improvement at regular intervals during the course. A written narrative mid-course evaluation may be provided to the student by the course director. The evaluation may be provided in writing or faculty may meet with the student personally to discuss the mid-course evaluation. The course director notifies the senior associate dean for Academic Affairs immediately of any student receiving a mid-course evaluation of “unsatisfactory”.

Program Evaluation Procedure--UME 426/GSE 426

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last Update: 7/24/2023
Additional Details Contacts: Jeff Greene PhD, Director of Program Evaluation jeffrey.greene@wmed.edu	Responsible Office: Office of Educational Affairs Responsible person: Associate Dean for UME

LCME Standards

8.3, 8.4

Scope

MD and MS Degree Programs

Policy Statement

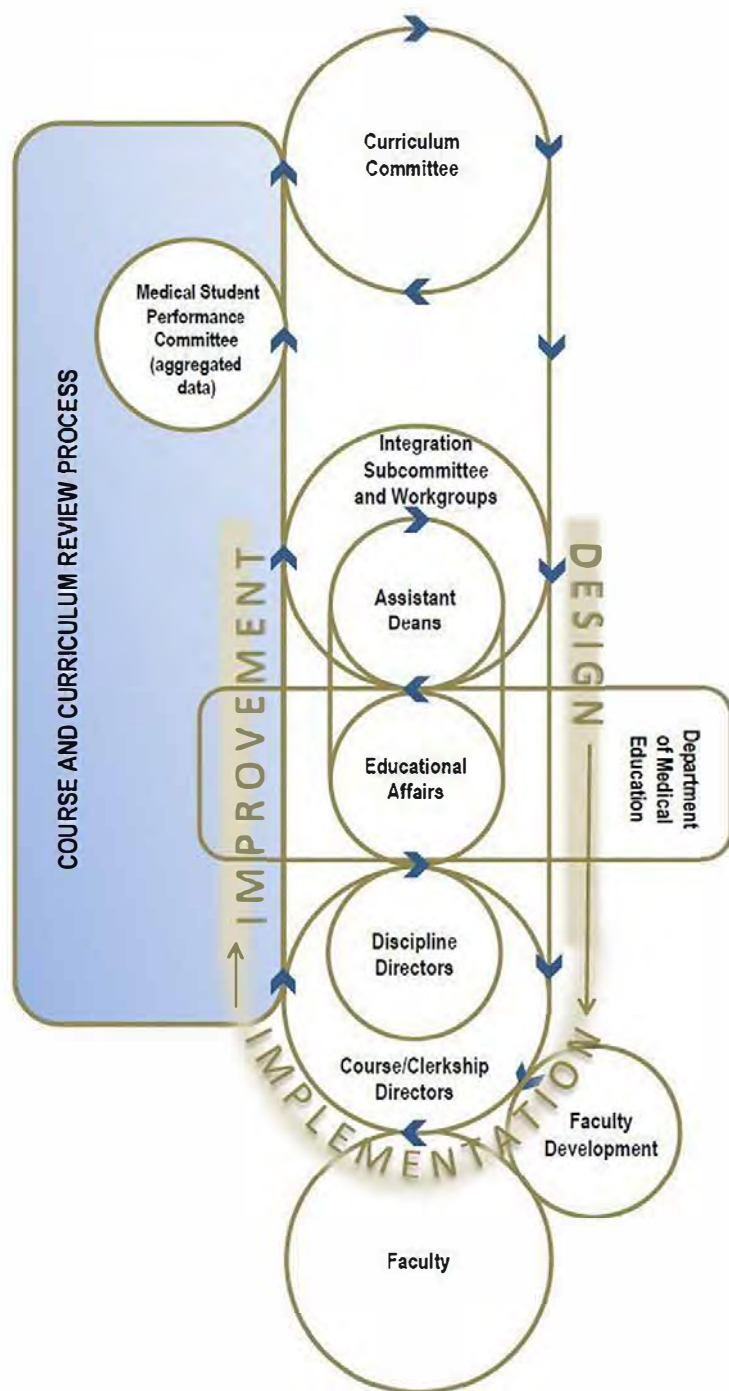
Program evaluation is an element of the continuous improvement process to refine and enhance the educational experience. Program evaluation is designed to ensure that the nature and quality of the curriculum: 1) enable student success in achieving the educational program objectives; and 2) meet the criteria stipulated for medical school and program accreditation (Figure 7).

Program evaluation follows a stratified design that elicits data from multiple sources at the course/clerkship level. The Curriculum Committee establishes the goals and focus of program evaluation. The curriculum competencies (UME 401) are used to determine the learning objectives of each event, which inform both the event learning activities and the associated assessments. Event learning objectives support the course objectives, which collectively support all 58 educational competencies across all eight domains. The design, execution, and reporting functions of evaluation are implemented through the department of Medical Education. Program evaluation is an intentional practice that is embedded in the daily activities of teaching and learning. As one of the medical school's primary stakeholder groups, students have a key role in the design and execution of program evaluation as well as in the interpretation of the evaluation data.

Intersection of Faculty Assessment and Program Evaluation

Faculty assessment is a distinct process to improve faculty expertise and effectiveness in teaching and occurs in parallel with curriculum and program evaluation. Student evaluations of teaching are included in the course/clerkship evaluation processes and also the Annual Curriculum Review. These data are also used to provide feedback to faculty and inform individual faculty performance evaluations. Both faculty assessment and program evaluation use student evaluation of instruction as a source of data, but while these processes share data collection instruments, they have distinctly different objectives.

Figure 7. Process for Curriculum Design, Implementation, and Continuing Improvement.



Course/Clerkship Evaluation Process for Individual Educational Experiences

The course/clerkship evaluation process for each of the required experiences in the curriculum starts with student course evaluations. Survey responses are anonymized so that ascription of student ratings and comments may not be determined from recorded materials. There are two written components of the evaluation: 1) the Course/Clerkship Evaluation Report, which is prepared by the Department of Medical Education and Educational Affairs; and 2) the Course/Clerkship Self-Study, which is prepared by the course or clerkship directors. The process used by the Curriculum Committee incorporates peer-review of the reports by two or three members of the Curriculum Committee or a curriculum subcommittee/workgroup who are not involved with the course or clerkship. They provide specific recommendations for improvement, as well as discussion at a full Curriculum Committee meeting with recommendations to the Curriculum Committee for further actions.

Evaluation at the conclusion of individual courses serves a near-term formative function that enables improvements at the event and course level. Such reports are also reviewed by the Curriculum Committee as part of the Annual Curriculum Review.

Student Course Evaluations

Each course is given once per year and is evaluated at the end of the yearly iteration. For clerkships, that are delivered multiple times throughout the year, data are aggregated from individual clerkship evaluations by students of all iterations of the clerkship over the preceding 12 months. Results from student evaluation surveys are used to frame the prompts for a student focus group for core and required advanced clerkship, and to provide input for the course self-study by each course director. Using this composite information, clerkship directors then perform an annual self-study of clinical teaching and student learning in the clerkship. Between annual reviews, individual clerkship iterations are evaluated by the clerkship director, assistant dean for Clinical Applications, and associate dean for UME using results from the student evaluation surveys to identify new or significant issues, with engagement of the Curriculum Committee as necessary.

An email is sent to all students at the conclusion of the course/clerkship with links to the course evaluation survey instrument. All students are assigned, and required, to submit a student evaluation that includes both objective assessments using a five-point Likert scale as well as open-ended narrative feedback. Submission of evaluations is tracked as an element of professionalism. Repeated failure by medical students to provide required evaluations in a timely manner is referred to the Professionalism Subcommittee of the Medical Student Performance Committee. All student course/clerkship evaluations must be completed no later than the Tuesday following the end of the course. Student evaluations are included in the Course/Clerkship Evaluation Report.

Course/Clerkship Evaluation Report

The Course/Clerkship Evaluation Report incorporates all available information including student event evaluations (if available), student course/clerkship evaluations, and aggregate learner performance results. Usually within one week following the end of the experience, a student focus group consisting of one student from each of the four learning communities meets first with a faculty member of the department of Medical Education, who then is joined by the course or clerkship directors to review the aggregated results of the evaluation surveys completed for the experience. The focus group provides narrative feedback on individual events as well as the overall course, which is intended to enrich the data obtained from the surveys and make the information more actionable.

Usually within two weeks following the end of the experience, which is usually within one week following the student focus group meeting, a summary course clerkship evaluation report is drafted by the faculty members of the department of Medical Education. Aggregate learner performance results are incorporated in the evaluation report with recommendations for improvement, or areas that require further review.

Course/clerkship directors and students who participated in the focus group confirm their agreement with the report, or submit an opinion outlining the areas of disagreement, and the course evaluation report is finalized. A copy of the evaluation report is shared with the associate dean for UME, assistant dean for Foundations of Medicine or assistant dean for Clinical Applications depending on the phase to which the course corresponds, and the Curriculum Committee (see below).

Course Self-Study

Within three weeks following the end of the course, course directors complete a course self-study.

Curriculum Committee Review

When completed, the course evaluation report and course self-study are submitted to the Curriculum Committee for review.

The Curriculum Committee reviews the course objectives, curriculum content, aggregated student course evaluations, aggregated student performance results, course evaluation report, and course self-study. The Curriculum Committee and workgroups provide feedback to the course directors and initiates whatever actions are appropriate related to the course based on the data.

Course evaluation reports and course self-studies, along with aggregated student performance results, are used also to inform the curriculum evaluation process to refine and enhance the educational experience.

Annual Curriculum Review

The Annual Curriculum Review is under the oversight of the associate dean for UME and the Curriculum Committee. The Curriculum Committee through the Integration Subcommittee conducts a rigorous and multidimensional annual review of the entire curriculum using three parallel processes for Foundations of Medicine, Clinical Applications, and courses with integrated curricula that span multiple terms. This review incorporates a credit audit by Educational Affairs staff and is the primary source of information for the Curriculum Committee. Changes to the curriculum following completion of the Annual Curriculum Review are implemented at the beginning of a curriculum cycle, which for core clerkships is generally 17 months (with the possibility of five months for minor changes), and for Foundations of Medicine is generally ten months. Major curriculum changes may require review and approval by the LCME.

Changes to the Curriculum

Medicine and health care are dynamic and ever changing. Components of the curriculum, course and clerkship structure and content, methods of instruction, methods of assessment, testing standards, grading, advancement requirements, and graduation requirements may change and be implemented as needed and approved by the Curriculum Committee and the dean.

Approval

Gustavo A. Patino, MD PhD

Associate Dean for UME

Curriculum Committee _____ Date: _____

Procedures

Additional Contacts

Forms

Related Information

History

Examination Question Challenges – MS degree in Biomedical Sciences - GSE 427

Content Information

Category: GSE	Implementation: 5/1/2021 Last update: 09/01/2022
Additional Details: Contacts: Michael Busha MD, MBA, FAAFP Mike.busha@wmed.edu	Responsible Office: Educational Affairs Responsible person: Senior Associate dean for Academic Affairs

Content

Examination Question Challenges

With the exception of standardized examinations that are obtained from external sources, course directors routinely review examination results immediately after the examination to determine if there is need to adjust examination scoring.

In addition, students may challenge examination questions of summative assessments that they believe are flawed. Disputed examination questions must be brought to the attention of the course directors either by flagging the question using the examination software during the examination, or notifying the course directors immediately after the examination, and no later than two hours after the end of the examination. The course director may consult with other faculty involved in the curriculum, as appropriate. Challenges are resolved by the course directors; whose decisions are final. If the scoring of an examination question is changed because of a challenge, the same adjusted standard shall be applied uniformly to the examination for all students enrolled in the same course.

Advance Information to Course Directors – MS degree in Biomedical Sciences - GSE 428

Content Information

Category: GSE	Implementation: 5/1/2021 Last update: 09/01/2022
Additional Details: Contacts: Michael Busha MD, MBA, FAAFP Mike.busha@wmed.edu	Responsible Office: Educational Affairs Responsible person: Senior Associate dean for Academic Affairs

In certain circumstances, it is in the best interest of the student for the medical school to provide information to course directors in advance of the student beginning the course, such as for students who have had significant difficulty in prior academic coursework or professional and personal conduct. The intent of providing advance information is to facilitate early intervention to rectify the area(s) of concern before developing into a sustained or major deficiency that is permanently recorded in the student's transcript. The area(s) of concern may be in any area of evaluation, cognitive or non-cognitive, and may embody a single episode or a pattern of repeated episodes. The objectives for providing advance information are to facilitate early intervention for individualized student support and assistance for the student in the area(s) of concern, ensure that there is adequate feedback to the student, and to provide ongoing evaluation of the area(s) of concern. Course directors should use advance information to customize the educational experience of the student to facilitate the student's ability to strengthen and rectify the area(s) of concern. Advance information allows the course director to make appropriate group assignments, assign additional tutoring, and directly manage situations that may arise during the course regarding the student's performance and interactions with faculty, residents, fellows, and other students.

As part of the continuing evaluation of each student after each course, the Program Committee shall make determinations of the need for providing advance information to course directors. The Program Committee may make specific recommendations and set specific requirements for each course to facilitate addressing the area(s) of concern, including the need for interval reports from the course director to the senior associate dean for Academic Affairs and the Program Committee. The committee shall approve the content of the information to be sent to the course director. The student is notified that advance information is being provided and receives a copy of the information sent to the course director describing the area(s) of concern. The student is advised to contact the course director prior to beginning of the course in order to discuss the area(s) of concern and to agree upon the mechanism for addressing problems should they arise. The course director shall monitor the student's performance as for all students and give specific attention to discreetly evaluate the student's performance in the area(s) of concern.

To minimize the possibility of negative bias in evaluations, advance information is provided only to individuals with a legitimate educational or business need, which is generally only the course directors and not additional faculty, residents, fellows, or other individuals involved in course instruction. The use of the process of providing advance information is not noted on the student's transcript.

Withdrawal—UME 431/ GSE 431

POLICY CONTENTS

Category: UME/GSE	Implementation: 5/1/2021 Last Update: 6/17/2023
Additional Details Contacts: Maria Sheakley, PhD maria.sheakley@wmed.edu	Responsible Office: Office of Student Affairs Responsible person: Associate Dean for Student Affairs

LCME Standards

Scope

MD and MS Degree Programs

Policy Statement

Official Withdrawal

Students may officially withdraw from their program by providing notification in writing of the reason to the associate dean for Student Affairs. Students approved for official withdrawal may be eligible for full or partial tuition refund, receive a non-credit grade of withdrawal for all courses/clerkships in which currently enrolled, and are eligible to apply for readmission, which is not assured. If the student is readmitted, the medical school, at the discretion of the associate dean for UME, may require repeating any or all courses/clerkships, including courses/clerkships completed before official withdrawal.

Tuition for terms in which withdrawal is approved is reviewed in accordance with the tuition refund schedule. There is no refund of tuition for official withdrawal after the deadline as stated in the tuition refund schedule unless there are exceptional circumstances as determined at the discretion of the associate dean for Student Affairs. No credit is earned for the term if any or all tuition for the term is refunded.

Unofficial Withdrawal

Students who withdraw from school without prior written approval of the associate dean for Student Affairs, including students with unexcused absences from all scheduled events for five successive days (during any term that have scheduled events for the student on those days) are deemed to have unofficially withdrawn. These students are not entitled to any refund of tuition, receive a non-credit grade of fail in all courses/clerkships in which currently enrolled, and are not entitled to apply for readmission.

Approval

Maria Sheakley

Associate Dean for Student Affairs _____ Date: _____

Procedures

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Forms

Related Information

History

Computer and Web-based Examination Standards – UME 432/GSE 432

Category: GSE	Implementation: 5/1/2021 Last update: 09/01/2022
Additional Details: Contacts: Michael Busha MD, MBA, FAAFP Mike.busha@wmed.edu	Responsible Office: Educational Affairs Responsible person: Senior Associate Dean for Academic Affairs

For computer-based summative exams and web-based clinical subject exams students must bring their own laptop. Loaner laptops are available from the library, but availability is not assured. If sufficient loaner laptops are not available, students who do not bring their own laptop or whose laptop has an unauthorized operating system or software may be rescheduled to take the examination later that day or on another day using a loaner laptop. Please note, if you have a library laptop checked out, please ensure the correct software is on the system prior to your scheduled examination.

Unauthorized items may not be brought into the examination room. Unauthorized items include but are not limited to:

- Cell phones, watches and smartwatches, pagers, tablet PCs, iPods, Media players, any device with transmitting or receiving capabilities (e.g., Bluetooth)
- Outerwear, such as coats, jackets, headwear (hoods and all types of hats), gloves
- Book bags, backpacks, handbags, briefcases, or wallets
- Books, pens/pencils, calculators, notes, written materials, or scratch paper
- Food, candy, gum, or beverages are not permitted in the examination room
- Formulas, study materials, notes, or papers
- Please leave water, a snack, or medications outside of the examination room
- Do NOT remove materials in any form (i.e.: written, printed, recorded) from the examination room.

All personal items are subject to inspection and may be prohibited in the examination room.

Students desiring noise reduction may bring and use soft-foam earplugs, which must be removed from the packaging and available for inspection by proctoring staff.

Once the student begins an examination, the score is recorded: 1) at the end of the scheduled time regardless of whether the student feels they have had sufficient time to complete the examination; 2) if the student leaves the examination room other than for an approved restroom visit or break; or 3) the student terminates the test for any reason.

In-Person Examination Seating Standards

For in-person computer-based summative exams and web-based clinical subject exams (NBMEs), examinees are positioned such that examinees can neither communicate nor observe the computer monitor of other examinees. Examinees all face forward with privacy dividers. Alternatively, examinees all face forward with a minimum four-foot separate between each examinee, both side-to-side and back-to-back. For tables eight feet or more in length, two examinees can be seated at a table, one examinee toward each end. For tables less than eight feet in length, one examinee is seated at each table near the center. This examinee positioning is used both for rooms with level and elevated seating

When used for examinations, rooms must use normal room lighting, and proctors must be continuously present in the room and must have an unobstructed, well-lit view of the student and their entire examination area, and unimpeded access to every examinee.

Medical school test seating standards meet the requirements of the National Board of Medical Examiners (NBME) for web-based testing.

Remote/Virtually Proctored Examination Standards

For remote/virtually proctored examinations, students are required to keep their examination environment as close to the on-campus environment as possible.

For remote/virtually proctored examinations, students should ensure they have:

- Stable internet connection
- A secondary device (phone, tablet, laptop – depending on exam type)
- Quiet environment with minimal distractions (Construction, roommates, pets, etc.)
- No visible notes, books, study materials, etc.

Students should clear the space around their area, except for blank paper, a writing utensil, and/or a USMLE lab values sheet

Students will receive additional instructions from staff prior to their examination day.