

## **STUDENT INFORMATION HANDBOOK**

The purpose of this handbook is to present the important policies, guidelines, and information that affect students at the University of Utah School of Medicine. The School of Medicine as a component of the University of Utah is bound by the provisions of the University Student Code. This handbook is meant to complement the University Student Code. This handbook supersedes all previous handbooks and will be superseded by all subsequent handbooks

## TABLE OF CONTENTS

### GOVERNMENT

Mission Statement .....	1
Dean .....	2
College Council .....	2
Executive Committee .....	2
Medical Sciences Council .....	2
Appointment, Retention, Promotion, and Tenure Committee .....	2
Graduate Medical Education Committee .....	2
Curriculum Committee .....	3
Coordinating Curriculum Committee .....	3
Coordinating Promotions Committees .....	3
Academic Appeals/Misconduct Committee .....	4
Dean's Office Function .....	5
Dean .....	5
Admissions .....	5
Student Affairs and Education .....	5
Matriculation .....	4
Academics .....	5
Student Life .....	6
Counseling .....	6
Financial Aid .....	6
Curriculum .....	6
Medical Education .....	6
Diversity and Community Outreach .....	6
Alumni Relations .....	7
Continuing Medical Education .....	7
Graduate Medical Education .....	7

### POLICY AND PROCEDURES

Technical Standards .....	8
Infectious and Environmental Exposures .....	12
Promote a Drug Free Educational Environment .....	18
Drug Testing .....	20
Standards of Conduct in the Educational Environment .....	24
Graduation Requirements .....	27
Academic Performance Policies .....	28
Academic Due Process .....	30
Academic Misconduct Policy .....	36
Student Rights to Examine Educational Records .....	37
Senior Research Credit .....	37
Use or Disclosure of Protected Health Information .....	38
HIPAA: Orientation and Training .....	40

**CURRICULUM**

Introduction .....	44
Educational Objectives .....	45
Exemption from Required Courses .....	53
Grading System .....	55
Course Evaluations .....	56
Attendance Policy .....	57
Missed Examination Protocol .....	60
Overview of the Four-Year Curriculum .....	60
First Year .....	60
Second Year .....	62
Third Year .....	63
Fourth Year .....	65

**FINANCIAL AID**

Financial Aid Information .....	66
---------------------------------	----

**STUDENT LIFE**

Student Government Organization .....	71
Student Organizations and Interest Groups .....	72
Medical Student Code of Ethics .....	77
Health Issues .....	79
Campus Facilities and Services .....	80
Student Funds/Travel .....	83



**MISSION STATEMENT**  
**UNIVERSITY OF UTAH SCHOOL OF MEDICINE**

**Mission Statement**

The University of Utah School of Medicine has three major missions: education, research, and clinical service.

The three missions are closely interrelated. Each supports and, in turn, benefits from the others. All are considered to be of equal importance.

**Education** The University of Utah School of Medicine is responsible for the predoctoral, graduate, and continuing education of physicians; the graduate and postdoctoral education of biomedical scientists; and the training of certain other health professionals. In determining the size and types of its educational programs, the school is guided primarily by the needs of the State of Utah. The school is also guided by the imperatives of affirmative action and by the needs of surrounding states that lack their own medical schools. In addition, the school emphasizes high quality programs that address national priorities, such as the need for generalist and academic physicians, rural practitioners, basic biomedical scientists, and selected medical subspecialists.

**Research** The University of Utah School of Medicine promotes research of such quality and quantity as to ensure national recognition of a scientifically excellent institution. Each department is expected to expand the frontiers of the discipline it represents. Active pursuit of peer-reviewed funding is encouraged. Research is conducted ethically according to established guidelines for the welfare of human volunteers and experimental animals. The school encourages active collaboration across university boundaries and fosters the development of young scientists. Investigators are encouraged to report their work in journals with high editorial standards or to respected scientific societies.

**Clinical Service** The University of Utah School of Medicine is committed to providing state-of-the-art clinical care to the patients it serves. The institution provides advanced and innovative medical procedures and practices to patients in this region. Faculty physicians are expected to provide effective role models for clinicians in training. This responsibility implies efficiency, humanity, cost-effectiveness, and scientific excellence. The school also provides model practice settings for training in primary care. Innovation and leadership are expected in the development of alternative systems of health care delivery, with a volume of clinical activity sufficient to sustain University Hospital teaching and research missions.

**GOVERNMENT**

**Dean**

As the senior administrative officer, the dean is responsible for the overall operation of the School of Medicine, serves as chairman of both the College Council and the Executive Committee of the College Council, is an ex-officio member of all other standing committees of the College Council,

and is responsible for the review, analysis, and implementation of existing educational, research, and administrative policies and programs of the School of Medicine.

### **College Council**

This is the official governing body of the School of Medicine. It meets at least once each academic year, generally to ratify the recommendations of its standing or ad hoc committees. It is composed of the entire faculty, as well as graduate students, postdoctoral fellows, housestaff, and medical students not to exceed one representative for every ten individuals in the respective classes.

### **Executive Committee**

A standing committee of the College Council, this is the policy formulating body of the School of Medicine. Members include the dean, who serves as chairman, departmental chairs, one medical student from the preclinical years, one medical student from the clinical years, and a graduate student or housestaff member.

### **Medical Sciences Council**

This is a School of Medicine committee that is chaired by the dean. It acts as a consultant body to the dean, and items that are presented and reviewed by this committee are for general discussion and input. The principal participants include departmental chairs, academic program directors, associate and assistant deans, and others invited to attend as needed.

### **Appointment, Retention, Promotions, and Tenure Committee**

This standing committee of the College Council considers all matters pertaining to the appointment, retention, promotion, and tenure of full time faculty in tenure, clinical, and research tracks. The committee, elected by the College Council, consists of nine tenured full professors; a representative each from the full-time clinical and the full-time research faculties (both professors); a medical student; and a member from the housestaff, graduate student, or postdoctoral fellow group. At least five of the faculty members are from the preclinical departments and five from the clinical departments.

### **Graduate Medical Education Committee**

This committee ensures that each of the graduate medical training programs meets the requirements of the essentials of graduate medical education, as defined by the Accrediting Council for Graduate Medical Education. The committee reviews programs, approves changes, distributes resources, monitors the selection process, writes policies, determines leave and liability coverage, and monitors changes in reimbursement for graduate medical education. The committee deliberates about how changes in one program will impact on other training programs. It also monitors manpower needs of the state and region, and determines that the programs are training the appropriate number and distribution of physician specialists.

### **Curriculum Committee (Steering)**

This standing committee of the College Council oversees, evaluates, and coordinates strategic planning for all four years of the curriculum.

The dean for curriculum is a voting member who chairs the committee. Other voting members are the dean for student affairs, the four chairs and four student representatives from the coordinating curriculum committees, one resident, one clinical and one basic science department chair appointed by the dean, and two ad hoc appointees of the dean. The dean for admissions and the dean for diversity & community outreach are non-voting members. Proceedings follow Robert's Rules of Order. The office of medical education staffs this committee.

### **Coordinating Curriculum Committees**

There is one coordinating curriculum committee for each of the four medical school years. These committees oversee, evaluate, and coordinate the curriculum for their respective years.

The dean selects the chairs of the committees for the first and second years from clinical departments and for the third and fourth years from basic science departments. Student representatives for the coordinating curriculum committees are elected from the sophomore, junior, and senior classes at their annual class officer elections. One electee from each class serves on the committee of the year just completed (i.e., senior for the third year committee, junior for the second year committee, etc.), while the other electee from each class serves only on the committee for that year (i.e., a senior for the fourth year committee, a junior for the third year committee, etc.), as well as on the Curriculum Committee (Steering). The freshmen elect a representative to the first year committee and steering committee during their class officer election early in the school year. Faculty representatives for these coordinating committees are appointed by the dean and, with rare exceptions, are directors of major courses or representatives from major clinical departments. The dean for curriculum is a voting member. Proceedings of these committees follow Robert's Rules of Order. The office of medical education staffs these committees.

### **Coordinating Promotions Committees**

There is one coordinating promotion committee for each of the four medical school years. They convene and deliberate on issues of unsatisfactory academic performance. They consider the student's overall performance during medical school based on grades and other information supplied by departments and/or course directors. They are empowered to consider and approve department remediation recommendations, and to impose academic actions, including, but not limited to, repeat of year, extended curriculum, leave of absence, academic probation, and dismissal, subject to the appeal process outlined in the Due Process section of this handbook. Reports for graduation, nonadvancement, and other actions from this committee are presented to the Executive Committee. Proceedings of these committees adhere to confidentiality and follow Robert's Rules of Order.

The membership of each promotion committee is the same as the corresponding coordinating curriculum committee except that the dean for student affairs and education serves as chair. The deans for admissions, curriculum, and diversity and community outreach are ex officio non-voting members. The office of student affairs and education staffs these committees.

### **Academic Appeals/Misconduct Committee**

This standing committee consists of two faculty members and two peer group students from the School of Medicine, appointed by the dean, plus one faculty member from outside the school, appointed by the Personnel and Elections Committee of the Academic Senate. It is convened as

necessary to consider student appeals asserting that an academic action or academic sanction was arbitrary or capricious. Proceedings of this committee adhere to confidentiality and follow Robert's Rules of Order.

## **DEAN'S OFFICE FUNCTIONS**

### **Dean**

This office, under the direction of the dean, oversees all issues relating to undergraduate and graduate medical education. The dean is also the executive medical director of the University of Utah Medical Group (UUMG), responsible for coordinating the clinical mission of the School of Medicine.

### **Admissions**

This office, under the direction of the associate dean for admissions, works directly with premedical school advisors, applicants and prospective applicants. It coordinates the application process beginning with the American Medical College Application Service (AMCAS) and ending with collecting the enrollment material for Student Affairs. The admissions office recruits Admissions Committee members from the School of Medicine (SOM) Faculty, Administration, Community and medical students. As members of the Admissions Committee, Faculty, Administration, Community and fourth year medical students are responsible for providing evaluations of the applicants. Second year medical students (MSII) volunteer to serve on the Luncheon Committee. Medical students from each class may be asked to assist with other the recruitment activities. Members for both of these committees are responsible for promoting the SOM and sharing their experience.

The office is responsible to promote the school through its informative website and brochures as well as promotional activities such as SOM tours, medical student recruitment committee and information sessions for prospective applicants, accepted students, premedical advisors and college site visits throughout Utah and Idaho. The office will provide application advice to prospective applicants. The innovative admissions system provides online accessibility for applicants to complete the secondary application, schedule interviews and print freshman forms. Interview Committee members are able to access interview packets and complete interview forms online. The responsibility of admissions is to evaluate medical school applicants on the basis of academic achievement, extracurricular interests, and self-presentation.

In addition, the office provides efficient means of communication, quick turn-around time for applications review and creates a positive experience for applicants and committee members alike throughout the application process.

### **Student Affairs**

This office, under the direction of the dean for student affairs, meets the individual students' needs as they relate to matriculation, academic issues, student health, personal problems, and career counseling. This office is also charged with providing curriculum support.

## **Learning Resources**

This office, under the direction of the dean for student affairs, meets the individual students' academic needs in regards to tutoring, supplemental instruction and board review.

## **Matriculation**

Medical students register for all required courses through the Office of Student Affairs. Students can access tuition information on the Registration and Student Records web site at [www.utah.edu](http://www.utah.edu). It is important that the local mailing addresses are kept current in the Registrar's Office and in the Office of Student Affairs. Tuition deadlines conform to main campus due dates.

Only matriculated medical students and graduate students in approved programs, which require the taking of the course(s), are permitted to enroll in School of Medicine course offerings. No student from any other medical school, whether it is a U.S. medical school or a foreign medical school, may participate in the junior (third year) clinical clerkships regardless of openings in individual groups that may exist. Students from other schools may, however, participate in the senior elective offerings.

With the exception of noncredit courses offered through Academic Outreach and Continuing Education, officially matriculated medical students may register for nonmedical credit courses at no additional cost during fall and spring semesters. Medical school tuition will not cover noncredit courses taken through AOCE or courses taken during summer semester.

## **Academics**

The Office of Student Affairs maintains the official records of all medical students. Students who have academic questions or problems consult with this office for assistance.

Departments forward grades and evaluations, which are incorporated into the official files maintained by the Office of Student Affairs. Students have the right to read their official files. Faculty members who have a legitimate educational interest may review student files. Those faculty who have been requested by a student to write a letter of recommendation may review the student file only with written release from the student.

## **Student Life**

The Office of Student Affairs provides support for all students to help ensure their academic success. All students have access to unlimited tutoring, free of charge, through this office. Other services include coordinating a supplemental instruction program and providing access to test-taking skills advice. This office also deals with issues surrounding student health, including health and disability insurance, immunizations, and occupational exposure hazards. It also provides support for student officers and organizations, coordinates elections of student officers, and organizes career-related activities for medical students.

## **Counseling**

A Director of Student Counseling, who is a clinical psychologist, is available for counseling free of charge to students and their immediate family members. The nature and substance of the conversations is kept strictly confidential, unless a threat is posed to the student or to patients.

Those areas that cannot be handled appropriately through this service are referred to outside resources. Other resources that are available include the University Counseling Center, the University Center for Disabled Student Services (CDSS), and the University Office of Equal Opportunity/Affirmative Action.

A student may schedule his or her own appointment with the Director of Student Counseling. Alternatively, they may be referred from personnel in the dean's office. Dean's office personnel will obtain permission from the student prior to informing the dean of student affairs that (s)he has referred that student for counseling.

### **Financial Aid**

This office works closely with students applying for financial aid and serves as a liaison between students and the Financial Aid and Scholarship Office, 105 Student Services Building.

### **Curriculum**

This office, under the direction of the dean for curriculum, is responsible for designing, implementing, and evaluating the medical school curriculum.

### **Medical Education**

Under the direction of the dean for curriculum, this office provides computer-scored testing services and test analysis data for instructors, and formats, compiles, and maintains course instructor evaluations. This office also coordinates first and second year medical school course schedules, provides administrative support to the first and second year course masters, and staffs the curriculum committees.

### **Diversity and Community Outreach**

Under the direction of the dean of diversity and community outreach, this office assists the School of Medicine in fulfilling its commitment to recruiting, admitting, and graduating a diverse student body. The office works closely with students from diverse backgrounds, including students from rural Utah communities, students who are educationally, socially, or financially disadvantaged, and students from those minority groups specifically recognized by the American Association of Medical Colleges as underrepresented in health professions. The office provides academic advising and assistance to these students in their preparation for and application to medical school, and presents a series of precollege and premedical educational outreach programs throughout the state.

### **Alumni Relations**

Under the direction of the Vice President for Health Sciences, the Office of Alumni Relations is an organization established to foster communication among alumni of the School of Medicine, the Medical Center residency program, and the School of Medicine faculty, housestaff, and students. This office provides a mechanism through which the alumni continue to be involved with the School of Medicine with the intent of ensuring continued excellence. The office engages in activities designed to enhance the mission of the School of Medicine. In addition, the office assists with soliciting, encouraging, and receiving gifts and donations in support of the School of Medicine and provides education, service support, and information to its alumni members.

### **Continuing Medical Education**

The office of Continuing Medical Education (CME) promotes excellence in all continuing medical education activities organized, implemented, and evaluated under the imprimatur of the University of Utah School of Medicine. Nationally accredited by the Accreditation Council for Continuing Medical Education (ACCME), the CME Office represents the University of Utah as the accredited provider responsible for assuring that CME activities meet the ACCME essentials and standard. The CME Office is also responsible for assuring that the activities designated American Medical Association (AMA) Category 1 meet the criteria outlined in the AMA Physician's Recognition Award.

Under the direction of the dean for CME, staff facilitates the educational process of postdoctoral educational activities directed to the practicing physician. The office assists faculty and educational planners of CME activities by providing consultative support in areas of needs assessment, educational methodology, evaluation, and assessment. Staff also provide, on request, documentation of physicians' attendance at sponsored continuing medical education activities and maintain attendance records up to four years.

### **Graduate Medical Education**

This office, under the direction of the dean for postgraduate education and the medical director of University Hospital, serves as the human resources office for the housestaff. This includes payroll, benefits, loan deferments, medical licenses, and other issues. The office also ensures that the institution meets all accreditation requirements to offer graduate medical education programs and that each of the 50 graduate medical education training programs meets the accreditation requirements for the individual specialty board.

## **QUALIFICATIONS FOR DOCTOR OF MEDICINE DEGREE THE UNIVERSITY OF UTAH SCHOOL OF MEDICINE CANDIDATES**

### **I. Introduction**

The Liaison Committee on Medical Education has recommended that all medical schools develop technical standards to assist them in determining whether applicants for admission to the School of Medicine or candidates seeking the degree of Doctor of Medicine are qualified to pursue a career in medicine. This document, "Qualifications for Doctor of Medicine Degree Candidates" (Qualifications), contains the technical standards of the University of Utah School of Medicine and the procedures a candidate must follow to establish the existence of a disability and to request reasonable accommodation from the School of Medicine. The technical standards are based on guidelines produced by the Association of American Medical Colleges. This document is also published in the Student Handbook distributed to all matriculating candidates. All applicants who reach the interview stage will be required to read the Qualifications and to sign a copy of the attached form to indicate that they understand the Qualifications. The signed form is kept as a permanent

part of the record of all matriculating candidates.

## **II. Technical Standards**

The School of Medicine is supportive of the philosophy underlying Section 504 of the 1973 Vocational Rehabilitation Act, as amended, and the Americans with Disabilities Act of 1990, and seeks to provide opportunities for qualified individuals with disabilities. In order to be a qualified applicant or candidate an individual must meet these technical standards. The standards have been established to ensure that an applicant or candidate has the ability to perform the requirements of the School of Medicine academic curriculum and to practice medicine safely and responsibly.

Medicine is a physically and mentally demanding profession in which practitioners are asked to place the interests of their patients above their own. It requires commitment to a life of service and dedication to continuous learning. The rigorous four year medical school curriculum is where candidates begin to develop the qualities necessary for the practice of medicine. It is during this period of undergraduate medical education that the candidate acquires the foundation of knowledge, attitudes, skills and behaviors that he or she will need throughout his or her professional career. During this period, it is critical for the School of Medicine to evaluate whether the candidate is qualified to receive the degree of Doctor of Medicine. The School of Medicine has a responsibility to society to train physicians competent to care for their patients with critical judgment, broadly based knowledge and well honed technical skills. The abilities that physicians must possess to practice safely are reflected in the technical standards that follow. Thus, applicants and candidates must be able to meet these standards and successfully complete all identified requirements to be admitted to the School of Medicine, to progress through the curriculum and ultimately, to receive the degree of Doctor of Medicine from the University of Utah School of Medicine. Candidates for the degree of Doctor of Medicine must be capable of performing in five areas: Visual, Oral-Auditory, Motor, Cognitive, and Social. Reasonable accommodation will be made for some limitations in these areas, but a candidate must be able to function in an independent manner.

### **A. Visual**

Candidates must be able to observe and participate in experiments in the basic sciences. (For example, physiologic and pharmacologic demonstrations and microscopic studies of microorganisms and tissues.)

In order to make proper clinical decisions, candidates must be able to observe a patient accurately. Candidates must be able to acquire information from written documents, films, slides or videos. Candidates must also be able to interpret X-ray and other graphic images, and digital or analog representations of physiologic phenomena, such as EKG's, with or without the use of assistive devices. Thus, functional use of vision is necessary.

**B. Oral-Auditory**

Candidates must be able to communicate effectively and sensitively with patients. Candidates must also be able to communicate effectively and efficiently with other members of the health care team. In emergency situations, candidates must be able to understand and convey information essential for the safe and effective care of patients in a clear, unambiguous and rapid fashion. In addition, candidates must have the ability to relate information to and receive information from patients in a caring and confidential manner.

**C. Motor**

Candidates must possess the motor skills necessary to perform palpation, percussion, auscultation, and other diagnostic maneuvers. Candidates must be able to execute motor movements reasonably required to provide general and emergency medical care such as airway management, placement of intravenous catheters, cardiopulmonary resuscitation, and application of pressure to control bleeding. These skills require coordination of both gross and fine muscular movements, equilibrium and integrated use of the senses of touch and vision.

**D. Cognitive**

In order to effectively solve clinical problems, candidates must be able to measure, calculate, reason, analyze, integrate and synthesize in a timely fashion. In addition, they must be able to comprehend three-dimensional relationships and to understand the spacial relationships of structures.

**E. Social**

Candidates must possess the emotional health required for the full utilization of their intellectual abilities, for the exercise of good judgment, for the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and for the development of effective relationships with patients. Candidates must be able to tolerate physically taxing workloads and function effectively under stress. They must be able to adapt to changing environments, display flexibility and learn to function in the face of uncertainties inherent in the clinical problems of patients.

The unpredictable needs of patients are at the heart of becoming a physician. Academic and clinical responsibilities of students may require their presence during day and evening hours, any day of the week.

**F. Curriculum Requirements**

In addition to the abilities specified above, candidates must be able to successfully

complete, with or without accommodation, all required components of the curriculum.

### **G. Tests and Evaluations**

In order to evaluate the competence and quality of candidates, the School of Medicine employs periodic examinations as an essential component of the medical school curriculum. Successful completion of these examinations is required of all candidates as a condition for continued progress through the curriculum. If required by the American's with Disabilities Act, reasonable accommodation will be made in the form or manner of administration of these evaluations.

### **H. Clinical Assessments**

Demonstration of clinical competence is also of fundamental importance to the career and curriculum progression of the candidates. Therefore, the process of faculty evaluation of the clinical performance of candidates, especially in the third and fourth years of medical school, is an integral and essential part of the medical curriculum. If required by the Americans with Disabilities Act, reasonable accommodation will be made, however, participation in clinical experiences and the evaluation of that participation is required.

### **I. Conclusion**

The Admissions Committee of the University of Utah School of Medicine will consider any qualified applicant who demonstrates the ability to acquire the knowledge necessary for the practice of medicine, as well as the ability to perform, or to learn to perform, the skills as described in this document. Applicants will be judged on their scholastic accomplishments and on their ability to meet the requirements of the school's curriculum and to graduate as skilled and effective practitioners of medicine.

The University of Utah is fully committed to policies of equal opportunity and nondiscrimination. University policy prohibits any form of discrimination, harassment, or prejudicial treatment on the basis of age, race, gender, sexual orientation, color, national origin, religion, disability, status as a veteran or disabled veteran.

## **III. Definitions and Procedures**

The procedures of the University of Utah School of Medicine with regard to the identification of candidates with disabilities and the provision of reasonable accommodations are as follows. Although a candidate's self-identification as a person with a disability is voluntary, the School of Medicine can only accommodate diagnosed disabilities.

## **A. Definitions**

For purposes of this policy, the definition of disability can be located in the Americans with Disabilities Act, with the exclusions as referenced in the Act. That definition is as follows, "an individual is disabled if he or she, 1) has a physical or mental impairment that substantially limits one or more of the individual's major life activities; or 2) has a record of such an impairment; or 3) is regarded as having such an impairment."

## **B. Procedures**

- 1) In order to establish the existence of a disability and to request accommodation, candidates must contact the Center for Disability Services (CDS). The candidate must then follow the procedures outlined by CDS to document the existence and nature of the disability.
- 2) Once the need for and availability of reasonable accommodations have been established, the CDS and the School of Medicine, in consultation with the candidate, will decide on appropriate accommodations and these accommodations will be specified in a written document, signed by all parties. All documents relating to the candidate's disability will be placed in a confidential file separate from his/her academic records. The School of Medicine will then direct the appropriate course masters to provide the accommodation.
- 3) If the School of Medicine offers a candidate a reasonable accommodation and he or she refuses it and subsequently experiences academic difficulty, the candidate will be treated as any other candidate who experiences academic difficulty.
- 4) A candidate may seek to establish a disability and request reasonable accommodation at any time before or after matriculation.
  - 5) In general, a candidate should claim and establish the existence of a disability prior to the onset of academic problems. If a candidate comes forward after failing a course or courses, and maintains that the reason for the failure was a disability not previously claimed, the Promotions Committee will consider this information as appropriate in making its decision as to what remediation, if any, must be made. However, the committee is not obligated to consider this information unless the candidate establishes the existence of a disability through CDS as provided in paragraph 1 above.
- 6) If a candidate is dismissed from the School of Medicine and appeals, asserting that

the reason he or she failed was a previously unrecognized disability; the School of Medicine may consider the effect of the unrecognized disability in making a decision as to the candidate's appeal. The factors on which a decision will be made include whether the candidate is qualified to meet the technical standards and any other relevant information. The candidate must provide documentation of the claimed disability through the CDS as provided in paragraph 1 above.

- 7) All claims and proceedings under this provision will be kept confidential to the extent provided by law and University policies. Dissemination of information related to the existence of a disability will be restricted to University administrators with a legitimate need to know this information. Except as provided by law, no mention of the candidate's disability will appear in any School of Medicine correspondence with external agencies unless the candidate specifically requests such disclosure in writing.

If you have questions regarding this policy, please contact the Office of Equal Opportunity/Affirmative Action at 801.581.8365.

## **UNIVERSITY OF UTAH SCHOOL OF MEDICINE POLICY ON INFECTIOUS AND ENVIRONMENTAL EXPOSURES**

### **I. PURPOSE**

This document outlines the University of Utah School of Medicine's policy regarding exposure to infectious materials and environmental hazards. The following policy has been developed using the most contemporary knowledge available regarding these issues and is based on established principles of epidemiology, disease prevention, and infection control.

### **II. REFERENCES**

Occupational Health and Safety Regulations (OSHA), 29 Code of Federal Regulations 1910.1030 (Bloodborne Pathogens).

U.S. Department of Health and Human Services, Centers for Disease Control, "Recommendations for Prevention of HIV Transmission in Health Care Settings," Morbidity and Mortality Weekly Report (August 21, 1987 or latest).

University of Utah Hospital Policy 1-37, "Health Care Providers & Hospital Personnel with HIV/AIDS."

University of Utah Hospital Policy 1-41, "Infection Control and Prevention."

University of Utah Hospital Policy 1-61, "Bloodborne Pathogen Exposure Control Plan."

University of Utah Hospital Policy 1-69, "Tuberculosis Prevention and Control."

University of Utah Biosafety Manual.

University of Utah Environmental Health and Safety Chemical Use Protocol.

University of Utah "Guidelines for University of Utah Students and Employees with AIDS or HIV Infection."

University of Utah School of Medicine "Qualifications for Doctor of Medicine Candidates" (AKA "Technical Standards").

Americans with Disabilities Act (ADA).

Section 504 of the Vocational Rehabilitation Act of 1973.

### III. DEFINITIONS

- A. "Student" means an individual enrolled in medical school classes at the School of Medicine.
- B. "Employee" means an individual employed by the School of Medicine or one of its departments.
- C. "Bloodborne Pathogen" means an infectious disease transmitted by blood, including human immunodeficiency virus (HIV), hepatitis B or hepatitis C (HBV), or any other disease primarily transmitted in the blood.
- D. "Body Substance Precautions" means a method of infection control to protect the individual and others by which all human blood, moist body substances, and other potentially infectious materials are treated as if known to be infectious for HIV, HBV, and any other bloodborne pathogen.
- E. "Blood" means human blood, including components and products.
- F. "Occupational Exposure Incident" means a specific eye, mouth, non-intact skin, inoculation, or injection contact with blood or other potentially infectious materials or exposure to an environmental hazard that results from an activity related to education or employment.
- G. "Other Potentially Infectious Materials" means semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, concentrated HIV and HBV viruses, aerosolized particles, and saliva.

H. "Airborne Pathogen" means an infectious disease transmitted via aerosolized particles including tuberculosis, chicken pox (Varicella), and measles.

I. "Environmental Hazard" means any exposure, which may have health repercussions, such as chemical spills or radiation.

J. "Personal Protective Equipment" is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

#### IV. SCOPE

This policy applies to all students and employees of the University of Utah School of Medicine ("personnel").

#### V. POLICY

The School of Medicine strives to safeguard the health and well being of its students, faculty, residents, staff, and patients. It is the policy of the School of Medicine to treat in a sensitive and compassionate manner any individual infected with AIDS or any other bloodborne or airborne pathogen. The School of Medicine does not discriminate against any individual with such an infection and complies with all applicable federal and state laws, including the ADA, Section 504, and OSHA.

##### A. Education and Training

One of the prime objectives of this policy is to encourage those in the medical school community to educate themselves about HIV/AIDS, tuberculosis, and other infectious materials and environmental hazards. Education is the best protection against fear, prejudice, and infection.

The Office of Student Affairs and the Office of Hospital Epidemiology will coordinate annual educational activities regarding the epidemiology, pathogenesis, and virology of pathogens encountered in the health care environment. These offices will also provide training in risk prevention practices and body substance precautions. The annual training will include information on OSHA requirements and regulations.

##### B. Body Substance Precautions

All personnel are required to follow appropriate infection control procedures, including body substance precautions, where there is a risk of parenteral, mucous membrane, or cutaneous exposure to blood, body fluids, or aerosolized secretions

from any patient, irrespective of the perceived risk of bloodborne or airborne pathogen.

Personnel will wear appropriate personal protective equipment (e.g., gloves and goggles) in situations where exposure to blood, body fluids, or environmental hazards is possible.

Current epidemiological data indicate that individuals infected with HIV and other bloodborne pathogens present no risk of transmitting infection when participating in educational activities or in the patient care environment when standard infection control practices are used.

Individuals infected with tuberculosis, measles, chicken pox, and other airborne pathogens only pose a risk during the infectious stage of these diseases.

#### C. Patient Non-Discrimination

Personnel shall provide competent and compassionate care to all patients, irrespective of their known or suspected AIDS, HIV, TB, or other infection status.

#### D. Personnel with Bloodborne and Airborne Infections

Personnel infected with bloodborne or other pathogens shall not, solely because of such infection, be excluded from participation in any phase of medical school life, including educational opportunities, employment, and extra-curricular activities, except as otherwise required by applicable federal, state, or local law or unless their health care condition presents a direct threat to the health and safety of others. Personnel infected with airborne pathogens may be excluded from participation in such activities during the infectious stage of their disease.

In some cases, students may be unable to participate fully in medical school life or meet the Technical Standards of the School of Medicine because of their disease. In these cases, the individual should contact the University Center for Disabled Student Services (CDSS) to discuss the existence and nature of the disability and whether reasonable accommodations are available. (See the School of Medicine Technical Standards.) Employees who cannot perform their job responsibilities as a result of their disease should contact their administrative supervisor to discuss the situation and explore available options.

Personnel who know or who have a reasonable basis for believing that they are infected with bloodborne or airborne pathogens are expected to seek expert advice regarding their health circumstances to have a clear understanding of the medical issues presented by these infections. Supportive, confidential, and individualized counseling is available through Hospital Epidemiology/ Occupational Health.

Personnel who are at high risk of infection from patients or other personnel because of their immune status or any other reason are encouraged to discuss their work responsibilities and educational activities with their personal health care provider. If the health care provider believes that there are certain assignments the individual should not accept for personal health reasons, this should be discussed with the appropriate administrator or the Director of Student Affairs. Accommodations may be available under the Technical Standards.

#### E. Environmental Hazards

Personnel working in circumstances where exposure to environmental hazards is possible will follow all regulations and protocols established by OSHA, the University of Utah Biosafety Manual, and the University of Utah Chemical Use Protocol, including the wearing of appropriate personal protective equipment.

#### F. Occupational Exposure Incidents

- 1) Notify your senior resident or attending physician immediately.
  - 2) Seek medical treatment, as directed by your resident or attending physician, as soon as possible. If possible, utilize a University provider, such as the Occupational Health Nurse or the Emergency Room. However, if you are working in a health care setting outside of the University, it is permissible to utilize the emergency department services at that location. Indicate to your health care provider that this incident will be covered by the Workers Compensation Fund of Utah (WCFU).
  - 3) Obtain a copy of the Employers First Report of Injury or Illness form from your health care provider or from the University of Utah Human Resources web site ([www.med.utah.edu/hr.forms](http://www.med.utah.edu/hr.forms)). Have your senior resident or attending physician sign the form. Sign the form using your name and social security number as it appears on your School of Medicine registration. Return the form to the University of Utah Benefits Department (420 Wakara or Fax: 585-7375). It is important to file the First Report of Injury form within 24 hours of injury.
  - 4) Tell your health care provider the same information you gave your resident about the accident and ask him/her to immediately send all relevant information to the Workers Compensation Fund of Utah and the Industrial Commission.
  - 5) Inform your resident or attending physician of the outcome of your treatment(s). Any note releasing you from work must be provided to your clerkship coordinator/director, who should then notify your attending physician and the Office of Student Affairs.
  - 6) It is important that you inform your WCFU claims representative or the benefits Department about any change or update with your current mailing address, whereabouts, and treatment(s).
  - 7) Be aware that additional medical services may need pre-authorization (check with your WCFU claims representative or the University Benefits

Department). Be sure to tell the professionals providing these services that you are insured by WFCU.

Personnel should also be aware that if, in the course of the testing required by occupational exposure incident protocols, they test positive for AIDS, HIV, or TB, Occupational Health is required by law to report this information to the State Health Department.

#### G. Confidentiality and Testing

The School of Medicine shall respect the confidentiality of individuals with bloodborne or airborne pathogens to the extent permitted by state and federal law. (*See F*, above). Personnel will not be tested for HIV, other bloodborne pathogens, or airborne pathogens without their knowledge or consent, except that in certain circumstances testing may be a condition of employment or may be required by occupational exposure protocols. In cases of non-occupational exposure, confidential testing is available through Hospital Epidemiology, the Student Health Service, or the Salt Lake County Health Department.

#### H. Research

All research and laboratory directors, principal investigators, and laboratory workers shall recognize their responsibility for preventing the transmission of bloodborne and other pathogens when handling human blood and other potentially infectious materials in the laboratory. Researchers must comply with the University of Utah Biosafety Manual and the Bloodborne Pathogen Exposure Control Plan, available from the Environmental Health and Safety Department. Environmental hazards are also present in the research setting and all research and laboratory directors, principle investigators, and laboratory workers must be familiar with and follow the guidelines established in the University of Utah Chemical Use Protocol, available from the Environmental Health and Safety Department.

#### I. University of Utah Office of Equal Opportunity

If any individual believes he/she has been discriminated against because he/she is or perceived to be infected with AIDS, HIV, HBV, TB, or other pathogen, he/she should contact the University of Utah Office of Equal Opportunity/Affirmative Action at 135 Park Building, 581-8365.

### **UNIVERSITY OF UTAH SCHOOL OF MEDICINE POLICY TO PROMOTE A DRUG FREE EDUCATIONAL ENVIRONMENT**

#### I. The purpose of this policy is:

- A. To promote a drug free educational environment in which each individual student can maximize his or her potential for educational accomplishment.

- B. To facilitate the early identification and treatment referral of any medical student whose academic or clinical performance is compromised by chemical or alcohol use.
- C. To educate faculty and students about the disease of chemical dependency.
- D. To ensure that medical students provide health care in a safe and responsible fashion.

## II. References

- A. Federal Law, Drug Free Work Place Act of 1988
- B. Federal Law, Drug Free Schools and Communities Act Amendments of 1989
- C. University of Utah Policies and Procedures #2-12
- D. Association of American Medical Colleges Memorandum #92-54; 1992
- E. Diagnostic and Statistical Manual IV
- F. Technical Standards of the University of Utah School of Medicine

## III. Definitions

- A. Educational Environment - a classroom, clinical location, or other educational setting in which medical education or other medical school activity is conducted under the auspices of the University of Utah School of Medicine.
- B. Student - any student matriculated in the University of Utah School of Medicine.
- C. Controlled Substance - any controlled substance in Schedules I-IV of Section 202 of the Controlled Substance Act (21 U.S.C. 812). A copy of these schedules is available for review by any member of the School of Medicine community in the Office of Student Affairs.
- D. Criminal Drug Statute - criminal drug statute involving the manufacture, distribution, dispensation, use or possession of any controlled substance or alcohol.

## IV. Policy

- A. It is the policy of the University of Utah School of Medicine to maintain a drug free educational environment. It is a violation of this policy for students to engage in

the manufacture, distribution, dispensation, possession, and/or use of a controlled substance or alcohol at any location in the educational environment, or when such manufacture, distribution, dispensation, possession, and/or use violates any criminal drug statutes, except as expressly permitted by law and university policy.

- B. Violations of this policy are referred to the dean for student affairs and education for informal resolution or referral to the Academic Appeals/Misconduct Committee as an academic misconduct matter and may result in disciplinary sanctions. The Academic Appeals/Misconduct Committee will conduct such investigation, as it deems necessary and appropriate in accordance with the committee's usual standards of due process.
- C. In appropriate cases, students may be referred to local substance abuse experts for evaluation and/or treatment. In these cases, compliance with evaluation and treatment protocols may be established as a precondition to continued enrollment in the School of Medicine. If a student fails to follow the established evaluation or treatment protocol, the case will be re-examined by the Academic Appeals/Misconduct Committee and appropriate sanctions, including disciplinary measures or dismissal, may ensue.
- D. Students are encouraged to self-identify to the Office of Student Affairs or to the medical school's Director of Student Counseling when they have problems with chemical or alcohol abuse. Students who self-identify may be granted a leave of absence to secure treatment without prejudice to their academic standing. In such cases, confidentiality will be maintained, to the extent possible, by the administration of the School of Medicine.
- E. The Office of Student Affairs will undertake such educational initiatives, as it deems advisable to acquaint the medical school community, including students and faculty, with the problems and characteristics of drug and alcohol abuse.

## **UNIVERSITY OF UTAH SCHOOL OF MEDICINE POLICY ON DRUG TESTING**

### **I. PURPOSE**

It is the policy of the University of Utah Health Sciences Center to maintain a drug-free workplace to establish, promote and maintain a safe and healthy environment for patients and a safe, healthy, working and learning environment for employees, students and volunteers. It shall be a violation of this policy for any covered individual to engage in the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance at the work place, including being under the influence or impaired at the work place, while engaged in university business on or off campus, or in any manner that violates criminal drug statutes. Unauthorized use or possession of alcohol at the work place, including being under the influence or impaired by alcohol at the work place, or

while engaged in university business on or off campus is also prohibited. By establishing a program to determine whether covered individuals are engaged in substance abuse, the University of Utah Health Sciences Center seeks to prevent the risks associated with such abuse.

## II. APPLICATION

This policy applies to University of Utah Health Sciences Center faculty, employees, students, and volunteers, who are in patient sensitive positions, as defined below. These individuals are referred to as covered individuals. University of Utah Schools and Colleges with students who work in patient sensitive positions, and Departments employing individuals or utilizing volunteers in patient sensitive positions, may enact regulations consistent with this Policy.

## III. REFERENCES

- A. UU-PPM 2-12 Drug-Free Workplace
- B. UU-PPM 2-9 Disciplinary Sanctions and Termination of Staff Personnel
- C. UU-PPM 2-32 Non-Discrimination and Staff Employee Grievance
- D. UU-PPM 8.12.4 Code of Faculty Responsibility
- E. UU-PPM 8-10 Code of Student Rights and Responsibilities
- F. Federal Law Drug-Free Workplace Act of 1988
- G. Federal Law Drug-Free Schools & Communities Act Amendments 1989

## IV. DEFINITIONS

**Controlled Substance:** any controlled substance in schedules I through V of Section 202 of the Controlled Substance Act (21 U.D.V. 812):

**Criminal Drug Statute:** any criminal drug statute regarding the manufacture, distribution, dispensation, use or possession of any controlled substance.

**Drug Recognition Coordinator:** A person trained to identify and recognize drug and alcohol impairment.

**Drug Test:** urine testing, oral swab, or other similarly minimally invasive test for the presence of controlled substances or their metabolites. Breath testing for alcohol.

**Medical Review Officer (MRO):** a licensed physician with knowledge of substance abuse disorders employed or utilized to interpret drug test results.

**Patient Sensitive Position:** a position involving patient contact, patient diagnostic or therapeutic functions, or a position in which the individual works in or has job-related access to patient care areas.

## V. GROUNDS FOR TESTING

A. **Applicant Testing:** A drug test may be administered to covered individuals (faculty, staff, volunteers, students), applying for patient sensitive positions, once the applicant has received a conditional offer of employment, agreement of service, or admission. Individuals transferring to a patient sensitive position may be tested prior to transfer.

B. **Reasonable Suspicion:** A drug test may be administered to a covered individual when a supervisor and/or designee, after consulting with a Drug Recognition Coordinator, concludes, after reviewing the facts and circumstances, that it is more likely than not the covered individual has engaged in conduct that violates

this policy. Reasonable suspicion of drug and/or alcohol use may be based on: (1) observable phenomena, such as direct observation of drug use or possession and/or the physical symptoms of being under the influence of a drug or alcohol; (2) a pattern of abnormal conduct or erratic behavior; (3) information provided by reliable and credible sources regarding the covered individual's violation of this policy; or (4) newly discovered evidence that the employee tampered with a previous drug test. All employees tested under this provision shall be placed on paid administrative leave pending the results and review of the drug test by the designated management official. Tested volunteers and students will be temporarily relieved from service.

- C. Drug Loss or Diversion Event: A drug test may be administered when a drug loss and/or diversion event occurs (identified and/or unexplained controlled substances and/or alcohol missing or diverted from the workplace). A supervisor may, in consultation with the Drug Recognition Coordinator, require any covered individual who had reasonable access to the controlled substances or alcohol during the time of the drug loss or diversion event to submit to a test.
- D. Return to Work Agreements: A drug and/or alcohol test may be required before a covered individual returns to work after engaging in conduct prohibited by this policy. Individuals in patient sensitive positions may be tested at random as part of a return to work agreement at the discretion of the MRO.
- E. Agency Directives: Individuals may be tested as required or requested by state or federal agencies.

## VI. TESTING PROCESS

- A. At the time a conditional offer of employment, contractual service agreement, or other position is extended to the prospective employee, volunteer, or student, he/she shall be informed about the University Drug-Free Workplace Policy and the University of Utah Health Sciences Center Drug Testing Policy.
- B. Once the covered individual is scheduled for a drug test, the individual must report to a designated collection site at the scheduled time. If a prospective employee fails to report or to provide a specimen suitable for testing, the offer of employment will be withdrawn. Current employees who fail to report to the collection at the designated time or who fail to provide a specimen suitable for testing shall be deemed to have failed the test and may be placed on paid administrative leave pending an investigation. Volunteers who fail to report for testing will be immediately relieved from service and referred to the Manager of Community Outreach and Volunteer Services. Students who fail to report for testing will be referred to the Academic Dean of the student's program of study.
- C. Upon arriving at the collection site, the covered individual will be asked to sign a waiver consenting to the test. Refusing to consent to a test may disqualify an applicant from further consideration for a position and will be grounds for employee or student discipline, up to and including termination. The procedure for sample collection shall allow privacy for the subject of the test. Storage and transportation shall be performed so as to reasonably preclude sample contamination or adulteration. Reasonable efforts will be made to respect the

dignity of the individual tested.

- D. The University of Utah shall designate a certified laboratory to perform the testing. Testing will conform to scientifically acceptable collection, identification, handling and analytical methods, including confirmation of any positive test by a method consistent with industry standards.
- E. Once the sample has been analyzed, the MRO will review and interpret each confirmed positive test to determine if there is an alternative medical explanation for the positive result. The MRO may conduct any investigation he or she deems necessary, including but not limited to interviewing the individual testing positive; reviewing the individual's medical history and medical records to determine if the positive result was caused by a legally prescribed medication, requiring proof of a legal prescription; requiring a re-test of the original specimen; and/or verifying that the laboratory report and the specimen are correct. The MRO will be required to conduct him or herself in accordance with guidelines published in the Medical Review Officer's Manual published by the Department of Health and Human Services.

## VII. DRUG TEST RESULTS

- A. A test is positive and the individual has therefore failed the test if the sample contains drugs and/or metabolites for which the MRO concludes there is no legitimate explanation other than the use of a prohibited drug or alcohol. In addition, refusing to take a test, failing to report to the designated area for testing, failing to provide a sample suitable for testing, and attempting to alter or tamper with the specimen will be interpreted as a failed test. *Drug test results will be reported to the Vice President of Human Resources, or his or her designee, and to the student's Academic Dean only as pass or fail. The Medical Director of the Hospital, or his or her designee, shall be notified of all individuals failing a drug test who were working at a University Hospitals & Clinics Facility at the time the test was requested.*
- B. All information relating to the MRO's investigation, test results and subsequent substance abuse treatment shall be treated confidentially and will be placed in a file maintained by the MRO and physically separate from the employee's personnel file and the student's academic file. Personnel and academic files will include only the pass/fail result from the test and the prohibited substance resulting in a failed test.
- C. Within 72 hours after the covered individual has received notice of a failed test, the covered individual may request, in writing a retest of a split sample at a certified laboratory of his or her choosing. The University shall pay half of the cost of the retest. The results of the retest shall be interpreted by the MRO.

## VIII. DISCIPLINARY ACTION

- A. Applicant/Transfers: Any offer of employment or services, including a transfer, will be revoked if an individual fails a drug test. The individual may be disqualified from employment or service for a period of 12 months from the date of the test.
- B. The employment of probationary and other at-will employees who fail a drug test may be terminated immediately, at the discretion of the supervisor, in consultation

with Human Resources.

- C. Faculty, and staff employees who are not at-will employees, who fail a drug test shall be placed on paid administrative leave pending an investigation. Further action will be based on the results of the investigation and existing University Policies and Procedures. A failed test may result in termination in accordance with PPM 8-12.4 (faculty), or 2-9 (staff).
- D. Volunteers failing a drug test pursuant to this policy will be immediately relieved from service pending an investigation by the manager of the department to which the volunteer reports. A failed test may result in disqualification of service for a period of 12 months from the date of the test.
- E. Students failing a drug test pursuant to this policy shall be directed to the Academic Dean of the student's program of study and processed in accordance with PPM 8-10 II C, Code of Student Rights and Responsibilities. A failed test may result in expulsion from the academic program in accordance with PPM 810 II C.

Approved: Academic Senate 4/2/01 Approved: Board of Trustees 4/9/01

## **UNIVERSITY OF UTAH SCHOOL OF MEDICINE STANDARDS OF CONDUCT IN THE EDUCATIONAL ENVIRONMENT**

### **Preamble**

The University of Utah School of Medicine will provide an educational environment for students that facilitates and enforces behaviors and attitudes of mutual respect between medical school teachers (faculty, fellows, residents, and staff) and medical student learners.

### **Standards of Conduct**

Medical students have a right to have support and assistance from the School of Medicine in maintaining a climate conducive to thinking and learning. University teaching reflects consideration for the dignity of students and their rights as persons. Medical student mistreatment in the course of the teacher-learner environment will not be tolerated. Examples of behaviors or situations that are unacceptable include, but are not limited to:

- 1) discrimination based on race, color, religion, national origin, sex, age, sexual orientation, disability, and veteran status
- 2) sexual harassment
- 3) unwanted physical contact
- 4) verbal abuse, profanity, or demeaning comments
- 5) inappropriate or unprofessional criticism which belittles, embarrasses, or humiliates a student
- 6) unreasonable requests for a student to perform personal services
- 7) grading used to punish or reward a student for nonacademic activities rather than to evaluate performance
- 8) a pattern of intentional neglect or intentional lack of communication
- 9) requiring students to perform tasks beyond their level of competency

10) student work hour expectations that exceed resident work hour guidelines

Feedback is a necessary part of the educational process. When students fail to meet educational standards, appropriate constructive comments are necessary. An evaluation that is painful is not, by definition, abusive. However, feedback should be given in such a way as to promote learning, and avoid student humiliation.

### **Dissemination and Education**

The Office of Student Affairs will disseminate and educate medical students about the Standards of Conduct policy and procedures on an annual basis. The Standards of Conduct will be published in the Student Information Handbook and posted on the medical student website. Additionally, the Standards of Conduct policy and procedures will be included in freshman orientation material, in each junior clerkship orientation packet, and in the senior course catalog.

The Office of Graduate Medical Education will include the Standards of Conduct policy and procedures in all resident orientation programs and any other sessions where instruction is provided to residents about their teaching responsibilities.

The Standards of Conduct policy and procedures will be distributed to all faculty at the School of Medicine, to all University of Utah Hospital staff, and to all affiliated clinical sites on an annual basis.

### **Procedures to Address an Infraction of the Standards**

Any student who feels that he or she may have been subjected to abuse, illegal discrimination, harassment, or mistreatment of any kind has the right to seek remedy through any one of multiple options. The University of Utah will ensure that this process shall be free of retaliation. The student has both informal and formal options available. Whenever possible, the student is encouraged, but not required, to seek remedy at the most informal level which will adequately and appropriately address the student's concerns.

- 1) Students may meet with the individual involved in the complaint and come to an informal mutually agreed upon resolution of the problem. The student may wish to bring a representative of the hospital, School of Medicine department, Dean's Office, or the University to aid in dispute resolution. These representatives may include chief residents, student program directors, department chairs, nurse managers, the Associate

Administrator for Patient Care Services, or officials of the School of Medicine such as the Associate Dean for Student Affairs. Unless required by law or University policy, there will not be a written record made concerning a matter that is resolved directly between the complainant and the alleged offender.

- 2) Students may meet with a hospital representative such as a nurse manager or the Associate Administrator for Patient Care Services, or department representatives, such as chief residents, clerkship directors, or chairs, or School of Medicine officials, such as the Associate Dean for Student Affairs, to informally discuss a complaint and to develop a plan for resolution of the problem.
- 3) If a student wishes to report an incident without knowledge of the Deans' Office this can be done by contacting the Student Ombudsman. The Ombudsman is empowered to investigate and address all reported incidents independently. The Ombudsman can be reached at [ombudsman@hsc.utah.edu](mailto:ombudsman@hsc.utah.edu).
- 4) Students may meet with the Associate Dean of Student Affairs to formally report an alleged infraction. Allegations of illegal discrimination or sexual harassment should be referred to the Office of Equal Opportunities and Affirmative Action (OEO/AA). In all other incidents, once the student has supplied the Associate Dean with a written claim of mistreatment, then he/she will conduct a timely investigation of the facts and will assist in any intervention deemed necessary for resolution of the problem. If so desired, the Associate Dean may form an ad hoc advisory board consisting of faculty, residents and students who are not involved in the incident. The majority of complaints against faculty or residents can be dealt with on a departmental basis, with feedback to the faculty member or resident from the department chair or residency directory. Most complaints against a staff member can be handled with feedback to the individual from their supervisor.

Disciplinary actions or academic sanctions will be assessed in accordance with the following: violations of this policy by a faculty member shall be the basis for disciplinary action in accordance with Policy and Procedures No. 8-12.4 to 8-12.6, Code of Faculty Responsibility. Violations of this policy by a staff member shall be the basis for disciplinary action in accordance with No. 2-9, Disciplinary Actions and Dismissal of Staff Employees, and Policy and Procedures No. 2-32, Staff Employee Grievances and Appeals. Violations of this policy by a student shall be the basis for disciplinary action in accordance with Policy and Procedures No. 8-10 Student Code. Violations of this policy

by a resident shall be the basis for disciplinary action in accordance with the School of Medicine Housestaff Evaluation Policy Section 7, No 1, Rev 1, and the Due Process Policy Section 7, No 5, Rev 2.

- 5) Students should report alleged incidents of illegal discrimination or sexual harassment to the University's OEO/AA, who will explain the available grievance options to the students. A student is encouraged to discuss an alleged incident of illegal discrimination or sexual harassment with the appropriate department clerkship director and/or the Associate Dean of Student Affairs. These individuals are obligated to report any such incidents to the OEO/AA and will encourage the student to contact that office for assistance.

## **UNIVERSITY OF UTAH SCHOOL OF MEDICINE GRADUATION REQUIREMENTS**

The unique mission of the University of Utah School of Medicine is to educate students for the practice of medicine. This mission carries with it the responsibility of assuring the public that each graduate has satisfied the minimum requirements for the degree of Doctor of Medicine. Since graduates are required to complete programs in graduate medical education (residency) before entering medical practice, the M.D. degree certifies that the student is suitably prepared for such advanced training.

In determining that the minimum requirements for annual promotion and eventual graduation have been met, a student's overall performance is considered and evaluated. In the preclinical years an honors/pass/fail/incomplete grading system is used. Other methods of evaluation, such as narrative descriptions and numerical ratings, are used in the clinical years.

To receive the Doctor of Medicine degree from the University of Utah School of Medicine, an admitted Medical student is required to:

- I. Complete successfully four academic years of medical school. Transfer students to the University of Utah School of Medicine are rarely accepted, and will be accepted only from schools accredited by the Liaison Committee for Medical Education (LCME)

affiliated with the AAMC, the body which also accredits the U of U SOM. If the student is a transfer student, satisfactory equivalents may be determined by the dean of student affairs and education. Although most students complete the requirements in four years, a few may repeat a year, participate in a special program that allows more time to complete the required courses, be granted a temporary leave of absence renewed yearly, or participate in special combined degree programs;

- II. Be enrolled in the University of Utah School of Medicine for the final two academic years;
- III. Complete to the satisfaction of the faculty all prescribed academic requirements;
- IV. Take and pass USMLE Step 1 by August 31st of the junior year. If a student receives a failing grade on the USMLE Step 1 exam, the student will be allowed to complete the clinical clerkship in which he/she is currently enrolled. A second USMLE exam must be scheduled and taken before any additional enrollment in clinical work is begun. The student may, at his/her discretion enroll again in clinical work after the second examination. However, upon the posting of the second score, if a third examination is required, the student will be removed from any clinical enrollment until the posting of a passing score. At the discretion of the student affairs dean, the student may be allowed to remain enrolled for up to one year as an MSIII with Independent Studies credit, which allows for financial aid and University enrollment to continue until a passing score for the Step 1 is achieved and posted. Take and pass USMLE Step 2CK and Step 2CS by November 30<sup>th</sup> of the senior year. If all other senior year requirements have been met with the exception of passing Step 2, at the discretion of the student affairs dean, the student will be allowed to remain enrolled in the School of Medicine for up to one year while the student retakes the exam. At the Dean's discretion, the student may be enrolled in Independent Studies, or can be considered on Leave of Absence. The LOA form must be on file in the Registrar's Office on central campus.
- V. Meet all obligations to the school including tuition, financial aid, exit interviews, overdue library books, past due fines, etc.

## **UNIVERSITY OF UTAH SCHOOL OF MEDICINE ACADEMIC PERFORMANCE POLICIES**

### **Effect of Unsatisfactory Performance**

**First and Second Year.** Course directors will publish grade criteria, which are available the first day of class. When a student falls below the criterion line for a passing grade by receiving an I or F in a course, the student will automatically be presented to the appropriate promotions

committee. Students with marginal performances or delayed course completions may also be so presented. Neither course directors nor departments will implement remedial procedures without approval by the appropriate First or Second Year Promotions Committee.

**Third Year.** Each student must satisfactorily complete the third year before beginning the fourth year. When a student falls below the criterion line for a passing grade by receiving an I or F in a course, the student will automatically be presented to the Third Year Promotions Committee. Neither clerkship directors nor departments will implement remedial procedures without approval by the Third Year Promotions Committee.

**Fourth Year.** Each student must satisfactorily complete 36 weeks of senior courses. When a student falls below the criterion line for a passing grade by receiving an I or F in a course that is needed to fulfill graduation requirements, the student will automatically be presented to the Fourth Year Promotions Committee. In courses that are not necessary for graduation, students may allow an I or F to remain on the official transcript. They will be counseled to remove such deficiencies, but will not be required to do so. Students are cautioned that promotions committees may use this information as evidence of poor performance. Neither senior course directors nor departments will implement remedial procedures without approval by the Fourth Year Promotions Committee.

**Promotions Committee Academic Actions.** The Promotions Committee has the authority to impose an academic action based on a student's marginal academic performance, unsatisfactory performance in a required course or on a required licensing examination, and/or delayed course completion. The Promotions Committee also has the authority to consider and approve course remediation recommendations made by a faculty member or department in response to a student failing a course. Some academic actions are automatic, as described below. With regard to actions that are not automatic, the Promotions Committee may consider the current course at issue, the student's past academic record, overall professional development, behavior, and attitude in deciding whether to impose an academic action. Students may appeal academic actions as outlined in the "Academic Due Process" section below. The Promotions Committee may impose any of the following:

**I. Course Remediation and Academic Probation**

The Promotions Committee considers and imposes remediation recommendations made by a faculty member or department in response to a student's failure of a required course.

**II. Repeat of Year and Academic Probation**

**III. Extended Curriculum**

An extended curriculum consists of a reduced workload or rearrangement of courses. A student may request an extended curriculum, subject to approval by the dean of student affairs. In addition, the Promotions Committee may impose an extended curriculum as an academic action. Extended curriculum arrangements will be set forth in writing and acknowledged in writing by the student.

#### **IV. Academic Probation**

Students may be placed on academic probation for repeated marginal performance, unsatisfactory academic performance, or delayed course completion, even if no failing or incomplete grades have been given. While on probation, the student will not 1) be allowed to register for any course work other than required curriculum; 2) be eligible to hold elective office; 3) participate in official extracurricular activities within the School of Medicine; 4) participate in school-sponsored travel opportunities; or 5) participate in extramural training for credit. In addition the student will be counseled against employment.

Students will remain on academic probation until the deficiencies have been corrected or the conditions set by the promotions committees have been satisfied. Students must remediate all course deficiencies in order to be eligible for promotion to a succeeding year.

#### **V. Leave of absence**

Students are generally expected to complete their medical education within four consecutive years. However, a student may request a leave of absence, subject to approval by the dean of student affairs. In addition, the Promotions Committee may impose a leave of absence as an academic action.

#### **VI. Dismissal**

This action may imposed if a student:

- A. Has demonstrated a consistent pattern of substandard academic performance. This would include, for example, a history of marginal performance, delayed course completion, course failure, and/or failure of the USMLE examinations;
- B. Has demonstrated character, personality, or behavior unsuitable for the practice of medicine, lacks motivation, or is emotionally unstable. This includes substance abuse, aggression, abusiveness, cheating, etc.;
- C. see VII, B below.

#### **VII. Automatic actions**

The following academic actions are automatic and shall be imposed by the Promotions Committee after confirming that the facts that serve as the basis for the Automatic Action actually occurred, e.g., the student did in fact fail three courses in one curriculum year.

##### **A. Academic probation**

Academic probation is automatic if a medical student receives an I or an F in a required course, or fails either of the USMLE Step 1 or 2 examinations. While on academic probation, the student may not 1) register for course work other than the required curriculum; 2)

hold elective office; 3) participate in extracurricular activities within the School of Medicine; 4) participate in school sponsored travel opportunities; or 5) participate in extramural training for credit. In addition, the student will be counseled against outside employment during the probationary period.

**B. Dismissal for Multiple Course Failures.** Dismissal is an automatic action imposed by the Promotions Committee if a student fails three or more required courses in a curriculum year. A student can receive only one failure per course per curriculum year. Registration in the same subject at another institution, approved by the Office of Student Affairs, constitutes a separate course.

### **ACADEMIC DUE PROCESS**

**I. Academic Actions:** Academic action includes a final grade in a course, a decision by the Promotions Committee to place a student on academic probation, require course remediation, extend curriculum, or to suspend or dismiss a student from an academic program because the student failed to meet the relevant academic standards of the program. Students are notified as soon as possible after the grade or other academic action is imposed.

**II. Assessing Academic Performance:** Faculty members, when they assign a grade in a course, and the Promotions Committee when imposing an academic action, are qualified to judge a student's academic performance. An academic action may be overturned on appeal only if the academic action was "arbitrary or capricious."

**III. "Arbitrary or Capricious" Defined:** For the purpose of these policies, arbitrary or capricious means that there was no principled basis for the academic action or sanction, and/or it was not in accordance with applicable policies. With regard to course grades, arbitrary or capricious means:

A. The assignment of a course grade on some basis other than performance in the course; or

B. The assignment of a course grade by unreasonable application of standards different than those applied to other students in the same course; or

C. The assignment of a course grade by a substantial, unreasonable,

and unannounced departure from the instructor's previously announced standards.

#### **IV. Student Rights Regarding Academic Actions:**

**A. Access to academic files.** Students have the right to access their own academic files, as provided by the University of Utah Student Code, Policy 8-10. Access to the student's official file in the Office of Student Affairs is subject to the following limitations: 1) reasonable and nondiscriminatory rules and regulations may be made as to time, place, and supervision; 2) restrictions may be imposed with respect to materials furnished by others to which the student has waived rights of access (such as letters of reference and recommendations).

Students with complaints, inquiries, or requests for review of official records should address them to the Office of Student Affairs.

**B. Remain in Scheduled Courses.** Students have the right to remain in scheduled courses until the Promotions Committee imposes dismissal as an academic action, unless extraordinary circumstances exist. A student who exhibits behavior unsuitable for the practice of medicine may be removed from courses before the decision by the appropriate committee. Following an academic action of dismissal, the student will not be allowed to continue in either class work or on clinical rotations while appealing.

**C. Information Regarding Decision.** Students have the right to be informed regarding the decision of a committee imposing an academic action.

**D. Appeal.** Students have the right to appeal academic actions, as outlined below.

#### **Procedures for Appeals of Academic Actions**

The School of Medicine follows the appeals policies of the University of Utah Code of Student Rights and Responsibilities, University of Utah Policy 8-10 available online at <http://www.admin.utah.edu/ppmanual/8/8-10.html>. All references to "days" refers to business days.

#### **I. Process for Appealing a Failing Grade in a Course:**

**A. Consultation With Faculty Member:** Students who believe the assignment of a failing grade was arbitrary or capricious should discuss the issue with the involved faculty member within twenty (20) days of receiving notice of the grade. If the student and faculty member are unable to resolve the disagreement, or if the faculty member does not take the agreed upon action within ten (10) days, the student may appeal in writing to the chair of the department.

**B. Appeal to Department Chair (or Dean's Designee for interdisciplinary courses):** Within forty (40) days of notification of the failing grade, the student shall appeal the failing grade to the Chair of the Department. Within fifteen (15) days of consulting with the student, the Chair shall notify the student and the faculty member, in writing, of his/her determination of whether the academic action was arbitrary or capricious and the basis for that decision. If the Chair determines that the grade was arbitrary or capricious, he or she shall take appropriate action to implement his/her decision unless the faculty member appeals the Chair's determination. If the Chair fails to respond to the student in fifteen (15) days, the student may appeal to the Academic Appeals Committee.

**C. Appeal to Academic Appeals Committee:** If either party disagrees with the Chair's decision, that party may appeal to the School of Medicine's Academic Appeals Committee within fifteen (15) days of notification of the Chair's decision. Academic Appeals Committee Proceedings are outlined in the University of Utah Student Code, Policy 8-10 Section IV.C. The Academic Appeals Committee holds a hearing if it determines that 1) the documents raise material issues of disputed fact; or 2) the Committee Chair determines that a hearing is necessary or desirable to aid in resolving the issues. To recommend overturning the original academic action, the Committee must find that the academic action was arbitrary or capricious. The Committee submits written findings and recommendations to the Dean.

**D. Review and Decision by the Dean or Designee:** The Dean may accept the Committee's findings and recommendations; return the report to the Committee for reconsideration of specific matters or for clarification; or reject all or parts of the Committee's findings and recommendations, stating the reasons. The Dean communicates his or her decision to the parties and to the Chair of the Academic Appeals Committee within ten (10) days of receipt of the recommendation. The Dean's decision is final unless appealed to the Sr. Vice President for Health Sciences within ten (10) business days after receipt of the Dean's decision.

**E. Appeal to Senior Vice President for Health Sciences:** Either party may file a written appeal of the Dean's decision with the Sr.V.P. for Health Sciences, delivering a copy to the other party. The other party may file a response within five (5) days. The Sr.V.P. shall consider the appeal and response and solicit counsel and advice appropriate to reach a final decision. He or she may convene an ad hoc committee composed of students and faculty members from outside the college or department to determine if there were substantial defects that denied basic fairness and due process. After receiving the appeal, the Sr.V.P. shall within ten (10) business days, or within twenty (20) business days if an ad hoc committee was formed, accept the decision of the Dean; return the report to the Dean asking for clarification; or reject all or parts of the Dean's decision, stating the reasons. The Sr.V.P. provides written notification of the decision to the parties, to the chair of the Academic Appeals Committee and to the Dean. The decision of the Sr.V.P. is final. At the conclusion of the appeals process, the Chair of the Department or Dean shall take appropriate action to implement the final decision.

## **II. Process for Appealing An Academic Action Imposed by Promotions Committee**

**A. Consultation With Chair of Promotions Committee:** Students who believe the academic action imposed by the Promotions Committee was arbitrary or capricious should discuss the issue with the Chair of the Promotions Committee within twenty (20) days of receiving notice of the action. The Chair may only overturn the academic action if he or she finds that it was arbitrary or capricious. If the student and Chair are unable to resolve the disagreement, or if the Chair does not take the agreed upon action within ten (10) days, the student may appeal in writing to the Dean's Designee.

**B. Appeal to Dean's Designee:** Within forty (40) days of notification of the academic action, the student may appeal the academic action to the Dean's Designee. Within fifteen (15) days of consulting with the student, the Dean's Designee shall notify the student and the Chair of the Promotions Committee, in writing, of his/her determination of whether the academic action was arbitrary or capricious and the basis for that decision. If the Dean's Designee determines that the academic action was arbitrary or capricious, he or she shall take appropriate action to implement his/her decision unless the Chair of the Promotions Committee appeals the Dean's Designee's determination. If the Dean's Designee fails to respond in fifteen (15) days, the student may appeal to the Academic Appeals Committee.

**C. Appeal to Academic Appeals Committee:** If either party disagrees with the Chair's decision, that party may appeal to the School of Medicine's Academic Appeals Committee within fifteen (15) days of notification of the Dean's Designee's decision. Academic Appeals Committee Proceedings are outlined in the University of Utah Student Code, Policy 8-10 Section IV.C. The Academic Appeals Committee holds a hearing if 1) the documents raise material issues of disputed fact; 2) the Committee Chair determines that a hearing is necessary or desirable to aid in resolving the issues; or 3) the academic action included a dismissal from a program. To recommend overturning the original academic action, the Committee must find that the academic action was arbitrary or capricious. The Committee submits written findings and recommendations to the Dean.

**D. Review and Decision by the Dean or Designee:** The Dean may accept the Committee's findings and recommendations; return the report to the Committee for reconsideration of specific matters or for clarification; or reject all or parts of the Committee's findings and recommendations, stating the reasons. The Dean communicates his or her decision to the parties and to the Chair of the Academic Appeals Committee within ten (10) days of receipt of the recommendation. The Dean's decision is final unless appealed to the Sr. Vice President for Health Sciences within ten (10) business days after receipt of the Dean's decision.

**E. Appeal to Senior Vice President for Health Sciences:** Either party may file a written appeal of the Dean's decision with the Sr.V.P. for Health Sciences, delivering a copy to the other party. The other party may file a response within five (5) days. The Sr.V.P. shall consider the appeal and response and solicit counsel and advice appropriate to reach a final decision. He or she may convene an ad hoc committee composed of students and faculty members from outside the college or department to determine if there were substantial defects that denied basic fairness and due process. After receiving the appeal, the Sr.V.P. shall within ten (10) business days, or within twenty (20) business days if an ad hoc committee was formed, accept the decision of the Dean; return the report to the Dean asking for clarification; or reject all or parts of the Dean's decision, stating the reasons. The Sr.V.P. provides written notification of the decision to the parties, to the chair of the Academic Appeals Committee and to the Dean. The decision of the Sr.V.P. is final. At the conclusion of the appeals process, the Chair of the Department or Dean shall take appropriate action to implement the final decision.

**UNIVERSITY OF UTAH SCHOOL OF MEDICINE  
ACADEMIC MISCONDUCT / PROFESSIONAL AND ETHICAL VIOLATIONS /  
BEHAVIORAL MISCONDUCT POLICY**

**I. Academic Misconduct and/or Professional or Ethical Violations:** In the School of Medicine, academic dishonesty is considered to be both academic misconduct and a violation of professional and ethical standards. This means that a student may, for example, receive a failing grade in a course if the faculty member determines that he or she cheated, and referred to the dean for student affairs for further action, which could include dismissal. See University of Utah Code of Student Rights and Responsibilities, Policy 8-10 Sections V and VI for a full discussion of the appeal process and procedures.

**II. Student Behavioral Misconduct:** Allegations of student behavioral misconduct shall be referred to the dean of student affairs and education who shall determine whether the behavioral misconduct violates the Medical Student Code of Ethics and therefore is more appropriately treated as academic misconduct. If it is determined that the offense should be treated under student behavior proceedings, the student shall be notified by the dean for student affairs.

Student

behavioral misconduct proceedings are outlined in the University of Utah Student Code, University Policy 8-10, Section III.

Students accused of academic misconduct, violations of professional or ethical standards, or behavioral misconduct, have the following rights:

**A. Access to academic files** as provided by the University of Utah Student Code, Policy 8-10. Access to the student's official file in the Office of Student Affairs is subject to the following limitations: 1) reasonable and nondiscriminatory rules and regulations may be made as to time, place, and supervision; 2) restrictions may be imposed with respect to materials furnished by others to which the student has waived rights of access (such as letters of reference and recommendations). Students with complaints, inquiries, or requests for review of official records should address them to the Office of Student Affairs.

**B. Remain in scheduled courses** until the decision of the appropriate person or committee, unless extraordinary circumstances exist. A student who exhibits behavior unsuitable for the practice of medicine may be removed from courses before the decision by the appropriate person or committee. Following a sanction of dismissal, the student will not be allowed to continue in either class work or on clinical rotations while appealing.

**C. Information regarding the decision** of the appropriate person or

committee.

**D. Right to appeal academic sanctions** as outlined in the applicable sections of the Student Code, University Policy 8-10.

**UNIVERSITY OF UTAH SCHOOL OF MEDICINE**

## **POLICY ON STUDENTS RIGHTS TO EXAMINE EDUCATIONAL RECORDS**

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

- 1) 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 affairs written requests that identify the record(s) they wish to inspect. The office of student affairs will make arrangements for access and notify the student of the time and place where the records may be inspected.
  
- 2) The right to request the amendment of the student's education records that the student believes is inaccurate. Students may ask the University's Vice President for Student Affairs to amend a record that they believe is inaccurate. They should identify in writing the part of the record they want changed, specifying why it is inaccurate. If this request is denied, then the student may request a hearing where (s)he may present evidence relevant to the issues raised in the original amendment request. If the University finds that the record is inaccurate, misleading, or in violation of the student's privacy rights, then the records will be amended. If the University finds that the information in the record cannot be changed, the student is notified that a statement may be placed in the record to set forth the reasons for disagreement with the decision.
  
- 3) The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent. One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the University in an administrative, supervisory, academic or research, or support staff position (including law enforcement unit personnel and health staff); a person or company with whom the University has contracted (such as an attorney, auditor, 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.

- 4) The right to file a complaint with the U.S. Department of Education concerning alleged failures by University of Utah to comply with the requirements of FERPA.

For more information regarding student records see the Student Code, University Policy 8-10, Section VII.

### **UNIVERSITY OF UTAH SCHOOL OF MEDICINE POLICY ON SENIOR RESEARCH CREDIT**

Students will not receive academic credit for courses that provide stipends or other financial remuneration unless specific prior approval is obtained from the Fourth year Curriculum Committee. This policy excludes students in the military who are mandated to complete clinical electives in the military health care system.

### **UNIVERSITY OF UTAH SCHOOL OF MEDICINE POLICY ON THE USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR ACADEMIC AND OTHER PURPOSES**

No: 2-4 Chapter: HIPAA Use and Disclosure

#### **I. PURPOSE**

A. To ensure students, non-covered staff, faculty and volunteers understand their responsibility to keep information private and secure.

#### **II. DEFINITIONS**

A. Covered entity means a health plan; a health care clearinghouse; OR a health care provider who transmits any health information in electronic form. The UUHSC qualifies as both a health care plan and a health care provider.

B. Protected health information shall have the same meaning as the term “protected health information” in 45 CFR 164.501, limited to the information created or received by recipient from or on behalf of the covered entity.

C. Recipient means a non-covered staff, faculty, student, or other person who is employed, training, or volunteering with the University of Utah.

#### **III. POLICY**

A. The recipient will not use or disclose protected health information other than as required during the course of their employment, training, or other service provided to the University of Utah.

B. Recipient will use appropriate safeguards to prevent inappropriate or unauthorized use or disclosure of the protected health information.

C. Recipient will mitigate, to the extent practicable, any harmful effect that is

known to the recipient of a use or disclosure of protected health information in violation of this policy

D. Recipient will report to the UUHSC HIPAA Privacy Office any use or disclosure of the protected health information not provided for by this BA Agreement of which it becomes aware.

E. Recipient will use only the minimum necessary amount of protected health information to accomplish the intended purpose or task.

F. Recipient may use or disclose protected health information only to perform functions, activities, or services for, or on behalf of, the covered entity.

G. Recipient may not use or disclosure protected health information generated by the covered entity in a manner that would violate the covered entity's policies or procedures.

H. Upon completion of activity or upon request, recipient must destroy or return to the covered entity, or, if it is infeasible to return or destroy protected health information, continue to apply protections until the data is destroyed or returned. In the event that the recipient determines that returning or destroying the protected health information is infeasible, recipient will provide documentation of the infeasibility to the covered entity.

#### IV. DISCIPLINARY ACTION

A. Faculty and staff who violate this policy and/or associated procedures may be placed on paid administrative leave pending an investigation. Further action will be based on the results of the investigation and existing University Policies and Procedures. Faculty who are also health care providers may also be referred for action under Medical Staff Bylaws. A violation may result in disciplinary action, up to and including termination, in accordance with PPM 2-9 (staff), or PPM 8-12.4 and/or under bylaws of UUMG, UUHC, UNI or Community Clinics (faculty).

B. Volunteers who violate this policy and/or associated procedures may be immediately relieved from service pending a review of the incident by Human Resources and the volunteer manager.

C. Students who violate this policy and/or associated procedures may be denied access to protected health information pending an investigation. Results of the investigation will be directed to the Academic Dean of the student's program of study and processed in accordance with PPM 8-10 II C, Code of Student Rights and Responsibilities. A violation may result in disciplinary action, up to and including expulsion from the academic program.

D. Individuals who are students of other educational institutions, but are participating in activities, training, etc. at the University of Utah may be denied access to protected health information pending an investigation. Results of the investigation will be directed to the Academic Dean of the student's program of study and the University Hospital Medical Director for action, which may include dismissal or exclusion from training.

#### V. SCOPE

A. This policy affects all areas of the Health Sciences Center that are part of the

covered entity (see “UUHSC Policy 1-2: HIPAA Definitions” policy).

B. This policy is effective April 14, 2003.

1. <http://uuhsc.utah.edu/privacy/>

REVISION DATE: n/a

REVIEW DATE: n/a

## **UNIVERSITY OF UTAH HEALTH SCIENCES CENTER POLICY MANUAL HIPAA: ORIENTATION AND TRAINING**

No: 1-5 Chapter: HIPAA Administrative Policies

### **I. PURPOSE**

A. To train the UUHSC workforce on policies and procedures related to the Health Insurance Portability and Accountability Act (HIPAA) philosophy, policies, procedures, and practices

### **II. DEFINITIONS**

A. Workforce means employees, volunteers, faculty, trainees, students, and other people whose conduct (in the performance of their job, service to the UUHSC, or training) is under the direct control of the UUHSC, whether or not they are paid by the UUHSC.

B. See UUHSC Policy 1-2: HIPAA Definitions.

### **III. POLICY**

A. All workforce members must complete the official HIPAA training prior to April 14, 2003 and each year after this within 30 days of their initial training anniversary. The yearly training will be a short refresher course.

B. New Workforce Members:

1. Must complete training within 30 calendar days of joining the workforce.

2. Will receive an overview of the UUHSC policies and procedures related to HIPAA as part of the orientation process.

C. Completion of the training will be documented in the PeopleSoft system.

D. The HIPAA Privacy Office will develop the official orientation and training materials, based on UUHSC policy and procedure.

E. Refer questions about this policy to the HIPAA Privacy Office.

F. A violation of any provision of this policy may result in disciplinary action, up to and including the termination of employment, suspension of privileges, or imposition of academic sanctions consistent with applicable University policy and procedure. A violation of this policy may also result in civil and/or criminal penalties. See “UUHSC Policy 1-10: HIPAA Violations, Sanctions, and Mitigation.”

#### IV. SCOPE

A. This policy affects all areas and workforce members of the Health Sciences Center that are part of the covered entity (see “UUHSC Policy 1-2: HIPAA Definitions” policy).

B. This policy is effective March 1, 2003.

APPROVAL BODY: Vice President’s Senior Leadership Council

APPROVAL DATE:

POLICY OWNER: HIPAA Privacy Office

ORIGIN DATE: January 24, 2003

#### REFERENCES:

1. 45 C.F.R. § 164.530(b): Health Insurance Portability and Accountability Act: Training
2. TRAINING ON-LINE AT: <http://hipatrain.med.utah.edu>
3. <http://uuhsc.utah.edu/privacy/>

### **UNIVERSITY OF UTAH SCHOOL OF MEDICINE POLICY ON THE USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR ACADEMIC AND OTHER PURPOSES**

This is an excerpt from the Policies and Procedures Manual of the University of Utah. The policies cover the acceptable use of any computer/information resources made available to you.

1. The University of Utah makes available Information Resources, which may be used by University students, faculty, staff and others. These resources are intended to be used for educational purposes and the legitimate business of the University and in a manner consistent with the public trust. Appropriate use of the resources includes instruction, independent study, authorized research, independent research and the official work of the offices, departments, recognized student and campus organizations of the University.
2. Access to computer systems and/or networks owned or operated by the University of Utah imposes responsibilities and obligations on its Users. Access is granted subject to University and Board of Regents policies, and local, state, and federal laws. Appropriate use is ethical, reflects academic honesty, and shows restraint in the utilization of shared resources. Appropriate use is consistent with intellectual property rights, ownership of data, system security mechanisms, and rights to privacy and to freedom from intimidation, harassment, and annoyance.

#### B. INDIVIDUAL RESPONSIBILITIES

1. Users shall respect the privacy and access privileges of other users both on the University campus and at all sites accessible through the

University's external network connections.

I. Users shall treat institutional data, files maintained by other Users, departments, or colleges as confidential unless otherwise classified pursuant to state or federal statutes, regulation, law or University policy. Users shall not access files or documents belonging to others, without proper authorization or unless pursuant to routine system administration.

II. Users shall not knowingly falsely identify themselves and will take steps to correct misrepresentations if they have falsely or mistakenly identified themselves.

2. In making appropriate use of Information Resources users must:

I. use Information Resources only for authorized purposes;

II. protect their user ID from unauthorized use;

III. be considerate in their use of shared resources and refrain from monopolizing systems, overloading networks with excessive data, or wasting computer time, connect time, disk space, printer paper, manuals or other resources.

3. Users must respect the integrity of computing systems and networks, both on the University campus and at all sites accessed by the University's external network connections. As such, in making appropriate use of Information Resources Users must NOT:

I. gain, attempt to gain or help others gain access without authorization;

II. use or knowingly allow other persons to use University Information Resources for personal gain, for example, by selling access to their User-ID's, or by performing work for profit or contrary to University policy.

III. destroy, damage or alter any University Information Resource or property without proper authorization;

IV. waste computing resources, for example by implementing or propagating a computer virus, using destructive software, or inappropriate game playing; or monopolizing information resources for entertainment or personal use;

V. harass or intimidate others in violation of law or university policy;

VI. violate laws or University policy prohibiting sexual harassment

or discrimination on the basis of race, color, religion, gender, national origin, age, disability or sexual orientation, or veteran status;

VII. attempt to monitor or tamper with another user's electronic communications or copy, change, or delete another user's files or software without the explicit agreement of the owner(s); or

VIII. violate state and federal laws pertaining to electronic mailing of chain letters and other unauthorized use of computing resources or networks;

IX. make or use illegal copies of copyrighted or patented software, store such copies on University systems, or transmit such software over University networks;

X. attempt without authorization to circumvent or subvert normal security measures or engage in any activity that might be harmful to systems or information stored thereon or interfere with the operation thereof by disrupting services or damaging files. Examples include but are not limited to: running "password cracking" programs, attempting to read or change administrative or security files or attempting to or running administrative programs for which permission has not been granted, using a telnet program to connect to system ports other than those intended for telnet, using false identification on a computer or system or using an account assigned to another, forging mail or news messages; and

XI. transfer software, files, text or pictures in violation of copyright and/or pornography laws, or transfer software or algorithms in violation of United States export laws.

### C. ENFORCEMENT AND SANCTIONS

1. A violation of the provisions of this policy or departmental policy is a serious offense that may result in the withdrawal of access and in addition may subject the User to disciplinary action or academic sanctions consistent with University policies and procedures.

2. Incidences of actual or suspected non-compliance with this policy should be reported to the appropriate authorities. Disciplinary actions or academic sanctions will be assessed in accordance with the following:

I. Violations of this policy by a faculty member shall be the basis for disciplinary action in accordance with Policy and Procedures No. 8-12.4 to 8-12.6, Code of Faculty Responsibility.

II. Violations of this policy by a staff member shall be the basis for

disciplinary action in accordance with Policy and Procedures No. 2-9, Disciplinary Actions and Dismissal of Staff Employees, and Policy and Procedures No. 2-25, Staff Employee Grievances and Appeals.

III. Violations of this policy by a student shall be the basis for disciplinary action in accordance with Policy and Procedures No. 8-10 Student Code.

3. A systems administrator may immediately suspend the access of a User when the administrator reasonably believes:

I. the User has violated University policies or law; and

II. the User's continuing use of Information Resources will result in: (1) damage to the Information Resources systems, (2) further violations of law or policy or (3) the destruction of evidence of such a violation.

III. the User shall be informed of his/her right to immediately appeal such a suspension to the cognizant head of the department or unit. Permanent revocation of privileges shall be imposed solely through the disciplinary processes set forth in paragraph 2 above. (Section V D.2).

## INTRODUCTION

The four years of formal medical education constitute but a brief introduction to a broad, deep, and rapidly changing discipline. The mastery of medical knowledge and technical skills requires lifelong self-education.

The curriculum is designed to provide students with the knowledge, skills and attitudes necessary to practice medicine. Students spend the first two years in the sciences basic to medicine, including anatomy, biochemistry, physiology, microbiology, genetics, pharmacology, pathology, and behavioral science. Concepts and skills necessary to manage clinical illness, to understand the social issues in medicine, and to be well grounded in the ethics of medical practice are introduced early and explored in depth as the curriculum progresses. Emphasis is placed on prevention, diagnosis, and management of disease states and in the systematic application of these concepts to organ specific diseases.

Curriculum revision is an ongoing process. Courses and their content may change periodically from year to year.

## UNIVERSITY OF UTAH SCHOOL OF MEDICINE EDUCATIONAL OBJECTIVES

Adapted from a Report to the Medical School Community By the Dean's Ad hoc Committee on Curriculum Reform

### **Overview**

Our curriculum reflects a continuum of learning. This continuum spans the formal settings of undergraduate education, medical school, and post-graduate training and extends to life-long learning once our graduates enter their careers. Students arrive with a broad and varied undergraduate experience including, but not limited to, the sciences. The medical school curriculum has enough flexibility to maximize the potential of students with highly diverse education and experiential backgrounds. Our educational objectives are designed to expose students to the variety of experiences necessary to make an informed career choice, and to ensure that they have the knowledge base, skills, and values to become competent physicians.

The heart of the curriculum is a thorough education in basic and clinical science. Mastery in these two areas is essential for exemplary medical practice, and they comprise the bulk of our instruction and evaluation. Thus, the objectives are arranged in order of emphasis in the curriculum, with knowledge of basic and clinical sciences first. Subsequent objectives serve as valued educational threads woven into various courses and clinical rotations.

We take diversity seriously. Consequently, we have incorporated objectives to ensure that our graduates understand and value diversity and can conduct themselves professionally and sensitively in multiple settings and with disparate populations.

Our goal is to train accomplished physicians. Thus, for almost every objective, an important assessment activity is the application of the specific knowledge, skill, or attitude in clinical practice. Assessments of application in clinical practice are performed by attending physicians and clinical preceptors, verbally and in writing, and are made apparent in both recommendations and grading.

### **Knowledge**

#### **BASIC SCIENCES**

##### **Objective:**

The student will be able to:

1. Describe the normal functioning of the human organism on molecular, cellular and organ system levels.
2. Describe the pathophysiology of all major disease processes at the cellular and organ system levels.
3. Explain the mechanism and possible adverse effects of various therapeutic interventions.
4. Analyze the basic science issues presented by a clinical problem.
5. Apply significant principles of basic science as they relate to clinical medicine.

##### **Rationale:**

The biological sciences are the foundation upon which our understanding of health and disease is built. The rapid advance of these sciences provides both a deepening knowledge of normal and

pathological processes, as well as new tools for diagnosis and treatment.

**Assessment:**

Standardized (USMLE) and course-specific tests, including multiple choice and short answer questions, case-based problem solving, preceptor evaluation of clinical practice.

## CLINICAL SCIENCES

**Objective:**

The student will be able to:

1. Describe the signs, symptoms and physical findings of all major disease entities.
2. Identify deviations from the expected course of a disease.
3. Identify and interpret diagnostic procedures appropriate to confirm or refute the diagnosis of particular clinical conditions.
4. Predict the expected results of a treatment plan for any given clinical condition.
5. Provide patient care in the areas of preventive, acute, chronic, continuing, rehabilitative, and end-of-life medicine.
6. Distinguish between primary and specialty care.

**Rationale:**

The knowledge of clinical medicine is the *sine qua non* of clinical practice. A strong fund of knowledge in clinical medicine is essential for competent practice. Competence in a range of areas, and recognition of the scope of practice between primary and specialty care, leads directly to safe, effective clinical decisions.

**Assessment:**

Standardized and course-specific tests, including multiple choice and short answer questions, standardized patients, preceptor evaluation of clinical practice.

## THE PATIENT CONTEXT

**Objective:**

The student will be able to:

1. Demonstrate an understanding of the manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments.
2. Assess and describe the effects of factors influencing the health care status of individual patients beyond those of a biological nature, including social, cultural, economic, psychological, environmental, occupational, familial and spiritual factors.
3. Formulate a diagnosis and plan for treatment that incorporates these factors.
4. Employ these factors in communicating with patients to define clinical problems and agree on a treatment plan.

**Rationale:**

Many disease processes are influenced by the patient's social, economical, and personal environment. The physician must be sensitive to the cultural, social, financial and environmental factors influencing the patient's perceptions, behavior and compliance.

**Assessment:**

Standardized patients, essay, case discussions, evaluation of history and physical techniques by clinical preceptor.

## **HEALTH CARE DELIVERY SYSTEM**

### **Objective:**

The student will be able to:

1. Describe the history of the United States' health care system.
2. Describe health care delivery and financing, including gender and cultural biases, and the role of the government and private payers.
3. Analyze a financing or delivery issue in writing.
4. Explain the theory and practice of managed care.
5. Compare health care systems of other major developed countries to the U.S. system.

### **Rationale:**

Information regarding how health care is delivered and paid for is critical on a number of levels. First, knowledge of the health insurance system can help a physician take care of a patient in the most efficient and effective way possible. Second, by understanding the way that health care is delivered and financed physicians can influence health care policy. Third, a working understanding of the health care system is required if a physician is to make rational decisions about career choice and practice type.

### **Assessment:**

Essay or research project, preceptor evaluation of clinical practice.

## **LEGAL AND ETHICAL ISSUES**

### **Objective:**

The student will be able to:

1. Describe selected ethical concepts, including informed consent, advanced directives, end-of-life care, and the role of the Institutional Review Board.
2. Identify the competing considerations involved in ethical issues.
3. Formulate an approach to particular ethical problems consistent with the moral responsibilities of a medical professional.
4. Describe legal principles of negligence, malpractice, and risk management.
5. Describe legal guidelines for contracting, employee rights and responsibilities, self-referral, and antitrust.

### **Rationale:**

Knowledge of informed consent and advanced directives allows physicians to promote the patient's right to personal autonomy and active participation in health care. Best practice requires that physicians know how the legal system works and be familiar with the principles of the law of negligence and the maxims of risk management. Finally, the advent of managed care has created a set of ethical issues involving the physician, the patient, and managed care companies. Exposure to these issues promotes the development of critical thinking skills.

### **Assessment:**

Short answer or essay questions; essay or research project on a legal or ethical issue, preceptor evaluation of clinical practice.

## **HEALTH PROMOTION AND DISEASE PREVENTION**

### **Objective:**

The student will be able to:

1. Describe preventive health care measures across the life span and across cultures.
2. Assess the patient for current health promotions and disease prevention activities and deficits.
3. Create, implement, and evaluate a treatment plan with the patient that includes attention to health promotion and disease prevention.
4. Describe selected complementary therapies.

**Rationale:**

Preventing disease is less costly than treating it. Many consider complementary therapies to be important adjuncts to promoting health and preventing disease. Thus, physicians must know what keeps people healthy and help patients make the best choices to maintain or improve health.

**Assessment:**

Written short essay examinations on health promotion, standardized patient sessions, essays, and preceptor evaluation of clinical practice.

## COMMUNITY HEALTH

**Objective:**

The student will be able to:

1. Describe the basic principles of public health, epidemiology and biostatistics.
2. Analyze a community health problem in writing.
3. Use resources available in the community to help improve the overall quality of society's health, as well as the health of individual patients.
4. Advocate for better health for patients and the community.

**Rationale:**

Every patient belongs to a community, which will have its own, special influence on the health of its members. Every aspect of life benefits from public health measures that provide clean air, land and water. Thus, all physicians must understand the tenets of public health.

**Assessment:**

Multiple choice and short answer exams, research project, written essay, primary care preceptor evaluation. Skills

## CLINICAL SKILLS

**Objectives:**

The student will be able to:

1. Take and record a clinical history in a variety of situations.
2. Perform a comprehensive and accurate physical examination.
3. Demonstrate ethical principals in caring for patients, and in relating to patients' families and to others involved in patient care.

**Rationale:**

Quality care begins by obtaining useful and accurate information from the patient, including those who are disoriented or otherwise un- or non-communicative. Skilled physicians adapt their interview, communication, and examination methods to each situation. This process works best if everyone involved is treated fairly and honestly.

**Assessment:**

Preceptor assessment of history and physical during clinical rotations. Objective structured clinical examinations (OSCE).

**PROBLEM SOLVING / PATIENT MANAGEMENT SKILLS****Objectives:**

The student will be able to:

1. When presented with initial history, develop a preliminary problem list and initial plans for additional data collection, including further history, focused physical examination, and laboratory evaluation to refine the problem list.
2. Incorporate additional information to develop a formal differential diagnosis.
3. Develop plans for continued evaluation and/or treatment based on the above data and additional information obtained from textbooks, medical literature, colleagues, etc.
4. Develop plans that include cultural considerations and are sensitive to the health care needs and issues of non-dominant groups.
5. Integrate and apply knowledge derived from diverse domains and sources in the solution of clinical problems.

**Rationale:**

The physician is primarily a problem-solver. The use of problem-solving techniques allows the physician to correctly identify a problem, devise a realistic, flexible, and accurate treatment plan with the patient, and to adjust the plan based on continuous evaluation. While the steps of problem solving may not be replicated for every problem, they are important for every physician to use in assessing and managing unfamiliar conditions. Best problem solving occurs when data is derived from multiple sources. Plans for care are most effective when they are culturally and socially sensitive.

**Assessment:**

Evaluation and management plans in classroom and clinical settings. Objective structured clinical examinations (OSCE).

**COMMUNICATION AND INTERVIEW SKILLS****Objectives:**

The student will be able to:

1. Employ active listening skills, including nonverbal and verbal interaction.
2. Establish, maintain, and terminate an empathetic relationship.
3. Manage the phases of a clinical interview, including opening and closing, transitions, and the body of the interview.
4. Demonstrate effective communication with uncooperative, depressed, mentally ill, non-English speaking, or physically handicapped individuals.
5. Maintain professional behavior with colleagues and patients, demonstrating courtesy, respect, tact, and appropriate emotional control.
6. Negotiate with the patient as a partner in decisions about his/her health including agreeing on the definition of the patient's clinical problem and establishing mutually acceptable goals for treatment.

**Rationale:**

Excellence in practice requires an ability to encourage and accurately hear patient communication, and to communicate effectively with colleagues.

**Assessment:**

Standardized patient interviews, OSCE examination, and preceptor evaluation of clinical practice.

## **INFORMATION MANAGEMENT**

**Objective:**

The student will be able to:

1. Retrieve information, demonstrating the ability to perform database searches using logical operators, controlled vocabulary, appropriate limits, and evidence-based filters.
2. Manage selected citations from a database search and organize them into a personal database for tracking literature in an area of interest.
3. Manage both handwritten and electronic medical records.
4. Protect confidentiality of private information obtained from patients, colleagues and others.
5. Make use of online and print resources to enhance presentation skills and answer a clinical question.
6. Conform to copyright and intellectual property regulations.

**Rationale:**

Information management via computer is already a core skill for physicians, and will increase in importance over time. Evidence-based practice requires that physicians answer a clinical question using computerized reference databases of selected medical literature. Developing skills to manage and track literature in an area of interest is vital for staying current. Ethical principles and legal constraints demand patient confidentiality.

**Assessment:**

Submission, in writing, of a clinical question and its answer with supporting documentation including a printout from the computerized literature search. Preceptor evaluation of clinical practice.

## **APPLICATION OF RESEARCH FINDINGS**

**Objective:**

The student will be able to:

1. Critically analyze a selected research paper from the medical literature.
2. Find and apply multiple sources of information, including clinical trials, review articles, and practice guidelines, to a particular clinical situation.
3. Assess the quality and validity of these sources of evidence using literature analysis techniques.
4. Describe his/her responsibility to maintain information and skills over the length of practice.

**Rationale:**

The short half-life of clinical information requires that physicians base their practice on current research findings.

**Assessment:**

Formal oral presentation, multiple-choice tests, preceptor evaluation of clinical practice.

## **PATIENT EDUCATION**

### **Objectives:**

The student will be able to:

1. Identify the need and opportunity for educating patients in a clinical setting.
2. Form a teaching plan for a variety of persons and situations.
3. Implement and evaluate a teaching plan sensitive to developmental, gender, cultural and individual differences.

### **Rationale:**

All physicians teach patients and their families regarding disease treatment and progression, health maintenance, and disease prevention. Formal and informal teaching occurs in all clinical settings, requiring that the physician understand basic information about assessment of the need for teaching, multiple strategies for teaching, and how to assess the efficacy of teaching.

### **Assessment:**

Standardized patients, preceptor evaluation of clinical practice.

Attitudes

## **RESPECT**

### **Objective:**

The student will be able to:

1. Identify patient needs and priorities, particularly when in conflict with the student's.
2. Protect the patient's rights to privacy and autonomy at all times.
3. Identify the effects of intolerance and discrimination on the health care of non-dominant ethnic and social groups.

### **Rationale:**

Physicians are dedicated to their patient's well-being and best interest, as defined by the patient. Every patient has a right to privacy and a right to have input into their care. Every patient also has a right to bias-free access and care, delivered by a physician conscious of the effects of social and ethnic discrimination on health access and care.

### **Assessment:**

Standardized patient model and short-answer patient management problems, preceptor evaluation of clinical practice.

## **COOPERATION**

### **Objective:**

The student will be able to:

1. Work constructively with other health care providers in interdisciplinary teams.
2. Display the professional ethics of physicians.
3. Demonstrate professional behavior in individual patient encounters and as a member of the health care team.

### **Rationale:**

All physicians work with others in the health care team and should value the input/contribution of other team members. Part of a physician's role is how to conduct oneself in a professional

manner; this includes showing respect for all members of the health care team, all patients and their families.

**Assessment:**

Ward evaluations from attending physicians, preceptor evaluation of clinical practice.

**SELF AWARENESS**

**Objective:**

The student will be able to:

1. Evaluate one's own performance, skills, and attitudes realistically and objectively.
2. Recognize one's own personal limitations.
3. Protect and promote one's own mental and physical health to the extent that it impacts patient care.
4. Recognize and address gender and cultural biases in themselves and others, and in the process of health care delivery.

**Rationale:**

Awareness of one's shortcomings, including personal philosophy, physical limitations, and personal social and ethnic biases, is essential to making an appropriate response to the great variety of individuals the physician will work with. This awareness comes from self-evaluation. Attention to the maintenance of one's own physical and mental health is fundamental to being able to provide the best care possible to the patient.

**Assessment:**

Preceptor evaluation of clinical practice.

**EXEMPTION FROM REQUIRED COURSES**

Basic science departments may consider requests from students to be excused/exempted from formal class work in medical school courses based upon prior completion of a comparable course at a suitable institution. In such instances, the student usually is required to pass a qualifying examination given by the department after he/she documents enrollment in such a graduate level course. In rare instances, the department may only require documentation that an acceptable substitute was completed. However, because the School of Medicine graduation requirements stipulate that students must enroll in and pass all required courses of the school, students who are excused from formal course work nevertheless must be registered, pay tuition for all courses, and be carried on class rosters and grade sheets. The course master will be required to submit grades for such students.

**GRADING SYSTEM**

The official student transcript, maintained by the University of Utah Registrar's Office, is a pass/fail/incomplete record. Other records are maintained in the Office of Student Affairs for use in the medical student performance evaluation (dean's letter) for residency applications and to inform faculty who write letters of recommendation for students. Students have the right to review and to request amendments to this file, as outlined in the FERPA policy located in the

policies and procedures section of the handbook.

The University of Utah School of Medicine uses a honors/pass/fail/incomplete grading system. Criteria for assigning grades reside with the individual departments and must be specified in writing to students at the beginning of each course. Neither the dean for student affairs and education nor any promotions committee has any role in establishing grading criteria. Course directors and teaching faculty are responsible for determining the general content of each course, faculty expectations, and criteria upon which the student will be evaluated.

In the preclinical years, grade assignment is generally based on numerical scores. Basic science departments maintain records of students' numerical scores on examinations and may compile a class ranking for that particular course. However, only H, P, F, or I (honors, pass, fail, or incomplete) grades are officially recorded in students' files.

An honors grade may be applied to the top 20-30% of students enrolled in a given course.

A course director may choose to interpret a student's performance as a "marginal pass", indicating that the student passed the course but was at the lower end of the grading curve. Copies of letters indicating marginal performance are sent to students and are also placed in student files, but are not reflected in dean's letters.

A course director may assign an incomplete (I) as an interim grade to a student who is passing the course and who needs to complete 20% or less of the course, but who is unable to do so due to circumstances "beyond the student's control" (i.e. a death in the family, a serious accident, or a serious illness). According to university policy, an incomplete (I) grade is automatically changed to a failing (F) grade after one year. After successful course completion, an incomplete (I) continues to remain on the University transcript as an "I/P".

A course director must issue a grade delay in the event that a student does not pass the examination of a course whose grade is determined by only one assessment component. Otherwise, a grade delay may be issued only if extraordinary circumstances interfere with the student's ability to successfully pass the course. A grade delay indicates that the student has not yet received a grade for the course. In this instance, the student will be afforded another chance to pass the course, as determined by the course director, prior to a grade being assigned.

Any student who is assigned a failing grade in a course is automatically presented to the corresponding promotions committee. A failing grade in a required course must be successfully remediated prior to the student being promoted to the subsequent curriculum year. A failing grade, even though it is remediated, is reflected in the dean's letter.

The evaluation policy in the clinical years is importantly different. Each student on clinical clerkships or senior courses is specifically evaluated for academic performance and certain personal and professional qualities. These include, but are not limited to, high moral and ethical standards, intellectual curiosity, concern and respect for the patient, reliability, integrity, professional relationships, professional appearance, judgment, dependability, emotional stability,

ability to recognize one's own limitations, and ability to function under pressure. All of these factors are combined to achieve an overall performance evaluation of honors/pass/fail/incomplete in the junior year. In addition, each student receives an overall numerical score ranging from 0 (fail); 1 (marginal); 2 (competent); 3 (very good) and 4 (excellent). During the senior year the overall performance is evaluated using an honors/high pass/pass/fail/incomplete rating system.

The promotions committees reserve the right to take all these factors into account in considering promotion, graduation, and academic dismissal actions for students in all four years.

In fourth year elective courses, students may allow incomplete (I) or failing (F) grades to remain on the official transcript. They will be counseled to remove such deficiencies but will not be required to do so as a condition for promotion unless they are needed to complete graduation requirements. Students are cautioned that promotions committees may use this information as evidence of poor performance.

## COURSE EVALUATIONS

The mission of the School of Medicine is to train and educate medical students in a manner that allows them to become the best physicians possible. In an attempt to fulfill this mission, the School of Medicine is constantly looking for ways to improve its curriculum. One of the most powerful tools used to assess the quality and effectiveness of the curriculum is feedback from the students. This information is obtained through two course evaluation processes.

An individual course evaluation that is completed and submitted electronically via the Web. In addition, an assigned group of students that will undertake an in-depth review of each course. Students are randomly assigned to a group and a leader for each group is appointed. The role of the leader is to coordinate the group evaluation for a particular course. The list of student groups, leaders and assigned courses is provided to students at the beginning of the academic year.

In addition, each first and second year student will be invited to an informal lunch with administrators, including the dean of curriculum, and the dean of student affairs, during the school year. These lunches provide another forum for student opinion to be heard by those responsible for curriculum development. Honest and constructive dialogue is welcome and encouraged at these meetings, and in the written course evaluations.

Participation in the course evaluation process is **required**. Students, who fail to complete the web-based course evaluation within one week of the end of the course, will have a letter placed in their file documenting noncompliance with this requirement. Any time a student accumulates three or more of these letters in one academic year, this will be mentioned in their medical student performance evaluation (dean's letter).

## **ATTENDANCE POLICY**

### **Hours**

All lectures or classroom exercises during first and second years begin at 10 minutes after the hour and terminate on the hour. It is expected that lecturers, students, classroom materials, etc. will be out of the room and the room will be ready for the next lecture to begin at 10 minutes after the hour.

### **Absences**

Students who miss class work or clerkship duties due to illness, death in the family, or an accident should notify the professor in charge of each course. The Office of Student Affairs should also be notified.

### **Cancellation of Classes**

When it becomes necessary to cancel classes at the University of Utah, official notice is given by the President's Office through KUED TV (Channel 7) and KUER FM90. Such cancellation applies to first and second year classes at the School of Medicine. Third and fourth year students who have hospital responsibilities are expected to be on the services unless excused by supervisory ward personnel. Students are encouraged to monitor local radio station broadcasts in any situation where cancellation of classes might be a possibility (weather, earthquake, etc.).

## **EXAMINATION POLICY**

### **Examination Protocols**

During examinations students will not be permitted to bring personal belongings into the seating area of the testing room. All materials, except pencils and erasers must be deposited in the area designated for personal belongings. The following items are not permitted in the seating area of the testing room: personal digital assistants (e.g. palm pilots); calculators; watches with alarms, computer or memory capability; paging devices; cellular telephones; recording/filming devices; radios; reference materials such as books, notes papers; briefcases; coats or brimmed hats; beverages or food of any type.

### **School of Medicine Missed Examination Protocol**

Students are expected to take examinations as scheduled. In rare instances, such as a family emergency, religious obligation, conflicting academic requirement, or severe personal illness, a student may request to take an exam at a different time. The decision on such a request rests with the course director. In reviewing the request, the course director weighs the importance of the curricular requirement against the burden the student will experience if denied the request to reschedule the exam. At the request of the student, the Dean or Dean's designee may review the course director's decision denying such a request using an "arbitrary or capricious" standard.

At the beginning of each course, each course director will provide students with anticipated examination dates and a written policy concerning rescheduling examinations. In all instances, it is the student's responsibility to discuss the situation creating the conflict with the examination schedule with the course director(s) involved, and to request permission to take the examination at an alternate time. When the student knows of the conflict situation in advance, the student must request rescheduling as soon as he or she becomes aware of the conflict, and prior to the examination.

### **Requests to Reschedule an Exam—Student Knows of Conflict in Advance:**

1. When a student knows in advance of a conflict, the students must download and complete a copy of the "Request to Reschedule Exam" form available at [uuhsc.utah.edu/som/studentaffairs/rescheduleform.pdf](http://uuhsc.utah.edu/som/studentaffairs/rescheduleform.pdf).
2. The student must discuss the circumstances of the request with each course director responsible for an examination impacted by the conflict.
3. Within two school days of receiving a request, the course director approves or disapproves with the reschedule request and returns the form to the student. If the course director allows the student to take the exam at a date other than that scheduled, the course director will indicate the time and place of the rescheduled examination on the form.
4. To protect the integrity of the examination, and to avoid a delay in the release of scores to other students, rescheduled examinations typically occur prior to the date on which it was regularly scheduled.
5. The student must return the form to the Office of Student Affairs, who will coordinate the details of the rescheduled examination with the student and course director.
6. If the course director refuses the student's request to reschedule the exam, the student may, within 24 hours of learning of the course director's denial, request a review by the Dean, or Dean's designee, by submitting a request for review to the Dean of Student Affairs. The Dean (or Dean's designee) will inform the student of the School of Medicine's final decision on his or her reschedule request within two school days.

### **Request to Reschedule an Exam—Student Does Not Know of Conflict in Advance**

1. In cases of unexpected severe personal illness or other emergency situations about which the student did not have notice prior to the date and time of the exam, a student must notify the

Office of Student Affairs of his or her inability to take the examination as soon as possible.

2. The Office of Student Affairs will notify the course director(s) of the emergency.
3. The student must provide a detailed explanation, in writing, of the reason for the absence.
4. The student must contact the course director as soon as he or she is able to reschedule the examination. Absent extraordinary circumstances, examinations must be taken within 48 hours of the date the exam was originally scheduled. "Extraordinary circumstances" would include, for example, a student's ongoing hospitalization for his or her own emergency medical condition making it impossible for the student to contact the course director and/or take the examination. If, due to circumstances beyond the student's control, the student is unable to reschedule the examination within this time period, the student must contact the Office of Student Affairs as soon as he or she is able to do so.
5. If a student has a pattern of missing examinations on an emergency basis, then he/she student may be asked to provide written documentation from a third party explaining the nature of the emergency in future requests to reschedule an exam. For example, if a student is unable to take an examination due to a severe personal illness, he or she must submit a letter from the health care provider the student saw for the illness.

## **REQUEST TO RESCHEDULE EXAM**

### **Student to Complete:**

Student Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Courses Included on Exam: \_\_\_\_\_

Date Exam is Scheduled: \_\_\_\_\_

**Reason for Request:** (check one)

Family emergency

Severe personal illness

Religious obligation

Conflicting Academic Obligation

Other, (explain) \_\_\_\_\_

**Provide detailed explanation of nature of conflict, date you learned of conflict, and burden on you of being denied request to reschedule:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Course Director Approval:**

I approve requested exam schedule    I do not approve requested exam schedule

_____	_____
_____	_____
_____	_____
_____	_____

**To be Completed by Course Director(s)**

Please list below the parameters allowed for rescheduled exam (dates allowed for rescheduled exam, length of exam, any required technical support).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** Students are required to notify the course director as soon as he or she knows of a conflict. If a course director allows the student to take the exam at a date other than that scheduled, the course director will indicate the time and place of the reschedule examination on this form.

**Student Affairs Verification of Completion Date:** \_\_\_\_\_

## AN OVERVIEW OF THE FOUR-YEAR CURRICULUM

### First Year

#### **Anatomic Sciences:**

**Biochemistry:** Introduction to protein structure, enzymes, nucleic acids, cell biology, genetics, and metabolism of carbohydrates, nitrogen, and lipids.

**Doctor/Patient Relationship:** One on one assignments of students with practicing physicians to observe, discuss, and begin to develop the skills necessary in effective doctor-patient relationships.

**Embryology:** Origin and development of the fertilized egg, development of early tissues and organs, and transformation of the embryo into a fetus. Includes clinical correlations.

**Gross Anatomy:** Anatomy of the thorax, abdomen, pelvis, perineum, lower limbs, upper limbs, head, and neck. Includes lectures, dissections, and clinical correlations.

**Histology:** Detailed microanatomy of cells, tissues, and organs. Lectures emphasize structure/function relationships. Laboratory sessions center on using the compound light microscope to identify normal tissues. Computerized instruction supports both aspects of the course.

**Human Genetics: Basic** principles of human genetics, including modes of inheritance of monogenic and polygenic diseases, recurrence risks for use in genetic counseling, gene mapping, genetic diagnosis, and immunogenetics with an emphasis on practical clinical genetics.

**Medical Immunology: Basic** concepts of immunology, host resistance to infection, and tumor cell development, transplantation, and autoimmunity. Clinical cases and lectures demonstrate the relevance of the material to clinical medicine.

**Medical Microbiology:** Bacteriology, mycology, parasitology, virology, and sexually transmitted diseases. Laboratory sessions include bacteriology and parasitology.

**Pathology:** Conceptual introduction to the basic mechanisms of disease and to an understanding of the components of disease processes. Studies include cell injury and necrosis, tissue injury, acute and chronic inflammation, specific responses to infectious agents, some immunologic aspects of disease processes, neoplasia, growth disorders, and circulatory disturbances.

**Pharmacology:** General principles of pharmacology, including drug absorption, distribution, and elimination, as well as the principles of pharmacokinetics and pharmacodynamics.

**Physical Diagnosis I:** An interdisciplinary course emphasizing basic skills of history taking and

physical examination using a variety of learning modalities and formats.

**Physiology:** General physiologic principles, including homeostasis, cell membranes, action potentials, neuromuscular junctions, and the pathophysiology of disease.

**Psychiatry:** Basic principles of human behavior including psychological and biological theories of personality, human development, consciousness, human information processing, intelligence, cognitive science, and response to stress.

**Science of Medicine:** Interdisciplinary course that continues the focus on evidence based medicine and information management using the tools of medical investigation and data analysis, including the principles of study design, statistical inference, data interpretation, and computer-assisted information gathering.

**Social Medicine: Introduction** of social aspects of medicine, medical care delivery and unique patient populations with discussion groups designed to foster personal and professional growth.

## Second Year

During the second year, the aim is to integrate basic scientific facts with specific diseases and clinical problems. This is accomplished through a multidisciplinary course, organized by specific organ systems, which emphasizes pathophysiologic processes, clinical manifestations, and treatment.

**Doctor/Patient Relationship:** Continuation of first year course with one on one assignments of students with practicing physicians to observe, discuss, and develop the skills necessary in an effective doctor-patient relationships.

**Geriatrics:** Basic scientific background for approaching common clinical problems attendant to the aging process.

**Neuroanatomy:** Gross and microscopic structure of the nervous system.

**Organ Systems: Elements** of pharmacology, pathology, and physiology, integrated with clinical aspects of the musculoskeletal system, dermatology, endocrinology, nephrology, reproduction, cardiovascular system, pulmonary system, gastroenterology/nutrition, and hematology/oncology. Principles of development and aging of these systems are included.

**Pathology:** Systemic pathology taught in conjunction with the neuroscience and the organ system courses covering the pathologic basis of disease, along with applications of laboratory medicine, by organ system.

**Pediatrics:** Introduction to the physiology of and diseases seen in newborns, infants, children, and adolescents.

**Pharmacology:** General principles of pharmacology, autonomic pharmacology, central nervous system pharmacology, and chemotherapy of infections and cancer. Pharmacology instruction includes an introduction to toxicology and clinical pharmacology and material related to and coordinated with the neuroscience and the organ systems courses.

**Physical Diagnosis II: An** interdisciplinary course enhancing the students' skills in patient history taking and physical examination skills.

**Physiology:** General physiologic principles and physiology of neurological and other organ systems.

**Psychiatry:** Introduction of major topics of adult psychiatry and fundamental issues dealing within child and geriatric psychiatry.

**Science of Medicine:** Continuation of first year course with focus on evidence based medicine and information management.

**Social Medicine: Continuation** of first year course with focus on social aspects of medicine, medical care delivery and unique patient populations with discussion groups designed to foster personal and professional growth.

### **Third Year**

In the third year, emphasis is on the integration of basic science knowledge with clinical, ethical, diagnostic, and problem solving skills. Clinical clerkships, during which students learn patient management as members of the health care team, include family practice, internal medicine, obstetrics and gynecology, pediatrics, psychiatry, and surgery. Students also take a Topics of Medicine course, which reviews a series of simulated patients with common medical problems seen in ambulatory medicine. The student is also required to complete a four-week clinical neurology clerkship between the end of the sophomore year and the end of the senior year. Each student must also satisfactorily complete an objective standardized clinical examination (OSCE) administered at the end of the 3<sup>rd</sup> year prior to being promoted to the 4<sup>th</sup> year.

**Family Practice Clinical Clerkship:** Four weeks with a community based or faculty family practice preceptor. The majority of the time is spent with the preceptor in the hospital, office, nursing homes, and on house calls. Time is also spent learning about and experiencing other elements of the health care system in the community served by the preceptor.

**Internal Medicine Clinical Clerkship:** Twelve weeks divided into one six-week inpatient

rotation taken in the first half of the year and a second six-week rotation in the second half of the year. The second rotation consists of 3 weeks of inpatient responsibilities and 3 weeks in an ambulatory clinic. Inpatient clerkships consist of case work and rounds on wards of the University of Utah Medical Center, LDS Hospital, or the VA Medical Center.

**Neurology Clinical Clerkship:** Four weeks divided into two weeks inpatient and two weeks outpatient experiences. The inpatient rotation at the University of Utah Medical Center, Primary Children's Medical Center, or VA Medical Center consists of direct patient care, daily ward rounds, brain cutting sessions, procedures such as lumbar puncture, participation in clinical conferences, and attendance at specialty clinics. The outpatient experience occurs in the multiple sclerosis, muscle, and neurology outpatient clinics.

**Obstetrics and Gynecology Clinical Clerkship:** Six weeks of inpatient and outpatient experience at the University of Utah Medical Center and LDS Hospital. Time is also spent in lectures, seminars, and review of gynecological pathology.

**Pediatrics Clinical Clerkship:** Six weeks divided into two three-week blocks. Three weeks are spent on the inpatient wards at Primary Children's Medical Center (PCMC). The other three-week block includes one week on a pediatric subspecialty service and the other two weeks at the General Pediatric Clinic at the University of Utah Medical Center, and the newborn nursery at the University of Utah Medical Center.

**Psychiatry Clinical Clerkship:** Six weeks emphasizing inpatient care at the University of Utah Medical Center, VA Medical Center, Primary Children's Medical Center, and the University of Utah Neuropsychiatric Institute. Students attend civil commitment proceedings, electroconvulsive therapy, outpatient clinics, and consultation/liaison rounds. One day each week is devoted to a core lecture series and case conferences. Each student spends one week on the consultation/ liaison service and one half day per week in the office of an outpatient therapist.

**Surgery Clinical Clerkship:** Eight weeks of ward work, operating room experience, lectures, case presentations, and rounds at the University Medical Center, LDS Hospital and the VA Medical Center. Students spend six weeks on general surgery and two weeks in subspecialty areas.

**Topics in Medicine:** Eight hours per month addressing medical economics, patient continuity management, informatic skills, medical literature analysis, and psychosocial/ethical issues. The course focuses on teaching the skills of evidence based medicine and continuous learning in addition to imparting the content data needed to manage the cases, which are pertinent to the student's concurrent clerkship.

#### **Fourth Year**

Seniors must complete a minimum of 36 weeks of credit. Included in the 36 weeks are a two-

week half-day medical ethics course, a two week half-day Health Care Delivery course, a required hospital-based subinternship (4 weeks), a required public/community project (4 weeks), and a four-week clinical neurology clerkship between the end of the sophomore year and the end of the senior year. A minimum of 24 weeks must be spent at the University of Utah School of Medicine or its approved sites unless specific prior approval to do otherwise is obtained from the dean of student affairs and education. A minimum of 12 weeks must be spent in clinical electives except when specific approval to do otherwise is obtained from the dean of student affairs and education who has authority to define what qualifies as a clinical elective.

Students interested in exploring or pursuing research experiences, including obtaining graduate degrees, are encouraged to do so through individualized programs designed in consultation with research mentors in the various departments.

Senior credit hours can only be earned by electives completed in the 3<sup>rd</sup> and 4<sup>th</sup> years.

## **FINANCIAL AID INFORMATION**

### **Introduction**

The University of Utah School of Medicine and the Financial Aid and Scholarships Office at the University of Utah assist students and their families in meeting the costs of medical school. For the purpose of financial aid, all medical students are considered independent students as they are enrolled in a graduate or professional program.

### **Financial Need Evaluation**

**Need--**A student's financial need is the difference between what the university estimates it would cost to attend school (budget) and what the family is expected to provide (resources). The University of Utah utilizes the services of the Free Application for Federal Student Aid (FAFSA) for this purpose.

**Budget--**A student's budget is calculated, reflecting the allowable expenses to permit full participation in the normal life of the university. Student budgets are reviewed annually to reflect changes in education related costs in the Salt Lake area.

**Resources--**Financial aid is supplementary to the resources of the student and his/her family and is not intended to shift the burden of support from the family to the university. The expected contribution of the student and family is calculated from information submitted by the student on the FAFSA. Individual costs vary according to differences in course of study, types of housing, transportation, resident or nonresident status, and other factors.

### **Satisfactory Academic Progress Standards for Receipt of Title IV Student Aid**

Federal law and regulations require that all students receiving financial assistance from federal Title IV funds maintain satisfactory academic progress. Title IV funds include Federal Stafford Student Loans, Federal Perkins Student Loans, and Federal Work-Study. The standards adopted by the University of Utah School of Medicine, which apply to all students receiving financial aid, are on file in the Office of Financial Aid.

## Loans

**Primary Care Loans** are available through the University of Utah to medical students of exceptional need who are committed to careers as generalist physicians (i.e., family physician, general internist, general pediatrician) or specialists in preventive medicine/public health. In determining financial resources, the school must take into account, regardless of the tax status of the student, the expected contribution from parents and/or spouse. Those students who wish to be considered for this loan must have parents complete their section of the FAFSA. The maximum amount of this loan can go up to the cost of attendance (awarded by the School of Medicine through the FAFSA application.) Interest is at 5% and does not begin to accrue until the loan comes due. Principal and interest come due six months after receipt of the M.D. degree. Both may be deferred during residency training. Obligation is canceled if total and permanent disability or death occurs.

**Perkins Loans** are available through the University of Utah. The maximum amount is \$4,000 per year for full-time graduate students and \$30,000 maximum aggregate, awarded by the University Financial Aid Office for study toward a professional or graduate degree, including loans borrowed for undergraduate study. Interest is 5% and does not begin to accrue until the loan comes due. Repayment of principal and interest begins nine months after the student ceases to carry at least one-half of the normal full-time academic workload. It must be completed 10 years and nine months after such date.

**Stafford Loans (Subsidized)** are available through lending institutions to qualified students as determined by information obtained from the FAFSA. The maximum amount is \$8,500 per year for graduate students to a cumulative total of \$65,500. A one time insurance premium of up to 1% of the loan principal will be taken out of each new Stafford Loan. There is also a 3% origination fee. Interest is variable and adjusted annually, based on the 91-Day U.S. Treasury Bill rate plus 1.7%, with a maximum rate of 8.25%. Interest on the Subsidized Stafford Loan is paid by the federal government while the student is in school. Arrangements for repayment must be made within six months after graduation or termination from medical school. (Contact lender for repayment schedule.) Usually students repay in monthly installments, which may extend over as many as 10 years. Obligation is canceled if total and permanent disability or death occurs. If a student who has applied for financial aid qualifies, an application will automatically be produced through the computer and mailed to the student. Students are required to complete a FAFSA so economic status can be verified. Only one FAFSA needs to be completed to be considered for Stafford Loans, Perkins Loans, and institutional loans and scholarships.

**Stafford Loans (Unsubsidized)** are available through lending institutions to graduate and professional students. These loans allow a student who does not have full eligibility for the subsidized loan to borrow up to the maximum Federal Stafford amount, regardless of need, if the educational costs are great enough. The maximum amount is up to the cost of attendance per year for full-time graduate students with a \$73,000 maximum aggregate amount. The interest rate is variable and adjusted annually, based on the 91-Day U.S. Treasury Bill rate plus 1.7%, with a maximum rate of 8.25%. Repayment may extend over as few as five years, but not more than 10 years. Interest begins to accrue upon disbursement of any funds. Arrangements for

repayment must be made within six months after graduation or termination from medical school. The student pays all the interest on this loan. This may be done as the interest accrues or may be deferred by having the interest added to the principal of the loan. Obligation is canceled if total and permanent disability or death occurs. Students must file a FAFSA in order to be considered.

### **Consolidation**

Through the Loan Servicing Corporation of Utah, Subsidized Stafford Loans, Unsubsidized Stafford Loans, Federally Insured Student Loans (FISL), Perkins Loans, and Parent Loan for Undergraduate Students (PLUS) made directly to the student may be consolidated. To apply for consolidation, the borrower must meet the following requirements:

1. be in a grace or repayment status on all loans to be consolidated;
2. be current on loan payments or not in excess of 90 days delinquent;
3. have no other consolidation loan applications currently pending.

For more information about consolidation, contact Utah Higher Education Assistance Authority (UHEAA) at (801) 321-7200 or UNIPAC at 1-800-456-4757.

### **Scholarship Programs**

**Armed Forces Health Professions Scholarships** are provided by the Army, Navy, and Air Force to students in health services. Applications are obtained directly from the service of choice. Students receive a specified monthly stipend supplemented during annual 45-day active duty tours. Tuition and fees are paid directly to the school by the military. Students are reimbursed for required textbooks and other specified educational expenses. Recipients are selected by each individual service committee. Students incur an obligation of one year of active commissioned service for each year or fraction of a year of program participation. All participants incur a minimum tour of three years. For further information, write one of the following or contact your local recruiting office:

U.S. Army, Department of Army

DASG-PTP

Washington, D.C. 20314

(Local Recruiting Office B 801-355-0494 URL: [www.goarmy.com](http://www.goarmy.com))

Surgeon General

Attn: Code 214

Department of Navy

Washington, D.C. 20314

(Local Recruiting Office--801-524-4300)

Air Force Institute of Technology

Health Care Education Division (CIMJ)

Wright-Patterson AFB, OH 45433  
(Local Recruiting Office--801-524-4008)

**National Health Service Corps (NHSC)** scholarships are awarded by priority to those applicants who have previously received NHSC scholarships or who come from disadvantaged backgrounds and possess characteristics that increase the probability they will continue to practice in a health professional shortage area after they complete their service obligations. Payment includes tuition and required fees paid directly to the school. The student receives 12 monthly stipends and a lump sum payment to cover other reasonable educational expenses as determined by the school. For each year of award the student incurs one year of obligated full-time primary health care service in a Health Professional Shortage Area to which the resident is assigned by the NHSC. The minimum service obligation is two years. The deadline for applications is the last Friday in March. To obtain an application, write or call:

National Health Service Corps  
Scholarship Program  
1010 Wayne Avenue, Suite 1200  
Silver Spring, MD 20910  
(800) 638-0824

**National Health Service Corps Loan Repayment Program** is designed to repay a percentage of educational loans based upon the number of postgraduate years of service in a Health Professional Shortage Area. For more information contact:

National Health Service Corps  
Loan Repayment Program  
3201 Greensboro Drive, Suite 600  
McLean, VA 22102  
(800) 221-9393

**Indian Health Services (IHS) Scholarship Program**

The IHS, an agency of the U.S. Public Health Services, provides comprehensive health care to over one million American Indians and Alaska Natives. Only students of American Indian or Alaska Native descent are eligible. Payment includes tuition and required fees paid directly to the school. For more information, contact:

Wesley Picciotti  
Scholarship Branch  
12300 Twinbrook Parkway  
Suite 100  
Rockville, MD 20852  
Telephone (301) 443-6197

**Indian Health Service (IHS) Physician Loan Repayment**

For each postgraduate year served in a designated IHS Retention/Recruitment Priority Site in the

United States, a percentage of educational loans are repaid. For more information contact:

Loan Repayment Program  
 Indian Health Services  
 Suite 100  
 Twinbrook Metro Plaza Building  
 12300 Twinbrook Parkway  
 Rockville, MD 20857  
 Telephone (301) 443-6197

### **Utah Rural Physician Loan Repayment Program**

This program is designed to repay a percentage of educational loans based upon an agreement from the applicant to serve a minimum two-year commitment in a medically underserved area of Utah. All applicants must be United States citizens or permanent residents, be eligible to obtain an unrestricted license to practice medicine in the State of Utah, exhibit a strong commitment to service Utah's medically underserved, and be available to begin practice within one year of application. For more information contact:

Sandra A. Assasnik, Program Specialist  
 Utah Department of Health  
 Bureau of Primary Care and Rural Health Systems  
 P.O. Box 142005  
 Salt Lake City, UT 84114-2005  
 Telephone (801) 538-6387  
 Email: [sassasni@doh.state.ut.us](mailto:sassasni@doh.state.ut.us)

### **Institutional loans and Scholarships**

The School of Medicine presently has a number of small loan and scholarship accounts made available by private donors. Most of these loans are at a 7% interest rate and are deferred through medical school and a portion of residency training. Scholarships are minimal and awards are based upon academic performance, need as determined by the Financial Aid Office, total educational indebtedness, and any specific requirements made by the donors. To be considered for the institutional loans and scholarships, students must complete a School of Medicine Supplemental Application for Financial Aid.

### **STUDENT GOVERNMENT ORGANIZATION**

Student body president(s) are elected in the spring by the entire student body for the next academic year. They are traditionally senior students in good standing. Each class elects two presidents per year. The Student Government Organization is an advisory board of the class and student organization presidents, chaired by the student body presidents. Its main functions are to coordinate student activities, manage student funds, and facilitate communication between the administration and students.

### **STUDENT ORGANIZATIONS AND INTEREST GROUPS**

Alpha Omega Alpha

### American Medical Association

American Medical Student Association  
American Medical Women's Association  
Anesthesia Interest Group  
Association of Minority Medical Students  
Christian Medical and Dental Association  
Collegium Aesculapium Foundation, Inc.  
Eklektikos  
Emergency Medicine Interest Group  
Family Medicine Interest Group  
Hope Alliance  
Integrative Health Interest Group  
Internal Medicine Interest Group  
International Health Club  
LDS Institute  
Medical Student Alliance  
Medical Students for Choice  
Medical Student Informatics Group  
Organization of Student Representatives  
Pediatric Medicine Interest Group  
Radiology Interest Group  
Rural Medicine Interest Group  
Student Interest Group in Neuroscience  
Student Physicians for Social Responsibility  
Surgery Interest Group  
Tennis Interest Group  
Utah Rural Outreach Program  
Wilderness Medicine Interest Group

## **How to Start a School of Medicine Student Interest Group or Organization**

To become an official student group or organization, please follow the instructions below. This registration form **MUST** be completed and approved by the Dean's Office before the group holds any formal activities, events, or meetings.

Develop an outline about what type of group or organization you would like to start and the purpose or goals of this group.

E-mail the student affairs dean proposing the idea of starting a new group and include information about your group and the names of *potential* advisors. Each group **MUST** have a

faculty advisor.

Finalize who will be the group's faculty advisor.

Register your group with the Office of Student Affairs. See the Office of Student Affairs for a registration form. Please be prepared to list the names of other student officers, your faculty advisor, their contact information and *their signature*, potential funding sources, and any major events your group plans to host. Your group must also turn in a copy of your current bylaws or rules of information, if applicable.

If you plan on petitioning ASUU funds, you must registered your group with ASUU well before you turn in your group's funding request. Please visit ASUU's web site ([www.asuu.utah.edu](http://www.asuu.utah.edu)) for funding guidelines and spending restrictions. Registering your group with ASUU will also list your groups name, contact, and purpose with the main campus student group directory.

Follow the guidelines for soliciting funds for your group.

Become familiar on how to manage any funds your group receives. ASUU funds must be maintained in an ASUU account and are subject to the policies and procedures pertinent to those accounts. All other funds must be administered by the dean's office in a University account, and are subject to University policies and procedures regulating spending and reimbursement. University funds may NOT be maintained in a private account. Your treasurer is responsible for tracking these funds and being familiar with the institution's reimbursement and spending forms and processes. Advisors may also receive financial reports, if desired. For assistance, please see the Office of Student Affairs (1C101) or the Finance Office (AC101).

## University of Utah School of Medicine Organization/Interest Group/Club Registration Form

**◆ This registration form MUST be completed, turned in, and approved by the Dean's Office. Registration for each group or organization is to be filed with the advisor and Dean's Office for the group to hold any formal activities, events, or meetings.**

**◆ Name of Organization:**

**Purpose of Organization:**

(Attach a copy of your groups Bylaws or Rules of Information)

**◆ Student Officers:**

**Name:            Title:**

**Name:            Title:**

Name: Title:  
Name: Title:

◆ Faculty Advisor: Department:  
Phone number: Campus Address:

*I agree to act as the advisor for this group or organization*

Signature Date

◆ Please list any major events your group or organization plans on hosting this year:

◆ Funding Sources: (i.e. departments, ASUU, Dean's Office, fund raising, student travel funds, etc.)

◆ Date registered with ASUU (if applicable):

(Annually registering with ASUU enables your group to apply for ASUU funds)

(Attach a copy of your ASUU registration form)

**For Dean's Office Use Only:**

Approved Bylaws ASUU Registration



**Constitution Guide**

**Constitution of (*Organization Name*):**

**Adopted on (*Date*):**

**Article I Name**

A. State the official name of the club or organization

**Article II Purpose**

A. State the purpose and objectives of the group

**Article III Membership**

A. State the qualifications of the group's members (assuring that no discrimination will take place)

- B. State the requirements to become a full member
- C. State the rights and privileges of a full member

#### **Article IV Meeting**

- A. State the number of member meetings that should be held during the school year and when they are to be held
- B. State procedures for calling regular and special meetings, if applicable

#### **Article V Executive Board**

- A. State the titles of the Executive Board and their responsibilities
- B. State the procedures for handling vacancies within the Executive Board.

#### **Article VI Elections**

- A. State which officers will be selected by the membership, the length of the terms, and how many times a person may hold the same office
- B. State the procedures for nominating members
  - C. State how and when elections will be held
- D. State runoff procedures

#### **Article VII Funds**

- A. State procedure for allocating club funds (revenues and expenses)

#### **Article VIII Committees**

- A. State the name(s) and purpose of each standing and/or ad-hoc committee(s)

#### **Article IX Affiliations**

- A. State any affiliations with local, state, regional or national organizations

#### **Article X Advisor**

- A. State procedures for selecting an advisor and their required qualifications
- B. State the duties of an advisor

#### **Article XI Ratification**

- A. State how the Constitution will be ratified by the membership

#### **Article XII Amendments**

- A. State how an amendment will be presented, to whom it will be presented, and how it will be ratified

#### **Article XII Bylaws**

- A. State procedures for the inclusion of any rules or regulations specific to the club or organization

## **Student Fund Raising Policy**

### 1. Purpose

To outline fund-raising procedures for students in the Health Sciences at the University of Utah.

### 2. Policy

- A. Students from the colleges of nursing, pharmacy, health, and the School of Medicine must obtain written approval from their dean or designee in student affairs and from the development office for any fund-raising activity before proceeding.

- B. The full-time development staff is authorized to conduct fund-raising activities in the university's name in accordance with these guidelines and with the University of Utah Policies and Procedures. Development or fund-raising activities campus-wide are to be coordinated with the Health Sciences Development Offices.
- C. Students seeking private funding for any amount must complete and submit a Request for Fund-Raising Approval form to the Health Sciences Development Office. The form must have all approval signatures, including the dean's, before the request will be considered. No solicitations of donors may take place without an approved Fund-Raising Approval form in hand.
- D. Solicitation of an approved donor must take place within two months of the date of approval. During that time, no other University of Utah entity can solicit that donor unless approval is obtained from the vice president of development.
- E. A list of all donor prospects must be submitted to the Health Sciences Development Office prior to soliciting any gifts.
- F. A list of all donors solicited and amounts given must be submitted to the Health Sciences Development office at the completion of the fund-raising in order to record the gifts appropriately.
- G. No students may solicit gifts from any donor whose name appears on the President's reserve list that is on file in the Student Affairs Office.
- H. Students will be personally responsible and liable for the collection and safe keeping of the gift. Ultimate use of any funds raised will be overseen by a department or college administrator.
- I. Raised funds must be deposited through the Health Sciences Development Office into student accounts overseen by the dean or a faculty/staff designee.
- J. Gifts-in-kind (furniture, food, etc.) must be receipted for the amount specified by the donor(s).
- K. Students must not solicit the department or the doctors in their areas, but can go to pharmaceutical reps.
- L. In order to sell T-shirts or other paraphernalia with the caduces or U of U Logo on it, prior approval must be obtained through the U of U Bookstore.

## **MEDICAL STUDENT CODE OF ETHICS**

### **Introduction**

The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility not only to patients, but also to society, to other health professionals, and to self. As future physicians, students should adhere to the Code of Student Rights and Responsibilities (Policy 8-10 Rev: 3) and the Medical Student Code of Ethics below as standards of conduct, which define the essentials of honorable behavior for future physicians. Accordingly, academic

policy extends to any case of alleged misconduct by a student in the School of Medicine whenever the alleged misconduct raises the question of the student's suitability as a member of the medical profession.

### **Medical Student Code of Ethics**

As a student at the University of Utah School of Medicine, I understand that it is a great privilege to study medicine. Over the course of my training, I will assume extraordinary responsibility for the health and well being of others. This undertaking requires that I uphold the highest standards of ethical and compassionate behavior. Accordingly, I have adopted the following statement of principles to guide me throughout my academic, clinical, and research work. I will strive to uphold both the spirit and the letter of this code in my years at the University of Utah School of Medicine and throughout my medical career.

#### **Honesty**

- I will maintain the highest standards of academic honesty.
  - I will truthfully represent myself as a student at all times to patients and healthcare providers.
  - I will neither give nor receive aid in examinations or assignments unless such cooperation is expressly permitted by the instructor.
  - I will be truthful with patients and will report accurately all historical and physical findings, test results, and other information pertinent to the care of the patient.
  - I will conduct research in an unbiased manner, report results truthfully, and appropriately credit ideas developed and work done by others.

#### **Confidentiality**

- I will regard confidentiality as a central obligation of patient care.
  - I will limit discussions of patients to members of the health care team in settings removed from the public ear (e.g. not in elevators, hallways, cafeterias, etc.).

#### **Respect for Others**

- I will uphold a classroom atmosphere conducive to learning.

- I will interact with instructors and peers in a considerate and cooperative manner.
- I will treat patients and their families with respect and dignity both in their presence and in discussions with other members of the health care team.
- I will interact with patients in a way that ensures their privacy and respects their modesty.
- I will interact with all members of the health care team in a considerate and cooperative manner.
- I will not tolerate discrimination on the basis of race, gender, religion, sexual orientation, age, disability, or socioeconomic status.
- I will judge my colleagues fairly and attempt to resolve conflicts in a manner that respects the dignity of every person involved.

**Responsibility**

- I will conduct myself professionally--in my demeanor, use of language, and appearance--in the presence of patients, in the classroom, and in health care settings.
  - I will set patient care as the highest priority in the clinical setting.
  - I will recognize my own limitations and will seek help when my level of experience is inadequate to handle a situation on my own.
  - I will not use alcohol or drugs in any way that could interfere with my clinical responsibilities.
  - I will not use my professional position to engage in romantic or sexual relationships with patients or members of their families.

- I will participate fully in the enforcement of this statement of principles. I realize that failure to take appropriate action is itself a violation of the principles.

### **Expectations of Faculty, Residents, and Fellows**

- I have the right to expect clear guidelines regarding assignments and examinations, as well as to have testing environments that are conducive to academic honesty.
- I cannot be compelled to perform procedures or examinations which I feel are unethical or beyond the level of my training.
- I have the right to not be harassed and to not be subjected to romantic or sexual overtures from those who are supervising my work.
- I have the right to be challenged to learn, but not abused or humiliated.

## **HEALTH ISSUES**

### **Health Insurance**

All students are required to have health insurance coverage. Options include University of Utah Student Health Insurance, private individual insurance, coverage on parents' or spouse's insurance, or enrollment in a group policy such as Utah Medical, American Medical, or American Medical Student Associations. Failure to provide proof of coverage to the Office of Student Affairs will result in a hold on the student's registration. Students are encouraged to have health insurance coverage for their dependents also.

### **Student Health Service**

The University of Utah Student Health Service is located at Madsen Clinics, 555 Foothill Boulevard. Any University of Utah student may receive treatment there for a nominal fee. Students who have University of Utah Student Health Insurance **must** visit the Student Health Service **before** seeking other health care except in life threatening emergencies. Visits to the University of Utah Hospital or clinics will be covered by University of Utah Health Insurance only if the patient is referred there by the Student Health Service.

### **Disability Insurance**

All medical students are automatically enrolled in group disability insurance with payment included in the tuition statement. This insurance carries guaranteed portability through conversion to individual insurance during residency and private practice.

### **Immunizations**

Diphtheria/tetanus, mumps/measles/rubella (MMR), polio, influenza, and hepatitis B immunizations are required of all medical students. Diphtheria/tetanus, MMR, and polio must be completed prior to the beginning of school. The hepatitis B series must be started before school commences. An influenza immunization should be obtained each school year.

### **Tuberculin (TB) Tests**

All medical students must have a tuberculosis test upon acceptance to medical school and annually thereafter. Student TB testing is done by the Student Health Service. If positive, Student Health will arrange a chest x-ray. If indicated, prophylactic or treatment medications may be prescribed.

### **Infectious and Environmental Exposure**

Students must observe Occupational Safety and Health Administration (OSHA) standard universal precautions for minimizing risk of exposure to infectious disease. Bloodborne pathogens and tuberculosis infection control mandatory training sessions are provided in medical school annually.

## **CAMPUS FACILITIES AND SERVICES**

### **Student Lounge**

There are two student lounges in the Health Sciences Education Building. The medical student study lounge is located on the third floor. It is equipped with a refrigerator, microwave oven, and your student mailbox. Each class is assigned months to oversee the medical student study lounge and is responsible for reporting problems to the Office of Student Affairs. The other is a common social and recreational lounge shared with all health sciences students.

Medical school administration and departments may distribute approved material to the appropriate medical student mailboxes in the lounge. Routine telephone messages are placed in students' mailboxes. The student mailboxes may not be used for advertising material. Students should not use the School of Medicine as a mailing address.

### **Student Resource Library**

This Resource Library is in room 1C105 SOM. This library houses reference books of all kinds from study aids for shelf exams and board exams, to textbooks of different varieties, to information for match and residencies. There is also a typewriter for student use.

**The Spencer S. Eccles Health Sciences Library** is located in a separate building immediately north of the Health Sciences Education Building. It accommodates patrons at individual carrels and study tables on all three floors. The Public Services Department, located on the main floor, provides assistance in the use of the library, the online catalog, online database services, including MEDLINE or PubMed, and Internet resources. Computer workstations, laptops, laser printers, scanners, videotape players, and slide projectors are available for use. Wireless access is available throughout the building.

The library contains approximately 212,000 books, bound journals and government documents;

1,600 current medical B print and electronic B journal subscriptions; and 600 audiovisual and computer software programs. It is an official depository for US government publications in the health sciences. A wide variety of workshops are offered in computer applications and electronic resources. Many of the library's resources and services including electronic journals and databases are accessible 24 hours a day via the library's website:  
<http://medlib.med.utah.edu>.

The library circulates books, theses, and government documents for four weeks with one two-week renewal. Bound journals circulate for three days with no renewal. Unbound journals do not circulate. Materials from the open and closed reserve collections may be checked out of the library two hours before closing and must be returned within one hour of opening the following day. Fines are assessed for lost, damaged, or overdue material.

The library is open daily during regular school sessions:

Monday - Thursday 7:00 a.m. to 11:00 p.m.  
Friday 7:00 a.m. to 8:00 p.m.  
Saturday 9:00 a.m. to 8:00 p.m.  
Sunday 11:00 a.m. to 11:00 p.m.

The photocopy service area closes fifteen minutes earlier than the rest of the library. Extended hours are offered during final examination periods. During semester breaks and summer school session, the library hours may be shortened. Hours are posted at the library entrance and on the library's website.

### **Bookstores**

The University Bookstore is located south of the Student Union Building. The Health Sciences Bookstore is located on the first floor of the Health Sciences Education Building. The hours at both bookstores are Monday through Friday from 8 a.m. to 5 p.m., and Saturday 11 a.m. to 3 p.m.

### **Registrar's Office**

The Registrar's Office, where students can obtain official transcripts, is located at 250 Student Services Building. Infractions (academic, financial, health, etc.) result in withholding of registration and/or transcripts until deficiencies are corrected.

### **Income Accounting Office**

The Income Accounting Office, where students pay tuition and fees and purchase insurance, is located at 165 Student Services Building.

### **Financial Aid Office**

The Financial Aid Office is located at 105 Student Services Building (SSB). Students apply for financial aid after January 1 for the next academic year. Awards are made for one year with distribution on a two or three semester basis: Fall and Spring semesters for freshmen and seniors; and Fall, Spring and Summer semesters for sophomores and juniors. Tuition is not deducted

from the summer disbursement. If students experience financial difficulty during the academic year, they may seek counseling and help in the Office of Medical Education and Financial Aid, Room 1C105A School of Medicine. A counselor from the Financial Aid Office is available in the School of Medicine once a week, by appointment. Students may also obtain help in the Financial Aid Office, 105 SSB.

Students awarded financial aid will receive notification at the beginning of the academic year. Financial aid awards must be officially accepted by each student. If a student receives a Federal Subsidized and/or Unsubsidized Stafford Loan, a promissory note needs to be completed and signed at the beginning of the academic year, unless a master promissory note was completed during the previous year. A promissory note for institutional loans, which include Perkins, Primary Care Loan, and any loans from the medical school, must also be signed at the beginning of the academic year. Once this has been done, funds are processed through the Income Accounting Office, where tuition and fees are deducted. If the award exceeds the cost of tuition and fees, the student will receive a remainder check for the balance or the balance can be deposited to a designated personal bank account. If the award does not fully cover tuition and fees, the balance must be paid by the tuition deadline date or a late fee will be assessed.

**University Housing** Office, located at 1945 Sunnyside Avenue, assists students in finding living accommodations. Specific information on university residential living accommodations can be found at [www.orl.utah.edu](http://www.orl.utah.edu). Information regarding university student apartments can be found at [www.apartments.utah.edu](http://www.apartments.utah.edu).

### **Parking**

The Department of Commuter Services requires students who drive to campus to register their vehicles and purchase annual parking permits. Vehicles displaying university permits are cited under a university citation system for rule infractions. Vehicles not displaying a university parking permit are cited and referred to the Fifth Circuit Court. Parking citations may be appealed. Complete campus parking regulations are listed in the Parking Regulations Brochure available from Parking Services.

### **Student Identification Cards**

These are issued after registration from the ID Bureau. The first card is free. Replacement cards will be assessed a fee. Medical students have access to the Health, Physical Education, and Recreation Complex and the Einar Nielsen Field house to participate in activities such as basketball, jogging, racquetball, swimming, tennis, volleyball, and weight lifting. During the summer, students must pay a nominal fee at the field house to use the facilities.

### **Nametags**

Nametags, which are issued during the first week of the freshman year, must be worn in all School of Medicine settings. Lost tags must be replaced by paying a fee to the hospital cashier to obtain a receipt, which will authorize the University Hospital Engineering Department to issue a new tag.

## **STUDENT FUNDS/TRAVEL**

### **Medical Student Fund**

The purpose of this fund is to finance medical student activities. This fund is divided into annual class funds and general student body funds. Allocation of the class funds is made by class presidents. Decisions regarding allocation of the general student body funds are made by the student body presidents, subject to compliance with University of Utah and School of Medicine guidelines and approval by the Office of Student Affairs and Education. Sources of financial support for the medical student fund include:

I. The Dean's Office of the School of Medicine.

II. The Associated Students of the University of Utah (ASUU) for special projects. The ASUU student senator and/or assembly member to their respective organizations may present requests for such projects.

III. The University Publications Council for medical school publications on request.

IV Private organizations or individuals, with the approval of the dean.

V. Student fundraisers.

### **Travel**

ASUU allocates money annually for student travel. The student body presidents decide who will receive the travel money based on applications from the various student organizations. The applications should include the purpose of the travel and an explanation of how this travel would benefit the entire student body. Another option for securing travel funds is the student group parent organization.

Approved travel must be arranged with the School of Medicine Office of Financial Affairs. Students invited to present research papers at regional or national meetings should seek funding for travel expenses from their sponsoring department. Such travel will not be funded through medical student funds.