



WAYNE STATE

School of Medicine

M.D. Handbook and Policies
Academic Year 2023-24

Handbook Disclaimer

Please note that the information contained herein is subject to change during any academic year.

Wayne State University School of Medicine (WSUSOM) reserves the right to make changes including, but not limited to, changes in policies, course offerings, and student requirements. This document should not be construed in any way as forming the basis of a contract. The WSUSOM Medicine M.D. Handbook and Policies are typically updated yearly, although periodic mid-year updates may occur when deemed necessary. Unlike degree requirements, changes in regulations, policies, and procedures are immediate and supersede those in any prior Medical Student Handbook. The most current version of the WSUSOM of Medicine M.D. Handbook and Policies can always be found on the School of Medicine website.

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https://studentaffairs.med.wayne.edu/pdfs/md_handbook_and_policy.pdf



M.D. Handbook and Policies

Academic Year 2022-23

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1 GENERAL STANDARDS

Overview

- 1.1 New Institutional Domains of Competency and Competencies
- 1.2 Specification of Requirements for Graduation
- 1.3 Technical, Non-Academic Standards

1.1 New Institutional Domains of Competency and Competencies

Purpose

In 2016, Wayne State University School of Medicine analyzed the current institutional learning objectives and decided to revise its competency domains and related competencies for the program leading to the MD degree. As a result, the new AAMC domains of competency were assumed and many institutional competencies changed; in some areas, the previous WSUSOM competencies were maintained but mapped to a Physician Competency Reference Set competency and in other areas the new PCRS competencies were adopted. The new domains and competencies are intended to be in line with the AAMC's PCRS and to map the competencies to the Entrustable Professional Activities. WSUSOM Undergraduate Medical Education Curriculum Committee approved the competency domains and competencies on 6/8/2016; they were instituted beginning with the 2016-2017 academic year.

Responsible Party and Review Cycle

The Senior Associate Dean for Undergraduate Medical Education will review this document annually.

LCME Accreditation References

Description

NEW INSTITUTIONAL DOMAINS OF COMPETENCY AND COMPETENCIES

In 2016, Wayne State University School of Medicine analyzed the current institutional learning objectives and decided to revise its competency domains and related competencies for the program leading to the MD degree. As a result, the new AAMC domains of competency were assumed and many institutional competencies changed; in some areas, the previous WSUSOM competencies were maintained but mapped to a PCRS competency and in other areas the new PCRS competencies were adopted. The new domains and competencies are intended to be in line with the AAMC's PCRS and to map the competencies to the EPAs. WSUSOM Undergraduate Medical Education Curriculum Committee approved the competency domains and competencies on 6/8/2016; they will be instituted beginning with the 2016-2017 academic year.

DOMAIN 1: KNOWLEDGE FOR PRACTICE (KP)

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

Relevant Entrustable Professional Activities	Reference to the PCRS	WSUSOM Competency
EPA 1, 3, 13	KP 1	KP 1: Demonstrate an investigatory and analytic approach to clinical situations
EPA 2	KP 2	KP 2: Apply established and emerging biophysical scientific principles fundamental to health care for patients and populations
EPA 2, 7	KP 3	KP 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

DOMAIN 1: KNOWLEDGE FOR PRACTICE (KP) Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care		
Relevant Entrustable Professional Activities	Reference to the PCRS	WSUSOM Competency
EPA 2, 3, 7	KP 4	KP 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*
	KP 5	KP 5: Apply psychosocial principles and concepts in the delivery of health care, including assessment of the impact of psychosocial-cultural influences on health, disease, care-seeking, care-compliance, and barriers to and attitudes toward care*
	KP 6	KP 6: Contribute to the creation, dissemination, application, and translation of new health care knowledge and practices

* Represents a WSUSOM Undergraduate Medical Education mission based competency toward urban clinical excellence.

DOMAIN 2: PATIENT CARE (PC) Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health		
Relevant Entrustable Professional Activities	Reference to the PCRS	WSUSOM Competency
EPA 10, 12	PC 1	PC 1: Perform routine technical procedures specified by the medical school and clerkship
EPA 1, 2, 4, 6, 10	PC 2	PC 2A: Take a satisfactory medical history including psychosocial, nutritional, occupational and sexual dimensions
EPA 1, 2, 4, 6, 10	PC 2	PC 2B: Perform a satisfactory physical exam
EPA 1, 2, 4, 6, 10	PC 2	PC 2C: Accurately document the clinical encounter
EPA 10, 11	PC 3	PC 3: Apply the concepts and principles of patient safety science in the delivery of clinical care
EPA 2, 3, 5, 10	PC 4	PC 4A: Apply laboratory and imaging methods in identifying diseases or health problems
EPA 2, 3, 5, 10	PC 4	PC 4B: Interpret laboratory data, imaging studies, and other tests required for the area of practice
EPA 3, 4, 10	PC 5	PC 5A: Utilize data from the history, physical exam and laboratory evaluations, with up-to-date scientific evidence to identify health problems
EPA 3, 4, 10	PC 5	PC 5B: Formulate an appropriate differential diagnosis
EPA 4, 5, 10, 11	PC 6	PC 6A: Formulate effective management plans (diagnostic, treatment, prevention strategies, including relieving pain and ameliorating the suffering of patients) for diseases and other health problems
EPA 4, 5, 10, 11	PC 6	PC 6B: Monitor the course of illnesses and to appropriately revise the management plan
EPA 3, 11, 12	PC 7	PC 7: Counsel and educate patients and their families to empower them to participate in their care and enable shared decision making*
EPA 8	PC 8	PC 8: Understand the need and value of consultations and referrals in the delivery of health care
EPA 3	PC 9	PC 9: Apply preventive and health maintenance principles and techniques in the delivery of health care*
	PC 10	PC 10: Provide appropriate role modeling
	PC 11	PC 11: Perform supervisory responsibilities commensurate with one's roles, abilities, and qualifications

DOMAIN 2: PATIENT CARE (PC) Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health		
Relevant Entrustable Professional Activities	Reference to the PCRS	WSUSOM Competency
	PC 12	PC 12: Diagnose and manage patients with common diseases and health-related conditions prevalent in urban settings*

* Represents a WSUSOM Undergraduate Medical Education mission-based competency toward urban clinical excellence

DOMAIN 3: PRACTICE-BASED LEARNING AND IMPROVEMENT (PBLI) Demonstrate the ability to investigate and evaluate one's care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning		
Relevant Entrustable Professional Activities	Reference to the PCRS	WSUSOM Competency
EPA 2, 4, 6, 7	PBLI 1	PBLI 1: Recognize personal educational needs and to select and utilize appropriate resources to optimize learning
	PBLI 2	PBLI 2: Set learning and improvement goals
EPA 7	PBLI 3	PBLI 3: Identify and perform learning activities that address one's gaps in knowledge, skills, or attitudes
EPA 13	PBLI 4	PBLI 4: Systematically analyze practice using quality-improvement methods and implement changes with the goal of practice improvement
EPA 8	PBLI 5	PBLI 5: Incorporate feedback into daily practice
EPA 7	PBLI 6	PBLI 6: Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems
EPA 4, 7, 8	PBLI 7	PBLI 7: Use information technology to optimize learning
	PBLI 8	PBLI 8: Participate in the education of patients, families, students, trainees, peers, and other health professionals
EPA 3, 7	PBLI 9	PBLI 9: Obtain and utilize information about individual patients, populations of patients, or communities from which patients are drawn to improve care*
EPA 13	PBLI 10	PBLI 10: Recognize the need to engage in lifelong learning to stay abreast of relevant scientific advances

* Represents a WSUSOM Undergraduate Medical Education mission based competency toward urban clinical excellence.

DOMAIN 4: INTERPERSONAL AND COMMUNICATION SKILLS (ICS) Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals		
Relevant Entrustable Professional Activities	Reference to the PCRS	WSUSOM Competency
EPA 1, 4, 5, 6, 11	ICS 1	ICS 1: Effectively interact with patients, peers, families and other healthcare workers from diverse cultural backgrounds*
EPA 2, 5, 6, 7, 8, 9, 10, 13	ICS 2	ICS 2: The ability to effectively communicate with peers and members of the healthcare team in the care of patients and their families

DOMAIN 4: INTERPERSONAL AND COMMUNICATION SKILLS (ICS)		
Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals		
Relevant Entrustable Professional Activities	Reference to the PCRS	WSUSOM Competency
EPA 8, 9	ICS 3	ICS 3: The ability to work cooperatively with other health care workers in the delivery of health care
	ICS 4	ICS 4: Act in a consultative role to other health professionals
EPA 5, 11, 12	ICS 5	ICS 5: Maintain comprehensive, timely, and legible medical records
EPA 10, 12	ICS 6	ICS 6: Demonstrate sensitivity, honesty, and compassion in difficult conversations (e.g., about issues such as death, end-of-life issues, adverse events, bad news, disclosure of errors, and other sensitive topics)
EPA 1, 9, 11	ICS 7	ICS 7: Demonstrate insight and understanding about emotions and human responses to emotions that allow one to develop and manage interpersonal interactions

* Represents a WSUSOM Undergraduate Medical Education mission-based competency toward urban clinical excellence.

DOMAIN 5: PROFESSIONALISM (P)		
Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles		
Relevant Entrustable Professional Activities	Reference to the PCRS	WSUSOM Competency
EPA 1, 6, 9	P 1	P 1: Demonstrate compassion, integrity, and respect for others, in particular people from vulnerable population*
	P 2	P 2: Demonstrate responsiveness to patient needs that supersedes self-interest
EPA 1, 6, 8	P 3	P 3: Respect the patients' dignity, privacy, and confidentiality in the delivery of health care
EPA 5, 13	P 4	P 4: Demonstrate accountability to peers, patients, society, and the profession
EPA 1	P 5	P 5: Demonstrate sensitivity and responsiveness to diverse populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation*
EPA 12	P 6	P 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
	P 7	P 7: Demonstrate credibility, initiative, integrity and professional competence needed to gain the confidence and respect of others while providing clinical care or other services to diverse populations in an urban setting*

* Represents a WSUSOM Undergraduate Medical Education mission based competency toward urban clinical excellence.

DOMAIN 6: SYSTEMS-BASED PRACTICE (SBP)		
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		
Relevant Entrustable Professional Activities	Reference to the PCRS	WSUSOM Competency
EPA 5	SBP 1	SBP 1: Describe the health care delivery systems including social, economic and political dimensions
EPA 9	SBP 2	SBP 2: Coordinate patient care within the health care system relevant to one's clinical specialty
EPA 3, 4, 11, 12	SBP 3	SBP 3: Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population based care*
EPA 13	SBP 4	SBP 4: Advocate for quality patient care and optimal patient care systems to support and contribute to a culture of safety
EPA 13	SBP 5	SBP 5: Participate in identifying system errors and implementing potential systems solution
	SBP 6	SBP 6: Perform administrative and practice management responsibilities commensurate with one's role, abilities, and qualifications

* Represents a WSUSOM Undergraduate Medical Education mission based competency toward urban clinical excellence.

DOMAIN 7: INTERPROFESSIONAL COLLABORATION (IPC)		
Demonstrate the ability to engage in an inter-professional team in a manner that optimizes safe, effective patient and population-centered care		
Relevant Entrustable Professional Activities	Ref. to the PCRS	WSUSOM Competency
EPA 9	IPC 1	IPC 1: Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust
EPA 9	IPC 2	IPC 2: Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of the patients and populations served*
EPA 9	IPC 3	IPC 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
	IPC 4	IPC 4: Participate in different team roles to establish, develop, and continuously enhance inter-professional teams to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable*

* Represents a WSUSOM Undergraduate Medical Education mission based competency toward urban clinical excellence.

DOMAIN 8: PERSONAL AND PROFESSIONAL DEVELOPMENT (PPD)		
Demonstrate the qualities required to sustain lifelong personal and professional growth		
Relevant Entrustable Professional Activities	Ref. to the PCRS	WSUSOM Competency
	PPD 1	PPD 1: Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors
	PPD 2	PPD 2: Demonstrate healthy coping mechanisms to respond to stress
	PPD 3	PPD 3: Manage conflict between personal and professional responsibilities

DOMAIN 8: PERSONAL AND PROFESSIONAL DEVELOPMENT (PPD) Demonstrate the qualities required to sustain lifelong personal and professional growth		
Relevant Entrustable Professional Activities	Ref. to the PCRS	WSUSOM Competency
EPA 6	PPD 4	PPD 4: Practice flexibility and maturity in adjusting to change with the capacity to alter behavior
	PPD 5	PPD 5: Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients
	PPD 6	PPD 6: Provide leadership skills that enhance team functioning, the learning environment, and/or the health care delivery system
EPA 6, 11, 12	PPD 7	PPD 7: Demonstrate self-confidence that puts patients, families, and members of the health care team at ease
EPA 2	PPD 8	PPD 8: Recognize that ambiguity is part of clinical health care and respond by using appropriate resources in dealing with uncertainty

* Represents a WSUSOM Undergraduate Medical Education mission based competency toward urban clinical excellence.

13 Entrustable Professional Activities for Entering Residency

- Gather a history and perform a physical examination
- Prioritize a differential diagnosis following a clinical encounter
- Recommend and interpret common diagnostic and screening tests
- Enter and discuss orders and prescriptions
- Document a clinical encounter in the patient record
- Provide an oral presentation of a clinical encounter
- Form clinical questions and retrieve evidence to advance patient care
- Give or receive a patient handover to transition care responsibility
- Collaborate as a member of an interprofessional team
- Recognize a patient requiring urgent or emergent care and initiate evaluation and management
- Obtain informed consent for tests and/or procedures
- Perform general procedures of a physician

References

- Eglander, R, Cameron, T, Ballard, A, Dodge, J, Bull, J, Aschenbrener, C. Toward a Common Taxonomy of Competency Domains for the Health Professions and Competencies for Physicians: Acad. Med. 2013; 88: 1088-1094
- Association of American Medical Colleges (AAMC). Core Entrustable Professional Activities for Entering Residency Curriculum Developers' Guide. 2014

Related Documents

- <https://programs.med.wayne.edu/learning-objectives>

1.2 Specification of Requirements for Graduation

Purpose

The purpose of this policy is to specify the requirements for graduation from WSUSOM.

Responsible Party and Review Cycle

The Senior Associate Dean for Undergraduate Medical Education will review this document annually.

LCME Accreditation References

Description

In order to graduate from WSUSOM, each Segment 4 student must:

- Achieve a satisfactory or honors grade for all prescribed courses, clerkships, and electives across segments 1 through 4.
- Complete all required assignments.
- Complete any required remediations.
- Meet all attendance requirements and satisfactorily complete all make-up provisions.
- Act professionally towards patients, fellow students, faculty, standardized patients, and staff
- Schedule and pass USMLE Step 1 within the time frame established by WSUSOM
- Schedule and pass USMLE Step 2 CK within the time frame established by WSUSOM.
- Meets all institutional financial obligations.

May 31st of each year is the deadline for completion of all Segment 4 requirements, including coursework and passing USMLE examinations. Students who have not passed USMLE Step 2 CK examination by May 1st may not be allowed to participate in graduation activities, including commencement. Students who owe only coursework after May 31st may be allowed to participate in graduation activities on a case-by-case basis, as determined by the Vice Dean of Medical Education or his/her designee.

It is the student's responsibility to know all requirements for completion of the program and the requirements for the award of the medical degree and graduation. Failure to complete all requirements by the May 31st deadline may delay a student's application for a temporary license, which may mean that the student is unable to begin his/her residency on time.

1.3 Technical, Non-Academic Standards

Purpose

This describes the technical standards required for admission to the School of Medicine..

Responsible Party and Review Cycle

The Senior Associate Dean for Curricular Affairs and Undergraduate Medical Education and the Associate Dean of Clinical Education will review this document annually.

LCME Accreditation References

- Element 10.3: Policies Regarding Student Selection/Progress and Their Dissemination
- Element 10.4: Characteristics of Accepted Applicants
- 10.5: Technical Standards

Definition(s)

None.

Overview

The Admissions Committee of Wayne State University School of Medicine will consider for admission to the School of Medicine any applicant who demonstrates the ability to acquire the knowledge necessary for the practice of medicine, as well as the ability to perform or to learn to perform the skills as described in this document. Students will be judged not only on their scholastic accomplishments but also on their physical and emotional capacities to meet the full requirements of the school's curriculum and to graduate as skilled and effective practitioners of medicine.

The law requires that a student with a disability be provided with reasonable accommodations for his/her disability. However, there is no requirement to provide an accommodation that would alter the technical standards of a program or the essential elements of a course in a fundamental way. A reasonable accommodation is decided on a case---by---case basis through an interactive process with the requesting student. An accommodation will not be granted if it imposes an undue hardship on the University. For more information regarding reasonable accommodations for a disability, please refer to the Student Disability Services website at <https://studentdisability.wayne.edu/>.

A candidate for the MD degree must possess abilities and skills, which include those that are observational, communicational, motor, intellectual---conceptual (integrative and quantitative), and behavioral and social.

Those abilities and skills are outlined in detail below:

I. Observation:

The candidate must be able to acquire a defined level of the required information as presented through demonstrations and experiences in the basic sciences, including but not limited to information conveyed through physiologic and pharmacological demonstrations in animals, microbiological cultures, and

microscopic images of microorganisms and tissues in normal and pathological states. Furthermore, a candidate must be able:

- To observe a patient accurately, at a distance, and close at hand, to acquire information from written documents, and to visualize information as presented in images from paper, films, slides, or video.
- To interpret x-ray and other graphic images, and digital or analog representations of physiologic phenomenon (such as EKGs) with or without the use of assistive devices. A request for use of an assistive device is a request for an accommodation that will be evaluated as indicated above. Such observation and information acquisition necessitate the functional use of visual, auditory, and somatic sensation while being enhanced by the functional use of other sensory modalities. In any case, where a candidate's ability to observe or acquire information through these sensory modalities is compromised, the candidate must demonstrate alternative means and/or abilities to acquire and demonstrate the essential information conveyed in this fashion.

II. Communication:

A candidate must be able to speak, hear, and observe patients by sight in order to elicit information, describe changes in mood, activity, and posture, and perceive nonverbal communications. A candidate must be able to communicate effectively and sensitively with patients. Communication includes speech, reading, and writing. The candidate must be able to communicate effectively and efficiently in oral and written form with all members of the health care team.

III. Motor:

It is required that a candidate possesses the motor skills necessary to directly perform palpation, percussion, auscultation, and other diagnostic procedures. The candidate must be able to execute motor movements reasonably required to provide general and emergency medical care such as airway management, placement of intravenous catheters, cardiopulmonary resuscitation, application of pressure to control bleeding, suturing of wounds, and the performance of simple obstetrical maneuvers. Such actions require coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision.

IV. Intellectual-Conceptual (Integrative and Quantitative) Abilities:

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

V. Behavioral and Social Attributes:

The candidate must possess the emotional health required for full utilization of their intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with patients. The candidate must be able to tolerate physically taxing workloads and to function effectively under stress. The candidate must be able to adapt to changing environments, display flexibility, and learn to function in the face of . uncertainties inherent in the clinical problems of patients. Compassion, integrity, concern for others, interpersonal skills, interest, and motivation are all personal qualities that will be assessed during the admissions and educational processes.



VI. Ability to Comply with Clinical Patient Safety and Health Standards Policies:

Wayne State University School of Medicine students are required to comply with all patient safety standards and requirements at the sites of their clinical rotations. This includes but is not limited to wearing hospital--- approved operating room attire, following regulations related to sterilization procedures, and receipt of specific immunizations and/or evidence of immunity from specific diseases. Students must undergo periodic health testing in order to receive instruction in clinical settings and perform the essential function of a medical student. Additional information is in Refusal of Required Immunizations or Medical Testing Policy. It should be noted that failure to meet the requirements for patient safety, vaccination, and/or health testing will result in the student not being permitted to train in affiliated clinical facilities, thereby preventing the student from completing the required curricular activities needed to receive the Medical Doctor (M.D.) degree.

Related Documents

None



2 ASSESSMENT & EVALUATION

Overview

- 2.1 Assessment
- 2.2 End of Segment and Honors Policy
- 2.3 Course Evaluations, AAMC Surveys and Other Required Forms
- 2.4 Testing Policies

2.1 Assessment

Purpose

Learning and education are life-long pursuits, especially in the field of medicine. To be successful, learners need to be self-directed, understand how to objectively evaluate knowledge and understanding, and actively strive to minimize shortcomings and misunderstandings. Assessment is part of that process.

The role of assessment is to gather relevant information about learner progress towards completion of the Medical Doctor degree. Assessments used are designed to help determine progress along that pathway. Assessments fall into one of two categories: formative or summative. Objective formative assessments, in the form of quizzes, are low-stakes and serve as self-assessment of knowledge while offering an opportunity to remediate any knowledge shortfalls and misconceptions. Formative feedback for small group and self-directed learning experiences in the pre-clerkship curriculum will be provided using narrative evaluation.

Facilitators/mentors of small group activities or peers in the Gross Anatomy lab will evaluate learners in several domains (e.g., self-directed learning, professionalism, preparation, and participation/communication) by a ranked by a Likert Scale with written comments to support the numeric score. Summative assessments are higher in stake and are aimed at assessing the comprehensive knowledge of the course content.

The timing of summative assessments in the pre-clerkship courses are structured to allow learners and course faculty to determine knowledge strengths and weaknesses, early in the course, and to actively engage in academic support interventions, if required. The intention of this is to identify learners in need of assistance and provide the necessary resources, in a timely manner, to successfully complete each course.

Pre-clerkship summative assessment is approached in multiple ways. Faculty-authored summative assessments in the pre-clerkship curriculum are designed to assess content taught in various instructional sessions (e.g., case-based learning, team-based learning, problem-based learning, lecture, laboratory).

These assessments include multiple choice (e.g., clinical vignettes, laboratory vignettes), fill-in-the-blank, and short answer questions. Additionally, at the end of each basic science course, a National Board of Medical Examiners (NBME) customized assessment will be administered, blueprinted to the pre-clerkship curriculum outline by the Course Director. Summative assessment in longitudinal courses will include assessment of clinical skills, peer assessment, reflective essays and other formats that are suited to the different outcomes being measured.

Responsible Party and Review Cycle

The Assistant Dean of Continuous Quality Improvement and Compliance will review this document annually.

LCME Accreditation References

- Element 9.4. Assessment System
- Element 9.5. Narrative Assessment
- Element 9.7. Formative Assessment and Feedback
- Element 9.8. Fair and Timely Summative Assessment
- Element 12.5. Non-Involvement of Providers of Student Health Services in Student Assessment/Location of Student Health Records

Definition(s)

Pre-Clerkship Assessment (Segments 1-2)

Formative Assessment – Formative assessment is a form of student assessment that is aimed at allowing students to monitor their own performance within a course. Formative assessment is generally low stakes, which means that it has either no or low point value.

Summative Assessment – Summative assessment is a form of student assessment that is aimed at evaluating a student's knowledge, skill or behavior by comparing it to a benchmark or norm. Summative assessment is generally high stakes, which means that it has a high point value.

Narrative Assessment – Narrative assessment is a form of assessment that is aimed at assessing a student's learning process. Narrative assessment is generally formative and is meant to provide immediate and direct feedback to the student in order to improve their learning.

Policy (Pre-Clerkship Basic Science Courses):

Formative Assessment:

Each basic science course will provide weekly formative assessments. Completing these assessments is optional but highly recommended. Formative assessments do not count towards the course grade. Formative assessments are created by the course director(s). Each formative assessment reflects course content from the previous week and may contain content from prior weeks to foster spaced repetition. Formative assessments will be posted weekly on Friday afternoons. They will remain open until the end of the course so that students can use them to prepare for their summative assessments. Students will be allowed to take each formative up to 25 times. Students are also provided 60 minutes after each assessment to review their performance through a post exam review process.

Narrative Assessment:

Narrative assessment will be used as formative assessment throughout the pre-clerkship curriculum for the purpose of determining if the student is meeting academic and professional identity goals. Students are expected to review these evaluations and incorporate the feedback into their actions and attitudes. Areas for remediation will be identified and communicated to the academic support personnel and student counselors. Failure to achieve goals developed by the pre-clerkship Course Directors may result in a professionalism citation and a promotions committee hearing.

Narrative assessment is to be provided in pre-clerkship courses that meet the following criteria:

- has learning experiences (i.e. small-group and lab exercises) where narrative assessment would be helpful in the students' learning,
- that had a low faculty-student ratio, and
- adequate contact hours to allow for individual narrative assessment of each student within the group

Summative Assessment:

Each course will be comprised of a minimum of three summative assessments. These assessments will be spread throughout the course in order to aid in student learning by providing immediate feedback in form of both a percentage score and performance profile.

Policy (Pre-Clerkship Longitudinal Courses)

As each longitudinal course (e.g., P4, Clinical Skills, etc.) in the curriculum has unique learning objectives, so each course has a variety of formative and summative assessment methods. Please refer to the respective course syllabus for specific requirements.

Policy (Clerkship; Segment 3 NBME Subject/ Shelf Exams)

Each clerkship requires the student to achieve a passing grade in the shelf exam. All required clerkships are to provide students with narrative assessment on the mid-clerkship evaluation and clinical performance examinations.

Policy (Health Provider Involvement in Student Assessment)

The health professionals who provide health services, including psychiatric/psychological counseling, to a medical student are prohibited from having any involvement in the academic assessment or promotion of the medical student receiving those services.

All breaches of this policy, actual or suspected, must be reported and will be investigated by the Associate Dean of Student Affairs.

Non-Involvement of Providers of Student Health Services in Student Assessment or Promotion: (LCME12.5)

- The health professionals who provide health services, including psychiatric/psychological counseling, to a medical student are prohibited from having any involvement in the academic assessment or promotion of the medical student receiving those services.
- All breaches of this policy, actual or suspected, must be reported and will be investigated by the Associate Dean of Student Affairs.

Related Documents

[Grading Policy](#)

[Testing Policy](#)

2.2 End of Segment and Honors Policy

Purpose

This describes the End of Segment and Honors Policy for Segment 1 and 2

Responsible Party and Review Cycle

The Senior Associate Dean for Curricular Affairs and Undergraduate Medical Education will review this document annually.

LCME Accreditation References

None

Description

End of Segment and Honors Policy

End of Segment (EOS) Score

Segment 1 – End of segment score is an average of the final course percentages for all fundamentals courses.

Segment 2 – End of segment score is an average of the final course percentages for all fundamentals courses.

Note: P4, CSC and CEC are NOT used to calculate EOS.

EOS is computed for all students. Students' **initial** percent course grade, prior to any exam retakes or course repeats, is used to calculate EOS score.

End of Segment (EOS) Honors

Segment 1 – End of segment honors is awarded to students with an EOS score 1 standard deviation or greater than the class mean.

Segment 2 – End of segment honors is awarded to students with an EOS score 1 standard deviation or greater than the class mean.

Note: P4, CSC and CEC are NOT used to calculate EOS honors.

2.3 Course Evaluations, AAMC Surveys, and Other Required Forms

Purpose

Evaluation of the curriculum by students is a Wayne State University School of Medicine (WSUSOM) requirement and is considered both a privilege and a professional obligation. Wayne State University requires that students evaluate all faculty using a standard question form. All students are required to evaluate each course inclusive of clerkships and electives.

Course/Clerkship and faculty evaluations are an LCME requirement.

Student engagement in the curriculum is a key part of WSUSOM's professionalism standards. As such, students are required to complete all assigned evaluations in a timely manner. Failure to do so is considered "failure to engage" and is considered a professionalism violation.

Responsible Party and Review Cycle

The Assistant Dean of Continuous Quality Improvement and Compliance will review this document annually.

LCME Accreditation References

- Element 3.5 Learning Environment/Professionalism
- Element 8.1 Curricular Management
- Element 8.5 Medical Student Feedback

Definition(s)

None.

All Students

The collection and analysis of data through the evaluation of the curriculum and faculty is a key part of WSUSOM's continuous quality improvement program. Evaluations are used as a formal mechanism to ensure the medical education program is meeting intended goals.

Student engagement in the curriculum, and its evaluation, is a key part of the evaluation process and WSUSOM's professionalism standards. As such, students are required to complete all assigned evaluations in a timely manner. Failure to do so is considered "failure to engage" and is considered a professionalism violation.

All data collected from evaluations for analysis and reporting to course directors, instructors, and administrators are anonymous and devoid of any identifying information. Honest, professional responses are of the utmost importance.

Notification of evaluation assignments is sent via email. It is the students' responsibility to check for pending evaluations. Evaluations are scheduled during and at the end of a course or clerkship. Once an evaluation has been posted, students have one week (7 calendar days) to complete the evaluation.

100% compliance for all course/clerkship and faculty evaluations is expected.

Non-Compliance

Since the data collected from evaluations are a vital component of the school's continuous quality improvement program, all evaluation assignments require completion.

1st Offense within a given Academic Year:

- The student is issued a professionalism warning.
- Additionally, the student will be required to complete a one-page reflective evaluation of the course/

clerkship that cites specific examples of aspects of the course/clerkship that could be improved OR that worked very well, and how the cited examples have impacted the students understanding of the course content. The narrative must be completed one week after the professionalism warning has been issued.

- If the assigned narrative evaluation is not completed within the allotted time specified, a formal professionalism citation will be issued. The charge will become part of the student's permanent record. The student will also be required to present to the Chair of the Professionalism Committee.

2nd Offense within a given Academic Year:

- A second offense within a given academic year will result in a formal professionalism citation. The charge will become part of the student's permanent record. The student will also be required to present to the Professionalism Committee.

** If a student is unable to complete an evaluation because they did not interact with a faculty member or did not attend an activity, the student is required to DECLINE the evaluation. Declining the evaluation is considered to be compliant.*

AAMC Surveys

As part of their professional obligations, students are also expected to respond to AAMC surveys in a timely manner. This includes the Matriculation student Questionnaire (MSQ), Year 2 Questionnaire (Y2Q), and the Graduate Questionnaire (GQ).

Other Required Forms

In addition to required evaluations and AAMC surveys, the WSUSOM may at times require students to complete surveys for ongoing educational research, online educational activities for regulatory compliance (e.g., HIPAA, Universal Precautions, etc.) or other activities not listed or announced previously. Once these are announced via email or other means, students are obliged to complete the requirement in a timely fashion.

Related Documents

None

2.4 Testing Policies

Purpose

The purpose of defining testing policies is to ensure that all students have the same examination experience.

Tests (e.g., examinations) are one of two broad types: faculty-authored or National Board of Medical Examiners (NBME).

The following policies cover test (examination) materials, testing processes, make-up exams and exam review processes.

Responsible Party and Review Cycle

The Assistant Dean of Continuous Quality Improvement and Compliance will review this document annually.

LCME Accreditation References

- LCME 9.4 Assessment System
- LCME 9.5 Narrative Assessment
- LCME 9.7 Formative Assessment and Feedback
- LCME 9.8 Fair and Timely Summative Assessment

Definition(s)

None

Policy (Faculty-Authored Test Materials) All Segments

Exam materials both written and electronic are property of Wayne State University School of Medicine. Students are not allowed to possess these materials outside of a secure testing facility nor are students allowed to transmit information regarding these materials. Such behavior is considered academic misconduct and may result in a referral to the University Code of Conduct Office.

Policy (NBME Test Materials) All Segments

NBME exam materials both written and electronic are property of the National Board of Medical Examiners. This material is copyright protected and use of these examinations is governed by NBME policies, **students do not have the right to either retain or review them**. Students are not allowed to possess these materials outside of a secure testing facility nor are students allowed to transmit information regarding these materials. Such behavior is considered academic misconduct and may result in a referral to the University Code of Conduct Office.

Policy (Examination Process – Face-to-Face) All Segments

Students are permitted to enter the testing area 20 minutes prior via Lab 325 MEC. Students can go to any of the 3 labs once inside the testing rooms. The exam will begin with the reading of instructions at the designated start time.

Students who arrive after the start of the exam are not allowed to sit for the exam at that time. **Proctors will inform the student that they must report to their counselor in the Office of Student Affairs to request an excused absence.** If the counselor grants an excused absence, the student will take the exam on the next scheduled make-up date. Students absent from a scheduled exam without an excuse will receive a zero (0) for the exam.

The testing office will supply earplugs, and white boards/markers. It is your responsibility to dispose of all trash, and to clean the white board and return it to the proctor at the end of the test.

During the examination process, including post exam reviews, testing facilities are to be secure, which means that students are not allowed to possess non-permitted items on their person, at their seat, or in the testing facility. All non-permitted items are to be stored in a student's locker. Items are NOT to be stored in the examination facility or adjacent hallway during the examination process. Storage of these materials on

the floor constitutes a fire hazard and is not allowed. A student may be asked to leave the testing facility if they are seen with a non-permitted item. Permitted and non-permitted items include the following:

1. Permitted Materials

- a. Exam packet (envelope, exam booklet, scantron, images), if applicable
- b. A non-alarmed watch
- c. WSU Student ID
- d. Covered Beverage

2. Non-Permitted Materials

- a. Electronic devices that can transmit, store, or receive information including but not limited to cell phones, watches, pagers, cameras, laptops, tablets, iPads, iPods or electronic organizers. Students may be allowed to store electronic devices in the testing facility at the discretion of the Testing Office.
 - For examinations in 309, 324 or 325 MEC, these devices are to be stored on the countertops in the off position. Students are not allowed to have an electronic device on their person at any point during the examination process.
 - b. Large/bulky coats
 - c. Backpacks, bookbags, satchels, luggage or briefcase
 - d. Food – Students are not allowed to consume food in the testing facility during an exam.
 - e. Reference materials (e.g., books, notes, papers)
 - f. Hats and hoods – Students wearing brimmed hats must remove them or turn them backwards. Students wearing hoods must remove them.
 - Students are permitted to wear religious or cultural head attire (e.g., turban, hijab, yarmulke) as long as it does not interfere with the examination process.
3. The length of all WSUSOM internally developed exams is based on the number of items (i.e., questions). For each item, 1.2 or 1.5 minutes is allotted plus an additional 10 minutes for citations (if applicable). The determination of item timing is based on the discretion of the Course Director. The total length of the exam is rounded up to the next minute. The length of external exams (e.g., NBME sponsored exams) and laboratory exams might be different.

Policy (Examination Process – Online/Remote) All Segments

Online/Remote test (examinations) are administered via Zoom. Students may enter the Zoom meeting at least 15 minutes prior to the exam start time. Students are required to have appropriate computer equipment and access to a reliable internet connection for the duration of the exam.

Students must follow detailed instructions given by the proctor prior to start of the exam. These instructions include how to contact the proctor in case of an emergency.

Students are allowed to have their cell phones, which **may only** be used to contact the proctor during the exam or as the exam camera.

Students **must have** a device that has a camera or use their cell phone as the camera for the duration of the exam.

Students are allowed the use of one sheet of note paper during the exam. The paper must be blank at the start of the exam (show both sides to the camera at the start of the exam). At the end of the exam, the student must demonstrate the tearing up the note paper on camera and discard the paper when finished with the exam. Please review the policies on possession of test materials.

Students are permitted to take only ONE bathroom break during the exam.

Policy (Make-Up Examinations) All Segments

Segments 1 & 2

Any student that is granted an excused absence from the original exam will be allowed to participate in the make-up exam. A make-up exam will be of comparable content but is not guaranteed to be the same examination given on the originally schedule date. At the time of the make-up examination, the item citation process has concluded, therefore students taking these exams cannot participate in the item citation process.

Students are automatically scheduled for the next make-up examination time, but may, in consultation with the Assistant Dean of Continuous Quality Improvement and Compliance, be granted a customized make-up exam schedule to complete courses in a timely manner only under extenuating circumstances.

A grade of zero will be entered for the re-exam if a student is not able to sit for the exam.

All course work including examinations must be complete within one week of the course end date (defined as the date of the last exam). Students not complying with the policy may be placed on a leave of absence and their status to return to course work will be evaluated by the Associate Dean of Student Affairs and Career Development.

Once a new course has started, taking exams from a previous course must be prioritized and taken first in the exam schedule.

Segments 3 & 4

For Segment 3 Clerkship make-up examinations are administered on a customized basis as to not interfere with clinical rotations. The exact dates of make-up examinations will be determined by the Testing Office and Associate Dean of Clinical Education and communicated to the student.

Policy (Disruptive Behavior During Examinations) All

A student engaging in disruptive behavior (i.e. behavior that interferes with the testing environment of other examinees) will receive a verbal warning. If the disruptive behavior continues, the student will be escorted out of the testing facility. The Assistant Dean of Continuous Quality Improvement and Compliance in consultation with the appropriate education Assistant/Associate Dean (Pre-Clerkship or Clinical) will be responsible for evaluating and deciding appropriate next steps for a student who has engaged in disruptive behavior during examinations.

Policy (Academic Misconduct During Examinations) All

Irregular Behavior – Face-to-Face Exams

Academic misconduct includes all actions or attempted actions on the part of a student that would or could subvert the examination process. Examples of irregular behavior include, but are not limited to:

- Failing to comply with any written or verbal testing policy, procedure, rule, and/or instruction of a proctor.
- Providing specific information regarding the content of examination to any other student before, during or after an examination or post exam review.
- Seeking and/or obtaining specific information about the content of an examination from another student.
- Seeking and/or obtaining access to examination materials during, prior or after the administration of an examination or post exam review.
- Theft of examination materials.
- Impersonation of a student or engaging a proxy to take the examination.
- Copying answers from another student.
- Allowing another student to copy your answers.
- Possessing non-permitted materials during an examination or post exam review.
- Making notes of any kind during the examination or post exam review except in the test booklet or designated scrap paper.
 - Students are allowed one piece of designated scrap paper during an examination at a time, which is provided by a proctor.
 - Students are not allowed to provide their own scrap paper.
 - Students must surrender their piece of scrap paper to a proctor at the end of the examination or prior to obtaining a new scrap paper.
 - Students are not allowed to remove scrap paper from a testing facility.
 - Writing on scrap paper is not allowed until the exam timer has started.
- Taking photos of test materials.
- Reconstruction of test content through memorization.
- Altering or misrepresenting examination scores.
- Continuing to answer items or erase answers after time is called.
- Failure to report suspected or actual irregular test-related behavior or cheating of fellow students.

Irregular Behavior – Online/Remote Exams

Academic misconduct includes all actions or attempted actions on the part of a student that would or could subvert the examination process. Examples of irregular behavior include, but are not limited to:

- Failing to comply with any written or verbal testing policy, procedure, rule, and/or instruction of a

proctor.

- Inappropriate camera use during the exam.
- Providing specific information regarding the content of examination to any other student before, during or after an examination or post exam review.
- Seeking and/or obtaining specific information about the content of an examination from another student.
- Seeking and/or obtaining access to examination materials during, prior or after the administration of an examination or post exam review.
- Theft of or making electronic or photographic copies of examination materials.
- Impersonation of a student or engaging a proxy to take the examination.
- Being in contact with another student during an exam.
- Possessing or accessing non-permitted materials during an examination or post exam review.
- Making notes of any kind during the examination or post exam review except on designated scrap paper.
 - Students are allowed one piece of designated scrap paper during an examination at a time.
 - Students must destroy their piece of scrap paper at the end of the examination.
 - Writing on scrap paper is not allowed until the exam timer has started.
- Reconstruction of test content through memorization.
- Altering or misrepresenting examination scores.
- Continuing to answer items or erase answers after time is called.
- Failure to report suspected or actual irregular test-related behavior or cheating of fellow students.

A student observed or reported to have engaged in irregular behavior during an examination will be allowed to complete the exam. The proctor will document the incident and keep a record of all events and materials handed.

All incidents will be immediately reported to the **Assistant Dean of Continuous Quality Improvement and Compliance**, who will initiate an investigation and forward all materials to either the Associate Dean of Pre-Clerkship Education or the Associate Dean of Clinical Education, as appropriate.

The **Assistant Dean of Continuous Quality Improvement and Compliance** along with either the Associate Dean of Pre-Clerkship Education or the Associate Dean of Clinical Education, in consultation with the Senior Associate Dean of Undergraduate Medical Education, will be responsible for evaluating and deciding appropriate next steps for a student who has engaged in irregular behavior. To the extent such irregular behavior falls under the umbrella of cheating, it will be handled pursuant to the WSU Student Code of Conduct.

Other Examination Policies

Posting Exam Scores (All Segments)

Immediate draft scoring is available for most non-NBME examinations. Final scores are available after Course Director and course faculty use available psychometric information and students' question citations to make decisions about whether to change the answer key.

Citing Examination Questions (Segments 1 – 2)

For non-NBME examinations, students are given one opportunity to identify examination questions which they feel are flawed or poorly written. At the completion of an examination, students may cite as many questions as they like for Course Directors and faculty to review as they make decisions to give full credit for questions or to accept alternate answers. Ten minutes is allotted for citing questions at the end of the examination. Students are not permitted to contact individual faculty or Course Directors directly to lobby for changes to the answer key.

Students taking make-up or remedial examinations cannot cite exam questions.

Requests for Hand Scoring of Examinations (All Segments)

Students who feel there is an error in their examination score may request a hand scoring of the examination by contacting the Testing Office. The hand scoring will ensure that the electronic scoring has worked properly.

Students are responsible for submitting an answer sheet that is complete and accurate. In these cases, the hand scoring would confirm the student's score and that the electronic scoring worked as intended. The results of all objective examinations cannot be appealed, other than having the score verified through the hand scoring process.

Related Documents

[Grading](#)

[Attendance](#)

[Assessment](#)



3 RECORDS, REGISTRATION & ENROLLMENT MANAGEMENT

Overview

- 3.1 Insurance Information
- 3.2 Student Records
- 3.3 Tuition and Registration
- 3.4 Student Confidentiality and Access to Sensitive Information
- 3.5 Students, Faculty and Health
- 3.6 WSUSOM Enrollment Policies
- 3.7 Transcript Grades

3.1 Insurance Information

Health/disability and malpractice insurance coverage is required for all Wayne State University School of Medicine students.

Responsible Party and Review Cycle

The Associate Dean of Enrollment Management Services. This policy will be reviewed on an annual basis.

LCME Accreditation References

- Element 12.6. Student Health and Disability Insurance

Malpractice Liability for Medical Students

Wayne State University School of Medicine professional liability insurance policy covers WSUSOM admitted and enrolled students when engaged in required WSUSOM activities, approved away and international electives, and WSUSOM sanctioned student organized trips. All activities must receive official WSUSOM Approval. The Office of Records and Registration can provide an insurance certificate of coverage. (<https://recordsandreg.med.wayne.edu/liability-insurance>)

If a student remains enrolled, but is temporarily on LOA, the student's coverage is reinstated when the student returns to academic duties.

Health and Disability Insurance

All medical students are required to have health and disability insurance as a condition of their enrollment. Students may meet this requirement in one of two ways.

1. Purchase one of the School of Medicine Health Insurance Plans
2. Submit a Health Insurance Waiver for approval. Students who do not meet the waiver approval requirements will be required to purchase a School of Medicine Health Insurance Plan.

Any cancellation request of a School of Medicine health insurance plan must be submitted in writing to Enrollment Management 45 calendar days prior to the date a student wants coverage terminated.

Any enrollment request of a School of Medicine health insurance plan after the start of the academic year must be submitted in writing to Enrollment Management 45 calendar days prior to the date a student wants coverage to begin.

Students who fail to make payment of a School of Medicine Health Insurance Plan by the established deadline, who fail to submit a Health Insurance Waiver that meets approval, or who are found to be out of compliance with this policy, will be de-registered from coursework and placed on an academic leave of absence (ALOA) from medical school.

The School of Medicine health insurance plan benefits are adjusted each year to meet the needs of the students based on student input through the Student Senate and based on an annual review of utilization.

Related Documents

[Leave of Absence Policy](#)

3.2 Student Records

Purpose

This policy outlines the approach of Wayne State University School of Medicine towards the handling of sensitive information such as academic records, health information, and evaluation of students who seek medical/psychological care.

Responsible Party and Review Cycle

The Director of Medical School Enrollment will review this document annually.

LCME Accreditation References

- Element 11.5: Confidentiality of Student Educational Records
- Element 11.6: Student Access to Educational Records
- Element 12.5 Non-Involvement of Providers of Student Health Services in Student Assessment/Location of Student Health Records

Confidentiality

For more information regarding Wayne State University's Privacy of Academic Records Policy, please refer to: <https://wayne.edu/registrar/records/privacy>

Privacy of Academic Records

<https://wayne.edu/registrar/faculty/privacy>

Restrict release of directory information form: Please refer to website above

Authorized Non-Student Access to Student Records

You can grant access to others access to your student records. Please use this Authorization to Release Academic Records website

https://eiprod.wayne.edu/sso/nextgen/dev3_sso.php?form_id=b0a98790-8e48-4b28-8eeb-8ce48ea8076f

Transcripts

To make Transcript Requests:

<https://recordsandreg.med.wayne.edu/forms>

SOM Student Health and Immunization Access and Storage Policy:

- It is the policy of Wayne State University School of Medicine to ensure that student health and immunization records and health information will be protected from a loss of:
 - Confidentiality: so that information is accessible only to authorized individuals.
 - Availability: that authorized users have access to relevant information when required.
- All breaches of information security, actual or suspected, must be reported and will be investigated.
- Student health and immunization information will be stored by the WSU School of Medicine Health Records Office.
- Access to the health record and information will be restricted to Health Office personnel.
- Students can grant the School of Medicine Records Office permission to contact the WSU School of Medicine Health Office to request an immunization compliance report. This compliance report is only shared with the authorized clinical site personnel to document student compliance with immunization policies.
- Students can request copies of their health and immunization records by contacting the WSU SoM Health Records Office at MDHealthRecords@wayne.edu.

Related Documents

None

3.3 Tuition and Registration

Tuition Structure and Budget

Students are assessed tuition each term based on the tuition rate set forth by the Board of Governors. Please refer to the Tuition and Fee Chart for a complete listing of the current term's rates.

Assessment of Tuition and Fees: <https://recordsandreg.med.wayne.edu/tuition/assessment>

Statement of Tuition and Fee Regulations: wayne.edu/registrar/tuition/tuition-and-fee-regulations

A Tuition Calculator is available to help students determine their tuition and fees for a particular term.

Tuition Calculator: apps.reg.wayne.edu/tuition

Payment

All payment policies are set by the Office of the Bursar: wayne.edu/bursar

University Billing

If a student has questions, or requires additional information, please contact:

wayne.edu/bursar/contact

Financial Responsibility Agreement:
wayne.edu/bursar/student-obligation

All information about billing can be found here:
wayne.edu/bursar/ebill

Payment Options:
wayne.edu/bursar/payment

Registration

Information on how to register for classes: recordsandreg.med.wayne.edu/scheduling

State Residency Classification

Please see current year information of Tuition and Fee Regulations for information on State Residency Classification:
wayne.edu/registrar/tuition/tuition-and-fee-regulations

Request for in-state tuition form:
wayne.edu/registrar/pdfs/request_for_in-state_tuition_2017-08_pdf_fillable.pdf

3.4 Student Confidentiality and Access to Sensitive Information

The purpose of this policy is to outline the approach of Wayne State University School of Medicine towards the handling of sensitive information such as academic records, health information and evaluation of students who seek medical/psychological care.

Responsible Party and Review Cycle

The Director Medical School Enrollment Management Services

LCME Accreditation References

Description

CONFIDENTIALITY

Wayne State University School of Medicine follows appropriate standards of confidentiality in the management of private student information. The WSUSOM's policies pertaining to student access to records and the protection of confidentiality comply with Wayne State University (parent institution) and the **Family Educational Rights and Privacy Act of 1974 (FERPA)**, governing access to, and confidentiality of, student educational records. For more information regarding **Wayne State University's Privacy of Academic Records Policy**, please refer to: <http://reg.wayne.edu/students/privacy.php>

RIGHTS UNDER FERPA FOR POSTSECONDARY INSTITUTIONS

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

- The right to inspect and review the student's education records.
- The right to request the amendment of the student's education record that the student believes is inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA.
- The right to provide written consent before the University discloses personally identifiable information from the student's education records, except to the extent that FERPA authorizes disclosure without consent.
- The right to file a complaint with the U.S. Department of Education concerning alleged failures by the University to comply with the requirements of FERPA. The name and address of the Office that administers FERPA is:

Family Policy Compliance Office
US Department of Education
400 Maryland Avenue, SW Washington, DC 20202

STUDENT INFORMATION AND ACADEMIC RECORDS

With certain defined exceptions, under FERPA, an academic record is: Any record, maintained by an institution or agent of the institution where a student can be personally identified. A student has right to expect that educational records will be kept confidential and will be disclosed only with his or her permission or as allowed by law (including electronic records). Information regarding an individual's academic performance, external examination results (e.g. USMLE) and financial status will be kept confidential and handled carefully to prevent it from becoming known to unauthorized individuals.

The WSUSOM uses various secure electronic information systems, such as MySOM, Banner, STARS, New Innovations, etc. for storing information regarding student academic performance, course registration, biographical data, appointment information and financial aid and student account information regarding charges and payments. Paper files kept at the WSUSOM include the academic file and the health file.

REVIEW AND AMEND RECORDS

Students have the right to inspect and review their educational records, seek amendment of the records they believe to be inaccurate or in violation of their privacy rights, and consent to disclosures of personally identifiable information contained in their records (except to the extent that the law authorizes disclosure without consent). Students who wish to amend an inaccurate or misleading record may:

- Discuss any changes with the WSUSOM Associate Dean for Student Affairs and Career Development or Office of Records and Registration
- Request that records are reviewed by Wayne State University Registrar (main campus). The school is required, by law, to respond within 45 days of the request receipt. Requests through this channel should be addressed to:

Wayne State University Academic Records
Wayne State University
5057 Woodward, Fifth Floor
Detroit, MI 48202

3.5 Students, Faculty and Health

Purpose

This describes the health safety training and schedules, immunization/titre requirements and schedules, how your health data is retained and managed, and how to proceed if you are injured during your training...

Responsible Party and Review Cycle

The Vice Dean of Medical Education will review this document annually.

LCME Accreditation References

- Element 12.8

Definition(s)

None.

WSUSOM Policy for the Removal and Transport of Protected Health Information (PHI)

Purpose

The purpose of this policy is to set forth controls related to removal of Protected Health Information (PHI) or Personal Information (PI) from the hospital and transport of medical information within the hospital. This policy does not replace IT Security policies for protection of electronic patient information including requirements related to emailing patient information.

Policy Statement

Wayne State University (including all affiliated locations), are committed to complying with state and federal requirements related to the privacy and security of patient information. Workforce Members at the WSU School of Medicine, as well as those with whom WSU School of Medicine conducts its business, have a legal and ethical responsibility to maintain the confidentiality, privacy and security of all PHI/PI, to protect PHI/PI at all times and to guard against the loss of, or unauthorized access to, use or disclosure of, PHI/PI when removing it and up through its return, and when transporting it. Such removal and transport of PHI/PI shall not occur in a manner inconsistent with this policy. Principles and procedures in this policy apply to PHI/PI in all media, including paper and electronic format. Consistent with other policies, PHI/PI that is removed from the premises should never be verbally discussed with any unauthorized person.

Definitions

Protected Health Information ("PHI") is defined as information that (i) is created or received by a health care provider, health plan, employer, or health care clearinghouse; (ii) relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past,

present or future payment for the provision of health care to an individual; and (iii) that identifies the individual, or provides a reasonable basis to identify the individual. PHI does not include employment records held by WSU School of Medicine in its capacity as an employer, or information that has been de-identified in accordance with the HIPAA Privacy Standards.

Personal Information (“PI”) is a person’s first name and last name, or first initial and last name, in combination with any one of the following data elements that relate to such person:

- Social Security Number (SSN);
- Driver’s license or state-issued identification card number; or
- Financial account number, credit or debit card number (e.g., health insurance policy number).

Personal information shall not include information that is lawfully obtained from publicly available information, or from federal, state or local government records lawfully made available to the general public.

De-identification is defined as the process by which PHI is stripped of specific data elements, as defined by HIPAA, in order to assure that personal identities cannot readily be identified from data sets.

Workforce Members are defined as faculty, employees (including temporary employees), researchers, volunteers, trainees, and other persons whose conduct, in the performance of work, is under the direct control of WSU School of Medicine, whether or not they are paid by WSU School of Medicine.

Supervisor: For the purposes of this policy, Supervisor is used in the context of approval for a Workforce Member to remove PHI/PI or transport PHI/PI. It is understood that from time-to-time the duties of senior operational leadership (Directors and above) and faculty will require them to conduct WSU School of Medicine business for which this policy requires Supervisor approval. Such approval for senior operational leadership and faculty is self-granted, provided that they have ensured that all safeguards and other privacy and security controls are in place. For research activities, Supervisor means the Principal Investigator or Protocol Director.

This policy covers any location owned, leased or contracted with the WSU School of Medicine, wherever located. Principles

- A. PHI/PI shall be treated as confidential and shall be safeguarded according to WSU School of Medicine policies at all times.
- B. Treatment, payment, healthcare operations, education, IRB-approved research and other Wayne State School of Medicine business involving the permissible use or disclosure of PHI/PI should be conducted on site whenever feasible. Removal of PHI/PI by Workforce Members shall occur solely for job-related purposes and with the approval of the Workforce Member’s Supervisor. Removal of PHI/PI should not be approved for reasons related to the convenience of the Workforce Member, but rather for instances where the work requiring the PHI cannot practically be conducted on-site in a timely manner, and only after due consideration of alternative ways to remotely perform the work, such as VPN access to PHI/PI or secure scanning of PHI/PI for access from the remote site.
- C. The Workforce Member taking the PHI/PI off-site and the approving Supervisor are responsible for ensuring that only the minimum amount of PHI/PI necessary to perform the off-site work is approved. De-identified patient information or limited data sets shall be used whenever possible. The approving Supervisor and the Workforce Member removing the PHI/PI, or the Workforce Member transporting the information on site, should be able to account for every element of PHI/PI removed from or transported on site, whether electronic or paper, and should be able to reconstruct the exact PHI/PI that was removed from or transported on site.

- D. Appropriate safeguards shall be diligently followed regarding secure transport of PHI/PI off- site and within the hospital. PHI/PI must be in the immediate personal possession of the workforce member at all times during transport, for example, from the time the PHI/PI is taken from the site to the time of arrival at the off-site location, or from location-to-location on site.
- E. Appropriate safeguards shall be diligently followed regarding securing PHI/PI at the off-site location. PHI must be secured in a manner so that it cannot be accessed by unauthorized individuals.
- F. PHI that is lost, stolen, accessed viewed or reviewed by unauthorized individuals, or the confidentiality of which has been otherwise compromised, it is essential that the Wayne State University General Counsel be notified immediately. There are a number of federal and state privacy laws which may require Wayne State to take very specific actions within very defined timelines. General Counsel will work with you to gather all of the relevant facts to ensure Wayne State complies with all of our privacy obligations. A loss or theft counts as a Privacy Incident; report it to the General Counsel Office, by phone: (313)577-2268.

Procedures

- A. PHI should be saved or stored on secure network servers whenever feasible. Saving or storing PHI/ PI on computer or laptop hard drives, personal laptops or other personal devices, flash drives or USB drives, external drives, and other removable media is prohibited unless the device is encrypted to WSU School of Medicine standards, password protected and meets other applicable WSU School of Medicine security requirements.
- B. Before the decision is made by the Workforce Member and the Workforce Member's supervisor to remove electronic PHI from the premises, IT Security must be contacted to determine whether a viable alternative is available to remotely access the PHI/PI needed to perform the job-related work.
- C. PHI/PI should not be printed at off-site locations, for example, home or public printers, unless a WSU School of Medicine business need exists to do so.
- D. Safeguards must be in place to prevent unauthorized individuals, such as family members, conference attendees or the general public, from viewing or accessing PHI/PI at off-site locations.
- E. PHI/PI must be safeguarded during transport and in the personal possession of the Workforce Member at all times. PHI shall not be left unattended in publicly-accessible locations.
- F. PHI/PI transported for purposes such as off-site storage, office relocation and new location openings shall be safeguarded to prevent the loss of or unauthorized access to PHI/PI. Only approved off-site storage locations may be used for storing records, documents and electronic media containing PHI/PI. Records and documents containing PHI must be inventoried before off- site storage. See Appendix B for securing documents and records containing PHI/PI for off-site storage or office/ department relocation.

Compliance

- A. All Workforce Members are responsible for ensuring that individuals comply with those policy provisions that are applicable to their respective duties and responsibilities.
- B. Workforce Member failure to protect the privacy, confidentiality, and security of patient information is detrimental to the mission, goals, and operations of WSU School of Medicine. Serious consequences can result from failing to protect patient information, up to and including termination.
- C. Violations of this policy will be reported to the General Counsel and any other department as

appropriate or in accordance with applicable WSU School of Medicine policy. Violations will be investigated to determine the nature, extent, and potential risk to WSU School of Medicine.

Consequences of the Loss of Access to a Hospital Medical Record System (HIPAA) Policy

If a Health System determines that a medical student is to lose access to the electronic medical record due to a violation of HIPAA Privacy and Security Rules, this will result in the student being dismissed from the School of Medicine without recourse of appeal.

Student Health Center

Students can find health services at Wayne State University, [Campus Health Center](#).

Student Exposure Policies and Procedures

Universal Precautions & Safety Training

To ensure that all students educated on methods of injury and exposure prevention, all students must complete instruction on Universal Precautions. Guidelines change frequently and students are expected update their knowledge annually to assure personal safety and the safety of patients.

Compliance with Health Standards

In order to participate in the medical education program, a medical student must be compliant with the WSUSOM health standards. Any questions regarding this policy or procedures should be directed to the Medical Student Health Officer at mdhealthrecords@wayne.edu.

Needle Stick and Exposure Guidelines

During the course of a medical student's education, he or she will come into contact with occupational hazards as a natural consequence of caring for patients. Medical students have an increased risk for injuries due to needle sticks or contact with other sharp instruments since they may not yet be skilled in the procedures being performed.

It is the obligation of the WSUSOM to formally educate its students regarding the prevention of occupational injuries. In addition, the school has developed programs by which students who are injured or exposed to blood or body fluids in the course of their training have the knowledge to properly seek care. Such programs are formally presented to students in the first, second and third segments of the medical school curriculum. In the event that a student is stuck with a needle or other sharp instrument or sustains exposure to a body fluid on mucus membranes or non-intact skin, the student must report this to their senior resident, attending physician, or supervising faculty member immediately. As detailed below, a written report must be completed detailing the circumstances of the exposure and the student must notify the WSUSOM's Medical Student Health Officer of the reported incident via email at: mdhealthrecords@wayne.edu.

Incidents occurring on the WSUSOM Campus or while participating in WSUSOM-sponsored activities:	OR	Incidents occurring at affiliated Clinical Site institutions or while on a “Home” required or elective rotation:
<p>1. Students experiencing an injury, exposure to blood/body fluids, etc. (excludes personal illnesses such as, but not limited to, flu, cold/sinus, etc.) while attending class or participating in WSUSOM-sponsored activities, shall receive initial treatment at a University-authorized medical facility as noted below:</p> <ul style="list-style-type: none"> a. EMERGENCY ISSUES: <ul style="list-style-type: none"> i. Detroit Receiving Hospital – ER ii. Henry Ford Hospital– ER b. NON-EMERGENCY ISSUES: <ul style="list-style-type: none"> i. Occupational Health Services (OHS) – UHC 4K, limited hours ii. Campus Health Center 		<p>1. The medical school has established relationships through affiliation agreements with all our Clinical Site facilities (hospitals and ambulatory sites). Site specific policies must be followed when an exposure or potential exposure has occurred.</p> <p>A student who sustains an exposure to blood and/or body fluids during a clinical assignment at any of our affiliated clinical institutions should immediately seek care in the designated department of that facility. If the incident occurs outside of the regular business hours of the institution’s designated department, the student should receive initial evaluation and treatment in that institution’s emergency department. A student who suffers an injury or exposure while on a “Home” required or elective rotation that is not taking place at an affiliated clinical site facility (e.g., a rotation taking place in a faculty physician’s office) should seek care in the nearest emergency department.</p>

1. When completing paperwork in the emergency department, students should show their Wayne State University ID to ensure WSUSOM will be responsible for the professional and facility charges related to the initial visit for evaluation and treatment.
2. Only the initial treatment/visit necessary for an injury or a school-related illness requiring immediate medical attention will be covered by this policy. The student is responsible for any subsequent treatment.
3. All injured students must complete a short Wayne State University Report of Injury form. Students must also sign and date the very bottom of the form. The form is available online. **NOTE:** The Report of Injury form must be submitted within 48 hours of the injury. Completed forms should be submitted to the Medical Student Health Officer at: mdhealthrecords@wayne.edu.
4. The Medical Student Health Officer will forward the form to the WSU Office of Risk Management on the student’s behalf.
5. The WSU Office of Risk Management will cover the expenses of the first emergency department visit as long as the Report of Injury has been submitted to the Medical Student Health Officer within the prescribed 48-hour post injury time frame.
6. Any expenses incurred (co-pays, deductibles) based on a failure to adhere to the above process will be the responsibility of the student.
7. After the initial evaluation and treatment encounter at the clinical institution, the student will subsequently follow-up with their personal physician using their own health insurance coverage within five days of the incident.
8. Any questions regarding this policy should be addressed to the Medical Student Health Officer at mdhealthrecords@wayne.edu.

The effects of infectious and/or environmental disease or disability on medical student learning activities.

Resolution of the effects of infectious and/or environmental disease or disability on medical student learning

activities will be decided on a case-by-case basis in consultation with the student, the School of Medicine, the Office of Risk Management and the University Disability Insurance policy. Possible outcomes include:

- Continue course work with student disability services (SDS) office for support, if required
- Medical Leave of Absence (MLOA)
- Withdrawal from the School of Medicine under the University Medical Withdrawal Policy.

Immunizations

The following is a complete list of all required evidence of vaccination and immunity. It is ultimately the student's responsibility to retain and produce copy of all documentation related to their immunization. Some sites may require evidence of additional immunizations.

NOTE: For ALL antibody titers, copies of the actual laboratory reports **MUST** be submitted for inclusion in the student's health file.

1. **Tdap** (Tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine) – This is a somewhat different formulation than the DTaP or DPT vaccinations that most of our students received in infancy/early childhood and it is also different than the Td (commonly “Tetanus shot”) that many may have received as adolescents or adults for tetanus prophylaxis for wounds. The Tdap has the standard dose of tetanus toxoid, a reduced dose of diphtheria and an acellular booster for pertussis (“whooping cough”). With the resurgence and increasing incidence of pertussis, the CDC and other authorities have recommended that all healthcare providers who have not received a Tdap **as an adult (i.e., at age 16 or older)** should receive one, regardless of the time since their last Td vaccination. The hospitals in which our students participate in clinical rotations are requiring **explicit documentation of the adult pertussis vaccination** in order for students to be in their facilities
2. **Measles and mumps** – Some of the clinical sites available to students for clerkships and electives require medical students to have **quantitative** measles and mumps antibody titers indicating they are immune to these infections. Therefore, the WSUSOM requires **evidence of immunity**. We also request documentation of **two** doses of these vaccinations.
3. **Rubella** – Some of the clinical sites available to students for clerkships and electives require medical students to have **quantitative** rubella antibody titers indicating they are immune to this infection. Therefore, the WSUSOM requires **evidence of immunity**. We also request documentation of at least one dose of this vaccination.
4. **Varicella** – All students should have a **quantitative** varicella antibody titer drawn to assess their immunity to this infection. If a student has a history of receiving the vaccination, we request documentation of two doses of this vaccination. **A history of having “had the disease” is not adequate documentation of immunity to varicella.**
5. **Hepatitis B** – The majority of clinical sites require documentation of three doses of this vaccination and a **quantitative antibody titer (anti-HBs) indicating response to the immunizations**. Therefore, the WSUSOM has the same requirement. Students must have evidence of three doses and immunity to Hepatitis B. (Please note that additional blood work and potential re-vaccination will be required in the event that immunity is not documented after the primary series. Students should consult with their healthcare provider in this event.)

Annual Influenza Vaccination Policy

Wayne State University School of Medicine students are required to receive an influenza vaccination each year. This annual requirement should be completed as soon as possible after the vaccine becomes available, but in any case no later than **November 30th** each year. Influenza vaccinations are essential in reducing the students' risk of contracting influenza, reducing the risk to their family members, and most importantly to reduce the risk of influenza among those patients with whom they will come in contact during clinical rotations, visits to clinical facilities, and in the course of volunteer or relief programs.

Documentation that each student has received an annual influenza vaccination is also required by our affiliated clinical teaching facilities. This policy is based upon current recommendations from the U.S. Center for Disease Control (CDC), the Michigan Department of Community Health (MDCH), and the requirements of our affiliated clinical sites.

Annual influenza vaccination opportunities will be offered here at the WSUSOM at the appropriate times of each school year, typically in the late summer or early fall. Students must provide specific documentation to the Student Health Officer Assistant of their influenza vaccinations if they receive them from a health care provider outside of the WSUSOM programs. This documentation will be placed in the students' confidential health files at the school.

Annual TB Screening Policy

1. Medical students, like all other healthcare personnel, must undergo tuberculosis (TB) screening during time periods determined by WSUSOM and its affiliated teaching hospitals and clinical facilities.
2. A student's failure to comply with the TB screening requirements of the WSUSOM may result in that student being excluded from participating in training or other activities at those facilities in accordance with their individual institutional infection control policies.
3. Upon completion of TB screening, the student will be asked to sign a release allowing the WSUSOM and/or its agents to release information regarding the results of this testing to affiliated health care facilities where students are participating in clinical educational activities which require confirmation that the students have completed the testing mandated by those facilities.
4. TB screening documentation will be required by the WSUSOM upon matriculation.
 - a. Incoming Segment 1 students are required to provide written documentation of a Tuberculin Skin Test (TST) or an Interferon-Gamma Release Assay (IGRA) blood test.
 - b. Documentation must be dated within one year of matriculation.
 - Students known to have latent TB (as evidenced by a history of a pastpositive TST or IGRA) must provide proof of an IGRA blood test.
5. TB screening for students in Segment 2 and thereafter will be undertaken according to the population to which each student belongs as follows:
 - a. Students with no prior history of a positive Tuberculin Skin Test (TST) nor a positive Interferon-Gamma Release Assay (IGRA) blood test for TB Infection
 - Are required to receive TB Education annually. Students are directed to review the TB Educational materials provided by the SoM Health Officer. After review, students

attest that they have reviewed the TB Educational materials and must present a signed attestation to the Office of Records and Registration.

- b. Students who have received bacilli Calmette-Guerin (BCG) vaccination in childhood
 - Should undergo routine TST (Alternative would be IGRA testing)
 - c. Students known to have latent TB (as evidenced by a history of a past positive TST or IGRA)
 - Must provide proof of an IGRA blood test.
 - Must have evidence of one negative chest x-ray and should submit a yearly TB symptom survey. (Students will need to submit a copy of the actual negative chest x-ray report to be placed in their medical folder at the WSUSOM. Students are strongly encouraged to keep a personal copy of their negative x-ray report to avoid unnecessary repeat chest x-rays)
6. Students will also be required to annually attest that they have not managed any active cases of TB in the past year.
- a. Students with a known exposure to TB disease without protection, must contact the Health Officer immediately.
7. Students should be aware that other institutions and medical facilities where they may apply to undertake electives and other training as a medical student may have different policies for TB screening that are not under the control of the WSUSOM.

The required immunizations and testing requirements will be set and reviewed by the student health officer on an annual and ad hoc basis. This is done in concert and compliance with our affiliated clinical facilities and state/national guidelines. Changes to the policy and requirements are widely communicated to the students via the official WSU email system. Students will be responsible for adherence to changing requirements.

Students are ultimately responsible for ensuring that the MDHealthRecords Office is in receipt of, and correctly records, their required information.

Failure to comply with this policy will result in being placed on an Administrative leave of absence (ALOA).

Any questions regarding this policy should be addressed to the Medical Student Health Officer at mdhealthrecords@wayne.edu

N95 Respirator Mask Fit Requirements for Medical Students

All medical students are required to be fit tested to wear a 3M-N95 Respirator before beginning Segment 3 clinical rotations, generally in the late winter or early spring of Segment 2. The fit testing program is coordinated and scheduled by the WSUSOM and takes place at the school. This fit testing is required by our clinical training sites as part of their infection control policies and/or respiratory protection programs in compliance with the Federal Government's OSHA Standard 29 CFR 1910.134.

Students who decline respirator fit testing may be subject to one or more of the following actions that may be taken by our clinical training sites:

1. Exclusion from participating in some or all clinical training activities at their sites; or
2. Other restrictions imposed by the clinical training site(s) in accordance with their individual institutional infection control policies or respiratory protection programs.

Questions regarding this policy should be addressed to the Medical Student Health Officer at mdhealthrecords@wayne.edu.

Alcohol and Drug Policy

<https://wayne.edu/pdf/daapp-procedures.pdf>

Policy for Impaired Medical Students

See these policies for reference:

- <https://ucisom.instructure.com/courses/106/pages/school-of-medicine-alcohol-and-substance-abuse-policy>
- https://health.ucdavis.edu/mdprogram/medicalstudentpolicies/csp/substance_abuse_policy.html

The Wayne State University School of Medicine strives to provide a safe and healthy learning and work environment for our medical students. Additionally, School of Medicine faculty and students must also ensure the safety, health and welfare of the patients who are served by the hospitals and clinical sites where we work.

In any situation where student responsibility for patients is required, or may be required, the student may never risk patient welfare by acting under the influence of drugs, including alcohol. Of particular concern is the unauthorized use of drugs to which the student may have privileged access. Such drug misuse is a violation of societal trust and is viewed by the profession as an especially grave offense. The student who endangers patients or others through the use of alcohol or drugs, or who violates the trust of the special position granted to him/her, is subject to disciplinary action through the School of Medicine, independent of any action which may be taken by other authorities. Students who use drugs that produce physical dependence or students who excessively use alcohol, and marijuana or its derivatives, may have associated, serious psychological problems requiring additional consultation.

The Wayne State University School of Medicine is unequivocally opposed to substance abuse and prohibits the abuse, unlawful possession, distribution and illegal use of drugs and/or alcohol by students. This policy is intended to delineate disciplinary sanctions that the School of Medicine may impose on students who are suspected, or accused of, being under the influence of alcohol, recreational drugs, or illegal substances.

We recognize that medical students may bring with them, or develop, alcohol and other psychoactive drug use patterns and behaviors that may be diagnosed as abuse or dependence. The School of Medicine is committed to a program that will assist impaired students in regaining their health while protecting the well-being of patients as well as classmates, faculty, staff, residents, and fellows.

Related Documents

None.

Attachments

[Report of Injury](#)

3.6 WSUSOM Enrollment Policies

Responsible Party and Review Cycle

The Senior Associate Dean for Undergraduate Medical Education will review this document annually.

LCME Accreditation References

Enrollment Policies

There are two types of enrollment status:

1. AAMC Enrollment Status:

The AAMC defines this type of enrollment as “Includes any and all persons seeking the MD degree at any U.S. MD-granting medical school. Enrollment includes students at all class levels, inactive or active, and those repeating years or on leave for any reason. (There are four class levels, but any student may remain in any class level for more than one year.)”

[FACTS Glossary | AAMC](#)

2. Federal and University Enrollment Status:

This is defined by the Department of Education as “Enrollment status is reported by the school you attend, and indicates whether you are, or were, full-time, three-quarter time, half-time, less than half-time, withdrawn, graduated, etc.”

[Enrollment Status | Federal Student Aid](#)

For enrollment purposes the following statuses are either reported as enrolled, withdrawn or graduated:

Student Status	AAMC Enrollment Status	Federal & University Enrollment Status
Enrolled in courses	Enrolled	Enrolled
Dismissed	Dismissed	Withdrawn – not enrolled
Leave of Absence (any type)	Enrolled	Withdrawn – not enrolled
Withdrawn	Withdrawn- not enrolled	Withdrawn – not enrolled
Suspended	Enrolled	Withdrawn – not enrolled
Graduated	Graduated – not enrolled	Graduated – not enrolled

Time Status

Time-Status for MD Program	Credit Hours Registered
FT Full-Time	10.00+
TT Three-Quarter Time	7.50-9.99
HT Half-Time	5.00-7.49
LH Less than Half-Time	0.01-4.99
WW Withdrawn	0.00

Note: Note: Students on F1 Visa must remain full-time in every term they are registered for. This is especially important in Segment 4. 10 credits or more must be taken in every three-month block.

Description

Dismissal Policy: https://med-wayne- student.policystat.com/?lt=6JCpazsiQzm_wS4YW4HHU9&next=%2Fpolicy%2F9989532%2Flatest%2F

Withdrawal Policy: https://med-wayne- student.policystat.com/?lt=6JCpazsiQzm_wS4YW4HHU9&next=%2Fpolicy%2F9989522%2Flatest%2F

Leave of Absence: https://med-wayne- student.policystat.com/?lt=6JCpazsiQzm_wS4YW4HHU9&next=%2Fpolicy%2F9989718%2Flatest%2F

Eligibility to Participate: https://med-wayne- student.policystat.com/?lt=6JCpazsiQzm_wS4YW4HHU9&next=%2Fpolicy%2F9989772%2Flatest%2F

Health and Disability Insurance Requirement: https://med-wayne- student.policystat.com/?lt=6JCpazsiQzm_wS4YW4HHU9&next=%2Fpolicy%2F9989369%2Flatest%2F

Prohibition From Participation in School Activities

To ensure success, students who are on a leave of absence of any type are not permitted to participate as Senate or class officers, hold leadership roles in student organizations, sit on medical school committees, participate in school activities requiring registration, participate in extra-curricular international travel projects or programs, represent the school at any conferences or participate in co-curricular programs.

It will be at the discretion of the various committees as classes as to how they wish to re-assign the duties of the officer or committee after their absence.

At the discretion of the Associate Dean for Student Affairs and Career Development, students may be prohibited from participation in other activities not specified here.

For students who are on a leave of absence one month or less, their continued participation on committees or as officers will be considered on a case-by-case basis by the Associate Dean for Student Affairs and Career Development.

DIS-ENROLLMENT FROM COURSEWORK

Students are registered by segment and assessed tuition every three months. Students who withdraw or have approved leaves of absence will have their courses dropped or withdrawn in accordance with university policies regarding tuition and fee regulations, as found here: <https://wayne.edu/registrar/tuition/tuition-and-fee-regulations>

SEVEN-YEAR LIMIT TO COMPLETE ALL DEGREE REQUIREMENTS

Beginning with the matriculating Class of 2015, there is a seven-year limit on the time that students have to complete all M.D. degree requirements. The seven-year limit includes participation in the modified program, leaves of absences, repeating coursework, and remediating USMLE examinations. The Vice Dean for Medical Education has the discretion to grant extensions.

Any leave of absence from the M.D. program will be included in the maximum time frame calculation when determining Satisfactory Academic Progress for Title IV financial aid eligibility purposes.

For M.D./Ph.D. students, the time working on the Ph.D. is not counted toward the seven-year limit for the M.D. requirements.

ELIGIBILITY FOR FEDERAL FINANCIAL AID: SATISFACTORY ACADEMIC PROGRESS

The Promotions Committee at the School of Medicine determines each student's Satisfactory Academic Progress (SAP) at least on an annual basis. Responsibility for the ongoing monitoring of academic progress of students is the Associate Dean for Undergraduate Medical Education or their delegate, who reports academic deficiencies to the Chair of the Promotions Committee.

The academic requirements for the M.D. degree include satisfactory completion of the curriculum designed and implemented by the faculty. The definition and implementation of the Schools' Satisfactory Academic Progress policy applies to all students and complies with the federal eligibility requirements through Title IV for students to receive federal student financial aid. Satisfactory Academic Progress is defined qualitatively and quantitatively (pace).

Satisfactory Academic Progress is defined as receiving at least a satisfactory grade in all enrolled courses. A satisfactory grade is equivalent to a letter grade of B and an honors grade (Segment 3) is equivalent to a letter grade of A (federal guidelines require a C or better). Students with a satisfactory grade in all courses at a given level (Segment 1, etc.) are considered to be making SAP. Students with unsatisfactory performance are reviewed by the Promotions Committee to determine whether they will be allowed remediation or will be dismissed from medical school. Remediation of failed courses may result in a schedule which deviates from the norm, as approved by the Promotions Committee. A student must successfully remediate all coursework in the order scheduled in order to be considered as making satisfactory academic progress.

The majority of students take four years to complete the M.D. degree. According to Federal Financial Aid guidelines, students are expected to complete all degree requirements in six years (150%) from matriculation for eligibility. For students in the combined M.D./Ph.D. program, the SAP policy only applies to the time they are enrolled in medical school portion of training.

For purposes of determining a student's progress, Segments 1 and 2 are combined and Years 3 and 4 are combined. Off-track students are further expected to complete Segments 1 and 2 in three years, and to complete Segments 3 and 4 in three years (totaling six years).

The normal period of enrollment at the WSUSOM is 4 years (4 academic terms). For customary academic progress a student will complete satisfactorily:

- After the first academic term -- 50 credit hours; (Segment 1)
- After the second academic term - 101 credit hours; (Segments 1-2 combined) and pass USMLE Step 1
- After the third academic term - 150 credit hours; (Segments 1-3 combined)
- After the fourth academic term - 202 credit hours; (Segments 1-4 combined) and pass USMLE Step 1 and USMLE Step 2CK

Since the Promotions Committee may give approval for an individual student to repeat a portion or all of a school year, the required number of credit hours to be completed at the end of each enrollment period will vary in these cases.

TITLE IV DISBURSEMENT ISSUES AND FINANCIAL AID PROBATION

Students who are required to repeat failed coursework are deemed to not be making SAP and will be placed on financial aid probation as a condition of being allowed to repeat coursework. In the academic term immediately following the term where a student does not make SAP, Title IV funds may be disbursed under the following conditions:

- The student submits a formal appeal form to the Financial Aid Office, along with a personal statement explaining the extenuating circumstances which caused the failure to meet SAP and detailing what has changed that will ensure success in the future (forms are available on the Financial Aid website)
- The WSUSOM develops and submits a written academic plan that, if followed, will ensure that the student is able to meet SAP by a specific point in time (to be submitted along with the appeal).

Compliance with the academic plan is monitored on an ongoing basis. A student who does not comply with each remediation standard at any point during the probationary period will be suspended from Title IV financial aid eligibility at the conclusion of the probationary period.

Students re-establish financial aid eligibility by successfully completing each remediation requirements.

3.7 Transcript Grades

Purpose

The policy is to review the Transcripts and Grades for WSUSOM

Responsible Party and Review Cycle

The Senior Associate Dean for Undergraduate Medical Education will review this document annually.

LCME Accreditation References

None

Description

TRANSCRIPT GRADES

For each course, one of the following grades will be placed in the transcript:

- I = Incomplete** will be entered if circumstances beyond the student's control have prevented completion of assigned activities.
- U = Unsatisfactory** will be entered if the student fails to achieve a satisfactory grade. Failed courses that are repeated will retain the original grade of U on the transcript. Once the student has passed the repeated course the grade of S will be entered on the transcript as the second grade for the course even if performance the second time would have otherwise resulted in a higher grade.
- S = Satisfactory** will be entered if the student completed all requirements for passing the course.
- S+ = Satisfactory with Commendations** is only available for use with the Segment 3 clerkships and Segment 4 Emergency Medicine. A student remediating a course or clerkship is ineligible for a grade of Satisfactory with Commendations.
- H = Honors** will be entered if the student's performance (during Segment 3-4 only) is determined to be meritorious. A student remediating clerkship is ineligible for a grade of Honors.
- S* = Satisfactory upon Remediation** will be entered for failed courses once they have been successfully remediated by re-examination.



4 FINANCIAL AID

Overview

4.1 Financial Aid

4.1 Financial Aid

Financial aid policy is set by the US Department of Education and Wayne State University, and not by the Wayne State University School of Medicine. Please follow this link for the most up-to-date information:
<https://wayne.edu/financial-aid/medicine/policies>



5 COMPUTER & DEVICE SECURITY

Overview

- 5.1 Computer & Device Security
- 5.2 Computing & Data
- 5.3 Data Security and Privacy (HIPPA)

5.1 Computer & Device Security

Purpose

The following policies and standards govern computer and network use at Wayne State University, as well as the use of WSU's information technology resources and services.

Responsible Party and Review Cycle

SrDir, CIO School of Medicine

LCME Accreditation References

Acceptable Use of Information Resources

Please refer to the university acceptable use policies: <https://wayne.edu/policies/acceptable-use/>

Computer Requirements

Computer & Device Security

Please refer to university policy: <https://tech.wayne.edu/kb/security/computer-device-security>

Data Security

Computer Access of Data

Students' use of computers and/or accessing data stored on a computer system without proper authorization is subject to disciplinary action, as stipulated in the University Regulations: <https://wayne.edu/policies/acceptable-use>

Please refer to the university acceptable use policies: <https://tech.wayne.edu/about/policies>

5.2 Computing & Data

Acceptable Use of Information Resources

Please refer to the university acceptable use policies: wayne.edu/policies/acceptable-use/

Technology Standards

Computer Requirements

Computer and Device Security

Please refer to university policy: tech.wayne.edu/kb/security/computer-device-security

Data Security

Computer Access of Data

Students' use of computers and/or accessing data stored on a computer system without proper authorization is subject to disciplinary action, as stipulated in the University Regulations:

1. **Unauthorized Use of Computer Accounts or System Access:** Unauthorized use of computers includes free standing as well as networked computers. It is to be emphasized that giving one's password or other log-on information to an unauthorized user of the system is unauthorized system access. Regardless of the purpose or the intent of unauthorized access, Wayne State University will recommend the filing of appropriate charges in the Criminal Justice System for all such violations.
2. **Unauthorized Viewing or Changing of Data:** only authorized users are to have access to data. "Browsing" of data by unauthorized users is a violation of the State Penal Code, and such actions will be prosecuted. This statement covers all administrative systems on campus, including the Student Information System. Unauthorized access of another person's account to view that person's files comes under this heading as well. Such access includes, but is not limited to, accessing another student's files, accessing a professor's file and accessing a patient's file without proper authority.
3. **Unauthorized Copying of Software and Data:** all commercial software and data are covered by copyrights of some form. Duplication of software and/or data covered by such copyrights is a violation of the copyright law.
4. **Computers should not be used for the unauthorized downloading of pornographic or offensive material.** Unapproved programs should not be placed on the computer.

5.3 Data Security and Privacy (HIPPA)

Purpose

The following policies and standards govern computer and network use at Wayne State University, as well as the use of WSU's information technology resources and services.

Responsible Party and Review Cycle

SrDir, CIO School of Medicine

LCME Accreditation References

- Element 11.5: Confidentiality of Student Educational Records
- Element 11.6: Student Access to Educational Records

Description

Please see WSU C&IT Policies - tech.wayne.edu/about/policies

- [Health Insurance Portability and Accountability Act \(HIPAA\)](#) - A US law designed to provide privacy standards to protect patients' medical records and other health information.



6

M.D. REQUIREMENTS AND PROCEDURES

Overview

- 6.1 Bio Safety Training - CITI Module
- 6.2 Medical Health Requirements and Immunizations
- 6.3 N95 Respirator Mask Fit Requirements for Medical Students
- 6.4 Universal Precautions & Needlestick Protocol
- 6.5 WSUSOM Criminal Background Check and Attestation Policy

6.1 Bio Safety Training - CITI Module

Purpose

The purpose of the training is to review Bio Safety and Bloodborne Pathogens

Responsible Party and Review Cycle

The Senior Associate Dean for Undergraduate Medical Education will review this document annually.

LCME Accreditation References

None

Description

All student are to review and complete CITI Module 3 – Biosafety/Bloodborne Pathogens Certificate required. Please login to your Segment 1 Orientation Canvas to complete.

6.2 Medical Health Requirements and Immunizations

Purpose

In order to participate in the medical education program and co-curricular programs, a medical student must be compliant with the WSUSOM health standards. Any questions regarding this policy or procedures should be directed to the Medical Student Health Officer at mdhealthrecords@wayne.edu.

Responsible Party and Review Cycle

The Director of Medical School Enrollment will review this document annually.

LCME Accreditation References

Element 12.7 Immunization Requirements and Monitoring

Description

REQUIRED VACCINATIONS/EVIDENCE OF IMMUNITY POLICY

As medical students and future members of the health care workforce it is important for WSUSOM students to provide documentation that they have had all necessary vaccinations or have evidence of immunity from specific diseases. This documentation is essential not only to show that the student is protected, but also to protect those patients with whom they will come in contact during clinical rotations, visits to clinical facilities, and in the course of volunteer or relief programs. This documentation is also required by our affiliated

clinical teaching facilities. The specific requirements for vaccination/immunity documentation are listed below. These requirements are based upon current recommendations from the

U.S. Center for Disease Control (CDC), the Michigan Department of Community Health (MDCH), other expert authorities, and requirements of institutions hosting visiting students. This information and the requirements must be reviewed very carefully by the Medical Student Health Officer Assistant to ensure compliance and should be shared with students' health care providers as needed.

Students must provide the specific dates of vaccinations. If antibody titers are drawn, then copies of the actual laboratory reports also must be provided to the Medical Student Health Officer Assistant for inclusion in the students' health files

Annual influenza vaccinations and TB testing will be offered at the WSUSOM at the appropriate times of each school year.

Any questions regarding this policy should be addressed to the Medical Student Health Officer at mdhealthrecords@wayne.edu.

All inquiries will be received and addressed by the Medical Student Health Officer Assistant. The Medical Student Health Officer Assistant is responsible for reviewing the health records of and contacting individual students. S/he is a member of the medical field but is not involved in the academic assessment or promotion of medical students. The Medical Student Health Officer is responsible for all policies related to compliance with health standards; but does not review individual student health records.

REQUIRED DOCUMENTATION OF VACCINATIONS AND EVIDENCE OF IMMUNITY:

Please note: For ALL antibody titers, copies of the actual laboratory reports MUST be submitted for inclusion in the student's health file.

- **Tdap** – (Tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine) – This is a somewhat different formulation than the DTaP or DPT vaccinations that most of our students received in infancy/ early childhood and it is also different than the Td (commonly “Tetanus shot”) that many may have received as adolescents or adults for tetanus prophylaxis for wounds. The Tdap has the standard dose of tetanus toxoid, a reduced dose of diphtheria and an acellular booster for pertussis (“whooping cough”). With the resurgence and increasing incidence of pertussis, the CDC and other authorities have recommended that all health care providers who have not received a Tdap as an adult (i.e. at age 16 or older) should receive one, regardless of the time since their last Td vaccination. The hospitals in which our students participate in clinical rotations are requiring explicit documentation of the adult pertussis vaccination in order for students to be in their facilities.
- **Measles and mumps** – Some of the clinical sites available to students for clerkships and electives require medical students to have quantitative measles and mumps antibody titers indicating they are immune to these infections. Therefore, the WSUSOM requires evidence of immunity. We also request documentation of two doses of these vaccinations.
- **Rubella** – Some of the clinical sites available to students for clerkships and electives require medical students to have quantitative rubella antibody titers indicating they are immune to this infection. Therefore, the WSUSOM requires evidence of immunity. We also request documentation of at least one dose of this vaccination.
- **Varicella** – All students should have a quantitative varicella antibody titer drawn to assess their immunity to this infection. If a student has a history of receiving the vaccination, we request documentation of two doses of this vaccination. A history of having “had the disease” is not adequate documentation of immunity to varicella.

- **Hepatitis B** – The majority of clinical sites require documentation of three doses of this vaccination and a quantitative antibody titer (anti-HBs) indicating response to the immunizations. Therefore the WSUSOM has the same requirement. Students must have evidence of three doses and immunity to Hepatitis B. (Please note that additional blood work and potential re-vaccination will be required in the event that immunity is not documented after the primary series. Students should consult with their healthcare provider in this event.)

ANNUAL INFLUENZA VACCINATION POLICY

Wayne State University School of Medicine students are required to receive an influenza vaccination each year. This annual requirement should be completed as soon as possible after the vaccine becomes available, but in any case no later than the date set by WSU or the hospital that the student is rotating at, whichever is sooner. Influenza vaccinations are essential in reducing the students' risk of contracting influenza, reducing the risk to their family members, and most importantly to reduce the risk of influenza among those patients with whom they will come in contact during clinical rotations, visits to clinical facilities, and in the course of volunteer or relief programs. Documentation that each student has received an annual influenza vaccination is also required by our affiliated clinical teaching facilities. This policy is based upon current recommendations from the U.S. Center for Disease Control (CDC), the Michigan Department of Community Health (MDCH), and the requirements of our affiliated clinical sites.

Annual influenza vaccination opportunities will be offered here at the WSUSOM at the appropriate times of each school year, typically in the late summer or early fall. Students must provide specific documentation to the Student Health Officer Assistant of their influenza vaccinations if they receive them from a health care provider outside of the WSUSOM programs. This documentation will be placed in the students' confidential health files at the school.

All students must send proof of vaccination to mdhealthrecords@wayne.edu so that the records are updated.

As of 2021-22 AY, all Wayne State University students are required to be vaccinated for COVID-19. All students must send proof of vaccination to mdhealthrecords@wayne.edu so that the records are updated.

Any questions regarding this policy should be addressed to the Medical Student Health Officer at mdhealthrecords@wayne.edu.

ANNUAL TB SCREENING POLICY

- Medical students, like all other healthcare personnel, must undergo tuberculosis (TB) screening during time periods determined by WSUSOM and its affiliated teaching hospitals and clinical facilities.
- A student's failure to comply with the TB screening requirements of the WSUSOM may result in that student being excluded from participating in training or other activities at those facilities in accordance with their individual institutional infection control policies.
- Upon completion of TB screening, the student will be asked to sign a release allowing the WSUSOM and/ or its agents to release information regarding the results of this testing to affiliated health care facilities where students are participating in clinical educational activities which require confirmation that the students have completed the testing mandated by those facilities.
- TB screening documentation will be required by the WSUSOM upon matriculation.
- Incoming Segment 1 students are required to provide written documentation of a Tuberculin Skin Test (TST) or an Interferon-Gamma Release Assay (IGRA) blood test the Health Certification form.

- Documentation must be dated within one year of matriculation.
- Students known to have latent TB (as evidenced by a history of a past positive TST or IGRA) **must** provide proof of an IGRA blood test.
- TB screening for students in Segment 2 and thereafter, will be undertaken according to the population to which each student belongs as follows:
- Students with no prior history of a positive Tuberculin Skin Test (TST) nor a positive Interferon-Gamma Release Assay (IGRA) blood test for TB Infection
- Are required to receive TB Education annually. Students are directed to review the TB
- Educational materials provided by the SoM Health Officer. After review, students attest that they have reviewed the TB Educational materials, and must present a signed attestation to the Office of Records and Registration.
- Students who have received bacille Calmette-Guerin (BCG) vaccination in childhood
- Should undergo routine TST (Alternative would be IGRA testing)
- Students known to have latent TB (as evidenced by a history of a past positive TST or IGRA)
- Must provide proof of an IGRA blood test.
- Must have evidence of one negative chest x-ray and should submit a yearly TB symptom survey. (Students will need to submit a copy of the actual negative chest x-ray report to be placed in their medical folder at the WSUSOM. Students are strongly encouraged to keep a personal copy of their negative x-ray report to avoid unnecessary repeat chest x- rays)
- Students will also be required to annually attest that they have not managed any active cases of TB in the past year.
- Students with a known exposure to TB disease without protection, must contact the Health Officer immediately.
- Students should be aware that other institutions and medical facilities where they may apply to undertake electives and other training as a medical student may have different policies for TB screening that are not under the control of the WSUSOM.
- Any questions regarding this policy should be addressed to the Medical Student Health Officer at mdhealthrecords@wayne.edu.

Immunization Holds

A. Class of 26 Matriculating Students

1. Students matriculating in July 2022 will be expected to be fully in compliance with immunization requirements at the time of matriculation.
2. Students that are still needing to update documentation i.e. titer status, hepatitis, etc. will be given until the end of the first block (September 30) to rectify the noncompliance.
3. At the end of the first block on October 1, 2022, the students will be unregistered for the second block of courses.
4. This will result in an official notation to the Office of Financial Aid that the students are not

making satisfactory academic progress—as they have no further coursework for the year. The student will then not be able to receive a financial aid check/disbursement in October and they will not be registered or allowed to attend any coursework. This would necessitate an administrative leave of absence (ALOA) since they have no required coursework. The next point that they would rejoin the curriculum would be October of the next year.

- B. **Yearly requirements.** All students are required to have a flu shot in October. The deadline will be the WSU deadline (Oct 15 in past years) or the SOM (Oct 31). Students must update their TB status on a yearly basis on July 1 of each year students not updating this will be dropped from their next quarter's classes and not be eligible to enroll in courses.
 - A. Noncompliance with this will result in students being canceled from their next block of schedule on January 3, 2023.
 - B. This will apply to all classes and all courses.
 - C. Similarly, they will be noted as NOT making satisfactory academic progress. The process will follow A.4 above.
- C. **Process of compliance.** Students in process of compliance will have that noted on the MD health records form. Process of compliance is defined as being actively compliant in a program of reimmunization (ie in the 6-month Hepatitis program) or in review by the SOM Medical Officer for individual situations. Students needing hepatitis re-immunization will be given six months to complete that however to be registered for the next block must have finished two of the three shots which should be easily attainable in that time.

Rationale All students need to be fully compliant with immunization for accreditation for compliance with main campus directives and for compliance with clinical facilities. Students entering service learning in the first year must be held to the standards, as it is part of all affiliation agreements with all clinical facilities. Students in subsequent years are bound by affiliations with clinical sites, all of which have their requirements for patient safety.

Exceptions There are students with special health situations that will require exceptions to these rules these include allergies, non-responders of re-immunization, previous health status, medication etc. Medical documentation is required for all of these exceptions. These will be individually reviewed by the health officer and students will not be held in noncompliance if the health officer has judged that their particular health condition is an acceptable reason and is well documented. That status will be noted on New Innovations.

Clinical Sites Every effort is made to tailor the WSUSOM requirements to those of our clinical partners and the university at large. There may still be situations where a student cannot attend clinical training at one or more sites based on their status and requirements of the affiliated independent clinical facility.

6.3 N95 Respirator Mask Fit Requirements for Medical Students

Purpose

All medical students are required to be fit tested to wear a 3M—N95 Respirator before beginning Segment 3 clinical rotations, generally in the late winter or early spring of Segment 2

Responsible Party and Review Cycle

The Senior Associate Dean for Undergraduate Medical Education will review this document annually.

LCME Accreditation References

None

Description

RESPIRATOR FIT TESTING POLICY

All medical students are required to be fit tested to wear a 3M–N95 Respirator before beginning Segment 3 clinical rotations, generally in the late winter or early spring of Segment 2. The fit testing program is coordinated and scheduled by the WSUSOM and takes place at the school. This fit testing is required by our clinical training sites as part of their infection control policies and/or respiratory protection programs in compliance with the Federal Government’s OSHA Standard 29 CFR 1910.134.

N95 Respirators provide protection against aerosols and droplets that might contain bacteria, viruses, or other pathogens. They are required for personnel who are caring for specific patients such as those with tuberculosis or those with influenza who are undergoing procedures that might generate aerosols—for which regular surgical masks do not provide protection. N95 Respirators may also need to be worn by certain healthcare personnel who require a higher level of protection or by all personnel during times of a serious outbreak of an airborne infectious disease.

Students who decline respirator fit testing may be subject to one or more of the following actions that may be taken by our clinical training sites:

- Exclusion from participating in some or all clinical training activities at their sites; or
- Requiring the student to use and/or purchase for use a Powered Air Purifying Respirator(PAPR), which consists of a mask, headgear/hood, and battery powered blower unit (if available); or
- Other restrictions imposed by the clinical training site(s) in accordance with their individual institutional infection control policies or respiratory protection programs.

Questions regarding this policy should be addressed to the Medical Student Health Officer at MDHealthRecords@wayne.edu.

6.4 Universal Precautions & Needlestick Protocol

Purpose

During the course of a medical student’s education, he or she will come into contact with occupational hazards as a natural consequence of caring for sick patients. Medical students have an increased risk for injuries due to needle sticks or contact with other sharp instruments since they may not yet be skilled in the procedures being performed. At all times, if a student is uncomfortable performing an assigned procedure because they feel either that their skills are inadequate or that they need more supervision/ guidance than is

available, then that student MUST refrain from doing the procedure.

Responsible Party and Review Cycle

The Senior Associate Dean for Undergraduate Medical Education will review this document annually.

LCME Accreditation References

None

Description

Never attempt a procedure you are uncomfortable performing.

It is the obligation of the WSUSOM to formally educate its students regarding the prevention of occupational injuries. In addition, the school has developed programs by which students who are injured or exposed to blood or body fluids in the course of their training have the knowledge to properly seek care. Such programs are formally presented to students in the first, second and third segments of the medical school curriculum. In the event that a student is stuck with a needle or other sharp instrument, or sustains exposure to a body fluid on mucous membranes or non-intact skin, the student must report this to their senior resident, attending physician, or supervising faculty member immediately. As detailed below, a written report must be completed detailing the circumstances of the exposure and the student must notify the WSUSOM's Medical Student Health Officer of the reported incident via email at: MDHealthRecords@wayne.edu.

Incidents occurring on the WSUSOM Campus or while participating in University-sponsored activities

Enrolled students experiencing an injury, exposure to blood/body fluids or non-personal illness (excludes personal illnesses such as, but not limited to, flu, cold/sinus, etc.) while attending class or participating in University-sponsored activities, such as co-curricular programs, shall receive initial treatment at an University-authorized medical facility as noted below:

EMERGENCY ISSUES:

- Detroit Receiving Hospital – ER
- Henry Ford Hospital – ER

NON-EMERGENCY ISSUES:

- University Health Center (UHC)-4K
- Henry Ford Medical Center – Harbortown

Only the initial treatment/visit necessary for an injury or a school-related illness requiring immediate medical attention will be covered by this policy. The student is responsible for any subsequent treatment.

All injured students must complete a short Wayne State University Report of Injury form. Students must also sign and date the very bottom of the form. This form is available online

NOTE: The Report of Injury form must be submitted within 48 hours of the injury. Completed forms should be submitted to the Medical Student Health Officer at: mdhealthrecords@wayne.edu.

The Medical Student Health Officer will forward the form to the WSU Office of Risk Management on the

student's behalf.

The WSU Office of Risk Management will cover the expenses of the first emergency department visit as long as the Report of Injury has been submitted to the Medical Student Health Officer within the prescribed 48 hour post injury timeframe.

Any expenses incurred (co-pays, deductibles) based on a failure to adhere to the above process will be the responsibility of the student.

After the initial evaluation and treatment encounter at the clinical institution, the student will subsequently follow-up with their personal physician using their own health insurance coverage within five days of the incident.

Any questions regarding this policy should be addressed to the Medical Student Health Officer at mdhealthrecords@wayne.edu.

Incidents occurring at affiliated Clinical Site institutions or while on a “Home” required or elective rotation

The medical school has established relationships through the affiliation agreements with all of our Clinical Site facilities (hospitals and ambulatory sites). Specific policies must be followed when an exposure or potential exposure has occurred:

- A student who sustains an exposure to blood and/or body fluids in the course of a clinical assignment at any of our affiliated clinical institutions should immediately seek care in the designated department of that facility. These departments are listed for each institution on the back of the laminated cards that are distributed at Segment 3 Orientation. This list should be kept for potential use during Segment 4.
- If the incident occurs outside of the regular business hours of the institutions designated department the student should receive initial evaluation and treatment in that institution's Emergency Department.
- A student who suffers an injury or exposure while on a “Home” required or elective rotation that is not taking place at an affiliated clinical site facility (e.g. a rotation taking place in a faculty physician's office) should seek care in the nearest emergency department.
- All injured students must complete a short Wayne State University Report of Injury form. Students must also sign and date the very bottom of the form. This form is [available online](#).
- NOTE: The Report of Injury form must be submitted within 48 hours of the injury. Completed forms should be submitted to the Medical Student Health Officer at: mdhealthrecords@wayne.edu.
- The Medical Student Health Officer will forward the form to the WSU Office of Risk Management on the student's behalf.
- The WSU Office of Risk Management will cover the expenses of the first emergency department visit as long as the Report of Injury has been submitted to the Medical Student Health Officer within the prescribed 48 hour post injury time frame.
- When completing paperwork in the emergency department, students should show their laminated card that ensures that Wayne State University will be responsible for the professional and facility charges related to the initial visit for evaluation and treatment in the department.
- Any expenses incurred (co-pays, deductibles) based on a failure to adhere to the above process will be the responsibility of the student.

- After the initial evaluation and treatment encounter at the clinical institution, the student will subsequently follow-up with their personal physician using their own health insurance coverage within five days of the incident.
- Any questions regarding this policy should be addressed to the Medical Student Health Officer at mdhealthrecords@wayne.edu.

Attachments

[Report of Injury Form](#)

6.5 WSUSOM Criminal Background Check and Attestation Policy

Purpose

The Association of American Medical Colleges (AAMC) recommends that all U.S. medical schools obtain a criminal background check on applicants upon their conditional acceptance to medical school. To facilitate the implementation of this recommendation, the AAMC has initiated an AMCAS national background check service in which Wayne State School of Medicine participates. The purposes of conducting criminal record checks prior to admission are as follows:

- To help satisfy the School of Medicine's obligation to the health, welfare, and safety of patients and others at the clinical facilities where School of Medicine student's train.
- To identify prior to admission applicants whose criminal histories may interfere with their ability to participate in clinical training programs and/or to obtain professional licensure.

Responsible Party and Review Cycle

The Director of Medical School Enrollment will review this document annually.

LCME Accreditation References

None

Description

POLICY for conditionally admitted students.

- Criminal background checks will be conducted on all students conditionally accepted for admission to the Wayne State University School of Medicine.
- The background check will include all information about all convictions and conviction-equivalent adjudications for both felonies and misdemeanors. Additionally, it will include military service and discharge information for those who have served in the military.
- All matriculating students must have a satisfactory criminal background check completed prior to matriculation by the posted deadline.

- Failure to comply will result in the offer of admission being rescinded.
- The Office of Admissions will do a preliminary review of all background checks.
- A non-compliant background check or background check discrepancies will be referred to the Admissions Committee for determination if the offer will be rescinded or if the student will be allowed to matriculate. Each case will be considered individually. The Admissions Committee has the final authority.

Policy for current students

Attestation Policy

- All enrolled students must submit an attestation form certifying they have not been convicted of a felony or misdemeanor at the following points in the curriculum:
 - Prior to start of Segment 2 by the posted deadline
 - Prior to start of Segment 4 by the posted deadline
- Failure to comply will result in an Administrative Leave of Absence.
- A non-compliant attestation forms or form discrepancies will be referred to the Promotions Committee for determination if disciplinary action will be taken including up to dismissal.

Background Check Policy

- All enrolled students must complete a criminal background check prior to the start of segment 3 by the posted deadline.
- The background check will include all information about all convictions and conviction-equivalent adjudications for both felonies and misdemeanors. Additionally, it will include military service and discharge information for those who have served in the military.
- Failure to comply will result in an Administrative Leave of Absence.
- A non-compliant background check or background check discrepancies will be referred to the Promotions Committee for determination if disciplinary action will be taken including up to dismissal.



| 7 PROFESSIONALISM

Overview

- 7.1 Professionalism
- 7.2 Digital Communication and Learning
- 7.3 Social Media Policy
- 7.4 WSUSOM Dress Code

7.1 Professionalism

Rationale

This document outlines specific expectations for professional behavior and actions while a physician-in-training. Descriptions of unprofessional behavior and actions are provided, as well as consequences of unprofessional behavior and action. This document relies on external documents as part of the context of Professionalism. Please be sure to refer to them..

Responsible Party and Review Cycle

The Vice Dean for Medical Education will review this document annually.

LCME accreditation References

- LCME 3.5 Learning Environment/Professionalism
- LCME 9.9 Student Advancement and Appeal Process

Definition(s)

None

Professionalism Policy Overview

Medical students at WSUSOM are considered physicians in training at matriculation into the medical education program and are expected to explicitly adhere to the standards of the medical profession. Students must demonstrate that they are capable of becoming safe and effective physicians. For students to demonstrate they are capable of becoming safe and effective physicians, they must display good judgment, a sense of responsibility and morality, sensitivity and compassion for individual needs and the ability to synthesize and apply knowledge. In training for this profession, your accountability to your patients, colleagues and peers is critical.

Professionalism implies that students serve the interests of patients above self-interest. Professionalism includes honesty, respect for colleagues, faculty, staff and peers and behavior in public that is not embarrassing to the ideal of the physician. Continual self-reflection about one's attitudes and behaviors must occur as one strives to be a better physician. ii

Professional standards of behavior and action apply to online interactions with medical school faculty and staff, patients and their families, peers, clinical site staff, and other medical professionals, in the same manner as face-to-face interactions. This includes, but is not limited to violations of the following types: non-adherence with University, WSUSOM and/or course policies, camera use during online sessions, appropriate attire, timeliness, exhibiting appropriate professional demeanor, etc.

Unprofessional behavior of medical students can be divided into four domains; 1) Failure to engage, 2) Disrespectful Behaviors, 3) Dishonest Behaviors and 4) Poor self-awareness. These domains are based on a research article titled, "Descriptors for unprofessional behaviors of medical students: a systematic review and categorization". The article can be found [here](#).

The reference tables for the article may be found below:

- admissions.med.wayne.edu/pdfs/descriptors_for_unprofessional_behavior_file_4.docx
- admissions.med.wayne.edu/pdfs/descriptors_unprofessional_behavior_file_5.docx

Instances of reported exemplary and unprofessional behavior are recorded.

- i American Board of Internal Medicine, Project Professionalism 2001, <https://medicinainternaucv.files.wordpress.com/2013/02/project-professionalism.pdf> April 7, 2010.
- ii American Board of Internal Medicine Foundation, American College of Physicians, European Foundation of Internal Medicine. Medical professionalism in the new millennium: a physician charter. *Annals of Internal Medicine* 2002; 136:243- 246.

General Policy on WSUSOM Professionalism Standards in Pre-Clerkship

Meeting or exceeding professionalism standards is an important component of professional identity formation, as such, student behavior, dress, actions, etc. are observed in various educational and clinical situations during the pre-clerkship curriculum. Students must meet all professionalism standards in order to successfully pass pre-clerkship courses. Students that exceed the expected standards may be issued a PEARLS recognition for their behavior. If the student does not meet expected standards, as outlined in the Professionalism Policy Overview, then a Professionalism Citation may be issued.

All students are subject to University-defined Community Standards and the Student Code of Conduct, any breaches thereof may result in a Professionalism Citation or referral to the WSUSOM Professionalism Committee.

Recognition of Exemplary Behavior

To recognize and reward exemplary behavior and actions by physicians-in-training, the School of Medicine has implemented the Professional, Empathetic, Accountable, Respectful, Leadership and Stewardship, or PEARLS, program. This tiered reward program was designed to encourage individuals to exhibit the professional attributes of a Warrior M.D. through intentional action that goes beyond the expectations set forth for all students. This program allows students who display excellence in professionalism throughout their time in medical school to be highlighted and rewarded. Students may be nominated for this award by faculty, students, or staff.

Positive professionalism will only be notated on the **Medical Student Performance Evaluation (MSPE)** if gold level is achieved in the PEARLS program. Negative professionalism will only be notated on a student's MSPE as an Adverse Action per protocols of the Professionalism Committee following a formal process as laid out below.

Level	# of Positive Reports	Rewards
Bronze	1	Feature in Professionalism spotlight in the Warrior Medicine and Academic Digestive newsletters
Silver	2	Lapel pin and SOM gift item
Gold	3	Notification in MPSE letter and award ceremony with SOM certificate provided

Consequences of Professionalism Citations

A student may be cited for unprofessional behavior or actions that deviate from established professional standards (e.g., unexcused absence from a required course session or activity). The primary purpose of a citation for unprofessional behavior is for formative assessment, reflection, and opportunity for remediation. This process will be facilitated by a meeting with the Senior Associate Dean for Undergraduate Medical Education or their representative.

Professional behavior applies to all interactions with medical school faculty and staff, patients and their families, peers, clinical site staff, and other medical professionals, in face-to-face and online interactions. Students who do not exhibit professional behaviors, will receive a professionalism citation. This includes, but is not limited to violations of the following types: non-adherence with University, WSUSOM and/or course policies, camera use during online sessions, appropriate attire, timeliness, exhibiting appropriate professional demeanor, etc.

A consistent or persistent pattern of unprofessional behavior or an egregious violation of WSUSOM professional standards by a medical student that is noted and documented by a member of the WSUSOM community (i.e., student, faculty, staff, or administrator), by a WSUSOM committee, or external agency (e.g., clinical site, law enforcement, etc.) will be referred to the Professionalism Committee for official review and recommendation for disposition. All students who are alleged to have engaged in unacceptable conduct are afforded due process.

Reporting Process for Faculty/Staff

Reporting Violations of the Code of Conduct and Professional Responsibility

1. The complaint must be submitted on the electronic professional violation form:
 - The form includes fields for the date, time location, person(s) involved, description of the incident and any potential witnesses.
2. The form will be reviewed by the secretary of the Professionalism Committee who will forward it for further consideration to one or more of the following individuals.
 - Senior Associate Dean for Curricular Affairs and Undergraduate Medical Education
 - Associate Dean for Pre-Clerkship Education
 - Associate Dean for Clinical Education
 - Chair of the Professionalism Committee
3. An informal resolution may be pursued through any of these individuals based on the assessment of the complaint. Informal resolution may be achieved by direct discussion and/or mediation with the alleged offender by the student along with the individual contacted above.

General Policy on WSUSOM Professionalism Standards in Clinical Rotations and Reporting Processes

Standards of professional behavior in clerkship and clinical rotations are the same as what was expected during pre-clerkship studies. It is expected that the student will maintain a professional demeanor during all patient, patient family, peer, and professional interactions.

Professional behavior applies to all interactions with medical school faculty and staff, patients and their families, peers, clinical site staff, and other medical professionals, in face-to-face and online interactions. Students who do not exhibit professional behaviors, will receive a professionalism citation. This includes, but is not limited to violations of the following types: non-adherence with University, WSUSOM and/or course policies, camera use during online sessions, appropriate attire, timeliness, exhibiting appropriate professional demeanor, etc.

All students are subject to University-defined Community Standards and the Student Code of Conduct, any breaches thereof may result in a Professionalism Citation or referral to WSUSOM Professionalism Committee.

Unprofessional behavior of medical students can be divided into four domains; 1) Failure to engage, 2) Disrespectful Behaviors, 3) Dishonest Behaviors and 4) Poor self-awareness. These domains are based on a research article titled, Descriptors for unprofessional behaviors of medical students: a systematic review and categorization. The article can be found here.

The reference tables for the article may be found below:

- [Table 1](#)
- [Table 2](#)

Instances of reported exemplary and unprofessional behavior are recorded.

Assessment and Reporting of Professional Behavior

Professional behavior is part of the grading process for all clinical evaluations. These scores are recorded and reported as part of the MSPE. Positive professional behavior is thus greatly rewarded in the clinical evaluation and grading for all clinical rotations. Unprofessional behavior is noted on the evaluation forms either by low scores on the grading scale, and/or by checking the box that there was a particular instance noted (along with a notation of the incident). Either notation will prompt attention by the Clerkship Director for further action. In addition, unprofessional behavior can also be grounds for course failure. Courses failed in this manner will need to be repeated (the entirety of the course) in addition to professionalism intervention as outlined below.

Intervention

The process for intervention during the clinical years will be guided by the level of the behavior. All instances will be notated**

1. **Improvement Plan:** Instances which are at a level thought by the faculty to be correctable will be dealt with at the clerkship or department level. This will involve a meeting with the Clerkship Director or designee, the Course Director or designee, or specific personnel as directed by the Office of Academic and Student programs. The improvement plan may involve assignments, actions, or reevaluation.
2. **Warning** for repeated behaviors or for those reaching the level of greater concern, the student will receive a warning status. This will also involve a mini-professionalism meeting (mini PFC) with the counselor, Assistant Dean for Clinical Education, and possibly to include the Associate Dean for Student Affairs and Career Development, Course/Clerkship Directors and other involved personnel. Remediation plans will be guided by this committee. Probation is a possible outcome from this committee.

3. **Professionalism Committee Referral.** With repeated actions or non-remediated instances of (1) or (2), or for occurrences deemed egregious by faculty or administration, the matter is referred to the Chair of the Professionalism Committee for review and possible hearing.

Domains of Professional Behavior

Unprofessional behavior of medical students can be divided into four domains; 1) Failure to engage, 2) Disrespectful Behaviors, 3) Dishonest Behaviors and 4) Poor self-awareness. These domains are based on a research article titled, Descriptors for unprofessional behaviors of medical students: a systematic review and categorization. The article can be found [here](#).

The reference tables for the article may be found below:

- [Table 1](#)
- [Table 2](#)

Instances of reported exemplary and unprofessional behavior are recorded.

Domains of Professional behavior include but are not limited to:

Failure to Engage: Failure to engage includes but is not limited to the following descriptors:

- Absent or late for assigned activities
- Not meeting deadlines
- Poor initiative
- General disorganization
- Cutting corners
- Poor teamwork
- Language difficulties

Disrespectful: Disrespectful behaviors include but are not limited to the following descriptors:

- Poor verbal/non-verbal communication
- Inappropriate use of social media
- Inappropriate clothing
- Disruptive behavior in teaching sessions
- Privacy and confidentiality violations
- Bullying
- Discrimination
- Sexual Harassment

Dishonest: Dishonest includes but is not limited to the following descriptors:

- Cheating in exams
- Lying
- Plagiarism
- Data fabrication
- Data Falsification
- Misrepresentation
- Acting without required consent
- Not obeying rules and regulations

Poor Self-Awareness: Poor self-awareness includes but is not limited to the following descriptors:

- Avoiding feedback
- Lacking insight in own behavior
- Not sensitive to another person's needs
- Blaming external factors rather than own inadequacies
- Not accepting feedback
- Resisting change
- Not aware of limitations

Failure to Engage

1. **Commitment to Life-long Learning** – Medical knowledge has been expanding exponentially. The doubling time was an estimated 50 years back in 1950, 7 years in 1980, 3.5 years in 2010 and is projected to be 73 days by 2020. iii Students must make a commitment from the very beginning to be responsible for learning and maintaining the necessary skills Students must make a commitment from the first day to be responsible for their learning and maintaining the necessary skills that are required to provide quality care to patients.
2. **Lack of Conscientiousness** – Students are expected to be thorough and dependable, and to commit the time and effort required to meet his or her responsibilities. Students should not require continual reminders about responsibilities to patients, to the institution, other health care professionals and to administrative staff. 1,2,3 Responding in a timely and appropriate fashion to phone calls, pages, notices and emails from faculty, nurses, other health care team members, and administrative staff is a responsibility that must be honored by students.

Disrespectful Behaviors

3. **Nondiscrimination** – It is unethical for a student to refuse to participate in the care of a person based on race, religion, ethnicity, socioeconomic status, gender, age, sexual preference, national origin, ancestry or physical handicap. Students must show respect for patients and families as well as everyone involved in their care. This includes physicians, nurses, other students, residents, fellows and administrative staff.
4. **Professional Demeanor** – The student should be thoughtful and professional when interacting with

patients, families, peers and co-workers. Inappropriate behavior includes but is not limited to the use of offensive language, gestures, or remarks with sexual overtones, extreme lack of interest and/or dishonesty. Additionally, students should maintain a neat and clean appearance and adhere to the dress code policy.

5. **Teaching** - The very title “Doctor” – from the Latin docere, “to teach” – implies a responsibility to share knowledge and information with colleagues and patients. It is incumbent upon those entering this profession to teach what they know of the science, art, and ethics of medicine. It includes communicating clearly with and teaching patients so that they are properly prepared to participate in their own care and in the maintenance of their health.

Disrespectful & Dishonest Behaviors

6. **Confidentiality** – All students are required to undergo training in the Health Insurance Portability and Accountability Act (HIPAA) and must adhere to this policy. A patient’s right to the confidentiality of their medical record is fundamental to medical care. Discussing medical problems or diagnoses in public violates patient confidentiality and is unethical.
7. **Conflicts of Interest** – Recognition, avoidance, and management of conflicts of interest represent a core issue of professionalism. Any student with a proprietary or other interest in any material he or she is presenting or discussing must properly disclose that conflict of interest. When a conflict of interest arises, the welfare of the patient must at all times be paramount.
8. **Sexual Misconduct** – Students must not engage in romantic, sexual, or other nonprofessional relationships with a patient while involved in the patient’s care, even at the apparent request of a patient. In addition, students must not engage in romantic, sexual, or other non-professional relationships with mentees, tutees, or others for whom the student is in a position of authority. Students are not expected to tolerate inappropriate sexual behavior on the part of patients, their families or other health professionals. Students must adhere to all relevant university, clinical and community site policies regarding sexual misconduct.

Wayne State University has a strict policy regarding sexual assault and harassment. More information and resources can be viewed here: <https://warriorlife.wayne.edu/sexualhealth/misconduct-resources>.

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9. **Disclosure** – Students must understand the ethics of full disclosure. The patient must be well informed to make health care decisions and work intelligently in partnership with the medical team. Information that the patient needs for decision-making should be presented in terms the patient can understand. If the patient is unable to comprehend, for some reason, there should be full disclosure to the patient’s authorized representative. Students who participate in disclosing information to patients must do so only with the guidance and supervision of the attending physician. Students must adhere to all clinical and community site policies regarding disclosure.
10. **Informed Consent** – Students must understand the obligation to obtain informed consent from patients but are not responsible for obtaining such consent. It is the physician’s responsibility to ensure that the patient or his/her surrogate be appropriately informed as to the nature of the patient’s medical condition, the objectives of proposed treatment alternatives, and risks involved. The physician’s presentation should be understandable and unbiased. The patient’s or surrogate’s concurrence must be obtained without coercion. Students who participate in obtaining informed consent must do so only with the guidance and supervision of the attending physician.

11. Representation of Level of Training and Knowledge – A student should accurately represent themselves to others and never introduce themselves as “Doctor” as this is a clear misrepresentation of the student’s position, knowledge, and authority. A student should never provide care beyond what is appropriate for their level of training. The student must seek consultation and supervision whenever their care of patient may be inadequate because of lack of knowledge and/or experience.

12. Honesty – Students are expected to demonstrate honesty and integrity in all aspects of their education and interactions with patients, staff, faculty, colleagues, and the community. They may not cheat, lie, steal or assist others in commission of these acts. Students must not commit fraud or misuse funds intended for professional activities.

Students must assure accuracy and completeness for their parts of the medical record and must make good-faith efforts to provide the best possible patient care. Students must be willing to admit errors and not knowingly mislead or promote themselves at the patient’s expense. The student is bound to know, understand and preserve professional ethics and has a duty to report any breach of these ethics by other students or health care providers through the appropriate channels.

Plagiarism is a serious offense and is considered Academic Misconduct under the University’s Academic Misconduct policy. Please review the misconduct policy here: <https://doso.wayne.edu/conduct/academic-misconduct>

13. Research – The foundation of research is honesty. Scientists have a responsibility to provide research results of high quality; to gather facts meticulously, to keep impeccable records of work done; to interpret results realistically, not forcing them into pre-conceived molds or models; and to report new knowledge through appropriate channels. Co-authors of research reports must be acquainted with the work of their coworkers that they can personally vouch for the integrity of the study, validity of the findings, and must have been active in the research, or writing, itself. Additionally, research and presentation of findings must be conducted with the full knowledge of pertinent faculty, staff, peers, and Director of Medical Student Research.

Dishonest, Disrespectful, Failure to Engage and Poor Self-Awareness

14. Impairment – The student will not use alcohol or drugs in a manner that could compromise patient care or bring harm to themselves or others. It is the responsibility of every student to protect the public and to get the appropriate help for him or herself and to assist a colleague whose capability is impaired because of ill health. The student is obligated to report members of the health care team whose behavior exhibits impairment or lack of professional conduct or competence.

Disrespectful, Failure to Engage and Poor Self-Awareness

15. Arrogance – Arrogance means an offensive display of superiority and self-importance and will not be tolerated. Arrogance denotes haughtiness, vanity, insolence, and disdain. All of these qualities run counter to the demeanor of the professional.

Disrespectful and Failure to Engage

16. Behavior Towards Colleagues – The student will deal with professionals, staff, and peers in a cooperative and considerate manner, including their mentors and teachers. Professional relations among all members of the medical community should be marked with civility and each person should recognize and facilitate the contributions of others to the community. Under no circumstances will the student exhibit prejudice in words, action or deed towards a colleague based on ethnicity, race, religion, gender, age, sexual orientation, or physical disabilities. It is unethical and harmful for a student to disparage without good evidence the professional competence, knowledge, qualifications, or services of a colleague. It is also unethical to imply by word, gesture, or deed that a patient has been poorly managed or mistreated by a colleague without tangible evidence.

Disrespectful and Poor Self-Awareness

- 17. Evaluation** - Becoming a physician requires continuous personal growth and improvement. Students should seek feedback and are expected to respond to feedback and constructive criticism by appropriate modification of their behavior. Resistance or defensiveness in accepting criticism or in receiving feedback, remaining unaware of one's own inadequacies and not accepting responsibility for errors or failure are examples of a poor professional attitude.

Students should actively participate in the process of evaluating their teachers, including faculty and house staff. When evaluating their performance, students are obliged to provide prompt, constructive comments. Evaluations may not include disparaging remarks, offensive language, or personal attacks, and should maintain the same considerate, professional tone expected of faculty when they evaluate student performance.

Table 1: Descriptors for unprofessional behaviors of medical students: a systematic review and categorization

Themes	Descriptors	Behaviors
Failure to engage Failure to engage	Late or absent for assigned activities	Lack of timeliness [28-30,37] Unexplained/unauthorised absence [26,27,29-32,42,43]
	Not meeting dead-lines	Failure to follow the timetable and/or get assignments signed off [26,32]
	Poor initiative	Lack of initiative [32,37,38,70] Excessively shy, non-assertive [27,28,66] Avoids patient contact [26,27,37] Inattention, non-participating [26,33,36,66] Disinterested [27,37] Lacks motivation [31] Negative attitude [31,36] General lack of commitment to teaching & learning activities and/or tutor meetings [26] Failure to engage with research project [26] Lack of engagement with clinical teams [26] Casual behaviour [26,27]
	General disorganization	General disorganisation [26,27] Poor note-keeping [26] Illegible writing [26]]
	Cutting corners	Poor reliability and responsibility [25,31,33,34,37,38,42,70] Inadequate personal commitment to patients [25] Accepts/seeks minimally acceptable level of performance [25] Reluctance in pursuing clinically appropriate diagnostic and therapeutic steps, including avoiding admission, pressing for premature discharge, or otherwise cutting corners [39] Lack of conscientiousness [35] Avoids work [27,32] Leaving the hospital during a shift [41]
	Poor teamwork	Does not function /interact appropriately within groups [25] Escaping teamwork [40] Cannot work with peers [34] Disruptive with team [37] Inappropriate behaviour in small groups with peers and with faculty [34] Gives no feedback to others [30] Claiming collaborative work as one's individual effort [43,46]
	Language difficulties	English language difficulties [37]

Table 1: Descriptors for unprofessional behaviors of medical students: a systematic review and categorization		
Themes	Descriptors	Behaviors
Dishonest behaviours	Cheating in exams	<p>Cheating in exams [32,40,45,50,53,55]</p> <p>Gaining illegal access to examination questions [40,43-48,51,53,54]</p> <p>Paying someone to change a grade [41,45,48]</p> <p>Let someone else sit for your exams or taking a test or a part of a test for someone else [46,47,51,52,54]</p> <p>Observing a student copying from another student during an examination and doing nothing with the information [46]</p> <p>Changing a response after a quiz was graded and returned, then reporting that there had been a mistake and requesting credit from the altered response [46]</p> <p>Influencing the teacher to get more marks [43-45]</p> <p>Getting technical help during practical exam [44]</p> <p>Exchanging answers during an exam [40,43,44,46,47,49,52,54]</p> <p>Moving labels or altering slides during an exam [54]</p> <p>Passing an exam by using help from acquaintances [43,48,50]</p> <p>Altering his or her grades in the official record [54]</p> <p>Using crib notes [43,44,46-49,51,52,54]</p> <p>Using mobile phone to exchange answers during an exam [43,45,48]</p> <p>Arranging with administrative personnel to be assigned to a lenient examiner [48]</p> <p>Paying a fellow student, or being paid by a fellow student for completion of coursework [43]</p>
	Lying	<p>Unsatisfactory honesty/integrity [33]</p> <p>Collusion [42]</p> <p>Falsifies actions/information [25,37]</p> <p>Giving false excuses when absent [40,43,44,46]</p> <p>Lying about having ordered tests [41,53]</p> <p>Giving false identification when challenged [26]</p>
	Data fabrication	<p>Data fabrication [40]</p> <p>Fabricating the whole or part of a patient's history [40,41,45]</p> <p>Altering or manipulating data (e.g., adjusting the data to obtain a significant result) [43,51]</p> <p>Reporting a lab test or X-ray as "normal" during rounds when in actual ordered or knew it had not been [46,52]</p> <p>Writing fake examination findings without performing it [41,44-46,49,52,55]</p> <p>using auto-inserted data for vital signs [58]</p> <p>using auto-inserted data for lab results [58]</p> <p>using auto-inserted data for the medication list [58]</p> <p>using templates for the entire note [58]</p> <p>using templates for the physical or mental status exam [58]</p> <p>using auto-inserted data for the problem list [58]</p>

Table 1: Descriptors for unprofessional behaviors of medical students: a systematic review and categorization		
Themes	Descriptors	Behaviors
Dishonest behaviours	Data falsification	Data falsification [31,32,40,52] Forging prescriptions [32] Recording tasks that were not performed [53] Falsifying references or a biography [52,55] Falsifying lab data [46,53,55] Writing clinical exam “normal” when you didn’t perform [40,51,55] Documenting while signed in under an attending’s name [58] Documenting while signed in under a resident’s name [58] Forging signatures [26,40,42-45,48,49] Using other people’s medical stamps [40] Intentionally falsifying the test results or treatment records in order to disguise mistakes [43] Falsifying references or grades on curriculum vitae [43] Altering grades in official record [43] Presenting work with the name of someone who did not participate in it [41]
	Misrepresentation	Misrepresentation [25,35,57,59] Being introduced as “doctor” to patients [29] Not correcting someone who mistakes you for a physician [30]]
	Acting without patients’ consent	No consent for clinical examination of a patient [56,57]
	Plagiarism	Copying text without appropriate attribution [26,40,42,43,47,60] Copying elements of my own previous notes [43,58] Turning in work done by someone else [43,46-49,51-54] Allowing others to copy your work [35,51] Copying and pasting elements of another provider’s notes in the electronic health record documentation (EHRD) [58] Failing to correctly acknowledge a source (e.g., copying the text directly but only including the source in reference list) [43] Citing sources that have not in fact been read in full [43]
	Not obeying rules and regulations	Failing to obey rules & regulations [26] Removing an assigned reference from the reserved shelf in the library, thereby preventing other students from gaining access to the information [43,46,52] Acceptance of gifts[35,49] Buying or selling hospital shifts[40,41] Taking food that is not meant for students[29,30] Eating or drinking in patient corridors[29] Failing to follow proper infection control procedures[43,57] Use of phones in restricted areas [61] Asking someone to include you in the assistance list [41] Inebriation at school events [26,30] Arrest or criminal offence [26] Significant misconduct [42] Stealing or breaking things [62] Committing a felony [32]

Table 1: Descriptors for unprofessional behaviors of medical students: a systematic review and categorization		
Themes	Descriptors	Behaviors
Disrespectful behaviour	Poor verbal/ non-verbal communication	Unsatisfactory respect [26,31,33] Poor verbal communication [25,28,32] Poor nonverbal communication [26,28] Disrespectful communication by email [32] Verbally expressed hostility, e.g. posing provocative questions in a challenging manner [66] Fails to establish rapport [31] Inadequate rapport with patients/families [25,37,56] Speaking too casually in examination [28] Threatening or verbally abusing a university employee or fellow student [43] Showing outright hostility, malice or rudeness [39] Hostile [27] Rude [27] Arrogant [37] Manipulative, aggressive, and badgering of faculty [36] Doesn't respond to written requests to discuss low grades [36] Failing to listen to patients' opinion [26] Rude or aggressive to fellow students or to staff, with confrontational, intimidating or arrogant behaviour [26] Ignoring emails or other contacts from teaching or administrative staff [26] Rudeness to colleague in presence of simulated patient [26] Compromising ethical principles [35] Belligerence [66]
	Inappropriate clothing	Poor condition of white coats [29,30] Untidy dress [29] Wear white coats/scrubs out of the hospital [29] Failure to maintain professional appearance and attire [25,28,30,37,42]
	Disruptive behaviour in teaching sessions and exams	Negative responses in a sex education seminar [66] Whispering animatedly about material that was obviously not of general educational value [66] Negative responses in a sex education seminar [66] Inappropriate behaviour in lecture [36] Unnecessary interruption in class [34] Dismissive or arrogant behaviour to other individuals during teaching [26] Using offensive language during teaching sessions [26] Failure to show respect for the examination process [28] Writing rude/inappropriate comments on exam script [26]
	Privacy and confidentiality violations	Fails to respect patient confidentiality [25,35,56] Discussing patients in public spaces, including Facebook [29,30,63-65]
	Inappropriate use of internet	Inappropriate use of social media [32] Use Facebook or Google to research patients [67] Discussing a clinical site in a negative light [64] Discussing university in a negative light [64] Discussing another health care worker in a negative light [64] On line posting sexual-relational content, i.e. posting sexually suggestive/ explicit content or posting sexually provocative photographs of students, requesting inappropriate friendships with patients on Facebook, sexually suggestive comments [63,65] On line posting negative content related to experiences in medical school, i.e. using profanity or other disparaging or discriminatory language in reference to specific faculty, courses or rotations, classmates, or medical school [63] On line posting content like comments, photos and videos suggesting intoxication or illicit substance use [63,65]

Table 1: Descriptors for unprofessional behaviors of medical students: a systematic review and categorization		
Themes	Descriptors	Behaviors
Disrespectful behaviour	Bullying	Verbal abuse [68,69] Written abuse [68] Physical abuse [43,68,69] Behavioural abuse [68,69] Subgroup formation [66] Ignoring and excluding a peer student [62,68] Deliberately damaging another students' work [43] Threatening others [62] Spreading rumours [62] Profanity [62] Insulting [62]
	Discrimination	Cultural and religious insensitivity [35] Bias [35] Discrimination [33]
	Sexual harassment	Sexual harassment [35,43]
Poor self-awareness	Avoiding feedback	Unclear expectations or insufficient feedback by faculty or residents [30]
	Lacking insight in own behaviour	Poor insight [28] Lack of self-awareness [32,33] Denying own performance [28] Student failing to appreciate the effects of poor health on performance and seek support [26] Work or attendance affected by health disorders such as depression [26] Seems to feel put upon when asked to do authority [36] Lack of insight into behaviour [26] 'Con artist' (manipulative behaviour) [27]
	Blaming external factors rather than own inadequacies	Blaming external factors rather than skill deficiencies for bad exam results [28] Challenges everything [27] Argumentative [31,37]
	Not accepting feedback	Fails to accept responsibility for actions [25] Resistant to accepting feedback [25,32,34,37,70] Inability to incorporate feedback [31]
	Resisting change	Diminished capacity for self-improvement [32,38,70] Resistant to change [37] Lack of effort towards self-improvement [37]
	Not aware of limitations	Lack of awareness of one's limitations [25,32,37] Placing own learning above patient safety [57] Acting beyond level of competence [30,43,56,57] Discuss with patient's information beyond your level of knowledge [29,30] Inappropriate advice to a patient [26] Giving other students inappropriate advice about clinical care [26] Not respecting professional boundaries (deciding to visit a patient at home) [26] Arrogant and overconfident [27,31,35,38] Arrogant or abusive during stress [25] Abuses student privileges [25] Endorsed more than one unprofessional behaviour [49]

Table 1: Descriptors for unprofessional behaviors of medical students: a systematic review and categorization		
Themes	Descriptors	Behaviors
Poor self-awareness	Not sensitive to another person's needs	<p>Lack of empathy [25-28,31,33,37]</p> <p>Fail to elicit the patient's perspective [26,28,30] Abrupt and non-empathetic manner with patients [26]</p> <p>Making derogatory comments about patients [30,39,56,57]</p> <p>Putting own learning needs ahead of patient care, and thereby causing the patient discomfort [26,56,57]</p> <p>Treat simulation patients as symptoms and diagnoses rather than as people with feelings and concerns [28]</p> <p>Making fun of patients, peers, or physicians [26,29,30]</p> <p>Inappropriate comments made to a patient in front of others [26]</p> <p>Reporting an impaired colleague to faculty before approaching the individual [29]</p> <p>Displays inappropriate interpersonal skills [27,31]</p>

TABLE 2: Mapping found descriptions to GMC Domains of concern		
GMC Domain of concern	GMC Examples of behaviors (normative, not based on empirical research)	Findings and categorization (based on empirical research)
Persistent inappropriate attitude or behavior	Uncommitted to work or a lack of engagement with training, programmed of study or clinical placements	<p>Failure to engage/poor initiative/</p> <ul style="list-style-type: none"> General lack of commitment to teaching & learning activities and/or tutor meetings[26] <p>Failure to engage/cutting corners</p> <ul style="list-style-type: none"> Poor reliability and responsibility [25,31,33,34,37,38,42,70] Inadequate personal commitment to patients[25] Accepts/seeks minimally acceptable level of performance[25] Reluctance in pursuing clinically appropriate diagnostic and therapeutic steps, including avoiding admission, pressing for premature discharge, or otherwise cutting corners[39] Lack of conscientiousness[35] Avoids work[27,32] Leaving the hospital during a shift[41]
	Neglect of administrative tasks	<p>Failure to engage/Not meeting deadlines/</p> <ul style="list-style-type: none"> Failure to follow the timetable and/or get assignments signed off[26,32]
	Poor time management	<p>Failure to engage/Not meeting deadlines/</p> <ul style="list-style-type: none"> Failure to follow the timetable and/or get assignments signed off[26,32]
	Non-attendance	<p>Failure to engage/absent or late for assigned activities/</p> <ul style="list-style-type: none"> Lack of timeliness[28-30,37] Unexplained/unauthorized absence[26,27,29-32,42,43]
	Poor communication skills	<p>Disrespectful behavior /Poor verbal or nonverbal communication</p> <ul style="list-style-type: none"> Poor verbal communication[25,28,32] Poor nonverbal communication[26,28]
	Failure to accept and follow educational advice and unwillingness to learn from feedback given by others	<p>Poor self-awareness/Not accepting feedback/</p> <ul style="list-style-type: none"> Resistant to accepting feedback[25,32,34,37,70] Inability to incorporate feedback[31]
	Being rude to patients, colleagues or others	<p>Disrespectful behavior/Poor verbal or nonverbal communication</p> <ul style="list-style-type: none"> Rude[27]

TABLE 2: Mapping found descriptions to GMC Domains of concern		
GMC Domain of concern	GMC Examples of behaviors (normative, not based on empirical research)	Findings and categorization (based on empirical research)
Persistent inappropriate attitude or behavior	Unwillingness to learn from constructive feedback given by others	Poor self-awareness/Not accepting feedback/ <ul style="list-style-type: none"> Resistant to accepting feedback[25,32,34,37,70] Inability to incorporate feedback[31]
	Being disruptive in teaching sessions or the training environment	Disrespectful behavior/Disruptive behavior in teaching sessions and exams/ <ul style="list-style-type: none"> Inappropriate behavior in lecture[36] Unnecessary interruption in class[34] Dismissive or arrogant behavior to other individuals during teaching[26] Using offensive language during teaching sessions[26]
	Challenging behavior towards clinical teachers or not accepting criticism	Poor self-awareness/Blaming external factors rather than own inadequacies <ul style="list-style-type: none"> Blaming external factors rather than skill deficiencies for bad exam results[28] Challenges everything[27] Argumentative[31,37]
	Failing to answer or respond to communications	Disrespectful behavior /Poor verbal or nonverbal communication <ul style="list-style-type: none"> Ignoring emails or other contacts from teaching or administrative staff[26]

TABLE 2: Mapping found descriptions to GMC Domains of concern		
GMC Domain of concern	GMC Examples of behaviors (normative, not based on empirical research)	Findings and categorization (based on empirical research)
Failing to demonstrate good medical practice	Misuse of social media, such as criticizing placement providers	Disrespectful behavior/Inappropriate use of social media <ul style="list-style-type: none"> Discussing university in a negative light[64]
	Breach of confidentiality	Disrespectful behavior/Privacy and confidentiality violations/ <ul style="list-style-type: none"> Fails to respect patient confidentiality[25,35,56] Discussing patients in public spaces, including Facebook[29,30,63-65]
	Misleading patients about their care or treatment	Disrespectful behavior /Poor verbal/ nonverbal communication <ul style="list-style-type: none"> Inadequate rapport with patients/families[25,37,56]
	Culpable involvement in a failure to obtain proper consent from a patient	Dishonest behavior/Acting without the required consent <ul style="list-style-type: none"> No consent for clinical examination of a patient[56,57]
	Sexual, racial, or other forms of harassment or bullying	Disrespectful behavior /Bullying <ul style="list-style-type: none"> Verbal abuse[68,69] Written abuse[68] Physical abuse[43,68,69] Behavioral abuse[68,69] Subgroup formation[66] Ignoring and excluding a peer student[62,68] Deliberately damaging another student's work[43] Threatening others[62] Spreading rumors[62] Profanity[62] Insulting[62] Disrespectful behavior /sexual harassment <ul style="list-style-type: none"> Sexual harassment [35,43]
	Inappropriate examinations or failure to keep appropriate boundaries in behavior	Disrespectful behavior/Disruptive behavior in teaching sessions and exams <ul style="list-style-type: none"> Failure to show respect for the examination process[28] Writing rude/inappropriate comments on exam script[26]
	Unlawful discrimination	Disrespectful behavior/Discrimination <ul style="list-style-type: none"> Discrimination[33]
Drug or alcohol mis-use	Driving under the influence of alcohol or drugs	
	Abusing prescription medication	
	Alcohol consumption that affects clinical work, the work environment, or performance in the educational environment	
	Dealing, possessing, supplying, or misusing drugs, even if there are no legal proceedings – this may include legal highs	
	A pattern of excessive misuse of alcohol	

TABLE 2: Mapping found descriptions to GMC Domains of concern		
GMC Domain of concern	GMC Examples of behaviors (normative, not based on empirical research)	Findings and categorization (based on empirical research)
Cheating or plagiarizing	Cheating in examinations	<p>Dishonest behavior/Cheating in exams</p> <ul style="list-style-type: none"> Cheating in exams[32,40,45,50,53,55] Gaining illegal access to examination questions[40,43-48,51,53,54] Paying someone to change a grade[41,45,48] Let someone else sit for your exams or taking a test or a part of a test for someone else[46,47,51,52,54] Observing a student copying from another student during an examination and doing nothing with the information[46] Changing a response after a quiz was graded and returned, then reporting that there had been a mistake and requesting credit from the altered response[46] Influencing the teacher to get more marks[43-45] Getting technical help during practical exam[44] Exchanging answers during an exam[40,43,44,46,47,49,52,54] Moving labels or altering slides during an exam[54] Passing an exam by using help from acquaintances[43,48,50] Altering his or her grades in the official record[54] Using crib notes[43,44,46-49,51,52,54] Using mobile phone to exchange answers during an exam[43,45,48] Arranging with administrative personnel to be assigned to a lenient examiner[48] Paying a fellow student, or being paid by a fellow student for completion of coursework[43]
	Signing peers into taught sessions from which they are absent	<p>Dishonest behaviors/ Lying</p> <ul style="list-style-type: none"> Falsifies actions/information[25,37] Unsatisfactory honesty/integrity[33] <p>Dishonest behaviors/Data falsification/</p> <ul style="list-style-type: none"> Data falsification[31,32,40,52] Forging signatures[26,40,42-45,48,49]
	Passing off the work of others as your own	<p>Dishonest behaviors/ Plagiarism</p> <ul style="list-style-type: none"> Turning in work done by someone else[43,46-49,51-54]
	Sharing with fellow students or others, details of questions or tasks from exams you have taken	<p>Dishonest behavior/Cheating in exams</p> <ul style="list-style-type: none"> Gaining illegal access to examination questions[40,43-48,51,53,54]
	Forging a supervisor's name or falsifying feedback on assessments, logbooks or portfolios	<p>Dishonest behavior/Lying</p> <ul style="list-style-type: none"> Falsifies actions/information[25,37] <p>Dishonest behavior/data falsification</p> <ul style="list-style-type: none"> Forging signatures[26,40,42-45,48,49]

TABLE 2: Mapping found descriptions to GMC Domains of concern		
GMC Domain of concern	GMC Examples of behaviors (normative, not based on empirical research)	Findings and categorization (based on empirical research)
Dishonesty or fraud, including dishonesty outside the professional role	Falsifying research	Dishonest behavior/data falsification <ul style="list-style-type: none"> Data falsification[31,32,40,52]
	Committing financial fraud	
	Creating fraudulent CVs or other documents	Dishonest behavior/data falsification <ul style="list-style-type: none"> Falsifying references or grades on curriculum vitae[43]
	Misrepresentation of qualifications	Dishonest behavior/data falsification <ul style="list-style-type: none"> Falsifying references or grades on curriculum vitae[43] Dishonest behavior /Misrepresentation <ul style="list-style-type: none"> Misrepresentation[25,35,57,59] Not correcting someone who mistakes you for a physician[30]
	Falsifying signatures on documents such as portfolios	Dishonest behavior/data falsification <ul style="list-style-type: none"> Forging signatures[26,40,42-45,48,49]
	Failure to declare relevant misconduct or health issues to your medical school or university	
	Willful withholding or misrepresentation of health issues (for example, blood-borne viruses)	
Aggressive, violent or threatening behavior	Assault	Disrespectful behavior /Bullying <ul style="list-style-type: none"> Physical abuse[43,68,69] Deliberately damaging another students' work[43]
	Physical violence	Disrespectful behavior /Bullying <ul style="list-style-type: none"> Physical abuse[43,68,69]
	Bullying	Disrespectful behavior /Bullying <ul style="list-style-type: none"> Verbal abuse[68,69] Written abuse[68] Subgroup formation[66] Ignoring and excluding a peer student[62,68] Deliberately damaging another student's work[43] Threatening others[62] Spreading rumors[62] Profanity[62]
	Harassment	Disrespectful behavior /Bullying <ul style="list-style-type: none"> Insulting[62]
	Stalking	Disrespectful behavior /Bullying <ul style="list-style-type: none"> Behavioral abuse[68,69]
	Online bullying or trolling	Disrespectful behavior/Inappropriate use of social media <ul style="list-style-type: none"> Online posting sexual-relational content, i.e. posting sexually suggestive/ explicit content or posting sexually provocative photographs of students, requesting inappropriate friendships with patients on Facebook, and sexually suggestive comments[63,65]
Any caution or conviction	Possessing, dealing, or supplying illegal drugs	Dishonest behaviors/Not obeying rules and regulations/ <ul style="list-style-type: none"> Arrest or criminal offence[26] Significant misconduct[42]

TABLE 2: Mapping found descriptions to GMC Domains of concern		
GMC Domain of concern	GMC Examples of behaviors (normative, not based on empirical research)	Findings and categorization (based on empirical research)
Any caution or conviction	Theft	Dishonest behaviors/Not obeying rules and regulations/ <ul style="list-style-type: none"> Stealing or breaking things[62]
	Physical violence	Dishonest behaviors/Not obeying rules and regulations/ <ul style="list-style-type: none"> Significant misconduct[42] Disrespectful behavior /Bullying <ul style="list-style-type: none"> Physical abuse[43,68,69]
	Fare avoidance	Dishonest behaviors/Not obeying rules and regulations/ <ul style="list-style-type: none"> Stealing or breaking things[62]
	Financial fraud	Dishonest behaviors/Not obeying rules and regulations/ <ul style="list-style-type: none"> Failing to obey rules & regulations[26] Acceptance of gifts[35,49] Buying or selling hospital shifts[40,41] Significant misconduct[42]
	Child pornography	Dishonest behaviors/Not obeying rules and regulations/ <ul style="list-style-type: none"> Arrest or criminal offence[26] Significant misconduct[42]
	Child abuse or any other abuse	Dishonest behaviors/Not obeying rules and regulations/ <ul style="list-style-type: none"> Significant misconduct[42]
	Sexual offenses	Dishonest behaviors/Not obeying rules and regulations/ <ul style="list-style-type: none"> Significant misconduct[42]
Health concerns and insight or management of these concerns	Failure to seek appropriate treatment or advice from an independent and appropriately qualified healthcare professional	Poor self-awareness/Not aware of limitations <ul style="list-style-type: none"> Lack of awareness of one's limitations[25,32,37]
	Failure to follow the requirement to tell your medical school or university if you have a serious health condition	Lacking insight in own behavior/Poor insight[28] <ul style="list-style-type: none"> Work or attendance affected by health disorders such as depression[26]
	Refusal to follow medical advice or care plans, or to comply with arrangements for monitoring and reviews	
	Failure to comply with reasonable adjustments to ensure patient safety	Poor self-awareness/Not aware of limitations <ul style="list-style-type: none"> Placing own learning above patient safety[57]
	Failure to recognize limits and abilities or lack of insight into health concerns	Poor self-awareness/Not aware of limitations <ul style="list-style-type: none"> Lack of awareness of one's limitations[25,32,37]
	Failure to be immunized against common serious communicable diseases (unless contraindicated)	Dishonest behavior/Not obeying rules and regulations <ul style="list-style-type: none"> Failing to follow proper infection control procedures[43,57]

The following found descriptors could not be mapped to the GMC Domains of concern:

- poor initiative
- general disorganization
- poor teamwork

- language difficulties
- data-fabrication
- inappropriate clothing
- avoiding feedback
- resisting change
- not being sensitive to other person's needs

Reference:

- Mak-Van Der Vossen M, Van Mook W, Van Der Burgt S, et al. Descriptors for unprofessional behaviours of medical students: a systematic review and categorisation. BMC Med Educ. 2017;17(1):164. <https://pubmed.ncbi.nlm.nih.gov/28915870/>
- Medical Professionalism in the New Millennium: A Physician Charter Project of the ABIM Foundation, ACP-ASIM Foundation, and European Federation of Internal Medicine* <https://www.acpjournals.org/doi/10.7326/0003-4819-136-3-200202050-00012>
- American Board of Internal Medicine, Project Professionalism 2001, Project Professionalism was sponsored by the ABIM Committee on Evaluation of Clinical Competence in conjunction with the ABIM Clinical Competence and Communications Programs. <https://medicinainternaucv.files.wordpress.com/2013/02/project-professionalism.pdf>

Related Documents

[Academic Pursuit Policy](#)

7.2 Digital Communication and Learning Policy

Purpose

Rationale

Online or virtual instruction is a necessary and convenient modality of instruction that provides additional opportunities for learning. An online class is considered the equivalent to an in-person class and thus students and faculty are expected to use both audio and video to participate. It is impossible to totally recreate the nonverbal communication and feedback of a live room, but having video cameras on is the alternative and is thus shown to increase the value of the session.

Rationale 2

An increasing amount of your professional career will be spent on virtual visits. Starting with residency and other interviews and adding telemedicine visits with patients (starting as medical students), business and professional meetings, healthcare and business are increasingly accomplished in the online and virtual

spaces. Being able to professionally participate in these sessions with a professional appearance is a key skill to develop as part of your success as a physician and leader of the community.

Responsible Party and Review Cycle

LCME Accreditation References

Description

Virtual Learning Camera Guidelines

Base expectations. . Students matriculating to the WSUSOM will expect that virtual instruction will be necessary as a part of their education. Thus, they will need to identify in advance a proper setting for participating in these sessions, having internet access with adequate bandwidth to participate fully, and to be available just as they would for in-person, in-school classroom activities. Students will need to account for the additional cost of internet and/or Wi-Fi access and other tools necessary to facilitate an online learning experience in their education budgets and financial aid applications.

If the student is unable to have their camera on during one of the required camera-on sessions, the student may request special accommodations of the instructor in advance of the session. When requesting special accommodations, the student should provide sufficient reasoning behind the inability to have a camera on. The student should use their instructor's preferred communication method as noted in the syllabus to communicate their request. If the lecturer has not included a preferred communication method, email is appropriate. One example of an appropriate reason to request special accommodation is temporary bandwidth issues that interfere with quality. Faculty and staff are encouraged to be understanding of extenuating circumstances, such as attending a virtual event from a clinical campus where a camera is not available. Students are advised to plan ahead, make these requests only when necessary, and not to abuse this privilege.

Students, faculty, and staff are encouraged to turn their cameras on even when doing so is not required as this fosters more effective virtual communication and interaction.

- The default expectation of virtual learning events is that the student's camera will be turned on.
- The default expectation is also that the faculty and staff will keep their cameras on during the class.
- Students should present themselves just as they would in a live in-person session.
- Cameras are not required to be turned on at events for which attendance is optional or informational meetings where it is communicated that camera use is not expected.
- For interactive small group sessions, the host may (but does not have to) require that all participants' cameras be turned on. The relaxing of this requirement will be clearly stated by the host at the beginning of each small group session.
- Students should refrain from eating and drinking while on camera as would be done in a classroom.
- Certain virtual events require both that cameras be turned on and that a certain dress code be followed. Such events include online Clinical Skills sessions with standardized patients, P4 panels with outside participants, and telemedicine visits conducted during clinical rotations. For these sessions, participants

are expected to turn their cameras on and dress in either clinic attire or business attire, as appropriate for the situation. Dress code requirements will be communicated in advance.

Expectations for virtual events where clinic or business attire is required:

- Students will be seated in front of their camera with an appropriate, professional, and neutral background that limits distractions (i.e., bare walls). It is a professionalism expectation that participants will have a background that contributes to the professional environment. Thus, avoid showing decorations or objects that might cause offense or controversy.
- Body posture and environment: To convey an engaged and professional presence, participants are specifically asked not to take these video calls while lying in bed or lying on a couch or floor.
- If the student's only available physical background is not appropriate for a video lecture, either blur the background or choose an appropriate, neutral virtual background.
- Look at the camera when speaking to make "eye contact" with the lecturer.
- Make sure the student's face can be seen when they are on camera. Avoid having windows or direct light behind the student so they are not back-lit.

Virtual Lecture Microphone Policy:

- The student should mute their microphone if they are not the person speaking.
- The student should unmute when they are answering or asking a question.

Virtual Lecture Questions and Discussions Policy:

- Use the chat to write "question" or "comment" and/or the hand raise feature to ask questions or add to the discussion.
- Be mindful of the fact that a presenting lecturer may not be able to see the chat box or the student's raised hand while presenting. Be patient.
- Be respectful even in disagreements and heated discussions.
- Remember that the virtual setting is still a classroom when using the chat box. Keep conversations on topic and appropriate. The student may use the chat box to have a casual, school-appropriate conversation if there is time before the beginning of a lecture.

General Virtual Lecture Policies:

- When sharing screen, be mindful of what shows up on the student screen. Check open tabs, chats, and other images to be respectful and appropriate in a classroom setting.

General Policy for Virtual Lectures and Digital Conduct:

- Customize the Zoom (or other virtual lecture service) name to read the student's first and last name rather than their Access ID or a phone number. If the student goes by a nickname that is school and/or professionally appropriate, that is acceptable. Students should include their preferred pronouns in parenthesis after their name to help instructors in communication during the session. Rationale: Having the instructor know the student by name is immeasurably helpful in getting quality evaluations (and credit for the discussion that the student adds to the sessions).
- Do not record a lecture without express permission from the instructor and the other students in the class. In all cases, the student's lecturer will record the lecture if it is a lecture that is meant to be

recorded and distribute it via the course management system (e.g., canvas). Rationale: The university must adhere to copyright agreements.

- If the student believes a lecture should be recorded but the lecturer has not clicked record, appropriately communicate their concerns to the lecturer.
- If a lecturer assigns a student to help monitor the chat, help with technological difficulties, or take notes in a small session, be respectful of that student and the added efforts required of them. If a lecturer requests help, be helpful to the lecturer and the students peers.
- Be on time for virtual classes. If the student anticipate being late, communicate their tardiness, preferably before class, to their instructor.
- Use the instructor's preferred communication method as noted in the syllabus. If the lecturer has not included a preferred communication method, email is appropriate.
- If the student lose their connection during a virtual class, try to reconnect as quickly as possible and communicate the loss of connection to their instructor.

Digital Communication Policy:

- Digital harassment and cyber bullying will not be accepted in virtual lectures or any other digital sspace associated with the SOM. To report incidents of mistreatment, please visit this link: [Professionalism Reporting for Students](#).

Emails:

- a. Students should answer emails with action items within 48 hours
 - i. Action items include but are not limited to emails related to scheduling, grades, immunizations, and more.
 - ii. Action item emails will include the phrase "ACTION ITEM" or "ACTION REQUIRED" in the subject line and will be sent by Enrollment Management, Health Records, Student Affairs, Academic and Student Programs, and other administrative departments.
 - iii. Rationale I: these are time sensitive communications important to individual student's academic progress and careers. Delay in getting this information may make finishing the curriculum successfully impossible.
 - iv. Rationale II: Scheduling at clinical sites (and especially presenting choices and preferences where they occur) require intensive planning and coordination by multiple organizations, hospitals, clinical services, etc., and many times last minute adjustments due to the unpredictable nature of illness, patient activity, faculty availability, and a myriad of other factors will occur. Being late to answer communications will cause clinical rotations to be cancelled and delay progress in the curriculum.
- b. Always include an appropriate and informative subject with the email.
- c. Double check attachments before sending
- d. Remember that all emails sent using the WSU email address belong to WSU. Do not send personal information through the WSU email address. Emails can be used in a legal case and monitored by WSU.
- e. When emailing a site coordinator, do not wait until the day before your rotation. Email at least 1 business week before the first day. Clerkship coordinators need to distribute schedules weeks in

advance of the start of the rotations.

- f. Include a signature in the email with the student's name, school name, and year of study/expected graduation
 - i. Example:
 - a. John Smith
 - b. Wayne State University School of Medicine
 - c. MD4, Class of 2023

Teams, Slack, and Other Instant Messaging Services:

- a. Students should answer messages within 12 hours
- b. Messaging services often feel less strict and professional, but remember, the student always represent the SOM when using WSU-affiliated messaging services. Always be respectful and professional in the student's messages.
- c. While on clinical rotations, students will adhere to HIPPA policies. No patient-specific information should be transmitted through IM, email or texting services. Students will get more information about appropriate communication policies in clinical rotations, in HIPAA policies, and from their specific clinical teams

Digital Dress Code Policy:

- The virtual space is the classroom, so dress as if the student's are attending an in-person class. Dress appropriately for a student seeking a professional degree.
- Clinical rotations are covered by the dress code policy. The [WSUSOM dress code policy can be found here](#).
- Be mindful of reflective surfaces like mirrors and eyeglasses when on video. These items can show peers and faculty members the screen and/or attire/learning space without the student's meaning to show them.

General Expectations of Digital Communication and Learning Standards:

Virtual Lectures ("Zoom Expectations"):

Virtual Lecture Camera Expectations:

- Make sure the student face can be seen when they are on camera. Avoid having windows or direct light behind the student so they are not backlit.
- Look at the camera when speaking to make "eye contact" with the lecturer.
- Check the background. If their background would not be appropriate in a traditional classroom, it is not appropriate for a virtual background.
 - If the student's only available physical background is not appropriate for a video lecture, either blur your background or choose an appropriate, neutral virtual background.

Virtual Lecture Microphone Expectations:

- Be mindful of the downfalls of a virtual lecture.
 - Do not speak over other people.
 - Do not monopolize the microphone; give others the chance to speak as well.

Virtual Lecture Questions and Discussions Expectations:

- An instructor may call on the student by audibly saying their name or typing their name in a private or public chat. When an instructor calls on the student, unmute and respond respectfully.

Digital Communication Expectations:

Emails:

- Remember that the WSUSOM had one official mode of communication and that is the wayne.edu/med.wayne.edu email address. Students are expected to check their email daily and monitor for official communications.
- Students rotating at affiliated hospitals may be given an email address for internal communication at those sites. This email address will not be used for official communication from the SOM but may be used for clinical site-specific communication.
- Forwarding this email to a Gmail, etc. account is not advised since there are many possible pitfalls in transmission.
- Do not send or respond to an email or message when this student are overly emotional.
- Be respectful of communication times. WSUSOM faculty and staff are not expected to answer the student's emails and other communications outside of business hours.
- WSUSOM business days are Monday through Friday.
- WSUSOM business hours are between 8:30 a.m. and 5 p.m. with a 1-hour break for lunch
- Please be aware that staff, faculty, and site/course coordinators get hundreds of emails a day and are not always able to respond to the students emails within 48 hours. They will respond to the student as quickly as possible during business hours.
- Faculty and staff may choose to use delayed send when addressing non-emergent concerns to protect their personal hours.

General Expectations for Virtual Lectures and Digital Conduct:

- When attending a virtual lecture, turn unnecessary or distracting devices on silent or do not disturb. Do not use these devices except for emergencies.
- Do not eat during a virtual lecture unless your lecturer explicitly states otherwise. The student may drink non-alcoholic beverages during lectures in school-appropriate drinking ware.
- Avoid multitasking during virtual classes. This is distracting to the lecturer, the other students, and a disservice to the students learning. Note taking is acceptable and encouraged.
- The student should notify everyone that they will be joining a virtual class to minimize distractions and unwanted background noise and imagery.

- If the student have a pet, try to anticipate the pet's needs before the lecture starts to minimize pet-related distractions.
- If the student has a child or other family member with significant needs, the student should try to anticipate those needs before the lecture starts to minimize family- and care-related distractions.
- Remember, a virtual lecture is only as engaging as the students allow. Teaching is a two-way activity and learners are expected to engage in order to facilitate a better learning environment for everyone. If a lecturer asks for participation, participate! Treat the virtual lecturers like one would an in-person lecturer. Ask questions, provide answers, encourage discussion, and otherwise look and act engaged. Imagine giving a lecture to 100 black squares. It is much easier for lecturers to be engaging when they are instructing engaged students

Reference: Earon S, *The Value of Video Communications in Education*,

<https://explore.zoom.us/docs/doc/The%20Value%20of%20Video%20Communications%20in%20Education.pdf>

7.3 Social Media and Social Networking

Rationale

The use of social media has increased in all industries including health care and biomedical research. This policy is intended to be used as a guide to encourage School of Medicine (SOM) medical and graduate students who use social media to protect themselves from the unintended consequences of such practices and to maintain public trust. The term “social media” should be broadly understood for purposes of this policy to include but not be limited to blogs, vlogs, wikis, microblogs, message boards, chat rooms, electronic newsletters, online forums, and social networking sites and applications. The SOM is a principled organization, and as such, has an interest in its medical and graduate students being above reproach in the eyes of their peers and the public. This document is crafted to help medical and graduate students navigate the continually changing world of social media in a professional and appropriate manner.

Participating thoughtfully in social networking and other similar Internet opportunities can support personal expression, enable individuals to have a professional presence online, foster collegiality and camaraderie within the healthcare and biomedical research professions, and provide opportunities to widely disseminate public health messages, scientific observations, and related communications.

However, social networks, blogs, and other forms of communication online also create new challenges to interpersonal relationships. Medical professionals, including those still in training, need to weigh a number of considerations when maintaining a presence online.

Each individual student is responsible for their postings on the Internet and on social media in all its forms. A WSU SOM student is expected to represent not only themselves, but also the institution, its partnering educational, hospital, and clinical sites, and its values and the values and ideals of the medical profession. A student's online presence should reflect their professionalism, accountability, integrity, honor, acceptance of diversity, and commitment to ethical behavior.

Students should follow general professional guidelines when posting to or interacting with social media. Communications should be courteous, respectful, and considerate of others.

Responsible Party and Review Cycle

The Senior Associate Dean for Curricular Affairs and Undergraduate Medical Education will review this document annually.

LCME accreditation References

None.

Definition(s)

None.

Policies:

A. Privacy and Confidentiality

1. SOM medical and graduate students must be cognizant of, and adhere to, standards of patient privacy and confidentiality in all environments, including online, and must refrain from posting potentially identifiable patient information on personal accounts or websites when valid, written permission was not given by the patient. Posting any patient information, photos, commentary, content, or images may be a breach in confidentiality that could be harmful to the patient and may be a violation of federal privacy laws, including but not limited to provisions within the Health Insurance Portability and Accountability Act (HIPAA). Furthermore, while HIPAA is a United States federal law, the ethical principles that underlie it extend to patients seen outside the country as well. This rule also applies to patients who are deceased.
2. Sensitive information such as medical records or proprietary information is never to be transmitted by social media.
3. It is important to read a social media site's Terms of Use and Privacy Policy and be cognizant of frequent and continuous changes to said policies. Students should closely monitor their privacy settings to optimize privacy and security.

B. Professionalism

1. Professional conduct must be adhered to at all times, including during the use of social media. The public holds physicians and biomedical research scientists to a high standard of professional conduct.
2. When writing online as representatives of the SOM about experiences as health professionals, biomedical researchers, or associates of the SOM - medical and graduate students must reveal any existing conflicts of interest and be honest about their credentials.
3. SOM medical and graduate students may not use their professional position to develop personal relationships with patients, whether online or in person. SOM medical and graduate students are discouraged from interacting with current or past patients on personal social networking sites such as Facebook.
4. SOM medical and graduate students who do not maintain the school's professional code of conduct are subject to disciplinary action. The SOM reserves the right to ask SOM medical and graduate students to edit, modify, review, or delete any posting that violates the school's professional code of conduct. SOM medical and graduate students assume all risks related to the security, privacy, and confidentiality of their posts.

C. Copyright

1. Wayne State University or SOM logos, trademarks, images, or related representations may not be used publicly unless granted permission in writing from the Executive Director, Office of Marketing and Publications, Wayne State University. Furthermore, original and/or modified lecture/laboratory material may not be shared outside of the Wayne State University SOM community.
2. For WSU protection and the student's own protection, students are required to show respect for the laws governing intellectual property, copyright, and fair use of copyrighted materials owned by others, including, but not limited to, the above regarding WSU's own copyrights and brands.
3. Do not share confidential or proprietary information that may compromise WSU's research efforts, business practices, or security or the research efforts or security of a fellow student, faculty, or staff member.
4. When the ability to use or share materials is in doubt, students should seek guidance regarding appropriate use of materials before sharing said materials.

Guidelines:

- A. SOM medical and graduate students should recognize that actions online and content posted may have an immediate and/or long-term, negative affect on their reputations and those of their colleagues at the SOM among patients and colleagues, may have consequences for or otherwise negatively influence their residency match possibilities, medical, teaching, and/or research careers, and could undermine public trust in the medical and biomedical research professions. Students should also be aware that postings on social media can carry legal ramifications resulting in hearings before a State Medical Licensing Board or other disciplinary boards. One should always remember they represent the medical and biomedical research communities. It is important to recognize that anything posted to the Internet may be permanently linked to the author whether it is posted privately or publicly.
- B. SOM medical and graduate students should recognize that "anonymous" posts do not exist. All posts or comments can be traced back to the individual, and as a WSU SOM student, you are not allowed to post or comment anything where others can read or see the post without full identification of the writer/poster. SOM medical and graduate students should recognize that actions online and content posted may negatively affect their reputations and those of their colleagues at the SOM among patients and colleagues, may have consequences for their medical, teaching, and/or research careers, and could undermine public trust in the medical and biomedical research professions. One should always remember that he or she is representing the medical and biomedical research communities.
- C. To maintain appropriate professional boundaries, SOM medical and graduate students should consider separating personal and professional content online. For professional use, SOM medical and graduate students are strongly encouraged to use their med.wayne.edu email addresses. The med.wayne.edu email address is required for all communication with the SOM.
- D. When using the Internet for social networking, SOM medical and graduate students should use the maximum privacy settings to safeguard personal information and content but should realize that privacy settings are not absolute and that once on the Internet, content is there permanently. Remember that "private" posts can be screenshotted, copied, or otherwise captured and shared widely and in a public format. Thus, SOM medical and graduate students should routinely monitor their own Internet presence to ensure that the personal and professional information on their own

sites and content posted about them by others is accurate and appropriate. One should assume that everything he or she writes, exchanges, or receives on a social media site is public. In addition, “private” postings that become public through sharing will still be held to the professionalism standards of the SOM.

- E. SOM medical and graduate students should maintain separation between current or past patients and patient family members through social media. Students should not give medical advice or make diagnoses through social media.
- F. SOM medical and graduate students acting in a public capacity are ambassadors of the SOM while in that capacity. Controversial subjects should be discussed thoughtfully, respectfully, and in a professional manner.
- G. When posting online and your connection to WSU is present, you must include a disclaimer such as, “The views expressed on this [blog; website] are my own and do not reflect the views of my university or the School of Medicine.”
 - a. Students should also be careful not to violate any social media policies they may be subject to regarding affiliated hospitals, clinics, or other teaching sites. It is important to reveal any conflicts of interest and be honest about a student’s credentials when posting online. Be aware that a student cannot be an official representative or spokesperson for an organization without explicit, specific confirmation.
- H. SOM medical and graduate students should take caution not to post information that is ambiguous or that could be misconstrued or taken out of context.
- I. SOM medical and graduate students should be aware that content posted in any format (e.g., video, song, etc.) may be taken out of context by others and used for an unintended purpose. Posting online is public and permanent and can be used by anyone without prior request to the original posters. Always consider how people outside of your target group will review the content.
- J. SOM medical and graduate students are encouraged to avoid posting material on school group sites or their own social media that could be seen as marginalizing to any individual or group, for example regarding gender, race, national origin, religion, income, social background, sexual orientation, ethnicity, marital status, military status, genetic information, or any other protected characterization or group. Students should not use defamatory, vulgar, libelous, or potentially inflammatory language and should not display this language in photographs or videos. Implied disrespect or unprofessionalism will be considered overt and met with consequences.
- K. SOM medical and graduate students are encouraged to avoid posting political endorsements of candidates or parties outside of their own social media accounts and to carefully consider all politically driven comments or posts on those accounts as well.
- L. SOM medical and graduate students are encouraged to avoid posting comments about the health, weight, attitude, or lifestyle choices of SOM faculty members, trainees, academic staff members, and medical and graduate students.
- M. When SOM medical and graduate students see content posted by colleagues that appears unprofessional, they have a responsibility to bring that content to the attention of the individual, so that he or she can remove it and/or take other appropriate actions. If, in the opinion of the observer, the behavior significantly violates professional norms and the individual does not take appropriate action to resolve the situation, the observer should report the matter to the Senior Associate Dean for Curricular Affairs and Undergraduate Medical Education.
- N. SOM medical and graduate students should familiarize themselves with relevant Federal, state,

and local laws governing online activities. Any issue of concern on social media (including threats, violence, suicide, slander, cyberbullying, etc.) should be reported immediately to the Wayne State University Police Department (phone #: 313-577-2222) and/or SOM administration. When uncertain whether these laws are followed, please refer to a school administrator before posting.

*Adapted from the AMA Policy on Social Media, Opinion 9.124 – Professionalism in the Use of Social Media and “Model Policy Guidelines for the Appropriate Use of Social Media and Social Networking in Medical Practice” Federation of State Medical Boards [2012] Retrieved 2015, January 28 <https://journalofethics.ama-assn.org/article/ama-code-medical-ethics-opinions-confidentiality-patient-information/2011-07>

Related Documents

[Professionalism Policy](#)

7.4 WSUSOM Dress Code

Purpose

The WSUSOM does not have an explicit dress code for classroom activities. A student is expected to have an appearance that inspires confidence in one's self and one's medical school when interacting with patients and the public.

Responsible Party and Review Cycle

The Senior Associate Dean for Undergraduate Medical Education will review this document annually.

LCME Accreditation References

None

Description

DRESS AND GROOMING STANDARDS

The WSUSOM does not have an explicit dress code for classroom activities. A student is expected to have an appearance that inspires confidence in one's self and one's medical school when interacting with patients and the public.

On the other hand, a set of dress and grooming standards have been developed for medical students while in clinical settings. Unless stated otherwise, students should dress professionally and wear a clean white lab coat during all patient encounters (including standardized patients). All students are expected to maintain personal appearance standards that are consistent with the image of a health care professional, and comply with all infection control, legal, and safety requirements.

OBJECTIVE

To promote a neat, clean, professional, and business-like appearance consistent with preserving and enhancing the image of the WSUSOM, while assuring that attire is not hazardous or offensive to patients and employees.

SCOPE

All WSUSOM students assigned to inpatient or outpatient (including ambulatory sites, private offices, etc.) patient care areas.

POLICY

All students shall maintain personal appearance standards that are consistent with the image of a health care professional, and comply with all infection control, legal, and safety requirements.

UNIVERSAL PERSONAL APPEARANCE STANDARDS

- Clothing should be of appropriate size and fit permitting freedom of movement. All personal clothing should be clean, neat, and of appropriate length with finished hems. Thighs, breasts and cleavage must be covered. Tucking pant legs into socks is not permitted.
- Undergarments must be worn at all times, and color and/or design must not be visible through clothing. Socks or hosiery must be worn. Bare legs and feet are not acceptable.
- A short white coat with appropriate WSUSOM identification (embroidery) is to be worn at all times during patient care activities, unless the student's duties require wearing other items such as scrub clothing in the operating or delivery room.
- Hair is to be neat and clean. Long hair must be so styled and/or restrained so as not to interfere with work performance, safety and infection control. Hair may not obscure vision or come in contact with patient or other surfaces. Head coverings mandated by religious beliefs are acceptable. Mustaches and beards must be clean and neatly trimmed.
- Fingernails must be kept short (i.e., not to exceed 1/4 inch past the fingertip) and clean. Chipped nail polish or enhancements such as jewels may not be worn. Nail enhancements of any kind (e.g., wraps, acrylics, gels and stones) may not be worn in the Operating Rooms, Same Day Surgery, Intensive Care Units (for example, ICU, BMT, Burn unit, NICU, PICU, pheresis), step-down ICU units, or other areas where invasive procedures are routinely performed or when procedures require a surgical scrub. (CDC Guideline for Hand Hygiene in Health-Care Settings. MMWR 51(RR16); 1-44: 2002).
- Jewelry must not create a hazard to self or others, and should be kept to a minimum. Visible adornment with tattoos or body paint is not acceptable. No visible ornamental piercing except for ears. No bracelets are to be worn by students while engaged in patient care activities.
- WSUSOM and/or appropriate Hospital Identification (Badges) must be worn at all times, on the upper chest or shoulder area, while on duty. Full name and photo must be visible. Badge holders/lanyards must not interfere with patient care activities and be worn above waist level.
- Shoe covers, where required, must be removed when leaving the patient care area.
- Makeup should be appropriate for office daytime wear. Perfume and scented after-shave lotion must not be worn due to the health risk to others.
- Personal headphones or personal cell phones are not to be used or worn while on duty in direct care of patients. Personal beepers may be worn, but must be on vibrating (non-audible) mode and must not be

visible.

- Non-Direct Care Activities: Unless otherwise directed, casual business wear may be worn while in orientation, or at other educational offerings. This includes appropriate shoes/hose. However, if a portion of the day is spent in the clinical area, the above guidelines regarding dress and grooming then apply.
- Off-Site Functions: WSUSOM Clinical Student Dress and Grooming Standards must be adhered to when employees or contract employees represent the DMC at any outside conferences, community outreach functions, and other professional/educational events.
- The following types of clothing are not permitted:
 - Jeans or clothing of denim-like material
 - T-shirts (without hospital approved design or logos)
 - Sweatshirts, sweatpants, or jogging suits
Exception: Staff may wear sweatshirts with hospital approved logo-site specific. Personal Trainers at RIM wear RIM Logowear warm-up suits.
 - Shorts or Capris
 - Tank or tube tops
 - Military fatigues
 - Stretch pants, spandex, stir-up pants
 - See-through or revealing clothing
 - Exercise apparel
 - Mini-skirts or mini-dresses (mid-thigh) or slit above mid-thigh
 - Leather
 - Excessive or inappropriate jewelry
 - Sunglasses
 - Open toe shoes or sandals

SPECIALTY AREAS

- Approved hospital-provided and laundered scrubs are to be worn in designated areas only. These include, but are not limited to, the Burn Center (DRH), Labor and Delivery, LDRP, Dialysis and Perioperative areas.
- Refer to site or department policy for students assigned to the Rehabilitation Institute of Michigan, and Psychiatric or Chemical Dependency areas.

WHEN STANDARDS ARE NOT MET

- Each student is responsible for maintaining an appearance consistent with this policy. It is the responsibility of WSUSOM Administration, in conjunction with resident and attending faculty along with administration of all assigned health care institutions, to assure compliance with these guidelines.
- Residents and Faculty, or the student's counselor from the Office of Student Affairs, are expected to: counsel students who wear inappropriate or unsafe clothing.
- Students repeatedly arriving at work in apparel deemed unacceptable or unprofessional will be sent

home for more appropriate attire. Students may then be required to make up time missed from clinical activities.

- If the student does not respond to counseling, he or she may be suspended and referred to the Professionalism Committee for further action.
- Faculty and resident physicians to whom students are assigned may make exceptions to the above policy for specific purposes and events.



8 ACADEMIC & STUDENT PROGRAMS

Overview

- 8.1 Academic Pursuit - WSUSOM Education Research
- 8.2 Communication Policy
- 8.3 Definition of Medical Student Practice Role
- 8.4 Dismissal
- 8.5 Grading
- 8.6 Elective Course Selection and Policy
- 8.7 Intellectual Property Ownership
- 8.8 Probation
- 8.9 Promotion and Graduation
- 8.10 Remediation/Repeating Failed Courses/Clerkships
- 8.11 Student Appeal of Grades
- 8.12 Student Support/Intervention
- 8.13 Time Zone Policy
- 8.14 Transportation Policy
- 8.15 USMLE Policy

8.1 Academic Pursuit - WSUSOM Education Research

Responsible Party and Review Cycle

The Senior Associate Dean for Curricular Affairs and Undergraduate Medical Education will review this document annually.

LCME Accreditation References

- Element 3.2 Community of Scholars/Research Opportunities
- Element 4.2 Scholarly Productivity

Scholarly Opportunities and Research

Wayne State University School of Medicine takes academic and research integrity very seriously and aims to appropriately credit all those who have contributed to a rapidly emerging educational curriculum. As with any educational institution, there are multiple opportunities for scholarship and to report outcomes in the form of abstracts, posters, presentations, and/or manuscripts. In these cases, the pursuit of publications must be done with the knowledge of the Director of Medical Student Research and involved faculty, staff, or peers.

Any scholarly work that involves, cites or references work or research at Wayne State University or the WSU School of Medicine, is subject to internal review prior to dissemination. Failure to adhere to this requirement will result in a professionalism citation. Note that the pursuit of academic publications drawn without the knowledge of the Director of Medical Student Research and involved faculty, staff, or peers may be considered an act of research misconduct.

Refer to the International Committee of Medical Journal Editors' "Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals" for additional information.

Wayne State University Human Research Policies (IRB)

Please refer to the university research policies: <https://research.wayne.edu/irb/policies-human-research.php>

Research Integrity

<https://research.wayne.edu/integrity>

Related Documents

Professionalism Policy

8.2 Communication Policy

Rationale

This section describes how course directors and faculty will communicate with students about changes to

schedule, or other pertinent information.

■ Responsible Party and Review Cycle

The Senior Associate Dean for Undergraduate Medical Education will review this document annually.

■ LCME Accreditation References

- None.

■ Definition(s)

None.

■ Pre-Clerkship Course Communication Policy

A summary of mandatory and required events for the coming week, for each your courses, will be emailed on Friday afternoon. The course director will use LMS Announcements (e.g., Canvas) to provide additional student information about the course. Including, but not limited to, corrections to course material, changes to the course calendar/ due dates or additional learning resources. Additionally, for specific questions on points of content in lectures or other sessions, there are faculty-specific Discussion Boards provided in the LMS, as well as the ability to post questions directly in the lecture capture videos (e.g., Echo360). The reason for posting questions to central locations is to facilitate efficient responses to questions for all students; if you have a question, it is likely that others have similar questions. Faculty are expected to regularly monitor the course discussions throughout the course for questions that have been posted. Email sent directly to faculty will result in students being referred to the Course Discussion board and responses will be posted there.

■ Clerkship Course Communication Policy

Due to changing clinical schedules, students need to check email daily, and follow clerkship and hospital communication procedures.

■ Related Documents

None.

8.3 Definition of Medical Student Practice Role

■ Purpose

This describes the role of the Physician-in-Training within the practice of medicine during pre-clerkship and clerkship education.

Responsible Party and Review Cycle

The Senior Associate Dean for Curricular Affairs and Undergraduate Medical Education will review this document annually.

LCME Accreditation References

- Element 3.5: Learning Environment/Professionalism
- Element 7.7: Medical Ethics
- Element 9.2: Faculty Appointments
- Element 9.3: Clinical Supervision of Medical Students

Definition(s)

None.

Overview

The Wayne State University School of Medicine values the role of learners in the provision of clinical care. We also value the educational principle of graded responsibility to maximally support learners in their development of clinical expertise. For this to occur, we require that appropriate supervision, assessment, and feedback of learners occur.

All Wayne State University School of Medicine students must be appropriately supervised when participating in required or elective clinical activities. Supervision must occur by a physician who must either possess a Wayne State University School of Medicine faculty appointment or be supervised in their teaching and assessment role by an individual who has a Wayne State University School of Medicine faculty appointment. These individuals can include but are not limited to physicians, residents, fellows, or other licensed health professionals.

Student level of responsibility while being supervised is based on the Public Health Code of the State of Michigan.

The Public Health Code of the State of Michigan allows licensed practitioners to delegate activities and procedures of medical care to medical students while under the direct supervision of the licensed practitioner who is physically present. The students are required to be enrolled in an approved school of medicine and be participating in medical care as part of a course of study.

WSUSOM Medical students may therefore write orders for drugs, treatments, etc., provided that:

1. They are under direct supervision of a licensed physician and are doing so within the approved medical school course of study;
2. They are compliant with the policies of the clinical partner hospital, clinic, practice site or other provider organization. Students may not write prescriptions if otherwise prohibited by hospital/clinic/practice site policy;
3. The students are assigned to or are consultants to the service on which the order pertains; and,

4. A licensed physician countersigns all orders before the orders are executed. Counter signatures via the electronic medical record must likewise be done before the order is executed.
 - o Routine admission orders are not exempted from the above provisions.
 - o Students are not allowed to enter orders in the electronic medical record while signed in using another's credentials, and permission to do so by the licensed practitioner is not valid.
 - o All activity must be in compliance with Michigan Controlled Substance laws.
 - o Medical students acting as sub-interns are still subject to the above provisions.

Medical students will identify their signatures with WSU II, III or WSU IV or MS (Medical Student) III or IV, just as licensed physicians identify their signatures with MD. Medical students will also wear badges identifying them as medical students.

Medical students are not to be involved in any portion of the medical care of other medical students. As part of professional behavior, students should recuse themselves from involvement in medical care of family members or acquaintances.

At all times, if a student is uncomfortable performing an assigned procedure because they feel either that their skills are inadequate or that they need more supervision/guidance than is available, then that student **MUST** refrain from doing the procedure. **Students should never attempt a procedure on a patient they are uncomfortable performing.**

Related Documents

8.4 Dismissal

Overview

Unsatisfactory academic progress subject to dismissal occurs when a student has failed to meet the academic standards of the WSUSOM as designated by the Student Promotions Committee (SPC).

A student is subject to dismissal if the Student Promotions Committee determines that a student's overall academic performance, which includes the student's overall professionalism performance, has fallen below the Medical School's standards. A determination to dismiss a student by the Student Promotions Committee can be made at any time in the academic year or any time during the student's career in medical school. A request for consideration of student dismissal by the Promotions Committee can be made by the Dean, Vice Dean of Medical Education, Chair of the Promotions Committee, Senior Associate Dean of Undergraduate Medical Education, Associate Dean of Student Affairs and Career Development, the Associate Dean of Pre-Clerkship Education, the Associate Dean for Clinical Education, or the Professionalism Sub-Committee.

In all instances where a dismissal is being considered by the Student Promotions Committee, the student will be given notice and will be given an opportunity for a hearing in front of the Student Promotions Committee before a final decision is made.

Responsible Party and Review Cycle

The Senior Associate Dean for Curricular Affairs and Undergraduate Medical Education will review this document annually.

LCME Accreditation References

- LCME 9.9 Student Advancement and Appeal Process

Dismissal

Dismissals occur when a student has failed to meet the academic and/or professional standards of the WSUSOM as approved by the Student Promotions Committee (SPC) in one of the following ways:

1. A student does not complete the medical education program within seven (7) years of the year of matriculation except for MD/PhD.
2. In Segments 1-2:
 - a. A student does not begin and/or complete repeated coursework as scheduled.
 - b. A student does not achieve a grade of Satisfactory in a repeated course.
 - c. A student does not pass a re-examination.
 - d. A student does not remediate failure of a longitudinal course.
 - e. Students who fail three or more courses during Phase 1 (i.e., Segment 1 and Segment 2)
 - f. A student does not pass USMLE Step 1 within (1) year of completion of Segment 2 coursework on the published academic calendar for their graduation year cohort.
 - g. A student fails USMLE Step 1 three times.
 - h. A student violates professional standards.
3. In Segments 3-4:
 - a. A student fails any three required Segment 3 clerkship/Segment 4 clinical rotations.
 - b. A student has two clinical evaluation failures of a Segment 3 clerkship/Segment 4 required clinical rotation, or a second clinical evaluation failure of a single Segment 3 clerkship/Segment 4 required rotation.
 - c. A student fails any single required clerkship three times by failing the subject exam on the third attempt.
 - d. A student does not pass USMLE Step 2 CK within one (1) year after the completion of Segment 4 coursework.
 - e. A student fails USMLE Step 2 three times.
 - f. A student violates professional standards.

Adverse Action Due Process

All Wayne State University School of Medicine medical students are afforded due process prior to an adverse action (i.e. Dismissal or Administrative Leave of Absence) being taken against them. The following outline due process procedures for adverse actions as it relates to the SPC:

1. Students are informed of potential adverse action in writing by the Senior Associate Dean (SAD) or their designee. This communication occurs within seven (7) business days of the student meeting the requirements for an adverse action. The letter discloses the evidence on which an adverse action would be based. In this communication, the student is notified of the opportunity to appear before the SPC.
2. The student is afforded an opportunity to meet with the SAD or their designee to discuss the pending adverse action and discuss the evidence on which the adverse action would be based. Meeting with the SAD is voluntary.
3. Once the student has been informed of the potential adverse action via the letter from the SAD, they must respond within 10 calendar days of whether they will participate or decline to participate in the SPC proceedings. If they choose to participate, they have the opportunity to submit a written letter to the committee, via the committee chair, describing any mitigating or extenuating circumstances relevant to the pending adverse action. It is assumed that the student does not choose to participate if they do not respond within ten (10) calendar days of receipt of the letter. A written reply is not needed for the SPC to continue with the pending adverse action.
4. The student then has the opportunity to appear before the SPC to address the pending adverse actions. Participation by the student is not required.
5. The student can bring a support person to a hearing. If that support person is an attorney, the SPC chair or their designee must be notified ten (10) days prior to the hearing.
6. During the hearing, the student will be introduced to the voting members of the committee. The student is permitted to summarize his/her situation. Members of the committee may ask questions of the student. Recordings of the hearing are not allowed by any individual.
7. In the process of making decisions regarding students, the SPC considers the student's entire academic record to date, which includes:
 1. Pre-entry data and medical school transcript information
 2. Performance data from the current academic year
 3. Information regarding any student issues which appear to have impaired academic or professional performance
8. After the hearing, deliberations occur by the SPC. Deliberations are confidential, are based upon the academic decision-making of the committee, and occur without the student being present.
9. The SPC will vote on the pending adverse action.
10. The SPC can also decide to postpone action pending receipt of additional information.
11. An official letter detailing the outcome of the SPC's deliberations will be sent to the student within 5 business days of the hearing. The letter will be sent by the SPC chair or designee on behalf of the SPC.

Appeal of Dismissal

Appealing Promotions Committee Decisions

Students have the right to appeal decisions of the Student Promotions Committee. In order to appeal a decision, the following must occur:

1. An appeal of an SPC decision is only allowed under the following circumstances:
 - a. A student's due process, as defined above, was violated.
 - b. New information that would have an impact on the SPC's deliberations. The failure of the student to provide this information prior to or during the hearing is not grounds for an appeal.
2. Disagreement with the SPC decision is not grounds for an appeal.
3. A student must present a written appeal letter to the chair of the SPC within ten (10) business days from the time the SPC decision was communicated to the student.
4. The appeal letter must clearly state the specific nature of the appeal.
5. The lack of evidence that the student's due process was violated or the lack of new information in the appeal letter will result in the denial of the appeal
6. If the Dean or Dean's designee finds evidence that due process was violated or new information is available, the Dean in consultation with the chair of the SPC, will convene an ad hoc subcommittee to review the case (see below).
7. A decision regarding the appeal status (grant, deny, or in process) will be issued by the SPC within fourteen (14) business days of the receipt of the student appeal letter.

Appeals to the Wayne State University Provost

- If the appeal initial appeal is denied or the adverse action is upheld by the ad hoc subcommittee, the student can appeal the decision to the provost of the University by writing a letter to the provost, within 30 calendar days of the postmark of the school's final decision, and by providing a copy to the Dean of the Medical School. The procedures for appeals to the Provost can be found at: <https://provost.wayne.edu/academic-policy>.
- A student cannot appeal to the provost prior to the school of medicine's due process and/or appeal process concluding.

Related Documents

[Assessment](#)

[Leave of Absence](#)

[Professionalism](#)

[Remediation](#)

8.5 Grading

Purpose

This document outline policies and procedures for the calculation and reporting of grades.

Responsible Party and Review Cycle

The Senior Associate Dean for Curricular Affairs and Undergraduate Medical Education and the Associate Dean of Clinical Education will review this document annually.

LCME Accreditation References

- Element 9.6 Setting Standards of Achievement
- Element 8.7 Comparability of Education/Assessment
- Element 9.8 Fair and Timely Summative Assessment
- Element 11.6 Student Access to Educational Records

Definition(s)

None.

GMP for Pre-Clerkship Courses. Policy

A guaranteed minimum pass line (GMP) is not set for individual summative assessments. For courses with more than one form of graded assessment, the course grade is calculated by weighting and combining scores for all assessed components. The GMP currently is set at 70% for all Segment 1 and 2 courses.

GMP for Segment 3 Clerkship NBME Subject Exams. Policy

Guaranteed Minimum Pass (GMP) Level: The GMP is the minimal NBME subject exam score with which students are guaranteed to pass the exam. No grade appeals will be entertained regarding NBME objective scoring.

The pass levels are reviewed annually and posted after review of the previous years data. Passing scores are listed on the course syllabuses for each clerkship.

GMP for Segment 3 Clerkship NBME Subject Exams. Faculty Procedure

Guaranteed Minimum Pass (GMP) Level: The GMP is derived from the most recent NBME grading guideline produced for each medical specialty and based on the Modified Angoff procedure, which is a content-based standard setting approach.

The pass level is reviewed annually and posted to course syllabi after review of the previous year's data is complete.

Student Academic Privileges

Every student has a right to a course grade that represents the faculty's good faith judgment of the student's academic performance. The assignment of a course grade may include the assessment of professional attributes. A specific evaluation and grading plan will be distributed clearly at the beginning of each course or clerkship. Fulfillment of professionalism standards is a requirement for passing every course and clerkship. With regards to clinical clerkships, failing any component of a clinical rotation in the domain of professional attributes may result in failure of the clerkship.

Segment 3 Clerkship Grades. Policy

Faculty-authored exams:

Exams written by WSUSOM faculty are graded based on established departmental criteria specified in the pertinent section of this guide.

NBME Exams (Shelf/Subject):

The NBME provides each Clerkship Director with individual examination scores and the mean and the standard deviation for the NBME Subject Examination for the WSUSOM group administered that examination. Each Department through its Clerkship Director and departmental medical education committee decides how passing scores and honors scores for the written examinations are determined using this information. Please refer to each clerkship syllabus for this information.

Clerkship Summary Grade Report Forms & Final Clinical Evaluation:

Each department has discretion on how individual Preceptor Assessment forms aggregate to produce the Summary Grade Report, e.g., assigning more weight to certain evaluations, simply averaging the evaluations, etc. Refer to the clerkship syllabus for details.

The Final Clinical Evaluation for the clerkship is reported on the Clerkship Summary Grade Report form. The Clerkship Summary Grade Report Form is a summary of your performance in a clerkship. Detailed on your Grade Report Form is a summary of the Preceptor Assessment form(s) and your written exam and other assessment scores. At the bottom of the Grade Report is your final course grade. These Grade Report Forms essentially are a "report card" of your performance during a clerkship.

***Note:** No grades are assigned on the Preceptor Assessment form. Your clinical grade, along with other aspects of your grade, are determined only by the department medical education committee and Clerkship Director.*

Segment 3 Clerkship Grades. Procedure

Review of Preceptor Assessment and Grade Report Forms:

You may obtain a copy of your Preceptor Assessment and Clerkship Director Final Assessment forms for each clerkship through New Innovations. The WSUSOM administration recommends that you keep them in a portfolio for periodic reflection and review.

Determination of Final Clerkship Grades

Criteria for Clerkship Honors and Unsatisfactory grades are as follows: Performance in all components of

the student's grade (clinical evaluation, assignments, and examination) must be satisfactory for a student to be given a passing grade. Outstanding clinical performance does not compensate for a failing exam score, nor does an Outstanding exam score compensate for unsatisfactory clinical performance. Failure in one or the other category results in an unsatisfactory grade.

- Performance in both components of the student's grade must be Outstanding for a student to be given an Honors grade. In addition, the student must meet all clerkship deadlines and other criteria to be eligible for an Honors grade.
- At the discretion of the department, certain failing students may be offered the opportunity to repeat departmental examinations (written or oral). Please note that if clinical performance was notably poor, an Unsatisfactory grade may be given without offering a re-examination, and the student will then be required to repeat the rotation. There is no presumption that each student will automatically be given the opportunity to repeat an unsatisfactory examination.
- If the student passes on the re-examination, the transcript grade will be recorded as "S*" (Satisfactory upon remediation).
- If after re-examination, the person is still unsatisfactory, the grade remains "U", and the student will then be required to repeat the clerkship (including both clinical time and all examinations).
- The repeated clerkship clinical time is individualized - it may be one, two or three months of clinical time. The situation will be reviewed by the Associate Dean of Clinical Education and the Associate Dean of Student Affairs and Career Development.

Note: students will be scheduled & assessed fees for any repeated coursework.

Reporting Clerkship Grades

Clerkship grades are determined by each department's Medical Student Education Committee. Students' grades are discussed by the WSUSOM Clerkship Education Subcommittee, after which they are recorded by the Office of Records and Registration. Grades are then made available in New Innovations to students. Students will have a copy of the Grade Report and Clinical Evaluations in their New Innovations file for each clerkship.

The Clerkship Directors and staff of the clerkships are NOT permitted to report the results of examinations, clinical evaluations, or overall clerkship grades directly to individual students outside of the process described in the preceding paragraph.

Grades in Segment 4 Courses

Students will be evaluated in their respective Segment 4 required clerkships and electives using grading policies and procedures established and disseminated for each course. See Clerkship syllabus for details regarding grading and remediation policies.

There are five required clerkships of one-month duration each: Inpatient Sub-Internship and Emergency Medicine Core Clerkship. Also required is the one-month Step 2 prep course, one-month of Residency Prep course (2 options, surgical and non-surgical) and one-month of Medical Educator. The other months include elective courses, selected by the student with the intention that a balanced program of study is selected to complete your medical school education.

Note carefully: AWAY electives are held to the same requirements of grade submission, and the WSUSOM must receive evidence of satisfactory performance for the entire period in order to grant credit.

Students who do not finish an elective will receive a U (unsatisfactory) grade.

Elective Grades

Students will be eligible for the usual clinical grades of Honors, Satisfactory, or Unsatisfactory for electives

Grade Submission

Grades for year M1 and M2 courses (required and mandatory) are due 3 business days after the final exam/ last class meeting.

Grades/evaluations for M3 and M4 courses (required and elective) are due 10 business days from the last day of class.

Related Documents

[Testing Policy](#)

[Assessment Policy](#)

[Clerkship and Clinical Site Policies](#)

8.6 Elective Course Selection and Policy

Purpose

This describes when students may take elective courses, the role of electives in segments 3 and 4, how to select and change your electives, and the role of the School of Medicine in selecting electives.

Responsible Party and Review Cycle

The Senior Associate Dean for Curricular Affairs and Undergraduate Medical Education and the Associate Dean of Clinical Education will review this document annually.

LCME Accreditation References

- Element 6.5 Elective Opportunities

Definition(s)

None.

Segment 1

Any student who passes all courses in the Segment 1A Term (July-Sept) is allowed to sign up for a 1A elective and will be reevaluated before taking a 1B elective.

A student must remain at or above a 75 percent average to continue into the 1B elective.

Students will be allowed to take only one elective per term, then continue in that elective for the year as long as they are academically qualified.

Segment 2

Any student who passes all courses in the Segment 2A Term (April-June) is allowed to sign up for an elective and will be reevaluated before taking a 2B elective.

A student must remain at or above a 75 percent average to continue into the 2B elective.

Starting with the Class of 2026, M2 students will be allowed to take only one elective per term, then continue in that elective for the year as long as they are in good academic standing.

Students are still required to enroll in 12 months of coursework for segment 4.

Segment 3

For Segment 3, WSUSOM does not have electives.

Segment 4

The following policy refers only to changes involving electives. Changes in the order of clerkships (i.e., your clerkship group), the sites of your clerkship, or changes to required Segment 4 are not governed by the following policy.

- ALL requests to change electives are initiated either through the Office of Records and Registration or the Associate Dean of Clinical Education. Students should list their current program, requested change (the new course and alternatives, if indicated), and reason for the change on the Add/Drop Change form available online.
- No changes will be made without the required signed Add/Drop form; if you have previously communicated with administration regarding the change by email, please submit a copy of the relevant discussion along with the change request so that all documentation is together that needs to be reviewed. To reiterate, any explanations, descriptions of extenuating circumstances, etc. including copies of email correspondence must be submitted with the Add/Drop form, as a decision will be made on the program change only with materials available at that time; no attempt will be made by WSUSOM Administration to correlate an Add/Drop form with past submitted information or verbal discussions.
- All requests to change electives must be submitted online at least 45 days before the start of the elective. Note that all paperwork to effect a change must be submitted at least 45 days before the start of the elective in question.
- There will generally be no exceptions to the 45-day limit for changing electives, and in the case where the 45-day limit is waived it is only for emergencies beyond the control of the student or for academic intervention by the SOM.
- If requested by administration, or at the student's request, the student will meet with the Associate Dean of Clinical Education. Once approved, the documents will be forwarded to the Office of Records and Registration for modification of the student's official record. Course Directors impacted by the change will be notified by the Office of Records and Registration.

- It is to the student's advantage to submit the request as soon possible, since the desired new elective may not be available at a later time.
- To request consideration for an elective change with less than 45 days before the start of the course because of extenuating circumstances, the student must personally meet with the Associate Dean of Clinical Education or their designee.
- Students are forbidden to directly contact the elective coordinator, department, hospital, etc. to discuss their desire to change their program/elective. Doing so puts the coordinator in an awkward position as the availability of space in their elective does not necessarily mean that the elective change will be approved by the WSUSOM. Similarly, a program change suggested by your advisor or another faculty member is not automatically approved without review by WSUSOM administration via the procedures detailed above.
- Decisions regarding the approval or disapproval of an elective change are final, irrespective of the availability of space to accommodate the student's request.
- All program changes must follow the policies of the WSUSOM and be approved by WSUSOM administration. There are several reasons for possibly denying approval even though it appears that the course is available, including possible obligations by the WSUSOM to fill spots once students have indicated their desire to take them; other changes that have been recorded but not communicated to the coordinator or department or hospital that takes up the free spot; academic concerns after review of a student's prior performance; program balance, etc. Any program change made by a student that does not have prior WSUSOM approval may not be recognized by the WSUSOM, resulting in denial of credit towards graduation for that elective.

Issues with Away Electives

1. If travel time conflicts with the completion of one elective period and the beginning of another, permission must be obtained from the faculty member in charge of the elective from which time will be lost for travel prior to beginning the course that will cause the conflict. Only 2-4 days are generally allowable and may be required to be made up.
2. You may be required to use a vacation month if away electives are not in sync with the WSUSOM calendar.
3. Paid clerkships or externships are not acceptable as official electives for credit towards graduation. If you get paid for an elective, you cannot also receive course credit for that elective.

Away and Home Electives

AWAY electives are electives that are not at an institution affiliated with WSUSOM. HOME electives are those that are provided at an institution affiliated with WSUSOM.

Students need to submit the necessary paperwork for the approval of all electives other than those in the WSUSOM catalog with our affiliated institutions.

A student may elect to do more than the minimum number of electives required for graduation.

Applying for Away Electives

1. At no time will a student be allowed to complete his or her two required Segment 4 clerkships (Sub-Internship and Emergency Medicine) outside the usual course offerings (required at HOME).
2. Most medical schools will use the AAMC's Visiting Student Application Service (VSAS) to receive

applications from students wishing to do Segment 4 clinical AWAY electives at their institutions. This service includes a searchable database of electives, a short application, the ability to pay application fees online, and tracking of offers and schedules. Detailed helpful information for students about VSAS and a list of participating host schools is available at: <https://www.aamc.org/students/medstudents/vsas/>

- The Wayne State University School of Medicine Office of Records and Registration/Division of Enrollment Management will issue you authorizations to log into VSAS. This office as well as the Office of Student Affairs will assist you in the VSAS application process.
3. The application process for AWAY electives at host schools not yet participating in the VSAS process includes first making contact with the medical school or institution in question. This includes obtaining approval of the Associate Dean of Clinical Education. The Office of Enrollment Management will also help you complete other application materials required by host institutions such as proof of vaccination or other health matters, verification of 'good standing' status, malpractice insurance, etc. It is the student's responsibility to complete all required forms and requests (health forms, transcript requests, proof of health insurance, HIPAA training, respirator fit testing, USMLE scores, photo ID) and submit the completed packet to the Office of Student Affairs. **Students requesting an elective from a school/ hospital requiring additional medical liability insurance beyond the school's policy will bear the cost. This additional fee will not be reimbursed by the WSUSOM.** Be certain to read host school requirements carefully and comply with the policies in addition to all WSUSOM policies. The Office of Student Affairs will review and mail all of this information to the host institution to complete your application for an AWAY elective. Please note that no applications will be processed or mailed by the Office of Student Affairs without submission of all of the required application materials.
 - Programs that do not participate in VSAS will require an affiliation agreement with WSU. Since this needs to go through legal review and get signed by the Provost of the university, it will take at least 2 months to process. Several programs already have affiliation agreements on file with WSU, so it is wise to check before committing.
 4. Only one AWAY clerkship request form will be processed for a given month. Students may not try to get several different AWAY electives for a particular month as "backup electives". Applying to and being accepted at two different institutions for the same month necessitates that the student will have to cancel one of the electives he or she requested after the request was approved by the institution; this is never interpreted favorably by the institution, and could have an impact on future student learning there. You are advised to list alternate courses in the same department when making your requests. By doing so you will avoid having to secure multiple chairs' signatures for a given month and maximize your choices at a given institution.
 5. The Office of Student Affairs will maintain a file of all completed requests and provide the student with a copy of the application materials.
 6. The AAMC Extramural Electives Compendium (usually released in March or April of each academic year) contains information of electives offered to visiting students from a variety of institutions. It can be found on the web at: <https://services.aamc.org/eec/students/>
 - The compendium contains detailed information regarding the application, approval processes, deadline dates, etc. for taking guest electives at all accredited US and Canadian schools. Copies will be available in the Office of Records & Registration, the Office of Student Affairs, Student Organizations Office, and the Shiffman Library. Most medical schools also post their Segment 4-year curriculum guide and elective offerings on their institutional website.
 7. WSU AWAY elective forms are available in the Office of Records & Registration and the Office of

Student Affairs.

8. The Office of Records & Registration must receive written confirmation of acceptance as a guest student from the institution at least 4 weeks prior to the scheduled starting date for the clerkship. Please be sure to monitor this requirement carefully. If written confirmation is not obtained by one month before the start of the elective, please contact the Office of Student Affairs or the Office of the Associate Dean of Clinical Education for assistance.
9. As with all other clerkships and electives, failure to attend an approved clerkship will result in an unsatisfactory grade. That unsatisfactory grade will be made up at the Detroit Medical Center or Henry Ford Health System. The student will also be referred to the Professionalism Committee.
10. Students will be given credit only for those AWAY courses for which they have registered and which appear on their approved Segment 4 program. If changes are made by the student or imposed by the host institution, the Office of Records & Registration must be notified immediately.

International Electives

International electives are defined as educational time spent outside the United States and Canada.

A one-month elective within a foreign country may be taken for credit by Segment 4 students only if the educational value of the elective can be verified. Establishing and approving the elective follows the guidelines outlined below. Prior to contacting an international institution, students must meet with Dr. Chih Chuang, Director of Global Health and Education.

Students who have not obtained Segment 4 status may not take International Electives for credit. Students who are on academic probation or on leave of absence are not permitted to participate in international clinical experiences.

Only one international AWAY elective (of one-month duration) is allowed per student. This elective is considered in the evaluation of program balance.

The procedure for approval of international electives for Segment 4 students at the WSUSOM involves discussing with the Director of Global Health and Education to assess the educational value as well as assessing the logistical aspects of the elective. The Director of Global Health and Education will also assess whether the elective fits into the WSUSOM's long term objective of potential partnership and sustainability. The Director of Global Health and Education will give final approval and all requisite paperwork and evaluations must be completed before a final mark will be issued.

You will need to complete a Schedule Change Request Form if you are adding this elective to your schedule.

Independent Study Electives

An Independent Study Elective is defined as any elective taken during the clinical curriculum of medical school that does not have a previously defined and published syllabus, which describes the objectives, work hours and environment, resources, and evaluation methods of the course. In essence, the course is established by and for the particular student. This definition applies to proposed electives at WSUSOM or one of its affiliated HOME clinical institutions (HOME Independent Study Electives) as well as courses at other institutions (AWAY Independent Study Electives).

Except in unusual circumstances approved in writing after written petition by the student, students will not be allowed to complete more than three independent study electives during Segment 4 of medical school. This includes research electives.

Segment 4 Independent Study Electives can be done here, elsewhere in the USA, or at international sites (see below).

1. HOME Independent Study Electives

- a. Requests to establish a HOME Independent Study course for a student's elective will be considered by the Associate Dean of Clinical Education in conjunction with the relevant Department of the WSUSOM. The request to establish an Independent Study Course is initiated at the Office of the Associate Dean of Clinical Education or the Office of Enrollment Management. The WSUSOM Independent Study Elective form must be completed in order to process the request. Several criteria are used in considering approval of the Independent Study request, including but not limited to, the student's academic record, departmental resources, the student's planned career, the presence of a compelling reason to establish such a course (for example the absence of an identical elective course at the WSUSOM), etc.
- b. The student must contact the department and/or individual with whom he or she intends to work. Together the plan of study is developed and written on the Independent Study form. When completed and signed, this is then submitted to the Associate Dean of Clinical Education for formal approval.
- c. Faculty sponsoring or precepting HOME independent study electives must have a faculty appointment with WSUSOM.

2. AWAY Independent Study Electives.

- a. AWAY Independent Study Electives are developed and approved in a very similar fashion, except that the approval from the Associate Dean of Clinical Education should be sought before attempting to establish the elective. The process is altered in this way to make sure that everyone at the WSUSOM will approve the elective before the student contacts the other institution. During Segment 4, AWAY Independent Study Electives can be arranged when proper documentation of the educational value of the elective can be demonstrated.
- b. AWAY International Electives, which by their very nature are an Independent Study Elective because the experience is unique, are discussed below.

3. Additional important points:

- a. If a student plans to do an AWAY Independent Study Elective, it is their responsibility to make all arrangements regarding the elective, including approval by WSUSOM. No credit will be given retroactively for courses taken but not approved before the start of the course.
- b. Monitor the situation with regard to the AWAY Independent Study Elective requests carefully. If it is determined that the requested AWAY Independent Study Elective is not approved, a substitute must be proposed, which is then added to the program using the mechanism for course changes specified in this Handbook.
- c. All independent study electives must have an evaluation form submitted to the WSUSOM in order to get credit. This must be done within 30 days of completion of the elective, and within three days for May electives (in order to fulfill graduation requirements).
- d. Preceptors must have a faculty appointment at a SOM. Credentials must be submitted in the form of a CV. A current and valid email address is also required.
- e. Independent research electives at HOME or AWAY require submission of an abstract or research report to the WSUSOM in addition to the evaluation form. This will document research progress made during the month.

8.7 Intellectual Property Ownership

Rationale

Materials produced by students, as part of a course of instruction, should place those materials in the public domain so that they can be shared in academic and patient education environments.

Purpose

The need for this policy is because in Service Learning students create educational material for patients and clinics. In support of academic medicine it is valuable for faculty to be able to share these materials in various academic settings. Students may choose to not provide permission to share the material they helped prepare in these settings.

Responsible Party and Review Cycle

The Senior Associate Dean for Curricular Affairs and Undergraduate Medical Education will review this document annually.

LCME Accreditation References

none

Definition(s)

None

Intellectual Property Ownership

Students retain the copyright on all materials produced as a result of coursework. However, we may request permission to display or use student material for pedagogical, scholarly, and administrative purposes.

generalcounsel.wayne.edu/policies/copyright-issues

copyright.wayne.edu/

Related Documents

None

8.8 Probation & Academic Warnings

Responsible Party and Review Cycle

The Senior Associate Dean for Curricular Affairs and Undergraduate Medical Education will review this

document annually.

LCME Accreditation References

- Element 3.5 Learning Environment/Professionalism
- Element 12.3 Personal Counseling/Well-Being Programs
- Element 12.4 Student Access to Healthcare Services

Probation

Purpose

Academic probation is used to track and improve the performance of students struggling academically. No record of the academic probationary status appears on the student's transcript. Academic probation is determined at each program level (i.e., Segment 1, Segment 2, Segment 3, Segment 4). Once a student on academic probation has satisfactorily completed all coursework at a program level, the student comes off probation.

Students in Segment 1 or Segment 2

For a course with multiple assessments, the final course grade is calculated by weighting and combining all summative examinations. A guaranteed minimum pass rate (GMP) is set at 70% for each Segment 1 and 2 course. Students at or below the GMP will be required to meet with the Course Director and their counselor to discuss the reasons for their performance and assess the need for a referral to the Office of Learning and Teaching.

Any Segment 1 or Segment 2 student with one course failure is placed on academic probation and formally notified by the Associate Dean of Pre-Clerkship Education. In addition, a student on academic probation will not be taken off probation until the requirements for that particular segment have been met and the student has been promoted to the next segment. Any student repeating coursework is automatically placed on academic probation until the course is successfully remediated.

Students in Segment 3

Any Segment 3 student with one failure in clerkship will be placed on academic probation and be formally notified by the Associate Dean of Clinical Education and the Academic & Student Programs Office.

[See Remediation Policy](#)

Academic probation during Segments 3 and 4 can result in any of the following actions:

- Monitoring of progress without alteration in the student's program.
- Alteration of the student's program, including a change in clinical site, the order of coursework, or the denial of permission to do AWAY electives.

- Requiring additional course completion beyond the usual curriculum to remediate clinical deficiencies.

Requirements of Probation Segment 1 - Segment 4

Written requirements of probation will be provided to the student via a probation letter. A student on academic probation is required to meet regularly with his/her assigned Counselor and the Office of Learning and Teaching to discuss factors that might be having an impact on academic performance. The frequency of the meetings is determined by the counselor. The student will be required to meet with the Associate Dean of Student Affairs and Career Development, should the student fail to comply with the terms of probation they will be reported to the Promotions Committee. The Promotions Committee may deny a non-compliant student's privilege to take re-examinations with attendant consequences.

Duration of Probation – All Students

Academic probation remains in effect until the student satisfactorily completes all the requirements stated in the probation letter. Students are encouraged to continue to make use of all school resources and maintain contact with his/her counselor.

Expectations for Students on Academic Probation

Students placed on academic probation are responsible for abiding by the following guidelines:

1. Students on academic probation will report to their assigned Counselor every two weeks for counseling with respect to factors having a negative impact on academic performance.
2. Students on academic probation are required to attend and participate in academic support programming.
3. Students on academic probation are not permitted to participate as class officers, hold leadership roles in student organizations, sit on Medical School committees, participate in school activities requiring registration (including, but not limited to elective courses), participate in extracurricular international travel, or represent the school at any conferences.
4. Academic probationary status remains in effect until the student satisfactorily remediates all coursework for that segment.
5. There is a seven-year limit on the time that students have to complete all M.D. degree requirements.
6. Failure to comply with the terms of academic probation will be reported to the Promotions Committee for disposition.

Related Documents

[Grading Policy](#)

[Professionalism](#)

[Testing Policy](#)

8.9 Promotion and Graduation

Role of the Senior Associate Dean for Undergraduate Medical Education and Curricular Affairs

The Senior Associate Dean for Undergraduate Medical Education and Curricular Affairs is responsible for monitoring student progress and will monitor the Student Progress Database for indications of substandard student academic performance or professional behavior. The Student Progress Database (i.e., STARS 2.0) is a repository of biographical, admissions and course work data, as well as all narrative accounts of progress for each student throughout their matriculation in medical school. When substandard performance is noted, all relevant information will be gathered for comprehensive review and referred to the Student Promotions Committee (SPC). In cases of unprofessional behavior, the Senior Associate Dean may refer the case to the Professionalism Sub-Committee, which will review and take action according to policy. If the Senior Associate Dean is directly involved in a particular case, he/she will be recused from the deliberations of that case.

Responsible Party and Review Cycle

The Senior Associate Dean for Curricular Affairs and Undergraduate Medical Education will review this document annually.

LCME Accreditation References:

- Element 8.6 Monitoring of Completion of Required Clinical Experiences
- Element 8.8 Monitoring Student Time
- Element 9.9 Student Advancement and Appeal Process

Definition(s)

None

Seven-Year Limit to Complete All Degree Requirements

Beginning with the matriculating Class of 2015, there is a seven-year limit on the time that students must complete all M.D. degree requirements. The seven-year limit includes participation in the modified program, leaves of absences, repeating coursework, and remediating USMLE examinations. The Vice Dean of Medical Education has the discretion to grant extensions.

Any leave of absence from the M.D. program will be included in the maximum time frame calculation when determining Satisfactory Academic Progress for Title IV financial aid eligibility purposes.

For M.D./Ph.D. students, the time working on the Ph.D. is not counted toward the seven-year limit for the M.D. requirements.

Specification of Requirements for Graduation

To graduate from WSUSOM, each student must:

- Achieve a satisfactory or honors grade for all prescribed courses, clerkships, and electives across segments 1 through 4.
- Complete all required assignments.
- Complete any required remediations.
- Meet all attendance requirements and satisfactorily complete all make-up provisions.
- Act professionally towards patients, fellow students, faculty, standardized patients, and staff
- Schedule and pass USMLE Step 1 within the time frame established by WSUSOM
- Schedule and pass USMLE Step 2 CK within the time frame established by WSUSOM.
- Meets all institutional financial obligations.

May 31st of each year is the deadline for completion of all Segment 4 requirements, , including coursework and passing USMLE examinations. Students who have not passed USMLE Step 2 CK examination by May 1st may not be allowed to participate in graduation activities, including commencement. Students who owe only coursework after May 31st may be allowed to participate in graduation activities on a case-by-case basis, as determined by the Vice Dean of Medical Education or his/her designee.

It is the student's responsibility to know the all requirements for completion of the program and the requirements for the award of the medical degree and graduation. Failure to complete all requirements by the May 31st deadline may delay a student's application for a temporary license, which may mean that the student is unable to begin his/her residency on time.

Segment Promotion

Process

At segment mid-points and end of segment, (see dates defined in Academic Calendar) an Academic Standing Calculation will be run by the Office of Academic & Student Programs.

Students will be notified of their Academic Standing Calculation by letter that will be emailed to each student. If the category is Probation, the student will receive a progress letter with a specific plan outlined to achieve Good Academic Standing. Students with a category of Dismissal will receive separate letters from the school.

Promotions Cycle

As part of the matriculation through the MD program, students must make satisfactory academic progress (see requirements below) measured at eight points in the curriculum. These points are as follows:

1. Approximately half-way through the segment 1 curriculum
2. End of segment 1 curriculum.
3. Approximately half-way through the segment 2 curriculum.
4. End of the segment 2 curriculum.

5. Approximately half-way through the segment 3 curriculum
6. End of segment 3 curriculum.
7. Approximately half-way through the segment 4 curriculum
8. End of the segment 4 curriculum.

Promotion to Segment 2

To be promoted to segment 2, each segment 1 student must make satisfactory academic progress by meeting the following requirements:

1. Achieve a satisfactory grade or its equivalent for all required courses.
2. Meet professionalism standards.

Students who complete all segment 1 requirements listed above are promoted to segment 2 by pre-approval of the Promotions Committee.

Students not achieving the Satisfactory Grade in all Required Courses requirement, will not be promoted to segment 2 and will be required to appear before the Promotions Committee.

Students not meeting academic or professional requirements will be 'Promoted with Concern'. The designation of 'Promote with Concern' does not appear on a student's transcript but will be part of their academic record. Students who maintain a status of 'Promote with Concern' for two consecutive promotions cycles will require a hearing before the Promotions Committee.

Promotion to Segment 3

To be promoted to segment 3, each segment 2 student must make satisfactory academic progress by meeting the following requirements:

1. Achieve a satisfactory grade or its equivalent for all required courses.
2. Register and sit for USMLE Step 1 prior to the start of Clerkships.
3. Pass USMLE Step 1 prior to the start of the Clerkships.
4. Completed mandatory Clerkship Orientation course.
5. Meet professionalism standards.

Students who complete all segment 2 requirements listed above are promoted to segment 3 by approval of the Promotions Committee.

Students not achieving the Satisfactory Grade in all Required Courses requirement, the USMLE requirement, and/or the Clerkship Orientation requirement will not be promoted to segment 3.

Students not meeting academic or professional requirements will be 'Promoted with Concern'. The designation of 'Promote with Concern' does not appear on a student's transcript but will be part of their academic record. Students who maintain a status of 'Promote with Concern' for two consecutive promotions cycles will require a hearing before the Promotions Committee.

Entrance to Segment 3

Students are only allowed to enter segment 3 at the beginning of the Clerkship year which starts on April 1st.

Deadlines for Posting USMLE Step 1 Scores to Begin a Clerkship

A passing USMLE Step 1 score is required prior to starting Segment 3. The deadline to report a passing score is the Wednesday before the start of Segment 3 (Note: scores are only released on Wednesdays.)

Segment 3 Orientation

All students entering Segment 3 clerkships are required to fully attend and pass the Clerkship Preparation course. Failure to do so will result in a one-year Administrative Leave of Absence.

Promotion to Segment 4

To be promoted to Segment 4, each Segment 3 student must make satisfactory academic progress by meeting the following requirements:

1. Achieve a satisfactory grade or its equivalent for all required courses
2. Complete all Clerkship Assignments
3. Meet professionalism standards

Students who complete all Segment 3 requirements listed above are promoted to Segment 4 by the approval of the Promotions Committee.

Students not achieving the Satisfactory Grade in all Required Courses requirement, the USMLE requirement, and/or all Clerkship Assignments will not be promoted to segment 4 and will be placed on Administrative Leave of Absence (ALOA) until the requirement(s) is/are met. This will delay the graduation year and timelines for entry to residency.

Students not meeting academic or professional requirements will be 'Promoted with Concern'. The designation of 'Promote with Concern' does not appear on a student's transcript but will be part of their academic record. Students who maintain a status of 'Promote with Concern' for two consecutive promotions cycles will require a hearing before the Promotions Committee.

NOTE: Students are not promoted to Segment 4 status until all requirements of Segment 3 are met. This includes remediation of all Segment 3 courses and examinations, including Incomplete grades. This is an extremely important issue since Segment 4 electives taken without clearing all Segment 3 deficiencies means that those electives will not be credited toward graduation. It is the student's responsibility to make sure that this rule is followed and that all deficiencies are remediated and requirements are met.

Special or Restricted Segment 4 Programs

The Clinical Education Subcommittee, Student Promotions Committee, and the Office of the Senior Associate Dean of Undergraduate Medical Education (including the Associate Dean of Clinical Education) are empowered to alter Segment 4 programs to guarantee the highest possible academic achievement and knowledge of the graduates of the Wayne State University School of Medicine. This includes but is not limited to, alterations to help remediate academic difficulties and clinical weaknesses. No student can receive Segment 4 credit for Segment 3 make-up work. Segment 4 clerkships cannot be substituted for Segment 3 clinical

core clerkships.

Students who have not completed Segment 3 by the designated end of the academic segment or who have an unresolved unsatisfactory grade in any Segment 3 clerkship indicates a need for remedial work or who have had other significant academic difficulties may be required to do one or more of the following:

1. Make up the deficiency by November 1st of his/her Segment 4 academic year, but before starting any M4 courses.
2. Revise his/her previously approved Segment 4 program to make up a deficiency.
3. Take a prescribed program during their Segment 4 year.
4. Not be allowed to take AWAY electives.
5. Take all Segment 4 clerkships (required or elective) at locations determined by WSUSOM Administration and/ or Clerkship Directors.

Academic Standing & Promotions Criteria Segment 1 through Segment 4

Table 8.9 - Promotion and Graduation

Institutional Academic Standing	Academic Performance	Professionalism Performance	Promotion Decision	Adverse Action	Transcript Notation	Letters of Support, Recommendation
Good Standing	100% of all courses/ clerkship passed (Includes electives)	Satisfactory	Promote	None	No	Good Standing
At-Risk	Performance less than 75% EOS (End of Segment Score)	2 to 3 violations*	Promote with concern	Possible MSPE citation as determined by committee	No	Good Standing
Probation	1 or more course/ clerkship failures (includes electives)	Unsatisfactory	Promote with concern after Remediation (see Remediation Policy)	Possible MSPE Citation as determined by the committee	No	Good Standing
Suspension	Required Administrative Leaves of Absence (ALOA)	Serious Concern* as determined by policy or committee	Do not Promote	Yes, MSPE citation	Yes	Academic or Professional Difficulty – Not eligible
Dismissal	As determined by policy or committee	As determined by policy or committee	Do not Promote	Yes	Yes	Academic or Professional Difficulty – Not eligible

Related Documents

[Grading Policy](#)

[Testing Policy](#)

8.10 Remediation/Repeating Failed Courses/Clerkships

Rationale

Students who do not meet the minimum pass rate threshold for a course may be allowed an opportunity to remediate unsatisfactory coursework

Responsible Party and Review Cycle

The Vice Dean for Medical Education, Pre-clerkship Education Subcommittee and Clerkship Education Subcommittee will review this document annually.

LCME Accreditation References

- Element 9.7 Formative Assessment and Feedback
- Element 9.9 Student Advancement and Appeal Process

Definition(s)

None

Remediation of Failed Course

Students who fail a pre-clerkship course remediate their failure by re-examination. Re-examination will consist of a single exam session which will contain questions representative of the entire course content. Re-examination format may vary from the original examinations. For students who fail a pre-clerkship longitudinal course (P4, Service Learning, Clinical Skills, CEC) the remediation process will be described in the course syllabus. In order to achieve a satisfactory score following remediation (S*), a student must meet or exceed the GMP set for the course.

Students who do not appear for re-examinations on the scheduled date will maintain their final course grade. The student must go through the grade appeal process to petition for a make-up re-exam.

All remediations of segment 1 course failures must occur immediately following the end of segment 1 courses, on approved examination dates.

Remediation of segment 2 course failures in April – June must be remediated in December of the same-calendar year, on approved examination dates. All other course remediations must occur in January of the following calendar year, on approved examination dates.

Failure of a re-examination of a failed course, or remediation of a longitudinal course, will result in a referral to the Student Promotions Committee (SPC) for Dismissal.

Students are not permitted to re-examine in the same course twice.

Repeating Courses/Clerkships

Pre-Clerkship Courses

The maximum number of failures allowed in the pre-clerkship phase is TWO. This includes failing any of the longitudinal courses. Successful remediation of a failed course, counts as a course failure. Students are pre-approved to remediate no more than two failed courses between Segment 1 and 2. Students who fail three courses between Segment 1 and Segment 2 will be referral to the Student Promotions Committee (SPC) for Dismissal.

If the appeal of Dismissal is granted, the student is allowed the opportunity to repeat the failed courses. Courses that are repeated will be listed twice on the transcript. The initial grade will be unsatisfactory (U), and the second listing will be satisfactory (S), assuming the student earns a passing grade upon repeat. Students repeating courses are ineligible for EOS honors.

Repeating of pre-clerkship Elective Courses is not allowed.

Note - Class of 2024:

Students are permitted to remediate no more than two failed courses in Segment 1, and no more than two failed courses in Segment 2. Students who fail three or more courses in Segment 1 or Segment 2 will be administratively dismissed.

Segment 3 & 4 Clerkships & Electives

Remediation of Failed Clinical Work or Failed Courses

Students who fail more than one NBME subject examination, or fail the overall clerkship clinical evaluation, will be required to meet with the Clinical Remediation sub-committee of the Promotions Committee and will be placed on Academic Probation for the remainder of Segment 3. The Clinical Remediation sub-committee of the Promotions Committee consists of the Associate Dean of Clinical Education, Associate Dean of Student Affairs and Career Development, a selected Clerkship Director, and the student's counselor.

The Clinical Remediation sub-committee of the Promotions Committee will decide the remediation requirement for the student. Students will be required to repeat the clerkship (including clinical work) after an overall clerkship clinical evaluation failure or after failure of the clerkship NBME subject re-examination.

Students will be assessed fees for all repeated coursework and examination fees. It is emphasized again that students must satisfactorily complete all Segment 3 requirements and pass all Segment 3 Clerkships prior to starting Segment 4 work.

Remediation of Failed NBME Subject Examinations

Re-examination of failed examinations will be limited to one of two time periods, generally, in early January or April.

Repeated exams may not be taken while the student is taking another clerkship.

Two Failed Exams

Students with more than one outstanding NBME subject exam failure will be stopped in their progress to remediate their examinations. Only one exam may be taken at the January or April re-examination date. Students will not be able to resume clinical work until both exams have been successfully remediated.

Repeat Exams During Clerkships

Clerkship Directors have been instructed to release students for the purpose of re-examination dates only on the SOM re-examination dates in January or April. No student will be released from a clerkship to take another clerkship examination other than as stated herein, since no student is allowed to take a make-up or repeat examination while enrolled in another clerkship.

Exceptions to this rule will only be considered after direct consultation with the Associate Dean of Clinical Education. It is emphasized again that students must satisfactorily complete all Segment 3 requirements and pass all Segment 3 Clerkships prior to starting Segment 4 work.

Clerkship (full course) Retake Policy

Students with an Unsatisfactory clerkship grade resulting from a double shelf exam failure or a clinical failure will be scheduled and registered for a second course iteration of that clerkship. Students re-taking a clerkship in which they previously earned a U, will have the opportunity to earn all possible grades, including Honors. Both course grades, the original U and the subsequent course grade, will stand on the transcript for the same clerkship. Students who have failed a clerkship (original U) will receive zero points for the clerkship towards their comprehensive M3 point calculation even after the clerkship has been remediated, regardless of the subsequent grade earned. The MSPE letter will denote the remediated grade and corresponding graph.

Segment 4 Remediation

A student failing a segment for Required course must make up that course pursuant to course policy of re-taking the final exam (Emergency Medicine) or repeating the course in its entirety.

A student failing an elective course must meet with the Associate Dean for Clinical Education and the Associate Dean for Student Affairs to plan a course of remediation for the elective course.

A student not attending or not completing a segment 4 course will receive a failing grade for that course. This includes away rotations that are preapproved. Close communication with the Enrollment Management Department and review of schedules is vital in avoiding such situations.

Scoring

Makeup examinations and re-examinations will be subject to the guaranteed minimum pass score for the year in which the student originally took the course.

Related Documents

[Grading](#)

[Testing](#)

8.11 Student Appeal of Grades

Purpose

This document describes the process of appealing a course grade.

Responsible Party and Review Cycle

The Senior Associate Dean for Curricular Affairs and Undergraduate Medical Education will review this document annually.

LCME Accreditation References

- Element 9.9 Student Advancement and Appeal Process
- Element 11.6 Student Access to Educational Records

Definition(s)

None

Appeal Procedure for Grades

Grading Principles

1. Instructors are expected to evaluate student work according to sound academic principles and standards. Course expectations should be clearly specified, and grades should be assigned without departing substantially from announced procedures.
2. It is the instructor's prerogative to assign grades in accordance with his/her academic/ professional judgment, and the student assumes the burden of proof in the appeals process.
3. Grounds for appeals are:
 - a. the application of non-academic criteria in the grading process, as listed in the university's non-discrimination and affirmative action statute: race, color, sex, national origin, religion, age, sexual orientation, marital status, veteran status or disability;
 - b. sexual harassment; or
 - c. evaluation of student work by criteria not directly reflective of performance relative to course requirements. **Students cannot appeal the results of an objective written or computerized examination, other than to have the score verified.**
4. These policy guidelines do not apply to allegations of academic dishonesty. Academic misconduct matters should be addressed as set forth under the heading **Academic Misconduct Regarding Examinations**.
5. For **Segment 3 clerkship appeals** students are strictly prohibited from contacting anyone (including site directors, attending physicians, rounders, residents, preceptors, or other faculty) other than the Clerkship Director with questions, concerns, or grade appeals related to the evaluation of their

performance in the clerkship. A student found to violate this prohibition will have their appeal automatically denied.

Appeal of Grades

1. Students should raise formal grade appeals in writing within 10 business days following official notification of grades. The student's first appeal is to the Course/Clerkship Director with a copy of the written appeal submitted to the appropriate segment director for students in Segment 1-2 or Associate Dean for Clinical Education for students in Segments 3-4. Before the student is informed of the decision, the Course/Clerkship Director will review the decision with the appropriate Associate Dean or segment director to ensure that the policies and procedures guiding the WSUSOM have been followed. Further appeals shall be directed to the Senior Associate Dean of Undergraduate Medical Education.
2. The decision by the Course/Clerkship Director and Associate Dean or segment director shall be sent to the student in writing within 30 business days of receiving the appeal, or within 10 days of the next meeting of the clerkship grading committee, if that is part of the clerkship grading process, with a copy of the decision sent to the appropriate dean or director. If the issue is unresolved, the student may, within 10 business days of its receipt, write a formal appeal to the Senior Associate Dean of Undergraduate Medical Education (pre-clerkship) or the Clinical Education subcommittee. Appeals to the clerkship directors committee should be addressed to the Associate Dean for Clinical Education. They will be heard at the next committee meeting, and will be decided by vote of the clerkship directors.
3. Students shall be notified in writing of the WSUSOM decision regarding the appeal within 30 business days of its receipt. This decision is final at the medical school level.
4. When the appeal procedures within the School have been exhausted, the student may request the Provost to review the decision on the record. Procedures for requesting a Provost review are published in the University Graduate Bulletin. This appeal is only on the basis of due process of the previous appeals.

Related Documents

[Grading](#)

[Testing](#)

[Professionalism](#)

8.12 Student Support/Intervention

Rationale

This policy is aimed at optimizing student performance while in medical school.

Responsible Party and Review Cycle

The Senior Associate Dean for Curricular Affairs and Undergraduate Medical Education and the Associate

Dean of Clinical Education will review this document annually.

LCME Accreditation References

- Element 11.1 Academic Advising

Definition(s)

None.

Overview

To optimize learning, students with low performance on assignments and exams will be required to participate in additional teaching and learning opportunities. These include small group practice and/or one-on-one tutoring with a Learning Coach. Support is offered to students throughout the curriculum. Specific supports are as follows:

Segments 1 & 2

- Students who score below or near the minimum passing score on one exam are required to attend scheduled small group sessions. They are also required to meet with a Peer Learning Coach. Students will be notified via email.
- Students who score below or near the minimum passing score on more than one exam are required to meet with an M4 Advanced Learning Coach. They have the option of continuing to attend the small group sessions. Students will be notified via email.

Clinical Skills, Service Learning and P4 supports are documented by the Course Directors in their syllabus.

Segment 3 & 4

- Student performance is monitored via Clerkship rotations by preceptors, residents and Clerkship Directors.
- Clerkship students who score below or near the passing score for one shelf exam are required to meet with their Clerkship Director and assigned University Counselor.
- Clerkship students who score below the passing score for two shelf exams are required to meet with a small support team including the Associate Dean for Clinical Education, the Associate Dean of Student Affairs, their assigned University Counselor, a Learning Skills Specialist from the Office of Learning and Teaching and the Faculty Director of Wellness. An individualized plan supporting the student's success will be developed through this meeting.

Advanced Learning Coaches are available for students requiring content support.

8.13 Time Zone Policy

Rationale

This section sets out the expectation that all course activities are in the Time Zone that includes Detroit, Michigan. Students who reside outside of this Time Zone are expected to attend course activities as they are scheduled, with no expectation of accommodation due to the Time Zone in which they reside.

Responsible Party and Review Cycle

The Senior Associate Dean for Curricular Affairs and Undergraduate Medical Education will review this document annually.

LCME accreditation References

- None

Definition(s)

None

Time Zone Policy

This course is taught in the Eastern Time Zone. All course dates and times for exams, quizzes, assignments, and submissions refer to Eastern time. If you are residing in a different time zone, please ensure that all work and submissions are made by the appropriate Eastern Time scheduled for the assignment. Activity times, exam times, etc. will not be adjusted.

Related Documents

Grading Policy

Testing Policy

8.14 Transportation Policy

Purpose

This describes the requirement that students provide their own transportation to and from clinical sites.

Responsible Party and Review Cycle

The Director of Medical School Enrollment will review this document annually.

LCME Accreditation References

- None.

Definition(s)

None.

Overview

As part of the WSUSOM curriculum, students are assigned to local or distant community-based sites at various times throughout the four-year curriculum. It is the policy of the School of Medicine that students provide their own transportation to/from these sites. Student schedules will not be changed based on the availability of transportation. The student will be responsible for getting to/from those locations on-time.

Notes:

Guidelines on Transportation:

The School of Medicine strongly recommends that all students have a valid State driver license and a vehicle for own use. Public transportation, taxis, etc., are not always a reliable means of transportation and students will be expected to attend classes and other required curricular events regardless of transportation method. It is inappropriate to request a clinical site, preceptor, or volunteer organization to change schedules based on transportation availability.

Financial Aid Notes:

The Cost of Attendance budget for financial aid recipients includes transportation costs such as parking, car insurance, gas, and standard maintenance. While students are required to have transportation available, the expense of a car payment or lease cannot be included in the cost of attendance. Eligibility for financial aid including scholarships, stipends and loans is capped at the Cost of Attendance. If students experience an emergency need for vehicle repairs, please complete a Financial Aid Budget Adjustment Request Form.

Resources:

Transportation Resources:

<https://wayne.edu/financial-aid/low-income-students/transportation>

Possible assignment locations and distance:

https://www.med.wayne.edu/admissions/pdfs/clerkship_location_site_information_2018.pdf

**These are subject to change*

Related Documents

None.

8.15 USMLE Policy

The United States Medical Licensing Examination (USMLE) is the common evaluation system for all applicants for medical licensure in the United States.

The USMLE assesses a physician's ability to apply knowledge, concepts, and principles that are important in health maintenance and disease prevention that constitute the basis of safe and effective patient care. The USMLE is a single examination program with three steps. Step 1 assesses the medical school student's application of knowledge and understanding of key concepts of basic biomedical science, with an emphasis on principles and mechanisms of health, disease, and modes of therapy. Step 2 CK assesses the medical student's or graduate's application of medical knowledge and understanding of clinical science considered essential for the provision of patient care under supervision, including an emphasis on health promotion and disease prevention. Step 3 assesses whether or not the physician can apply the medical knowledge and understanding of biomedical and clinical science considered essential for unsupervised practice management in ambulatory settings. The Step 3 exam is taken after medical school.

This document describes the Step 1 and Step 2 preparation processes implemented at Wayne State University School of Medicine.

Responsible Party and Review Cycle

The Senior Associate Dean for Curricular Affairs and Undergraduate Medical Education will review this document annually.

LCME Accreditation References

- Element 9.4 Assessment System

National Board of Medical Examiners (NBME) Guidelines

The National Board of Medical Examiners (NBME) sets the passing scores required for each of the USMLE examinations and can change at any time. In addition, the timing, frequency, and location of all USMLE examinations are determined by the NBME. Students are responsible for knowing all NBME regulations for taking Step examinations. For example, the NBME states that it may take up to 6 weeks from the time of the examination until a score is posted. Students should plan according to the published reporting schedule when facing WSUSOM deadlines. For Step 1 also note that there is often a delay in reporting scores for examinations taken from the middle of May through the end of June and for Step 2 CK, there is often a delay to the end of July. Details are always posted on the NBME website.

The NBME has established limits on the number of examinations per year, the time between examinations, and the total time to complete all steps of the licensing examinations. Refer to the NBME website for their current policies: www.usmle.org/bulletin

USMLE Step 1 Policy

Policy for Requirements to be eligible to take USMLE Step 1 Examination and Start Clerkships.

Inclusion of all Dual Degree Programs

This policy applies to all SOM medical students including all joint and dual degree students (e.g., MD/ Ph.D.). All joint and dual degree students are subject to the same Step 1 Policy and procedures as all other medical

students and violations can result in Step 1 Prep course failure, ALOA, and or professionalism citations.

Mandatory USMLE Step 1 Preparatory Course

All students will enroll in the Step 1 Preparatory Course, a dedicated study period.

Graduation and Promotion

Successful completion of the United States Medical Licensure Exam (USMLE) Step 1 and Step 2 CK is a requirement for graduation from the Medical Doctor (MD) program. Within one calendar year of completion of Segment 2-course work, each student must submit a passing score for Step 1. Those who do not will be referral to the Student Promotions Committee (SPC) for Dismissal.

Promotion to Segment 3 and Starting Clerkships

Before promotion to Segment 3 and starting clerkships, each student must take and submit a passing score on the USMLE Step 1 examination, in addition to satisfactorily completing the Step 1 Preparatory course and the clerkship prep course. Students who fail to submit a passing score or who do not take the examination within the dates, parameters, and policy set forth during the dedicated Step 1 Preparatory Course will referral to the Student Promotions Committee (SPC) for ALOA. Students placed on ALOA will not be eligible to begin the Segment 3 Core Clerkship sequence and be removed from their clinical site placement and their current graduating class year. Students on ALOA will default to clerkship on-boarding in the subsequent academic year with absorption into the next graduating class pending successful posting of USMLE Step 1 during the prescribed ALOA period. The student will be removed from the current class. They will also be removed from the Clerkship Preparation Course so that they can enroll in that course the next year. Upon eventual passing of step 1, the student will be placed in the next class for graduation.

Sitting for Step 1

Upon successful completion of the core Segment 2 coursework, and before beginning the Segment 3 Clerkship phase, all students will be enrolled in the mandatory Step 1 Preparatory Course. After the start date, participation in the Step 1 Preparatory Course is subject to all policies and parameters set forth for satisfactory completion. Students who do not plan to take Step 1 or anticipate not being able to commit to full participation in the Step 1 course due to medical, personal, or financial reasons will have the option to request a leave of absence and must do so before the course start date. Students seeking USMLE testing accommodations must secure these in advance of the start of the Step 1 Preparatory course. As such, submission of applications for USMLE testing accommodations is advised well in advance of the January Step 1 Preparatory course as these can often take 6 months to be evaluated and approved.

Enrollment in and starting of the Step 1 Preparatory course signifies the participating student's agreement and intent to complete all Step 1 Preparatory Course requirements as set forth within the established deadlines.

LOAs identified before the Step 1 Preparatory course

Students who do not plan to take Step 1 or anticipate not being able to commit to full participation in the Step 1 Preparatory course due to medical, personal, or financial reasons will have the option to request a leave of absence and must do so in advance of the course start date in January and the University Holiday Closure period in December. No leave requests will be considered or processed after or during the

December University Closure period. Therefore, students with previously identified medical/personal/ or financial situations precluding their full participation in the Step 1 Preparatory Course after the 1st of January must submit a Leave of Absence before the conclusion of their core Segment 2 coursework in December and before the university closure. The deadline to submit these requests to the Office of Student Affairs is December 15th at 5 pm. Requested leaves, if approved, will incur a full calendar year with re-entry to the MD Curriculum deferred to the Step 1 Preparatory Course for the next graduating class.

Step 1 Preparatory Course

The course is a one-credit course with the following requirements includes the following:

- Take the Comprehensive Basic Science Examination (CBSE) on campus at the WSUSOM as scheduled by the Testing department
- Take a Comprehensive Basic Science Self-Assessment (CBSSA) exam within the parameters set by the course director
- Sit for the Step one exam before the deadline established by the course

Requirements for Starting and Continuing Core Clerkship Sequence:

Policy for Step 1 Success and Advancement to Clerkship

- A. Students must successfully pass M1 & M2 Segments.
- B. At the end of Human Disease Foundations 2 (HDF 2), students identified as high risk of Step 1 failure (see below) are required to meet with the Vice Dean of Medical Education or designee.
- C. High-risk of STEP 1 failure is defined as meeting any of the following criteria:
 1. Failure of any course during segment 1 or 2 regardless of the academic year in which it occurred.
 2. End of segment 1 score below 75%.
 3. Averaged Human Disease Foundations 1 and 2 final score below 75%
- D. Students must take the Comprehensive Basic Science Exam (CBSE) as scheduled. Students exhibiting additional factors (see below) that indicate a high risk of Step 1 failure will be required to meet with the Vice Dean of Medical Education or designee to discuss possible withdrawal from the Step 1 Preparatory course.
 1. Additional high-risk criteria include:
 - a. Failure of the Human Disease Foundations 3 (HDF-3) course.
 - b. End of segment 2 scores below 75%.
 - c. A CBSE score below 180 or equivalent .
- E. Students who elect to proceed to the Step 1 exam will enroll in Step 1 Preparatory course. Students must adhere to all requirements of the course including the following:
 1. The Step 1 exam must be taken by the completion of the course. To avoid schedule changes (e.g., closure of the testing center, illness), it is highly recommended that students schedule

their test date at least 1 week before the completion of the course. No extensions will be given to sit for the test past the deadline established by the SOM, thus a buffer period is highly recommended.

2. Students must schedule and confirm their Step 1 exam date by end of the first week of the course with the NBME and the testing center. Students are allowed to change their exam date during the course, but the scheduling of an initial date must occur during the first week of the course. The SOM will review and monitor test schedules weekly as provided by the NBME.
 3. Students must take a standard-paced Comprehensive Basic Science Self-Assessment (CBSSA) exam within the first 4 weeks of the course. Students must use the WSUSOM-provided voucher for this exam. The results of this exam will be used along with other risk factors to advise students on their readiness to sit for the exam. A CBSSA score below 69 is considered a risk factor for failing Step 1.
 4. Based on the performance of the initial CBSSA, select students will be required to take an additional standard-paced CBSSA exam before the end of the course. Students must use the WSUSOM- provided voucher for this exam.
- F. Students who complete all requirements of the Step 1 preparatory course and pass Step 1 before the deadline will receive a Satisfactory (S) grade and can proceed to Clerkship.
- G. Students who do not complete all requirements of the Step 1 preparatory course OR do not pass Step 1 before the deadline will receive an Incomplete (I) grade and will be referred to the Student Promotions Committee (SPC) for ALOA.
- H. Students who complete segments 1 and 2 successfully and who pass Step 1 will remain enrolled in the clerkship preparation course and start clerkships.
- I. Any personal or medical issues that could potentially negatively impact the student's ability to successfully pass Step 1 or that could potentially result in a PLOA or an MLOA should be identified and discussed with Student Affairs and their counselor before the beginning of the Step 1 Prep course. Students taking Personal LOA or Medical LOA will discuss these with student affairs before Dec 1, as the documentation and paperwork will need to be done before the winter break (university closure). Students taking MLOAs or PLOAs will start those before the course. After the course starts, students not starting clerkships or taking Step 1 will only be referred to the Student Promotions Committee (SPC) for ALOA.

LOA

Students taking an LOA before starting the step 1 prep course will delay graduation by at least one year.

Regardless of the type of LOA (Medical, personal, administrative) the student on LOA must take step one before December 1 of the year (following the completion of segment 2 classwork) to be eligible to start clerkships on the following April 1. For example, a student (Original class of 2026) who is on LOA starting in January of 2024 will need to take Step 1 before December 1 2024 to start clerkships in April of 2025 and subsequently graduate with the class of 2027.

Failing Step 1

Students who have not taken the Step 1 exam by the due date will be referred to the Student Promotions Committee (SPC) for ALOA. for the year and will not be able to start segment 3. To start clerkships with the

next graduating class in April of the following year, they must submit a passing score by December 1 of the same year (see example above)

Policy Violations

Professionalism citations will be issued in the following circumstances:

- Not taking, or not meeting the deadline to take, the CBSE,
- Not taking, or not meeting the deadline to take, the CBSSA, and/or
- Not taking, or not meeting the deadline to take, Step 1.

Dismissals:

Three-Step 1 Failures will result in an referral to the Student Promotions Committee (SPC) for dismissal. Failure to take and pass step 1 by one calendar year following the conclusion of segment 2 coursework (exclusive of the clerkship and step prep courses) will be referred to the Student Promotions Committee (SPC) for Dismissal.

Students should contact Financial Aid regarding any change to their financial aid status due to Academic Leave of Absence or Dismissal.

USMLE STEP 2 Policy

All students will be registered for the Step 2 Preparation course. This self-directed learning course is a one credit-hour satisfactory/unsatisfactory course that will help provide students with additional structure and medical school resources while preparing for the exam.

USMLE Step 2 CK (Clinical Knowledge)

All Segment 4 students must take Step 2 CK by October 31 in the academic year they expect to graduate and post a passing score by May 1. Students who have not taken the exam by the end of October will be contacted by the Associate Dean of Clinical Education to discuss noncompliance. Students without a passing score by May 1 will be removed from the list of students participating in graduation. Students who are exiting for an ELOA after their clerkship year are subject to meet the Step 2 CK posted deadline for their original graduating class. If a student has obtained a residency position, the student must contact the program and notify them of their delay in starting their residency program on July 1.

Students must post a passing score by the date the medical degree is conferred or will be referred to the Student Promotions Committee (SPC) for ALOA. The deadline for students posting a passing score is May 1 of the academic year following the academic year in which the first attempt was made, or they will be referred to the Student Promotions Committee (SPC) for Dismissal. The clock/deadline for a student begins once they begin Segment 4 coursework. Students who then choose to decelerate Segment 4 coursework do not change the final deadline for passing the Step 2 exam if Step 2 CK has been taken.

USMLE STEP 2CK

1. Segment 3 (Junior) students are not allowed to take time off to take USMLE Step 2.
2. Segment 4 students are allowed one day off from coursework to take USMLE Step 2 CK. No

additional time off from Segment 4 electives or required courses will be allowed to study for the USMLE. There will be no exceptions to this policy.

3. It is recommended that the student schedule Step 2 exams at the end of the Step 2 Prep course month.
4. Once you have a date for the exam, please inform your counselor and the involved Clerkship Director/ elective coordinator in writing at least two weeks before the anticipated day off for the exam.
5. The Administration of the WSUSOM requires that Step 2 CK must be taken by Oct 31. Failure to take the test by that day will result in cancellation of the Segment 4 schedule until it is remediated.
6. In order to be certified for the match and be eligible to graduate in June, passing scores for the exam must be posted (i.e., available to the SOM) by February 1.
7. Students who fail Step 2 three times will be referred to the Student Promotions Committee (SPC) for Dismissal.

Policy Violations

All policy violations will be subject to review by the Student Promotions Committee including but not limited to Professionalism Citations, an Administrative LOA and/or referral to the Promotions Committee for disciplinary action, which can include notations on the MSPE and possible dismissal.

Related Documents

[Grading](#)

[Leave of Absence](#)

[Testing](#)

[Dismissal](#)

8.16 Non-Faculty Instructor Policy

Purpose

The purpose of this policy is to ensure that residents, graduate students, postdoctoral fellows, and other non- faculty instructors in the medical education program who supervise or teach medical students are familiar with the learning objectives of the course or clerkship and are prepared for their roles in teaching and assessment.

Responsible Party and Review Cycle

The Senior Associate Dean for Curricular Affairs and Undergraduate Medical Education will review this document annually.

LCME Accreditation References

Description

Non-Faculty Instructors

All residents, fellows, graduate students, advanced standing medical students and other non-faculty instructors that instruct, assess or supervise Wayne State University School of Medicine medical students are required to be provided the learning objectives for the course, clerkship or elective prior to beginning their duties. Additionally, these individuals must receive appropriate training in order to prepare them for their roles and responsibilities.

The minimum expectations for the activities include:

- Residents and other instructors who do not hold faculty ranks receive a copy of the course or clerkship/rotation objectives and clear guidance from the course or clerkship/rotation director about their roles in teaching and assessing medical students.
- The institution and/or its relevant departments provide resources (e.g., workshops, resource materials) to enhance the teaching and assessment skills of residents and other non-faculty instructors. The institution is responsible for central monitoring of the level of residents' and other instructors' participation in activities to enhance their teaching and assessment skills.
- Formal evaluation of the teaching and assessment skills of residents and other non-faculty instructors, with opportunities provided for remediation if their performance is inadequate is required. Evaluation methods could include direct observation by faculty, feedback from medical students through course and clerkship/rotation evaluations or focus groups, or any other suitable method.

8.17 Pre-Clerkship Student Workload Policy

Purpose

The purpose of this policy is to outline expectations about the amount of time that students spend preparing for and participating in required activities during the pre-clerkship phase of the curriculum. This policy addresses in-class activities and required activities assigned to be completed outside of scheduled class time. This policy is designed to ensure time for self-regulated, independent study and a manageable workload.

Responsible Party and Review Cycle

The Senior Associate Dean for Curricular Affairs and Undergraduate Medical Education will review this document annually.

LCME Accreditation References

Element 8.8: Monitoring Student Time

Active Learning Activities

Active learning activities are designed to provide structured and intentional practice of concepts presented in lecture. These activities include but are not limited to gross anatomy laboratory sessions, histology laboratory sessions, and team practice sessions. Active learning sessions are required and are either scheduled in-person or virtual (e.g., Zoom).

Clinical Courses

These include Clinical Skills (CS), Population, Patient, Physician, Professionalism (P4), Service Learning (SL) and the Clinical Experiential Course (CEC). Each course offers its own sequence of required in-person sessions, preparatory assignments, and longitudinal achievements that are assessed by exams, assignment completion, clinical encounters/experiences, or procedural demonstrations with standardized patients. There are some lectures associated with these courses, and students are expected to arrive prepared for each required session by following instructions associated with each activity.

Lectures

Lectures are faculty-authored and are pre-recorded and available for asynchronous viewing by the students. Lecture viewing is optional, and students may select their own learning strategies to master new content.

Self-Directed Learning Activities

These are activities that are intended promote self-directed learning among students and specific skills including 1) Self-assessment of learning needs; 2) Independent identification, analysis, and synthesis of relevant information; and 3) independent appraisal of the credibility of information sources. Students engaged in self-directed learning activities will receive feedback on their information-seeking skills.

Overview

- A. The expected overall workload per week is designed to be reasonable and provide time for students to fully engage in the curriculum while also taking into account personal health and wellness needs.
- B. Students are expected to fully engage in the curriculum including required activities and assessments. It is expected that students will prioritize the curriculum over social, supplemental and service activities.
- C. Course directors for each course have the responsibility for monitoring hours scheduled and allotted prep time according to the policy and ensuring that all activities within their course are in alignment with the policy. The reporting of this data will be included in the annual course report review.
- D. It is the responsibility of segment directors under the leadership of the Senior Associate Dean to ensure the policy is being applied across all courses and work with course directors to balance the workload as needed.
- E. It is the responsibility of the Senior Associate Dean to monitor that the policy is being followed and to provide regular adherence updates to the Curriculum Management Committee.

Pre-Clerkship Student Workload Policy

The weekly average number of hours students spend in the pre-clerkship curriculum during a given term

should not exceed 50-hrs per week averaged across all the entire term, excluding vacation weeks between terms. This amount factors extra time for first pass through lectures, preparation and time spent attending required active learning sessions, all clinical assignments and associated coursework, and allocated time for self-directed learning. Not included is time that students use for personal activities (exercise, hobbies, wellness), extra time for exam preparation, time spent in electives, and sleep.

Procedure

A. Pre-clerkship workload is to be calculated using the following formula

1. First-Pass Time for Lectures
 - a. M1/M2 Lecture: 2.5 hours per 1-hour lecture
2. Active Learning Activities (hours per session)
 - a. M1 Gross Anatomy Laboratory: 3.5-hr
 - b. M1 Histology Laboratory: 1.5-hr
 - c. M1 Neuroscience Laboratory: 1.5-hr
 - d. M1 Radiology Active Learning: 1.5-hr
 - e. M1 Ultrasound Training: 1-hr
 - f. M1 Team Practice: 2-hr
 - g. M1 Pharmacovigilance: 1-hr
 - h. M1 Evidence-Based Medicine: 1.5-hr
 - i. M2 Microbiology & Immunology Lab: 2-hr
 - j. M2 Pathology Lab: 2-hr
 - k. M2 Synergy: 1.5-hr
 - l. M2 Case-Based Learning: 2-hr
3. Clinical Courses (estimated per term and divided per week of course)
 - a. M1 Clinical Skills: 15 – 17.5 hours per term (1-hr – 1.5-hr per week)
 - b. M2 Clinical Skills: 36 hours per term (3-hr per week)
 - c. M1 P4: 12 – 26 hours per term (1-hr – 2.5-hr per week)
 - d. M2 P4: 33 – 44 hours per term (3-hr – 4-hr per week)
 - e. M1/M2 Service Learning: 11 hours – 12 hours per term (1-hr – 1.5-hr per week)
 - f. M1/M2 Clinical Experiential Clerkship: 24 – 38 hours per term (2-hr – 3.5-hr per week)
4. Self-Directed Learning Activities
 - a. Problem-Based Learning: 6 hours per 3-day period of scheduled PBL sessions.
 - b. First Patient: 4 hours across the last 4 weeks of each term of HBF courses.



- c. Individualized: 4 hours scheduled per week of each term.
- B. Total hours are to be summated for the term across all courses and divided by the total number of weeks from first day of new content presentation (e.g., asynchronous lecture viewing, assigned readings) to the final day of the last exam in a course. The vacation week(s) between terms are excluded from this calculation.



9 STUDENT AFFAIRS

Overview

- 9.1 Student Disability Services (SDS) & Testing Accommodations
- 9.2 Leave of Absence Process and Policies
- 9.3 Medical Student Performance Evaluation (MSPE)
- 9.4 Mistreatment Policy & Procedures
- 9.5 Student Services Office of Student Affairs
- 9.6 Attendance and Absenteeism Policies
- 9.7 Withdrawal from Medical School
- 9.8 Student Health, Disability Insurance Plan Terminations and Refunds
- 9.9 Policy and Procedure for Travel Requests for Research Related Activity

9.1 Student Disability Services (SDS) & Testing Accommodations

Student Disability Services (SDS)

The mission of Student Disability Services (SDS) is to serve as a resource for the Wayne State University community in order to ensure academic access and inclusion for students, supporting a view of disability guided by social, cultural, and political forces. Student Disability Services works to create inclusive academic environments by promoting the construct of universal design throughout the university. To this end, SDS provides academic accommodations, resources and training in assistive technology, and information to foster understanding of disability throughout the university community. Please visit the University SDS website here: <https://studentdisability.wayne.edu/>

Getting Started

Your assigned class counselor is available to discuss your questions regarding SDS and to facilitate your connection to the university resources via the SDS office. Any student wishing to register with SDS for the first time should complete the New Student Registration Request form located here: [New Student Registration Form](#). Once the registration form is submitted, a member of the SDS staff on main campus will contact you within 1 business day to schedule your initial appointment. Questions? Please give SDS a call at 313-577-1851.

Disability Accommodations, Rights and Responsibilities

Testing Accommodations for Students with Disabilities (All Segments)

Services for students with disabilities are coordinated by the Student Disability Services (SDS) Office located on the first floor of the David Adamany Undergraduate Library at 5155 Gullen Mall. Detailed information about SDS, the Americans with Disability Act (ADA), SDS policies and procedures, documentation guidelines, and types of accommodations can be found on the SDS website <http://studentdisability.wayne.edu>. The medical school encourages students to refer to the SDS website if they have a documented disability or suspect that they have a disability that will impact their medical school performance. The SDS office can be contacted at 313-577-1851. Office hours are Monday-Friday 8:30-5:00 with extended evening hours on Monday and Thursday evenings until 7:00 during the fall and winter.

The Student Disability Services office provides reasonable accommodations for disabilities in the following categories:

- Physical or medical disabilities
- Deafness or hard of hearing
- Blindness or low vision
- Traumatic brain injury
- Learning disabilities
- Attention deficit/hyperactivity disorder
- Psychological or psychiatric disabilities

Required Documentation

Sufficient documentation for the disability is required to register with the SDS office and receive accommodations. Documentation guidelines for specific disabilities can be found on the SDS website. In order to establish that an individual is covered under the guidelines of the ADA and ADAA, documentation must indicate that the disability substantially limits a major life activity. Examples of major life activities include walking, sitting, standing, seeing, hearing, speaking, breathing, learning, working, caring for oneself, communicating, thinking, concentrating, and other similar activities. Quality disability documentation has the following essential elements:

- Testing should be recent, relevant, and comprehensive, and, if appropriate, documentation must also contain test scores and interpretation (ex. learning disability report, audiogram, etc.)
- Documentation must show a substantial impact on one or more major life activities
- Indicate whether the impact is current and stable or fluctuating (fluctuations may require updated documentation of the condition)
- Documentation must effectively confirm the nature and extent of the disability based on current professional standards and techniques
- Documentation must effectively validate the need for accommodations
- Evaluation must be provided by a licensed clinical professional familiar with the history and functional implications of the impairment(s) and must not be member of the student's family
- Evaluation must show the official letterhead of the professional describing the disability with the name, title and professional credentials of the evaluator
- Report must be dated and signed by the evaluator
- Report should include all documentation for multiple disabilities disclosed

If a student suspects that they have an undiagnosed learning disability, attention deficit disorder, psychological disability, or other type of disability, they are encouraged to consult with a disability specialist in the Student Disability Services office. Resources for diagnostic evaluations will be provided.

If a student submits insufficient documentation of a disability for determining reasonable accommodations, Student Disability Services has the right to request further documentation with the student bearing the cost of the evaluation. SDS does not do diagnostic evaluations but can provide students with testing resources.

Students who receive accommodations need to:

- Communicate with the Office of Student Affairs in the WSUSOM during the semester regarding accommodations and/or services.
- Contact the Office of Student Affairs and SDS immediately if any significant course/clerkship changes occur.
- Inform the Office of Student Affairs and the SDS Disability Specialist immediately if any problems regarding accommodations and /or services occur.

Confidentiality

Student Disability Services (SDS) follows strict standards of confidentiality in the management of student disability information. SDS is the sole holder of disability documentation and this documentation is kept

separate from other records such as the student's permanent educational record. Accommodations provided by Student Disability Services do not appear on the academic transcript and there is no marker on the transcript to indicate that a student is registered with SDS.

It is important to be aware of the responsibility that SDS bears in a “need-to-know” student case. In the case of disclosure of any information to a faculty or staff member, it is decided on a case-by-case basis. When students request accommodations, it may be necessary to discuss with a faculty or staff member the nature of the disability and the relationship of the disability to the course in order to implement the appropriate accommodations without making a full disclosure of the disability to the faculty or staff member.

How to Register with Student Disability Services (SDS)

1. To register with SDS the student must first be admitted to the WSUSOM.
2. The student must call the SDS office at 313-577-1851 or TTY 313-577-3365 to schedule an intake appointment with a disability specialist. Intake appointments generally require 2 hours.
3. At the intake appointment the student will provide the disability specialist with documentation.
4. SDS intake forms will be completed and a history will be taken. Accommodations will be determined, and accommodation letters will be issued to the student. Accommodations are reviewed annually.
5. Once accommodations have been granted, the student must notify the Office of Student Affairs at WSUSOM by providing the OSA with a copy of the accommodations letter received from SDS.

Testing Accommodations

1. Once accommodation letters have been presented to the Office of Student Affairs at Wayne State University School of Medicine, OSA will then forward the accommodation letter to testing services or the appropriate faculty member at the WSUSOM.
2. Testing services and/or the faculty member will be responsible for fulfilling the recommended accommodation.
3. Students with accommodations will be notified by testing services regarding their testing environment.
4. If a student opts not to use their accommodations during any exam, they must provide written notice to testing services at least 1 week in advance. Students should contact the School of Medicine Testing Office.

Summary

1. Student Disability Services has an obligation to confirm disability status in order to issue appropriate accommodations.
2. Students have a right to privacy and not to have confidential information freely disseminated throughout the university.
3. When students register with SDS and sign the accommodation form, they are acknowledging that some level of disclosure to a faculty or staff member may be necessary in order to implement requested accommodations.
4. Disability documentation records are not shared directly with any faculty or staff member outside

the Student Disability office.

Accommodations and services are individualized and based upon the student's documentation. It is for this reason that students should ensure that they have sufficient documentation that supports the need for appropriate and reasonable accommodations. Accommodations and services cannot be guaranteed if students choose not to follow the procedures for registering with Student Disability Services in a timely manner.

Accommodations and services can be revisited as needed, but they are not retroactive and cannot be guaranteed if procedures are not followed with reasonable, advanced notice.

Student Rights and Responsibilities

Students with disabilities have the right to:

- Full and equal participation in the services and activities of Wayne State University.
- Reasonable and effective accommodations, academic adjustments and /or auxiliary aids as determined by SDS.
- Maintain confidentiality regarding disability information including the right to choose to whom the disclosure of disability is made, except as required by law.
- Information readily available in accessible formats as long as request deadlines are met to ensure availability.

Students with disabilities have the responsibility to:

- Meet WSUSOM's academic and professional standards as established by the WSUSOM with or without reasonable accommodations.
- Identify as an individual with a disability and request accommodations through SDS in a timely manner and to seek information, counsel and assistance as necessary.
- Provide documentation to SDS from an appropriate professional source verifying the nature of the disability, functional limitations, and the rationale for specific accommodations being recommended.
- Follow specific procedures for obtaining reasonable and appropriate accommodations, academic adjustments, and/or auxiliary aids as outlined by SDS.

University Rights

The School of Medicine, through faculty and staff, has the right to:

- Establish and maintain academic and professional standards for its medical students, which includes establishing essential functions, abilities, skills, knowledge and standards for courses, programs, services and clinical internships, and to evaluate students on this basis.

The University, through its Student Disability Services, has the right to:

- Confirm disability status and request and receive current, relevant documentation that supports requests for accommodations.
- Select among equally effective/appropriate accommodations, academic adjustments, and/or auxiliary aids and services and provide the student with written documentation of the accommodation(s) granted for presentation to the SOM.

- Deny requests for accommodations, academic adjustments, and/or auxiliary aids when disability documentation does not identify a specific disability, fails to verify the need for the requested services, or is not provided in a timely manner.
- Deny requests for accommodations, adjustment, and/or auxiliary aids that are inappropriate or unreasonable based on disability documentation.

9.2 Leave of Absence Process and Policies

Overview

A leave of absence (LOA) is a temporary interruption of the MD program.

Leaves of Absence have two categories; Category one is a student-initiated leave of absence. Category two is a school-initiated leave of absence. There are five types of leaves that fit into the two categories. Category one includes an educational leave of absence (ELOA), a personal leave of absence (PLOA), a medical leave of absence (MLOA), and a financial leave of absence (FLOA). Category two includes two types: an administrative leave of absence (ALOA) and a financial leave of absence (FLOA). The various types are described in more detail below.

For a thorough explanation of the leave of absence policy and its impact on a student's status or financial aid, please review the policy below.

Purpose

This policy details Leave of Absence policies and procedures.

Responsible Party and Review Cycle

The Associate Dean of Student Affairs and Career Development will review this document annually.

LCME Accreditation References

- None

Definition(s)

None.

Financial Aid Impact

All leaves of absence are considered a withdrawal for financial aid purposes. If financial aid has already been applied to your account, the financial aid office is required to perform a federal aid refund calculation to determine the amount of aid you have earned based on your last date of attendance. Please review the financial aid policy: Policies - Medicine Financial Aid - Wayne State University

<https://wayne.edu/financial-aid/medicine/policies>

Leaves of Absence and Participation in School Activities

To ensure success, students who are on a leave of absence of any type are not permitted to participate as Senate or class officers, hold leadership roles in student organizations, sit on medical school committees, participate in school activities requiring registration, participate in extra-curricular international travel projects or programs, represent the school at any conferences or participate in co-curricular/community engagement programs.

It will be at the discretion of the various committees and classes as to how they wish to re-assign the duties of the officer or committee after their absence.

At the discretion of the Associate Dean of Student Affairs and Career Development, students may be prohibited from participation in other activities not specified here.

For students who are on a leave of absence for one month or less, their continued participation on committees or as officers will be considered on a case-by-case basis by the Associate Dean of Student Affairs and Career Development.

Interruption of the MD Curriculum Segments

All students returning to Segment 3 (MD/PhD or LOA students) must have posted a passing score on USMLE Step 1 and will participate in the Pre-Clerkship orientation course.

Dis-Enrollment from Coursework

Students who withdraw or have approved leaves of absence will be dropped or withdrawn from scheduled coursework, based on the University's Tuition and Fee Regulations found at: <https://wayne.edu/registrar/tuition>

Categories of Leaves of Absence

Student-Initiated Leaves of Absence

Students may request a LOA for personal, medical, educational, or financial reasons. Leaves of absence are approved by the Associate Dean of Student Affairs and Career Development. A formal written request for a leave of absence must be made to the Associate Dean of Student Affairs and Career Development. A leave of absence is discretionary by the Associate Dean and will only be granted where reasonably necessary or for an educational enhancement. Once placed on a leave of absence, the student remains on leave until they are approved to return and begin coursework. A leave of absence does not retroactively nullify course failure.

At any time during medical school, a student may request a leave of absence. To obtain a student-initiated leave, please review the leave of absence policy in full. After careful review, please set up an appointment with your assigned counselor to discuss the leave of absence request. During the meeting with their counselor, a student will review the Leave of Absence Request form. This completed form must be signed off by the Office of Financial Aid and Enrollment Management for all students. All requests for leaves of absence must be submitted in writing, signed and dated, to the Associate Dean of Student Affairs and Career Development. The exception to written, signed, and dated requests: if unforeseen circumstances prevent a student from providing a prior written request, the WSUSOM may provisionally grant the student's request

for a leave of absence. The WSUSOM must document this decision and collect the written request at a later date.

Educational Leave of Absence (ELOA)

Only students who have passed all attempted courses/clerkships and the USMLE exams on the first attempt and are in good academic standing in medical school and have adhered to the USMLE Step 1 policy will qualify for consideration of an ELOA. Specifically, students requesting an ELOA after their pre-clerkship sequence must have satisfactorily completed all Segment 1 and 2 coursework and USMLE Step 1. Students requesting an ELOA after their clerkship year must have satisfactorily completed Segment 3 coursework and sat for Step 2 CK by the posted deadline for their original graduating class. An ELOA will only be considered if the student is enrolled in a formal degree-granting program, or NIH or other externally funded fellowship/research program. Dual enrollment in the WSUSOM medical education program and a second-degree granting program is not allowed. A student's written request should specify the educational program of study and the beginning and end dates of the leave.

Supporting documentation indicating acceptance into the other educational program must be submitted. ELOAs are granted a year at a time and a reapplication must be made for each additional year of leave. Proof of satisfactory progress in the other education program is required for consideration of an extended ELOA. In order to return from an approved ELOA, the student must confirm the expected date of return as outlined in the leave letter before returning to his/her medical studies.

Personal Leave of Absence (PLOA)

A personal leave of absence is discretionary by the Associate Dean of Student Affairs and will only be granted where reasonably necessary and in collaboration with the student's assigned class counselor. A student's written request should specify the beginning and end dates of the leave by completing the Leave of Absence request form. In order to return from an approved PLOA, the student must confirm the expected date of return as outlined in the leave letter before returning to his/her medical studies.

Medical Leave of Absence (MLOA)

A student's written request for an MLOA requires authorization from a licensed healthcare professional certified to treat the specific illness, indicating that the student is not able to perform the functions and responsibilities of his/her medical studies for a specified period of time. The certification letter must state the beginning and end dates for which the MLOA is deemed to be medically necessary. Students must also complete the Leave Request form. In order to return from an approved MLOA, the student's healthcare provider must affirm in writing that the student is fit to return to his/her medical studies.

Such notification must be received as outlined in the leave letter before the anticipated return to school. Health providers who are family members may not provide the certification letter. Students may request an extension of their MLOA. Extensions will be considered in collaboration with the Vice Dean of Medical Education. Students who have been granted an extension to an existing MLOA or a second MLOA must provide documentation of fitness for duty in accordance with the Technical Standards of the SOM, which can be found here: Technical Non-Academic Standards

Returning MLOA students are advised to have their treating physician indicate if any accommodations are necessary for their return to the MD curriculum. If their physician recommends an accommodation, they will be referred to WSU's Student Disability Services Office (SDS), who will determine whether the requested accommodation is reasonable and appropriate. Additional information can be found at <https://>

studentdisability.wayne.edu/. If students previously received testing accommodations, these must be renewed yearly through the SDS Office on main campus prior to their return. Forms from SDS need to be turned to the Office of Student Affairs for completion. Students newly requesting accommodations should contact the SDS office prior to their return.

Financial Leave of Absence (FLOA)

A student may request to be placed on an FLOA if they are unable to pay tuition and fees as required by University policies. Account balances also result in a university hold that will prevent a student from participating in scheduling and registration for medical school.

Engagement with the curriculum – Student Initiated Leaves of Absence

To afford students the opportunity to comprehensively address their issues, students on ELOA, PLOA, MLOA, and FLOA may not engage in any element of the MD curriculum. or sit for any examinations, including the high-stakes USMLE Step 1 or Step 2CK examinations.

LOA Re-entry – Student Initiated Leaves of Absence

Prior to the expiration of a Student-Initiated ELOA, PLOA, MLOA, and FLOA, students are required to participate in a team meeting to review their presumptive educational plan for return and any recommendations from the Promotions Committee. The team may include their class counselor, the Vice Dean of Medical Education, the Student Affairs Dean, an Educational Dean (i.e. Pre- Clerkship, Clinical, or Senior Associate Deans), and others as indicated. Team meetings are coordinated by the Academic Status Coordinator. (is this applicable to all LOAs?)

School-Initiated Leaves of Absence

Administrative Leave of Absence (ALOA)

Administrative Leave of Absence (ALOA) is a WSUSOM-initiated leave of absence imposed by the Student Promotions Committee after students are afforded due process. In addition, under special circumstances, an administrative LOA may be imposed by the Vice Dean of Medical Education (or designee) with subsequent full review and due process proceedings by the Student Promotions Committee for final disposition. Examples of reasons for an Administrative Leave of Absence include but are not limited to:

- A. Noncompliance with health clearance requirements
- B. Unsatisfactory professional behavior
- C. Unsatisfactory academic performance
- D. Not meeting deadline requirements for USMLE Step 1 and/or Step 2
- E. Being deemed a threat to oneself or to others

Financial Leave of Absence (FLOA)

An Institutionally initiated Financial Leave of Absence (FLOA) can be imposed for nonpayment of tuition and/or fees as required by University policies. Account balances also result in a university hold that will prevent a student from participating in scheduling and registration for medical school.

Engagement with the curriculum – School-initiated leaves of absence

Students on ALOA leave types may be required to engage in curricular programming while on leave and may be granted on a case-by-case basis permission to sit for testing.

Students on FLOA school-initiated leave types may not engage in the curriculum or sit for any type of testing, including but not limited to USMLE tests while on leave.

Ancillary impacts of Leaves of Absence

Once a leave of absence is approved, WSUSOM has a reasonable expectation that you, the student, will return to the M.D. program. This is recorded on the Leave of Absence Request Form.

The number of days in the leave of absence will be counted with the first day of the initial leave of absence

Official Record

All leaves of absence are part of the student's official record. The leave type, start and end date are entered into the Wayne State University School of Medicine information system (Banner) and recorded on the official transcript. The leave of absence information is recorded in the MSPE (Medical Student Performance Evaluation) when applying for residency, reported to the AAMC (Association of American Medical Colleges) Student Records System and reported to the NBME record system as withdrawn which will prevent you, the student from taking any NBME or USMLE exam, including Step 1 and Step 2.

Failure to Return from a Leave

Students who do not return from a leave and who have not requested and received an extension will be presented to the promotions committee, which may lead to dismissal from medical school at the point in which the leave was granted and will be reported as withdrawn from the medical school program.

Tuition Charges

Students on a leave of absence will have their tuition assessment adjusted based on the School of Medicine tuition refund and cancellation policies.

LOA Effect on Coursework

Once a leave of absence starts, the student remains on leave until he/she is approved to return AND begins coursework. Students granted leaves of absence must resume coursework at the same point at which the leave of absence started. A leave of absence does not retroactively nullify course failure.

Effect of a Leave on Progress toward Degree Requirements

Leave of Absences count toward the School of Medicine's 7 year limit for completion of all M.D. degree requirements. The exception to this requirement is approved educational leaves of absence.

Any leave of absence from the MD program will be included in the maximum time frame calculation when determining Satisfactory Academic Progress for Title IV financial aid eligibility purposes.

Related Documents

None

9.3 Medical Student Performance Evaluation (MSPE)

Introduction

The MSPE from Wayne State University School of Medicine follows a similar format guided by the recommendations made in the Association of American Medical College's publication, A Guide to the Preparation of the Medical School Medical Student Performance Evaluation. Narrative comments of performance in the required Segment 3 core clerkships are included in the MSPE. Following an interview with each student, the MSPE is composed by the Office of Student Affairs and each letter is thoroughly reviewed and signed by the Associate Dean for Student Affairs and Career Development or an approved MSPE letter-writer. Early Senior year Segment 4 grades and evaluations may be included. No MSPE is released for transmission to program directors until it has been reviewed by each student who "signs-off" indicating that he/she has read the letter. The student has no control over the content of the letter.

Key Concepts of the sample MSPE Template for Academic Year 2023

Academic History:

Date of expected graduation from medical school: June, «Graduation_Date»

Date of initial matriculation in medical school: August, «Admit_Date»

Combined degree (if applicable):«Degree»

Extensions, leaves of absences, gaps or breaks: Yes or No

Recipient of any adverse actions: No

Academic Progress:

Segment 1: Received comprehensive grade of Pass/Fail

Pass with Fundamentals Curriculum Commendations (Fundamentals Percent Score 1 standard deviation or greater above the class mean, approx. 88% and above)

Pass with Clinical curriculum commendations (see appendix grading section for details) Comprehensive Honors (either combined Fundamentals and Clinical Curriculum Commendations or End of Segment (EOS) 1 Score at or exceeding 92%)

Segment 2: Received comprehensive grade of Pass/Fail

Pass with Fundamentals Curriculum Commendations (Fundamentals Percent Score 1 standard deviation or greater above the class mean, approx. 92% and above)

Pass with Clinical curriculum commendations (see appendix grading section for details) Comprehensive Honors (either combined Fundamentals and Clinical Curriculum Commendations or End of Segment (EOS) 2 Score at or exceeding 92%)

Segment 3: Received comprehensive grade of Pass/Fail/Pass/Honors. Received Commendation in. Received Honors in.

Academic Progress:

Segment 4: Received Commendations in. Received Honors in.

Step 1 score: «Step_1» on first attempt «Step_1_2nd_attempt» on second attempt

Step 2 score: «Step_2» on first attempt «Step_2_2nd_attempt» on second attempt

Professional Standard Comparisons

Mr./Ms. «Last_Name»'s Professional Standard Comparisons (Likert scale 1-5):

Professionalism Questions	Student Mean
Professionalism and Relationships with Team Members	
Professionalism, Ethics and Interpersonal Relationships with Patients	
Professional Behavior, Demeanor, and Work Ethic	
Number of Evaluation Responses	

Overall Comparative Performance in Medical School

The ranking system used for the Medical Student Performance Evaluation (MSPE) contains information about an individual student's overall performance over Segments 1-3 of medical school. A system was developed to increase the competitiveness of our students during an increasingly competitive residency application process. The system uses two dimensions — Academic Performance in Basic Science and Clinical Performance — plus end of segment Comprehensive Honors, to arrive at an overall descriptive term (Exceptional, Outstanding, Excellent, Very Good, and Good) for each student.

Performance Descriptor	Approximate Percentage	Level of Academic Performance and Clinical Performance
Exceptional	5%	<u>Outstanding academic performance and Superb clinical performance PLUS Comprehensive Honors for all 3 Years</u>
Outstanding	25%	<u>Outstanding academic performance and Superb clinical performance</u>
Excellent	30%	<u>Outstanding academic performance and Proficient clinical performance OR Very Good academic performance and Superb clinical performance</u>
Very Good	20%	Very Good academic performance and Proficient clinical performance OR Good academic performance and Superb clinical performance
Good	<u>20%</u>	Good academic performance and Proficient clinical performance

ACADEMIC PERFORMANCE PRE-CLERKSHIP PHASE (Average percent over SEGMENT 1&2)

- [End of Segment 1 percent score plus Segment 2 percent score divided by 2]
- Outstanding Academic Performance \geq 84% (approximately 60%)

- Very Good Academic Performance = 81% - 83.9% (approximately 20%)
- Good Academic Performance ≤ 80.9% (approximately 20%)

CLINICAL PERFORMANCE (Segment 3 Grades Converted to Scores)

- Superb Clinical Performance ≥ 76 points (approximately 25%)
- Proficient Clinical Performance = 29 to 75 points (approximately 74%)
- Competent Clinical Performance ≤ 28 points (approximately 1%)

Clinical Performance is based on the grades achieved in Segment 3 clerkships, which reflect a combination of clinical knowledge (NBME Subject examination) and clinical performance (evaluations). Clerkship grades are converted to scores, where Honors = 4 points, Satisfactory with Commendations = 3 points, Satisfactory = 2 points, and Unsatisfactory = 0 points. Each clerkship and the ambulatory rotation (grade) score is then weighted by duration (relative # of weeks) per the below reference table:

Segment 3 Clinical Performance Calculation in Medical School	<u>Grade with Corresponding Score</u>		
Clerkship/Rotation	Satisfactory	Commendation	Honors
FM 4 weeks	4	6	<u>8</u>
IM 12 weeks	12	18	<u>24</u>
Neurology 4 weeks	4	6	<u>8</u>
Ob/Gyn 6 weeks	6	9	<u>12</u>
<u>Pediatrics 6 weeks</u>	<u>6</u>	<u>9</u>	<u>12</u>
<u>Psychiatry 4 weeks</u>	<u>4</u>	<u>6</u>	<u>8</u>
<u>Surgery 12 weeks</u>	<u>12</u>	<u>18</u>	<u>24</u>
<u>Total Points</u>	<u>48</u>	<u>72</u>	<u>96</u>

Clerkship scores are summed across all clerkships, including the ambulatory month. The maximum possible score is 96 (which would result if a student honored the entire Segment 3 clerkship sequence). Getting Satisfactory for all clerkships would result in a score of 48. Superb Clinical Performance is achieved by earning ≥ 76 points (approx. 80% of max possible). Of note, students who have failed a clerkship will get a score of zero for the clerkship even after the clerkship has been remediated, and are not eligible for Overall Segment 3 Clinical Honors regardless of total points achieved.

9.4 Mistreatment Policy & Procedures

Purpose

This defines student mistreatment, explains how individuals may notify the School of Medicine of potential problems, and how these events may be resolved.

Responsible Party and Review Cycle

The Associate Dean of Student Affairs and Career Development will review this document annually.

LCME Accreditation References

- Element 3.6 Student Mistreatment

Definition(s)

Student Mistreatment

The purpose of this policy is to outline expectations of behaviors that promote a positive, and supportive learning environment for WSUSOM medical students and other learners and to identify grievance procedures to address alleged violations. This policy offers a definition of appropriate expectations, provides examples of unacceptable treatment of medical students, and describes the procedures available to report incidents of mistreatment in a safe and effective manner.

The WSUSOM is committed to maintaining an educational and professional environment that is free of all forms of harassment and discrimination. The WSUSOM strives to create a safe and supportive learning environment that reflects the Institution's values: professionalism, respect for individual rights, appreciation of diversity and differences, altruism, compassion, and integrity. Mistreatment of medical students is unacceptable and will not be tolerated.

The policy applies to all members of the WSUSOM community including all students, administrators, faculty, staff, clinical teaching faculty, medical personnel, guest lecturers, and volunteers. All members of the WSUSOM community must adhere to this mistreatment policy and report violations.

Mistreatment of students can occur by other medical students, university employees, and non- university employees. All three types of mistreatment will be addressed in this policy.

Students are educated on this policy during Segment 1, 2, 3 and 4 Orientation sessions. Students will also receive quarterly emails reminding them of the policy. As part of our process, residents, faculty (full time, part-time and volunteer) and staff will also be informed annually. The Associate Dean of Pre- Clerkship Education educates Segment 1 and 2 faculty and staff through the Course Directors. The Associate Dean of Clinical Education educates Segment 3 and 4 residents, faculty and staff through the Clerkship Directors and clinical campus medical education directors. All clinical campus affiliates also provide education for their faculty and staff through online prevention training of both sexual harassment and work place violence. All employees of all participating hospitals must complete these educational modules as a requirement of their employment. Students also receive education on the University Student Code of Conduct Policy as well as the LCME standards as it pertains to student mistreatment at <https://doso.wayne.edu/pdf/student-code-of-conduct.pdf>.

The basis for these policies is the mutual commitment to mutual respect. Members should be sensitive to the needs of others as well as, but not limited to, differences in gender, race, sexual orientation, religion, age or disability. Belittlement, intimidation and humiliation are considered counterproductive to the learning

process and serve to undermine the learning environment.

■ Reporting Student Mistreatment

Medical students who themselves experience or observe other students experiencing possible mistreatment are encouraged to discuss it with someone in a position to understand the context and address necessary action.

Those who believe they have experienced mistreatment, sexual harassment or discrimination by an administrator, faculty, staff member, student or a teaching hospital or clinic employee can pursue one or more avenues for resolution. Suggested steps for medical students include:

- A. **DISCUSS** it with a WSUSOM Counselor in the Office of Student Affairs, the Associate Dean of Student Affairs and Career Development, the Associate Dean of Pre-Clerkship Education, the Associate Dean of Clinical Education, the WSUSOM Clerkship/Course Director, hospital system clinical campus Director of Medical Education, or the Office of Ombuds on main campus. These staff will meet with the student and hear the details of the alleged incident. Students are encouraged but not required to try to resolve the matter by involving a WSUSOM counselor and the Associate Dean of Student Affairs and Career Development.
- B. First, all incidents of mistreatment must be FILED using the online WSUSOM Mistreatment Report form below:
 1. Notify the Associate Dean of Student Affairs and Career Development using this form https://cm.maxient.com/reportingform.php?WayneStateUniv&layout_id=29, so that assistance may be provided, as necessary. You may choose to remain anonymous when you file this report. All information is treated as confidential.
- C. If appropriate, a formal report may additionally be made:
 1. If the event involves severe mistreatment by another student, the Office of Student Affairs at the WSUSOM will assist the student in filing charges under the University Student Code of Conduct Process <https://doso.wayne.edu/conduct/student> as per University Policy.
 2. If the event involves a WSU administrator, faculty or staff, and involves sexual harassment or discrimination the student must also report the incident to the Office of Equal Opportunity <https://generalcounsel.wayne.edu/reportsexualmisconduct> who will investigate and respond accordingly. Refer to University Policy 2005-03 Discrimination and Harassment Complaint Process.
 3. If the event involves a WSU administrator, faculty or staff, and does not involve sexual harassment or discrimination the student may also report the incident to the Office of Equal Opportunity.
 4. If the event involves clinical faculty/medical personnel (non-university employee) at a clinical campus, the student may also report the event to the Human Resources Department of that Hospital.

All complaints should be filed within 30 business days of the event. A WSUSOM Mistreatment Report includes the following:

- Your name (optional)

- Your email (optional)
- Your phone number (optional)
- Date of the event
- Time of the event
- Location of event
- Statement and description of the alleged event
- Name(s) of person(s) involved
- Witnesses, if any
- Other facts considered to be relevant

Process for Student Mistreatment Complaints

All complaints will be considered thoroughly and promptly. Every effort will be made to resolve complaints in an expeditious, discreet and effective manner. The University, including the School of Medicine, will attempt to maintain confidentiality to the extent possible within legitimate conduct of an investigation and/or as required by law. Every effort will be made to avoid negative repercussions as a result of discussing an alleged offense and/or filing a complaint.

If a student reports mistreatment through the School of Medicine Mistreatment Reporting Link, the Associate Dean of Student Affairs and Career Development will automatically be provided with written notice of reported concerns of mistreatment and will conduct an initial inquiry into the circumstances of the alleged mistreatment. The Associate Dean of Student Affairs and Career Development will assist the student in filing a report with the appropriate University office as indicated. When another student is involved and the Student Code of Conduct Policy has been activated, the University Student Conduct

Aggregate and de-identified data on reports of mistreatment of Medical Students will be shared with the Vice Dean of Medical Education, the Student Senate, and the WSUSOM Curriculum Committee on an annual basis.

Examples of Mistreatment

Students should use this Mistreatment Policy to address discriminatory, unfair, arbitrary or capricious treatment by faculty, staff, students, clinical teaching faculty and medical personnel. The school adheres to the professional standards of behavior established by the Association of American Medical Colleges and the Wayne State University Nondiscrimination Policy (referenced in 3c above) http://oeo.wayne.edu/pdf/affrm_actn_policy.pdf. Students are expected to report behavior which interferes with the learning process. Students should consider the conditions, circumstances and environment surrounding the behavior. Examples of discriminatory, unfair, arbitrary or capricious treatment include, but are not limited to: *

A. Physical

1. Physically mistreated causing pain or potential injury
2. Pushed/slapped hand ("get out of the way communication")
3. Other forms of physical mistreatment used to express frustration, make a point or get

attention

B. Verbal

1. Accused
2. Threatened/intimidated
3. Yelled at/snapped at
4. Degraded/ridiculed/humiliated/sworn at/scolded/berated
5. Exposed to inappropriate conversation/comments (of nonsexual and nonracial nature)

C. Sexual harassment

1. Making sexual comments, innuendo, jokes, or taunting remarks about a person's protected status as defined in the University's Nondiscrimination Policy Statement. (referenced in 3c, above)

D. Making sexual advances, requests for sexual favors, and other verbal or physical conduct or communication of a sexual nature as per the University Sexual Harassment Policy, <https://policies.wayne.edu/appm/3-0-4-sexual-harassment>.

1. Ignored because of gender
2. Stalking of a sexual nature; i.e. persistent and unwanted contact of any form whether physical, electronic or by any other means.

E. Ethnic

1. Exposed to racial or religious slurs/jokes as defined in the University's Nondiscrimination Policy Statement. (referenced in 3c, above)
2. Stereotyped
3. Neglected/ignored (because of student's ethnicity)

F. Power

1. Dehumanized/demeaned/humiliated (nonverbally)
2. Intimidated/threatened with evaluation or grade consequences
3. Asked to do inappropriate tasks/scut work
4. Forced to adhere to inappropriate work schedules
5. Neglect/ignored

*list adapted from Fried et. al, Academic Medicine, Sept 2012

NOTE: When one party has any professional responsibility for another's academic or job performance or professional future, the university considers sexual relationships between the two individuals to be a basic violation of professional ethics and responsibility; this includes but is not limited to sexual relationships between faculty and student or between supervisor and student, even if deemed to be mutually consenting relationships. Because of the asymmetry of these relationships, "consent" may be difficult to assess, may be deemed not possible, and may be construed as coercive.

Rights of the Accuser and Accused

- To confidentiality
- To have the allegations investigated in a thorough and timely manner
- To be informed of the outcome of the process
- To modify a schedule as indicated

If the student is not satisfied with the outcome of their complaint by the Office of Student Affairs, the student should request a meeting with the Vice Dean of Medical Education, within 10 business days of notification of outcome.

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

No Retaliation

Retaliation is strictly prohibited against persons who in good faith report, complain of, or provide information in a mistreatment investigation proceeding. Retaliation includes behavior on the part of the accused or the accuser and other related persons, including, but not limited to, acquaintances, friends and family members.

Individuals who believe they are experiencing retaliation should immediately contact the Associate Dean of Student Affairs and Career Development or a WSUSOM counselor so that prompt remedial action can be taken.

Mistreatment Policies References

- University Policy 2005-03 Discrimination and Harassment Complaint Process https://oeo.wayne.edu/pdf/discrimination_and_complaint_process_final_old.pdf
- University Policy Non-Discrimination/Affirmative Action https://oeo.wayne.edu/pdf/affrm_actn_policy.pdf
- University Sexual Harassment Policy <https://bog.wayne.edu/code/2-28-06>
- University Student Code of Conduct Policy <https://doso.wayne.edu/pdf/student-code-of-conduct.pdf>

Related Documents

Professionalism

9.5 Student Services Office of Student Affairs

WSUSOM GUIDE TO STUDENT SERVICES

Service	Responsible Party	Contact Information
General Questions & Guidance to Services	Benita Patrick	bpatrick@med.wayne.edu
Letter Requests for Good standing, Jury Duty, Canadian Border Access	Jean McCrary	jmccrar@med.wayne.edu
Past Graduate MSPE Letter Requests	Juanita Stafford	jstaffor@med.wayne.edu
VSLO, Residency Questions, ERAS, & NRMP	April Mayweather	amayweat@med.wayne.edu
MSPE, Student Organizations, and AOA	Tracey Eady	teady@med.wayne.edu
Travel & Student Organization Reimbursements, and Major/Special Events	Allison Gherardini	agherard@med.wayne.edu
Needlesticks & Related Student Injuries & other Student Concerns/Questions	Nicole Collier, Esq.	ncollier@med.wayne.edu
Student Health Record Requests	SOM Health Office	MDHealthRecords@wayne.edu

Counseling Appointments

STARS 2.0 will be your tool for scheduling student counseling appointments. You have two ways to schedule appointments with your class counselor:

1. By navigating to Academics > Student Resources > Advising Appointments-STARS, or
2. By visiting stars.wayne.edu, and logging in with your Access ID and password.

Class of 2026 Counselor	Dr. Michael Webber	mwebber@med.wayne.edu
Class of 2023 Counselor	Dr. Jennifer Crystal	jennifer.crystal@wayne.edu
Class of 2024 Counselor	Ms. Kate Connors	kconnors@med.wayne.edu
Class of 2025 Counselor	Mrs. Loretta Robichaud	lrobicha@med.wayne.edu

Director, Mentoring & Student Engagement	Eric Ayers, MD	eayers@med.wayne.edu
Director, Health and Wellness	Eva Waimeo, MD	ewaimeo@med.wayne.edu
Director, Career Advising	Sarkis Kouyoumjian, MD	skouyoumj@med.wayne.edu
Associate Dean of Student Affairs & Career Development	Margit Chadwell, MD	mchadwel@med.wayne.edu

9.6 Attendance and Absenteeism Policies

Description

In keeping with the AAMC's Core Entrustable Professional Activities for Entering Residency, attendance of academic responsibilities is considered an important component of professional development toward knowledge acquisition, as well effective interpersonal and team skills. Students are expected to meet the same standards of professional behavior that are expected of basic science faculty, house staff, and attending physicians.

In the Pre-clerkship Phase (Segment 1 & 2), students engage multiple modalities of learning to develop their professional knowledge and skills. Small group modalities are used to facilitate students' comfort and ability to peer teach and to prepare them for their future professional responsibilities in clinical teamwork. In this role, students are expected to be active members of their small groups.

Accordingly, students are expected to be present for all mandatory and required academic activities.

In the Clerkship and M4 Elective Phases (Segment 3 & 4), 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, teaching conferences, 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.

Rationale

In order to provide comparable experiences for students it is essential that no student be provided an advantage by being allowed additional time to study for exams. Therefore, any absence from an exam must be documented and approved by the student's counselor. Similarly, attendance at mandatory and required events has been deemed essential as necessary for the educational growth of the student, absence from mandatory and required events not only limits the individual students educational experience, but also deprives their peers from the benefit of their knowledge and experience.

If for any reason time must be missed for illness, family emergency, weather delays, etc., notice must immediately be given to your counselor, and if applicable, the supervising resident/faculty member and/ or site coordinator and Clerkship Director or his/her designee.

It is the student's responsibility to obtain an approval for an excused absence from their counselor. When returning from an excused absence the student will discuss making up the missed session with the course director in the pre-clerkship years and clinical time with the Clerkship Director.

During the pre-clerkship phase, attendance is required at all the mandatory sessions (marked on the calendar and communicated as 'Mandatory'). In addition, course directors may communicate mandatory attendance for certain sessions due to the unique nature of the course and/or the session. During the clerkship and post-clerkship phase, attendance is expected and required at all other times by the faculty and the Clerkship/Elective Director for satisfactory completion of each clinical clerkship or elective. Not appearing for clinical responsibilities and assignments is unprofessional and may result in a professionalism citation.

Unexcused absences could severely affect your grade; each course, clerkship or elective may fail a student if they do not show up for an assigned activity, miss call, etc.

Purpose

This policy details the Attendance and Absenteeism requirements and procedures for the Pre-clerkship Phase, Clerkship Phase, and M4 Elective Phase of the MD curriculum. The policy also states the procedures for addressing tardiness, missed examinations, and incidents of unapproved absences.

Responsible Party and Review Cycle

The Senior Associate Dean for Curricular Affairs and Undergraduate Medical Education and the Associate Dean of Student Affairs and Career Development will review this document annually.

LCME Accreditation References

- None

Definition(s)

Institutional Holidays

WSUSOM has a number of institutionally recognized holidays, including the following: New Year's Day (observed); Martin Luther King, Jr. Day; Memorial Day; Fourth of July; Labor Day; Thanksgiving and the day after Thanksgiving; and Christmas Day (observed).

- *During the Pre-clerkship Phase*, all holidays are included on the Academic Calendar. Students are expected to attend scheduled academic events, as appropriate, on holidays not included on the Academic Calendar.
- *During the Clerkship and M4 Elective Phases*, all WSUSOM institutional holidays are observed from 5 pm the day before to 5 pm the day of the holiday to accommodate clinical call schedules in the M3 year. Students may be expected to report to clinical duties at 5 pm on the day of the institutional holidays. M4 students are expected to follow the procedures of their site.

Weather Related Matters and Attendance

School of Medicine policy for University Closures during Inclement Weather/Remote Operations The SOM follows official University Closures/Remote Day Policies but maintains discretion to make independent determinations for essential curricular elements in coordination with Main Campus Administration.

Rationale:

Due to the unique and complex nature of the MD Curriculum, a shift to remote instruction may not be feasible and jeopardize essential learning, especially in the clinical care setting. Remote operations may also be irrelevant in the MD learning space as many students are geographically dispersed for clinical rotations unequally affected by local weather patterns, or scheduled for shifts out of sync with normal work day hours. An automatic default to extraction of medical students from their tailored learning environment results in loss of valuable clinical and professional skills training that can often not be reclaimed. Accordingly, all efforts will be made to maintain and model the duty, routines, and practices expected for physicians-in-training towards their profession, patients, and society. Thus, in coordination with University Administration, the SOM may exercise the latitude to maintain previously scheduled clinical activities or on-site examinations.

Independent Determinations for Essential Curricular Elements:

All core M3 Clerkships and Senior Clinical Rotations are pre-determined Essential Curricular Elements.

Continuation of any additional curricular elements deemed essential during a University Closure will be determined by the respective Segment Directors in collaboration with the Associate Deans for Clinical Education and Student Affairs. Expectations will be clearly and timely communicated to students via the class-appropriate listservs or established portals by the Course/Segment/Clerkship Directors. It is the responsibility of students to check their emails and relevant class/course communication portals for awareness of any such independent determinations from the SOM once an Inclement Weather Alert has been issued by the University. The SOM expects that, as physicians in training, students will balance their professional responsibilities with common sense to develop personal decision-making. As such, if a medical student feels that they cannot safely make it to the medical campus, hospital, or clinical site for a determined essential curricular element (including examinations) during a university issued closure/remote day, they are to contact their clinical team/ preceptor or class counselor for an excused absence as indicated per the specific guidance below. As with any absence, students are expected to make-up that missed essential curricular element in coordination with their course director/preceptor.

PRE-CLERKSHIP PHASE

In the event that Wayne State University declares a Closure/Remote Day due to inclement weather, then the School of Medicine will be closed and remote for classroom instruction. All classes and small group activities during the closure/remote day will follow the university guidelines below:

- No classes or activities will occur in-person as the campus will be closed.
- Online synchronous and asynchronous classes will continue to meet remotely unless the instructor determines circumstances make it necessary to cancel.
- A class that moves from in-person to remote will meet at the regularly scheduled time or at a time specified by the course directors(s).
- As needed, a revised schedule for exams or other activities will be sent out via the list-serve.
- In case of an Independent Determination issued by the SOM for continuation of an Essential Curricular Element during a University Closure: If a medical student feels that they cannot safely make it to the medical campus for a determined essential curricular element (i.e. Gross Anatomy examination) during a university issued closure/remote day, they are to contact their class counselor for an excused absence per the usual procedure. As with any absence, students are expected to make-up that missed essential curricular element in coordination with their course director.

CLERKSHIP PHASE

Medical Students are assigned to the clinical campus sites and thus follow the routines and practices of clinicians. As such, all clinical rotations and duties are deemed Essential Curricular Elements.

Clerkships and hospital sites have agreed to be lenient for situations that students may feel are unsafe. The SOM expects that, as physicians in training, students will balance their professional responsibilities with common sense to develop personal decision-making on these issues at this advanced stage in their medical education. During an official university inclement weather/remote day closure only: If you feel that you cannot safely make it to the hospital or clinical site, you are to contact your team or preceptor rather than your class counselor as this will not be recorded as an unexcused absence. Students excused for inability to traverse to their assigned sites during remote operations for inclement weather based on their best judgment will not be adversely graded with active surveillance by the Associate Dean for Clinical Education/

Curricular Affairs Office. However, as for any absence, the clerkship director or hospital team may instruct you to make up the time missed.

- If the University is otherwise open (not weekends or holidays), students must get an excused absence from their counselor for any missed days other than official WSU inclement weather closures.
- For severe snow storms occurring on days that the University is not open (weekends, holidays), students should directly contact their faculty supervisor/rounding team to notify them if they will not be in due to hazardous weather conditions.
- Segment 3 and Segment 4 students may be required to make up clinical time that is missed at the discretion of the WSUSOM Clerkship Director.
- As needed, a revised schedule for exams or other activities will be sent out via the list-serve.

Attendance of Academic Responsibilities Across All Phases of the MD Curriculum

Mandatory Curricular Components

Students are expected to arrive on time to all mandatory curricular components (session in longitudinal courses (e.g., P4, Clinical Skills, CEC, and Service Learning, patient panels, exams, and orientations). Students who arrive late may not be able to participate and may not receive credit for attendance.

Attendance at mandatory didactic events across all phases may be monitored by badge swipe or other means as determined by the method of instructional delivery.

Students are required to have their WSUSOM badges with them at all times.

An excused absence may be granted in exceptional circumstances with appropriate documentation.

Required Events

Students are expected to arrive on time to all required academic events (e.g., PBL, etc.). Required academic events may be graded and student will receive a grade of 0 if absent unless the absence is due to an approved event. Students who arrive late may not be able to participate and may not receive credit for attendance.

Attendance at required didactic events across all phases may be monitored by badge swipe or other means as determined by the method of instructional delivery. Students are required to have their WSUSOM badges with them at all times.

An excused absence may be granted in exceptional circumstances with appropriate documentation.

Excused Absences

The authority to grant or deny an excused absence is the responsibility of the Associate Dean for Student Affairs, and by delegation to the student's counselor.

An excused absence does not mean that a student is excused from an activity (examinations and other required activities), but rather the student will be allowed to make-up the activity. Excused absences are granted the day of the activity and are based upon an unforeseen circumstance preventing the student from participating. All excused absence requires appropriate documentation.

Students cannot be granted a retroactive excused absence to set aside the results of an examination, nor

can the result of an objective examination be appealed to a course or Clerkship Director. Students who get sick during an examination, and bring it to the attention of a testing proctor, will be handled on an individual basis.

Limit on Excused Absences

Pre-Clerkship Phase (Segment 1 & 2)

Due to the intense nature of the requirements for academic progression with the medical education curriculum, no more than 3 excused absences from examinations will be granted in a given academic year.

Excused absences will be monitored and students who have more than 6 total requests for an excused absence in an academic year must meet with the Associate Dean for Student Affairs for evaluation of their status. Depending on the evaluation of the Associate Dean for Student Affairs, the student may be placed on an administrative leave of absence or may be referred to the Promotions Committee.

Clerkship & Post-Clerkship Phase (Segment 3 & 4)

Due to the intense nature of the requirements for academic progression with the medical education curriculum, no more than 1 excused absence from examinations will be granted in a given academic year. A second request will require a meeting with the Associate Dean of Clinical Education.

Any excused absence that extends beyond 3 days in the clinical clerkship will be reviewed by the Associate Dean for Clinical Education.

If it exceeds a reasonable time when compared to the clerkship length (approximately 10%) the student will be required to make up clinical work. This will be done by choosing an M4 elective in this specialty in order that competencies may be made up. This elective will also count toward the requirement of electives in m4 needed for graduation.

If the student is still able to take the subject exam at the end of the clerkship, this will be allowed and a grade given. This grade may be adjusted based on performance in the makeup course when there is a chance for more clinical evaluations to be received.

If an illness is so severe, the student may be withdrawn to repeat the coursework. This will be a consideration of the Associate Deans of Student Affairs and the Office of Academic and Student Programs.

Research Travel (All Segments)

WSUSOM encourages students to present their research at local, regional, and national meetings. However, many times these meetings conflict with coursework and clinical rotations and thus are not always approved. The following procedures must be followed.

Any missed coursework requires an excused absence from Student affairs. Prior to this being granted, all students missing coursework of any kind to present at meetings must seek approval from the office of the Academic and Student Programs. All requests must be accompanied by a completed typed request for approval by the appropriate associate dean. Signatures of the course director and faculty sponsor are also required. The student's role in the research preparation must be detailed and a copy of the abstract is required.

The student must be presenting their own original work to an organized meeting. The principal investigator/faculty sponsor must sign all requests and approve the travel. They must attest that the student had a significant role in the research project and will personally be presenting (not just attending a co-author's presentation) Attending a meeting without presenting the student's original work is not excused.

Any and all missed time must be made up at the discretion of the course or clerkship director. A written plan of makeup will be required on the request form.

Students are not allowed to miss clerkship orientation or days of required activities that have no makeup. Students are not allowed to be gone for the dates of any exams.

Foreign travel (except nearby Canada) is not allowed. Meetings in Hawaii required significant missed time and will not be approved. Some travel to the west coast may not be approved because of excessive logistical restraints.

The student will be allowed one day for the presentation, one day to attend other sessions of the meeting, and one travel day. Usually staying the entire length of the meeting cannot be done.

Rationale: as residents and practicing physicians, all must make similar adjustments for the clinical care of patients.

Excused dates cannot be extended after the commencement of travel and travel delays are not viable excuses. This request must be filed 60 days in advance of the meeting and is revocable at any time if there are changes in the student's eligibility status. Notification of acceptance (from the meeting) less than 60 days prior to the start of the meeting will be considered when the late notification is included in the request.

During the M4 year excused absences are still required when missing coursework. However, with flexible scheduling, there are more opportunities to arrange vacations or online months in order to attend meetings.

Illness (All Segments)

A student who is ill on the day of an examination or other required activity, and who is unable to participate in the activity is required to contact the Office of Student Affairs **prior to the start of the activity**. The nature of the illness needs to be specified and an excused absence requested. An excused absence for illness will not be granted unless the student obtains a medical verification note from an appropriate health care provider. This note must be provided to the Office of Student Affairs as soon as the student is medically able to return to school. A student may not obtain a medical verification note from a healthcare provider who is a member of his/her family.

Acute Illness (All Segments)

Students should refrain from attending classes or clinical duties when ill.

- If illness requires that students be absent for more than one academic day, a medical note may be required at the discretion of Student Affairs.
- Students with an extended illness, who have been hospitalized, or who have undergone surgery may also require notification from a medical provider that they can return to full academic duties.
- Extended absences may require a Leave of Absence.

Planned Absences during the Pre-clerkship Phase

For excused absences during Clinical Skills sessions, make-up or rescheduling is determined by the type of event, as follows:

- Facilitator-led small group sessions: Small group sessions cannot be made up by attending another facilitator group. Instead the student will complete a make-up assignment, which must be completed

the following week or prior to the final exam (whichever occurs earlier). Students are required to email the Director of Clinical Skills to obtain the instructions for the make-up assignment as soon as the absence is approved by Student Affairs.

- In-person workshops and other required didactic sessions: Students are required to email the Director of Clinical Skills to obtain the instructions for the make-up assignment as soon as the absence is approved by Student Affairs.
- Physical examination teaching sessions held at the WSUSOM Clinical Skills Center: Students will be allowed to make up these activities on a case-by-case basis and only when feasible.
- Some individual or group Clinical Skills activities will be scheduled with pre-assigned time slots or by student sign-up. Please note the following as it relates to rescheduling:
 - Pre-assigned time slots: Once the time-slot schedule has been released, students have 48 hours (unless otherwise specified by the Director of Clinical Skills) to review and trade time slots with a classmate. Once the 48-hour review period has been completed, rescheduling can only occur as is feasible and with approval by the Director of Clinical Skills.
 - Student sign-up sessions: Once a student has signed up for time slots, they have 48 hours (unless otherwise specified by the Director of Clinical Skills) to reschedule the session. Once the 48-hour review period has been completed, rescheduling can only occur as is feasible and with approval by the Director of Clinical Skills.
 - Clinical Skills Assessments will be rescheduled by the Director of Clinical Skills Director, in cooperation with the module director and SCSIL.

Unplanned Emergency Absences during the Pre-clerkship Phase

In the event of an emergency absence on the date of a mandatory academic event, pre-clerkship students should inform Student Affairs of their absence as soon as possible, by notifying their assigned class Counselor.

Failure to do so will result in an unexcused absence and professionalism citations.

For Segments 3 & 4

Mandatory Attendance Policy for Clerkship Orientations

Students are required to attend the entire Clerkship Orientation Session for each of their required Segment 3 and Segment 4 clerkships. Any student who does not attend a Clerkship's Orientation Session will be prohibited by the Clerkship Director from participating in that clerkship for the scheduled period and may have their entire schedule of clerkships revised by the Associate Dean of Clinical Education as deemed necessary to meet WSUSOM academic requirements.

Requests for Excused Absences for Religious Holidays and Other Absences

Wayne State University School of Medicine recognizes and appreciates the diverse cultural and religious backgrounds of its students. Approved holidays are identified by the University. Everyone is off on those days, and students are not required to be at their Segment 3 clerkships on those days. However, **there are no official days off during your Segment 4 required clerkships, rotations, and electives. For students on clinical rotations, all days off are determined by the clinical service the student is assigned to for each month.**

Requests for time away from clerkships and electives must be submitted in writing to the student's counselor as soon as possible upon knowing of the need for an excuse. The student's counselor will work with



the student to contact the Clerkship/Elective Director to request the time off if the request is considered appropriate. The counselor and student will work with the Clerkship/Elective Director to determine how/ if the time can be made up. Excused absences may not be granted by the Clerkship/ Elective Director if this policy is not followed.

Excused absences for non-medical reasons (including weddings, family gatherings, travel, vacation) are not granted. The exception is presentation of the students own scientific work at local or national meetings. A guideline for excused time off for these meetings is one day for local and two days for national meetings, including travel to and from the site. This allows for the student to present his/her scientific work and get a flavor of the meeting. Attendance for the entirety of a meeting is usually not possible if it does not conform to these time constraints. Notably travel to international or distant (e.g., Hawaii) meetings is not possible because of the travel times required. Attendance at meetings that do not involve presentation of the student's own scientific work is not a valid reason to request an excused absence.

Students' attendance is expected and required at all other times by the faculty and the Clerkship Director or Elective Coordinator for satisfactory completion of each clinical clerkship or elective. Not appearing for clinical responsibilities and assignments is unprofessional as well. Indeed, unexcused absences will severely affect the clerkship grade; as detailed in clerkship syllabus, students may fail a clerkship or elective if they do not show up for an assigned activity, miss a call, etc.

If for any reason clinical time is missed for illness, family emergency, weather delays, etc., the student is required to notify the supervising attending, resident, or other primary individual to whom the student will report for that shift, the clerkship coordinator and the Clerkship Director or his/her designee immediately. Communication must occur as soon as possible before the start of clinical duties or required academic event via email, telephone, or text, as appropriate. When communicating the absence, the following information must be conveyed: the nature of the absence, and the expected return date. Having notified these individuals, it is still the student's responsibility to obtain an excused absence from the Office of Student Affairs. To do so, the student must contact their counselor or the Associate Dean of Student Affairs and Career Development. When the student returns from an excused absence, the student will discuss making up the missed clinical time with the Clerkship Director.

In the event of 4-5 missed academic days due to illness, family emergency, weather delays, etc., students will be required to make up the same number of academic days of the rotation, respectively. In addition, the clerkship or course director will review the student's performance to determine whether learning goals can be met by the end of the clerkship or course. If learning goals cannot be met, the clerkship or course must be repeated.

In the event of more than 5 missed academic days due to illness, family emergency, weather delays, etc., the student will work with the Associate Dean for Clinical Education to develop an alternate make- up plan. If the missed time is a considerable percentage of the clerkship days, it may be necessary to repeat part or all of the clerkship. Quarantine time will be addressed individually, and missed competencies may be made up with M4 work.

Failure to do so will result in an unexcused absence.

All procedures are detailed in the Segment 3 Orientation Canvas site, and specific clerkship syllabi.

Segment 4

In the M4 year, WSUSOM recognizes that students will miss clinical duties for residency interviews. Interview absences do not need to be approved by Student Affairs. Instead, M4 students should communicate

their interview dates as soon as possible to the course director and the supervising attending, resident, or other primary individual to whom the student will report for that shift.

- No academic days can be missed **during a 2-week rotation**.
- Students may be excused for residency interviews for five (5) days during an elective and two (2) days during a required rotation i.e., sub-Internship or the Emergency Medicine Core Rotation.
- Students may be required to make up missed days at the discretion of the course director and the Associate Dean for Clinical Education.

Absences or Tardiness for Scheduled Examinations

Examination schedules are published on the official WSUSOM calendars.

ABSENCE FROM AN EXAM (SEGMENTS 1 – 4) In some instances it might not be possible for a student to be present for an examination due to either a serious health problem or other unavoidable circumstances (see approved events above). These include unexpected illness/injury, motor vehicle accident, religious holiday or mandatory court appearance. An excused absence permits the student to take a make-up examination at the scheduled make-up date. An unexcused absence for an examination will result in a zero score.

TARDINESS FOR AN EXAM (SEGMENTS 1 – 4) Tardiness is not permitted for scheduled exams.

Related Documents

- [Grading Policy](#)
- [Professionalism Policy](#)

9.7 Withdrawal from Medical School

Purpose

This document describes the appeal opportunities and ramifications of withdrawing from the School of Medicine.

Student-Initiated Withdrawal

A student may voluntarily withdraw from the MD program at any time. Students who choose to withdraw, are provided the opportunity to meet with their assigned class counselor and/or the Dean of Student Affairs to discuss their decision and how to explore alternative career options. Students should contact the Offices of Financial Aid and Enrollment Management for implications of their withdrawal.

Withdrawal is a permanent, voluntary, medical student termination. Students wishing to withdraw must submit a written request to the Associate Dean of Student Affairs and Career Development, including in the request the statement that the student understands that withdrawal is permanent, irreversible and not subject to appeal. A student cannot avoid disciplinary action or academic hearing procedures through a request to withdraw. However, the Promotions Committee may allow a student to withdraw prior to the completion of such hearings or an action to dismiss.

After Dismissal

Students who have been academically dismissed, whether administratively or by the Promotions Committee, are not guaranteed an option to withdraw. However, they may be given the opportunity to voluntarily and permanently withdraw at the discretion of the Chair of the Promotions Committee or the Vice Dean for Medical Education. Students opting for withdrawal must communicate their decision in writing within ten (10) business days to the Associate Dean of Student Affairs as described below.

If the student decides to appeal the dismissal, the original option to withdraw, if offered, is suspended. The student must file an appeal to the Vice Dean for Medical Education or Chair of the Promotions Committee. Appeals must be received in writing within ten (10) business days.

If the Vice Dean upholds the dismissal and rejects the appeal, the student may be given a final opportunity to withdraw from the medical school. The student must then communicate their decision in writing within ten (10) business days to the Associate Dean of Student Affairs as described below. If the student decides to appeal the dismissal to the University at large (i.e., the Provost), outside the School of Medicine, the offer and option to voluntarily and permanently withdraw becomes null and void.

Withdrawal is a permanent, voluntary, medical student termination. Students wishing to withdraw must submit a written request to the Associate Dean of Student Affairs and Career Development, including in the request the statement that the student understands that withdrawal is permanent, irreversible and not subject to appeal. A student cannot avoid disciplinary action or academic hearing procedures through a request to withdraw. However, the Promotions Committee may allow a student to withdraw prior to the completion of such hearings or an action to dismiss.

Students who are dismissed for academic misconduct do not have the option of withdrawal.

Related Documents

[Grading](#)

[Testing](#)

9.8 Student Health, Disability Insurance Plan Terminations and Refunds

Purpose

The following details the student health and disability insurance termination and premium payment refund policies.

Responsible Party and Review Cycle

Office of Records and Registration -- Responsible for collecting and reviewing waiver applications and detailing student LOA start and end dates for the generation of annual disability insurance invoices.

Relation Insurance Services – Student health insurance plan administrator. Responsible for processing

student health insurance terminations and refunds.

The Guardian Life Insurance Company of America – Disability insurance plan provider. Responsible for pro-rating disability insurance payments.

LCME Accreditation References

Termination Policy

Health Insurance – Once a student submits payment for a student health insurance enrollment period, they are locked into that coverage for the entirety of that enrollment period (4 months). Termination of student health insurance plans can only occur upon the start of a new enrollment period with receipt of an acceptable health insurance waiver application and proper submission of all documentation required by Relation Insurance Services and the insurance company. Termination requests must be received at least 45 days prior to the requested termination effective date. Students who do not terminate their coverage properly will be responsible for any charges the medical school incurs regarding their coverage. Students who fail to submit their insurance premium payments in a timely manner risk termination from the student health plans.

Disability Insurance – Only medical students enrolled full-time are eligible for disability insurance coverage. Students who take a leave of absence unrelated to disability will no longer qualify for disability insurance and their coverage will be terminated effective their leave start date. Their eligibility will be reinstated upon their return to full-time enrollment status. Enrolled students cannot waive nor terminate disability insurance enrollment.

REFUND POLICY

Health Insurance – Students who terminate student health insurance properly and within the aforementioned timeframe may be able to receive refunds for premium payments submitted as determined by Relation Insurance Services and the insurance company. The medical school does not participate in the processing nor disbursing of any health insurance related refunds.

Disability Insurance – WSUSOM's disability insurance coverage is on an annual premium payment schedule. Thus, for students who take a LOA and subsequently have their disability coverage terminated mid-year, the prorated credit will be taken on the medical school's next annual disability insurance payment. No refunds will be disbursed directly to students.

Withdrawn/Dismissed Students – Students who withdraw or are dismissed from the medical school will have their student health and disability insurance terminated effective their last date of enrollment. Any health insurance refunds will be processed by Relation Insurance Services and the insurance company.

9.9 Policy and Procedure for Travel Requests for Research Related Activity

Purpose

To provide a transparent and clear process for travel requests as students professionally balance their

responsibilities and professional development as a physician in training while attending conferences to present research and scholarly work.

Responsible Party and Review Cycle

The Associate Dean of Student Affairs and Career Development will review this document annually.

DESCRIPTION

- Student Handbook 9.6 Policy Updates to Policy and Procedure for Travel Requests to Present Research & Scholarly Work (M1-M4)

Last Update: 5/8/23

Rationale:

As a future physician-in-training, WSUSOM maintains primary importance on the rigorous MD curriculum throughout all four years of your Undergraduate Medical Education. Concurrently,

WSUSOM recognizes the value of research and other scholarly work in contributing to the medical literature, for professional development, and to enhance competitiveness for residency applications. As such, WSUSOM encourages students to present their research at local, regional, and national conferences.

Primarily because significant absence from coursework/clerkships/clinical rotations diminishes student engagement with the curriculum and patient care opportunities, risks poor evaluations, and compromised test performance, travel approval is not guaranteed, even for valid projects. Individual absence may also negatively affect the learning dynamic for non-traveling peers on teams such as assigned GA tables, small groups like PBL/CBL/ P4/SL/CS, and clinical rounding teams. This impact is multiplied for large-group travel requests to the same presentation venue.

Additionally, as conferences are designed primarily for the practicing physician or academic, medical student participation often conflicts with required or essential coursework and clinical rotations. It is understood in academia that, because of primary clinical and educational responsibilities, not all contributors/authors of an accepted scientific research or scholarly project are available to present in-person. It is therefore accepted practice that, although a representative of the team presents the work, all project authors and noted contributors may capture the scientific meeting presentation on their respective CVs and for ERAS.

To endorse conference travel as representatives of the SOM, requesting students must also be in both good academic and professional standing. For all of these reasons, travel requests are individually reviewed and approved via a two-step process by both the Office of Curricular Affairs (Step 1-review & provisional approval) and Student Affairs (Step 2-final approval and granting of excused absence). **The respective Deans of Curricular and Student Affairs have final discretion in granting approval of all travel requests. Both Deans must approve the request.**

Description of required procedure to submit a travel request:

- The student must be presenting their own original work with verified acceptance for presentation at an organized meeting. This meeting must be of a recognized specialty or general medical society

and the faculty sponsor/principal investigator/sponsoring member must be a member of that organization or society

- All requests for approval to the Office of Student Affairs must be accompanied by a completed typed request [Download excused absence form \(pdf\)](#) and include:
 1. Approval signature by the faculty sponsor / principle investigator, who must attest that the student had a significant role in the research project and will personally be presenting (not simply attending a co-author's presentation)
 2. Approval signature by the appropriate Associate Dean or their designee: M1-Dr Walker, M2-Dr Govindarajan, M3/M4-Dean Steffes
 3. Copies of the abstract and acceptance letter accompany the request form
 4. A written plan of makeup accompanies the request form
- Dates of the conference or travel to/from the conference cannot fall on a segment or clerkship orientation day, exam day, or days of required activities that have no makeup
- The location of the conference must be within either the continental United States (not Alaska or Hawaii) or a nearby location in Canada. Some travel to the West Coast may not be approved because of excessive logistical restraints
- Attendance at conferences in Michigan / close to the Detroit area are approved for a maximum of 2 days absence from clinical duties (one to present, one to attend the conference) while attendance at conferences requiring at least a half-day of travel each way from the Detroit area are approved provisionally for 2 days with a maximum of 3 days absence from coursework and clinical duties if indicated. Granting of the additional day will be determined by the impact on academic/clinical coursework of the extended time and in consideration of the specific conference schedule (span of weekday/weekend days). Specific for M3 students, clerkship wellness days cannot be used to extend time away, but can be used as one of your already approved days during the conference to reduce the need for make-up work.
- If the student is presenting multiple papers on different days, approved travel time will not be extended past what is described above
- This request must be filed 60 days in advance of the meeting and is revocable at any time if there are changes in the student's eligibility status. Notification of acceptance (from the conference committee) less than 60 days prior to the start of the conference will be considered when the late notification is included in the request and the request is completed by the student within 3 days of notification from the conference committee.
- Students must be in good academic and professional standing and without current or potential academic difficulty or challenges (ex. pending incomplete work). Students on academic probation are not eligible for approval of time off to travel nor eligible to receive travel funding.

Conference Funding & Group Travel Requests

- Support for airfare, lodging, and meeting registration is limited to a maximum of \$500.00 per student, who must be in good academic and professional standing.
- Additionally, when funded by the student organization, the following applies:
 - Support for conference attendance is limited to a total amount of \$3500.00 per organization per calendar year for all students (ex. If each student receives \$500, the organization may

fund a maximum of 7 students annually)

- o Priority will be given to elected officers or delegates of a student organization
- o All travel related to student organization conferences must be approved by the organization's Treasurer or financial appointee prior to travel request submission
- o An individual student may receive travel support from their student organization budget for no more than one travel event per year unless approved by the Associate Dean of Student Affairs and Career Development
- o Individual Student Organization leadership is encouraged to plan annual travel to maximize opportunities for all qualifying group members, to build in mentorship, and to sustain momentum for organizational impact.
- o **Group travel requests** to present a commonly accepted abstract/resolution/workshop will be considered on a case by case basis informed by the type of presentation, total number presenting, funding parameters, and outlined approval criteria applied to each individual student. Provisionally, travel will be granted for one-two key presenters from successive segments (M1-M4) with priority approval for the primary author(s), elected officers, and delegates of a presenting student organization or initiative.
- o Consideration of additional student(s) approved for group travel will be based on their level of leadership involvement, impact of missed course/clerkship work, impact of absence on the larger group's learning environment, funding constraints, and total number of students needed for adequate school representation.

Additional Policy Parameters:

Course make-up of time to attend a conference is at the discretion of each course director, and make-up assignments for missed course-work are expected. Clinical make-up of time to attend a conference is at the discretion of each clerkship director or clinical rotation director, and it is common that more than one day off will result in make-up of clinical time. Excused dates cannot be extended after the commencement of travel and travel delays are not viable excuses.

If you can exercise a remote option (ex. attending a synchronous zoom-based CBL scheduled at a time that does not conflict with conference presentation) to preserve priority for clinical learning during the meeting, this is strongly encouraged as it can result in less make-up work for the student attending the conference and positively impact the learning environment of other students in their group.

The clerkship committee has determined a student may be excused from and make up no more than 10% of clerkship time. This includes time missed for illness, scientific meetings, wellness days, and other excused absences and is based on the feasibility of scheduling meaningful, longitudinal clinical make-up during the remaining clerkship duration. The result is that a maximum of 2 days off can be taken on any one-month clerkship (week-end days outside of clinical duties are not counted toward those 2 days).

During clerkships, eligibility for excused absences for presentation at meetings is limited to presenting one's own scientific research. Attendance at other meetings for other purposes (networking, interest, etc.) cannot be excused. During the M4 year excused absences are still required when missing coursework. However, with flexible scheduling, there are more opportunities to arrange vacations or online months in order to attend conferences.

The Office of Student Affairs exercises the final right to reject or approve all requests for time off to attend

scientific meetings.



10 CLERKSHIPS & CLINICAL SITE POLICIES

Overview

- 10.1 Clerkship Grading
- 10.2 Clerkships and Clinical Years
- 10.3 Parking at Assigned Hospitals
- 10.4 Institutional Policies
- 10.5 Electives Policy - Clerkships
- 10.6 Segment 4 Policies

10.1 Clerkship Grading

Responsible Party and Review Cycle

The Senior Associate Dean for Curricular Affairs and Undergraduate Medical Education and the Associate Dean of Clinical Education will review this document annually.

LCME Accreditation References

- Element 3.5 Learning Environment/Professionalism
- Element 12.3 Personal Counseling/Well-Being Programs
- Element 12.4 Student Access to Healthcare Services

Definition(s)

None.

Grading

General Guidelines for Clerkship

The evaluation of Segment 3 Clerkship students is the responsibility of the WSUSOM Clerkship Education Committee, which delegates that authority to the individual Segment 3 Clerkship Directors. In turn, Clerkship Directors and departmental Medical Student Education committees determine the clerkship grades for each student and recommends grades to the Clerkship Education Subcommittee. The Clerkship Education Subcommittee reviews and approves grades on a **monthly** basis. **Grades are then disseminated to students through New Innovations.**

Guidelines for evaluation of cognitive and clinical skills are established for each clerkship by the respective Clerkship Director and departmental education committee. **These guidelines are detailed elsewhere in department-specific clerkship policies and procedures.** At the beginning of each clerkship, students are informed about the specifics of the evaluation and grading policy. Each clerkship uses subject **examinations purchased from the National Board of Medical Examiners.** Course grades, at a minimum, are **determined by written examinations and completion of clinical performance evaluations by supervising attending physicians and/or supervising residents.** In some clerkships, oral examinations, objective structured clinical exams, defined clinical exercises and/or research papers may also be a component of a grade.

Students should direct questions regarding the evaluation and grading system of a specific clerkship to that Clerkship Director. **If further clarification is needed, contact the office of the Associate Dean of Clinical Education.**

The requirement to Complete All Clerkship Assignments

Students are required to complete all clerkship assignments before the end of the clerkship (including the logging of all Procedures and Encounters (PxDx) cases). The deadline for logging all PxDx cases is mid-night of the Wednesday of the last week of the rotation. The clerkships establish the deadlines for other assignments. If assignments are not completed by the respective deadlines, the student will be considered

incomplete. The incomplete will change to a final grade when the assignments, including PxDx, are completed and turned in.

Requirements common to all clerkships

- A. PxDx logging
- B. Self-evaluation
- C. Mid clerkship evaluation
- D. Any books, pagers, and parking badges issued by the clerkship
- E. Written or other assignments

Deadlines are monitored by the SOM and reports are issued at intervals. Students not in compliance with these deadlines will receive an incomplete grade. Non-completion of these will be noted by Clerkship Directors who may subtract points from the professionalism component of the final evaluation and may result in the student being ineligible for an honors grade in the clerkship. Excused absences for clerkship subject exams will be handled on a case-by-case basis. Incomplete clerkship grades will remain for **30 days after grades post**; at that point, they will automatically revert to Unsatisfactory. **Rationale:** It is important to complete assignments for one clerkship before moving to the next.

The time requirement for completing assignments

- A. PxDx logging: Wednesday of the last week of rotation or 24 hours before the shelf exam
- B. Self-evaluation 48 hours after the shelf exam
- C. Mid clerkship evaluation 2- or 4-week halfway point of clerkship
- D. Any books, pagers, and parking badges issued by the clerkship at the time of the shelf exam
- E. Written or other assignments 24 hours before the shelf exam

Mid-Clerkship Evaluations

Clinical preceptors (faculty, attending physicians, or senior residents) provide students with a mid-clerkship evaluation. **It is the student's responsibility to solicit a mid-clerkship evaluation from those physicians with whom the student has worked.** The evaluation should detail your strengths, weaknesses, and any recommendations for improvement during the remainder of the clerkship. A form for accomplishing this evaluation will be given to you during each clerkship with instructions on when they are due to the Clerkship Director.

In particular, the Clerkship Director must be notified by the student's supervising physician if (1) a student is not performing as expected at the time of the mid-clerkship evaluation, and (2) there is a concern that the student will not satisfactorily complete the clerkship. If such a mid-clerkship evaluation is received, the Clerkship Director or his/her designee will offer to meet with the student to discuss his/ her progress and plan for remediation. It is recommended that copies of these written evaluations be kept by the student for future reference.

Grading Written Examinations

Exams written by WSUSOM faculty are graded based on established departmental criteria. The NBME provides each Clerkship Director with individual examination scores and the mean and the standard deviation

for the NBME Subject Examination for the WSUSOM cohort administered that examination.

Each Clerkship Director and departmental Medical Education Committee decides how passing scores and honors scores for the written examinations are determined. The results of these objective examinations cannot be appealed, other than having the score verified.

Clinical Performance Evaluation

At the completion of each clerkship, the student's clinical performance is evaluated using the Clerkship Evaluation of Student form by those faculty and/or residents who have worked with him or her. Students are evaluated using a 5-point scale on twelve different competencies.

Clerkships may also employ other evaluation forms to assess competencies and performance in specific tasks and activities.

Transcript Grading Key

For each course, one of the following grades will be placed in the transcript::

Grade	Meaning
S	Satisfactory will be entered if the student completed all requirements for passing the course
S+	Satisfactory with Commendations Commendations is only available for use with the Segment 3 Clerkships (except Continuity Clinic Clerkship) and Segment 4 Emergency Medicine. A student remediating a course or clerkship is ineligible for a grade of Satisfactory with Commendations.
H	Honors will be entered if the student's performance (during Segments 3 & 4 only) is determined to be meritorious. A student remediating a clerkship is ineligible for a grade of Honors.
S*	Satisfactory upon Remediation will be entered for failed courses once they have been successfully remediated by re-examination.
U	Unsatisfactory will be entered if the student fails to achieve a satisfactory grade. Failed courses that are repeated will retain the original grade of U on the transcript. Once the student has passed the repeated course, a grade of S will be entered on the transcript as the second grade for the course even if performance the second time would have otherwise resulted in a higher grade.
I	Incomplete will be entered if circumstances beyond the student's control have prevented completion of assigned activities.

Grade of Incomplete

Students will receive a grade of incomplete if they have not completed the course requirements at the time of grade recording. If this incomplete is due to the lack of completing assignments that are due at the end of the clerkship, the I will change automatically to a U at the end of 30 days from the date when the grade was posted on Academica. In the instance where illness or an excused absence or leave intervenes and leaves it impossible for these requirements to be made up in a timely manner, the incomplete may stay on the transcript at the discretion of the clerkship director and Associate Dean for Clinical Education.

Communication by the student with the clerkship is vital in all instances of incomplete grades in order to avoid issues.

Grades in Segment 4 Courses

Students will be evaluated in their respective Segment 4 required clerkships and electives using grading policies and procedures established and disseminated for each course. See Clerkship syllabus for details regarding grading and remediation policies.

There are five required clerkships (21-22 AY) of one-month duration each: Inpatient Sub-Internship and Emergency Medicine Core Clerkship. Also required is the one-month Step 2 prep course, one-month of Residency Prep course (2 options, surgical and non-surgical) and one-month of Medical Educator. The other months include elective courses, selected by the student with the intention that a balanced program of study is selected to complete your medical school education.

The required course work is reviewed annually and may be changed as part of curriculum redesign. AWAY electives are held to the same requirements of grade submission, and the WSUSOM must receive evidence of satisfactory performance for the entire period in order to grant credit. For any away or independent rotation, the student is responsible for sending accurate information to Enrollment Management in regards to the preceptor's name and contact email. The evaluation is to be completed in the New Innovations platform. The student is responsible for identifying the preceptor who will be awarding the grade. In order to ensure credit, the student should communicate with the grading preceptor and assist them with the on line process and steps to submit the grade and evaluation successfully.

Students who do not finish an elective will receive a U (unsatisfactory) grade.

Mid-Clerkship Evaluations

Clinical preceptors (faculty, attending physicians, or senior residents) provide students with a mid-clerkship evaluation. **It is the student's responsibility to solicit a mid-clerkship evaluation from those physicians with whom the student has worked.** The evaluation should detail your strengths, weaknesses, and any recommendations for improvement during the remainder of the clerkship. A form for accomplishing this evaluation will be given to you during each clerkship with instructions on when they are due to the Clerkship Director.

In particular, the Clerkship Director must be notified by the student's supervising physician if **(1) a student is not performing as expected at the time of the mid-clerkship evaluation, and (2) there is a concern that the student will not satisfactorily complete the clerkship.** If such a mid-clerkship evaluation is received, the Clerkship Director or his/her designee will offer to meet with the student to discuss his/her progress and plan for remediation. It is recommended that copies of these written evaluations be kept by the student for future reference.

Grading Written Examinations

Exams written by WSUSOM faculty are graded based on established departmental criteria. The NBME provides each Clerkship Director with individual examination scores and the mean and the standard deviation for the NBME Subject Examination for the WSUSOM cohort administered that examination.

Each Clerkship Director and departmental Medical Education Committee decides how passing scores and honors scores for the written examinations are determined. The results of these objective examinations cannot be appealed, other than having the score verified.

Clinical Performance Evaluation

At the completion of each clerkship, the student's clinical performance is evaluated using the Clerkship Evaluation of Student form by those faculty and/or residents who have worked with him or her. Students are evaluated using a 5-point scale on twelve different competencies.

Electives

Transcript Grading Key

For each course, one of the following grades will be placed in the transcript:

Grade	Meaning
S	Satisfactory will be entered if the student completed all requirements for passing the course
S+	Satisfactory with Commendations is only available for use with the Segment 3 Clerkships (except Continuity Clinic Clerkship) and Segment 4 Emergency Medicine. A student remediating a course or clerkship is ineligible for a grade of Satisfactory with Commendations.
H	Honors will be entered if the student's performance (during Segments 3 & 4 only) is determined to be meritorious. A student remediating clerkship is ineligible for a grade of Honors.
S*	Satisfactory upon Remediation will be entered for failed courses once they have been successfully remediated by re-examination.
U	Unsatisfactory will be entered if the student fails to achieve a satisfactory grade. Failed courses that are repeated will retain the original grade of U on the transcript. Once the student has passed the repeated course, a grade of S will be entered on the transcript as the second grade for the course even if performance the second time would have otherwise resulted in a higher grade.
I	Incomplete will be entered if circumstances beyond the student's control have prevented completion of assigned activities.

Grade of Incomplete

Students will receive a grade of incomplete if they have not completed the course requirements at the time of grade recording. If this incomplete is due to the lack of completing assignments that are due at the end of the clerkship, the I will change automatically to a U at the end of 30 days from the date when the grade was posted on Academica. In the instance where illness or an excused absence or leave intervenes and leaves it impossible for these requirements to be made up in a timely manner, the incomplete may stay on the transcript at the discretion of the clerkship director and Associate Dean for Clinical Education.

Communication by the student with the clerkship is vital in all instances of incomplete grades in order to avoid issues.

Grades in Segment 4 Courses

Students will be evaluated in their respective Segment 4 required clerkships and electives using grading policies and procedures established and disseminated for each course. See Clerkship syllabus for details regarding grading and remediation policies.

There are five required clerkships (21-22 AY) of one-month duration each: Inpatient Sub-Internship and Emergency Medicine Core Clerkship. Also required is the one-month Step 2 prep course, one-month of Residency Prep course (2 options, surgical and non-surgical) and one-month of Medical Educator. The other months include elective courses, selected by the student with the intention that a balanced program of study is selected to complete your medical school education.

The required course work is reviewed annually and may be changed as part of curriculum redesign. AWAY electives are held to the same requirements of grade submission, and the WSUSOM must receive evidence of satisfactory performance for the entire period in order to grant credit. For any away or independent rotation, the student is responsible for sending accurate information to Enrollment Management in regards to the preceptor's name and contact email. The evaluation is to be completed in the New Innovations platform. The student is responsible for identifying the preceptor who will be awarding the grade. In order to ensure credit, the student should communicate with the grading preceptor and assisting them with the on line process and steps to submit the grade and evaluation successfully.

Students who do not finish an elective will receive a U (unsatisfactory) grade.

Elective Grades

Students will be eligible for the usual grades of Honors, Satisfactory, or Unsatisfactory for electives.

Related Documents

[Grading Policy](#)

[Testing Policy](#)

10.2 Clerkships and Clinical Years

Purpose

This describes the Segment 4 scheduling process

Responsible Party and Review Cycle

The Senior Associate Dean for Curricular Affairs and Undergraduate Medical Education and the Associate Dean of Clinical Education will review this document annually.

LCME Accreditation References

10.9 Student Assignment

8.8: Monitoring Student Time

Definition(s)

None.

Student Clinical Site Assignment Process

Students are assigned to clinical sites based on availability. Student ranked preferences are surveyed prior to assignment. Students who wish to request a change in their assignment may write a formal request to the Associate Dean for Clinical Education. Such requests can only be acted upon within the limitations and logistical constraints of our affiliated institutions and their capacity, contractually specified, for WSUSOM students. Medical students are not allowed to switch clinical assignments with their peers.

The WSUSOM Administration or individual clerkship directors maintain the right to alter the sequence and/or sites of students' assigned clerkships for administrative or educational reasons.

Students exiting on a Leave of Absence (LOA) forfeit guaranteed placement at their previously assigned clinical site on re-entry. Depending on the timing of return from LOA within the academic year, students will participate in the clinical site selection process or be placed by the Associate Dean for Clinical Education based on availability and individual factors.

Duty Hours and Work Environment Policy

The following was adapted from the ACGME Duty Hours and Working Environment recommendations and apply to WSUSOM medical students doing clinical training at all of our clinical sites.

Segment 3 Duty Hours

Duty hours are defined as all educational activities in clerkships and electives during Segment 3 and 4 of the medical school curriculum, including inpatient and outpatient care, administrative activities related to patient care (charting, discharge planning, transfer planning, etc.), and scheduled educational activities such as conferences, rounds, etc. Duty hours do not include reading and preparation time spent away from the duty site.

Both students and their supervising attending faculty and residents are reminded that medical students are here in an educational capacity. They are not on the floors, clinics, etc. to provide indispensable patient care. Consequently, there may be times when the educational requirements of the program dictate that patient care time be curtailed to allow students to attend scheduled conferences, lectures and other required educational activities.

Duty hours will mirror those published by the ACGME as of March 2017 outlined as follows:

- Duty hours must be limited to 80 hours per week, averaged over a 4-week (one month) clerkship or elective. These 80 hours include in-house call activities.
 - For example, a student may work 90 hours in one week, 60 hours in the next week, and two 75-hour work weeks during a 4-week (one month) clerkship. The average of 75 hours per week satisfies the above rule.
 - Two 90-hour work weeks and two 70-hour work weeks also satisfy the above rule.
- Students must be provided with 1 day off in 7, free from all educational and clinical responsibilities,

averaged over a 4-week (one month) clerkship or elective, inclusive of call.

- For the purposes of this policy, 4-week periods of a clerkship are treated the same as a one-month elective.
- For 2-month clerkships, the rules stated herein apply to each of the 4-week (one month) portions of the clerkship.
- One day is defined as one continuous 24-hour period free from all clinical, educational and administrative activities.
 - For example, a student is required to work from Monday through the following Friday (12 days) and then gets the entire following weekend off. The two days off that weekend satisfies the requirement that the student has one day off in 7.
- **Call: overnight call will be scheduled no more frequently than every third night.**
- Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

On-Call Activities

The objective of on-call activities is to provide medical students with continuity of care experiences and additional patient care experience that would not be available during a regular workday.

On-Call activities that do not meaningfully provide for this objective should be critically evaluated and terminated from the medical school schedule. In-house call is defined as those duty hours beyond the normal work day when students are required to be immediately available in their assigned institution.

- In-house call must not occur more often than once every 7 days averaged over the 4-week period.
- Continuous in-house call does not have a limit number of hours per on-call event. Rather, the policy of a maximum of 80 hours/week averaged over 4 weeks and one day off every 7 days averaged over 4 weeks must be followed.
- On some services, overnight “night shift” or “night float” are required due to the nature of the service. These are subject to the aforementioned limits of 80 hours/week and 1 in 7 days off.

Every effort is made by the clerkship to work didactic activities around these schedules.

Reporting of Duty Hours Violations

Responsibility for reporting of Duty Hours Violation lies with the student. Students should report a violation of duty hours by logging into New Innovations and going to the “On-the-fly” tab. The duty hour violation form is located there. The form should be filled out when the duty hour violation occurs. The report is automatically sent to the Clerkship Director and the Associate Dean of Clinical Education at the time of student submission. The Clerkship Director and/or Associate Dean of Clinical Education will address the violation at the time of occurrence and record results in New Innovations.

10.3 Parking at Assigned Hospitals

Purpose

Responsible Party and Review Cycle

The Senior Associate Dean for Undergraduate Medical Education will review this document annually.

LCME Accreditation References

None

Description

PARKING AT ASSIGNED HOSPITALS

Parking is at a premium at many of the hospitals to which you will be assigned or electively rotate. However, some of the hospitals provide contiguous parking in employee lots or structures; Information on parking is available from the education departments of the assigned hospitals and is subject to change at any time due to hospital specific conditions and regulations because of a supply-demand mismatch at the Detroit Medical Center Central Campus, contiguous parking in well- lit, safe lots or structures is not always provided by the hospital or department to which you are assigned. The WSUSOM STRONGLY advises all students to avoid parking on public streets at any time.

Parking cards for the WSUSOM lot are also available for purchase from WSU.

Parking cards and tags (if available from the DMC) will be distributed by the DMC Medical Education Office.

Failure to return parking cards and tagz immediately upon completion of a rotation or elective may lead to the imposition of late fees and/or administrative sanctions being applied to the student.

10.4 Institutional Policies

Purpose

This document describes institutional policies with respect to changes to curricula or individual course schedules to meet administrative and/or educational needs.

Responsible Party and Review Cycle

The Senior Associate Dean for Curricular Affairs and Undergraduate Medical Education will review this document annually.

LCME Accreditation References

- Element 1.3: Mechanisms for Faculty Participation

Definition(s)

None.

Changes in Course or Clinical Schedules

Schedule and Site Changes for Administrative or Educational Reasons

The WSUSOM Administration or individual Clerkship Directors maintain the right to alter the sequence and/or sites of students' assigned courses or clerkships for administrative or educational reasons.

Segment 3 & Segment 4 Changes to These Curriculum Guidelines

Changes may be made to the Segment 3 & Segment 4 clinical curriculum at any time. The administration will notify students by email when a change has been made. Students should check your email daily and the web page for possible changes to the WSUSOM policies and procedures. It is the student's responsibility to keep up with the policies as they may change through the academic year.

Related Documents

10.5 Electives Policy - Clerkships

The information for Course Changes: Drops & Adds

Responsible Party and Review Cycle

The Director of Medical School Enrollment will review this document annually.

LCME Accreditation References

None

Description

COURSE CHANGES: Electives

See [Elective Course Selection](#) and Policy for more information.

Segment 4 Scheduling Process

1. The dates for entering your requests for Segment 4 courses into the scheduling system will be disseminated by email. A class meeting will be announced and held prior to the start of Segment 4 scheduling to discuss Segment 4 program scheduling process and the lottery system.
2. The web-based scheduling system will be used by students to input their proposed Segment 4

program for their required and elective Segment 4 courses. Details of how the scheduling assignment process functions will be provided well in advance of the scheduling period.

3. Results of the computerized scheduling system are final.
4. Students who fail to submit their course requests by the announced date for the closing of the scheduling process system will not be allowed to enter requests into the system at a later date. These students will meet with the Associate Dean of Clinical Education or his/her designee to schedule their rotations from whatever choices remain after scheduling for all other students is completed.
5. As new scheduling software is installed and adapted for online scheduling and grading, some adjustments to the process and policies will be necessary.

Segment 4 Course Changes: Add/Drops

1. After the scheduling lottery is completed in the Winter of Segment 3, the Segment 4 required and elective programs are disseminated to students, hospitals, departments, etc. Due to contractual obligations with clinical partners, policies for schedule changes are strictly adhered to.
2. Because the timing of scheduling in spring would make it impossible to propose changes to segment 4 programs with at least 45-day notice, no changes will be allowed for other than extenuating circumstances* to segment 4 programs during the months of April, May, June and July.
3. There will be changes in required course schedules only under extenuating circumstances at any time in the academic year.
4. Changes to elective courses beginning after July 1st will be allowed with at least 30 days written notice (45 days at Henry Ford Hospital).
5. After all assignments are made, Segment 4 student programs are reviewed for content and balance by the Clinical Education Sub-Committee. Final approval of each proposed student program is subject to approval by Academic and Student Programs office. Unapproved Segment 4 programs must be modified by students with assistance of the Associate Dean of Clinical Education.
6. Students who will not complete all required Segment 4 courses and requirements by May 31st of each academic year must have their Segment 4 proposed programs reviewed by the Office of Student Affairs prior to submitting their proposed program into the lottery request system.
7. Students are advised to allow for time off for residency interviews during the months of November, December, or January. Therefore, it is strongly suggested that one of these months should be taken as a vacation period designated for residency interviewing. The policy regarding taking time off from electives for residency interviews are detailed elsewhere in this guide.
8. No course can be dropped once it has begun. Any course approved for a student's Segment 4 program MUST be taken, and students cannot shorten their programs at a later date. Thus, if a student signs up for 13, or 14 months of coursework at the beginning of the year (lottery and selection process) he or she WILL BE REQUIRED to satisfactorily complete that number of courses.
9. Up to two months may be taken in research clerkships listed in the WSUSOM online elective catalog (HOME electives) or arranged with a research mentor as Independent Study Electives. However, these two research clerkship months count towards the balance requirement. Extra months of research require the approval of the Associate Dean of Clinical Education.
10. It is the student's responsibility to contact the coordinator of the clerkship regarding the date, time,

and location to report to on the first day of the course. This needs to be done at least three days prior to the start of the course. If there is confusion or the coordinator/preceptor cannot be reached, the student must contact Enrollment Management (the Office of Records and Registration) for assistance.

11. The student is to pay any fees required by other institutions for courses taken at their facilities.
12. The Segment 4 program may be changed by the WSUSOM for the student who is not in good academic standing, is not making satisfactory academic progress, or is at risk of not graduating on time.
 - Additionally, students identified by the Academic Advising Committee, the Clinical Education Subcommittee or Academic and Student Programs as having deficiencies in clinical skills as identified by clerkship performance, may have their schedules adjusted to build these clinical skills and prepare the student for residency.
13. These changes will be made in consultation with Student Affairs, Academic and Student programs, and/or under the direction of the Vice Dean of Education.
14. Students who do not meet deadlines for registering and sitting for the Step 2 CK exam (by October 31st) will not be able to complete their schedules after November 1 of the academic year. Their class schedule will be canceled until they are in compliance. (RATIONALE: Students are not certifiable for the match until these exams are passed).
15. Extenuating circumstances will be defined as unforeseeable events outside the control of the student including illnesses and deaths. All will require the student to submit documentation. Academic circumstances are also included (Step failure or course failure). All must be arranged/requested through Student Affairs and are subject to approval by the Dean's offices.
16. Students who have a sudden change in career plans and are changing their residency applications will meet with the Associate Dean of Clinical Education prior to dropping courses in the first 3 months, so that the students plan is feasible, reasonable and supported.

General Policies: Segment 4 Course Requirements and Segment 4 Program Scheduling

1. Segment 4 begins on April 1 and ends on May 31. In contrast to the Segment 3 rotations, each Segment 4 course follows the calendar month, beginning on the first of the month and ending on the last day of the month. NOTE: even if those days are weekends or holidays, or university vacations.
2. Each HOME elective is one (calendar) month in length. AWAY (including International) electives may start on a different day than the first of the month, but they must be at least four (4) weeks long.
3. Two-week AWAY electives must be done consecutively in one month. If done, each requires a passing evaluation from the preceptor in order to get credit for the month. This must be arranged in advance with Enrollment Management.
4. Students are required to take a minimum of twelve (12) months of course work during the academic year. A pre-clerkship elective may substitute for one (1) month.
5. Two months are thus allowed as vacation/interview months.
6. If a student elects a clerkship of more than four but less than eight weeks duration, he or she will be awarded only one month of academic credit. Thus, completion of two 6-week electives earns only two months of elective credit, not three months of credit (this applies to AWAY rotations).
7. The twelve (12) months of course work must include at a minimum:

- Two required Segment 4 clerkships (see below)
 - Step 2 Prep course
 - Residency Prep course
 - Medical Education course
 - Seven elective courses
8. These courses should constitute a balanced program of study. Generally, students are encouraged to take no more than three electives in any one specialty, although allowances will be made for highly competitive specialties, as necessitated by the current environment, subject to approval by the Associate

Dean of Clinical Education.

9. Upon completion of Phase 2 of the Segment 4 scheduling process, all student schedules will be reviewed for balance as described above. The review will be done by the Clinical Education Subcommittee and the Academic and Student Programs office. Students with unbalanced schedules will be required to meet with the Associate Dean of Clinical Education to discuss their proposed plan of study.
10. All of the clerkships and elective courses are five to seven full days of work each week. No vacations or other travel (e.g., travel to/from other sites, etc.) are allowed during electives or required Segment 4 clerkships unless prior arrangements in writing are made with the Course Director and approved by the Associate Dean of Clinical Education. Exceptions to this policy, allowing limited number of days away from electives for residency interviews, is discussed below.
11. Occasionally, AWAY electives are several days out of sync with the WSUSOM calendar. If there are less than 3 days of overlap the student may petition the Course Director for schedule adjustments. Any missed days will need to be made up to the Course Director's satisfaction. All must be approved through the Academic and Student Programs office, who will work with the student to make reasonable adjustments.
12. Each student should work with his/her Segment 4 faculty advisor to develop their Segment 4 curriculum. Of course, students are free to consult other faculty members for advice as well.
13. Step 2 Preparation Course: The student will complete the Step 2 CK preparation course. This self-directed learning course is a one credit hour, satisfactory/unsatisfactory course that will help provide you with additional structure and medical school resources while preparing for the exam. Non-completion of ALL the requirements of this course will result in an Unsatisfactory grade with will prevent the student from graduating, unless remediated prior to certification.

10.6 Segment 4 Policies

Purpose

Policy for Electives Away and Home

Responsible Party and Review Cycle

The Senior Associate Dean for Undergraduate Medical Education will review this document annually.

LCME Accreditation References

None

Description

ELECTIVES

AWAY AND HOME ELECTIVES

AWAY electives are electives that are not at an institution affiliated with WSUSOM.

HOME electives are those that are provided at an institution affiliated with WSUSOM.

Students need to submit the necessary paperwork for the approval of all electives other than those in the WSUSOM catalog with our affiliated institutions.

A student may elect to do more than the minimum number of electives required for graduation.

At no time will a student be allowed to complete his or her required senior courses outside the usual course offerings (i.e. Required at HOME).

APPLYING FOR AWAY ELECTIVES

AWAY electives are available from many medical schools and a variety of clinical facilities. Away electives are divided into

Program affiliated with VSAS

Those not affiliated with VSAS for which there needs to be an affiliation agreement separately with WSUSOM.

VSAS. Most medical schools will use the AAMC's Visiting Student Application Service (VSAS/VSLO) to receive applications from students wishing to do a Segment 4 clinical **AWAY** electives at their institutions. This service includes a searchable database of electives, a short application, the ability to pay application fees on- line, and tracking of offers and schedules. Detailed helpful information for students about VSAS and a list of participating host schools is available at:

<https://www.aamc.org/students/medstudents/vsas/>

The Wayne State University School of Medicine Office of Records and Registration/Division of Enrollment Management will issue you authorizations to log into VSAS. This office as well as the Office of Student Affairs will assist you in the VSAS application process.

Non VSAS. The application process for **AWAY** electives at host schools not yet participating in the VSAS process includes first making contact with the medical school or institution in question. WSUSOM's **AWAY** Elective form is completed. This includes obtaining approval of the Associate Dean for Clinical Education. The Office of Enrollment Management will also help you complete other application materials required by host institutions such as proof of vaccination or other health matters, verification of 'good standing' status, malpractice insurance, etc. It is the student's responsibility to complete all required forms and requests

(health forms, transcript requests, proof of health insurance, HIPAA training, respirator fit testing, USMLE scores, photo ID) and submit the completed packet to Enrollment Management. Students requesting an elective from a school/hospital requiring additional medical liability insurance beyond the school's policy will bear the cost. This additional fee will not be reimbursed by the WSUSOM. Be certain to read host school requirements carefully and comply with the policies in addition to all WSUSOM policies.

Programs that do not participate in VSAS/VSLO will require an affiliation agreement with WSU. Since this needs to go through legal review and get signed by the Provost of the university, it will take at least 2 months to process. Several programs already have affiliation agreements on file with WSU, so it is wise to check before committing.

Only one AWAY clerkship request form will be processed for a given month. Students may not try to get several different AWAY electives for a particular month as “backup electives”. Applying to and being accepted at two different institutions for the same month necessitates that the student will have to cancel one of the electives he or she requested after the request was approved by the institution; this is never interpreted favorably by the institution, and could have an impact on future student learning there. You are advised to list alternate courses in the same department when making your requests. By doing so you will avoid having to secure multiple chairs' signatures for a given month and maximize your choices at a given institution.

The Office of Enrollment management must receive written confirmation of your acceptance as a guest student from the institution at least four weeks prior to the scheduled starting date for the clerkship. Please be sure to monitor this requirement carefully. If you do not obtain written confirmation by one month before the start of the elective, contact the Office of Student Affairs or the Office of the Associate Dean for Clinical Education for assistance.

As with all other clerkships and electives, failure to attend an approved clerkship will result in an unsatisfactory grade. The unsatisfactory grade will be made up at the discretion of the Associate Dean for Clinical Education. The student will also be referred to the Professionalism Committee.

Students will be given credit only for those AWAY courses for which they have registered and which appear

Students will not be able to be granted retroactive credit for attending non pre approved away rotations. Students attending such activity do so without the aegis of the university and are thus not covered by liability or other protections. They will also be considered not in attendance at the SOM for that time and will be referred to the professionalism or promotions committee.

INDEPENDENT STUDY ELECTIVES

An Independent Study Elective is defined as any elective taken during the clinical curriculum of medical school that does not have a previously defined and published syllabus, which describes the objectives, work hours and environment, resources, and evaluation methods of the course. In essence, the course is established by and for the particular student. This definition applies to proposed electives at WSUSOM or one of its affiliated HOME clinical institutions (HOME Independent Study Electives) as well as courses at other institutions (AWAY Independent Study Electives).

Except in unusual circumstances approved in writing after written petition by the student, students will not be allowed to complete more than three independent study electives during Segments 3 and 4 of medical school. This includes research electives.

Segment 4 Independent Study Electives can be done here, elsewhere in the USA, or at international sites (see below).

HOME Independent Study Electives

Requests to establish a HOME Independent Study course for your elective will be considered by the Associate Dean for Clinical Education in conjunction with the relevant Department of the WSUSOM. The request to establish an Independent Study Course is initiated at the Office of the Associate Dean for Clinical Education or the Office of Student Affairs with the student's counselor. The WSUSOM Independent Study Elective form must be completed in order to process the request. Several criteria are used in considering approval of the Independent Study request, including but not limited to, the student's academic record, departmental resources, the student's planned career, the presence of a compelling reason to establish such a course (for example the absence of an identical elective course at the WSUSOM), etc.

The student must contact the department and/or individual with whom he or she intends to work. Together the plan of study is developed and written on the Independent Study form. When completed and signed, this is then submitted to the Associate Dean for Clinical Education for formal approval.

- ii. Faculty sponsoring or precepting HOME independent study electives must have a faculty appointment with WSUSOM.

AWAY Independent Study Electives.

AWAY Independent Study Electives are developed and approved in a very similar fashion, except that the approval from the Associate Dean for Clinical Education should be sought before attempting to establish the elective. The process is altered in this way to make sure that everyone at the WSUSOM will approve the elective before the student contacts the other institution. During Segment 4, AWAY Independent Study Electives can be arranged when proper documentation of the educational value of the elective can be demonstrated.

AWAY International Electives, which by their very nature are an Independent Study Elective because the

Additional important points:

If you plan to do an AWAY Independent Study Elective, it is your responsibility to make all arrangements regarding the elective, including approval by WSUSOM. No credit will be given retroactively for courses taken but not approved before the start of the course.

Monitor the situation with regard to your AWAY Independent Study Elective requests carefully. If you determine that you will not get a requested AWAY Independent Study Elective, you must propose a substitute for that course which is then added to your program using the mechanism for course changes specified in this program guide.

- ii. All independent study electives must have an evaluation form submitted to the WSUSOM in order to get credit. This must be done within 30 days of completion of the elective, and within three days for May electives (in order to fulfill graduation requirements).

Preceptors must have a faculty appointment at a school of Medicine. Credentials must be submitted in the form of a CV. A current and valid email address is also required.

Preceptors must agree to complete the online evaluation form on New Innovations

Independent research electives home or away require submission of an abstract or research report to the WSUSOM in addition to the evaluation form. This will document research progress made during the month.

- An affiliation agreement is required with the sponsoring institution/facility for legal and academic purposes.

ELECTIVE GRADES

You will be eligible for the usual clinical grades of Honors, Satisfactory, or Unsatisfactory for electives.

INTERNATIONAL ELECTIVES

International electives are defined as educational time spent outside the United States and Canada.

A **one-month** elective within a foreign country may be taken for credit by senior students only if the educational value of the elective can be verified. Establishing and approving the elective follows the guidelines outlined below. Prior to contacting an international institution, students must meet with Dr. Chih Chuang, Director of Global Health and Education.

Students who have not obtained senior status may not take International Electives for credit. Students who are on academic probation or on leave of absence are not permitted to participate in international clinical experiences.

Only one international away elective (of one-month duration) is allowed per student. This elective is considered in the evaluation of program balance.

The procedure for approval of international electives for senior students at the WSUSOM involves discussing with the Director of Global Health and Education to assess the educational value as well as assessing the logistical aspects of the elective. The Director will also assess whether the elective fits into the WSUSOM's long term objective of potential partnership and sustainability. The Director will give final approval and all requisite paperwork and evaluations must be completed before a final mark will be issued.

You will need to complete a Schedule Change Request Form if you are adding this elective to your schedule.



11 WAYNE STATE UNIVERSITY POLICIES

Overview

- 11.1 Campus Safety and Criminal Statistics
- 11.2 Community Standards
- 11.3 Drug and Alcohol Use on Campus Policy
- 11.4 Michigan Department of Consumer Affairs Complaint Procedure
- 11.5 Non-Toleration of Discrimination & Sexual Harassment
- 11.6 Nondiscrimination Policy
- 11.7 Official Communications
- 11.8 Ownership & Use of Wayne State University Names & Trademarks
- 11.9 Prohibited Sexual Conduct / Sexual Assault / Sexual Harassment
- 11.10 Smoke-Free Environment

11.1 Campus Safety and Criminal Statistics

Responsible Party and Review Cycle

The Vice Dean of Medical Education will review this document annually.

LCME Accreditation References

- Element 5.7: Security, Student Safety, and Disaster Preparedness

Campus Safety and Criminal Statistics

Please refer to the university safety information and policies: <https://wayne.edu/safety>

11.2 Community Standards

Responsible Party and Review Cycle

The Vice Dean of Medical Education will review this document annually.

LCME Accreditation References

COMMUNITY STANDARDS

It is the responsibility of each community member to become familiar with the standards and expectations of the Wayne State University community. Information regarding specific university policies, including the Student Code of Conduct, are available below.

Please refer to the Community Standards and University policies: doso.wayne.edu/conduct/community-standards

11.3 Drug and Alcohol Use on Campus Policy

Responsible Party and Review Cycle

The Vice Dean of Medical Education will review this document annually.

LCME Accreditation References

Wayne State University Board of Governors Drug and Alcohol Use On Campus Policy

Wayne State University is committed to providing a drug-free environment for its faculty, staff, and students. The unlawful possession, use, distribution, dispensation, sale or manufacture of drugs or alcohol is prohibited on University premises, at University activities and at University work sites. Please refer to the Wayne State University statute:

<https://bog.wayne.edu/code/2-20-04>

11.4 Michigan Department of Consumer Affairs Complaint Procedure

Responsible Party and Review Cycle

The Vice Dean of Medical Education will review this document annually.

LCME Accreditation References

Michigan Department of Consumer Affairs Complaint Procedure

Please refer to the State of Michigan consumer complaint filing information:

michigan.gov/documents/ag/Consumer_Complaint_Form_-_paper_642450_7.pdf

11.5 Non-Toleration of Discrimination & Sexual Harassment

Responsible Party and Review Cycle

The Vice Dean of Medical Education will review this document annually.

LCME Accreditation References

TITLE IX: Non-Toleration of Discrimination & Sexual Harassment

TITLE IX INFORMATION SHEET

Title IX of the Education Amendments of 1972, 20 U.S.C. §1681 et seq. provides, in part, that no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance.

Title IX and other laws prohibit discrimination on the basis of sex in any phase of a university's educational or employment programs. Academic and employment decisions based upon sex and sex-based misconduct are forms of illegal discrimination prohibited under Title IX, as well as other state and federal laws.

Wayne State University (WSU) does not discriminate on the basis of sex in any phase of its educational or employment programs, and does not tolerate sex-based misconduct. This policy applies to all conduct in any academic, educational, extra-curricular, athletic, or other University program and activity regardless of whether those programs and activities occur in WSU facilities, on or off campus.

If the University knows or reasonably should know of possible sex-based discrimination or sex-based misconduct, a thorough, impartial and confidential investigation will promptly be conducted to determine if there has been a violation of University policy. WSU will investigate all complaints alleging violation of University policy regardless of where the alleged conduct occurs. If it is determined that sex-based discrimination or misconduct has occurred, appropriate discipline will be imposed and the University will take steps to address and stop the misconduct, as well as remedy its effects. Accordingly, WSU will take appropriate action should the University become aware that any contractor, vendor, partner, or other affiliate engages in sex-based misconduct, up to and including termination of the business relationship or partnership.

Link to Full Policy:

https://oeo.wayne.edu/images/title_ix_information_sheet_-_draft11-12-18_.pdf

Link to Website

titleix.wayne.edu

11.6 Nondiscrimination Policy

■ Responsible Party and Review Cycle

The Vice Dean of Medical Education will review this document annually.

■ LCME Accreditation References

- Element 3.4: Anti-discrimination Policy

■ Definition(s)

None.

■ Notice of Nondiscriminatory Policy

"The University, as an equal opportunity/affirmative action employer, complies with all applicable federal and state laws regarding non-discrimination and affirmative action. In furtherance of this policy, the University is also committed to promoting institutional diversity to achieve full equity in all areas of University life and service and in those private clubs and accommodations that are used by University personnel. No off-campus activities sponsored by or on behalf of Wayne State University shall be held in private club facilities or accommodations which operate from an established policy barring membership or participation on the basis of race, color, sex (including gender identity), national origin, religion, age, sexual orientation, familial status, marital status,

height, weight, disability, or veteran status. Affirmative action procedures, measures, and programs may be used to the extent permitted by law to establish, monitor and implement affirmative action plans for all budgetary units and the University as a whole.”

Please refer to the university non-discrimination/affirmative action policies: https://oeo.wayne.edu/pdf/affrm_actn_policy.pdf and <https://bog.wayne.edu/code/2-28-01>

Link to WSU Policy:

policies.wayne.edu/appm/3-0-2-non-discrimination-affirmative-action?utm_source=link&utm_medium=email-5f62231b45d1f&utm_campaign=Updates+Regarding+2020+Title+IX+Regulations&utm_content=Non-Discrimination%2FAffirmative+Action+Policy

Discrimination And Harassment Complaint Process:

policies.wayne.edu/hr/05-03-discrimination-harassment-complaints?utm_source=link&utm_medium=email-5f62231b45d1f&utm_campaign=Updates+Regarding+2020+Title+IX+Regulations&utm_content=Discrimination+and+Harassment+Complaint+Process

11.7 Official Communications

Purpose

Official School information is communicated through the use of electronic computer messaging sent to each student’s assigned WSUSOM email address

Responsible Party and Review Cycle

The Senior Associate Dean for Undergraduate Medical Education will review this document annually.

LCME Accreditation References

None

Description

Official School information is communicated through the use of electronic computer messaging sent to each student’s assigned WSUSOM email address (studentname@med.wayne.edu). Students are responsible for checking and reading their emails on a regular basis. Failure to read an official email communication is not a basis for not complying with or being up to date with medical school policies and procedures.

For communication from Wayne State University on emergencies or weather closures students can register for automatic alerts. If you wish to receive emergency alerts from Wayne State via text to your cell, register your cell phone number and select your Broadcast Messaging preferences. Click on the link below for further instructions. <https://police.wayne.edu/safety/alerts>

11.8 Ownership & Use of Wayne State University Names & Trademarks

Responsible Party and Review Cycle

The Vice Dean of Medical Education will review this document annually.

LCME Accreditation References

NONE

Ownership and Use of Wayne State University Names and Trademarks

Please refer to the university marketing policies:
<https://mac.wayne.edu/marketing/licensing>

11.9 Prohibited Sexual Conduct / Sexual Assault / Sexual Harassment

Responsible Party and Review Cycle

The Vice Dean of Medical Education will review this document annually.

LCME Accreditation References

None

Prohibited Sexual Conduct / Sexual Assault / Sexual Harassment

Please refer to the Wayne State University Sexual Assault Policy and the Sexual Harassment statute:
<https://policies.wayne.edu/administrative/01-5-sexual-assault>, <https://policies.wayne.edu/appm/3-0-4-sexual-harassment> and <https://bog.wayne.edu/code/2-28-06>.

11.10 Smoke-Free Environment

Responsible Party and Review Cycle

The Vice Dean of Medical Education will review this document annually.

LCME Accreditation References

None

■ Smoke-Free Environment

Please refer to the university smoke-free and tobacco-free campus [policy](#).