



## USA College of Medicine Student Handbook 2017-2018

Note: Policies in this handbook are subject to change. It is available online at [www.usahealthsystem.com/studentaffairs](http://www.usahealthsystem.com/studentaffairs)

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Welcome to the College of Medicine! The Faculty and Staff are excited to have you here and hope to make your four-year journey from college student to physician an enjoyable as well as an intensely educational experience. The material found in this Handbook should help to smooth out the initial phases of this transition as well as provide useful information for the years ahead. Please read it carefully and refer to it often.

### **USA College of Medicine Mission Statement**

“Our mission is to educate and train outstanding physicians and scientists who possess humanitarian attitudes, critical thinking and technical skills, as well as multi-cultural competence. We are committed to the recruitment and retention of a diverse student body, faculty and staff, provision of the highest quality healthcare for the citizens of Alabama and the Central Gulf Coast region, professional development of integrity, as well as inquiry and research.”

## College of Medicine

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Vice President for Medical Affairs and Dean

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## NOTICE OF RECEIPT

I acknowledge that I have been given the opportunity to review the College of Medicine Student Handbook in its entirety on the following web site:

<http://www.usahealthsystem.com/studentaffairs>

I acknowledge that the University of South Alabama has a "Computer Policy" and that the Student Handbook is no longer available in printed form. As a student enrolled in the USA College of Medicine I have read and understand the terms of the Computer Policy and acknowledge that it is my responsibility to have access to a computer to view documents such as the Student Handbook and access course related resources.

I further understand that I have been assigned a campus issued email address which will be the mechanism by which I will receive all official notices from the College of Medicine and that it is my responsibility to check that email address on, at least, a daily basis. I have been advised that if I forward my campus email to another email address, my campus email may get blocked but I am still deemed to have notice of all information sent to my campus email address.

I understand that it is my responsibility to secure a smartphone with e-mail and voice mail capabilities and carry it at all times when assigned to a clinical experience. The purchase and maintenance of a smartphone are at my expense and must be kept current.

By signing this form I understand that it is my responsibility to read the handbook, keep up with my campus email address, and be familiar with the policies established by the USA College of Medicine.

---

Signature

---

Date

---

Please print full legal name

---

IDNumber

## **HONOR SYSTEM**

Constitution of the Honor Council (implemented 2002)

### **Principles of the Honor Code**

All academic work in the University Of South Alabama College Of Medicine will be conducted under the Honor Code. The formal code consists of the mutual understanding between all students and professors expressed as follows:

**No student will receive or give aid for academic work in any form not expressly permitted within the policies of the University, department, and course in which the work is conducted. Any student who observes an infraction of this rule must report this to the Honor Council.**

The purpose of an honor code is to formalize the ideal of honesty, which must prevail for any educational system to perform its function of transmitting knowledge. Honesty is especially important in the medical profession because trust is vital to the patient physician relationship. For such trust to remain well founded, it must be with a body of physicians who are well practiced not only in medical skills but in the habit of seeking and telling the truth.

The honor code was not established with the intention that students should spy on other students. Each student is responsible for only one person – himself. Nevertheless, if a student observes an infraction of the code, it is his or her duty to enforce the code by reporting the observation to the Honor Council and cooperating with its investigation.

The Honor Council consists entirely of students who are elected by their fellow class members, a structure which emphasizes the self-responsibility inherent in the code, allows many conflicts to be resolved without intervention of school officials, and provides to the student body a group of peer-advisors on issues of honesty and honor. Any contention brought to the Honor Council should be managed entirely without faculty knowledge except in a case in which a hearing produces a guilty verdict (see Procedure of Hearings).

Taken more broadly, the idea of honor incorporates standards of responsibility expected of physicians and physicians-in-training in all aspects of life. Therefore, the Honor Council may also deal with concerns about behavior which would be detrimental in the personality of a physician. An example is observing a student who causes harm to another person or another's property.

### **By-Laws**

#### **Article 1: Structure**

The Honor Council: shall consist of two members and one alternate from each class of the College of Medicine.

Investigation Committee: shall consist of one member from each class of the College of Medicine.

## **Article 2: Elections**

Freshman representatives should be elected in the fall at the time of class elections. Representatives from other classes are elected during class elections near the end of the spring semester which pertain to the upcoming school year. Representatives take office immediately upon election. All offices last until the next election. There is no limit to the number of consecutive terms which may be served by an individual. In case of vacancy for any reason, the class concerned should elect a new representative within one month of the vacancy occurring. If this is not possible, the class president may appoint a representative pending a class election.

Officers are to be elected at an annual spring meeting of the Honor Council to occur as soon as possible after spring class elections. Officers take office immediately upon election. President and vice-president (or co-presidents according to the preferences of the Honor Council representatives) are to be chosen from members (not alternates) at the end of their third year, either from the College of Medicine or Basic Sciences Program. The secretary is elected from among the members (not alternates) of any year and either program. Investigation Committee Chair is the member of the Investigation Committee to have served the longest as investigator – from the College of Medicine – or is elected from between investigators who have served equal time.

## **Article 3: Duties of the Representatives**

*President (or Co-President):* presides over meetings and hearings (unless unable), and he or she is in charge of communication between Honor Council and accused students during investigations and hearings. He or she is the prime interpreter of the constitution and organizer of meetings and hearings, and has responsibility for maintenance of the Honor Council File.

*Vice-President:* performs the duties of president in his or her absence and assists the president as appropriate.

*Secretary:* keeps a record (minutes, notes, recordings, etc.) of all meetings and proceedings or delegates to other representatives to do this in his absence.

*Members:* participate and vote at all regular meetings and serve in the council that hears a hearing.

*Alternates:* participate and vote in all regular meetings, but unless taking the place of an absent member, will not participate in hearings and will not vote in meetings to determine if investigated cases merit a hearing.

*Investigation Committee Members:* participate and vote in all regular meetings of the

Honor Council, conduct investigations, and may participate but not vote in meetings to determine if investigated cases merit a hearing, but they do not hear or judge hearings.

*Investigation Committee Chair:* presides over meetings regarding investigations and is the prime organizer of investigations. This student presents and summarizes evidence to the Honor Council at the beginning of a hearing, or the student may appoint another investigator if necessary.

#### **Article 4: Meetings**

The Honor Council will schedule at least two regular meetings a year: one in the fall soon after the freshman representatives are elected in order to orient them and remind all representatives of procedures and any current issues relating to the Honor Code; and one in the late spring, after class elections, in which the Honor Council elects officers and discusses any relevant issues. Other meetings are called at the discretion of the officers.

#### **Article 5: Quorum**

Quorum for panels of Honor Council representatives conducting hearings or in any meetings in which parliamentary procedure is employed is six members and must include a president and/or vice-president. An alternate may fill the spot of any member who does not attend such a gathering. Passage of motions requires approval by 2/3 of representatives present.

#### **Article 6: The Honor Council File**

Records of meeting, hearings, decisions, and related evidence are to be held in the Honor Council File, which is to be kept in a locked, secure location – traditionally in an office of the Associate Dean of Medical Education and Student Affairs. It is to be directly accessible only to the Honor Council officers. In the fall of each year, the president should review the file in order to destroy outdated material – that is, any records from greater than 6 years previous.

#### **Article 7: Advisor**

The Associate Dean of Medical Education and Student Affairs conventionally serves as advisor to the Honor Council. If this person is unable or if the Honor Council prefers, it may elect an advisor from among willing faculty members. The purpose of the advisor is to discuss ethical questions and be familiar with the Honor Council constitution, ethical policies of the school, and implicit contracts of professional behavior in Medicine and Science. The advisor should be available to attend regular Honor Council meetings but does not participate in hearings or meetings specifically concerning matters of alleged infractions.

#### **Honor Pledge**

The Honor Code is made explicit in situations of testing requesting all students to signify in writing that they have complied with the Honor Pledge at the conclusion of each exam. A student's signature on the form to be signed after completing each locally generated exam attests to the following:

**I have neither given nor received aid from any source during this examination.  
I have neither seen aid given or obtained by anyone during this examination.**

The Honor Pledge signature form will be prepared with the name and date of each exam by the Division of Medical Education and presented for students to sign after they finish the test and before leaving the testing room.

It must be understood that the Honor Code is in effect for all graded assessments, including quizzes, regardless of whether a student signature of an Honor Pledge is required. While a student's compliance with the Honor Code is reasonably assumed, it must also be observable during graded assessments by fellow students and proctors unless specific exceptions are granted by the Division of Medical Education as in the case of Independent Learning Self-Assessments.

Following the examination, Honor Council representatives have the responsibility of confirming compliance by all participants and investigating all cases of missing signatures.

**Investigation of Alleged Infractions of the Honor Code:**

Investigations are initiated by an accuser, who is a direct observer of a possible infraction. This accuser can be a fellow class member, a resident physician, an honor council representative, or a faculty member. The accuser must report the alleged infraction to a representative of the Honor Council. The matter will then be referred to the Investigation Committee, all of whose available members will be convened to organize the investigation of the case.

A member or members of the Investigation Committee will first speak privately with the accuser to attempt a thorough understanding of the accusation. They will then speak privately with the accused to obtain a response and account of events, first with a reminder that the contention, at this point, is nothing more than unproven accusation, that the accused has the right to remain silent, and that his responses should be made with the knowledge that conviction of violation of the Honor Code can entail serious disciplinary consequences. The anonymity of the accuser will be maintained throughout the investigative process (unless, in specific circumstances that make it desirable, the accuser gives written permission to make his name known). Therefore, members of the Honor Council must refuse to answer all questions pertaining to the identity of the accuser from any individuals outside of the Council itself.

If the accused acknowledges fully the version of events contended by the accuser, then the matter will be turned over to the Honor Council, who will make a decision as to whether the alleged act would constitute an infraction of the Honor Code and therefore require a hearing or whether the ethical weight of the matter is minor enough that it deserves simple dismissal, a warning to the accused, or a mutually agreed-upon settlement between Honor Council and accused (e.g., a pair

of students sitting apart during tests because of distracting behavior that does not constitute cheating). The Honor Council members present in such a meeting, as with all meetings concerning a case of alleged infraction of the Honor Code, must maintain absolute confidentiality concerning the matter when outside of the Honor Council.

If the accused does not wholly validate the accusation, the Investigation Committee fully evaluates the matter, obtaining a sworn statement from the accuser and accused, collecting any relevant physical evidence, and interviewing witnesses and/or obtaining sworn testimony in anticipation of a hearing. The accuser and accused must be informed beforehand that a full investigation is to be initiated.

The Investigation Committee will conduct its investigation as quickly as possible, compile its evidence, and present this along with a summary of its findings to the Honor Council. This procedure should be completed within 30 days of the initial report. The Honor Council and member(s) of the Investigation Committee will meet jointly to decide if the alleged act constitutes an infraction of the Honor Code and if there is sufficient evidence to merit a hearing to determine definitively the validity of the accusation. If the evidence collected is deemed insufficient in its implication of the accused to justify pursuing a hearing, then the case will be dismissed. If the accusation is deemed not of sufficient ethical weight to merit a hearing, then the Honor Council can decide to dismiss the case, to give a warning to the accused, or to form a mutually agreed-upon settlement between Honor Council and accused (see example above). If the Honor Council decides to go ahead with a hearing, it should be set for the earliest possible date, and it should be organized such that all witnesses, statements, and evidence are prepared for an efficient and thorough hearing. In the case of an investigation dismissed without hearing, the accused, but no one else outside of the Honor Council will be informed of the Honor Council's decision regarding the results of the investigation. The accuser will be informed that the matter has been resolved but will not be given details of the decision. In the case of a decision to proceed to hearing, the accused will immediately be provided with records of all evidence against him as well as the date, time, and location of the hearing. At this point the anonymity of the accuser is, by necessity, lost.

Any meeting of the Honor Council to determine if an accusation merits hearing must be attended by at least six members, including one of the co-presidents (or the vice-president if there is only one president and he/she is unavailable). Specifically designated alternates may substitute for members who are not present. The president presides over the meeting. All alternates and investigators may participate in the discussion, but only the members (including any alternates serving as substitutes) participate in votes. The decision not to proceed to hearing must be unanimous. If the decision is made not to proceed with a hearing, then any further action toward the accused is determined by discussion and majority vote.

### **Procedure of Hearings**

The president (or if unavailable, the vice-president) shall preside over the hearing and establish the order in which evidence is to be heard. Other members may make

motions during the hearing in order to alter specific points of procedure; all motions must be approved by 2/3 of the Honor Council members present and by the accused. A panel of at least six representatives, including a president or vice-president, must constitute the council that hears and judges the case. The hearing will be conducted in private, and witnesses will be admitted for testimony separately and asked to leave immediately afterward.

At the opening of the hearing, a member of the Investigation Committee shall present and summarize to the Honor Council the evidence concerning the accusation. Accuser and accused have a right but not an obligation to testify. The Honor Council may summon witnesses other than the accused and accuser. Accuser and accused and any other witnesses may choose to provide written statements rather than make a personal appearance. The accused has the right to be present for the entire hearing (but not for the deliberations of the Honor Council at the end of the presentation of all evidence). All witnesses present before the Honor Council have the right to a statement up to fifteen minutes long before taking questions from the Honor Council. The accused may bring one advisor (which may be a lawyer) to accompany him or her during the hearing. This advisor may not address the Honor Council once the hearing begins nor may he/she question witnesses. The accused may also introduce exhibits and/or witnesses in his or her defense as well as question witnesses called by the Honor Council.

If an Honor Council representative is serving as accuser, then he or she functions in the proceeding as would any other accuser and may not participate in the investigation, conduct of the hearing, or deliberations of the Honor Council concerning the case.

The accused may request for cause that any member(s) of the Honor Council not participate in the case. The accused must give the cause for such a request and the Honor Council will then grant or refuse this request. The Honor Council should accept such requests unless they are considered unreasonable. It is the duty of any member of the Honor Council in whom personal relations would preclude objective judgment of a case to abstain from participation in this case.

Alternate members are to fill places of Honor Council members who do not participate in the hearing. The alternate from the class of a missing member will fill the vacancy, unless he is unable, in which case another alternate will fill the spot. Investigators do not participate in the Council that hears a case. Alternates do not participate in hearings unless they are filling in for vacant members. Thus, hypothetically, a hearing conducted after the fall election of freshman representatives would be heard by a council of nine persons, whereas a hearing held before the election of freshman representatives would be heard by a council of six or seven persons.

The hearing will be recorded, but no recording of the deliberations of the Honor Council will be made. No one outside the panel of Honor Council members hearing

the case may be present during the deliberation. The Honor Council will put in writing its decision, including a summary of its reasoning. In its decision the Honor Council has the following options: (1) dismissing all or some charges because of lack of evidence sufficient to convict; (2) giving a student only a warning in consideration of ambiguity of rules or ethical standards; (3) coming to an agreement with the accused of a settlement in cases of dishonorable behavior which does not constitute an infraction of the formal Honor Code (as defined in the first paragraph of this Constitution); or (4) giving a guilty verdict in cases of clear and proven infraction of the Honor Code. Initially this decision will be presented only to the accused.

Within seven working days of the handing of the decision to the accused, the student may contest the decision in writing to a member of the Honor Council that heard the student's case, setting forth the basis for the appeal. Examples of just bases for appeal are substantial mistake of fact, fundamental misinterpretation of policy, and significant procedural defect. If the accused contests, then the Honor Council will reconvene and hear the accused in person or consider his or her written statement and provided evidence, as the accused prefers. No other witnesses will be included. This hearing will be recorded but no recording will be made of Honor Council deliberations. The Honor Council's decision on such an appeal is final. The accused will be notified in writing of the decision.

In the case of a guilty verdict uncontested after seven days of a guilty verdict retained after appeal, the Honor Council will turn over its decision and material related to the case to the Student Promotions and Evaluation Committee (SPEC), which is responsible for determining appropriate disciplinary measures up to and including dismissal from the University.



## THE STANDARDS OF CONDUCT FOR THE APPROPRIATE TREATMENT OF MEDICAL STUDENTS IN THE EDUCATIONAL SETTING

- I. **INTRODUCTION** - The University of South Alabama College of Medicine has a commitment and a responsibility to foster the development of professional and collegial attitudes and behaviors among teachers and learners needed to provide a safe and effective learning environment to foster the ultimate in compassionate healthcare by all members of the college of medicine community. The community is defined by inclusion of all medical students, graduate students and fellows, resident physicians, faculty, and other staff that participate in the educational and training process. The University of South Alabama community as a whole is dedicated to creating an environment where each individual is valued and can succeed. Our institutional ethic compels us to foster the best possible environment for doing our work as educators, learners, and supporters of the educational process. When our members are prevented from doing their best, the entire community is diminished.

Our commitment to be a diverse and inclusive campus relies on all community members to do their part. While no set rules or policies can wholly govern human conduct, civility requires respect and a thoughtful and careful balancing of different points of view.

The American Association of Medical Colleges states, "Mistreatment, either intentional or unintentional, occurs when behaviors show disrespect for the dignity of others and unreasonably interferes with the learning process. Examples of mistreatment include: sexual harassment; discrimination or harassment based on race, religion, ethnicity, sex, age, or sexual orientation; humiliation; psychological or physical punishment; and the use of grading or other forms of assessment in a punitive matter."

A respectful environment exhibits and promotes the following values:

- Displaying personal integrity and professionalism.
- Practicing fairness and understanding.
- Exhibiting respect for individual rights and differences.
- Demonstrating harmony in the working and educational environment.
- Respecting diversity and difference.
- Being accountable for one's actions.

- Emphasizing communication and collaborative resolution of problems and conflict.
- Developing and maintaining confidentiality and trust.
- Achieving accountability at all levels.

Mistreatment includes but is not limited to:

- Public belittlement or humiliation.
- Physical harm or the threat of physical harm.
- Request to perform personal services.
- Being subjected to offensive, sexist remarks, or being subjected to unwanted sexual advances (physical or verbal).
- Being denied opportunities for training or rewards, or receiving lower evaluations or grades based solely on gender, race, ethnicity or sexual orientation.
- Being subjected to racially or ethically offensive remarks.
- Being subjected to offensive remarks about one's sexual orientation.
- Verbal or emotional harassment through neglect or creating a hostile environment.
- Inappropriate comments about a student's appearance.
- Use of foul language.
- Retaliation or threats of retaliation against any student who in good faith reports mistreatment or unprofessional behavior.

- II. The process for responding to allegations of mistreatment includes both formal and informal procedures which allow for resolution of complaints and any form of mistreatment. Formal procedures should only be undertaken after all attempts by the respective parties to reach resolution through informal means have failed. These informal measures include but are not limited to mediation with or by the ombudsperson or direct discussion and involvement of module, course, or clerkship directors.

The USA College of Medicine provides physicians in training the educational environment wherein they may raise and resolve issues without fear of intimidation or retaliation. Depending on the level of comfort of the physician in training, there are a variety of reporting options, all of which strive for confidentiality, which must be practiced within the confines of both personal and patient safety. Below is a listing of reporting options with a brief description:

- A. Ombudsperson** – The ombudspersons are chosen from the College of Medicine faculty and are available at the following sites: USA College of Medicine, USA Medical Center, and USA Children’s and Women’s Hospital. Their names and contact information can be found on the student affairs website on the link to the top ten phone numbers. Any student may contact an ombudsperson voluntarily in an effort to council and identify options for resolutions of concerns. Confidentiality will be maintained unless there is an imminent threat of serious harm or the individual has given consent to reveal his or her identity. The ombudsperson may, with the assistance of others, facilitate informal mediation of the dispute. However, if the situation proceeds to a formal complaint, the ombudsperson may assist in the investigation and confidentiality may be suspended.
- B. Offices of Medical Education and Student Affairs** – This office is located on campus in the Medical Science Building as well as in the Mastin Building at the USA Medical Center. Doctors LeDoux and Roveda are available to provide advice, support, and guidance to all students.
- C. Module and Clerkship Directors** – The contact information for these individuals is provided on both Sakai and at the beginning of the module/clerkship. Additionally, concerns can be anonymously reported in the student evaluations.
- D. Title IX Coordinator or Deputy Coordinator** – If a student feels that he or she has been subjected to sexual harassment or discrimination, he or she should contact either the University Title IX Coordinator, whose information can be found on the Title IX link at the bottom of the University of South Alabama homepage, or the College of Medicine Deputy Title IX Coordinator, Kelly P. Roveda, M.D.
- III. Conflict Resolution Council:** When a formal complaint cannot be resolved by the ombudsperson after investigation and discussion, the Dean and the Associate Dean, in conjunction with the ombudsperson, will select a five member conflict resolution council. These members should be diverse and selected among pre-clinical students, clinical students, pre-clinical faculty, clinical faculty, and administration. The ombudsperson is not a member of the council but may be present at council meetings. The council will then select its own chair to preside over deliberation. Minutes will be recorded with transcribed correspondence. The council will meet within fourteen days of being selected. They will consider the

investigative report of the ombudsperson or his designee and the written submission of both the complainant and respondent. After reviewing all pertinent information, the council may dismiss the complaint at this point if the council determines the complaint to be frivolous, incredulous, or without merit. The council will prepare a written report of its findings, conclusions, and recommended course of action. This report will then be provided to both complainant and respondent for review and comment. The written comments of both parties must be received by the Dean of the College of Medicine within ten business days.

If not appealed, the decision of the council will be forwarded to the Dean of the College of Medicine and/or the Student Promotion and Evaluation Committee for final resolution. The Dean will then be notified of the results in writing.

## ACADEMIC REQUIREMENTS FOR GRADUATION

### Graduation Eligibility

To be eligible for graduation, a Senior student must have:

1. Completed at least 32 credit hours of courses in the Senior year and passed all courses taken in the senior year.
2. A passing score on USMLE Step 1 exam on file in the Office of Student Records.
3. A passing score on both USMLE Step 2 CK and Step 2 CS exams. Students who fail Step 2 CS may petition the Dean of the College of Medicine for an exception to this provision.
4. Completed an ACLS course, with documentation on file in the Office of Student Records.
5. Grades from all senior course work received in the Office of Student Records.
6. Be cleared of all holds and/or fines from the student's record.
7. Completed an Exit Interview with the Office of Student Records. This meeting will cover issues pertaining to residency, licensure, USMLE Step 3, applications for fellowships, and other necessary information needed once the student has left the University.
8. Completed an Exit Interview with the Associate Director of Financial Aid.
9. Completed an on-line Exit Interview for Perkins Loan (if received) at <http://mapping-your-future.org/SERVICES/OSLCIDX.htm>

### Graduation and Honors Convocation

These events are the culmination of the joint efforts of the students and the faculty. Students who are eligible to graduate and participate in Honors Convocation and Graduation **are expected to be present at both ceremonies** unless prior approval has been granted by the Associate Dean of Medical Education and Student Affairs. Students who have not completed the requirements for graduation will not be permitted to participate in the Honors Convocation or the Graduation ceremonies.

### Posthumous Degrees

In the event that an enrolled medical student at the University of South Alabama College of Medicine dies, the Executive Council shall be charged with the decision to award a posthumous degree. In recognition of the dedication and hard work required of all medical students, there shall be no rigid cut off for the percentage of the total medical curriculum completed. The Executive Council shall consider the entirety of the circumstances, on a case by case basis, including, but not limited to, the deceased student's academic standing and when (in the course of the medical curriculum) the death occurs.

## ACADEMIC STANDARDS

## Communication

E-mail is the official method of communication between University of South Alabama College of Medicine faculty, administration, staff and all students. It is the student's responsibility to check your official USA jagmail account correspondence daily. Do not assume that any university email message is automatically forwarded to a non-university email account. Check your spam folder, accordingly. You are obligated to respond in a timely manner to all e-mail requests, including time-sensitive evaluations.

## Performance Standards and Core Competencies

Grading of academic performance across modules and clerkships is standardized to comply with guidelines established by the College's Curriculum Committee and will determine acceptable academic performance in a module or clerkship. The assessment of academic performance will measure students' progress toward the six core competencies of medical practice defined by the Accreditation Council for Graduate Medical Education (ACGME). These include:

**Patient Care.** Identify, respect, and care about patients' differences, values, preferences, and expressed needs; listen to, clearly inform, communicate with and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health.

**Medical Knowledge.** Acquire a fundamental understanding of the established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social behavioral) sciences and the application of knowledge to patient care.

**Interpersonal and Communication Skills.** Engage in effective information exchange and teaming with patients, their families and other health professionals.

**Professionalism.** Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.

**Practice-based Learning and Improvement.** Critically evaluate, reflect, and enhance one's own performance level of knowledge and skill as it relates to patient care, appraisal and assimilation of scientific evidence, and a lifelong goal of improving patient care, through self-improvement.

**System-based Practice.** Demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide optimal care.

## Milestones of Achievement Toward Competency

The professional goals of meeting educational objectives for each year of training are expressed as a series of milestones to be achieved along the pathway to each core competency. These milestones are published on the Student Affairs' website.

## ACADEMIC POLICY

### Freshmen and sophomores

Pre-clerkship coursework begins with introductory modules (Foundations of Human Health 1 and 2, Basic Concepts of Human Structure) followed by a series of organ-based modules ( Cardiovascular, Urinary, Ear Nose and Throat, Respiratory, Digestive, Endocrine and Reproductive, Neuroscience and Behavior).

Each module is graded by the same formula weighted for Biweekly Examinations (50%), the comprehensive Final Examination, consisting of questions provided by the National Board of Medical Examiners (25%), Self-directed Learning Assessments (20%), and Review and Assessment quizzes (5%). Final module scores are rounded by 0.5 to the nearest whole number. For example, 93.49 rounds to 93, and 93.50 rounds to 94. Numeric scores do not appear on transcripts and are maintained for the purpose of class rank determination and review by the SPEC. Scores below the passing standard of 70 are not rounded and entered as the corresponding whole number. For example, a score of 69.81 converts to a 69 for the purpose of assigning an F grade and Class rank.

Module grades of Honors (H), Pass (P), Fail (F), Unsatisfactory (U) and Incomplete (I) are possible. H and P grades are based on final course numeric scores according the following cutoffs:

<b>H (Honors)**</b>	<b>≥94% or top 10% of the class;</b> performance exceeds expected standard
<b>P (Pass)</b>	<b>70-93%;</b> performance meets standard

An **F grade** will be assigned to a student who receives:

**<70% final course score, or**  
**<70% average achieved on module biweekly examinations**

A student must meet both standards in order to pass a module.

A module grade of **Unsatisfactory (U)** is a temporary grade requiring successful remediation during an allotted time frame. Successful remediation converts the U grade to a UP (Pass). Unsuccessful remediation converts the U grade to a UF (Fail). The most common cause for a U grade is a failing the final exam, the “miniboard,” for which a raw score of ≥60% is required.

**Clinical Skills.** This course consists of formative instruction and interaction with simulated patients. Learners are instructed on how to (1) conduct a patient encounter, (2) take a patient history, (3) perform the essential elements of physical and mental status examinations, and (4) document their findings in the form of a patient note. The course content is coordinated to follow the sequence of pre-clerkship modules. The Clinical Skills course grade is determined by the final exam, an Observer-structured Clinical Examination (OSCE), which consists of four stations, each representing a different clinical encounter. Course grades are determined by point totals for the four stations combined as follows:

**H     ≥94%\*\***  
**P     70-93%**  
**F     <70%**

**U** A temporary grade of Unsatisfactory is given when a student achieves ≥70% on the entire exam but earns less than 70% on one or more individual stations. If remediation of the failed station(s) occurs within the allowable timeframe and is successful, the U converts to a UP. If not, the U converts to a UF.

**CLINIC course.** The Clinically Integrated Introductory Course, taken during each semester of the M1 and M2 years, is graded P/F on the basis of (1) small group discussions, (2) reflective writing and narrative writing exercises designed to assess how students perceive the core competencies at work in a real clinical setting, (3) professionalism, and (4) completion of clinical tasks commensurate with level of training. For a passing grade, students must achieve a final score of ≥70%.

**\*\***In the event that 10% of the class does not achieve 94% for a given module, H grades will be extended to the next lowest whole percent score until 10% of students are included. If extending the cutoff to the next whole % results in the inclusion of more than 10% of the class, all affected students will receive Honors.

## **Juniors**

**Clerkships.** There are seven required clerkships. The rotation grade is determined from the score submitted by the Clerkship Director to the Registrar in the Final Clerkship Report. The final clerkship numeric score on this report is determined for the Surgery, Pediatrics, Internal Medicine, Psychiatry, Neurology and Obstetrics-Gynecology clerkships with subscores for (1) competency evaluation, (2) NBME shelf exam, and (3) self-directed learning. The Family Medicine clerkship grade factors in addition two OSCEs into the final grade. All clerkships are graded by the following scale:

**H     >94**  
**P     70-93**  
**F     <70**

**X** This is a temporary grade given to a student who fails the end of clerkship shelf exam prepared by the National Board of Medical Examiners (NBME). A failed exam occurs when a student achieves below the 8<sup>th</sup> %tile nationally for a given academic quarter. To successfully remediate, the student must pass a retake within a specified timeframe and pass with a score ≥8%tile. In this event, the X grade converts to a P. An unsuccessful retake converts the X grade to an F.

## **Seniors**

Grades for all senior electives, Acting Internships and externships are determined as H/P/F at the discretion of the course director.



## Missed Exam Policy

All exams, including OSCEs, must be taken at the scheduled time and date unless a student has a valid excuse. Acceptable excuses are limited to personal illness, and death or grave illness of an immediate family member. Extenuating circumstances will be considered. Students unable to take an exam must inform the (1) Course Director prior to the original scheduled date to allow for a rescheduled makeup, and (2) Associate Dean for Student Affairs and Medical Education prior to the scheduled start of the test. If the Associate Dean of Medical Education and Student Affairs cannot be reached, the student will inform the Assistant Dean for Assessment and Evaluation. In the event of personal illness, the student must provide, as soon as possible, a signed justification by an attending physician stating that he or she is deemed unable to sit for the exam. Only students with a valid excuse will be allowed to take a make-up exam; absent students without a valid excuse will receive no credit for the missed exam.

## Scheduling: Junior Year

**Rotation Process.** In the junior year, medical students rotate through the various clerkships in groups. At USA, students are assigned to groups by a randomization process. The rationale for adopting this policy was that student groups with heterogeneous membership (randomization system) could be expected to provide a better learning experience for more students than could groups with more nearly homogenous membership (a system where students choose their own groups).

This policy shall be executed by the Registrar and the Associate Dean of Medical Education and Student Affairs using the following procedure:

All students shall be randomly assigned, except those granted either a personal hardship or an administrative exception:

- **Hardship.** Students who wish to request a specific order of rotations based on a physical or family hardship must submit a written request with justification to the Associate Dean of Medical Education and Student Affairs. An example would be a temporary physical impairment (such as being on crutches) which would make some rotations more difficult than others, or similar problems.
- **Administrative.** Individual students may be granted exceptions by the Associate Dean of Medical Education and Student Affairs for administrative reasons such as need to repeat a clerkship, or to minimize problems associated with a formally granted leave of absence.

The Associate Registrar shall communicate the results of the random assignment process to the faculty and students at the earliest opportunity. Once the rotations are set, changes can be made only with the approval of the Associate Dean of Medical Education and Student Affairs.

## Excused Absences for Clinical Experience.

Mandatory attendance is required for all clinical experiences. Acceptable excuses for missing a clinical experience are limited to personal illness or the death or grave illness of an immediate family member. Students unable to participate in a clinical experience must inform the Clerkship Director **prior** to the scheduled start of the experience. In the event of personal illness, the student must provide, as soon as possible, a signed justification by an attending physician stating that he or she is deemed unable to participate in the clinical experience. Failure to comply with this policy will be deemed unprofessional behavior.

## **Seniors**

Coursework is graded H/P/F and is not included in class rank. The grading criteria are determined by the elective director. For 4-week externships, grading is determined by the externship director at the host institution in accordance with performance criteria communicated from the USACOM.

## **Scheduling: Senior Year**

The fourth year curriculum has been designed to aid in the advancement of the student's professional education. While there is flexibility in scheduling within the senior year, there are required rotations. These include two acting internships, two subspecialties in Medicine, Pediatrics, OB/GYN, or Surgery, and an Ambulatory Care rotation. Because of the complexity of the senior year, a separate senior manual is found on the Student Affairs website using the following link: <http://www.usahealthsystem.com/publications>

## **Objective-Structured Clinical Examination (OSCE)**

A gateway OSCE is graded separately from modules and is a comprehensive examination of a student's development in all the competencies as measured in a series of mock clinical encounters. Students must successfully pass a gateway OSCE to move forward to the next level of training. OSCEs 1-4 are given following the first four semesters, and OSCE 5 is administered after the junior year. OSCEs are administered in the Clinical Skills Lab in the Medical Sciences Building. They consist of several stations, each representing a different patient case. Stations are typically represented by trained, "standardized" patients. A point value is assessed for each station, and the points earned for each station are summed for an overall %score on the exam. The total %score earned for each gateway OSCE counts toward class rank as detailed in another section.

For student transcripts, OSCE's are graded P/U/F. To earn a passing P grade, a student must earn at least 70% of attainable points at each station comprising the OSCE. A student will earn a U grade for the OSCE if a subscore <70% is made on one or more stations, but an overall score of ≥70% is maintained. A student will have two chances to remediate a U grade. If successful on first attempt, the U grade will convert to a UP, and the student will earn a maximum of 50% of the points originally assigned to the remediated station(s), while retaining the scores on the originally passed stations for the purpose of class rank. If a second attempt is required and passed, the UP grade will also be earned, although the remediated station will count only 25% of the points originally assigned for the purpose of rank determination. If unsuccessful on second attempt to remediate, the grade of U converts to UF and the student will be referred to SPEC for further action.

An F grade for an OSCE results if the total cumulative score for all stations is below 70%. To successfully remediate an F grade for an OSCE, a total score of  $\geq 70\%$  on the exam must be achieved and a subscore  $\geq 70\%$  earned on each station. Two chances are allowed to remediate an F grade. Successful remediation of a U or F grade must occur within 60 days of the initial exam. For a remediated F grade, the student's original score will be used for the purpose of class rank determination, and a new transcript entry will designate the remediated status of OSCE. For remediation purposes, the failed OSCE course will be added to the student's transcript by the Associate Registrar as a repeated course.

### **Incomplete (I) grade**

An I grade signifies incomplete coursework that must be completed to receive academic credit. An (I) is usually given under circumstances beyond the control of the student, such as illness. It is a temporary grade and must be removed by a date set by the appropriate course director and the Associate Dean of Medical Education and Student Affairs in consultation with the student. If required coursework has not been remediated within the set date or, in the absence of a set date, within six months of its recording by the Registrar, the matter will be referred to the Student Promotions and Evaluation Committee for a hearing under the Academic Procedures section of the handbook. An I grade may be converted to F at that time.

### **Deficient grades of U, X and F**

The grade of U is temporary, requires remediation, and is typically assigned to a student who fails a standardized National Board of Medical Examiners assessment, a.k.a. "miniboard" exam used as the final examination for a pre-clerkship module, or does not achieve the minimum passing standard for one or more testing stations that comprise a gateway Objective-Structured Clinical Examination (OSCE).

A U grade for a module that is successfully remediated converts to a UP, and the student receives the lowest passing score of 70. A U grade assigned for an OSCE converts to a UP pending successful remediation of the failed station(s). A module or OSCE U grade that is not successfully remediated on first attempt converts to a UF. Assignment of a UF grade will trigger a meeting of the SPEC, at which time the grade of F can be assigned by the SPEC as described under the Academic Procedures section of the handbook.

A U grade must be remediated within six months of its recording by the Associate Registrar. If remediation does not occur within this time frame, the matter will be referred to SPEC.

An X grade is also temporary, requires remediation, and is assigned to a junior student who fails a clerkship miniboard as defined by receiving a score below the 8<sup>th</sup> %tile. Like the U grade for pre-clerkship years, an "X" grade must be remediated within six months of its recording by the Associate Registrar. If remediation of a clerkship miniboard is successful on first retake (the student achieves the 8<sup>th</sup> %tile), the X converts to a P grade; however, the original numeric score of the failed miniboard (65) is used to determine the final clerkship score and class ranking. If a student fails the miniboard of another subsequent clerkship, the temporary assignment of an X grade no longer applies; the temporary grade of U is assigned. Remediation of the second miniboard will convert the U to a UP if the outcome is successful, or a UF if the first retake is unsuccessful. Failing two different clerkship minibboards or failing

the same clerkship miniboard twice will trigger a meeting of the SPEC.

A fail (F) grade is automatically assigned when a student does not achieve the minimum overall passing standard of 70% in a module, clerkship, or gateway OSCE. A student may pass a miniboard but still not accrue enough points from the other weighted components of a module or clerkship to make a 70. An F can also be assigned to any student who fails to complete course requirements, who fails to demonstrate appropriate professional behaviors, or who fails to attend or participate in required course activities (for simplicity, course is defined as any module, clerkship or elective).

Refer to subsequent sections for additional information on the detailed remediation process for modules, OSCEs and clerkships.

All deficient grades of U and F are reviewed yearly by the Student Promotion and Evaluation Committee.

### **Formative Assessment of Cognitive, Attitudinal and Psychomotor (CAP) Skills in Freshman and Sophomore Years**

Students are assessed midway and at the end of each module for development of cognitive, attitudinal and psychomotor skills.

**Cognitive skills.** These are assessed by exams and quiz that measure recall of medical knowledge as factual information and its application to solve clinical problems.

**Attitudinal skills.** Good judgment and respectful behavior are the pillars of professionalism. While the majority of students accepted to medical school will express all these traits at a level commensurate with their background and qualifications, periodic feedback is provided to all students in order to identify those needing development of specific character traits important for professional development toward patient care, interaction with peers, other health care professionals and instructors, and to identify those students who may not possess the character traits necessary to practice medicine.

**Psychomotor skills.** Students learn psychomotor skills, e.g. taking a patient history and conducting physical examinations, from the outset of pre-clerkship training through simulation exercises, task trainers, encounters with standardized patients, and instruction in clinical laboratory methods and analysis.

**A student will receive one of the following Cognitive skill marks in mid-course and final module reports:**

**E** (exceeds standard)

**S** (satisfactory, meets standard)

**M** (marginally satisfactory, at risk)

**U** (unsatisfactory, does not meet standard)

**A student will receive the same marks for Attitudinal and Psychomotor skills as follows:**

**E** (exceeds standard without prompting and guidance)

**S** (satisfactory, meets standard, requiring only limited prompting and guidance)

**M** (marginally satisfactory, requiring significant guidance and mentoring)

**U** (unsatisfactory, unable or unwilling to meet standard)

### **Mid-module Report**

Students are provided with comprehensive mid-module feedback reports showing their CAP skill marks as defined above. Students receiving M or U marks for any skill category are required to meet with the Module Director and the Associate Dean for Medical Education and Student Affairs.

Skill marks, scores-to-date, and professional deficiencies noted in mid-module reports are intended only for formative feedback. The report is kept on record with the Module Director and in the Division of Medical Education, but is not entered in the student's official transcript. A sample mid-module report form is found on the Student Affairs website.

### **Final Module Report**

Similar to the mid-module report, the final report also includes the module grade, raw and adjusted miniboard scores. The cognitive skill mark reflects only miniboard performance. The marks for attitude and psychomotor skills pertain only to the second half of the module.

Uncorrected deficiencies and attitude noted in the mid-module report will be scored as Unsatisfactory. A sample of the final module report form is found on the Student Affairs website.

### **Physicianship Early Concern (PEC) Note**

A PEC note is a serious incident report filed for a student in any year of training that is observed to engage in unprofessional behavior in any pre-clerkship, clinical or non-clinical setting by any member of the faculty, administration, or staff. A PEC note is submitted to the Associate Dean of Medical Education and Student Affairs. A submitted PEC note will trigger an immediate meeting of the reported student with the Associate Dean of Medical Education and Student Affairs to discuss the incident and further course of action, which will include an acknowledgement of the incident with the reporter and can include a convened meeting of the SPEC. Information submitted on this form may become a part of the student's permanent record. A sample PEC note is found on the Student Affairs website.

### **Consequences of receiving a PEC note**

Receiving a PEC note is a serious matter. At the discretion of the Associate Dean of Medical Education and Student Affairs, the consequence for a student receiving a first PEC note can be limited and student acknowledgement and reconciliation of the behavior through counseling described in the aforementioned section. In the event that a flagrant act of unprofessional conduct occurs, the Associate Dean can forward the incident to the Student Promotion and Evaluation Committee (SPEC) for action. A second PEC note

received by a student will go to the SPEC for discussion.

The SPEC may elect to do one or more of the following:

- Interview and counsel the student before taking any further action
- Place the student on Non-Academic Probation, which will require the student to agree to the terms of a Professionalism Contract for a probationary period of one (1) year before the student can return to good standing
- Recommend dismissal of the student, pending a formal disciplinary hearing

### **Professionalism Contract**

A vote of the SPEC will place a student on Non-Academic Probation for a minimum of a one-year period to remediate the unprofessional behavior. The conditions for being removed from probation will be specified in a Professionalism Contract signed by the student, SPEC Chair and Associate Dean of Medical Education and Student Affairs. Contract terms will be specified to correct the deficiencies identified in the PEC note(s). If the student complies with the terms of the contract, he or she will be removed from probation and restored to good standing on its anniversary date. A student who does not satisfy the terms of his or her professionalism contract will be subject to dismissal.

A student who is currently on Probation for professionalism and receives an additional PEC note or any other evaluation of unprofessional behavior is subject to dismissal at the recommendation of the SPEC.

### **Physicianship Praise Card**

When a student exhibits an episode or pattern of exemplary professional behavior, the observing faculty member, staff or administrator can submit a Physicianship Praise Card to acknowledge the student and document the behavior. The card is submitted to the Associate Dean for Student Affairs and Medical Education and will become part of the student's permanent, official record. A sample of the Physicianship Praise Card is found on the Student Affairs website.

### **Academic Assistance and Advisement**

Any student seeking academic assistance, advice regarding program selection, placement within residency programs or any other special information, etc. should contact the Associate Dean of Medical Education and Student Affairs or one of the Assistant Deans. They may refer students to other academic or personal services available on campus.

The USA Counseling and Testing Services provide several academic services for students. Some of these services include sessions to improve academic performance:

- Test-taking strategies
- Increasing visual perception and discrimination
- Critical and logical thinking and questioning

- Study techniques, time management, note taking
- Interpersonal communication

## Evaluations

### **Evaluation submitted by students for Courses, Peers and Instructors**

Students are prompted periodically to submit course evaluations. Compliance is essential, considered a measure of professionalism, and required by the Liaison Committee on Medical Education (LCME), which serves as the accrediting body for medical schools in the U.S. and Canada. Anonymity of submitters is assured for all evaluations to maintain student confidentiality. Evaluations submitted for courses in years 1, 2 and 3 are not read until grades have been submitted to the Office of Student Records. These evaluations provide valuable feedback about the (a) success of course objectives and learning outcomes; (b) strengths and weakness of educational approaches; (c) quality of faculty teaching performance; and (d) alignment of course content with national standards, as measured by student performance of final examinations (miniboards authored by the NBME). Submitted student evaluations are reviewed by the Curriculum Committee, Division of Medical Education, course directors and teaching faculty. They serve as a vital feedback mechanism for fueling improvement and continued progress in the undergraduate medical education program. The evaluations database is maintained by the Assistant Dean for Assessment and Evaluations. The chronological listing of student evaluations appears below:

**Module evaluations.** Students are provided email links to complete and submit a web-based evaluation at the conclusion of each module in years 1 and 2. Using numeric ratings and optional narrative comment, evaluators rate course quality in a battery of questions standardized across modules. As an addendum to the evaluations, students also rate the quality of each module instructor.

**Peer Evaluations.** The College uses peer evaluation in years 1 and 2 as a primary method to train students how to take and give honest, constructive criticism to fellow students as a formative experience toward successful teamwork in their medical decision-making practice. Students complete five sets of electronic peer evaluations during years 1 and 2, based on their interactions among designated teams working on assignments in the Active Learning Center. The first evaluation will be a practice round occurring by mid-semester of the first year to give new students the opportunity to understand the process. The next four evaluations will occur near the end of each of the first four semesters, prior to a scheduled meeting between each student and their Competency Coaches.

For each round of peer evaluation, a student will submit a separate electronic evaluation for each teammate, usually six in total. The evaluation will address a set of rated traits and a narrative section for which students are instructed to identify both attributes and perceived areas of improvement for each peer.

Peer evaluations are time-sensitive. Students can access their scores and comments received from others. Competency Coaches will be given the complete set of comments written by and about each of their coached students for

review prior to each coaching session and for discussion in confidence with their advisees. Students who fail to submit evaluations or construct them as directed will be cited for lack of professionalism. Peer evaluations do not contribute to module grades.

**Pre-Clerkship evaluation.** The link to this web-based evaluation is emailed to students during the summer after students have taken STEP 1. Students rate the effectiveness of the various year 1 and 2 modules in preparing them for STEP 1 and clerkships.

**End-of Clerkship evaluation and DOCCS form.** Links to the anonymous End-of-Clerkship evaluation are emailed to students at the conclusion of each rotation, following completion of the clerkship miniboard exam and return of the results to students. The format consists of a battery of questions, standardized across clerkships. Students must comply when prompted by email to submit clerkship evaluations by the indicated due dates. A pattern of non-responsiveness by a student constitutes an accreditation risk to the College of Medicine and can trigger a PEC note and administrative action.

Critically important questions in each clerkship evaluation address whether students are observed by faculty or attending physicians to take a patient history and conduct physical examinations (partial or complete) during the course of each rotation. To document this direct observation in real time, all students and observing physicians are required, in addition, to sign a **Direct Observation of Core Clinical Skills (DOCCS)** form, which the clerkship director in turn co-signs and submits to the Division of Medical Education. In the unanticipated event that a student is unable to successfully solicit this observation, if not volunteered or structured into the curriculum, he or she should immediately consult with the Clerkship Director to solve the problem BEFORE the end of the rotation.

**Evaluations of attending physicians, adjunct instructors and residents.** Students are prompted at the end of each clerkship to submit electronic evaluations of their individual clinical instructors.

### **Evaluations of Students Submitted by Faculty**

**Competency-based Evaluation of Students in the Junior Year.** During each clerkship rotation a student is evaluated at the conclusion of a sub-rotation by their preceptors for level of performance achieved in each of nine equally weighted categories aligned with ACGME core competencies. For each category, e.g. taking a patient history, a student is rated at any one of nine performance levels. Each level is keyed to a point valuation determined by the Division of Medical Education. The competency evaluation score is averaged across the clerkship and determines the Competency Evaluation portion of the student's clerkship grade.

**Mid-clerkship Evaluations.** Students are provided with formative feedback



midway through each clerkship. This consists of an electronic rating by preceptors as well as optional narrative commentary. Clerkship Directors are also expected to meet with each rotating student to discuss their progress at this time.

**Final Clerkship Report.** Students will be able to access a final online report for their performance in each clerkship. This document will include the sub-scores for each graded element contributing to the final score and grade. It will also contain the narrative critique of the student written by the Clerkship Director. This official grade report is recorded with Registrar, and the commentary provided is incorporated into the Dean's letter for residency application.

## BOARD EXAMS

Professional educational institutions must offer curricula that allow students to meet stated educational objectives, and they must be sure that these objectives are appropriately designed to produce graduates who can meet the demands society places on a profession. Societal demands are reflected by accreditation standards and individual licensure requirements that are imposed on professional schools and their graduates by external organizations. The University of South Alabama College of Medicine, like the vast majority of U.S. medical Schools, offers assurance that its students are fulfilling their professional obligation by requiring graduates pass the examinations developed by the National Board of Medical Examiners (NBME). Oversight of compliance with policies for board exam registration, security, administration and construction (where applicable) is the responsibility of the institution's Executive Chief Proctor designated by the NBME, which is the Assistant Dean for Curriculum Assessment and Evaluation.

### Requirement and Registration of STEP exams

All states require successful completion of the sequence of United States Medical Licensing Examinations (USMLE STEPS 1, 2, and 3) in order to obtain a license to practice medicine. Registration of students for STEP 1 and STEP 2 exams must be submitted by the Office of Student Records. Individuals are not permitted to register for STEP exams independently. STEP exams are taken at designated secure testing centers authorized for test administration by the NBME, but are not affiliated with the institution.

### STEP 1

This is a one-day web-based, multiple-choice examination in the basic medical sciences and related topics. The exam is taken in June of the sophomore year. Questions are formatted as clinical vignettes of patient cases in narrative, tabular, or graphic style and followed by a series of questions designed to determine the examinee's knowledge and comprehension of the situation described. Patient data, including laboratory findings and diagnostic imaging, are often presented, prompting questions on the analysis and interpretation of results. Questions pertinent to structure, function and dysfunction of organ systems, anatomy, behavioral sciences, biochemistry, microbiology, neurosciences, pathology, pharmacology, and physiology as well as interdisciplinary topics such as aging, biostatistics, epidemiology, genetics and nutrition are represented. The questions have been devised to test the examinee's knowledge, problem solving skills, and subtler qualities of discrimination, judgment and reasoning. More detailed information concerning exam content is available on the NBME website.

All students in the College of Medicine are required to take and pass the United States Medical Licensure Exam (USMLE) STEP 1 in order to graduate. The minimum national standard (passing score) set by the NBME is currently 192. After successful completion of the sophomore year, students must sit for STEP 1 before they can begin the junior year in July.

In preparation for STEP 1 during May of the second year, students are required to take two practice exams authored by the NBME. A performance comparison on the two exams is statistically analyzed to generate a predictive STEP 1 scoring range for each student. In the event that a student's predicted STEP 1 score falls below or at the minimum passing standard, the Associate Dean of Medical Education and Student Affairs may recommend that the student take additional preparation time and delay the exam until July-August. Students are strongly

advised to follow this recommendation. Such students would not start their third year clerkship rotations until after STEP 1 is taken.

A student who receives a failing score on STEP 1 prior to the beginning of the junior year will not be allowed to start clerkships until the re-take of the examination is successful. The re-take is typically done in August. If successful, this allows the student to begin third year rotations *in the next available rotation block*. In the event that STEP 1 scores are not released by the NBME until after the beginning of third year clerkship rotations, the Associate Dean of Medical Education and Student Affairs will meet with each student who has failed STEP 1 on first attempt to determine the best course of action. The decision will take into consideration the student's request, the rigors of the current clerkship, the student's deficiencies, and the STEP 1 score received on first attempt, as all of these factors impact on the student's chance of passing STEP 1 on second attempt. Once removed from the clerkship schedule, the student is not eligible to return until a passing score on STEP 1 has been obtained.

A student who fails STEP 1 a second time will be withdrawn from the clerkship rotation schedule for, at a minimum, the remainder of the semester. The student must consult with the Associate Dean of Medical Education and Student Affairs to develop a course of study designed to remediate areas of deficiency. The exam will be taken again at a time mutually agreed upon by the student and Associate Dean of Medical Education and Student Affairs but the re-take must occur before the start of the next academic year. Failure to pass STEP 1 on the third attempt will result in dismissal from the College of Medicine.

### **STEP 2 CK "Clinical Knowledge"**

Step 2 CK, is also a one-day web-based, multiple choice examination designed to test the student's knowledge of clinical medicine and the ability to integrate clinical and basic science information to solve clinical problems in the areas of internal medicine, obstetrics and gynecology, pediatrics, family medicine, neurology, psychiatry, surgery, and related subspecialties. Like STEP 1, questions in STEP 2 CK are formatted as clinical vignettes of patient cases but place greater emphasis on clinical knowledge and problem-solving skills. Clinical problems are presented in the form of case histories, charts, images (radiologic, gross, and microscopic), tables of laboratory results, and other graphic or tabular data. More detailed information concerning exam content is available from the National Board of Medical Examiners.

All students in the College of Medicine are required to take and pass STEP 2 CK in their senior year in order to graduate. The exam must be taken by December 1 unless special permission is obtained from the Associate Dean of Medical Education and Student Affairs. If a senior student does not take the examination by this date, the student's registration for the second semester will be voided and graduation may be delayed. The minimum national standard (passing score) is set by the NBME is currently 209. If a student fails STEP 2 CK, the Associate Dean of Medical Education and Student Affairs will meet with the student to evaluate specific deficiencies and determine a course of action. The student must pass STEP 2 CK prior to graduation. Failure to pass STEP 2 CK on the third try will result in dismissal from medical school.

### **STEP 2 CS "Clinical Skills"**

STEP 2 CS is a one-day, 8-hr examination consisting of a series of patient encounters for which trained, "standardized" patients are used to assess the student's ability to gather information

from patients, take histories, perform physical examinations and communicate the findings to patients and colleagues. The kinds of medical problems portrayed are those commonly encountered in a clinic, doctor's office, emergency department, or hospital setting. Patient encounters occur in person and over the telephone.

The student's interactions are graded by the standardized patients. The electronic patient notes that must be generated by students after each encounter are graded by experienced physicians. Elements of each patient note to be assessed include the medical history, physical examination findings, a maximum of three initial diagnoses supported by relevant findings, and finally a list of diagnostic studies the student would order, if any, for the patient. Oral and written communication skills are an essential part of this examination. STEP 2 CS is graded pass/fail and must be taken at designated testing centers (Atlanta, Chicago, Houston, Los Angeles, and Philadelphia) for which lodging and travel must be arranged by the student. Additional information is available at <http://www.usmle.org>. The exam must be taken by December 1 unless special permission is obtained from the Associate Dean of Medical Education and Student Affairs. If a senior student does not take the examination by this date, the student's registration for the second semester will be voided and graduation may be delayed. Like Step 2 CK, passage of Step 2 CS is a requirement for graduation, although under extenuating circumstances an appeal may be made to the Dean of the College of Medicine.

Refer to the USMLE website (<http://www.usmle.org>) as a comprehensive resource for information on STEP exams, including general content areas and scores.

#### **Customized NBME Assessments, a.k.a. "Miniboards" (pre-clerkship)**

These are secure, web-based exams, which serve as the final examination for each of the pre-clerkship modules. Their content follows the same format as STEP 1 and consists of multidisciplinary, organ-specific questions pre-selected by the NBME for schools using an organ-based curriculum. An exception is the miniboard given for the initial Foundations of Human Health module, for which the teaching faculty develop the exam by selecting representative questions from a general pool of questions, also provided by the NBME. All pre-clerkship minibboards are termed "customized" because medical schools have the option of changing the content categories as well as the number and formats of questions contained therein. Miniboards are secure exams and administered at the main USA campus.

The NBME does not percentile the results of pre-clerkship minibboards because their customized nature precludes uniformity across institutions. Results are provided as %correct raw scores. Pre-clerkship minibboards scores count 25% of the module grade. A z-scoring method is used to assess relative performance within the local test-taking cohort. Individual student scores are expressed in terms of standard deviations performed above or below the miniboard class mean. This z-score, computed for each student, is in turn used to derive an adjusted % correct score for the purpose of module grading. The mathematical basis for the transformation is described in the syllabus policy pages for each module. The minimum passing raw (non- transformed) score for a pre-clerkship module is set by the College at 60% correct.

#### **Comprehensive Basic Sciences Examination and Comprehensive Basic Science Self- Assessment**

Following the last pre-clerkship module in the sophomore year, students are given two web-based NBME exams, the secure Comprehensive Basic Sciences Examination and the non-secure comprehensive Basic Science Self-Assessment. Students are required to take

the former on the USA campus. These exams are formative, required, used to predict STEP 1 performance, and serve to identify weaknesses for STEP 1 preparation.

### **Miniboards (clerkship)**

The final exam for each junior year clerkship is a clerkship-specific miniboard authored by the NBME. These are secure exams administered at the USA main campus in the COM testing center. Individual raw scores are percentile against the national pool of students by academic quarter. The quarter is defined by the date of testing: quarter 1 (July-September), 2 (October-December), 3 (January-March) and 4 (April-June). The minimum passing percentile for each clerkship miniboard is the 8<sup>th</sup>%tile. Miniboard scores count 30-40% of the clerkship grade, depending on the clerkship as specified in every clerkship syllabus.

Depending on the %tile score, the student's score is adjusted by one of four formulas used (below) to calculate a scaled score for the purpose of clerkship grade determination. A score of <8%tile converts to a grade of 65.

### **PERCENTILE RANGE FORMULA**

75-100\*  $\Rightarrow 90 + [(\%tile - 75) \times 0.4] =$  adjusted score for top quartile performance

50-74  $\Rightarrow 80 + [(\%tile - 50) \times 0.4] =$  adjusted score for 2<sup>nd</sup> quartile performance

25-49  $\Rightarrow 75 + [(\%tile - 25) \times 0.2] =$  adjusted score for 3<sup>rd</sup> quartile performance

8-24  $\Rightarrow 70 + [(\%tile - 8) \times 0.3] =$  adjusted score for 4<sup>th</sup> quartile performance  $\geq 8\%$ tile

< 8  $\Rightarrow$  student receives adjusted score of 65 for any score <8%tile

### **Secure Testing Policy For Web-Based Exams**

This policy applies to miniboard exams provided by the National Board of Medical Examiners (NBME), bi-weekly module exams and any other examinations taken by computer at USA. All exams will be administered in the COM testing center.

### **The following items are prohibited from the testing center:**

- Electronic devices of any kind, including cell phones; personal digital assistants; pagers; watches with alarms, computer or memory capability; calculators
- Recording and film devices
- Reference materials, including texts, notes, notebooks
- Non-essential apparel, e.g. headwear, coats, sunglasses (pullovers are acceptable)
- Bags, purses, or backpacks
- Beverages or food of any type
- Writing devices of any kind

### **Policy on noise reduction devices**

Only foam earplugs are acceptable. They must be disconnected (cut if necessary) from each other. **Headphones and ear buds of any type are not allowed.**

### **Internet disruption**

In the event that you experience an interruption of internet service during a Miniboard, or a freeze while using SofTest™ to upload your answers, you are to notify a proctor who will perform a restart protocol. After the restart, you may resume the exam without loss of time allowed. Spare computers will be available if needed.

**Finishing the exam**

Exams are self-timed and will end when the student ends the exam or the amount of time in the exam expires.

**Late arrivals**

Examinees arriving late will not be given extra time for biweekly exams or minibboards. An examinee arriving more than 30 minutes late can be refused admission to the exam by the Chief Proctor.

**Examinee misconduct**

**Disruptive behavior.** If the conduct of a student interferes with the testing conditions for others, the student will be warned. If the disruptive student fails to respond to the warning, that student's test session will be ended, and the student will be escorted from the testing center.

**Copying, giving or receiving information.** If two proctors observe or are made aware of behavior that indicates a student is copying answers from another student, permitting his/her answers to be copied, or providing or receiving unauthorized information about the content of the examination, the misconduct will be referred to the Honor Council and Office of Student Affairs for further action.

If misconduct occurs during a minibboard, the institution is required to report the incident, including the names of examinees involved, to the NBME. This includes any violation of the policy on items forbidden in the test site, e.g. cell phones.

## **PROFESSIONALISM**

### **Medical Student Dress Code**

Medical students of the University of South Alabama College of Medicine are expected to present a professional personal appearance at all times while on duty in all hospitals and clinics affiliated or not affiliated with the University of South Alabama, and in all educational sessions and examinations that involve simulated patients. Students must be neat, clean, and dressed in a manner that is appropriate for the practice of medicine. A professional appearance is one that contributes to a positive, respectful, and safe health environment for patients, staff, and the public. Personal appearance and conduct of students must reflect concern and respect for the diverse group of individuals (generational, ethnic, demographic, etc.) served at the University of South Alabama Hospitals and Clinics and inspire confidence in the students' knowledge and skills. Students must be aware that being unclean, unkempt, offensive to any individuals, or inappropriately casual in personal appearance or dress may provoke discomfort, lack of confidence, or a negative image of the University of South Alabama College of Medicine as an organization.

### **Dress Code Policy for Professional Settings**

When patients are involved, whether in a clinic, hospital, clinical skills educational setting (including clinical skills exercises and exams), primary care clinic experience, etc., professional dress clothing with a white coat & ID badge is required.

- A clean white coat must be worn; the University of South Alabama College of Medicine student ID badge must be worn above the waist, without attachments, and with picture and name forward, immediately visible to patients, visitors and staff.
- Men: should wear dress slacks or khakis, a dress shirt, and a well-fitted necktie.
- Women: should wear dress slacks, or a skirt of mid length and professional style, or jumpers with a dress blouse, shell, etc. Sleeveless vests worn over a blouse and sleeved vests or sweaters are acceptable. Body cleavage should not be visible.
- Undergarments: must be worn; color should be compatible with outer clothing; patterns on undergarments must not be visible through clothing; visible bra straps are not acceptable.
- Shoes: should be leather dress shoes or other shoes intended for professional wear; must be worn with socks; athletic shoes are not allowed.
- In the clinical settings where scrubs are appropriate attire, students will wear steel slate gray scrubs. Contact Uniforms By Bayou for style, color and student discount at 251-342-5500. Athletic shoes are acceptable.

### **Grooming/Jewelry/Fragrance**

Medical students must exhibit good personal hygiene at all times, whether in patient contact situations or not; clothing must be free from offending odors.

- Hair: clean and neat; if long it should be controlled or tied back in such a manner to prevent it from touching the patient or requiring frequent repositioning with your hands, or interfering with assigned duties; beads in braids are not allowed.
- Facial Hair: clean shaven (no stubble) or neatly trimmed beard or mustache
- Nails: clean and trimmed; long, artificial or flamboyantly decorated nails are not allowed.

- Perfumes/colognes: avoid when involved with direct patient care; scented chemicals may be offensive, cause allergic or other adverse reactions for patients, visitors or staff.
- Jewelry: should be small, not bizarre or distracting and must not pose an infection or physical hazard to the patient, to self or another person.
- Piercings: facial piercings must be removed in real or simulated patient settings; tongue studs/rings are not allowed.
- Body art: should not be visible to patients, families or other persons in patient situations, clinical skills exercises, or clinical skills examinations; facial tattoos are not allowed.
- University of South Alabama and USA Health System are tobacco-free campuses.  
<http://www.southalabama.edu/departments/counseling/smokingcess.html>
- Eyeglasses must be properly fitted to prevent frequent repositioning with your hands.

### **Not Allowed in Patient or Simulated Patient Settings**

- Blue jeans or any item of clothing in denim, trousers/slacks that drag or have frayed cuffs, shorts or cut-offs
- Sleeveless shirts, blouses, vests, or shells worn alone
- Undershirts, or shirts with inappropriate designs or logos, stains, or tears
- Exercise or workout clothing, including sweatshirts, sweatpants, yoga pants spandex or leggings.
- T-shirts (except men's white under scrubs)
- Capri pants and Skorts
- Skirts/dresses shorter than  $\frac{3}{4}$  of thigh
- Tank tops, halter tops, or tops that leave the midriff or back exposed
- Skirts or other clothing that expose undergarments or could be perceived as sexually provocative to a reasonable person
- Shoes: Athletic, open-toe sandals of any kind, crocs, clogs, spike heels
- Plunging necklines
- Caps or hats, unless worn for medical or religious reasons

### **Dress Code for the Classroom Apart from Patient Settings, Simulations and Clinical Skills Examinations**

Students are expected to exercise professional discretion in their appearance and grooming in casual settings of the classroom because you are in a professional medical school. Clean casual dress, including blue jeans and other denim apparel, is allowed, as are well-maintained athletic shoes. Patients do have occasion to enter the Medical Science Building. Therefore, lounge pants, workout clothes, and pajamas are not allowed. Facial piercings should be removed. An unkempt personal appearance is not acceptable. Students who do not conform to these relaxed but nevertheless important guidelines reflecting on the University are subject to professionalism reports. [Dress Code for Medical Students](#)

### **Scrub Uniforms**

Students are responsible for purchase, laundry and maintenance of scrub uniforms and may wear scrubs only if required for their clinical duties. The color of scrubs for medical students has been determined by the Office of Student Affairs. Scrub uniforms worn at work are expected to be clean, neat and in good condition. Contact Uniforms By Bayou for style, color and student discount. 251-342-5500. Students in direct patient care areas may wear hospital issued scrubs if



their own uniform has been heavily soiled in the line of duty. Supervisory approval must be obtained prior to changing. See “Accountability” below.

### **Accountability**

Students are responsible for their personal appearance. The faculty and attending staff are accountable for administration of this policy. Medical students with specific clothing requirements should obtain approval of their course/clerkship director. Exceptions may be made to accommodate injuries, disabilities and for ethnic or religious reasons. Medical students who violate the dress code or who are wearing hospital issued scrubs without cause will be reprimanded, reported for unprofessional behavior, sent home to change for the day, and be subject to disciplinary action.

### **Electronic, Digital and Internet Communication, including Social Networking and User-Created Web Content**

#### **Purpose and Scope**

Acknowledging the benefits to patients when healthcare providers are readily accessible, healthcare providers must consider protection of confidential information, loss of personal interactions and the possibility of misunderstanding of communications when interacting with patients via non-verbal mechanisms. Inappropriate use of communication tools, such as posting patient personal health information (PHI) or patient photographs/videos on social media sites, blogs, or discussion boards can violate federal, state, and/or local laws, resulting in the posting healthcare provider facing the possibilities of civil liability, employment related discipline including job loss, disciplinary actions by licensing and credentialing authorities, and criminal investigations and sanctions.

The ever evolving world of communication tools, and in particular the area of the digital, electronic, and Internet communication platforms, represents a challenge to individuals and groups to be engaged and relevant in their community while maintaining professional standards of comport. With the advent of social media outlets and advancing capabilities of mobile devices, employees, faculty, residents, students, staff, and associates (henceforth “healthcare providers”) must be cognizant and respectful of patient privacy and confidentiality as protected by the Health Information Portability and Accountability Act of 1996, as amended from time to time (collectively referred to as “HIPAA”).

The purpose of this policy is to ensure the proper and uniform use of digital and electronic communication tools in the University of South Alabama (“USA”) healthcare, education, and associated settings to reduce the risk of inappropriate or unlawful disclosures of protected health information (“PHI”). It is the intent of this policy statement to establish procedures and provide guidelines for the professional use of digital, electronic and Internet communication tools.

This policy addresses activities that (1) affiliate or identify a healthcare provider with USA or any members of its organized healthcare arrangements (OHCA) as delineated in the privacy notice, (2) use USA-provided communication tools, including but not limited to web pages, text messaging, email correspondence, and current or future social

media websites, or (3) appear to represent the interests of USA. This policy is not intended to impact activities that do not represent USA and are purely related to personal matters not involving patients, including legally protected free speech.

**This policy statement applies to the following:**

- a. Activities that would fall under the jurisdiction of HIPAA, such as handling of protected health information by USA healthcare providers via digital, electronic, and Internet communication tools, including remote access into USA medical records of PHI.
- b. Digital and electronic communications between healthcare providers in the process of carrying out their professional responsibilities.
- c. Activities on electronic media and user-created web content. Common communication platforms and web content include email; text and instant messaging; cell phones, tablets and other mobile devices; blogs and journaling; internet posts and comments; and social media networks, including, but not limited to, Doximity, Facebook, Flickr, Foursquare, Google+, LinkedIn, MySpace, Pinterest, Tumblr, Twitter, and YouTube.

**Policy**

a. Protected Health Information

With very limited exceptions and only as authorized by the HIPAA Compliance Office, identifiable PHI, including identifiable case descriptions, must never be published, on the Internet or otherwise, without the patient's expressed and documented permission. This applies even if no one other than a patient is able to identify him/herself from the posted information. Healthcare providers must adhere to all HIPAA principles, including the reporting of HIPAA violations. PHI should be accessed and transmitted only in accordance with USA HIPAA privacy and security policies.

b. Representation of USA or USA Hospitals

- c. Unauthorized use of institutional information or logos is prohibited as is creation of any social media site that is branded to represent USA, and authorization must be obtained from the USA Public Relations Department. Only individuals authorized by the University are permitted to represent USA online. Management of any USA webpage or social media site will be the responsibility of the authorized creating division/department/section/office. Official posts must respect copyright, fair use, and financial disclosure laws. Posting of institutional phone numbers, email addresses, web addresses, photographs or videos to the Internet must be done in accordance with USA policy.

d. Communication Using E-mail, Texting, and Instant Messaging

- e. Secure platforms for communicating PHI by healthcare providers are (1) Safebox (2) USA provided Microsoft Exchange/Outlook, and (3) secure portal communication systems (e.g. NextGen, Sorian). USA healthcare providers are fully responsible for their communications whether on USA-owned or personally-owned communication devices. Digital communication tools may supplement, but not replace, face-to-face interaction. Text messaging and email communication should not be used unless

documented HIPAA-compliant authorization is made by the patient. Publicly available email (Hotmail, Gmail, Yahoo, etc.), texting, and instant messaging systems are not secure, do not guarantee confidential communication, and cannot be used for communicating PHI. Furthermore, healthcare providers cannot be certain that no other party has access to the patient's communications.

f. Offering Medical Advice

- g. It is never appropriate to provide medical advice on a social networking site. Interactions between patients and healthcare providers should occur within an established healthcare relationship. Initial assessment of a patient's condition and development of a care plan must be performed in an appropriate clinical setting.

h. Privacy Settings

- i. Healthcare providers should consider setting privacy at the highest level on all social networking sites. This policy is not meant to discourage the use of innovative
- j. technologies, but to provide guidance and heighten the awareness of healthcare providers at USA to the potential risks and consequences.
- k. Violations of this or any USA computer or information privacy policies or laws, including, but not limited to, those regarding student and patient information, may lead to disciplinary action, up to and including termination and/or legal action.

### **Procedures**

USA recognizes the rapidly changing landscape of communication tools. Healthcare providers will adhere to professional standards in their use of digital, electronic, and Internet communication tools by acknowledging and observing the following:

- a. USA institutional resources are provided to healthcare providers for the primary purpose of timely completion of their educational and clinical/work duties, including the access and transmission of PHI. Personal use of USA resources should not interfere with these duties.
- b. USA healthcare providers should not expect privacy when using institutional computers.
- c. Privacy and confidentiality between the healthcare provider and the patient are of the utmost importance. All healthcare providers have an obligation to maintain their personal access authorization through their supervisory personnel/leadership.
- d. Be aware that photographs taken in the healthcare environment may contain PHI, including the presence of patients in the background or foreground of the photograph.
- e. Remote access into any USA system containing PHI should be performed in a secure environment. Remote access into any USA medical record system in public venues or via open Wifi connections should not be considered secure or HIPAA compliant. Passwords to USA medical record systems should not be stored in an unprotected repository.
- f. All material published on the Internet via email, social media, or otherwise, should be considered public and permanent; published information cannot be recovered. Be aware that your relationship to USA can be discovered on the Internet without

including a specific reference to your USA affiliation in any specific post. Healthcare providers must consider the content to be posted and the message it sends about them, their profession, and USA. USA reserves the right to request that certain subjects be avoided and that individuals withdraw certain posts as well as remove inappropriate comments.

- g. The healthcare provider is owner of and responsible for the content of his/her own Internet and social media blogs/posts, pictures, etc., including but not limited to any legal liability incurred (defamation, harassment, obscenity, libel, slander, privacy issues regarding students or patients, etc.).
- h. Misrepresentation of professional credentials or failure to reveal conflicts of interest via electronic, digital, or Internet platforms may result in disciplinary action by USA or credentialing authorities.
- i. The tone and content of all USA-related electronic communications should remain professional. Respect among healthcare providers must occur in a multidisciplinary environment.
- j. Healthcare providers should use separate personal and professional social networking accounts. For personal activity, the use of a non-USA email address as your primary means of contact is encouraged.
- k. Do not post any material that is obscene, pornographic, defamatory, libelous or unlawfully threatening to another person or any other entity.
- l. Healthcare providers are discouraged from interacting with any current or former patient on any social networking site or checking patient profiles on social networking sites.
- m. Only reputable sites and sources should be used as medical education resources, including for patient education. Any referral made by a USA healthcare provider represents a tacit endorsement of that site by our institution.
- n. Internet repository accounts, such as Dropbox and Google Docs, shall be utilized solely for the purposes of posting documents available in the public domain. Under no circumstances will non-public documents, particularly those containing PHI, be posted to any Internet repository account. USA-affiliated Internet repository accounts will be audited monthly with quarterly reports provided to the appropriate supervisory personnel/leadership. USA provides Safebox as a secure and safe method for sharing sensitive data with other USA faculty and staff. Note: Refer to the Computer Services Center for guidance on setup and use of Safebox.
- o. Personal calls should not be initiated and/or received in patient care areas, public service areas, within view of patients or visitors. Ring tones and alerts should be set to vibrate or silent mode. Wireless headsets may not be used.
- p. The use of personal entertainment devices (E.G., MP3 players, DVD players, cell phone entertainment features, cell phone texting, employee personal laptop, etc.) are not allowed in patient care areas, public service areas, or within view of patients or visitors unless being used for USA business.
- q. Devices must not produce electromagnetic interference (EMI) with biomedical equipment.
- r. Healthcare providers will be provided with training in the use of electronic, digital,

and Internet communication platforms by their department. This training must be documented.

### **Professionalism (attitudinal) assessments by year**

#### **Freshmen and Sophomores**

Routine professionalism assessments included in the mid- and final module reports will take into consideration the aforementioned traits and, in addition, any reports of exceptional behavior or incidents of unprofessional behavior reported during the evaluation period. A copy of the routine professionalism assessment and any incident report will be kept on file with the Associate Dean of Medical Education and Student Affairs.

It is assumed that any student enrolled in the University of South Alabama College of Medicine exhibits *Satisfactory* performance in all professional behaviors commensurate with level of training unless otherwise observed and documented.

#### **Juniors and Seniors**

Students will be assessed for professionalism by clinical faculty, staff and residents as an element of grading for clerkships and senior electives. Each student will receive from the Clerkship Director of each rotation an Interim Clerkship Report of performance in clinical skills, communication skills, judgment, professional skills, initiative, problem-solving, and teamwork. Students will be assessed as either (a) Satisfactory and Appropriate for Level of Education, or (b) Unsatisfactory. The report will also document suggestions for improvement relayed to the Clerkship Director from residents and attending physicians.

#### **All years**

In addition to providing periodic feedback, the College provides a mechanism for rapid reporting of an incident that involves a student, in any year of training, observed to engage in either unprofessional behavior or exemplary behavior.

### **Career Exploration**

Choosing a medical specialty is one of the most significant decisions a medical student must make. It is important to find a specialty that fits their interests, values, personality and skills. This will involve research on the part of the student as well as conversations with mentors and advisors. Many students have a concrete idea of specialty choice before entering medical school, others do not. In either case, additional resources are available to medical students through sources such as the AAMC Careers in Medicine program. During each of the first two years of medical school, students are required to complete a Career Exploration Project. The project is optional for third and fourth year students. The scope of the project will be defined by the student and documentation of the project will be

in the form of a one page reflective writing to be submitted prior to the end of the spring semester to Career Exploration Sakai site. The Associate Dean for Medical Education and Student Affairs will review the reflective writings.

## **Community Service**

Students in the freshman and sophomore years are required to participate in community service. The details of the requirement will be outlined in a fall mandatory class meeting. Failure to meet this requirement will prevent promotion to the subsequent year.

## **Sexual Harassment and Sexual Violence Allegedly Perpetrated by Medical Students**

### **Definitions**

USA College of Medicine students are expected not to engage in sexual harassment or sexual violence toward anyone inside or outside the University community in accordance with University policies under Title IX. For reference, go to:

[www.southalabama.edu/lawdown/codeofconduct.shtml](http://www.southalabama.edu/lawdown/codeofconduct.shtml).

The term “sexual harassment” includes, but is not limited to, verbal or non-verbal conduct that is intimidating, demeaning, hostile, or offensive with an inappropriate focus on sex, sexual history, individual gender-based characteristics, or sexual orientation; unwelcomed verbal or physical advances; attempts to subject a person to unwanted sexual attention or to coerce a person into sexual relations; and/or retaliation for a refusal to comply with sexual demands. Sexual harassment is a form of sex discrimination. The term “sexual violence” means any physical sexual acts perpetrated against a person’s will or where a person is incapable of giving consent. Lack of consent means that the person who has alleged the occurrence of sexual violence has not said “yes,” or otherwise specifically and unambiguously indicated agreement to participate in the act, including instances in which he/she is unable to give informed consent because of her/his youth, temporary or permanent mental or physical incapacity, including, but not limited to, being under the influence of alcohol or drugs. Acts in this category include rape, sexual assault, sexual battery, and sexual coercion. Sexual contact can include, but is not limited to: unwelcomed sexual behavior, including kissing, intentional touching of another person’s intimate body parts or the clothing covering these intimate areas, and unwelcomed sexual penetration, which includes sexually intended intrusion, however slight, into any opening of a person’s body, by parts of another person’s body, or any other object. Sexual violence is a form of sex discrimination.

### **Investigation**

The Title IX Deputy Coordinator is appointed by the College of Medicine to investigate any and all complaints of sexual harassment and sexual violence against currently enrolled medical students. The complainant/victim may remain anonymous, but that may adversely affect the credibility of the complaint. The Deputy Coordinator will meet with victim, alleged perpetrator, and any witnesses identified, but a meeting between a victim and an alleged perpetrator cannot be compelled. If the alleged offense is a relatively minor form of harassment, i.e.: stalking by text messages, the Deputy Coordinator can mediate a resolution, i.e.: cease the conduct or be turned over to SPEC. Under no circumstances, can an allegation of sexual violence be mediated; all such cases go to SPEC after the Deputy Coordinator has completed the investigation. Conversely, a complaint found to have been brought frivolously or in bad faith by a medical student will result in that medical student being brought before SPEC for disciplinary action.

**Victim's Rights**

- The right to be present during the SPEC meeting. If the victim fails to appear after reasonable advanced notice, the hearing may be held in his/her absence.
- The right to present evidence by witnesses, either live or by written statement.
- The right to question all witnesses at the SPEC meeting.
- The right to appeal the decision of SPEC on the same grounds as the accused.
- The right to have his/her sexual history excluded from consideration at the SPEC meeting.
- The right to immunity from University discipline charges stemming from use of narcotic or intoxicating substances, with or without the victim's consent, in the sequence of events leading up to the alleged sexual harassment or sexual violence.
- The right to be free from retaliation.
- The right to confidentiality to the extent possible under the circumstances.

**Procedures**

SPEC meetings/hearings are not subject to challenge or postponement on the grounds that criminal or civil charges involving the same incident have been dismissed, reduced, or are pending. No individual can force a complaint of sexual harassment or sexual violence to be dropped. Prior to the SPEC meeting, the Associate Dean of Medical Education and Student Affairs may remove an alleged perpetrator from his/her academic coursework pending the outcome of the SPEC meeting. This will be accomplished by Administrative Withdrawal and noted on the student transcript.

Reasonably in advance of a scheduled SPEC meeting, the victim, the witnesses and the alleged perpetrator will be notified of the date and time of the meeting. The victim and the alleged perpetrator will also be provided notice in writing of the specific allegations, witnesses, written statements, and other forms of evidence to be presented at the meeting. They will also be provided a list of the members of SPEC and may petition the Chair of SPEC to excuse Committee members perceived to be biased against either party. The SPEC meeting will be conducted in private. Witnesses will be admitted for testimony and questioning by the parties and Committee members only and then asked to leave. Witness statements, submitted by either party, will be read aloud. The testimony and statements will be recorded, but the deliberations of the Committee will not be recorded.

The victim and the alleged perpetrator may each have one person present during the meeting, who may be an attorney, to advise him/her. This person may not address the SPEC, speak on behalf of the victim or alleged perpetrator, question witnesses, or otherwise actively engage in the hearing. The victim and the alleged perpetrator may each appear in person, make an oral statement, and answer questions from the SPEC members. Either party may choose to remain silent, and no adverse inference will be drawn from this action.

The SPEC shall make its determination in writing based upon the relevant evidence presented at the meeting/hearing. In sexual harassment cases, the standard used must be whether a reasonable person similarly situated to the victim would consider the proven conduct to be so unreasonable, severe, or pervasive as to interfere with academic, educational, or employment performance or participation. In sexual violence cases, the

proven conduct must fit within the definition of sexual violence outlined above. Both the victim and the alleged perpetrator will be notified in writing of the determination and any recommendations for discipline/outcomes.

Within seven working days of the date of the determination, either the victim or the alleged perpetrator may contest, in writing, to the Chair of SPEC that: 1) A substantial mistake of fact occurred; 2) A fundamental misinterpretation of official policies is evident; or 3) A significant procedural defect took place. These are the only bases for contesting the determination. If the determination of the SPEC is contested, SPEC will reconvene to review the contentions. If SPEC concurs with the contentions, it will correct the procedural

defect, reinterpret the policy as appropriate, or review the fact which was originally presented in error. SPEC will then review and revise its determination and recommendations as appropriate.

The final SPEC recommendations will be forwarded to the Dean after the seven day period for contest has passed or at the conclusion of a contest. Both parties will be offered an opportunity to provide information to the Dean for consideration during his/her review of the Committee's recommendations.

The Dean may accept the recommendation, reverse it, or refer it back to SPEC for reconsideration. The decision of the Dean is final and there shall be no appeal. Both parties will be notified in writing of the decision.



## **PROMOTION, PROBATION AND DISMISSAL**

### **Student Promotions and Evaluation Committee (SPEC)**

This body is responsible for making decisions regarding promotion, probation and dismissal.

#### **Responsibilities and Duties**

The SPEC shall evaluate and make recommendations for each student in accordance with the guidelines established and approved by the faculty and included in this *Student Handbook*. It shall evaluate unusual problems and assure that the guidelines are applied in a fair and equitable manner. It shall recommend promotion, non- promotion, probation or dismissal on the basis of scholastic performance, professional behavior, and adherence to the Honors Code of ethical practice. Non-cognitive issues will be addressed by SPEC utilizing the Disciplinary Hearing Procedures set forth below in the event the Associate Dean of Medical Education and Student Affairs determines that there is some risk of disciplinary action adverse to the student.

The SPEC also has the special responsibility of reviewing the entire academic records of Senior medical students in order to ascertain that each student has met all requirements for the degree of Doctor of Medicine. Following this review, the SPEC shall make appropriate recommendations to the Executive Council, which is responsible for certifying that each student has met all requirements for the degree of Doctor of Medicine. This certification serves as the validation presented by the Dean of the College of Medicine to the President and Chairman of the Board of Trustees during the Commencement ceremony. The SPEC shall also participate in disciplinary procedures, when necessary, as defined in the document, *Constitution of the Honor System*.

#### **Composition**

The Committee shall consist of faculty members from multiple College Departments. The Associate Dean of Medical Education and Student Affairs, the Assistant Dean of Medical Education (Assessment and Evaluation) and the Associate Registrar shall serve as *ex officio* members.

#### **Meetings**

The SPEC shall meet at least twice each academic year. In addition, the SPEC may meet at any time at the request of the Chair or the Associate Dean of Medical Education and Student Affairs in order to be advised of, or to evaluate, specific issues bearing on progress, promotion or dismissal of a student(s). Information bearing on promotional factors will be presented at the meetings of the SPEC by 1) the Associate Dean of Medical Education and Student Affairs in conjunction with the course directors of the respective modules taken during the academic term, or 2) any faculty member who has documented information believed to be germane to the promotion process. A quorum is defined as one half of the members + one. Recommendations of the SPEC to the Dean of the College of Medicine or designee require the endorsement of a majority of committee members present and voting.

**Replacement or Dismissal of Members**

In the event that a member of SPEC leaves the University or must resign from SPEC for other reasons, or if a member fails to carry out their responsibilities, especially by being absent from meetings repeatedly, the Chair shall request that another member be appointed as a replacement.

**Advocate for Students**

The Associate Dean of Medical Education and Student Affairs shall be responsible for presenting the case of each student who appears on a meeting agenda. It is the student's responsibility to contact the Associate Dean of Medical Education and Student Affairs prior to the meeting in order to formulate a strategy/request and to determine whether to present written and/or oral information to the members present.

**Academic Leave of Absence**

The University of South Alabama College of Medicine has developed a policy for leaves of absence so that all requests are considered in a uniform and consistent manner. It is recognized that, at times, students required leaves of absence to:

1. Address their own medical needs, including physical or mental illness, injury or disability;
2. Take advantage of additional educational or research opportunities within or outside of the University of South Alabama;
3. Address other matters of a personal nature including, but not limited to, maternity or paternity, caring for a family member with a serious medical condition, or military obligation.

A leave of absence is not an option for a student experiencing academic difficulties to withdraw from classes and re-enter at a later time with his/her academic record expunged.

Leaves of absence are granted for a finite period of time, not to exceed twelve months. An extension may occasionally be granted for unusual circumstances if the student requests an extension in writing at least two months prior to the expected reentry date. Leaves of absence, for either medical or non-medical reasons, will count against the total year limitation for the completion of the MD degree, which is seven years.

All students requesting leaves of absence must comply with this policy, both in making requests for such a leave and prior to returning from a leave. Students requesting leaves of absence must submit a fully completed and signed Leave of Absence Request Form to the Associate Dean for Medical Education and Student Affairs, who will submit it to the Leave of Absence Subcommittee of the Student Promotions and Evaluation Committee for review.

The Leave of Absence Request Form outlines additional documentation that may be required for the review of the request by the Leave of Absence Subcommittee. Students seeking a leave of absence will be informed in writing whether their request has been granted.

Students who fail to adhere to the agreement outlined in the Leave of Absence Request Form, including the requirement to submit a Petition to Return from a Leave of Absence at least 30 days before the end of the leave will be subject to dismissal from the medical school. If the leave of absence is less than 30 days, the petition must be submitted at least one week prior to the anticipated date of return.

All COM policies and procedures in the area of professional behavior shall apply to students while on a leave of absence.

Students, who are Title IV recipients, will be considered a withdrawal and a Return to Title IV calculation will be performed if the student does not return within the same semester. Additionally, the student's status will be updated in NSLDS. The student will be required to meet with the Associate Director of Financial Aid and will be counseled on the impact of the Leave of Absence on their loans.

### **Withdrawal and Refund Policy for the College of Medicine**

A student wishing to withdraw voluntarily or is approved for an Academic Leave of Absence must submit a formal request in writing to the Associate Dean of Student Affairs. Notification of withdrawal will be sent to the directors of the courses in which the student is enrolled with the effective date given.

A student who withdraws or is given an approved Academic Leave of Absence must complete an exit interview with the Office of Student Records and the Office of Financial Aid.

<b>Withdrawal Date</b>	<b>Percent of Tuition &amp; Fees Refunded *</b>
Within first week of classes	100%
Within second week of classes	75%
Within third week of class	50%
Within the fourth week of class	50%
After four weeks of class	0%

- For complete withdrawals, other fees paid are proportionately refunded also, except those listed as non-refundable.
- Application fees and registration fees (including the late registration or late payment fees) are non-refundable fees.
- A student called for military service during the school term should consult the Office of Student Accounting regarding refunds of fees.

- Any tuition refunds originally paid by credit card will be refunded back to credit card. PIN Debit card transactions processed at the point of sale at the Office of Student Accounting or Housing Office will be refunded via check or electronic direct deposit.

\*The Associate Dean of Student Affairs for the College of Medicine reserves the right to make special exceptions to the policy stated above on a case by case basis.

#### **Return of Federal Financial Aid Refunds:**

In accordance with federal guidelines, when a student completely withdraws from school, a portion of Federal Financial aid loan funds must be returned to the applicable federal program (s). If a federal aid recipient completely withdraws from school after beginning attendance, the amount of federal aid earned by the student must be determined based on the number of days the student attended in the given term. If the amount disbursed to the student is greater than the amount the student earned, the unearned federal aid funds must be returned. Federal aid funds will be returned in the following order:

- GRAD PLUS loans
- Unsubsidized Direct Stafford loans
- Federal Perkins loans

NOTE: If your Title IV Financial Aid required return is greater than the posted University refund at the time of your withdrawal, you will owe the difference to the University. The Office of Student Accounting will notify you of the amount due.

If a student completely withdraws after completing 60% of the term, then it is assumed that the student has earned 100% of their federal aid award, and no funds will be returned to the federal programs.

#### **Promotion**

Students who receive a passing P grade in all modules in a given year, and who receive a P or UP grade on both OSCEs prior to the end of the academic year (when SPEC convenes), and who exhibit satisfactory professional behavior in a given year shall be promoted to the next year in good academic standing unless *otherwise recommended by SPEC*. The SPEC will review for promotion each student who receives a failing grade (F or U) in the preceding academic year and may elect to promote or withhold that student. The SPEC can also elect to promote a student it places on academic or non- academic probation. A student who receives a F or U grade in two modules will not be promoted until successfully repeating the academic year.

## **Probation**

A student will be placed on Academic Probation for a deficient grade earned in academic coursework for a pre-clerkship module, clerkship, or an OSCE exam. A student can be placed by the SPEC on Non-Academic Probation for unprofessional behavior, as documented by the PEC note mechanism, or Honor Code non-compliance. Students placed on probation will be notified in writing along with the conditions for remediation and possibility of further consequences should additional deficiencies occur.

Criteria for Academic Probation include receiving an F grade for a module, clerkship or OSCE. Academic Probation will also be designated for a student receiving a U grade for these courses, or for an OSCE U grade that has not been remediated within 60 days of the first attempt. The period of Academic Probation will extend through the time required for Successful remediation, and continue for all subsequent courses enrolled in during the next academic year. In order for the probationary status to be lifted, the student must successfully remediate with a grade of P earned in all courses being repeated and in all courses taken during the subsequent year. The conditions for Non-academic Probation will be determined by the SPEC and Associate Dean for Student Affairs and Medical Education. The period and type of probation is noted in the student's permanent transcript, as is the date that probation is lifted.

While on Academic Probation, a student is expected to make every effort to remediate any deficiencies and is therefore ineligible to participate during the probationary period in local or external research programs or summer internships, or participate in formal teaching of undergraduate students.

## **Dismissal**

**Probationary status can lead to dismissal unless deficiencies are corrected.**

A student is subject to dismissal from medical school for the following reasons:

- Failing more than two modules in year 1 or year 2
- Failing a course while currently on academic probation status for any reason
- Failing a course that is being remediated
- Flagrant unprofessionalism, or failing to honor the terms of a professionalism contract designed to remediate a student's previously documented unprofessional behavior
- Failing of OSCE 5 and failure to successfully remediate within 60 days of the examination
- Participating in activities that are illegal, flagrantly unprofessional or which endanger the safety and well-being of others

A student shall be subject to dismissal at any time during the academic year when failing F grades have been earned in a sufficient number of modules to preclude formal promotion by the SPEC. The Associate Dean's office will notify both the student and SPEC in writing and/or verbally that the student has failed. Students who receive an F in a course being repeated shall be dismissed at the time that grade is received. The SPEC will then take action leading to the dismissal.

All students whose dismissal has been recommended by SPEC and accepted by the Dean will be informed of the fact, in writing, by the Dean or Associate Dean for Medical Education and Student Affairs.

Students who are dismissed from the College of Medicine are required to complete an Exit Interview with the Office of Student Records and pay any outstanding emergency loans and fines owed to the University.

### **Rules Specific to a Given Year**

#### **Remediation of modules and minibboards in freshmen and sophomore years**

Students who receive a deficient grade (U or F) for a single module during an academic year shall repeat the module in which that grade was received. Remediation will occur during a 4-6 week period in June-July of the same year and is scheduled in consultation with the Assistant Dean for Curriculum Integration. Successful remediation requires that a student retakes all biweekly module exams and the minibboard, and must score an average of  $\geq 70\%$  on the biweekly exams and  $\geq 60\%$  correct on the minibboard. Successful remediation of the module for a U grade will convert the grade to a UP. Only the grade (% score) originally earned for the module will be used in determining points toward class rank. Unsuccessful remediation converts the U grade to UF. For a student remediating an F grade for a single module, the original F grade remains on the official transcript. Successful remediation of module during the summer will earn a P grade as a separate course recorded in the official transcript.

A student who receive a deficient grade for two modules in a given year will not be allowed to remediate in the summer of the academic year and will repeat the year or be subject to dismissal pending, decision of the SPEC. If the year is repeated successfully, only the % scores earned for the original module(s) are used to determine class rank.

Failure to successfully remediate a deficient module grade(s) on first attempt will trigger an automatic review by the SPEC.

For Sophomores, there are no special provisions. Freshman year rules apply.

### **Juniors**

#### **Policy for Students Who Fail a Minibboard**

Students in all clerkships will be required to pass each clerkship minibboard, with a minimum passing score set at the 8<sup>th</sup> percentile nationally.

Conversion of a raw 2-digit NBME scores to national percentile is determined by an NBME conversion table, which is provided with the official test scores for each clerkship and organized according to academic quarter. For USA clerkships, quarter 1 is July-

September, quarter 2 is October-December, quarter 3 is January-March and quarter 4 is April-June. Percentile scores are based on the academic quarter during which an exam is taken. In the event that a student is sufficiently delayed in beginning the junior year, the academic quarter will be adjusted to correspond to time of delay.

A student who makes a failing %tile score on the miniboard but otherwise receives a numerically passing score for the clerkship will receive a temporary grade of X. If the failed miniboard occurs during the first semester, the student will be allowed to retake the exam between the end of the last fall rotation and beginning of the next semester. If the failed miniboard occurs during the spring semester, the student will be allowed to retake the exam during the period after the final rotation and before the beginning of senior year electives. A successful retake requires a score  $\geq 8\%$ tile tabulated for the original quarter the exam was taken. If the miniboard retake is successful the X grade converts to a P.

An unsuccessful first retake of the miniboard will be recorded as a UF and require the student to repeat the clerkship as a 4-week, individually customized course, culminating with a second retake of the miniboard for which the 8%tile remains the minimum passing score. This will occur during the time frame scheduled for the first block in the senior year. If the student successfully remediates the miniboard on the second retake, and performs satisfactorily in the clinical portion of the clerkship, a grade no higher than P will be earned and entered as a new course in the student's transcript. Failure of the miniboard on the second retake will require a referral of the student to SPEC, which can require the student to repeat the entire clerkship, or recommend dismissal.

If a student fails a miniboard on a second or any subsequent clerkship, the temporary X grade does not apply. This student will receive a temporary U grade. Successful remediation of the miniboard on the first retake will convert the U to a UP. If the retake is not successful ( $< 8\%$ tile), the U converts to a UF.

If a student receives a grade of U on more than one clerkship due to failure to pass the miniboard, there will be an automatic review by SPEC. SPEC may:

- Require the student to repeat both minibboards
- Require the student to repeat both clerkships in their entirety, delaying graduation
- Require the student to repeat the entire third year
- Take other action as deemed necessary, up to and including dismissal

#### **Policy for students who receive deficient grades for OSCE 5**

A junior student who scores  $\leq 70\%$  on any one or more stations in OSCE 5 gets a U grade and two chances to remediate all failed stations. If successfully remediated within 60 days of the first attempt, the U converts to a UP. Please refer to the section entitled Objective-Structured Clinical Examinations for the remediation process and various outcomes.

Students are promoted to the 4<sup>th</sup> year contingent upon passing, or successful remediation, of OSCE 5. For a student who does not remediate OSCE 5 within 60 days, the U grade

converts to an UF, and the student is referred to SPEC with a recommendation for dismissal.

#### **Policy for junior students who have failed one clerkship in the junior year**

Students who receive an F grade in a clerkship, regardless of passing the miniboard, shall be required to repeat the clerkship. Repeating the clerkship in its entirety will require a passing score (refer to cutoffs above) on the retaken miniboard. Upon successful remediation, the student shall be promoted into the Senior year in good standing. Failure to successfully remediate will result in dismissal. Students who successfully remediate a clinical clerkship may be required by SPEC to take an Acting Internship on that subject in the Senior year.

#### **Policy for dismissal in the junior year**

A student is subject to dismissal from medical school for the following reasons:

- An F grade is received for two or more different clerkships
- An F grade is received for the same clerkship twice
- Failing a clerkship miniboard for the third time
- Failing to successfully remediate OSCE5

#### **Senior Year**

The Senior Year officially begins when the student has been promoted into that year by SPEC. Credit for courses begun following the end of classes in the Junior year, but before the regular end-of-year meeting of SPEC, will be officially transferred into the senior year following promotion as described.

In the event that a senior receives an (I), the course director and student will arrange for a timely fulfillment of the required performance. If the Incomplete remains on the record for 6 months, the matter will be referred to SPEC for a hearing under the Academic Standards section.

#### **International Electives**

Students who wish to take international electives for credit must have the elective approved by the Associate Dean of Medical Education and Student Affairs. In addition, the student must contact the University's Office of International Programs and Development, which coordinates international studies for faculty and students. Students are required to purchase special insurance offered through that office to cover a variety of situations that may occur during international travel.

#### **Off-Campus Courses**

Senior students must take 20 weeks of their senior course requirements at USA. The remaining 12 weeks of course work may be taken off-campus (in-state or out-of-state) with approval of the student's advisor, the appropriate departmental chair, and the Associate Dean of Medical Education and Student Affairs or designee. Freshman, sophomore, and junior students must take all required courses at the University of South Alabama College of Medicine.



## **Deficient grades**

### **Freshmen**

Remediation is required when a student receives a deficient grade of F for failing a module numerically with an overall score <70% or a biweekly exam average of <70%. Remediation is also required for a student who receives a U grade for failing the miniboard but otherwise passes a module. For either grade, the student will remediate the module biweekly exams and miniboard during June-July of the same academic at the University of South Alabama College of Medicine. If the deficient grade is successfully remediated, the student can return to the normal module sequence to begin Year 2. This applies only in the event that a single module requires remediation.

### **Sophomore**

The same provisions described for remediation of freshmen modules applies to a student who receives a deficient module grade of F or U in the sophomore year. At the discretion of the Associate Dean of Medical Education and Student Affairs, the student may sit for the practice STEP 1 exams held in early May. However, the student will defer taking STEP 1, and may not enroll in a junior clerkship rotation until module remediation is successfully completed and STEP 1 has been passed.

### **Junior Year**

Deficient grades (U, F) received in the Junior year must be successfully remediated before a student can be promoted into the Senior year. All junior clerkships must be taken at USA. Therefore, a student who receives an F grade in a clerkship must repeat that clerkship at USA. Remediation is required for a clerkship score <70% or for a U grade resulting from failing the miniboard but otherwise earning a passing score for the clerkship. Every attempt will be made to provide the student with the option to complete all requirements within a time frame that does not delay his/her anticipated date of graduation. However, if more than one clerkship must be repeated, the student will not have sufficient time to complete all requirements of the Senior year. Therefore, that student's graduation will be delayed.

### **Senior Year**

Students are not placed on probationary status during the Senior year because there is insufficient time for remediation. However, the duration of a junior student's probationary status, based on scholastic deficiency, unprofessional behavior, or Honor Code violation, may extend into the senior year from the junior year. If a student fails a Senior-level course, he/she must successfully repeat that course in order to graduate (SPEC has discretion to require certain acting internships in the senior year to enhance learning in areas of weak academic performance in the junior year). A second failure of any Senior course, or a newly reported episode of unprofessional behavior or violation of the Honor Code occurring in the senior year, will result in dismissal from medical school.

**Clinical skills deficiency**

Remediation of OSCEs is described in sections pertaining to Objective Structured Clinical Examination, . Remediation for inadequate performance in other clinical encounters will be determined by consultation with the Clerkship or Elective Director, or at the direction of the SPEC. Any student who refrains from remediating OSCE 5 or additional specified clinical skills that are brought to the attention of SPEC is subject to dismissal.

**Academic Remediation**

Students must receive a passing grade in every course to be recommended for yearly promotion. Any student with a deficient grade, who is granted approval by the SPEC to remediate the deficiency, must complete the required remedial coursework with a passing grade and within the specified timeframe. Detailed remediation requirements by academic year and with reference to class rank are provided in the preceding sections. All remediation will be customized to address the specific course deficiencies identified by the appropriate course director, comply with remediation guidelines established by the Curriculum Committee and SPEC, and be approved by the Associate Dean of Medical Education and Student Affairs as appropriate. Remediation must be completed prior to progression to the next academic year unless the plan for remediation submitted by the course director is approved for continuation into the first months of the next academic year. Any deficient coursework earning a grade of U or F must be completed within a prescribed period.

**Repetition of Course(s) or Year****Course(s)**

A course or courses shall be repeated only upon request of SPEC in accordance with the guidelines stated above. Written permission from SPEC must be obtained prior to repetition of such course or courses. The student must attain a grade of "P" or better in all repeated courses. The grade attained originally shall be used in calculating the class rank. The repeated grade shall be used to determine promotion or dismissal.

**Repetition of Year**

- A student shall be permitted to repeat only one year of medical school, including the repetition stated above. This repetition must be recommended by SPEC. Repetition of two or more courses of a given year will be considered as repeating the entire year.
- At the discretion of SPEC, a student may be requested to repeat an academic year in full or in part and can be placed on academic probation during that time.

## **DISCIPLINARY AND GRIEVANCE ACTIONS**

The vast majority of medical students will pass through the medical education system without any difficulty. Most students never become known to the Student Promotions and Evaluation Committee (SPEC) except as they are routinely promoted to the next level of study. A few students, however, will have problems that bring them before the Honor Council or SPEC. These problems consist of (1) academic difficulties (deficient academic grades), (2) unprofessional behavior and (3) Honor System violations. Since the procedures used to handle these problems somewhat differ, they will be described separately. There may also be students who believe that a rule, procedure or policy was applied to them in an unfair or inequitable manner or that they have been treated unfairly by a faculty member or administrator. The Student Grievance Procedure is used to review the complaint of unfair treatment. In a situation such as an allegation of unfair assignment of a grade, the Grievance Panel must review the allegation first and make a recommendation to the Dean. SPEC can make a recommendation on progress and promotion of a student only after receipt of final, uncontested grades.

### **Reasons for Disciplinary Action**

#### **1. Academic**

- Cases arise from marginal or unsatisfactory academic performance.
- The student may attend meeting for an informal discussion.
- No legal counsel may attend.
- A recommendation is based on professional judgment.
- SPEC makes recommendation to Dean of the College of Medicine.
- The student may contest the initial recommendation within seven working days.\*
- The decision of Dean is final. There shall be no appeal.

#### **2. Unprofessional Behavior**

- Cases arise from PEC notes or any other reports deemed by the Associate Dean of Medical Education and Student Affairs to merit SPEC review; and breach of Professionalism Contracts designed to remediate unprofessional behavior.
- The student must attend a SPEC hearing designed to evaluate evidence.
- No legal counsel may attend.
- A recommendation is based on professional judgment.
- SPEC makes recommendation to Dean of the College of Medicine.
- The student may contest the initial recommendation within seven working days.\*
- The Dean may accept, reverse, or send the recommendation back to SPEC for reconsideration
- The decision of Dean is final. There shall be no appeal.

#### **3. Clinical Skills Deficiency**

- Failure of OSCE remediation or performance in any clinical setting that is deemed unacceptable

#### **4. Honor Code Violations**

- Cases arise from alleged incidents.
- The student must attend a SPEC hearing designed to evaluate evidence.

- Legal counsel may advise the student but may not speak.
- Determination is based on evidence presented; the student is notified.
- The student may contest the initial determination within seven working days.\*
- The recommendation of the Honor Council and/or SPEC is made to the Dean.
- The Dean may accept, reverse, or send the recommendation back to SPEC for reconsideration.
- The decision of the Dean is final. There shall be no appeal.

#### **Reasons for Grievance Action**

- Cases arise from student complaints of unfair treatment.
- The student must attend a grievance hearing designed to evaluate evidence.
- Legal counsel may advise the student but may not speak
- A determination is based on evidence presented.
- The Grievance Panel (subcommittee of Executive Council) determines whether a student was treated fairly or unfairly and may make recommendations to the Dean for resolution of the dispute.
- The student may contest the initial determination within seven days.\*
- The Dean may accept, reverse, or send the determination and/or recommendation back to the Panel for reconsideration.
- The decision of the Dean is final. There shall be no appeal.

\*Within seven (7) working days of the date of the recommendation notice, the student may contest, in writing, to the Associate Dean of Medical Education and Student Affairs, the Chairman of SPEC, or the Honor Council that (1) a substantial mistake of fact occurred; (2) a fundamental misinterpretation of official policies is evident; or (3) a significant procedural defect took place. These are the only bases for contesting the decision. If the decision of SPEC or the Honor Council is contested by a student, the group will reconvene to review the student's contentions. If the group concurs with the student, it will correct the procedural defect, reinterpret the policy as appropriate, or review the fact which was originally presented in error, and then review its recommendation and revise it if appropriate.

#### **Academic Procedures**

The SPEC meets regularly to review the records of all students as soon as possible after final grades are assigned by the faculty. When a student does not meet cognitive or non- cognitive standards as defined in the Academic Standards, the SPEC will review that student's record in detail and make a recommendation to the Dean. The SPEC may meet anytime during the calendar year upon receipt of a finding by the Honor Council that a student has violated the Honor Code, or for other reasons described in the Academic Standards. If the issue being considered involves professionalism, (while technically part of the "academic evaluation") the matter may be handled as a disciplinary procedure if referred by the Associate Dean of Medical Education and Student Affairs.

The members of the SPEC and student(s) whose situation(s) will be considered in detail will be notified, orally and/or in writing, of the meeting by the Associate Dean of Medical Education and Student Affairs. If deemed appropriate by the Associate Dean of Medical Education and Student Affairs, a notice will be hand delivered to the student(s) or delivered by Certified Mail to his/her last known address. The notice will include the date, time and place of the meeting, the issues which will be considered, and the possible consequences.

The student may submit a written statement to the Chairman of the SPEC prior to the meeting, which provides reasons why the determination of the committee should be in his/her favor. The student may also submit written statements from others in his/her behalf, and may appear in person, make an oral statement, and answer questions from members of the Committee. This interaction shall be in the nature of an informal discussion rather than a formal evidentiary hearing. Legal counsel may not be present. The student may not present witnesses without prior consent of the chairman and the Associate Dean of Medical Education and Student Affairs.

The recommendation of the SPEC will be made after careful and deliberate discussion, based upon the professional judgment of the committee members. Students may not be present during the committee deliberations. The student shall be notified of the recommendation in writing.

Within seven (7) working days of the date of the recommendation notice, the student may contest, in writing, to the chairman of the committee that (1) a substantial mistake of fact occurred; (2) a fundamental misinterpretation of official policies is evident; or (3) a significant procedural defect took place. These are the only bases for contesting the decision. If the decision of the SPEC is contested by the student, the SPEC will reconvene to review the student's contentions. If the Committee concurs with the student, it will correct the procedural defect, reinterpret the policy as appropriate, or review the fact which was originally presented in error, and then review its recommendation and revise it if appropriate.

The final recommendation will be forwarded to the Dean after the seven (7) day period for contest has passed or at the conclusion of a contest. The student will be offered the opportunity to provide information to the Dean for consideration during his/her review of the committee's recommendation.

The Dean may accept or decline the recommendation of the committee or may return it to SPEC for reconsideration. The decision of the Dean is final and there shall be no appeal.

### **Disciplinary Procedures**

Cases involving disciplinary actions can arise from alleged infractions of the Honor Constitution or an alleged serious and significant breach of ethical or professional behavior. Examples – by way of illustration, not by way of limitation – of possible actions which would lead to initiation of disciplinary procedures include accusations of:

- Cheating
- Stealing
- Fraud
- Discrimination
- Other violations of the law

After receipt of an allegation of infraction of the Honor Constitution, a hearing before the Honor Council will be conducted to determine the facts. The Chairman or a member of the Investigation Committee shall prepare and present the case against the student. If the student is found guilty of a violation of the Honor Code by the Honor Council, any disciplinary action becomes an academic matter. If the student is found innocent by the Honor Council, all records

will be destroyed. If a student is found to have committed a violation by the Honor Council, an account of the investigation and hearing will be submitted to the Associate Dean of Medical Education and Student Affairs. The case shall be referred to the SPEC for determination of punishment using the Academic Procedures. The SPEC

shall not reconsider a determination that a violation of the Honor Code or a serious breach of appropriate behavior has occurred.

If it is alleged that a student has failed to meet minimal scholastic non-cognitive performance standards as defined in the Academic Standards, the SPEC will review the student's record in detail using the Academic Procedures. However, if in the opinion of the Associate Dean of Medical Education and Student Affairs a serious and significant breach of appropriate behavior is alleged (e.g., arrested for stealing, fraud or other violations of law), the SPEC will hold a disciplinary hearing to evaluate the evidence and make a determination. The Associate Dean of Medical Education and Student Affairs or his/her designee will appoint a faculty member to prepare and present the case before the SPEC.

Reasonably in advance of a hearing by the Honor Council or the SPEC, the student will be provided notice in writing of the specific allegations, a list of witnesses and any sworn statements or exhibits, which will be used as evidence against him/her. The student will be given a list of the members of the SPEC or Honor Council. The student may request that the designated alternate replace any member(s) of the Honor Council for the hearing. The hearing will be conducted in private. Witnesses will be admitted for testimony only and then asked to leave. The testimony will be recorded and transcribed, and the transcript of the proceedings kept on file in the Office of Student Affairs. The final deliberations of the committee or Board will not be recorded.

The student may have one (1) person present during the hearing, who may be an attorney, to advise him/her. This person may not address the SPEC or Honor Council, speak on behalf of the student, question witnesses, or otherwise actively participate in the hearing. The student may appear in person, make an oral statement, and answer questions from members of the committee or Council. Should the student choose to remain silent, no adverse inference will be raised against him/her. The student may submit sworn written statements and other exhibits and witnesses in his/her behalf. The student may hear and question all witnesses.

During the period of time prior to the disciplinary hearing, the Associate Dean of Medical Education and Student Affairs may remove a student from his/her academic place (courses, clerkship, or elective) if the student materially and substantially disrupts the educational process or constitutes a clear and present danger to the health and safety of any other persons, themselves, or property, or infringes on the rights of others.

The SPEC or Honor Council shall make its determination in writing based upon the evidence presented at the hearing which is relevant to the issue or issues before the SPEC or Honor Council. The student may not be present during the SPEC or Honor Council deliberations. The student shall be notified in writing of the determination.

Within seven (7) working days of the date of the determination notice the student may contest, in writing, to the Chairman of the SPEC or President of the Honor Council that a substantial mistake of fact occurred, a fundamental misinterpretation of official policies is evident, or a

significant procedural defect took place. These are the only bases for contesting the

determination. If the determination of the SPEC or the Honor Council is contested by a student, the SPEC or Honor Council will reconvene to review the student's contentions. If the SPEC or Honor Council concurs with the student, it will correct the procedural defect, reinterpret the policy as appropriate, or review the fact which was originally presented in error, and then review its determination and revise it if appropriate.

If the SPEC finds a serious breach of behavior occurred, the SPEC will use the "Academic Procedures" to recommend action to the Dean. A determination by the Honor Council that a student violated the Honor Code shall be referred to the SPEC for consideration as a failure to meet academic standards under the academic procedures.

The final recommendation will be forwarded to the Dean after the seven (7) day period for contest has passed or at the conclusion of a contest. The student will be offered the opportunity to provide information to the Dean for consideration during his/her review of the committee's recommendation.

The Dean may accept the recommendation, reverse it, or refer it back to the SPEC for reconsideration. The decision of the Dean shall be final and there shall be no appeal. The student shall be notified in writing of the decision.

### **Grievance Procedure**

The student Grievance Procedure represents a formal mechanism whereby a student may obtain a review of a complaint of unfair treatment. The Grievance Procedure shall not be used to question a rule, procedure or policy established by an authorized faculty or administrative body. Rather it shall be used for a hearing and due process for those who believe that a rule, procedure or policy has been applied in an unfair or inequitable manner or that there has been unfair or improper treatment by a person or persons.

A student with a grievance must submit a written statement outlining specifics within three (3) working days following the incident which forms the basis for the complaint.

An attempt shall be made to resolve the grievance by referring the student to the departmental chairman or other appropriate administrative official. If the grievance cannot be resolved, and if it is deemed advisable by the Associate Dean of Medical Education and Student Affairs, a Grievance Panel will be convened for the purpose of conducting a hearing to determine the facts.

The process for selecting a Grievance Panel of six (6) members will be as follows: The person filing the complaint and the Associate Dean of Medical Education and Student Affairs will review The College of Medicine Executive Council, removing from consideration any member who may with reason be considered inappropriate for the hearing (e.g., a faculty member directly involved in the issue being appealed should not sit on the Panel for that complaint). The names of the remaining members will then be written on tabs of paper and folded; these tabs will be jumbled in a container and the complainant will draw names from the container. The first six (6) names will constitute the Grievance Panel, provided that they are available at the time of the Hearing. The seventh name drawn is the first alternate; the eighth name is the second alternate, etc., until all names are listed in a priority hearing sequence.



The Hearing is to take place no sooner than three (3) working days and not later than ten (10) days after the drawing unless there is a specific reason why another time must be selected (e.g., inability of an attorney to be present within the prescribed period). At a prearranged time prior to the Hearing the six (6) members of the Panel, the administrator or faculty member most directly involved in the issue being appealed and the complainant will meet briefly with the Dean to be given the charge (i.e., whether the complainant has been treated fairly and equitably), plus all relevant background data. The Dean, complainant and faculty/administrator involved will then withdraw and the Panel will elect a chairman to preside at the subsequent hearing.

The hearing will be conducted in private. The complainant must be present, and the administrator/faculty member most directly involved in the issue being appealed may elect to be present during the hearing. Witnesses will be admitted for testimony only and then asked to leave. The testimony will be recorded, and a transcript will be kept on file in the Office of Student Affairs. The final deliberations of the panel will not be recorded.

The student may have one (1) person present during the hearing, who may be an attorney, to advise him/her. This person may not address the Panel, speak on behalf of the student, question witnesses, or otherwise actively participate in the hearing. The student must appear in person, make an oral statement, and answer questions from members of the Panel. The student may submit sworn written statements and other exhibits and witnesses in his/her behalf. The student and the administrator/faculty member most directly involved in the issue being appealed may hear and question all witnesses testifying before the Panel (including each other).

The Panel shall make its determination of whether the student was treated fairly or unfairly based upon the evidence presented at the hearing, which is relevant to the issue or issues before the Panel. The determination will be made to the Dean in writing by the end of the next working day. The Panel may make recommendations for resolution of the dispute. Neither the student nor the administrator/faculty member most directly involved in the issue being appealed may be present during the Panel deliberations. The student shall be notified by the Dean in writing of the Panel's determination.

Within seven (7) working days of the date on the Dean's notification to the student of the Panel's determination, he/she may contest, in writing, to the Dean that a substantial mistake of fact occurred, a fundamental misinterpretation of official policies is evident or a significant procedural defect took place. These are the only bases for contesting the determination of the Panel. If the determination of the Panel is contested by a student, the Panel will reconvene to review the student's contentions. If the Panel concurs with the student, it will correct the procedural defect, reinterpret the policy as appropriate, or review the fact which was originally presented in error, and then review its determination and revise it if appropriate. The Panel will present its determination in writing to the Dean or his designee.

After receipt of a determination from the Panel and after the seven (7) day period has elapsed, the Dean may accept it, reverse it, or refer it back to the Panel for reconsideration. The student shall be notified in writing of the Dean's decision. The decision of the Dean shall be final and there shall be no appeal.

## STUDENT RECORDS

All students must provide the Office of Student Records with their address (both physical and mailing) and phone number, even if it is unlisted. University-based email addresses will be provided to each student and email is the primary modality for communication between the College of Medicine and each student.

### **Distribution of Addresses and Phone Numbers to:**

**FACULTY** with legitimate academic interest may request and receive an address list and/or a list of telephone numbers of a class or specific group of students. The written request may be made by the faculty member or his/her secretary to the Office of Student Records.

**STAFF** mailing label sets and/or updates will not be provided to any individual or office. Support staff in the MSB or any other USA facility may call the Office of Student Records and request the address/phone number of a student. Requests received for the purpose of transmittal to friends who are real estate agents, insurance agents, military recruiters, car dealers, etc., will not be granted. Since freshmen and sophomores have mailboxes in the MSB, lists of those students will not be provided.

**“OUTSIDE” REQUESTERS**, other than faculty or staff, must receive permission from a class president (or all class presidents) for a list of their classmates. If he/she decides to honor the request, the class president may request the list in person from the Office of Student Records and then mail it to the requester. A second option is to call the Associate Dean of Medical Education and Student Affairs or Assistant Dean of Student Affairs and ask one of them to mail a list to a requester that he/she has approved.

Frequently, staff receive calls in which a person requests the phone number of a student. It will not be provided. However, staff may email the student and ask that student to call the person who requested the number or address.

### **Process for Handling Student Requests to Change Their Name or Address/Phone Number**

A student who wishes his/her name to be changed on the academic record must submit a written request accompanied by appropriate documentation to the Office of Student Records *prior to graduation*.

A student who wishes to change his/her address should contact the Associate Registrar in the College of Medicine. Students enrolled in the M.D. program should not process any information through the Registrar’s Office on the main campus.

Up-to-date information on current students may be requested from the Office of Student Records. Requests for information on graduates should be made to the Office of Alumni Affairs.

### **Inspection of Student Personal Records**

Federal regulations and University Policy require an annual notice that informs students of their rights regarding personally identifiable records. The policy for student inspection of their personally-identifiable records in the office of the College of Medicine is as follows:

- Academic records directly related to, and personally identifiable with, students are maintained in the College of Medicine Office of Student Records. These records include transcripts, grade records, records of academic progress, and records of achievement.
- Maintenance of the educational records is a responsibility of the Office of Student Records under the authority of the Associate Dean of Medical Education and Student Affairs.
- Copies of a student's medical school transcript will be provided only at the written request of a student. Reproduction of other academic records can be made at the student's request. (This does not include pre-med transcripts or other pre-med documents).
- The following information concerning students is classed as "Directory Information" and can be released by the College of Medicine and made public unless a student informs the College in writing that such information is not to be released by the College: Name, photograph, email address, participation in officially recognized activities, dates of attendance and degrees awarded at other schools, receipt of honors or achievement awards, availability for employment. Should you have questions concerning this policy, please contact the Associate Registrar in the Office of Student Records.

#### **Notification of Rights under FERPA**

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

***The right to inspect and review the student's education records within 45 days of the day the University receives a request for access.***

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

***The right to request the amendment of the student's education record(s) that the student believes to be inaccurate or misleading.***

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

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

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

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

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

***The right to file a complaint with the U.S. Department of Education concerning alleged failures by the University of South Alabama College of Medicine to comply with the requirements of FERPA.***

The name and address of the Office that administers FERPA is:

Family Policy Compliance Office  
U.S. Department of Education  
600 Independence Avenue, SW  
Washington, DC 20202-4605

### **Policies Related to Registration for Courses**

All medical students are required by University policy to register **prior** to each semester. Registration (making course selections and enrolling in classes) is a process that is handled on the web at <http://paws.southalabama.edu>. Students will need their “J” or “Jag” number as well as their PIN. Students can check their registration appointment time on line at the above listed web site. Once registration is processed, the student is responsible for paying all applicable tuition and fees by the published deadline. Registration is not considered complete until all money owed to the University has been paid and all admissions documents and examinations are furnished. Failure to satisfy any of the admission or registration requirements is sufficient cause for dropping a student from all classes and voiding their registration.

Students can access their account via the web to view charges, make payment for tuition and fees owed, or view their financial aid award status.

### **Residency Requirements**

Students who were accepted as out-of-state students and wish to change to an in-state status should view the current residency reclassification policy found on the undergraduate Registrar’s webpage at: <http://www.southalabama.edu/registrar/residency.htm>. While the policy remains the same for all University students, the residency reclassification paperwork for medical students should only be processed through the Office of Student Records.

University of South Alabama College of Medicine  
Office of Student Records  
5851 USA Drive North, MSB 1005  
Mobile, AL 36688 Phone: (251)460-7180

**Non-Resident Fee Policy**

A non-resident tuition and fee policy has been adopted for those students who are enrolled at the University of South Alabama and who are non-resident students. All non-resident students, including undergraduate, graduate and medical students, will be required to pay non-resident tuition and fees.

**Reporting and Releasing of Grades****Submission of Grades**

For modules, final grades are submitted no later than 14 days after conclusion of the module. For clerkships and electives, including externships, grades are submitted no later than 30 days after conclusion of the course. Grades are submitted to the Office of Student Records to be entered on the student's official transcript and used for determination of promotion, probation or dismissal. Grades are submitted by the appropriate course directors. Grades for comprehensive OSCEs are submitted by the Director of Clinical Skills.

**Notification to Students**

Concurrent with submission of grades to the Office of the Student Records, the final grades for modules and OSCEs are provided to the student. Grades for juniors and seniors are released to students from the Office of Student Records.

**Grade Change by Faculty**

Once a grade of H, P, or F is received by the Office of Student Records, it can only be changed by the course director and only if it was assigned in error or as the result of an academic, disciplinary or grievance hearing that prompts a change. A temporary grade of U or X changes to a permanent grade pending successful or unsuccessful remediation by the student and notification of the results to the Registrar.

**Class rank**

Class rank is determined for students through the completion of the junior year. Class rank is a determining factor for students who seek competitive residencies, eligibility for election into Alpha Omega Alpha, the nation's only honorary scholastic society for undergraduate medical students, or eligibility for scholarships. Rank points earned are calculated at the end of each academic year for all freshman and sophomore modules and comprehensive OSCEs. Class rank carries through the end of the third year, incorporating all clerkships and the junior year OSCE. Cumulative class rank is based on performance in all courses and OSCEs for all years completed to date of computation. No rank-in-class is computed for the senior year.

**Contribution of remediated courses and OSCEs**

For the purpose of class rank, a student who successfully remediates a U grade received for a module will receive the lowest passing numeric score of 70. For a student who successfully remediates an F grade for a module (i.e. total score <70%), only the original numeric score will count toward class rank.

For a student who successfully remediates an X grade for failing a single clerkship's miniboard on first take, a numeric score 65 for the miniboard will calculate toward final grade; other scored components of the clerkship are unaffected by the

remediation. In the event that a student fails the first retake, subsequently repeats the clerkship successfully and passes the miniboard, the score assigned for class rank will be the minimum passing score of 70. For a student assigned a UP grade for failing and successfully remediating a second clerkship miniboard, the original score for the clerkship inclusive of a 65 for the remediated NBME score will count toward class rank. For a student who fails a clerkship outright, the original score summed from all graded components will count toward class rank. For the policy on remediated OSCEs, refer to the preceding section on Objective-Structured Clinical Examinations.

## Methods of Class Rank Calculation

**Module Rank Points (MRP).** These are earned for each module and calculated on the basis of module duration in weeks and performance (your score). For example, the maximum possible MRP for a 6 week module =  $6 \times 100(\%)$ , or 600. A student whose final score in this module is 84 earns  $6 \times 84$ , or 504 RPM. Total rank points earned for completed modules are summed at the end of the freshmen and sophomore years.

**Clerkship rank points (CRP).** These are earned for each clerkship and calculated on the basis of clerkship duration in weeks and performance (your final score). For example, the maximum possible CRP for the Pediatrics clerkship of 8 weeks =  $8 \times 100$ , or 800. For example, a final score in Pediatrics of 92%, earns 736 CRP. Total rank points earned for all completed clerkships are summed at the end of the junior year.

**OSCE Rank Points (ORP).** Although an OSCE grade is determined by a weighted %score across all stations, total points earned out of points possible are recorded for the purpose of determining the Skills component of class rank. The five OSCEs together count 20% of class rank, with OSCEs 1-4 each counting 3.33% and OSCE5 counting 6.66%.

### Class rank is calculated at the end of year 1 as follows:

$$(\text{MRP}_{Y1} \text{ earned/possible})(93.34\%) + (\text{ORP earned/possible})(6.66\%)$$

where  $\text{MRP}_{Y1}$  = summed module rank points for year 1; ORP = summed OSCE points for OSCEs 1+2.

### Class rank is calculated at the end of year 2 as follows:

$$\text{MRP}_{Y1} + \text{MRP}_{Y2} (\text{earned/possible})(86.68\%) + (\text{ORP earned/possible})(13.32\%)$$

where  $\text{MRP}_{Y2}$  = summed module rank points for year 2; ORP = summed OSCE points for OSCEs 1-4.

### Class rank is calculated at the end of year 3 as follows:

$$\text{MRP}_{Y1} + \text{MRP}_{Y2} + \text{MRP}_{Y3} + (\text{CRP earned/possible})(80\%) + (\text{ORP}_{1-4} \text{ earned/possible})(13.32\%) + (\text{ORP}_5 \text{ earned/possible})(6.66\%)$$

where CRP is summed for all clerkships;  $\text{ORP}_{1-4}$  = summed OSCE points for OSCEs 1-4 and  $\text{ORP}_5$  = OSCE points for OSCE 5.

**Cumulative rank availability**

Rank is calculated yearly to one hundredth of a point in the Office of Student Records. Class rank is divulged annually to students by the Office of Student Records.

**Remediated courses**

For remediated courses, excluding remediated OSCEs, only rank points contributing to the initial grade will be counted toward class rank.

**Part time students**

If a student is exempt from >50% of class hours for a given year, no class rank will be determined for that year.

**Irregular Students**

For students accepted into advanced standing, class rank is computed for each year at USA *after* date of advanced standing matriculation.

Cumulative class rank is computed using available USA class ranks, e.g., if a student is accepted with advanced standing into the sophomore class, his/her cumulative rank would be based on sophomore year performance only and three year rank based on sophomore and junior year performance.

**Ph.D. – M.D. Students**

Cumulative class rank in the College of Medicine College is computed for each year utilizing grades from College of Medicine courses only. If freshman or sophomore required courses are taken over a period of time longer than the customary year, cumulative class rank will not be calculated until all grades are received.

**Withholding of Grades and Transcripts**

The Director of the Office of Student Records is authorized to withhold grades and transcripts and refuse registration to any student or former student who fails to return library or other University property entrusted to his or her care, or who fails to comply with rules governing the audit of student organization accounts, or who has failed to pay any fees, tuition, room and board charges, fines or other charges assessed against him or her by a University official or by the campus judicial system.

This policy does not apply to students or former students if the University has received from bankruptcy court a notice and order that a bankruptcy petition has been filed in their behalf or that the debt has been discharged in bankruptcy. In event the notice for bankruptcy has been dismissed, the policy applies.

Upon written request of the student, transcripts for courses completed within the College of Medicine will be issued by the Office of Student Records within one week. The fee is \$8.00 per transcript. The University does not release copies of transcripts from other institutions. Students who need to obtain a copy of their undergraduate or graduate transcript of courses completed at the University of South Alabama should contact the Registrar's Office. Forms for this request can be obtained from the Office of Student Records and forwarded through the mail with the \$8.00 fee. Transcript request made via the National Student Clearinghouse will be charged the \$8.00 fee plus a \$2.25 processing fee.

## **STUDENT HEALTH**

### **Policies Related to Hazardous Exposures**

#### **Exposure to Infectious Diseases**

Students will be instructed in the fundamentals of the spread of infectious diseases and isolation techniques during Freshman orientation.

Prior to the start of their junior year, the students will receive orientation from the Infection Control Office at the USA Hospitals and Clinics where at least the following topics will be covered:

- Types of isolation procedures.
- The student's right to the availability of protective equipment (gowns, gloves, face masks, etc.).
- Protocols for students who sustain needle sticks.
- The availability of personnel of the Infection Control Office and Employee Health to provide information regarding infectious disease exposure.

#### **Policy Statement on AIDS and Other Infectious Diseases**

Acquired Immune Deficiency Syndrome (AIDS) has confronted the health professions with numerous issues of an ethical and moral nature related to the care and treatment of patients infected with the Human Immunodeficiency Virus (HIV) and other infectious diseases.

AIDS and HIV-related disorders have focused attention on the basic obligations of health professions and the responsibilities of practitioners to patients. In this context, it is recognized that AIDS patients and HIV-infected individuals are entitled to competent medical service that reflects compassion and respect for their human dignity, as well as concern for safeguarding their confidence within the constraints of the law.

One of the objectives of the College of Medicine is the development of professional men and women aspiring to practice medicine. These future practitioners should be prepared for a lifetime of service to the ill, which demands adherence to the highest standards of professional conduct and behavior. AIDS has brought attention to these objectives. In this regard:

Faculty, medical students, graduate medical students, and practitioners within the College of Medicine have a fundamental responsibility to provide care to patients, regardless of the patient's diagnosis. Failure to accept such responsibility is contrary to the ethics inherent in the philosophies of the medical professions.

Faculty members have a special responsibility to set an example for the standards of ethical behavior and attitudes of the practice of medicine.

Faculty, students, and practitioners within the College of Medicine who pose a risk of transmitting an infectious agent should consult with knowledgeable physicians to determine whether continuing to provide professional services represents any material



risk to the patient and, if so, should not engage in any professional activity that would create a risk of transmission of the disease to others.

It is necessary that faculty, students, and other personnel of the College of Medicine help and be helped to address any fears and prejudices about treating HIV-infected patients. Thus, the responsibilities of the College of Medicine include the following:

1. Providing accurate information to applicants to the College of Medicine of the personal risks involved in the practice of their selected profession.
2. Providing up-to-date information on the modes of acquiring and transmitting HIV and other infectious agents in the clinical activities of the College.
3. Providing training in the accepted measures to prevent exposure to or transmission of HIV or other infectious agents in the health care setting.
4. Ensuring that policies exist to monitor adherence to institutional guidelines for prevention and infection control.
5. Ensuring that procedures are established in the event of accidental exposure or violations of guidelines.
6. Providing appropriate equipment and supplies to minimize the risk of infection with HIV or other infectious agents.
7. Providing education and counseling to those individuals who are apprehensive or reluctant to participate in educational programs or patient care activities involving HIV- infected individuals or individuals with other infectious diseases.

Approved by USAMC Hospital Board and COM Executive Council, August, 1990.

(This policy statement was adapted from a policy statement developed by the Association of Academic Health Centers Board of Directors Statement on Professional Responsibility in Treating AIDS Patients, April, 1988. Also used as reference was the American Association of Medical Colleges Statement on Professional Responsibility in Treating AIDS Patients, February 25, 1988).

### **Infectious Disease Reporting**

Alabama's Infected Health Care Worker Management Act was signed into law in August, 1993. The law provides for mandatory reporting of HIV and Hepatitis B infection in health care workers, including medical students, and defines how the reported information is to be used. The State Board of Health has approved rules related to implementation of this Act. A copy of the rules is on file in the Office of Student Affairs and copies may be requested from that office or from the Alabama Department of Public Health, 434 Monroe Street, Montgomery, Alabama, and 36130-3017. In addition, if there are specific questions with regard to such Act, you may contact Dr. John Vanesa at 471-7895. A summary of the requirements that would be placed on medical students that relate to reporting include:

- Any infected medical student shall notify the State Health Officer by sending a letter marked “Personal and Confidential” to the Director of the Division of Infection Control within 30 days of the time he or she is aware of his or her infection. The letter shall include at a minimum the infected health care worker’s name and diagnosis and information as to how he or she can be contacted. The infected health care worker shall subsequently make available to the Department all requested documents or records three years old or less and shall cooperate fully with the Department in the investigation.
- Any physician providing care to any infected health care worker shall notify the State Health Officer of the infected status of his patient within seven (7) days of the time he or she diagnoses or provides such care. Such notification shall be on forms as designated by the Department and sent to the designee of the State Health Officer by marking the envelope “Personal and Confidential” and sending it to the Director of the Division of Infection Control. Further, the physician shall make available to the Department all requested documents or records three years old or less and shall cooperate fully with the Department in the investigation.
- After reporting to the State Health Officer, no infected health care worker shall perform or assist in performance of an invasive procedure until after an internal Department review by Department staff and written notification regarding conditions of practice from the State Health Officer.

**Policy and Guidelines for Preventing Transmission of Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV) by Medical Students to Individuals During Exposure Prone Invasive Procedures and Otherwise**

The policy statements outlined herein are based upon the updated CDC recommendations for the management of Hepatitis B-infected healthcare providers and students dated July 6, 2012:

- Infected healthcare workers who adhere to standard (formerly universal) Precautions and who do not perform “exposure prone procedures” (Category I per CDC) are deemed to pose no risk of transmitting HIV or HBV to patients. Students do not ordinarily perform such procedures.
- All students shall be vaccinated against Hepatitis B (series of standard three vaccinations followed by a titer).
- All students are responsible for knowing their Hepatitis B/HIV status and must report seroconversions to the College of Medicine Office of Student Affairs or to Student Health or to one of the Employee Health Nurses at USAMC or USA Children’s and Women’s Hospital.
- Depending on the circumstances, an Expert Panel (CDC-defined) may be convened and HPV/HIV viral loads may be required.

The University of South Alabama Hospitals and Clinics comply with standard Precautions and recommendations for disinfection and sterilization of medical devices. These precautions will be appropriately monitored in all healthcare settings. Established procedures are provided for the monitoring of compliance with infection control policies.

### **Policies and Guidelines Relating to Injury**

If a medical student on a clinical rotation (e.g., clerkship, elective, etc.) is injured, the following protocol is to be implemented:

- A student with a serious acute injury should be treated in the emergency room of the hospital in which he/she is engaged in the clinical rotation or at the nearest USA hospital if injured while in a rotation in an outpatient clinic. If injured in a location outside of Mobile, the student should be treated at the medical facility where the injury occurred.
- Less serious injuries that do not need immediate treatment should be treated at the Student Health Services on campus.
- Follow-up for students with injuries should be arranged by Student Health Services. Cost for clinical services will be billed to the student's health insurance company. After payment from the insurance company, any remaining expenses will be the responsibility of the student.
- Students who are exposed to potentially hazardous blood or body fluids should refer to their Post-exposure Prophylaxis (PEP) Program card. All medical students on a clinical rotation are required to have their Post-exposure Prophylaxis (PEP) card on hand while in this setting. [Post-Exposure Prophylaxis \(PEP\) card](#)

### **Health Insurance**

Students who matriculate to the University of South Alabama College of Medicine are required to be covered by health insurance throughout medical school. Acceptable coverage can be in the form of a spouse's plan, a parent's plan, an individual plan, or a group plan. Group coverage is available through Student Health. Students are considered to be adults and are expected to be able to assess appropriate parameters for health insurance keeping in mind that unexpected hospital expenses can easily delay or terminate a student's academic career.

#### **Documentation of Coverage**

The following procedure is used to ensure proper health insurance coverage for all students with the least amount of follow-up. Prior to registering for any semester of coursework in the College of Medicine, each student shall present proof of coverage to the Office of Student Records. Proof of coverage is strictly limited to a copy of the student's current health insurance card. No other documentation is acceptable.

Any student failing to submit the proper documentation of current health insurance coverage will not be allowed to register. Any student who allows their health insurance coverage to lapse may not participate in patient care and will be placed on administrative leave until proof of current coverage is provided. This administrative

leave shall be noted on the student's academic transcript.

Any student who knowingly submits false documentation will be brought before the SPEC.

### **Disability Insurance**

The USA COM Student Assembly voted that disability insurance be mandatory for all medical students. The annual fee for this coverage is collected with fall quarter registration. The coverage is provided through the AMA Insurance Agency, Inc. A complete description of all coverage provisions is available in the Office of Student Affairs on the main campus and at Mastic.

## **Required Immunizations and Physical Examinations**

### **Immunizations for Communicable Diseases**

Medical students are frequently exposed to infectious diseases during their clinical experience. They are, therefore, at risk of contracting several illnesses that are easily preventable by immunization. The students are also potential carriers of these illnesses and may infect other patients who may be immune-compromised. To protect both the students and patients, all students in the USA COM must present proof of immunity to the following diseases and are strongly urged to receive an annual influenza vaccine during the two clinical years.

**Measles (Rubeola):** All students born after 1956 are required to provide documentation that they have received two doses of live measles vaccine prior to their matriculation. The first dose of the vaccine should have been administered after 15 months of age. If documentation cannot be provided then the student is required to receive immunization for measles from his/her personal physician or the Board of Health or provide evidence of a protective titer. Pregnancy is a contraindication to this vaccine. If necessary, pregnant students should be vaccinated in the post-partum period.

**Mumps and Rubella:** All students born after 1956 will be required to provide documentation that they have received one dose of live Mumps/Rubella vaccine after 15 months of age or produce the results of serologic studies showing a protective titer of Mumps and Rubella antibodies. Without this documentation the student is required to receive immunization for Rubella/Mumps prior to matriculation from a personal physician or the Board of Health. Pregnancy is a contraindication to this vaccine. If necessary, pregnant students should be immunized in the post-partum period.

**Tetanus – Diphtheria - Pertussis:** All students are required to document that they have received the primary series and a booster dose of adult Tetanus-Diphtheria-Pertussis (Tdap) vaccine within ten years of the beginning of the academic year. Without this documentation the student is required to receive the Td vaccine from his/her personal physician or the Board of Health.

**Polio:** All students are required to document that they have received the primary series of Polio vaccine. If documentation cannot be produced the student will be required to receive the primary series of inactivated polio vaccine from their personal

physician or the Board of Health or provide serologic evidence of immunity.

**Varicella:** All students must certify that they have had varicella or they must have a varicella titer determined. If the titer is undetectable, they must receive two doses of varicella vaccine 4-8 weeks apart.

**Hepatitis B:** All students must be immunized against infection from hepatitis B virus. A Hepatitis B titer must be submitted following the series to assure immunity.

**Influenza:** All students are required to receive an annual influenza vaccine during the fall of each academic year. Failure to provide proof of a flu vaccine will result in a hold being placed against the student's spring registration until proper documentation is submitted.

**Tuberculosis:** In light of the significant incidence of multiple drug-resistant tuberculosis and the need for effective infection control measures, pre-matriculation and annual testing for tuberculosis is required for all students in the College. Failure to provide proof of current PPD will result in a hold being placed against the student's spring registration until proper documentation is submitted.

Freshman students provide a completed health data record when they enter. In addition to the completed Health Data Form, a copy of the student's immunization records (the blue card), Hep B titer, and Varicella titer must also be provided. All documentation should be delivered to Student Health Services.

Sophomore, junior and senior students must provide proof of tuberculosis testing (PPD) prior to November of each year. Students Health Services will administer these tests for students for a nominal fee. Each student is responsible for having the tuberculosis test placed and read, then providing the results to the Student Health Services no later than the first of November. That office will provide a list of students in non-compliance and a "hold" will be placed on those students' registration until the test is completed.

Any student who is positive due to a childhood or other exposure must provide a statement from his/her physician that the student is not contagious. The statement should also include that the student has a clear chest x-ray on file and whether they have been counseled about INH treatment. These students may additionally be required to meet with the Infectious Disease faculty at the University of South Alabama Medical Center.

**Exceptions:** In the event that a student has a problem that he/she believes would be a contraindication to a specific vaccination, the pertinent information should be provided to the Associate Dean of Medical Education and Student Affairs. The student may be required to sign a Release of Liability holding the College of Medicine harmless.

#### **Implementation of Student Immunization Policy**

In order to facilitate the collection and processing of immunization information for students entering the College of Medicine, the following protocol will be followed:

- The Health Data Record form will be sent to each entering freshman in the early summer prior to matriculation.
- The form will be returned to the Student Health Center no later than the assigned date prior to orientation.
- The Student Health Center will review the Health Data Records to assure that all immunization requirements have been met.
- Any entering student who has not completed all requirements for immunizations by matriculation will meet with the Associate Dean of Medical Education and Student Affairs to discuss the need for documentation or possibility for an exemption.
- Any student who has not provided all necessary documentation by October 1 will be placed on a Leave of Absence until the College requirement has been met.
- If a student has started, but not completed, a series of required vaccinations by the beginning of the academic year, he/she will be given an appropriate amount of time to complete the series. Failure to provide all necessary documentation by the deadline will result in placement of the student on a Leave of Absence until the College requirement has been met.

### **Physical Examination**

The College requires students to undergo a complete history and physical examination after admission to school, but prior to matriculation. The completed Health Data forms are reviewed for completeness and placed in the students' files if complete. If not complete, the Associate Dean will follow policy to assure that the form and immunizations are completed. The required Physical Examination/Health Data form must be submitted **NO LATER THAN AUGUST 1.**

The College requires documentation that visiting students meet the same immunization requirements as regularly enrolled students. Records pertaining to visiting students are handled through the Student Affairs office in the USA Medical Center Mastin office.

## STUDENT LIFE

### Student Travel

Pending availability of funds and advance approval of the Associate Dean of Student Affairs, the College or other organizations will support travel for students in good academic standing as follows:

1. AAMC Organization of Student Representatives (OSR)

*Sophomore Member:*

The sophomore may attend the Regional Spring Meeting after finishing his/her sophomore year. The previous fall meeting may be attended when financially feasible and approved by the Associate Dean.

*Junior Member:*

The junior may attend both the fall National and Spring Regional Meetings.

*Senior Member:*

The senior may attend the fall National Meeting, the last time to serve as a voting member. If he/she holds a national or regional elected office, the senior should plan to attend both the fall and spring Meetings. The spring Regional Meeting may be attended when financially feasible and approved by the Associate Dean.

2. AMA – Medical Student Section

Travel and expenses for one or two students to attend each of two meetings (Annual Meeting in June and Interim Meeting in December) will be paid by the College (1/2 of total) and the Medical Association of the State of Alabama (1/2 of total).

3. American Medical Women's Association (AMWA)

If the USA branch can demonstrate that regular meetings have been held in which there was participation by members of each class and the faculty sponsor(s), then the College may support the travel of a representative to the fall Annual Meeting.

4. Student National Medical Association (SNMA)

The College may pay travel, hotel, and registration expenses for one student to attend the SNMA Region III Annual Meeting. The student will be recommended by the USA SNMA and by the Assistant Dean of Educational Enrichment. Additional students may be supported if funds allow.

### Vacation Time

**Preclinical Students:**

Classes are not scheduled on official University holidays. Spring break may or may not coincide with spring vacation for the rest of the University.

**Junior Students:**

In addition to Spring and Christmas vacations, junior students receive the same official holidays given to USA faculty and staff (Martin Luther King Day, Mardi Gras, Memorial Day, Independence Day, Labor Day, and Thanksgiving holidays). The students' holiday begins at the end of their clinical responsibilities on the day prior to the official holiday. Students return at the usual reporting time on the day following the holiday. Occasionally, additional holidays are approved and are noted on the USACOM Academic calendar.

**Senior Students:**

Time off on holidays is at the discretion of the supervisor of the elective, or may be delegated to the responsible Resident on the service. The student is expected to assume in many respects the role of a physician, and in so doing to recognize the needs of patients for attention and the need of the service for coverage, regardless of weekend and holidays.

**Employment and Work Hours Outside****Employment**

The medical curriculum requires the major portion of a student's time and concentration. It is suggested that all students arrange their finances in a sound way before entering medical school in order that employment during the regular academic year will not be necessary. If a real need develops, it is possible that permission would be forthcoming for the student to work on a part-time basis. It should be remembered, however, that (1) school assignments cannot be changed to accommodate the work schedule and (2) any money earned may affect the amount or type of financial aid that the student is eligible to receive. **In any case, if a medical student desires to work during the academic year, the Associate Dean of Medical Education and Student Affairs must be consulted;** failure to do so may result in a meeting of SPEC.

**Policy Regarding Student Duty Hour Limitation**

Required student work hours, including conferences and educational undertakings for the third year clerkships and the senior electives (including acting internships) shall not exceed 80 hours in a given work week nor 36 consecutive work hours. Work hours will be monitored. Student duty hours will be submitted by the students to the clerkship/elective director every week using e\*Value. It shall be the student's responsibility, under the umbrella of professionalism, to turn in appropriate time sheets.

**Technology Use and Access****Computers**

All students entering the University Of South Alabama College Of Medicine as first year students are required to purchase a laptop computer configured to meet the minimum requirements set out by the College of Medicine. COM Students are

subject to the USA policy regarding use of computers which can be found on the University's web site.



**Copy Card**

As a part of their medical education, students learn to use most, if not all, of the services offered by a modern biomedical library. Frequently, material available in the library will need to be photocopied for use in another location. For that reason, each medical student is provided a COPICARD.

The COPICARD is a sturdy plastic credit card with a magnetic strip on the back. The strip carries the magnetically encoded data which controls the photocopiers located in the Biomedical Library or Campus Library and in the USAMC Library. As copies are made, the reader senses the copy pulse and registers the copy count in memory and also on the magnetic card as a deduction from the card's previous value. After the user has completed the copy run, the LED display indicates the number of copies remaining on the user's COPICARD. When the user pushes the return button, the card is returned.

At the beginning of each academic year, during registration, each medical student is given a preprogrammed COPICARD allowing 200 copies. Each student is responsible for his/her card and must keep it secure; lost cards will not be replaced. Staff in the Biomedical Library will replace damaged cards, if the number of copies remaining can be determined. Students wishing more than their allotted 200 copies per year may purchase additional cards at 10¢ per copy.