

Student Handbook

2015-2016

University of Utah School of Medicine



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General Information

Introduction

The Student Handbook is the official document of policies, procedures, and resources of the University of Utah School of Medicine. All medical students must be familiar with its contents. Every effort will be made to continuously provide students accurate and current Handbook information, but the School of Medicine reserves the right to change, without notice, policies, procedures, programs, and other matters as circumstances dictate. Current policies, procedures and standards of the Handbook will apply to all current students regardless of their matriculation date. The Student Handbook is available on the School of Medicine website at:

http://medicine.utah.edu/paa/student_handbook2014-15.pdf

Our Mission

The University of Utah School of Medicine serves the people of Utah and beyond by continually improving individual and community health and quality of life. This is achieved through excellence in patient care, education, and research. Each is vital to our mission and each makes the others stronger.

We provide compassionate care without compromise.

We educate scientists and health care professionals for the future.

We engage in research to advance knowledge and well-being.

Medical Student Code of Ethics

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 (<http://www.regulations.utah.edu/academics/6-400.html>) 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 medical 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.).
- I will not divulge patient information or breach patient confidentiality in any venue, including social media.

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.

Medical School Tuition and Fees

Current tuition rates and a breakdown of fees per semester can be found at:

<http://fbs.admin.utah.edu/download/income/Graduate/SM.pdf>

Medical School Courses

Only matriculated University of Utah dental students, medical students and graduate students in approved programs that require medical school course/s are permitted to enroll in School of Medicine course offerings. No student from any other medical school, whether it is a US or international medical school, may participate in courses or the third year core courses or clerkships regardless of openings in individual courses or clerkships that may exist. Students from other medical schools may participate in the senior elective offerings through the AAMC Visiting Student Application Service (VSAS). For information about the School of Medicine Visiting Student Program see:

<http://medicine.utah.edu/studentaffairs/visiting/index.php>

The Dean's Office

The Dean's Office, under the direction of the Dean of the School of Medicine, oversees all issues relating to undergraduate and graduate medical education.

Admissions

This office, under the direction of the Assistant Dean of Admissions, is responsible for accepting the incoming class by coordinating the School of Medicine application process from initial review to final acceptance and matriculation.

The Admissions Committee is composed of School of Medicine faculty and staff, community physicians and fourth year medical students. Because of increased emphasis on inter-professional education among the different colleges, faculty and staff from the College of Nursing, College of Pharmacy and Physician Assistant Program, as well as members of the community may participate in the admissions process.

The Office of Admissions maintains an active outreach program with the Premedical Advisors for all of the colleges and universities throughout Utah and Idaho. These relationships assure that current School of Medicine admissions policies are disseminated in a timely fashion. The Office of Admissions maintains a website that includes extensive information about our requirements as well as a self-assessment tool for prospective applicants.

<http://medicine.utah.edu/admissions/>

Curriculum and Medical Education

This office, under the direction of the Associate Dean of Curriculum, oversees the integrated medical education program that fully prepares students to take on their increasingly complex roles as future physicians and physician-scientists in training. This office plans and implements the educational schema of the medical school curriculum; collaborates with faculty, staff, and students on curricular issues; and supports the highest attainment of medical education, scholarship, and professionalism in accordance with the School of Medicine's educational mission.

<http://medicine.utah.edu/medicaleducation/>

Inclusion and Outreach

This office, under the direction of the Associate Dean of Inclusion and Outreach (OIO), oversees the School of Medicine's community service, community health, and service learning programs. The Office is committed to enhancing medical student educational experiences and academic development, providing a hands-on community context for students' didactic and clinical educational experiences. Medical students participate in OIO sponsored community service learning programs as part of the service thread of the medical school curriculum.

<http://medicine.utah.edu/outreach/>

Office of Professionalism, Evaluation and Learning

This office, under the direction of the Associate Dean for Professionalism, Evaluation and Learning, oversees medical students' academic performance and ensures that students uphold professional behavior standards through all aspects of medical education. Additionally, this Office is charged with investigating and resolving student mistreatment complaints. Services offered by this office support the School's goals to promote medical student personal and professional development, accountability and academic success. Services include academic enrichment workshops, resources for students in need of academic assistance, administration of the Learning Resource Center and curricular evaluation.

<http://medicine.utah.edu/paa/index.php>

Learning Resource Center

The Learning Resource Center, under the Director of Learning Resources, provides academic guidance and assistance to maximize learning experiences for all University of Utah medical students. The Learning Resource Center director is responsible for the development, implementation, and coordination of a wide range of academic support programs and services.

<http://medicine.utah.edu/learningresources/>

Student Affairs

This office, under the direction of the Associate Dean for Student Affairs, meets medical students' individual needs as they relate to wellness, matriculation, academic progress and graduation. Services offered by the Office for Student Affairs are designed to assist students in achieving their educational goals, and include student wellness activities, financial aid counseling and processing; registration and course scheduling, personal counseling, and residency application assistance.

<http://medicine.utah.edu/studentaffairs/>

Curriculum

Curriculum Overview

The School of Medicine has determined that a broad-based, undifferentiated and patient-oriented curriculum is critical for developing the knowledge and skills of future physicians. The School seeks to graduate students with the tools necessary to function in wide ranging, diverse clinical settings and with the ability to render a broad spectrum of patient care. The four year program of medical education constitutes an introduction to a continuously and rapidly changing discipline. The mastery of medical knowledge and technical skills requires a life-long commitment to self-education. The competency-based medical school curriculum is designed to optimally prepare medical students for residency training. The organization and longitudinal, integrated components of the medical school curriculum are as follows:

Curriculum Organization

Learning activities in the pre-clerkship years focus on teaching integrated **Medical Sciences** in the context of clinical problems, clinical skills and medical decision-making.

Clinical Medicine learning activities prepare students for authentic clinical experiences in primary care, subspecialty and hospital based settings prior to entry into the clerkship years.

Medical Arts focuses on students' professional growth, self-awareness and self-assessment through the analysis of cases and stories that highlight social, economic, cultural, gender and ethical issues encountered in medical practice.

As students enter the clinical setting and advance to clinical problem solving with real patient encounters, learning activities focus on the application and expansion of **Medical Sciences, Medical Arts, and Clinical Medicine**.

Scholarly Activity and **Community Service Learning** expectations are part of the core curriculum and promote the development of students' commitment to independent investigation, lifelong learning, community service and professional development.

Medical Sciences: the knowledge upon which the practice of medicine is based, including traditional basic science, organ system science, and clinical manifestations of disease. Learning modalities include lectures, laboratory experiences, integrated clinical case discussions, and independent study targeted to meet learning objectives.

Medical Arts: the contextual practice of medicine taught through such topics as Medicine and Society, Cultural Competence, Professionalism, Ethics, Communication Skills, Hidden Bias, the Doctor-Patient Relationship, Physician Development, Medical Economics, Medical Systems, and Medical Humanities. Learning modalities include lecture, clinical case discussions, clinical experiences, self-reflection essays, role modeling and mentorship targeted to meet learning objectives.

Clinical Medicine: the skills of practicing medicine include history taking, physical examination, critical thinking, self-study, use of medical informatics, teaching and advocating for health promotion, working in health care teams, epidemiologic investigation and reporting. Learning modalities include the use of

standardized and simulated patients, electronic resource instruction, computer-aided simulation, and participation in increasingly complex patient encounters.

Scholarly Activity: Students must understand medical research, the value of research results, the nature and constraints in determining the scientific validity of medical information, and the essential role of scholarly activity in the life of the physician. To develop these skills, each student is required to undertake an independent, learner-centered scholarly activity during medical school. The MD/PhD, MD/MPH and internal as well as external medical student summer research programs offer opportunities for initiating the scholarly activity. Completion of the scholarly activity is a graduation requirement.

Community Service Learning: Medicine, at its core, is grounded in promoting patient and public wellness. It is inherently a profession of service, specifically public service. As such, all medical students participate in community service learning as part of their medical education. Students may choose to participate in School of Medicine sponsored community service learning activities offered through the Office of Inclusion and Outreach. Alternatively, students may fulfill their longitudinal community service learning requirement through independently organized activities, but these activities must be approved by the Associate Dean for Inclusion and Outreach. Completion of the service learning experience is a graduation requirement.

School of Medicine Dual Degree Programs

MD/PhD Program

The dual degree MD/PhD program is designed to provide an outstanding education to prepare students for a career as physician-scientists in academic medicine at a medical school or research institute. The program is structured to provide rigorous scientific training and clinical educational experiences to develop students' clinical acumen and investigative skills. At least three additional years of work beyond the standard four year medical school curriculum are required to complete the MD/PhD program. Most medical students are accepted into the MD/PhD program before matriculation, but interested students are invited to apply to the program during their first year of medical school.

<http://medicine.utah.edu/mdphd/>

MD/MPH and MD/MSPH Programs

The dual degree MD/MPH (Master of Public Health) and MD/MSPH (Master of Science in Public Health) degrees combine clinical training with the perspective and skills of public health and preventive medicine. The MD/MPH degree requires an additional year of study beyond the standard four year medical school curriculum with 45 credit hours of course work. The MD/MSPH is a research-based degree and requires an additional 55 credit hours of course work and a completion of a formal research thesis. The MSPH requires an additional 1.5 years of study beyond the standard four year medical school curriculum.

Medical students in good academic standing are eligible to apply to dual degree MD/MPH and MD/MSPH programs. Good standing is defined as having passed all courses to date, successfully completed all academic requirements, achieved required levels of competency, passed the appropriate USMLE licensing examination, demonstrated consistently professional behavior and upheld the Student Code of Ethics. Interested students must meet with the Associate Dean for Student Affairs before applying. Students are required to take a Leave of Absence from medical school to complete their Public Health Program course work. The leave should be taken between the second and third years of medical school following successful completion of Phase 2, which includes posting a passing USMLE Step 1 score.

Students must apply to the MD/MPH and MD/MSPH programs through the Division of Public Health in the Department of Family and Preventative Medicine. Medical students may substitute the MCAT for the Graduate Record Examination (GRE) requirement.

<http://medicine.utah.edu/dfpm/divisionph/>

MD/MS BioInnovate Track

BioInnovate is a fully-accredited Master of Bioengineering degree track that aims to provide a comprehensive biomedical device design and entrepreneurship training program through the use of a multidisciplinary, hands-on teaching approach in classroom, clinical, and laboratory settings. Students will be trained in clinical problem identification, medical device innovation, and commercial translation. This track builds on a collaborative relationship between the College of Engineering, School of Medicine, and Tech Ventures and creates a unique interface that moves new ideas towards development and commercialization.

Interested medical students in good standing are eligible to apply to the BioInnovate Track. Good standing is defined as having passed all courses to date, successfully completed all academic requirements, achieved required levels of competency, passed the appropriate USMLE licensing examination, demonstrated professional behavior, and upheld the Student Code of Ethics.

Interested students must meet with the Associate Dean for Student Affairs before applying to the BioInnovate track. Students accepted into the program must take a one year leave of absence from medical school to complete their work. The leave of absence is granted at the discretion of the Associate Dean for Student Affairs.

<http://www.bioinnovate.utah.edu/index.html>

MD/MBA Program

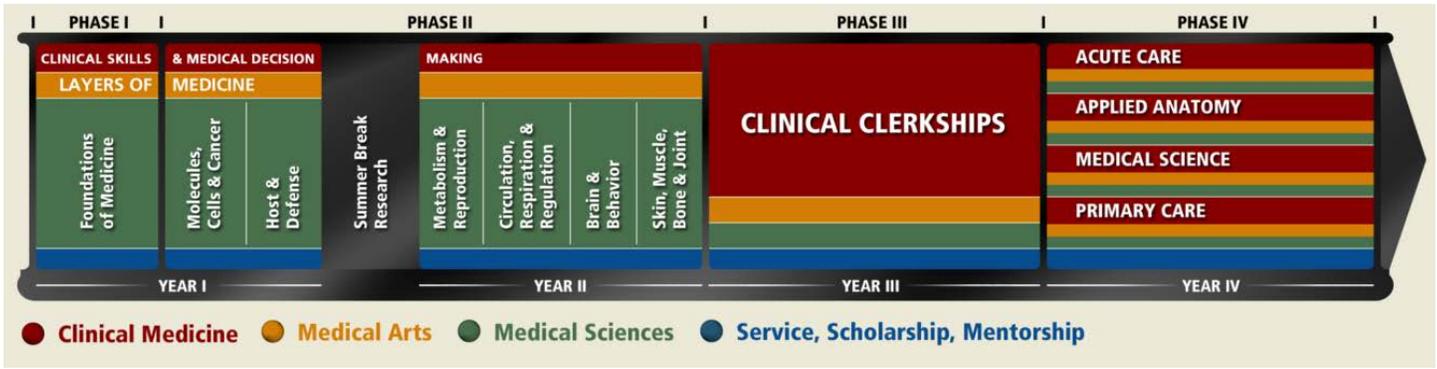
The combined MD/MBA program is offered through a joint program with the School of Medicine David Eccles School of Business. One year beyond the standard four year medical school curriculum is required to complete the MD/MBA program. The MBA requires 50 credit hours of course work which is concentrated in the fourth year with additional courses integrated into the fifth year.

Students who wish to apply for the combined MD/MBA degree must have the approval of the Associate Dean of Student Affairs prior to admissions into the program. A formal application to the David Eccles School of Business is required during the third year of medical school. Application requirements include three short essays, two letters of recommendation, and the Graduate Management Admissions Test (GMAT) or Graduate Record Examination (GRE).

Further information can be obtained from Brad Poss, MD, MD/MBA Program Director at

brad.poss@hsc.utah.edu

Curriculum Structure



Educational Phases

There are four sequential phases of the curriculum with an integrated emphasis on each of the three components of medical education.

Phase 1

(ca. 3 months)

Clinical Medicine:

- students learn the basics of history taking, physical examination and clinical skills

Medical Arts:

- confidentiality, professionalism, accountability, ethics, doctor patient relationship, HIPAA
- medical informatics, medical record systems

Medical Sciences:

- overview of body systems
- limited components of anatomy, biochemistry, histology, immunology, pathology, pharmacology, physiology
- establish foundation for Phase 2 instruction

Phase 2

(ca. 18 months)

Clinical Medicine:

- ambulatory primary care continuity experiences
- subspecialty clinic experiences, correlated with Medical Sciences where possible
- clinical skills experiences

Medical Arts:

- Learning modalities emphasize ethics, professionalism, medical informatics, medical economics, medical systems, etc...

Medical Sciences:

- courses emphasize the clinical application of the basic sciences

- students' progress towards ability to make differential diagnoses

Phase 3

(ca. 12 months)

Students participate in inpatient and tertiary care learning activities that emphasize clinical medicine. Learning activities occur in the core clinical courses. Students rotate through Family Medicine, Internal Medicine, Ob/Gyn, Pediatrics, Psychiatry, Neurology and General Surgery course and they continue in the Clinical Methods Curriculum.

Medical Science and Medical Arts teaching are integrated into each Phase 3. Medical Science teaching is designed to revisit, reiterate and enhance basic science concepts presented in Phases 1 and 2 in clinical context. Medical Arts material focuses on issues of humanism, professionalism, cultural competence, and ethics in the context of actual clinical experiences.

Phase 4

(ca. 12 months)

Students develop advanced skills through their chosen sub-internship, a critical care rotation, advanced internal medicine course and elective course work. The School of Medicine utilizes the learning community model to deliver medical education and career mentoring necessary to prepare fourth year medical students for their internship. Students prepare for entry into residence by selecting a curriculum track specific to their career specialty interests.

Grading System

The official medical student transcript is a pass/fail/incomplete record maintained by the University Of Utah's Registrar Office. The School of Medicine also assigns honors/pass/fail/incomplete grades on the internal, unofficial transcript. The internal transcript is maintained by the Office of Student Affairs. The internal transcript will be used to compose the Medical Student Performance Evaluation (MSPE). Both the official University of Utah and the internal School of Medicine transcripts are submitted to the Electronic Residency Application Service (ERAS) when students apply for residency training positions.

Criteria for assigning grades reside with individual course directors. Grading criteria are provided to students in writing at the beginning of each course. Course directors and teaching faculty are responsible for disseminating the general content of each course, for defining performance expectations, and for defining and publicizing the criteria upon which students will be evaluated.

Phase 1 and Phase 2

During Phase 1 and Phase 2, grade assignments are generally based on numerical scores. Course Directors will maintain records of students' numerical scores on learning activities and may compile a class ranking for that particular course. However, only P, F, or I (pass, fail, or incomplete) grades are reported to the Registrar.

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 calendar year.

Phase 3 and Phase 4

Students participating in Phase 3 and 4 learning experiences will be evaluated for their fund of knowledge, clinical judgment, and their ability to integrate and apply learned concepts in the context of patient care. Professional qualities being evaluated in Phase 3 and 4 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 considered when assessing overall performance in Phase 3 and 4 learning experiences. An Honors/Pass/Fail/Incomplete grading system is used for Phase 3 and 4 clinical courses. Refer to individual course syllabi for goals, objectives, requirements, and grading procedures.

Appealing a Grade/Score – Phase 1 and Phase 2

A. Individual Graded/Scored Components in a Course :

Final course grades are composed of scored and pass/fail assessments in the course (e.g. quizzes, assignments, etc.). Scored components for each course are provided in the course syllabus.

If a student feels s/he has received an inaccurate grade/score on an *individual course component*, s/he may appeal the graded/scored component to the course director/s up to three business days after the grade/score is posted. The course director(s) will have three business days to respond to the appeal. If a student wishes to challenge a course director's decision, s/he may appeal to the Associate Dean of Curriculum. The student must submit a one page written appeal summary and schedule and appointment to discuss the written appeal with the Associate Dean within three business days of receiving the course director's decision. The Associate Dean of Curriculum will render a final decision in the matter.

B. Appealing a Final Failing Grade in a Course

1. See **Policies and Procedures** - Process for Disputing a Final Failing Grade.

Appealing an Individual Component of an Evaluation in a Phase 3 or Phase 4 course

Students who feel they have received an inaccurately graded component of a course in Phase 3 or 4 may appeal the graded component up to two weeks after the course, course grade has been posted. The student must appeal to the course director to discuss their concerns regarding the individual component in question, including but not limited to assignments, log entries, presentations, the end of course OSCE, summative global performance assessment and/or narrative comment/s. If the student is not satisfied with the outcome of the discussion with the director, s/he must deliver a one page typed summary of the evaluation concern and schedule an appointment to discuss the written concern with the Associate Dean of Curriculum, who will have final say in the matter.

Student Evaluations of Courses

The School of Medicine endeavors to educate medical students in a manner that fosters professional growth and personal accountability, affording them the opportunity to become the best possible physicians. One of the most powerful tools used to assess the quality and effectiveness of the curriculum is constructive student feedback. The Office of Professionalism, Evaluation & Learning is charged with overseeing School of Medicine course evaluations. Qualitative and quantitative measures will be used to evaluate students' course experiences. Evaluation responses are confidential. Evaluation responses shall not influence students' course grade.

Student participation in the evaluation process is required and it is a professional responsibility. Students who

fail to complete their assigned evaluations in the required time frame will receive notification of non-compliance and will be referred to the Office of Professionalism, Evaluation & Learning for non-compliance. Upon receipt of the first notification, a student is required to meet with the Associate Dean and/or Senior Director. A second notification will result in a formal lapse in professionalism notation in the MSPE. Any student who receives a third notification of non-compliance will be automatically referred to the Promotions Committee.

Quantitative Evaluations

At the conclusion of each course, medical students are required to complete a summative evaluation. Evaluations are completed electronically and confidentially. A summary evaluation report is generated from compiled, de-identified summative evaluation responses and is shared with the Associate Dean of Curriculum, course director/s, and relevant Division and Department Chair/s.

Qualitative Evaluation

Upon completion of each course in Phases 1 and 2, the Phase 3 core clinical courses and the Phase 4 required clinical activities; a randomly assigned group of students will participate in a debriefing session. Debriefing sessions give students the opportunity to discuss, in depth, the successes, challenges and opportunities for improvement in each course. Participation in debriefing sessions is required. An anonymous summative report from the debriefing session will be shared with the Associate Dean for Curriculum and the course directors and it is included in the Curriculum Evaluation Committee Report.

***On the Fly* Comments and Evaluations**

The *On the Fly* system gives students an opportunity to anonymously report concerns, and to evaluate an instructor, learning activity or clinical experience in a confidential, anonymous and spontaneous manner. *On the Fly* forms are available to students on a secure SOM website (<https://students.medicine.utah.edu/>). Completed forms are electronically submitted to and reviewed for subsequent action by the Senior Director of Professionalism, Evaluation and Learning.

Student Attendance Intent, Goals and Expectations

- Medical school is a professional school. Professionals are concerned about their colleagues and strive to make sure that they are successful and practicing to the highest possible standards. Students of the profession should be no less interested in their colleagues' success and should be the first line of support and assistance during times of struggle. This is hard to do if students do not know who their colleagues are or how they are doing.
- Teamwork is an essential characteristic of the health care provider of today and of the future. Attendance and participation facilitates a culture of collaboration and teamwork.
- Diversity is a driver of excellence in medical education, and facilitates critical thinking and decision making, but only when people with diverse backgrounds actually have contact with one another.
- Faculty evaluations are more meaningful when students have been in class to evaluate the faculty. Poor teachers cannot contest negative evaluations when we can document that students who provided feedback were present during teaching sessions.

- Many subjects can be more effectively taught in live sessions. Give and take between teacher and student helps teachers assess the effectiveness of their delivery and forces them to be prepared to answer questions. This can help students' understanding of material being presented. This can also help good teachers get better. Faculty is incentivized to participate in curriculum where students are present, engaged, enthusiastic and professional.

New information, knowledge and skills in the medical school curriculum are foundational and integrated to build on previously introduced material. Teaching formats include formal classroom learning activities and laboratory sessions, clinical and community experiences, and collaborative learning. Interactions between students and faculty are critical to the educational experience and these learning experiences cannot be duplicated. Hence, attendance and participation in the curriculum is a professional responsibility. Attendance is mandatory and will be monitored.

Outside Employment

Students are strongly counseled against outside employment during medical school.

Medical Student Duty Hours on Clinical Courses

Duty hours are defined as all clinical and academic activities related to a course; i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled learning activities, such as conferences. Duty hours do *not* include independent reading and preparation time spent away from the hospital.

Medical student duty hours are limited to 80 hours per week, averaged over the duration of the course, inclusive of all in-house call activities. Students may be on duty no more than 110% of the duty hour limit (88 hours) in any one week.

Medical students will be provided with one day in seven free from clinical responsibilities, averaged over the duration of the course, inclusive of call. This “free day” will be determined by the clinical team and/or course director. Adequate time for rest will be provided and will consist of a minimum of an 8-hour time period between all daily duty periods and after in-house call. It is the student’s responsibility to manage their duty hours so that they will not be in violation of the hours while fully participating in all expected educational activities of the course.

Cancellation of Classes

University of Utah official class cancellations apply only to Phase 1 and 2 School of Medicine activities. Phase 3 and 4 students who have clinical responsibilities are expected to remain on service unless excused by supervisory ward or clinic personnel, the appropriate course director.

When it is necessary to cancel classes at the University of Utah, official notice will be given by the President’s Office through the KUED TV (Channel 7) and KUER (FM90) and the campus alert system. All medical students are encouraged to sign up for campus alerts at:

<http://www.campusalert.utah.edu/>

Quiz and Examination Protocol

Students taking quizzes/exams must leave all personal items in their locker prior to entering the examination room. Students must present their School of Medicine ID and sign in at the proctor table before entering the exam room. Students will not be allowed to sit for a quiz/exam if they attempt to bring personal items into the examination room.

Items Not Allowed in the Examination Room

- Mechanical or electronic devices, such as cell phones, pagers, calculators, watches of any type, recording or filming devices, iPods/media players, radios, any device with transmitting or receiving capabilities (e.g., Bluetooth);
- Outerwear, such as coats, jackets, outer head wear, gloves;
- Book bags, backpacks, handbags, briefcases, wallets, purses;
- Books, notes, written materials, scratch paper, pens, pencils, highlighters, writing instruments of any type;
- Food, candy, gum, beverages

Students must be in their assigned seats in the testing room in time for instructions given prior to the start of the quiz/exam. Students arriving after the start of a quiz/exam will not be permitted to enter the examination room or take the quiz/exam.

Students must use their iPad for quizzes/exams. Students will be assigned a seat and a white-board in the testing room. If technical difficulties with a quiz/exam exceed five minutes, students will be provided alternative means to complete the exam.

Students must be escorted, one at a time, on all personal breaks taken during quizzes/exams. Extra test time for personal breaks will not be granted. Students who leave the examination room during assessment activities must leave their iPad in the examination room. . Students may not leave the examination room after reviewing quiz/exam answers until officially dismissed by the proctor.

Students who are unable to sit for a quiz/exam due to an emergency or to extenuating circumstances must notify the Office of Professionalism, Evaluation and Learning as soon as possible to explain their situation. See (Missed Examination Policy below.)

Contact:

Maria Franck
Rob Rainey

Email:

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robert.rainey@hsc.utah.edu

Phone:

Office: (801)-587-9797
Office: (801) 587- 8998

Quiz and Examination Review

Quiz and exam reviews are administered by the Office of Medical Education. Reviews are course specific. Information and details for all scheduled reviews is disseminated by the Medical Education staff.

Missed Class, Examination, or Learning Activity

Anticipated Absence – Student knows of Conflict in Advance

Occasionally, life circumstances or professional events may interfere with a student's ability to attend a learning activity or take a scheduled quiz or examination. Requests for an excused absence from learning activities or for quiz/exam rescheduling will be considered when health or life circumstances would preclude class attendance or quiz/exam performance. Such circumstances might include presentation of investigational work at professional meeting, death in the immediate family, serious illness, the birth of one's child, a family emergency, accident, or trauma.

It is the student's responsibility to submit the *Request for Excused Absence/Rescheduled Exam* form and to provide supporting documentation detailing the circumstances for their request as soon as s/he becomes aware of a conflict. The request should be submitted no later than one week prior to the anticipated absence. Excused Absence Requests should be directed to the Associate Dean for Student Affairs, who has the authority to grant or deny requests. Students will be notified of decision within two business days of submission of the request. <http://medicine.utah.edu/studentaffairs/resources/forms.php>

In reviewing the excused absence request, the Associate Dean of Student Affairs or his/her designee will weigh the importance of the educational activity against the burden the student will experience if the request is denied. If the request is approved, the appropriate course director/s responsible for the learning activity impacted by the request will be contacted by the Office of Student Affairs for their approval. The Office of Student Affairs will coordinate the rescheduling of a missed exam with the student and course director/s.

If the request is denied by the Associate Dean of Student Affairs or the course director/s, the student may, within 24 hours of learning of the denial, request a review of the decision by the Vice Dean for Education or his/her designee. The Vice Dean or his/her designee will inform the student of the SOM final decision within two business days.

Emergency or Unanticipated Absence – Student does not know of Conflict in Advance

In the case of an unexpected or emergency situation, the medical student must notify the Office of Student Affairs (801-581-5599) of their personal circumstances immediately. The Student Affairs Office will notify the appropriate course director of the emergency. The student must submit a detailed written explanation of the emergency and, upon request of the Associate Dean for Student Affairs, provide additional supporting documentation.

Examinations, assignments, clinical experiences and learning experiences missed due to an emergency must be rescheduled and completed within 72 hours of the unanticipated absence, barring extraordinary circumstances (such as a student's ongoing hospitalization). If, due to circumstances beyond the student's control, s/he is unable to reschedule a missed exam, assignment, or clinical experience or learning experience in this time frame, the Office of Student Affairs will decide the appropriate time to reschedule the activity.

If a medical student demonstrates a pattern of missing examinations, assignments, or clinical experiences on an emergency basis, s/he may be asked to provide written documentation from a third party explaining the nature of the emergency. For example, if a student is unable to take an examination due to a severe personal illness, s/he must submit a letter from the health care provider s/he saw for the illness.

The student bears the responsibility of submitting an excused absence request for a scheduled, unanticipated or emergency situation per the deadlines outlined above.

Excused absences will not be granted retroactively.

Unexcused Absence

An "unexcused absence" is defined as an absence in any course that has not been approved by the Office of Student Affairs. A first unexcused absence will prompt the student meeting with the Associate Dean for Professionalism, Evaluation and Learning, who may impose disciplinary action appropriate to the circumstances. A second unexcused absence will trigger a second meeting with the Associate Dean for Professionalism, Evaluation and Learning, and a notation of a professionalism lapse in the MSPE. Students with

a third unexcused absence will be presented to the Promotions Committee. The Committee has broad discretion and access to a full range of disciplinary actions, including dismissal.

Grace Days

Phase 1 and 2 students may take up to two grace days per month. A grace day may not be used on a quiz or examination day, or on a day when the student is participating in an experiential learning opportunity. Should a student choose to take a grace day, s/he is responsible for all material presented in his/her absence, including small group work and homework. Students taking a grace day receive zero points for scored learning activities that take place on that day. No alternative learning experiences will be provided to students who miss activities on a grace day. Grace days do not accumulate and cannot be carried over into subsequent courses. Grace days will not be issued retroactively. There are no grace days in Phase 3 and 4.

Professional Development Days

Students in Phase 1 and 2 are permitted six business days per academic year for professional development. Professional development days are limited to 2 days per calendar month. Professional development days may be used to attend regional or national meetings, residency fairs, to honor military commitments, and other professional development activities such as shadowing a physician and/or meeting with research mentors. (Of note, student presentation of original research at regional or national meetings is typically covered under the excused absence policy - see “Missed Class, Examination, or Learning Activity” on page 13). Professional development days do not accumulate and cannot be carried over into a subsequent academic year.

Students taking professional development days are responsible for all material presented in their absence, including small group work. Professional development days cannot be used on days that include a longitudinal or subspecialty clinic assignments, an Experiential Learning Opportunity, scheduled quizzes or exams. No alternative learning experiences will be provided to students who miss scored activities on a professional development day.

Professional development days are granted at the discretion of the Associate Dean for Student Affairs. Professional development days must be requested no later than one week prior to the requested activity. Written documentation and prior approval is necessary before any of these days may be used. The Excused Absence form can be found at <http://medicine.utah.edu/studentaffairs/resources/forms.php>.

If needed, additional professional development days may be considered by the Associate Dean for Student Affairs on a case by case basis. The University of Utah School of Medicine does not cover expenses incurred during professional development days. There are no professional development days in Phase 3 and 4. Clinical courses may schedule days off for students at the discretion of departmental leadership.

Policies and Procedures

Standards of Conduct

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

Medical students have a right to 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:

- Discrimination based on race, color, national origin, religion, sex, sexual orientation, gender/identity expression, protected veteran status, genetic information, age or disability,
- Sexual harassment
- Unwanted physical contact
- Verbal abuse, profanity, or demeaning comments
- Inappropriate or unprofessional criticism which belittles, embarrasses, or humiliates a student
- Unreasonable requests for a student to perform personal services
- Grading used to punish or reward a student for nonacademic activities rather than to evaluate performance
- A pattern of intentional neglect or intentional lack of communication
- Requiring students to perform tasks beyond their level of competency without adequate supervision
- 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 corrective is not, by definition, abusive. However, feedback should be given in such a way as to promote learning and avoid humiliation.

Dissemination of the Student Standards of Conduct

The Office of Professionalism, Evaluation & Learning will annually disseminate and review the Medical Student Standards of Conduct. The Standards of Conduct will be posted on the Student Affairs website, in the School of Medicine Student Handbook, discussed in detail during medical school orientation, reviewed at annual class meetings, and again at the start of each course orientation.

The Office of Graduate Medical Education will include the Medical Student Standards of Conduct in all resident orientation programs and sessions where instruction is provided to residents about their teaching responsibilities. The Medical Student Standards of Conduct will be distributed to all School of Medicine faculty, University of Utah Hospital staff, and all affiliated clinical sites on an annual basis.

Qualifications for Medical School Admission, Continuation and Graduation

Prior to matriculation, all incoming students must read and submit the Qualifications for Medical School Admissions, Continuation, and Graduation below.

I. Introduction

The Liaison Committee on Medical Education, which accredits the School of Medicine, 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 Medical School Admission, Continuation and Graduation" (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 and is available to all medical students. All School of Medicine applicants who reach the interview stage are required to read the Qualifications and attest that to the best of their knowledge they are able to meet these standards, with or without reasonable accommodation, if they were to become a candidate at the University of Utah School of Medicine. The signed form is kept as a permanent part of the record of all matriculating candidates.

II. Policy Statement

The School of Medicine has determined that a broad-based, undifferentiated and patient-oriented curriculum is critical for developing the knowledge and skills of future physicians. The School of Medicine seeks to graduate students with the tools necessary to function in a broad variety of clinical settings and the ability to render a wide spectrum of patient care.

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.

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 2008 (collectively referred to as the "ADA"), 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 with or without reasonable

accommodation. 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.

Provide equal opportunities

III. Technical Standards

Candidates for the degree of Doctor of Medicine must be capable of performing in five areas: Observation; Communication; Motor; Intellectual-Conceptual, Integrative and Quantitative Abilities, and Behavioral and Social Abilities. Students must also successfully meet curricular requirements, pass tests and evaluations, and successfully participate in clinical experiences, with or without reasonable accommodation. Faculty has the right to assess any student at any time. Students must be able to demonstrate they can perform the technical standards upon matriculation through graduation from medical school. Any student claiming a disability and seeking an academic adjustment or reasonable accommodation must follow the procedures outlined below.

A. Observation

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 electronic media, 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 corrective or assistive devices. Thus, functional use of vision, receptive communication and sensation is necessary.

B. Communication

Candidates must be able to communicate effectively and sensitively with patients in order to collect relevant information, describe changes in mood, activity and posture, perceive non-verbal communications, and convey necessary medical information. Candidates must also be able to communicate effectively and efficiently with other members of the health care team. Communication includes not only speech or face-to-face communication but reading and writing. 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. Since the health care team communicates in English, the candidate must be able to communicate effectively and efficiently in English, in speech or other face-to-face communication, reading and writing.

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. In addition to general and emergency care, different types of specific medical procedures and treatments must be performed depending on the course or clinical rotation, and candidates are expected to perform all of the procedures and treatments as may be required by a particular course or clinical rotation. These skills require coordination of both gross and

fine muscular movements, equilibrium and integrated use of the senses of touch and vision. In addition, these skills often require a candidate to maneuver his or her own body depending on the location and positioning of the patient (for example, a patient might be lying on the floor, on an exam table, on an operating table, or in any number of other positions depending on the condition of the patient).

D. Intellectual-Conceptual, Integrative and Quantitative Abilities

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 spatial relationships of structures. Candidates must have the ability to remain awake and alert.

E. Behavioral and Social Abilities

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 and colleagues. Candidates must possess qualities of compassion, integrity, concern for others, commitment and motivation. Candidates must develop mature, sensitive and professional and effective relationships with patients of all genders, ages, races, lifestyles, sexual orientations, religious beliefs or practices, and cultural backgrounds, as well as with their families, with other health care providers, and with all members of the learning and working community. Candidates are expected to accept and assimilate appropriate suggestions and criticism and, if necessary, respond by modifying their behavior.

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, at unpredictable times and for unpredictable durations of time. Candidates must be able to tolerate physically and mentally 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.

F. Curriculum Requirements

In addition to the abilities specified above, candidates must be able to successfully complete, with or without reasonable accommodation, all required components of the curriculum. Candidates are expected to attend and participate in all learning experiences in classroom, hospital, clinic and community settings.

G. Tests and Assessments

In order to evaluate the competence and quality of candidates, the School of Medicine employs periodic assessments as an essential component of the medical school curriculum. Successful completion of these assessments is required of all candidates as a condition for continued progress through the curriculum. If required by the ADA, reasonable accommodation will be made in the administration of these assessments.

H. Clinical Assessments

Demonstration of clinical competence is of fundamental importance to the career and curriculum progression of

the candidates. Therefore, the process of faculty assessment of the clinical performance of candidates is an integral and essential part of the curriculum. If required by the ADA, reasonable accommodation will be made, however, participation in clinical experiences and the evaluation of that participation is required.

IV. Conclusion

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, sex, sexual orientation, gender identity/expression, color, national origin, religion, status as a person with a disability, or status as a veteran.

V. Definitions and Procedures

The following are the procedures of the University of Utah School of Medicine for a candidate or student to identify a disability and seek a reasonable accommodation. In compliance with the ADA, information about an individual's disability and request for accommodation will be kept confidential and shared only as necessary to process the accommodation request. Retaliation against an individual for requesting a reasonable accommodation for a disability or for engaging in the accommodation process is strictly prohibited. The School of Medicine can only accommodate students that have followed the outlined procedures to qualify for accommodations.

A. Definitions

For purposes of this policy, a matriculated candidate becomes a medical student on the first day of class. The first day of Orientation Week is the first day of class.

The definition of disability can be located in the Americans with Disabilities Act of 2008, 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 a reasonable accommodation, candidates must contact the University's Center for Disability Services ("CDS") (801-581-5020), info@disability.utah.edu . The candidate must then follow the procedures of the CDS to document the existence and nature of the disability. The CDS will interact with the SOM regarding possible accommodations but will not share the student/candidate's medical information with SOM faculty or administration.
2. Once the need for reasonable accommodations has been established, the CDS, in consultation with the candidate and the SOM, will determine the appropriate accommodations and these accommodations will be specified in a written document, signed by all parties. 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.

Candidate's request for accommodations

3. If a candidate refuses a reasonable accommodation that is offered through this procedure 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. A candidate should claim and establish the existence of a disability prior to the onset of academic problems. The School of Medicine shall have no obligation to remediate an academic failure resulting from a claimed disability that was not brought to the attention of the School of Medicine and addressed in a timely fashion.
6. University policy and state and federal law prohibit retaliation against an individual for requesting an accommodation for a disability.
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.

The University of Utah has designated the following individual as its ADA/Section 504 Coordinator:

Director, Office of Equal Opportunity and Affirmative Action
201 South Presidents Circle, Rm 135
Salt Lake City, UT 84112
Telephone: (801)581-8365
Email: oeo@umail.utah.edu

If you have questions regarding this policy or University nondiscrimination policies, please contact the Office of Equal Opportunity/Affirmative Action at 801-581-8365.

Seeking Accommodations for a Disability

The School of Medicine seeks to educate students with the foundation of knowledge, attitudes, skills and behaviors so that they can render a wide spectrum of patient care and can function in a broad variety of clinical settings. The abilities that medical students must possess are defined in the **Qualifications for Medical School Admission, Continuation and Graduation / Technical Standards** above and course and course-specific technical standards published in the syllabi. Medical students must be able to meet these standards and successfully complete all curricular requirements and receive the degree of Doctor of Medicine.

Students seeking accommodations for a disability must contact the University's Center for Disability Services (CDS). The student must follow the procedures of the CDS to document the existence and nature of the disability and to request accommodations.

<http://disability.utah.edu/>

Family Medicine Technical Standards

The medical student must possess abilities and skills in five areas:

I. Observation. The medical student must be able to:

- a. Observe a patient accurately at a reasonable distance and close at hand, noting non-verbal as well as verbal signals.
- b. Visualize and discriminate findings on X-rays and other imaging studies
- c. Interpret digital or analog representations of physiologic phenomena, such as EKGs
- d. Acquire information from written documents, films, slides, videos, or other media
- e. Observe and differentiate changes in body movement
- f. Observe anatomic structures
- g. Efficiently read written and illustrated materials
- h. Observe and detect the various signs and symptoms of the disease processes that will be encountered during the training program.

II. Communication. The medical student must be able to:

- a. Communicate effectively and sensitively with all patients
- b. Communicate effectively and efficiently with all members of the health care team in oral and written English
- c. Communicate clearly with and observe patients and families in order to elicit information including a thorough history from patients, families, and other sources
- d. Accurately describe changes in mood, activity, and posture
- e. Perceive verbal as well as non-verbal communications, and promptly respond to emotional communications (sadness, worry, agitation, confusion)
- f. Communicate complex findings in appropriate terms to patients and their families
- g. Adjust form and content of communications to the patient's functional level or mental state
- h. Engage in a collaborative relationship with patients and families
- i. Record observations and plans legibly, efficiently, and accurately
- j. Complete forms according to direction in a complete and timely fashion
- k. Prepare and communicate precise but complete summaries of individual encounters
- l. Possess sufficient hearing for required diagnostic functions and patient care according to generally accepted community standards
- m. In emergency situations, understand and convey information for the safe and effective care of patients in a clear, unambiguous, and rapid fashion, including receiving and understanding input from multiple sources simultaneously or in rapid-fire sequence

III. Motor. The medical student must be able to:

- a. Perform palpation, percussion, auscultation, and other diagnostic maneuvers according to generally accepted community standards
- b. Provide general care and emergency medical care such as airway management, placement of intravenous catheters, cardiopulmonary resuscitation, and application of pressure to control bleeding.
- c. Respond promptly to medical emergencies within the training facility
- d. Not hinder the ability of co-workers to provide prompt care
- e. Perform basic diagnostic and therapeutic procedures (e.g. venipuncture, phlebotomy, intravenous line placement and administration of intravenous medicines, maternity care, etc.)

IV. Cognitive: The medical student must be able to:

- a. Demonstrate clinical reasoning and problem solving

- b. Identify significant findings from history, physical exam, and laboratory data
- c. Perceive subtle cognitive and behavioral findings and perform a mental status evaluation
- d. Provide a reasoned explanation for likely diagnoses
- e. Construct an appropriate diagnostic plan
- f. Prescribe appropriate medications and therapy
- g. Recall and retain information
- h. Deal with several tasks or problems simultaneously
- i. Identify and communicate the limits of their knowledge to others
- j. Incorporate new information from peers, teachers, and the medical literature in formulating diagnoses and plans
- k. Show good judgment in patient assessment, diagnostic, and therapeutic planning

V. Social and Behavioral. The medical student must be able to:

- a. Maintain a professional demeanor
- b. Maintain appropriate professional and ethical conduct
- c. Be able to function at a high level in the face of long hours and a high stress environment
- d. Develop empathic relationships with patients and families while establishing professional boundaries
- e. Provide comfort and reassurance where appropriate
- f. Protect patient confidentiality and the confidentiality of written and electronic records
- g. Possess adequate endurance to tolerate physically taxing workloads
- h. Flexibly adapt to changing environments
- i. Function in the face of uncertainties inherent in the clinical problems of patients
- j. Accept appropriate suggestions and criticisms and modify behavior
- k. Give and accept criticism appropriately and without prejudice

Internal Medicine Technical Standards

The medical student must possess abilities and skills in five areas:

I. Observation. The medical student must be able to:

- a. Interpret digital or analog representations of physiologic phenomena, such as electrocardiograms (EKG's)
- b. Acquire information from written documents, films, slides, videos, or other media
- c. Observe and differentiate changes in body movement
- d. Observe anatomic structures
- e. Efficiently read written and illustrated materials
- f. Observe and detect the various signs and symptoms of the disease processes that will be encountered during the training program
- g. Possess adequate visual acuity so as to be able to perform the procedures required in an ACGME-accredited internal medicine residency program.
- h. Visually observe a patient accurately both at a reasonable distance and in close proximity, noting non-verbal as well as verbal behaviors
- i. Visualize and discriminate findings on radiographs (X-rays) and other imaging studies

II. Communication. The medical student must be able to:

- a. Communicate effectively and empathetically with all patients
- b. Communicate effectively and efficiently with all members of the health care team in oral and written English
- c. Communicate clearly with and observe patients and families in order to elicit information including a thorough history from patients, families, and other sources
- d. Accurately describe changes in mood, activity, and posture
- e. Perceive verbal as well as non-verbal communications, and promptly respond to emotional communications (sadness, worry, agitation, confusion)
- f. Communicate complex findings in appropriate terms to patients and their families
- g. Adjust form and content of communications to the patient's functional level or mental state
- h. Engage in a collaborative relationship with patients and families
- i. Record observations and plans legibly, efficiently, and accurately
- j. Complete forms according to direction in a complete and timely fashion
- k. Prepare and communicate precise and complete summaries of individual encounters
- l. Possess sufficient hearing for required diagnostic functions (e.g., use of stethoscope to assess breath sounds, heart sounds, etc.)
- m. In emergency situations, understand and convey information for the safe and effective care of patients in a clear, unambiguous, and rapid fashion, including receiving and understanding input from multiple sources simultaneously or in rapid-fire sequence

III. Motor Function. The medical student must be able to:

- a. Perform palpation, percussion, auscultation, and other diagnostic maneuvers
- b. Provide general care and emergency medical care such as airway management, placement of intravenous catheters, cardiopulmonary resuscitation, and application of pressure to control bleeding
- c. Respond promptly to medical emergencies within the training facility including hallways, stairwells, elevators, parking lots, and other unpredictable environments such as those created by natural disasters (earthquakes, tornadoes, floods, etc.)
- d. Not hinder the ability of co-workers to provide prompt care

- e. Perform diagnostic and therapeutic procedures required in ACGME-accredited internal medicine residency programs, including advanced cardiac-life support, abdominal paracentesis, arterial puncture, arthrocentesis, central venous line placement, lumbar puncture, nasogastric intubation, Pap smear and endocervical culture, thoracentesis, etc.

IV. Cognitive Function. The medical student must be able to:

- a. Demonstrate clinical reasoning and problem solving
- b. Identify significant findings from history, physical exam, and laboratory data
- c. Perceive subtle cognitive and behavioral findings and perform a mental status evaluation
- d. Provide a reasoned explanation for likely diagnoses
- e. Construct an appropriate diagnostic plan
- f. Prescribe appropriate medications and therapy
- g. Recall and retain information
- h. Deal with several tasks or problems simultaneously
- i. Identify and communicate the limits of their knowledge to others
- j. Incorporate new information from peers, teachers, and the medical literature in formulating diagnoses and plans
- k. Show good judgment in patient assessment, diagnostic, and therapeutic planning

V. Social and Behavioral. The medical student must be able to:

- a. Maintain a professional demeanor
- b. Maintain appropriate professional and ethical conduct
- c. Be able to function at a high level in the face of long hours and a high stress environment
- d. Develop empathic relationships with patients and families while establishing professional boundaries
- e. Provide comfort and reassurance where appropriate
- f. Protect patient confidentiality and the confidentiality of written and electronic records
- g. Possess adequate endurance to tolerate physically taxing workloads
- h. Flexibly adapt to changing environments
- i. Function in the face of uncertainties inherent in the clinical problems of patients
- j. Accept appropriate suggestions and criticisms and modify behavior
- k. Give and accept criticism appropriately and without prejudice

Neurology Technical Standards

The medical student must possess abilities and skills in five areas:

I. Observation. The medical student must be able to:

- a. Observe a patient accurately at a reasonable distance and close at hand, noting non-verbal as well as verbal signals
- b. Visualize and discriminate findings on X-rays and other imaging studies
- c. Interpret digital or analog representations of physiologic phenomena, such as EKGs
- d. Acquire information from written documents, films, slides, videos, or other media
- e. Observe and differentiate changes in body movement
- f. Observe anatomic structures
- g. Efficiently read written and illustrated materials
- h. Observe and detect the various signs and symptoms of the disease processes that will be encountered during the training program

II. Communication. The medical student must be able to:

- a. Communicate effectively and sensitively with all patients
- b. Communicate effectively and efficiently with all members of the health care team in oral and written English
- c. Communicate clearly with and observe patients and families in order to elicit information including a thorough history from patients, families, and other sources
- d. Accurately describe changes in mood, activity, and posture
- e. Perceive verbal as well as non-verbal communications and promptly respond to emotional communications (sadness, worry, agitation, confusion)
- f. Communicate complex findings in appropriate terms to patients and their families
- g. Adjust form and content of communications to the patient's functional level or mental state
- h. Engage in a collaborative relationship with patients and families
- i. Record observations and plans legibly, efficiently, and accurately
- j. Complete forms according to direction in a complete and timely fashion
- k. Prepare and communicate precise but complete summaries of individual encounters
- l. Possess sufficient hearing, or have access to sign language interpreter, for required diagnostic functions and patient care according to generally accepted community standards
- m. Possess sufficient sight for required visual assessment of physical findings and function and imaging studies for required diagnostic functions and patient care according to generally accepted community standards
- n. In emergency situations, understand and convey information for the safe and effective care of patients in a clear, unambiguous, and rapid fashion, including receiving and understanding input from multiple sources simultaneously or in rapid-fire sequence

III. Motor. The medical student must be able to:

- a. Perform palpation, percussion, auscultation, testing of muscle strength and reflexes, and other diagnostic maneuvers according to generally accepted community standards
- b. Provide general care and emergency medical care such as airway management, placement of intravenous catheters, cardiopulmonary resuscitation, and application of pressure to control bleeding
- c. Respond promptly to medical emergencies within the training facility
- d. Not hinder the ability of co-workers to provide prompt care
- e. Perform basic diagnostic and therapeutic procedures (e.g., venipuncture, phlebotomy, intravenous line placement and administration of intravenous medicines, maternity care, etc.)

IV. Cognitive. The medical student must be able to:

- a. Demonstrate clinical reasoning and problem solving
- b. Identify significant findings from history, physical exam, and laboratory data
- c. Perceive subtle cognitive and behavioral findings and perform a mental status evaluation
- d. Provide a reasoned explanation for likely diagnoses
- e. Construct an appropriate diagnostic plan
- f. Prescribe appropriate medications and therapy
- g. Recall and retain information
- h. Deal with several tasks or problems simultaneously
- i. Identify and communicate the limits of their knowledge to others
- j. Incorporate new information from peers, teachers, and the medical literature in formulating diagnoses and plans
- k. Show good judgment in patient assessment, diagnostic, and therapeutic planning

V. Social and Behavioral. The medical student must be able to:

- a. Maintain appropriate professional and ethical conduct
- b. Maintain a professional demeanor
- c. Be able to function at a high level in the face of long hours and a high stress environment
- d. Develop empathic relationships with patients and families while establishing professional boundaries
- e. Provide comfort and reassurance where appropriate
- f. Protect patient confidentiality and the confidentiality of written and electronic records
- g. Possess adequate endurance to tolerate physically taxing workloads
- h. Flexibly adapt to changing environments
- i. Function in the face of uncertainties inherent in the clinical problems of patients
- j. Accept appropriate suggestions and criticisms and modify behavior
- k. Give and accept criticism appropriately and without prejudice

Obstetrics and Gynecology Technical Standards

The Student must possess abilities and skills in five areas:

I. Observation. The student must be able to:

- a. Observe a patient accurately at a reasonable distance and close at hand, noting non-verbal as well as verbal signals
- b. Acquire information from written documents, films, slides, videos, or other media
- c. Observe and differentiate changes in body movement and physiologic conditions
- d. Observe anatomic structures
- e. Efficiently read written and illustrated materials
- f. Observe and detect the various signs and symptoms of the disease processes that will be encountered during the course
- g. Possess adequate visual acuity to be able to perform a physical examination and pelvic/speculum examinations and efficiently read written material

II. Communication. The student must be able to:

- a. Communicate effectively and sensitively with all patients
- b. Communicate effectively and efficiently with all members of the health care team in oral and written English
- c. Communicate clearly with and observe patients and families in order to elicit information including a thorough history from patients, families, and other sources
- d. Accurately describe changes in mood, activity, and posture
- e. Perceive verbal as well as non-verbal communications, and promptly respond to emotional communications (sadness, worry, agitation, confusion)
- f. Communicate complex findings in appropriate terms to patients and their families
- g. Adjust form and content of communications to the patient's functional level or mental state
- h. Engage in a collaborative relationship with patients and families
- i. Record observations and plans legibly, efficiently, and accurately
- j. Complete forms according to direction in a complete and timely fashion
- k. Prepare and communicate precise but complete summaries of individual encounters
- l. Possess sufficient hearing for required diagnostic functions (e.g., use of stethoscope to assess breath sounds, heart sounds, fetal heart tones, etc.)
- m. In emergency situations, (including when other health care providers' mouths may be covered by surgical masks) understand and convey information for the safe and effective care of patients in a clear, unambiguous, and rapid fashion, including receiving and understanding input from multiple sources simultaneously or in rapid-fire sequence

III. Motor. The student must be able to:

- a. Perform palpation, percussion, auscultation, speculum and pelvic examination, and other diagnostic maneuvers
- b. Not hinder the ability of co-workers to provide prompt care

IV. Cognitive. The student must be able to:

- a. Demonstrate clinical reasoning and problem solving
- b. Identify significant findings from history, physical exam, and laboratory data
- c. Perceive subtle cognitive and behavioral findings and perform a mental status evaluation
- d. Provide a reasoned explanation for likely diagnoses
- e. Construct an appropriate diagnostic plan

- f. Prescribe appropriate medications and therapy
- g. Recall and retain information
- h. Deal with several tasks or problems simultaneously
- i. Identify and communicate the limits of their knowledge to others
- j. Incorporate new information from peers, teachers, and the medical literature in formulating diagnoses and plans
- k. Show good judgment in patient assessment, diagnostic, and therapeutic planning

V. Social and Behavioral. The student must be able to:

- a. Maintain a professional demeanor
- b. Maintain appropriate professional and ethical conduct
- c. Be able to function at a high level in the face of long hours and a high stress environment, including the ability to remain focused on a single procedure for at least several hours (prolonged operative procedure, complicated labor, etc.)
- d. Develop empathic relationships with patients and families while establishing professional boundaries
- e. Provide comfort and reassurance where appropriate
- f. Protect patient confidentiality and the confidentiality of written and electronic records
- g. Possess adequate endurance to tolerate physically taxing workloads
- h. Flexibly adapt to changing environments
- i. Function in the face of uncertainties inherent in the clinical problems of patients
- j. Accept appropriate suggestions and criticisms and modify behavior
- k. Give and accept criticism appropriately and without prejudice

Pediatrics Technical Standards

The pediatric course medical student must possess abilities and skills in five areas:

I. Observation. The student must be able to:

- a. Observe a patient accurately at a reasonable distance and close at hand noting non-verbal and verbal signals
- b. Efficiently read written and illustrated materials
- c. Acquire information from written documents, films, slides, videos and other media
- d. Visualize and discriminate findings on X-rays and other imaging studies
- e. Interpret digital or analog representations of physiologic phenomena, such as EKG and tympanometry
- f. Observe and detect the various signs and symptoms of the disease process that will be encountered during the course
- g. Observe the subtle changes innate in the progression of illness
- h. Observe and differentiate changes in body movement

II. Communication. The student must be able to:

- a. Communicate effectively and sensitively with patients and parents
- b. Communicate effectively and efficiently with all members of the health care team in oral and written English
- c. Communicate clearly with and observe patients and families in order to elicit information including a thorough history from patients, families and other sources
- d. Accurately describe changes in patients' mood, activity, vocalization and posture
- e. Perceive verbal as well as non-verbal communications (sadness, worry, agitation, misunderstanding, confusion, pain, etc.)
- f. Communicate complex findings in appropriate terms to the patients and their families
- g. Adjust form and content of communications to the patient's functional level or mental state
- h. Recognize the importance of teamwork in healthcare. Engage in a collaborative relationship with patients, families, and the healthcare team
- i. Record observations and plans legibly, efficiently and accurately in both the written and electronic record
- j. Complete forms according to direction in a complete and timely fashion
- k. Prepare and communicate precise but complete summaries of individual encounters
- l. In emergency situations, understand and convey information for the safe and effective care of patients in a clear, unambiguous and rapid fashion, including receiving and understanding input from multiple sources simultaneously or in rapid-fire sequence.

III. Motor. The student must be able to:

- a. Perform appropriate diagnostic maneuvers such as visualization, palpation, assessment of heart and breath sounds, evaluation of strength and muscle tone and assessment of developmental milestones
- b. Provide general and emergency medical care such as airway management, oxygen delivery, placement of intravenous catheters, basic cardiopulmonary resuscitation and application of pressure to control bleeding
- c. Respond promptly to the medical emergencies within the training facility
- d. Not hinder the ability of co-workers to provide prompt care

- e. Perform diagnostic and therapeutic procedures including basic life support, lumbar puncture, nasogastric intubation, intravenous line placement, etc.

IV. Cognitive. The student must be able to:

- a. Demonstrate clinical reasoning and problem solving
- b. Identify and interpret significant findings from history, physical exam, and laboratory data
- c. Perceive subtle cognitive and behavioral findings and perform a mental status evaluation
- d. Using the information encountered, create a feasible differential diagnosis that explains the constellation of symptoms.
- e. Using the differential, construct an appropriate diagnostic and management plan
- f. Prescribe appropriate medications and therapy
- g. Recall and retain information
- h. Deal with several tasks or problems simultaneously
- i. Identify and communicate the limits of their knowledge to others
- j. Incorporate and utilize new information from peers, teachers, and the medical literature in formulating diagnoses and plans
- k. Show good judgment in patient assessment, diagnostic and therapeutic planning

V. Social and Behavioral. The student must be able to:

- a. Maintain a professional demeanor
- b. Maintain appropriate professional and ethical conduct
- c. Be able to function at a high level in the face of prolonged hours and a high-stress environment
- d. Develop empathetic relationships with patients and families while maintaining professional boundaries
- e. Provide comfort and reassurance where appropriate
- f. Protect patient confidentiality and the confidentiality of written and electronic records
- g. Possess adequate endurance to tolerate physically and mentally taxing workload
- h. Flexibly adapt to changing environments
- i. Function and modify behavior in the face of uncertainties and feedback
- j. Give and accept feedback appropriately and without prejudice

Psychiatry Technical Standards

The student must possess abilities and skills in five areas:

I. Observation. The student must be able to:

- a. Observe a patient accurately at a reasonable distance and close at hand, noting non-verbal as well as verbal signals
- b. Visualize and discriminate findings on X-rays and other imaging studies
- c. Interpret digital or analog representations of physiologic phenomena, such as EKG's
- d. Acquire information from written documents, films, slides, videos, or other media
- e. Observe and differentiate changes in body movement
- f. Observe anatomic structures
- g. Efficiently read written and illustrated materials
- h. Observe and detect the various signs and symptoms of the disease processes that will be encountered during the training program

II. Communication. The student must be able to:

- a. Communicate effectively and sensitively with all patients
- b. Communicate effectively and efficiently with all members of the health care team in oral and written English
- c. Communicate clearly with and observe patients and families in order to elicit information including a thorough history from patients, families, and other sources
- d. Accurately describe changes in mood, activity, and posture
- e. Perceive verbal as well as non-verbal communications, and promptly respond to emotional communications (sadness, worry, agitation, confusion)
- f. Communicate complex findings in appropriate terms to patients and their families
- g. Adjust form and content of communications to the patient's functional level or mental state
- h. Engage in a collaborative relationship with patients and families
- i. Record observations and plans legibly, efficiently, and accurately
- j. Complete forms according to direction in a complete and timely fashion
- k. Prepare and communicate precise but complete summaries of individual encounters
- l. Communicate independently in an unimpeded and accurate manner with patients and faculty
- m. Possess sufficient hearing for required diagnostic functions

III. Motor. The student must be able to:

- a. Not hinder the ability of co-workers to provide prompt care
- b. Perform basic diagnostic and therapeutic procedures
- c. Travel between different work sites in a timely manner

IV. Cognitive. The student must be able to:

- a. Demonstrate clinical reasoning and problem solving
- b. Identify significant findings from history, physical exam, and laboratory data
- c. Perceive subtle cognitive and behavioral findings and perform a mental status evaluation
- d. Provide a reasoned explanation for likely diagnoses
- e. Construct an appropriate diagnostic plan
- f. Prescribe appropriate medications and therapy
- g. Recall and retain information
- h. Deal with several tasks or problems simultaneously
- i. Identify and communicate the limits of their knowledge to others

- j. Incorporate new information from peers, teachers, and the medical literature in formulating diagnoses and plans
- k. Show good judgment in patient assessment, diagnostic, and therapeutic planning

V. Social and Behavioral. The student must be able to:

- a. Maintain a professional demeanor
- b. Maintain appropriate professional and ethical conduct
- c. Be able to function at a high level in the face of long hours and a high stress environment
- d. Develop empathic relationships with patients and families while establishing professional boundaries
- e. Provide comfort and reassurance where appropriate
- f. Protect patient confidentiality and the confidentiality of written and electronic records
- g. Possess adequate endurance to tolerate physically taxing workloads
- h. Flexibly adapt to changing environments
- i. Function in the face of uncertainties inherent in the clinical problems of patients
- j. Accept appropriate suggestions and criticisms and modify behavior
- k. Give and accept criticism appropriately and without prejudice

General Surgery Technical Standards

The Student must possess abilities and skills in five areas:

I. Observation. The student must be able to:

- a. Observe a patient accurately at a reasonable distance and close at hand noting non-verbal and verbal signals
- b. Visualize and discriminate findings on X-rays and other imaging studies
- c. Interpret digital or analog representations of physiologic phenomena, such as EKG and ECHO
- d. Acquire information from written documents, films, slides, videos and other media
- e. Observe and differentiate changes in body movement
- f. Efficiently read written and illustrated materials
- g. Observe and detect the various signs and symptoms of the disease process that will be encountered during the course

II. Communication. The student must be able to:

- a. Communicate effectively and sensitively with patients and family
- b. Communicate effectively and efficiently with all members of the health care team in oral and written English
- c. Communicate clearly with and observe patients and families in order to elicit information including a thorough history from patients, families and other sources
- d. Accurately describe changes in patients mood, activity, vocalization and posture
- e. Perceive verbal as well as non-verbal communications (sadness, worry, agitation, confusion, pain, etc.)
- f. Communicate findings in appropriate terms to the patients and their families
- g. Adjust form and content of communications to the patient's functional level or mental state
- h. Engage in a collaborative relationship with patients and families
- i. Record observations and plans in English, legibly, efficiently and accurately in both the written and electronic record
- j. Complete forms according to direction in a complete and timely fashion
- k. Prepare and communicate precise but complete summaries of individual encounters
- l. Possess sufficient hearing for required diagnostic functions (use of a stethoscope for example) and to recognize patient alarms or code signals.
- m. In emergency situations, understand and convey information for the safe and effective care of patients in a clear, unambiguous and rapid fashion, including receiving and understanding input from multiple sources simultaneously or in rapid-fire sequence.

III. Motor. The student must be able to:

- a. Perform appropriate diagnostic maneuvers such as visualization, palpation, auscultation, evaluation of strength and muscle
- b. Provide general care and emergency medical care such as airway management, oxygen delivery, placement of intravenous catheters, basic cardiopulmonary resuscitation and application of pressure to control bleeding
- c. Respond promptly to the medical emergencies within the training facility
- d. Not hinder the ability of co-workers to provide prompt care
- e. Perform diagnostic and therapeutic procedures including basic life support, suturing, knot tying, placement of a Foley catheter, nasogastric intubation, intravenous line placement, drain removal, suture removal, dressing changes, etc.

- f. Observe or participate in surgical procedures, as part of the aseptic team, in the operating room, which may require prolonged standing
- g. Wash hands and don sterile gown and gloves to participate with the aseptic team in the operating room; and maintain a sterile field in the operating or procedure room.
- h. Endure a night float shift and be able to complete the standards as listed in this document throughout that call shift.

IV. Cognitive. The student must be able to:

- a. Demonstrate clinical reasoning and problem solving
- b. Identify significant findings from history, physical exam, and laboratory data
- c. Perceive subtle cognitive and behavioral findings and perform a mental status evaluation
- d. Provide a reasonable explanation for likely diagnoses
- e. Construct an appropriate diagnostic plan
- f. Recognize and understand appropriate medications and therapies
- g. Recall and retain information
- h. Deal with several task or problems simultaneously
- i. Identify and communicate the limits of their knowledge to others
- j. Incorporate new information from peers, teachers, and the medical literature in formulating diagnoses and plans
- k. Show good judgment in patient assessment, diagnostic and therapeutic planning

V. Social and Behavioral. The student must be able to:

- a. Maintain a professional demeanor
- b. Maintain appropriate professional and ethical conduct
- c. Be able to function at a high level in the face of long hours and a high stress environment
- d. Develop empathetic relationships with patients and families while establishing professional boundaries
- e. Provide comfort and reassurance where appropriate
- f. Protect patient confidentiality and the confidentiality of written and electronic records
- g. Possess adequate endurance to tolerate physically taxing workload
- h. Flexibly adapt to changing environments
- i. Function in the face of uncertainties and criticisms and modify behavior
- j. Give and accept criticism appropriately and without prejudice

Promotion and Graduation Requirements

The 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 requirements for the degree of Doctor of Medicine. Since graduates are required to complete programs in graduate medical education (residency training) before entering medical practice, the M.D. degree certifies that the graduated student is suitably prepared for such advanced training.

In determining that the requirements for annual promotion and eventual graduation have been met, a student's overall performance is considered and evaluated. In Phase 1 and 2 of the curriculum, a pass/fail/incomplete grading system is used. In Phases 3 and 4 of the curriculum, narrative descriptors numerical ratings are used to evaluate the student's clinical performance.

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

1. Complete a four year medical education curriculum in a medical school accredited by the Liaison Committee for Medical Education (LCME). Most students complete their curriculum requirements in four years. But rarely, a student 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, or participate in a dual degree program.
2. Be enrolled in the University of Utah School of Medicine for Phase 3 and Phase 4 of the curriculum
3. Complete, to the satisfaction of the faculty, all prescribed academic requirements.
4. Pass United States Medical Licensing Examinations (USMLE) Step 1, Step 2 Clinical Knowledge and Step 2 Clinical Skills (see below for University of Utah USMLE registration and exam requirements).
5. Meet all obligations to the School of Medicine and University of Utah including tuition, overdue library books, past dues, fines, etc. Students who have a main campus hold for more than 30 days will not be registered for, nor may they participate in their curriculum until the hold has been addressed and resolved. If already registered and enrolled, students will be pulled from their curriculum until the hold has been addressed and resolved.
6. Complete the required Financial Aid exit interview.

USMLE Exam Requirements

Step 1

- a. Students must register and select an exam window for their USMLE Step 1 exam by February 10 of the second year.
- b. Students may not sit for the USMLE Step 1 exam until they have passed all elements of Phases 1 & 2.
- c. Students must complete their USMLE Step 1 exam by the end of the first six week block of the third year. Students who have not taken Step 1 by the end of the first six week block of the third year may not enroll in nor participate in clerkships, clinical electives, research, or coursework in the School of Medicine or the University of Utah system until

they have successfully passed the examination. For students with extreme extenuating circumstances (serious personal health issue, death in the family, birth of one's own child etc...), this deadline may be extended at the discretion of the Associate Dean for Professionalism, Evaluation & Learning in consultation with the Senior Director and Director.

- d. If a student fails the USMLE Step 1 exam, s/he will be allowed to complete the clinical course in which s/he is currently enrolled. The student will not be allowed to participate in any further curricular activities or courses until s/he retakes the exam. The time-frame for retaking the USMLE Step 1 exam will be determined by the Office of Professionalism, Evaluation & Learning Senior Director, Director, Associate Dean and the student.
- e. If a student fails the USMLE Step 1 exam a second time, s/he will be removed from their current clinical clerkship or course and given no credit for their time on the clerkship or course. S/he will not be allowed to return to their curriculum until s/he has posted a passing USMLE Step 1 score. The time-frame for retaking the USMLE Step 1 exam will be determined by the Office of Professionalism, Evaluation & Learning Senior Director, Director, Associate Dean and the student.
- f. If a student fails the USMLE Step 1 examination a third time, s/he will be automatically dismissed from medical school.

Step 2 Clinical Knowledge (Step 2 CK)

- a. Students must register and select a test window for Step 2 CK by April 5 and select a test date by June 15 of the third year.
- b. Students may not take Step 2 CK exam until they have passed all Phase 3 courses and the end of third year comprehensive clinical skills assessment.
- c. Students must take the Step 2 CK exam by October 31 of the fourth year. Students failing to take Step 2 CK by this date will be pulled from their curriculum until they have taken the exam.
- d. If a student fails the USMLE Step 2 CK examination the first time, s/he will be referred to the Office of Professionalism, Evaluation & Learning. The time-frame for retaking the failed USMLE Step 2 CK exam will be determined by the Office of Professionalism, Evaluation & Learning Senior Director, Director, Associate Dean and the student.
- e. If a student fails the USMLE Step 2 CK examination a second time, s/he will be referred to the Promotions Committee.
- f. If a student fails the USMLE Step 2 CK examination a third time, s/he will be automatically dismissed from medical school.

Step 2 Clinical Skills (Step 2 CS)

- a. Students must register and select a test window for Step 2 CS by April 5 and select a test date by June 15 of the third year.
- b. Students may not take Step 2 CS exam until they have passed all Phase 3 courses and the end of third year comprehensive clinical skills assessment.
- c. Students must take the Step 2 CS exam by December 31 of the fourth year. Students failing to take Step 2 CS by this date will have Spring Semester course registration and financial aid suspended until they have taken the exam.
- d. If a student fails the USMLE Step 2 CS examination the first time, s/he will be referred to the Office of Professionalism, Evaluation & Learning. The time-frame for retaking the

- failed USMLE Step 2 CS exam will be determined by the Office of Professionalism, Evaluation & Learning Senior Director, Director, Associate Dean and the student.
- e. If a student fails the USMLE Step 2 CS examination a second time, s/he will be referred to the Promotions Committee.
 - f. If a student fails the USMLE Step 2 CS examination a third time, s/he will be automatically dismissed from medical school.

Academic Credits

Academic credit for educational experiences offered by the School of Medicine are granted only to students currently enrolled in the School of Medicine. Students taking School of Medicine electives while enrolled as graduate students in other programs cannot use these credits to fulfill School of Medicine graduation requirements.

Request to Electively Postpone a Phase 3 Core Courses into the Fourth Year

The option to postponement of a Phase 3 course beyond the Phase 3 academic year may be used for a students interested in participating in specific curricular or non-curricular activities. However, postponement of Phase 3 has significant consequences for the completion of elements of Phase 4, especially the portions of the curriculum that should be completed prior to the MSPE release.

Postponement of Phase 3 coursework may be considered when the following conditions are met:

- The student must submit their request for postponement of a Phase 3 course the Associate Dean for Student Affairs with a written explanation for the request.
- The request to postpone a Phase 3 course must be submitted at least 6 weeks prior to the start of the scheduled course.
- Removing the student from the requested Phase 3 course would not violate the course's minimum required census, and rescheduling of the course would not violate the course's maximum census of students.
- A postponed course must be completed prior to sitting for the USMLE Step 2 CS and Step 2 CK exams and prior to enrolling/starting Phase 4 courses (including sub internships and electives).

The decision regarding postponement of a required clerkship will be made by the Associate Dean for Student Affairs, the Associate Dean for Professionalism, and the Assistant Dean for Clinical Curriculum. The decision regarding postponement of an elective requirement will be made by the Associate Dean for Student Affairs.

Leave of Absence

A Leave of Absence (LOA) is a period of non-enrollment when a student is not required to pay medical school tuition and fees and is not considered to be working toward the MD degree.

Students must complete the Leave of Absence application form and meet with the Associate Dean for Student Affairs to request a LOA.

The decision to grant a LOA is the discretion of the Associate Dean for Student Affairs. Students who are approved to take a LOA to pursue graduate work must complete all medical school requirements prior to initiation of the LOA. This includes passing relevant USMLE licensing examinations before the LOA starts

(Step 1, Step 2 CK, Step 2 CS), successful completion of the end of third year clinical skills examination, and remediation of all outstanding coursework or components of courses.

The duration of a LOA may vary, but may not exceed one year at a time; students not returning to full-time status at the end of their LOA must reapply and be approved for another LOA before the first LOA ends.

Possible reasons for requesting a LOA include:

- Participation in a dual degree program (MD/MPH, MD/MSPH, MD/PhD, MD/MS, MD/MBA, BioInnovate Track)
- Participation in extramural electives (fellowship programs, etc...)
- Family leave
- Medical leave
- Personal leave

Once an LOA is granted, the student must:

- Complete a School of Medicine LOA form on a yearly basis
- Discuss the impact of the LOA on financial aid awards and loan repayment with Financial Aid Office in a formal interview
- Maintain continuous health insurance and disability insurance coverage while on LOA
- Formally request and be approved to return from the LOA

The Leave of Absence application form can be found at:

<http://medicine.utah.edu/studentaffairs/resources/loaform.pdf>

Leave of Absence for Dual Degree Programs

Students participating in dual degree programs may only accrue credit toward the M.D. degree while enrolled as a medical student and paying School of Medicine tuition. Credit earned for coursework done in a graduate program may not be used toward required credits for the M.D. degree.

Parental Leave

Recognizing that combining childrearing and undergraduate medical education is a unique challenge, the University of Utah School of Medicine is committed to supporting students who have children during medical school.

Medical complications for a pregnancy related condition and an attendant requested accommodation(s) require a physician's note and are covered separately by the Excused Absence Policy in conjunction with Title IX and the Americans With Disabilities Act/Section 504 of the Rehabilitation Act of 1973 (ADA/Section 504) (see "Missed Class, Examination, or Learning Activity" on page 15 and "Title IX" below).

Parental Leave without a Physician's Note

Our goal is to accommodate the routine immediate perinatal (defined as within 3 days of birth), neonatal (defined as within 30 days of birth) or adoptive periods (defined as within 30 days of the adopted child's arrival in the home) without the need for a physician's note while providing realistic options for the medical student parent to continue making progress toward completion of the MD degree.

The birth or adoption of a child qualifies the medical student parent (male or female) to the following mechanisms of formal and informal parental leave:

Excused Absences for Formal Parental Leave

Students experiencing the birth or adoption of a child qualify to be excused from the curriculum under the Excused Absence Policy (see “Missed Class, Examination, or Learning Activity” on page 15) for 3 consecutive days immediately following the birth or adoption. This excused absence for parental leave is available in all four phases of the curriculum and does not require a physician’s note. As with all excused absences, students are still responsible for all curricular material presented.

Leave of Absence for Formal Parental Leave

Students may request a formal Leave of Absence for a variety of reasons including parental leave. A Leave of Absence is a period of non-enrollment when a student is not required to pay medical school tuition and fees and is not considered to be working toward the MD degree. The duration may vary but may not exceed one year at a time. A Leave of Absence is granted at the discretion of the Associate Dean of Student Affairs. (See “Leave of Absence” on page 40)

Additional Mechanisms for Formal and Informal Parental Leave

The structure of the School of Medicine curriculum varies across the four-year program. Consequently, the approach to accommodating additional parental leave above and beyond the use of an excused absence and the parental Leave of Absence will differ depending on the Phase of the curriculum in which students are rotating when a birth or adoption occurs.

Phases 1 and 2

Phase 1 and Phase 2 of the School of Medicine curriculum are constructed in an integrated longitudinal fashion with each Unit building upon the prior Units. It is not possible for students to miss fundamental portions of a Unit and be prepared for subsequent curricular activities. Because of the integrated and progressively iterative nature of the curriculum, parental leave during Phases 1 and 2 primarily should be limited to the use of an excused absence and/or a leave of absence as described above.

Students in Phases 1 and 2 may choose to appeal to the Associate Dean of Student Affairs for the additional consideration of “Parental Time.” “Parental Time” allows a student to be absent from specified limited portions of the curriculum in order to attend to parental duties in the neonatal or adoptive period. The Associate Dean of Student Affairs will consult with the Office of Professionalism, Evaluation and Learning, and the Office of Medical Education regarding the specifics of each individual appeal, taking into consideration the student’s academic standing, the timing of the request in the respective unit, and the unit’s fundamental curriculum content that cannot be missed without changing the standard and nature of the educational objectives and learning experience.

“Parental Time” has the additional following qualifiers:

- The “Parental Time” appeal should be requested no later than 1 month prior to the expected birth or adoption date of a child.
- Students will be held responsible for all material presented during “Parental Time.”

- Unit Directors make the determination about which activities on the Unit are fundamental to the Unit and cannot be excused.
- No alternative learning experiences will be provided to students on “Parental Time.”
- The student will receive zero points for all scored assignments/activities for which they are not present. Such assignments and activities refer to those that are scored, but not required in order to pass the Unit.
- Students may not be absent for Unit quizzes or exams.
- “Parental Time” absences will not exceed 15 consecutive curriculum days and are limited to occurring within 30 calendar days of the birth or adoption.
- Students on “Parental Time” must communicate with the Associate Dean of Student Affairs on a weekly basis.
- The individualized decision for a student’s “Parental Time” may be revoked, revised and/or revisited if the student is non-compliant with the above qualifiers or is placed on academic or professionalism probation for any other reason.
- “Parental Time” is only available in Phases 1 and 2

Phase 3

Phase 3 offers more flexibility in scheduling informal parental leave. In addition to the excused absence and LOA options above for formal parental leave, students may utilize the winter and summer breaks that already exist in the current Phase 3 schedule to create informal parental leave time. Students may also petition the Dean of Student Affairs to postpone a Phase 3 Rotation into their 4th year (see “Postponement of a Phase 3 Rotation” page 38).

Phase 4

Phase 4 offers the greatest amount of flexibility in scheduling informal parental leave due to the large number of calendar weeks that are normally preserved for residency interviews. In addition to the excused absence and Leave of Absence options above, students may utilize this flexible scheduling of the fourth year at their discretion. Students must meet with their Phase 4 Track Director and the Associate Dean of Student Affairs to ensure that they will remain successful in the Match. Students will be responsible for meeting all graduation requirements of their Phase 4 Track.

Parental Leave While Enrolled in Another Degree Program

Students who are enrolled in another degree program at the time of childbirth (e.g. MBA, MSPH, MPH, PhD, BioInnovate or other) should follow the policies of the school/program in which they are enrolled.

Title IX

The School of Medicine complies with Title IX of the Education Amendments Act of 1972 (“Title IX”) and does not discriminate against students on the basis of sex, which includes pregnancy or pregnancy-related conditions and parental status. Pregnant students may continue to participate in class and all extracurricular activities throughout pregnancy or a pregnancy-related condition. The School of Medicine will provide pregnant students, upon request, reasonable accommodations such as a larger desk, elevator access, or reasonable time away from class for restroom trips without requiring written confirmation from a medical provider.

Pregnancy and Childbirth Excused Absences and Medical Leave with Physician's Note the School of Medicine will accommodate excused absences for a medical illness due to pregnancy, childbirth, or pregnancy-related conditions as specified in the physician's note detailing the duration of time needed for accommodations.

- Students who have a medically excused absence due to pregnancy, childbirth or pregnancy-related conditions will be provided the same or equivalent resources provided to students with other temporary medical conditions. Resources include but are not limited to tutoring and independent study activities, if appropriate to the unit, course or clerkship.
- Reasonable accommodations for a pregnancy, childbirth or pregnancy-related conditions and any related medical illness, as with any other medical illness, may include a leave of absence if it is determined that the fundamental nature of the course, clerkship or unit cannot be maintained due to the limitations set forth by the physician's note.
- The School of Medicine will allow a student who has been on a medical leave of absence due to pregnancy, childbirth or pregnancy-related condition to return to the same academic status before her medical leave of absence began.
- The School of Medicine will provide the appropriate training to its faculty regarding the requirements of Title IX (as well as other University non-discrimination and accommodation policies).

Protection from Harassment and Discrimination

The University of Utah has adopted policies that prohibit discrimination or harassment against an individual on the basis of race, color of skin, national origin, religion, age, status as a person with a disability, sexual orientation, gender identity/expression, status as a veteran, genetic information, and sex. Sex discrimination includes sexual harassment and harassment because of pregnancy or related conditions (if the harassment is sufficiently serious that it has the purpose or effect of unreasonably interfering with an individual's employment or academic performance or environment.)

University of Utah policy and state and federal law prohibit retaliation against an individual for opposing a discriminatory practice, for participating in a discrimination complaint process, or for requesting an accommodation or academic adjustment for a disability.

To inquire about University non-discrimination policies or the grievance procedures to file complaints of discrimination, please contact:

Title IX Coordinator, University of Utah

Krista L. Pickens

Director, Office of Equal Opportunity and Affirmative Action

201 South Presidents Cr., Room 135

Salt Lake City, UT 84112

(801)581-8365 (V/TDD)

Email: oeo@uemail.utah.edu

For further information, students may reference:

Policy 5-210, Discrimination and Sexual Harassment Complaint Policy

Policy 5-107, Sexual Harassment and Consensual Relationships Policy

Policy 5-106, Equal Opportunity and Nondiscrimination

Policy 5-117, Americans with Disabilities Act (ADA Policy)

Academic Misconduct / Behavioral Misconduct

Continued Enrollment in the School of Medicine

As a condition of continued enrollment in the School of Medicine, students must notify the Associate Dean of Professionalism, Evaluation & Learning of a guilty plea, a plea of no contest or conviction of any charge other than a minor traffic violation that occurs between matriculation and graduation from medical school. A guilty plea, plea of no contest or conviction of any charge other than a minor traffic violation that occurs between acceptance to medical school and the first day of orientation must be reported to the Assistant Dean for Admissions.

Notification of the appropriate person must be made no later than five (5) calendar days after any guilty plea, plea of no contest, or conviction of any charge other than a minor traffic violation. Within thirty (30) calendar days of notification of a guilty plea, plea of no contest or conviction of any charge other than a minor traffic violation, the School of Medicine will take appropriate action as described below.

Enrolled students who enter a guilty plea, a plea of no contest or a conviction of any charge other than a minor traffic violation must notify the Associate Dean of Professionalism, Evaluation & Learning for informal resolution or for presentation to the Promotions Committee for academic misconduct. The Associate Dean and/or Promotions Committee will conduct such investigation as it deems necessary and appropriate in accordance with the usual standards of due process. Students presented to the Promotions Committee for a matter in which s/he entered a guilty plea, plea of no contest or conviction may be dismissed from medical school.

Students applying or accepted in to medical school but not yet enrolled in medical school who enter a guilty plea, a plea of no contest or a conviction for any matter other than a minor traffic violation must notify the Assistant Dean of Admissions for informal resolution or for presentation to the Admissions Executive Committee. The Assistant Dean of Admissions and/or Admissions Executive Committee will conduct such investigation as it deems necessary and appropriate in accordance with the usual standards of due process.

Students who have been accepted but not yet enrolled in medical school presented to the Admissions Executive Committee for a matter in which s/he entered a guilty plea, plea of no contest or conviction may have their offer of acceptance withdrawn. Medical school applicants presented to the Admissions Executive Committee for a matter in which s/he entered a guilty plea, plea of no contest or conviction may not be considered further in the application process.

Academic Misconduct and/or Professional or Ethical Violations

In the School of Medicine, academic dishonesty is considered 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 s/he cheated. Students accused of academic misconduct and or professional or ethical violations will be referred to the Office of Professionalism, Evaluation & Learning. The Associate Dean of Professionalism, Evaluation & Learning will refer the matter to the Promotions Committee for action, which may result in the student's dismissal from medical school.

<http://www.regulations.utah.edu/academics/6-400.html>

Behavioral Misconduct

Allegations of student behavioral misconduct are referred to the Associate Dean of Professionalism, Evaluation & Learning, who will determine if 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 misconduct proceedings, the student shall be notified by the Associate Dean for

Professionalism, Evaluation & Learning. Student behavioral misconduct proceedings are outlined in the University of Utah Student Code Section III: <http://www.regulations.utah.edu/academics/6-400.html>.

Student's Rights Regarding Misconduct Allegations

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

- The right to access his/her academic files as provided by the University of Utah Student Code. <http://www.regulations.utah.edu/academics/6-400.html>
Students with complaints, inquiries, or requests to review official records should address them to the Office of Student Affairs. Access to the student's official file in the Office of Student Affairs is subject to the following limitations:
 - reasonable and nondiscriminatory rules and regulations may be made as to time, place, and supervision;
 - 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)
- The right to 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 or who poses a direct threat 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 any curricular activities while appealing including class activities course work and clinical courses and rotations.
- The right to information regarding the decision of the appropriate person or committee.
- The right to appeal academic sanctions as outlined in the applicable sections of the University of Utah Student Code.
www.regulations.utah.edu/academics/6-400.html

Guidelines for Use of Social Media

Use of social media is prevalent among students. Students should be aware that unwise or inappropriate use of social media can negatively impact educational and career opportunities. To avoid these negative impacts, students should consider the following:

Post content that reflects positively on you, and the University of Utah School of Medicine. Be aware not only of the content that you post, but of any content that you host (e.g., comments posted by others on your site). Content you host can have the same effect as content you post.

Though you may only intend a small group to see what you post, a much larger group may actually see your post. Be aware that your statements may be offensive to others, including classmates or faculty members who may read what you post.

You should convey a professional and ethical presence to all who might view your online information. Employers and others may use social media to evaluate applicants. Choosing to post distasteful, immature, or offensive content may eliminate job or other opportunities.

Once you have posted something via social media, it is out of your control. Others may see it, repost it, save it, forward it to others, etc. Retracting content after you have posted it is practically impossible.

If you post content concerning the University or the School of Medicine, make it clear that you do not represent the University or the School of Medicine and that the content you are posting does not represent the views of the University or the School of Medicine.

Make sure the content you post is in harmony with the ethical or other codes of your program and field. In certain circumstances, your program may have made these codes binding on you, and violations may result in action against you.

If you are in a program that involves confidential information, do not disclose this information. The University may take action against you for disclosures of confidential information.

Realize that you may be subject to action by the University for posting or promoting content that substantially disrupts or materially interferes with University activities or that might lead University authorities to reasonably foresee substantial disruption or material interference with University activities. This action may be taken based on behavioral misconduct, academic performance, academic misconduct, or professional misconduct, and may range from a reprimand or failing grade to dismissal from a program or the University.

Medical students must be cognizant of standards of patient privacy and confidentiality that must be maintained in all environments, including online, and must refrain from posting identifiable patient information online.

If they interact with patients on the Internet, medical students must maintain appropriate boundaries of the patient-physician relationship in accordance with professional ethical guidelines just, as they would in any other context. To maintain appropriate professional boundaries medical students should separate personal and professional content online.

When medical students see content posted by colleagues that appears unprofessional they have a responsibility to bring that content to the attention of the individual, so that s/he can remove it and/or take other appropriate actions. If the behavior significantly violates professional norms and the individual does not take appropriate action to resolve the situation, the student should report the matter to the Associate Dean for Professionalism, Evaluation & Learning.

Medical students must recognize that actions online and content posted may negatively affect their reputations among patients and colleagues, may have consequences for their medical careers and can undermine public trust in the medical profession.

Academic Performance Standards

Course Directors will publish grading criteria that will be reviewed with students on the first day of the course.

Students in good standing who have satisfactory grades and evaluation reports will automatically advance to the next course.

Good standing is defined as having passed all courses to date, successfully completed all academic requirements, achieved required levels of competency, passed the appropriate USMLE licensing examination, demonstrated professional behavior, and upheld the Student Code of Ethics.

If a student fails (F) or receives an Incomplete (I) in a course and/or fails to uphold the code of ethics, and/or demonstrates lapses in professionalism, they will be presented to the Promotions Committee. Students with delayed course completion may also be so presented.

The Promotions Committee has the authority to impose an academic action based on a student's performance in a course, a USMLE licensing examination, delayed course completion, failure of more than one NBME Subject or CLIPP examination, and/or failures in attitude, failure to uphold the code of ethics and/or lapses in professionalism.

The Promotions Committee has the authority to consider and approve course remediation recommendations made by a course director, faculty member, or department in response to a student failing a course. Course Directors may not offer or implement remedial procedures without approval of the Promotions Committee.

The Promotions Committee considers a student's entire academic record, overall professional development, behavior and attitude in deciding an appropriate academic action. The Committee has the authority to impose academic actions, including, but not limited to course remediation, additional educational activities, repeat of an academic year, extended curriculum, leave of absence, academic probation, formal reprimand, and dismissal from medical school.

Should the Promotions Committee decide that a student's lapse in professionalism or failure to uphold the Medical Student Code of Ethics warrants action, options include, but are not limited to formal reprimand, probation, suspension, and dismissal from medical school.

Promotions Committee Academic Actions

Some academic actions are automatic and described below. With regard to actions that are not automatic, the Promotions Committee may impose any of the following:

Leave of Absence

Students are expected to complete their medical education in four consecutive years. However, the Promotions Committee may impose a leave of absence as an academic action so that a student may address a personal or health issue that impacts their academic success.

Dismissal

The Promotions Committee may dismiss a student when the student:

- Has demonstrated a consistent pattern of substandard academic performance. This would include, for example, a history of delayed course completion, failure/s of a course, failure/s of NBME subject exam/s, and/or failure/s of a USMLE licensing examination.
- Has demonstrated character, personality, or behavior unsuitable for the practice of medicine, lacks motivation, or is emotionally unstable. This includes but is not limited to substance abuse, aggression, abusiveness, cheating, dishonesty, etc.

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., a student did in fact fail a NBME licensing exam three times.

Academic Warning

Students are automatically placed on academic warning for failure of one end-of-course knowledge examination. Students placed on **Academic Warning** may not:

- Register for any course work other than in the required curriculum
- Participate in school-sponsored travel
- Participate in extramural training for credit
- Work for money
- Participate in volunteer activities other than those approved by the SOM

Academic Probation

Students are automatically placed on academic probation for a course failure, delayed course completion (even if no failing or incomplete grades have been issued), failure of a USMLE Step 1, Step 2 CK, or Step 2 CS examination, failure of two end of clerkship examinations (any NBME subject exam and/or CLIPP exam (the same or in different core courses), and/or a failure/s in attitude and/or lapse/s in professionalism. Academic Probation will be reported in the student's MSPE.

Students on **Academic Probation** may not:

- Register for any course work other than in the required curriculum
- Hold elected office in the SOM or University of Utah
- Participate in SOM extracurricular activities
- Participate in school-sponsored travel
- Participate in extramural training for credit
- Work for money
- Participate in volunteer activities other than those approved by the SOM

Students will remain on academic probation until the deficiencies have been corrected or the conditions set by the Promotions Committee have been satisfied.

Students with more than one outstanding end of course exam failure will be pulled from their curriculum until they have successfully passed their outstanding exams.

Dismissal for USMLE Licensing Exam Failures

Dismissal is automatic action imposed by the Promotions Committee if a student fails any one USMLE licensing exam (Step 1, Step 2 CK, or Step 2 CS) three times.

Academic Due Process

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 a student's curriculum, impose a leave of absence, a reprimand, suspend or dismiss a student. Actions may be imposed for failure to meet relevant academic standards, lapses in professionalism and/or failure to uphold the Student Code of Ethics. Students are notified as soon as possible after a grade or other academic action is imposed. An academic action may be overturned on appeal only if the academic action was arbitrary or capricious (see below for definition).

Assessing Academic Performance

Faculty members, when assigning a grade in a course and the Promotions Committee when imposing an academic action, are qualified to judge a student's academic performance.

Arbitrary or Capricious

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, arbitrary or capricious means:

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

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

The assignment of a course grade by a substantial, unreasonable, and unannounced departure from the instructor's previously announced standards.

Student Rights Regarding Academic Actions

- The right to access his/her academic files as provided by the University Of Utah Student Code (<http://www.regulations.utah.edu/academics/6-400.html>). Students with complaints, inquiries, or requests for review of official records should address them to the Office of Student Affairs. Access to the student's official file in the Office of Student Affairs is subject to the following limitations:
 - reasonable and nondiscriminatory rules and regulations may be made as to time, place, and supervision;
 - 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).
- The right to remain in scheduled course until the decision of the appropriate person or committee, unless extraordinary circumstances exist. A student who exhibits behavior unsuitable for the practice of medicine or who poses a direct threat 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.
- The right to information regarding the decision of the appropriate person or committee.
- The right to appeal academic sanctions as outlined in the applicable sections of the University of Utah Student Code.
www.regulations.utah.edu/academics/6-400.html

Appeal of Academic Actions

The School of Medicine follows the appeals policies of the University of Utah Code of Student Rights and Responsibilities (<http://www.regulations.utah.edu/academics/6-400.html>). All references to “days” are understood to mean business days.

Process for Appealing an Academic Action Imposed by the Promotions Committee

A. Consultation with the Chair of the 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 s/he 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, who may appoint a 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. The Dean will appoint a Designee to review the appeal. Within fifteen (15) days of consulting with the student and the Chair of the Promotions Committee, and conducting such investigation as s/he deems necessary and appropriate in accordance with due process 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, s/he 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 chair of the School of Medicine Academic Appeals Committee (grant.cannon@va.gov).

C. Appeal to Academic Appeals Committee: If either party disagrees with the decision of the Dean's Designee, that party may appeal to the School of Medicine Academic Appeals Committee (grant.cannon@va.gov) 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. <http://www.regulations.utah.edu/academics/6-400.html>

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;
- 3) The academic action included a dismissal from a program.

To recommend overturning the original academic action, the Academic Appeals 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 Academic Appeals 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 (or Designee) 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 (or Designee's) decision is final unless appealed to the Senior Vice President for Health Sciences within ten (10) business days after receipt of the Dean's (or Designee's) decision.

E. Appeal to Senior Vice President for Health Sciences: Either party may file a written appeal of the Dean's (or Designee's) decision with the Senior Vice President for Health Sciences, delivering a copy of the appeal to the other party. The other party may file a response within five (5) days. The Senior Vice President shall consider the appeal and response and solicit counsel and advice appropriate to reach a final decision. S/he 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 Senior Vice President 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 (or Designee); return the report to the Dean (or Designee) asking for clarification; or reject all or parts of the Dean's decision, stating the reasons. The Senior Vice President 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 Senior Vice President is final. At the conclusion of the appeals process, the Dean shall take appropriate action to implement the final decision.

Process for Disputing a Final Failing Grade in a Course

A. Consultation with Faculty Member: Students who believe the assignment of a final failing grade was arbitrary or capricious should discuss the issue with course director within twenty (20) days of receiving notice of the grade. If the student and faculty director are unable to resolve the disagreement, or if the faculty director does not take the agreed upon action within ten (10) days, the student may appeal in writing to the chair of the department (for clerkship or rotation grades), or the Associate Dean for Curriculum (for course grades). For interdisciplinary courses, the student should appeal to the Vice Dean for Education, who will appoint a dean's designee to review the dispute.

B. Appeal to Department Chair (for clerkship or clinical rotation evaluations), the Associate Dean for Curriculum (for course grades), 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 (for clerkship or rotation grades) or the Associate Dean for Curriculum, (for course grades), or the Dean's Designee (for interdisciplinary courses). Within fifteen (15) days of consulting with the student, the department chair, Associate Dean of Curriculum, or Dean's Designee shall notify the student and the faculty course director, in writing, of his/her determination of whether the academic action was arbitrary or capricious and the basis for that decision. If the department chair, Associate Dean of Curriculum or Dean's Designee determines that the grade assignment was arbitrary or capricious; s/he shall take appropriate action to implement his/her decision unless the course director assigning the grade appeals the decision. If the department chair, or the Associate Dean of Curriculum or Dean's Designee fails to respond to the student in fifteen (15) days, the student may appeal to the Chair of the Academic Appeals Committee. (grant.cannon@va.gov)

C. Appeal to Academic Appeals Committee: If either the student or the course director disagrees with the decision of the department chair, Associate Dean or Dean's Designee, that party may appeal to the School of Medicine Academic Appeals Committee within fifteen (15) days of notification of the decision of the department chair, Associate Dean, or Dean's Designee. The Academic Appeals Committee Proceedings are outlined in the University of Utah Student Code, (<http://www.regulations.utah.edu/academics/6-400.html>). 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 Chair of the Academic Appeals Committee submits written findings and recommendations to the Dean.

D. Review and Decision by the Dean (or Designee): The Dean (or Designee) may accept the Academic Appeals 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 (or Designee's) decision is final unless appealed to the Senior 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 (or Designee's) decision with the Senior Vice President for Health Sciences, delivering a copy to the other party. The other party may file a response within five (5) days. The Senior Vice President shall consider the appeal and response and solicit counsel and advice appropriate to reach a final decision. S/he 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. Upon receipt of the appeal, the Senior Vice President 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 (or Designee's); return the report to the Dean (or Designee's) asking for clarification; or reject all or parts of the Dean's (or Designee's) decision, stating the reasons. The Senior Vice President 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 Senior Vice President is final. At the conclusion of the appeals process, the Department Chair or Dean shall take appropriate action to implement the final decision.

Procedures to Address Mistreatment or an Infraction of the Standards of Conduct

Any student who feels that s/he 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 that will adequately and appropriately address the student's concerns.

- A. Students may meet with the Senior Director of Professionalism, Evaluation & Learning. The Senior Director routinely reviews the process for reporting mistreatment in student debriefings, class meetings, and the Student Handbook.
- B. 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, 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, Senior Director of Professionalism, Evaluation & Learning or a School of Medicine Dean. 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.
- C. Students may meet with the Senior Director or Associate Dean of Professionalism, Evaluation & Learning, the Associate Dean of Student Affairs, or the Vice Dean for Education 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) at (801) 581-8365. In all other incidents, once the student has provided the Director, Associate or Vice Dean with a written claim of mistreatment, the Associate Dean of Professionalism, Evaluation and Learning 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 and residents can be dealt with on a departmental basis, with feedback to the faculty member or resident from the department chair or residency director. Most complaints against a staff member can be handled with feedback to the individual from their supervisor.

- D. 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, course directors, chairs, or School of Medicine officials, such as the Associate Dean for Student Affairs or the Associate Dean for Professionalism, Evaluation & Learning, to informally discuss a complaint and to develop a plan for resolution of the problem.
- E. Disciplinary actions or academic sanctions will be assessed in accordance with the following:
 - a) Violations of the Standards of Conduct by a faculty member shall be the basis for disciplinary action in accordance with Code of Faculty Rights and Responsibilities and the School of Medicine *Professional Conduct Policy for Faculty*.
 - b) Violations of the Standards of Conduct by a staff member shall be the basis for disciplinary action in accordance with University of Utah Human Resources and the University of Utah Hospitals and Clinics *Professional Conduct Policy*.
 - c) Violations of the Standards of Conduct by a resident shall be the basis for disciplinary action in accordance with the Graduate Medical Education policy and procedures.
<http://medicine.utah.edu/gme/policies/GME%208.4%20Resident%20Professional%20Conduct%20Policy.doc>
 - d) Violations of the Standards of Conduct by a medical or graduate student shall be the basis for disciplinary action in accordance with the School of Medicine Handbook (for medical students), the appropriate College policy (for graduate students) and the University of Utah Code of Students Rights and Responsibilities.

Students should report alleged incidents of illegal discrimination or sexual harassment to the University's Office of Equal Opportunities and Affirmative Action (OEO/AA) at (801) 581-8365, a representative from OEO/AA, will explain available grievance options to the student. The student is encouraged to discuss an alleged incident of illegal discrimination or sexual harassment with the appropriate course director, department chair, the Associate Dean of Student Affairs or the Associate Dean for Professionalism, Evaluation & Learning Accountability & Assessment. These individuals are obligated to report any such incidents to the OEO/AA and will encourage the student to contact that office for assistance.

Information Resources Policy

This excerpt from the University of Utah Information Resources Policy covers acceptable use of computer/information resources made available to medical students.

<http://www.regulations.utah.edu/it/4-002.html>

Purpose

To outline the University's policies for students, faculty and staff, concerning the use of the University's computing and communication facilities, including those dealing with voice, data, and video. This policy governs all activities involving the University's computing facilities and information resources, including

electronically or magnetically stored information. Every user of these systems is required to know and follow this policy.

Scope

This policy applies to all members of the University of Utah community, and governs all storage and communications systems owned by the University, whether individually controlled or shared, stand alone or networked.

Individual departments and colleges serve diverse purposes and diverse constituencies; therefore, they have broad discretion in establishing reasonable and appropriate policies and "conditions of use" for facilities under their individual control. Departmental policies shall be consistent with this policy although they may provide additional detail, guidelines and/or restrictions.

Definitions

Information Resources include any information in electronic, audio-visual or physical form, or any hardware or software that makes possible the storage and use of information. This definition includes but is not limited to electronic mail, phone mail, local databases, externally accessed databases or cloud based data, CD-ROM, motion picture film, recorded magnetic media, photographs, digitized information, or microfilm. This also includes any wire, radio, electromagnetic, photo optical, photo electronic or other facility used in transmitting electronic communications, and any computer facilities or related electronic equipment that electronically stores such communications.

User includes anyone who accesses and uses the University of Utah Information Resources.

Policy

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.

Access to computer systems and/or networks owned or operated by the University Of Utah impose 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.

It is the University's policy to maintain access to local, national and international sources of information, and to provide an atmosphere that encourages access to knowledge and sharing of information. The University also strives to create an intellectual environment in which students, staff, and faculty feel free to create individual intellectual works as well as to collaborate with other students, staff and faculty without fear that the products of their intellectual efforts will be violated, misrepresented, tampered with, destroyed, stolen or prematurely exposed. Nothing in this policy guarantees that violations of this policy will not occur or imposes liability on the University for any damages resulting from such a violation.

The personal use of University resources is covered in the University's Conflicts of Interest policy, [Policy 1-006](#) and in [Policy 6-316](#); and [Policy 5-207](#).

The University retains the right to allocate its information resources and to control access to its electronic communications systems.

Privacy

Electronic communications systems have inherent limitations. No computer security system can absolutely prevent a determined person from accessing stored information that he/she is not authorized to access. Moreover, electronic documents may be disclosed pursuant to public records law or in the discovery process.

Users shall respect the legitimate expectations of privacy of others. However appropriate administrators and network managers may require access to records and data typically taken to be private. In particular, individuals having official computer or network responsibilities, such as system administrators, network supervisors, system operators, postmasters or others who cannot perform their work without access to documents, records, electronic mail, files or data in the possession of others, may access such information as needed for their job responsibilities. Whenever practical, prior notice should be given for other than trivial intrusions on privacy.

The University reserves the right to concurrently monitor its students' and employees' electronic communications when such monitoring is necessary to the evaluation of his/her job performance quality. The University will notify employees when such monitoring or surveillance may occur. This monitoring will comply with the following restrictions:

- All monitoring will be relevant to work and/or school performance;
- Employees and students will be given access to information gained through monitoring;
- Disclosure and use of resulting data will be restricted to University-related purposes.

Individual Responsibilities

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.

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

In making appropriate use of Information Resources users must:

- Use Information Resources only for authorized purposes;
- Protect their user ID from unauthorized use;
- 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.

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:

Gain, attempt to gain or help others gain access without authorization;

- 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.
- Destroy, damage or alter any University Information Resource or property without proper authorization;

- 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;
- Harass or intimidate others in violation of law or university policy;
- 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;
- 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
- Violate state and federal laws pertaining to electronic mailing of chain letters and other unauthorized use of computing resources or networks;
- Make or use illegal copies of copyrighted or patented software, store such copies on University systems, or transmit such software over University networks;
- 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
- 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.

Enforcement and Sanctions

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.

- 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: Violations of this policy by a faculty member shall be the basis for disciplinary action in accordance with [Policy 6-316](#), Code of Faculty Responsibility.
- Violations of this policy by a staff member shall be the basis for disciplinary action in accordance with [Policy 5-111](#), Disciplinary Actions and Dismissal of Staff Employees, and [Policy 5-203](#), Staff Employee Grievances and Appeals.
- Violations of this policy by a student shall be the basis for disciplinary action in accordance with School of Medicine Handbook and the University Student Code, [Policy 6-400](#).

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

- the User has violated University policies or law; and
- 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.
- The User shall be informed of his/her right to immediately appeal such a suspension to the cognizant head of the department or course. Permanent revocation of privileges shall be imposed solely through the disciplinary processes set forth in paragraph 2 above. (Section V.D.2).

Users who are not faculty, staff or students may have their access to Information Resources unilaterally revoked if they violate this policy.

Drug-Free Environment

Purpose

To provide the policy, procedures, and programs for the maintenance of a drug-free workplace and educational environment that applies to all medical students, and to provide for compliance with federal law regarding prevention of illicit use of drugs and the abuse of alcohol, and to provide for compliance with federal law requiring a program to prevent the illicit use of drugs and the abuse of alcohol.

References

Federal Law, Drug-Free Workplace Act of 1988 Federal Law, Drug-Free Schools and Communities Act Amendments of 1989

UU Policy 5-113: Drug-Free Workplace

UU Policy 6-400: Code of Student Rights and Responsibilities

Definitions

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.

Medical Student: Any student who has accepted an offer of admission or who is matriculated in the University of Utah School of Medicine.

Controlled Substance: Any controlled substance in schedules I through V of Section 202 of the Utah Controlled Substance Act (21 U.S.C. 812). A list of these schedules is available online at:

http://le.utah.gov/~code/TITLE58/htm/58_37_000400.htm

All substances listed in the federal Controlled Substances Act, Title II, P.L. 91-513, are considered controlled. A copy of these schedules is available for review by any member of the University community in the Office of Personnel and Benefits and Student Counseling.

Criminal Drug Statute: Criminal drug statute involving the manufacture, distribution, dispensation, use or possession of any controlled substance or alcohol.

Conviction: Finding of guilt for a crime by a court of competent jurisdiction, including a "No Contest" plea.

Policy

It is the policy of the University of Utah School of Medicine to establish, promote and maintain a drug free, safe and healthy working and educational environment for medical students.

It shall be a violation of this policy for any medical student to engage in the unlawful manufacture, distribution, dispensation, possession and/or use of a controlled substance. This includes being under the influence or impaired in activities anywhere in the educational environment of the School of Medicine or University of Utah, or in any manner that violates criminal drug statutes. Unauthorized use or possession of alcohol anywhere in the educational environment of the School of Medicine or University of Utah is also prohibited.

As a condition of continued enrollment in the School of Medicine, students must notify the Associate Dean of Professionalism, Evaluation & Learning of a guilty plea, a plea of no contest or conviction of any charge other than a minor traffic violation that occurs between matriculation to and graduation from medical school. This notification must be made no later than five (5) calendar days after any guilty plea, plea of no contest, or conviction of any charge other than a minor traffic violation. Within thirty (30) calendar days of notification of a guilty plea, plea of no contest or conviction of any charge other than a minor traffic violation, the School of Medicine will take appropriate actions as described below.

Policy violations and/or convictions will be referred to the Office of Professionalism, Evaluation & Learning for informal resolution or presentation to the Promotions Committee as academic misconduct, and may result in disciplinary action. The Promotions Committee will conduct such investigation as it deems necessary and appropriate in accordance with the committee's usual standards of due process.

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 Promotions Committee and appropriate sanctions, including disciplinary measures or dismissal, may ensue.

Students are encouraged to self-identify to the Associate Dean of Student Affairs when they have problems with drug 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 School of Medicine administration.

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.

Drug Testing

Purpose

To provide the policy, procedures, and programs for the maintenance of a drug-free workplace and educational environment that applies to all medical students, and to provide for compliance with federal law regarding prevention of illicit use of drugs and the abuse of alcohol, and to provide for compliance with federal law requiring a program to prevent the illicit use of drugs and the abuse of alcohol.

References

[Policy 5-113](#), Drug-Free Workplace

[Policy 5-111](#), Disciplinary Sanctions and Termination of Staff Personnel

[Policy 5-210](#), Non-Discrimination and Staff Employee Grievance

[Policy 6-316](#), Code of Faculty Responsibility

[Policy 6-400](#), Code of Student Rights and Responsibilities

Federal Law Drug-Free Workplace Act of 1988

Federal Law Drug-Free Schools & Communities Act Amendments 1989

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.

Grounds for Testing

Applicant Testing: A drug test may be administered to any medical school applicant once s/he accepts an offer of admission to the University of Utah School of Medicine. Medical students transitioning to or working in a patient sensitive position may be tested prior to transfer.

Reasonable Suspicion: A drug test may be administered to a medical student when 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 medical student 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 student's violation of this policy; or (4) newly discovered evidence that the student tampered with a previous drug test. All medical school applicants who have accepted a position and medical students tested under this provision shall be relieved from patient care and clinical service pending the results and review of the drug test by the designated management official.

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 medical student 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.

Return to Medical School Curriculum Agreement: Random drug and/or alcohol tests may be required for a medical student returning to medical school after engaging in conduct prohibited by this policy. Medical students in patient sensitive positions may be tested at random as part of a return to work agreement at the discretion of the MRO.

Agency Directives: Individuals may be tested as required or requested by state or federal agencies.

Testing Process

At the time a position in medical school is accepted by the prospective student, s/he shall be informed about the University Drug-Free Workplace Policy and the University of Utah Health Sciences Center Drug Testing Policy. Students may be drug tested as a condition of admission. Drug testing will be performed as a condition of participation in patient care activities of the curriculum and prior to beginning Phase 3 courses.

Once a medical student is scheduled for a drug test, s/he must report to a designated collection site at the scheduled time. Students who fail to report or to provide a specimen suitable for testing will be referred to the Associate Dean of Student Affairs.

Upon arriving at the collection site, the medical student will be asked to sign a waiver consenting to the test. Refusing to consent to a test will be grounds for student discipline, up to and including revocation of an acceptance offer and/or dismissal from medical school. 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.

The School of Medicine 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.

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 s/he 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.

Drug Test Results

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/or attempting to alter or tamper with the specimen will be interpreted as a failed test.

Drug test results will be reported to the Associate Dean of Student Affairs only as pass or fail.

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 student's academic file. The student's academic file will include only the pass/fail result from the test and the prohibited substance resulting in a failed test.

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.

Disciplinary Action

Applicant/Transfers: Any offer of acceptance to medical school or transfer to patient sensitive areas will be revoked if a medical student fails a drug test.

Students failing a drug test pursuant to this policy shall be directed to the Office of Student Affairs and processed in accordance with University Code of Student Rights and Responsibilities. A failed test may result in dismissal from the academic program in accordance with University of Utah Student Code.

Educational Records and Privacy Rights

The University of Utah School of Medicine student records are governed by the Family Educational Rights and Privacy Act (FERPA). FERPA grants to all University students, including medical students, the following basic rights:

- The right to request access to your education records
- The right to have your education records protected from disclosure except in certain limited circumstances
- The right to designate basic directory information (e.g., name, address, telephone number, dates of attendance, etc.) as part of your private education records
- The right to seek an amendment to education records that are inaccurate, misleading or in violation of your privacy rights
- The right to complain to the U.S. Department of Education should you feel that your FERPA rights have been violated.

For more information about each of these rights and about the processes for exercising these rights, please refer to the website of the University's Registrar at the following link:

<http://registrar.utah.edu/handbook/ferpa.php>

For access to your School of Medicine records and/or to seek an amendment to your records, please follow the procedures outlined below:

Requesting Access to your Educational Records

Medical students who wish to review their education records should submit a written request to the Associate Dean of Student Affairs.

Requesting an Amendment to your Educational Records

Students who believe their education records contain information that is inaccurate, misleading, or in violation of the student's rights of privacy should first attempt to resolve the issue with the relevant faculty member(s). Students may also present their request to the Associate Dean for Student Affairs who will work with the student and faculty member(s) to attempt informal resolution of the issue. Students who are not satisfied with the result of the informal resolution process may submit a formal request for amendment pursuant to the procedures outlined on the University's Registrar link:

<http://registrar.utah.edu/handbook/ferpa.php>

Request for Release of Records

Because the University generally will not disclose your education records to anyone other than you, you must complete the on-line Consent to Release Form should you wish to provide a third-party access to your records. The Consent to Release Form is located at the following link:

<http://registrar.utah.edu/handbook/ferpa-consent.php>

Infectious, Environmental and Blood-borne Pathogen Exposures Control Policy

Purpose

To provide a comprehensive plan to eliminate and/or reduce occupational exposure to infectious, environmental and/or blood-borne pathogens and to ensure compliance with federal regulations.

Definitions

Airborne Pathogen: infectious disease transmitted via aerosolized particles including tuberculosis, chicken pox, (Varicella), and measles.

Biohazard Label: a fluorescent orange label with the biohazard symbol.

Blood: human blood, blood products or blood components.

Blood-borne Pathogen: microorganisms present in human blood and can cause disease in humans, which include Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).

Body Substance Precaution (BSP): isolation precautions that consider all blood, body fluids visibly contaminated with blood, body fluids, substances, unfixed tissues, organs or cultures from living or dead human sources as potentially infectious.

Clinical Work Area: any area involving exposure/potential exposure to blood or other potentially infectious materials, such as patient care rooms, treatment rooms, exam rooms, laboratories, dirty utility rooms, specimen holding areas, etc.

Contaminated: the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Decontamination: the use of physical or chemical means to remove, inactivate, or destroy blood-borne pathogens on a surface or item to the point where the surface or item is rendered safe for handling, use, or disposal.

Engineering Controls: controls that isolate or remove a blood-borne pathogen hazard from the work place such as blades or needles that retract after use, needleless devices, sharps disposal containers or ventilation devices.

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

Exposure Determination: based on the definition of occupational exposure without regard to personal protective clothing and equipment.

Exposure Incident: a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials or an exposure to an environmental hazard that results from an activity related to education or employment.

Occupational Exposure: skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from an activity related to education or employment.

Other Potentially Infectious Materials: all body fluids, tissues, or cultures from living or dead human sources, other than blood (e.g. semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, concentrated viruses, aerosolized particles, saliva etc...)

Personal Protective Equipment (PPE): specialized clothing or equipment worn by an employee for protection against exposure to blood-borne pathogens and other body fluids/substances. General work clothes (e.g. uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard is not considered to be personal protective equipment.

Regulated Waste: any liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Student: an individual currently enrolled in medical school at the University of Utah School of Medicine.

Work Practice Controls: practices that reduce the likelihood of exposure by altering the manner in which a task is performed, such as prohibiting recapping, removing or bending of needles (unless required by a specific medical procedure).

Universal Precautions: a method of infection control in which all human blood and other potentially infectious materials are treated as if known to be infectious for HIV and HBV. It does not apply to feces, nasal secretions, sputum, sweat, tears, urine or vomitus unless they contain visible blood.

Policy

The School of Medicine supports a comprehensive exposure control plan for infectious, environmental and blood-borne pathogens, as required by OSHA, which delineates who is at risk, the methods for preventing and reducing exposures, the steps to take in the event of an exposure, and procedures for training and record-keeping.

Education and Training

The Office of Student Affairs will coordinate HIPAA certification training and training in risk prevention practices and body substance precautions to ensure compliance with OSHA requirements and federal regulations. Annual training and recertification will be required of all medical students.

Universal Precautions

Universal Precautions policies are in place to protect students and patients from unnecessary health risks. Universal Precautions will be used by all students who may be subjected to blood or body fluids. All students 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 exposure. Students will wear appropriate personal protective equipment (e.g., gloves, goggles, mask, and gown) in situations where exposure to blood, body fluids or environmental hazards is possible.

Students with needle sticks or other training-related injuries or illness, environmental or blood-borne pathogen exposures will follow regulations and protocols established by the federal Occupational Safety and Health Administration (<http://www.osha.gov/index.html>) and the University of Utah Department of Environmental Health and Safety (<http://ehs.utah.edu/>).

Patient Non-Discrimination

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

Medical Students with Blood-borne and/or Airborne Infections

Medical students infected with blood-borne or other pathogens shall not, solely because of such infection(s), be excluded from participation in medical school life, including educational opportunities and extracurricular activities except as otherwise required by applicable federal, state, or local law, or unless the health of the student presents a direct threat to the health and safety of others. Students infected with airborne pathogens may be excluded from participation in such activities during the infectious stage of their disease.

Medical students who know or who have a reasonable basis for believing that they are infected with blood-borne or airborne pathogens are expected to seek expert medical advice regarding their health circumstances to have a clear understanding of the medical issues presented by these infections. Students are expected to seek advice from their health care provider and/or the School of Medicine Employee Infection Control Office (University Hospital Room AA217). Phone 801-581-2706.

In the Event of an Occupational Exposure Incident

- Notify your senior resident or attending physician immediately.
- Seek medical treatment as directed by your resident or attending physician as soon as possible. If possible, utilize a University provider, such as the Work Wellness Center (AC 147 University Hospital, 801-581-2227) or the University of Utah Emergency Department. If you are rotating in a health care setting outside of the University, utilize the services of the Emergency Department services at your location. Indicate to your health care provider that this incident will be covered by the Workmen's Compensation Fund of Utah (WCFU).
- Obtain a copy of the Employers First Report of Injury or Illness form from your health care provider, the Emergency Department your course or elective coordinator, the Student Affairs Office or the University of Utah Human Resources website (<http://www.hr.utah.edu/forms/lib/E1.pdf>). Fill in the "Employee" portion of the form using your name as it appears on your School of Medicine ID badge. Have your senior resident or attending physician complete the "Occurrence" portion of the form. The Emergency Department or your care provider should complete the "Treatment" portion of the form. Within 24 hours, submit the completed form to the Workers Compensation Fund of Utah www.wcgroup.com (1-800-446-2667 or 1-385-351-8010) and the University of Utah Absence Management Team (located at 420 Wakara Way Suite 105 Salt Lake City, UT 84108, phone 801-581-2169, fax 801-581-5571).

- If the work related injury or illness is potentially infectious, you must follow up with the Work Wellness Center (AC 147 University Hospital, 801-581-2227) within one business day. If you are rotating in a health care setting outside of the University, utilize the Employee Health services at your location.
- If the work related injury or illness is not infections, but involves overnight hospitalization, broken bones, loss of limb, or a fatality, you or your attending physician must contact Environmental Health and Safety (EHS) immediately of the accident (University of Utah Bldg. 605 125 South Fort Douglas Blvd. Salt Lake City, Utah 84113, phone 801-581-6590. After hours use University Police Dispatch: 801-585-2677. You will need to request the dispatch operator notify EHS of an industrial accident requiring investigation).
- Inform your resident and attending physician of the outcome of your treatment(s). You must submit any physician note releasing you from work to your attending physician and the Office of Student Affairs.
- Notify the Absence Management Team in Human Resources about any changes or updates in your mailing address, treatments, and contact information.
- Be aware that additional medical services may need pre-authorization. Check with the Absence Management Team. Be sure to tell professionals providing these services that you are insured by the Workmen's Compensation Fund of Utah WCFU.

In the course of testing required by occupational exposure incident protocols, Occupational Health must report communicable infectious diseases (including HIV/AIDS, tuberculosis, viral hepatitis) to the State Health Department.

Confidentiality and Testing

The School of Medicine shall respect the confidentiality of individuals with blood-borne or airborne pathogens to the extent permitted by state and federal law. Medical students will not be tested for HIV, or other blood-borne or airborne pathogens without their knowledge or consent, except in circumstances when testing may be required by occupational exposure protocols. In cases of non-occupational exposure, confidential testing is available through the Salt Lake County Health Department, the University of Utah Student Health Service, or your primary care physician.

Research Environment Exposure Control

All research and laboratory directors, principal investigators and laboratory workers shall recognize their responsibility for preventing transmission of blood-borne and other pathogens when handling human blood and other potentially infectious materials in the laboratory. Researches must comply with the University of Utah Biosafety Manual (<http://ehs.utah.edu/research-safety/biosafety/tools-and-resources/biosafety-manual>) and the Blood-borne Pathogen Exposure Control Plan (<http://ehs.utah.edu/research-safety/biosafety/bloodborne-pathogens-and-non-human-primate-cell-lines/laboratory-exposure-control-plan>) available from the Environmental Health and Safety Department (<http://ehs.utah.edu>). Environmental hazards are present in the research setting and all research and laboratory directors, principle investigators, and laboratory workers must be familiar with and follow the established guidelines of the Chemical Safety (<http://ehs.utah.edu/research-safety/chemical-safety>), also available from the Environmental Health and Safety Department (<http://ehs.utah.edu>).

University of Utah Office of Equal Opportunity Reporting

Medical students who believe they have been the victim of discrimination because of actual or perceived infection with HIV, viral hepatitis, tuberculosis or other communicable pathogen should contact the Office of

Equal Opportunity/Affirmative Action (801-581-8365, 135 Park Building, 201 South Presidents Circle, SLC, UT 84112).

HIPAA / Blood-borne Pathogen / OSHA / Compliance Training

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule provides federal protections for personal health information and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of personal health information needed for patient care and other important purposes. A major goal of the Privacy Rule is to assure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public's health and wellbeing. The Rule strikes a balance that permits important uses of information, while protecting the privacy of people who seek care and healing.

Medical students must be trained, certified and remain in compliance with current policies in order to participate in patient care activities. The SOM Office of Student Affairs oversees HIPAA, blood-borne pathogen, OSHA, compliance training modules and competency testing.

Matriculating medical students must complete required HIPAA / blood-borne pathogen / OSHA / compliance online training through the School of Medicine online training system during Orientation week.

HIPAA training and certification must be renewed annually. The Office of Student Affairs will notify students of required HIPAA training modules and deadlines for completion of annual training/recertification.

A HIPAA violation by a medical student is considered a breach of professional responsibility. Academic policy extends to any case of alleged misconduct, including lapses in professionalism. As such, medical students who violate HIPAA will be referred to the Associate Dean for Professionalism, Evaluation and Learning. If informal resolution is not possible, the Associate Dean for Professionalism, Evaluation and Learning will refer the matter to the Promotions Committee.

Student Group Fund-Raising Policy

- 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.
- 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 fundraising activities campus-wide are to be coordinated with the Health Sciences Development Offices.
- Students seeking private funding for any amount must complete and submit a Request for Fund-Raising Approval form to the Health Sciences Development Office (540 Arapeen, Suite 120, SLC, UT. phone 801-585-7709). 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.

- 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.
- A list of all donor prospects must be submitted to the Health Sciences Development Office prior to soliciting any gifts.
- 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.
- 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.
- 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.
- Raised funds must be deposited through the Health Sciences Development Office into student accounts overseen by the dean or a faculty/staff designee.
- Gifts-in-kind (furniture, food, etc.) must be receipted for the amount specified by the donor(s).
- Students must not solicit the department or the doctors in their areas, but can go to pharmaceutical reps.
- In order to sell T-shirts or other paraphernalia with the caduceus or U of U Logo on it, prior approval must be obtained through the U of U Bookstore.

School of Medicine Industry Relations Policy

Adapted from Supplemental Rule SOM – 001

<http://www.regulations.utah.edu/healthSciences/supplementalrules/som-001.html>

The University of Utah School of Medicine (“SOM”) is committed to outstanding education, research and patient care that are free from inappropriate external influences. We recognize the important partnership between industry and academia in advancing all of these missions. The purpose of this policy is to set standards of education and interaction between School of Medicine faculty, staff, trainees, students and industry entities or representatives. This policy applies to all faculty, staff trainees and students within the School of Medicine, including medical students, part-time faculty, with regular (tenure track) or auxiliary (clinical, research or lecturer) faculty appointments. It also applies to faculty with adjunct appointments whenever they are acting in their capacity as a faculty member (such as interacting with students or trainees or representing themselves as faculty members). Conflict of interest issues regarding research, human subjects and the interaction between industry and University of Utah Hospitals and Clinics (“UUHC”) personnel are addressed in separate policies.

Definitions

Business Entity: “Business Entity” means a sole proprietorship, partnership, association, joint venture, corporation, limited liability company, firm, trust, foundation, or other organization or entity used in carrying on a trade or business.

Consulting: “Consulting” shall mean any relationship where a University employee is retained by an industry business entity to provide professional advice or services outside of their University employment.

Family: “Family” shall include spouse/domestic partner and/or dependent children.

Gifts: Gifts shall include money, food, any other non-pecuniary item (e.g. entertainment, flowers, notepads, pens, etc.), excessive compensation and non-commercial loans.

Industry: “Industry” shall include all pharmaceutical manufacturers, and biotechnology, medical device, and hospital equipment supply industry entities and their representatives.

Intellectual Property: “Intellectual Property” shall mean any ideas, inventions, technology, creative expression and embodiments thereof, in which a proprietary interest may be claimed, including but not limited to patents, copyrights, trademarks, know-how, and biological materials.

Other Industry Financial Relationships: “Other Industry Financial Relationships” shall include any of the following:

- A. Any equity ownership interests (e.g. stock, partnership interest, member interest) in an industry business entity, excluding ownership in mutual funds and/or pension funds.
- B. Any leadership position (e.g. officer, director, partner) in an industry business entity.
- C. Any intellectual property ownership in the products of an industry business entity.

University of Utah Healthcare/UUHC: University of Utah Healthcare and/or UUHC shall include all health care delivery and educational programs of the University of Utah, to include hospitals, clinics, centers, teaching locations and providers.

Promotional Material and Gifts from Industry Representatives

- I. Promotional materials.** Industry representatives are not permitted to distribute, post, or leave any printed or handwritten materials, advertisements, signs or other such promotional materials anywhere on the SOM premises, unless otherwise specified in this policy. Moreover, unsolicited educational, promotional or informational materials may not be given to physicians, trainees and staff unless explicitly requested. Any distribution of promotional or informational materials to trainees must be done under the direct supervision of a faculty member and with approval of the department chair (or designee).
- II. Patient educational materials.** Industry representatives are strictly prohibited from providing educational materials of any kind directly to patients or their families or leaving these materials in areas accessible to patients or trainees. Educational Materials must be given to a faculty member for review. There can be no company/industry promotional message on educational materials. The source of the materials may be acknowledged, but product promotion will not be permitted. The department chair or division chief may, at their sole discretion, distribute educational materials that are useful to our patients. All materials distributed in University of Utah Healthcare clinical sites must also comply with UUHC policies

[\(UUHC Vendor Gifts Policy and Other Vendor Policies- external link\)](#)

- III. Public Areas.** All public areas, including faculty, staff or trainee lounges, in the SOM must be free of any materials that bear the name of a particular product or company. See also UUHC policy entitled Vendor Gifts Policy and Other Vendor Policies.
- IV. Gifts to Individuals.** Utah Law and University of Utah Policy prohibit employees from receiving gifts that may improperly influence employees in the conduct of their responsibilities ([Utah Public Officers' and Employees' Ethics Act, Utah Code Ann § 67-16-1 et seq., Policy 1-006, Conflict of Interest Policy](#))
The School of Medicine prohibits industry representatives from giving gifts of any kind to SOM faculty, staff trainees or students. SOM faculty, staff, trainees and students are prohibited from accepting gifts of any kind from industry representatives. More specifically:
- A.** Individual industry representatives are not allowed to bring food into the organization.
 - B.** Faculty/Staff/Trainees/Students are not allowed to have meals paid for by industry representatives, except in circumstances described elsewhere in this policy.
 - C.** Faculty/Staff/Trainees/Students are not allowed to receive gifts, regardless of value and regardless of where the gifts are given (e.g., within SOM facilities, within physician offices, at conferences, etc.)
- V. Gifts to Departments.** Except as specifically provided below, industry representatives are prohibited from providing gifts to individual departments. This prohibition applies to educational events, but also other professional activities such as administrative, academic or clinical meetings, sales calls, employee or patient social events, staff planning sessions or retreats.
- A. CME Donations.** Industry representatives may provide funding for educational events administered by University of Utah Office of Continuing Medical Education (“UUCME”). SOM events receiving industry support must be compliant with ACCME Standards for Commercial Support regardless of whether CME credit is awarded. Commercial support shall not be conditioned to other actual or potential business relationships. The UUCME will maintain a record of contributions and the programs supported from the fund in accordance with ACCME Standards for Commercial Support www.accme.org
 - B. Site Visits.** Industry representatives may fund site visits by faculty or staff necessary for evaluating products and equipment. However, industry representatives may only pay for the reasonable and actual cost of travel, food and lodging. The department chair (or designee) must approve site visits in advance.
 - C. Industry Sponsored Scholarships and Educational Funds.** Industry representatives may provide funding for scholarships and educational opportunities but only in accordance with the requirements set forth below in Section III.C of this Policy.
 - D. Philanthropic Gifts.** School of Medicine departments may receive philanthropic donations from industry or businesses as outlined in University policies. However, such funding must be arranged through a development officer in the School of Medicine and must be provided pursuant to an approved pledge agreement or gift agreement. Departments that receive such funding shall not be subject to any implicit or explicit expectation of providing something in return for the support (i.e., a quid pro quo). Moreover, the name of the School of Medicine and/or the department may not be used by the business entity to imply endorsement of a product or service by the School or the department.

VI. Incentives. There can be no reward for prescribing any industry representative's device or medication, or for referring or listening to sales promotions. Personnel may not accept payment for evaluating any health care product. Scientific studies funded by industry should be specified by contract that contains specific deliverables and dates.

A. Applicable Hospital Policies. SOM faculty, staff, trainees and students are also subject to all applicable UUHC policies regarding industry representative gifts.

Industry-sponsored Scholarships and Educational Funds for Trainees

Departments may only accept industry funding for scholarships and other educational events as provided below. The funding mechanisms relevant to this policy include grants for educational initiatives, scholarships, reimbursement of travel expenses, or other non-research funding in support of scholarship or training. Specifically, the industry funding must comply with all of the following:

- A.** Fellowships directly from industry, whether merit-based or not, must be approved by the Dean's office for compliance with this policy.
- B.** Students and/or trainees who receive industry sponsored scholarships or other educational funding must go through the same selection process as other students/trainees supported by SOM or departmental funds. The School of Medicine department, program or division must select the student or trainee.
- C.** Industry will not have any input in selection of students/trainees, except in cases of competitive industry-sponsored awards that are open to trainees of multiple institutions based on merit
- D.** The funds are provided to the department, division or program and not directly to student or trainee.
- E.** The department, division or program has determined that the funded conference or program has educational merit.
- F.** The educational activity for which this scholarship applies must not be limited to a single industry representative's products.
- G.** Neither the department, nor the recipient, shall be subject to any implicit or explicit expectation of providing something in return for the support (i.e., a *quid pro quo*).
- H.** The name of the School of Medicine or the attendee's affiliation with the SOM may not be used to imply endorsement of a product or service by the school.
- I.** These provisions do not apply to educational programs for trainees at national or professional society meetings, awards, or travel grants presented by professional societies, or refereed competitive awards that are free of commercial influence.

Industry-sponsored non-ACCME Accredited Events

A. Attendance at meetings sponsored by industry based on relationships as expert consultants, collaborating investigators, or for education about specific products or their uses is permitted as long as attendance legitimately pertains to those activities, and as long as such meetings are not marketed or conducted as CME. Such participation is permitted only if all of the conditions below are met:

- The event addresses a bona fide scientific, education, or business purpose.
- Participation and payment for participation must be approved by the division or department chair (or designee) (for medical students, the Associate Dean for Student Affairs) in advance.
- Attendance is either for the purpose of participation as an educator, learner, investigator or consultant in a fair and objective exchange of information, or for learning about new products or uses of products directly relevant to the participant's research or practice.

- Honoraria are reasonable and reimbursements limited to actual costs of travel, meals and fees for faculty acting as organizers, presenters or panelists. Faculty may not accept payment for attendance only.
- There can be no compensation beyond reasonable reimbursements and honoraria as defined above. Compensation in the form of gifts, event tickets, fees for social or recreational activities or expenses at vacation resorts is prohibited.
- Meals or receptions attended during such programs are modest and conducted to further the scientific, educational, or business purpose of the meeting.

B. School of Medicine sponsored events must comply with the standards of industry support for CME programs (section III.B.2.a, above), even in the absence of CME accreditation.

Student and Trainee Education and Expectations regarding Professionalism

- A. Educational programs will be included in the curricula for students and trainees that address the issues of professionalism and relationships with industry.
- Specific educational objectives will be developed as part of these curricula.
 - Assessment methods for meeting the educational objectives will be part of the assessment of all students and trainees.
 - Existing curricula, such as that developed by the National Faculty Education Initiative (www.nfeinitiative.org) may be used to meet these educational objectives
 - The content and success of these programs will be regularly reviewed and updated as part of ongoing curriculum management.
- B. Unless related solely to laboratory research students and trainees will not interact with industry representatives unless it is in the presence of a faculty member as part of the educational curriculum.
- C. Industry support for educational activities of students and trainees is prohibited, except as expressly permitted in this document.
- D. All prohibitions on food, gifts, travel and other industry interactions addressed in this policy also apply to students and trainees.
- i. Prohibitions for students and trainees remain in force when students or trainees are involved in approved educational activities outside of the University of Utah.

Industry Research Support

- A. Industry-academic collaboration is usually necessary to bring drugs, devices and other technologies to fruition.
- B. Industry-academic collaboration in the form of industry-sponsored research may give rise to conflicts of interest when faculty or staff has an external financial relationship with the industry sponsor. These relationships require reporting and management in compliance with the University's conflict of interest policy, Policy 1-006. The conflict management process ensures transparency of all financial conflicts, adherence to ethical research principles, and compliance with applicable state and federal law. The Institutional Review Board (IRB) and the Office of Sponsored Projects (OSP) assist faculty in documenting their compliance with applicable University policy during the IRB review and research grant contracting processes to maintain transparency.
- C. Faculty financial conflict management relating to research support must comply with applicable state and federal law.

Speakers Bureaus

- A. Presentations that promote a vendor, a product, or a service are prohibited by this policy.
- B. Serving on speakers' bureaus or speaking with industry support is strongly discouraged.
- C. Participation on speakers' bureaus is permitted only if presentations are unbiased and do not promote a product/service of the sponsor. This would include meeting all of the following conditions:
 - Participants must comply with the requirements of the University consulting policy, Policy 5-204 and the consulting provision of this policy, Section III.F.
 - Presentations must comply with all applicable FDA regulations.
 - Participation and payment for participation must be approved by the department chair (or designee) in advance.
 - Industry support meets the ACCME Standards for Commercial Support (www.accme.org).
 - Payment is at fair market value for work done including preparation of presentations. Payment cannot include gifts, entertainment, or other perquisites of any kind.
 - Financial support is fully disclosed to the audience.
 - Faculty is solely responsible for presentation content, do not use industry-provided educational materials, and are responsible for evidence-based and objective presentation of information.
 - Industry support for faculty participation is not contingent upon any other relationship or agreement between the industry supporter and the presentation organizer.
 - Industry support for non-promotional community education programs is permissible.

Oversight, Noncompliance and Enforcement

- A. **School of Medicine Dean Oversight.** The Dean of the School of Medicine shall have oversight responsibility for this policy. The Dean shall periodically review chair (or designee) decisions under this policy to assure a reasonable level of consistency and integrity in the application of this policy.
- B. **Industry Representative Non-Compliance.** School of Medicine faculty, trainees, staff and students shall report noncompliance by industry representatives with this policy to the appropriate office/department.
- C. **Employee and Student Non-Compliance.** Suspected violations of this policy by School of Medicine faculty, staff trainees or students will be referred to the individual's dean and department chair, who shall determine what actions, if any, shall be taken. Violations of this policy may result in various levels of sanction including but not restricted to: reprimands, fines, probation, suspension and/or dismissal pursuant to 1) the Code of Faculty Rights and Responsibilities, Policy 6-316, 2) staff disciplinary policies and procedures, [Policy 5-111](#), and 3) the Code of Student Rights and Responsibilities, [Policy 6-400](#), and the School of Medicine Student Handbook.

Government

Student voices and perspectives are essential to the School of Medicine (SOM) and the broader University community. Medical students represent their peers on the following standing SOM and University committees:

Student Government

Associate Students of the University of Utah (ASUU)

Every college and department has representation in ASUU through the student-run ASUU Advisory Council. All registered students are automatically members of ASUU. Each academic year, medical students are eligible to participate in ASUU as the School of Medicine representative to the ASUU Assembly, or as an ASUU Senator. Additional information regarding ASUU elections and ASUU services can be found at <http://www.asuu.utah.edu/about-asuu/>

College Governance

(See <http://medicine.utah.edu/academic-affairs-faculty-dev/SOM%20College%20Council.pdf>)

College Council

The University of Utah SOM College Council formulates policies and makes decisions relating to College and department affairs to the extent authorized by University Regulations and under the guidance of the SOM Executive Committee. It advises the administration of the University and the College of the views of the faculty and students of the SOM, and receives and disseminates information to the faculty and students of the SOM, directly and through their elected representatives on the Council. Student representation on the SOM College Council includes the SOM representative to the ASUU Student Senate and the SOM FARAC member.

Faculty Appointment, Review, and Advancement Committee (FARAC)

The SOM FARA Committee considers all matters pertaining to the appointment and advancement (promotion) of faculty in tenure, clinical, lecturer and research tracks. Elected student representatives on the FARA Committee include a fourth year medical student and a graduate student, resident or postdoctoral fellow.

Admissions Committee

There are four subcommittees of the Admissions Committee: a) Review Committee: determines which applicants are invited for an interview; b) Interview Committee: conduct interviews to explore applicants' motivation for seeking a medical degree; awareness and understanding of the medical profession; leadership; problem solving skills; understanding of medical ethics; and interpersonal skills; c) Selection Committee: discusses and ranks applicants; d) Executive Committee: Reviews and resolves discrepancies, as needed. Student representatives include selected volunteers from the fourth year medical school class.

Curriculum Committee

The Curriculum Committee is responsible for creating, overseeing, and managing the medical student education program, and ensuring compliance with all LCME accreditation standards. Student representation on the Curriculum Committee includes up to two members of each medical school class and two residents from ACGME accredited programs.

Student Promotions Committee

This committee monitors medical students' academic performance, ethical conduct, and progress through the medical school curriculum. Student representation on the Student Promotions Committee includes one medical student from each class year (voting).

Graduate Medical Education Committee

The Graduate Medical Education Committee (GMEC) oversees and monitors all aspects of resident education in accordance with ACGME Institutional, Common, and specialty-specific Review Committee Requirements. The GMEC is responsible for establishing and implementing policies and procedures regarding the quality of education and the learning and work environment for residents in all University of Utah ACGME-accredited and non-accredited graduate medical education programs to assure that residents achieve the ability to practice the highest standard of care in their specialties as independent physicians upon graduation. Student representation on the GME Committee includes one medical student and eight residents.

Other Governance Committees with Student Participation

Student Advisory Committee

Composition of the Student Advisory Committees (SAC) is determined annually at the department level. The SAC reviews the educational contribution of faculty candidates as defined by the faculty review criteria. The SAC are convened annually as part of the formal faculty review and advancement process, including formal retention and reappointment reviews, promotion, and award of tenure. Student representatives include medical students, other professional students, graduate students, residents, and fellows.

Safety Committee

The interdisciplinary Health Sciences Safety Committee was initiated to help achieve and maintain a culture of safety with a focus on the educational corridor that includes the Schools of Medicine and Dentistry, Spencer S. Eccles Health Science Library, Health Sciences Education Building (HSEB) and the Colleges of Nursing, Health, and Pharmacy. Student Representatives include two medical students from each class who serve as formal safety officers. Student safety officers are appointed by Student Body Officers and Class Officers. Students are encouraged to identify or report to student safety officers or SOM staff or faculty on the committee any safety issues of concern.

STUDENT LIFE

Campus Alert System

The Campus Alert system is the University of Utah's mass notification system to provide information to students, faculty and staff of emergencies (snow closures, blocked roads, power outages, gas leaks etc.). The Campus Alert System will notify students via email, text message, or telephone voice message. Students must opt in to this alert system to receive campus alert messages. To register for campus alerts go to <http://www.campusalert.utah.edu/>

Student Safety

<http://dps.utah.edu/>

The interdisciplinary Health Sciences Safety Committee was initiated to help achieve and maintain a culture of safety with a focus on the educational corridor that includes the schools of medicine and dentistry, Spencer S. Eccles Health Sciences Library, Health Sciences Education Building (HSEB), and the colleges of nursing, health and pharmacy. Every School of Medicine class has two student safety officers that are members of this committee. Students are encouraged to identify or report to student safety officers or SOM staff or faculty on the committee any safety issues of concern.

Medical student safety in all learning environments is a priority. Students should observe the following guidelines to avoid becoming a victim of crime:

1. Be aware of your surroundings at all times. Know where you are, where you are going and what to expect. Use well lit walkways at night.
2. Avoid walking alone. Walk in pairs/groups, or call for a police escort to your car after dark. Students are encouraged to call the University Police at 801- 585-2677 (801-585-COPS) for afterhours police escort to their vehicle.
3. Be aware of emergency blue light telephones around campus that ring directly to the University Police. All campus and pay phones can access emergency services by dialing 9- 911.
4. Report suspicious activities or persons to University Police at 801-585-2677 (585-COPS).
5. Do not leave personal items (computer, keys, purse, backpack etc.) unattended.
6. Register your personal property with the Department of Public Safety.
<http://dps.utah.edu/crime-prevention/property-registration.php>
7. Secure your computer/laptop. Computer savvy thieves can access your files and personal information. Password-lock your equipment or log off when your computer is unattended.
8. Lock your bicycle in racks outside campus buildings (not to trees or railings). Take easy-to-steal items (helmet, pump, bottles, quick release seat, etc.) with you.
9. Lock the outside door of secured buildings and do not allow unauthorized people in after hours.

Student Identification Badge

During Orientation week, medical students will be issued a School of Medicine photo identification name badge through the U Card Office. Students must wear their name badge at all times when they participate in clinical activities, including outpatient and School of Medicine sponsored community service learning activities. Institution specific photo identification name badges will be issued to students rotating through the VA Medical Center, Primary Children's Hospital, and the Intermountain Medical Center. Students rotating through the Huntsman Cancer Institute must wear their School of Medicine ID badge.

Identification (ID) badges are a regulatory requirement and an important tool to help ensure a safe environment for workforce members, non-staff members, patients, and other visitors to University Health Care sites. Only the U Card Office, in conjunction with Hospital Security may approve the attachment of necessary pins and stickers to the ID badge.

The ID badge must be worn so that it is easily readable by patients and hospital personnel. The badge should not be clipped to a waistband or belt, put inside a pocket or otherwise obscured by clothing or other badges.

The student's School of Medicine photo ID badge provides cafeteria and library privileges, after-hours entry to the Health Sciences Center buildings, bookstore discounts and use of recreational facilities. The Student ID Badge is issued to medical students for free. If the card is lost or damaged, or if a name change is required, there will be a replacement cost.

Guidelines for Professional Dress

Medical student professional dress and conduct should at all times reflect the dignity and standards of the medical profession. It is important that medical students dress in a manner that is respectful to their professors, classmates, patients and staff. Student dress will present a professional appearance to patients, staff, and the public, and comply with Joint Commission on the Accreditation of Health Care Organizations and Occupational Safety and Health Administration standards where applicable.

Guidelines for professional dress are listed below. Course directors have the authority to set dress code requirements at their discretion. These dress codes may be more specific or less rigorous than the guidelines outlined herein. Students should refer to course syllabi for specific details. These guidelines include medical student attire on days that do not involve patient care responsibilities. Maternity clothes are not exempt from these guidelines.

ID Badge: Proper identification as required by each training site must be worn and clearly displayed at all times. The ID badge must be worn so that it is easily readable by patients and hospital personnel. The badge may not be clipped to a waistband or belt, put inside a pocket or otherwise obscured by clothing.

White coats: Only white coats that meet the School of Medicine standards are allowed, and coats must be clean and neat. If wearing scrubs outside the operating area, a clean white coat should be worn over scrubs.

Scrubs: Scrubs should not be worn outside of the hospital. Scrubs are expected to be clean when worn in a public area, and should be covered with a white coat. The ID Badge must be worn outside the white coat. Scrubs may be worn only as delineated by individual departmental policy.

- Shoes:** Footwear must be clean, in good condition, and appropriate. For safety reasons, open-toed shoes and sandals are not allowed in patient care areas.
- Style:** No tank or halter tops, midriffs or tube tops. No sweatshirts or shirts with messages, lettering or logos (except UUMC, LDS/IMC or VAMC). No shorts or jeans. A tie is recommended for men, unless described as optional in specific department policy.
- Fragrance:** No colognes, perfumes or scented hairspray.
- Hands:** Fingernails must be clean and short to allow for proper hand hygiene, use of instruments, to prevent glove puncture and prevent injury to the patient. Artificial nails and nail polish are prohibited.
- Hygiene:** Daily hygiene must include clean teeth, hair, clothes, and body, including use of deodorant. Clothing should be clean, pressed, and in good condition.
- Hair:** Mustaches, hair longer than chin length, and beards must be clean and well-trimmed. Students with long hair who participate in patient care should wear their hair tied back to avoid interfering with performance of procedures or coming into contact with the patient.
- Head Wear:** Hats, caps, and sunglasses should not be worn in the classroom or in the clinical setting.
- Jewelry:** Jewelry should not be functionally restrictive or excessive. Stud-type earrings are acceptable. Wearing more than one earring in each ear is discouraged. There should be no visible jewelry in body piercings, with the exception of stud earrings. Nose piercings which have religious significance are acceptable. No other facial jewelry (e.g., tongue, eyebrow piercings etc...) is allowed.
- Tattoos:** All tattoos shall be appropriately covered so as not to be visible

Students in violation of course specific dress codes or the guidelines above may be asked to change into appropriate attire. Repeated violations will result in referral to the Office of Professionalism, Evaluation and Learning, and presentation of the student to the Promotions Committee.

Immunizations

To protect the health of patients, students and the community, medical students are required to meet School of Medicine immunization requirements for health care workers at all times during their medical education. Admitted students must complete and submit the *Pre-Matriculation Immunization Requirement and Verification Form* to Student Health Services along with primary documentation that immunization requirements have been met. Additionally, prior to and while working in patient care venues students must submit to Student Health Services annual documentation of seasonal influenza immunization and, when required by the State or as a result of patient contact, tuberculosis testing. Immunization requirements must be met and all immunizations must be current as a condition of ongoing enrollment and completed prior to participating in School of Medicine learning activities.

Student Government

The Student Government Organization (SGO) is an advisory board composed of class presidents and student body officers. The Student Government Organization liaises between medical students and the Dean's Office. The Student Government Organization meets regularly with the Education Deans and the Dean of the Medical

School to address medical student issues and concerns. Additionally, SGO members coordinate student run activities and manage medical student funds.

The entire student body participates in the election of student body officers for the academic year. These students are traditionally senior students in good academic standing. Each academic year class elects two co-presidents for the year. Student body officer and class president elections are held in the spring for the upcoming academic year.

Student Interest Groups

School of Medicine Student Interest Groups must register with ASUU and the School of Medicine Office of Student Affairs. Per ASUU guidelines, Student Interest Groups must have a constitution and a faculty advisor. Registration for each group or organization must be submitted annually and approved by the Associate Dean of Student Affairs before the group can hold formal activities, events or meetings during the academic year. Registration forms must be completed on a date to be determined prior to Freshman Orientation in August of the current academic year. The interest group advisor must be a School of Medicine faculty member. Membership must be open to all medical students. Interest Group membership cannot be denied on the basis of race, color, sex, sexual orientation, religion, national or ethnic origin, or physical disability.

Medical students and medical student interest groups or organizations/associations may not solicit monetary or in-kind support from pharmaceutical or medical device industry representatives, and may not accept gifts or incentives in any form. Medical students and medical student interest groups or organizations/ associations are expected to adhere to the Industry Relations Policy in addition to the policy prohibiting pharmaceutical and medical device industry relationships.

The Associate Deans of Student Affairs, and/or Professionalism, Evaluation and Learning may terminate an approved student interest group if the group fails to abide by University of Utah rules and regulations or state law.

Further information and registration information can be found on the ASUU website *Student Groups* tab at: <http://www.asuu.utah.edu/>

Alpha Omega Alpha (AQA) Honor Medical Society

Alpha Omega Alpha (AQA) is an academic honor society comprised of the top performing medical students in the nation. Election to AQA signifies a lasting commitment to scholarship, leadership, professionalism, and service. Membership in the society confers recognition for medical students' dedication to the profession and art of healing.

Approximately 15% of each medical school class may be nominated to AQA. Eligible University of Utah School of Medicine AQA applicants will have scholastic qualifications placing them in the upper twenty-five percent of their class. Additionally, the nominees' leadership skills, ethical standards, fairness in dealing with colleagues, demonstrated professionalism, potential for achievement in medicine, and a record of service to the school and community at large shall be considered.

Students may be nominated for election to the AQA Society at two points in their medical education; at the start of Phase 3 and the start of Phase 4. Medical students wishing to be considered for AQA must sign and submit an AQA release of information form to the Office of Student Affairs.

Names of the top AQA applicants in this ranking group (on average, 5% of the class) will be forwarded to the AQA chapter Councilor (Robert Hoffman, M.D.) and the Associate Dean of Student Affairs for review. Upon

approval of the Councilor and the Associate Dean for Student Affairs, qualified applicants will be nominated to the Society.

Names of the top AΩA applicants in this ranking group (on average, 10% of the class) will be forwarded to the AΩA Councilor (Robert Hoffman, MD) and the Associate Dean of Student Affairs for review. Upon approval of the Councilor and the Associate Dean for Student Affairs, qualified applicants will be nominated to the Society.

Nominated candidates will be declared, elected and inducted into the Society only after registration with the national AΩA office is completed and first year dues have been paid.

The Spencer S. Eccles Health Sciences Library

<http://library.med.utah.edu/lib/>

The Spencer S. Eccles Health Sciences Library provides access to the published literature through licensing electronic journals that is the “version of record”, replacing print journals as the industry standard. For items not locally available, the Library obtains needed items on demand at no charge to students through interlibrary loan.

Learning Resource Center and Resource Library

The SOM Learning Resource Center includes a Student Resource Library and a Learning Enrichment Center. The Resource Library houses hard copy references, study aids for shelf and board exams, standard reference texts, academic resources, student computers and match and residency training information. The library is located in SOM 1C-103.

Student Study Space

Modular, individual and group study space is available in the HSEB and Eccles Health Sciences Library. Additional group and individual study space is available for medical students in the Learning Enrichment Center and in Dean’s hallway rooms. Study rooms are located in SOM 1C103, 1C116, 1C117, 1C118 and 1C120.

The Office of Equal Opportunity and Affirmative Action

<http://www.oeo.utah.edu/>

The Office of Equal Opportunity and Affirmative Action (OEO/AA) is dedicated to the University of Utah’s commitment to provide a fair and equitable environment for individuals to pursue their academic and professional endeavors and to equally access University programs. The Office is responsible for ensuring University practices and nondiscrimination policies are in full compliance with all federal, state and local anti-discrimination laws, and it provides processes to fairly and effectively resolve complaints, to provide reasonable accommodations, and to make appropriate corrections.

The Office of Equal Opportunity and Affirmative Action (OEO/AA) provides information and training to the university community regarding their equal opportunity and affirmative action rights and responsibilities. OEO/AA encourages outreach and recruitment of diverse students, faculty, and staff in programs and activities and acts as a resource for students regarding projects and assignments. In addition, this office consults with any member of the campus community regarding equal opportunity and affirmative action issues and possible violations.

Complaints may be filed by employment applicants, faculty, students, staff, and participants in University programs or services who feel they may have been discriminated against on the basis of race, color, religion, national origin, sex, sexual orientation, and age, status as a disabled individual, disabled veteran, or veteran.

Cognizable allegations of discrimination, including sexual harassment and retaliation, will be investigated by OEO/AA.

The Office of Equal Opportunity and Affirmative Action
201 South Presidents Circle

John R. Park Building, Room 135

Phone: (801) 581-8365

FAX: (801) 585-5746

<http://www.oeo.utah.edu/>

Satellite Office:

School of Medicine, Room 1C041

Limited hours; make appointment by contacting main office.

Disability Services

<http://disability.utah.edu>

The School of Medicine seeks to provide equal access to its programs, services and activities for all medical students. The Center for Disability Services (CDS) provides accommodations and support for the educational development of medical students with disabilities. Medical students with a documented disability and students seeking to establish the existence of a disability and to request accommodation are required to meet with the CDS Director for recommended accommodations. The CDS will work closely with eligible students and the Office of Professionalism, Evaluation & Learning to make arrangements for approved accommodations. The School of Medicine and CDS maintain a collegial, cooperative, and collaborative relationship to ensure compliance with federal and state regulations for students with disabilities.

Robert Rainey, School of Medicine Director of Learning Resources, serves as the liaison between the School Of Medicine and the CDS.

Robert Rainey, Director of Learning Resources

1C103 SOM

Office: 801-587-8998

Email: robert.rainey@hsc.utah.edu

University of Utah Center for Disability Services

Olpin Student Union Building, Room 162

Phone (Voice/TDD): (801) 581-5020

Email: info@disability.utah.edu

Financial Aid

<http://financialaid.utah.edu/>

The University of Utah Financial Aid and Scholarships Office is located in the Student Services Building, Room 105 (105SSB). Staff members are available to assist medical students between 8:00 am.to 5:00 pm Monday, Wednesday, Thursday, and Friday, and 12pm to 5:00 pm on Tuesday. Students may contact the office at (801) 581-6211.

School of Medicine Financial Aid

<http://medicine.utah.edu/financialaid/>

The SOM Internal Financial Aid Administrator assists medical students with the financial aid application process (FAFSA), manages medical student scholarships and institutional loans, advises students on their debt management and on loan repayment options, conducts exit interviews, reviews and monitors cost of attendance calculations, and liaises with the University Financial Aid Office. Students may arrange appointments with the School of Medicine Financial Aid Administrator, Wendy Clark.

Wendy Clark, SOM Financial Aid Officer

1C255 SOM

Office: (801)-581-6499

Email wendy.clark@hsc.utah.edu

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 Unsubsidized Stafford Loan, a Master Promissory Note and Entrance Counseling needs to be completed prior to receiving the loan, and only needs to be completed once. A promissory note for institutional loans, which include Perkins, Primary Care Loan, and any loans from the medical school, must be signed at the beginning of each academic year along with the completion of the Loan Entrance Counseling. 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 direct 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 due date or a late fee will be assessed and classes may be dropped.

Income Accounting and Student Loan Services

<http://fbs.admin.utah.edu/income/>

The Income Accounting Office is located at 165 Student Services Building. This Office assists medical students with tuition bills, tuition account refunds, third party tuition bills, tuition reductions, graduate tuition benefits, and all other student tuition issues. Medical students may pay tuition and fees and purchase insurance at the Income Accounting Office.

Bills are generated for institutional charges, federal and short term loans, and dishonored checks, and are sent to students and borrowers from this office. This office counsels student loan borrowers with payment issues, federal loan deferments and cancellation requirements, loan entrance and exit counseling, and credit reporting issues.

University Registrar

<http://registrar.utah.edu/>

The University's Registrar Office provides assistance to medical students and School of Medicine staff with registration, graduation, grading, academic calendars, transcripts, verifications, veteran services, scheduling, FERPA, policy, procedures, and student information. The Registrar Office is located at 250 Student Services Building. Infractions (academic, financial, health, etc.) that result in withholding of registration and/or withholding of release of the transcript must be addressed department placing the hold and the Registrar Office.

School of Medicine Registrar

The SOM Internal Registrar ensures the accuracy of medical student records, coordinates student registration, and certifies candidates for graduation from medical school. The SOM Registrar liaises with the University Registrar.

Helen Anderson, SOM Registrar

1C261 SOM

Office: (801) 585-7610

Email: helen.anderson@hsc.utah.edu

University Courses

With the exception of noncredit courses offered through Academic Outreach and Continuing Education, currently enrolled medical students may only register for nonmedical credit courses at no additional cost with the approval of the Associate Dean for Student Affairs. Non-medical school courses may not interfere with the medical school curriculum as attendance in all medical school learning activities is expected.

Medical students on a Leave of Absence and students between their first and second years of medical school are not eligible for this benefit. All students must pay full price for Continuing Education courses. Medical students engaged in the graduate portion of a dual degree program (MD/MPH, MD/MSPH, MD/MBA, MD/PhD) seeking to enroll in University courses outside of those required for their graduate work must follow the policies and practices of the graduate program in which they are enrolled.

University Housing

<http://housing.utah.edu/>

The University of Utah Housing and Residential Education Department assists medical students with housing needs, and provides information regarding single student/family accommodations on campus. For housing inquiries please contact the Housing and Residential Education Department at 801-587-2002.

Campus Recreation

<http://web.utah.edu/campusrec/>

Medical students are entitled to free use of the facilities at the George S. Eccles Student Life Center. Medical students who are between their first and second year of medical school must pay a nominal fee for summer use of the Student Life Center.

Parking

<http://commuterservices.utah.edu/>

The Department of Commuter Services requires students who drive to campus to register their vehicles and purchase annual parking permits. Vehicles are cited under a University citation system for rule infractions. Parking citations may be appealed. Complete campus parking regulations are listed in the Parking Regulations Brochure available from Parking Services. More information can be found at the website noted above.

Utah Transit Authority (UTA) Pass

<http://commuterservices.utah.edu/info/guide.php>

Medical students have a UTA Ed Pass embedded in their School of Medicine ID. The ID badge can be used on all UTA vehicles. Students must use their ID for the electronic reader, tap on/tap off system. Card readers are located at all doors on UTA busses and near the entrances to all TRAX and Front Runner platforms. Be sure to tap on when boarding and tap off when exiting to validate your fare. The U-Pass is not valid on PC/SLC Connect, Ski Service, and Paratransit service.

Health Insurance

All students are required to have continuous health insurance coverage from medical school matriculation through graduation. Options include University of Utah Student Health Insurance, private individual insurance, Medicaid, coverage on parents' or spouse's insurance, or enrollment in a group policy such as Utah Medical, American Medical, or American Medical Student Associations. Medical students will be regularly and randomly audited for proof of ongoing health insurance coverage. If an audited student is found to be without health insurance, s/he will be pulled from their curriculum until s/he can provide documentation that his/her health insurance policy is active.

Disability Insurance

Medical students are automatically enrolled in group disability insurance through the University of Utah School of Medicine Sponsored Group Disability Program underwritten by *The Guardian*. Insurance premiums are included in the cost of attendance. Students may not opt out of the disability insurance policy, nor may they further expand their coverage within the policy. This plan includes a conversion privilege to continue disability insurance coverage under an individual plan after graduation.

<http://medicine.utah.edu/studentaffairs/wellness/GroupDisabilityProgram.pdf>

Student Travel Funds

Dean's Office Funds

The Dean's Office allocates funds annually to each medical school class and to the student body to support school related activities. Class funds are allocated by class presidents. General student body funds are allocated by the student body officers. Dean's Office funds must be used in accordance with University of Utah and School of Medicine guidelines and approval by the School of Medicine Office of Student Affairs and Office of Finance.

ASUU Funds

School Of Medicine Student Interest Groups may apply for funding in support of Interest Group activities through Associated Students of the University of Utah (ASUU). The ASUU medical student senator and/or Interest Group member may submit requests for ASUU funds. The request should include an explanation of how the monies would benefit the medical student body. www.asuu.utah.edu/assembly-process

Support for Student Travel to National or Regional Conferences

Medical students invited to present research results at regional or national conferences are encouraged to seek funding for travel expenses from their sponsoring department. Requests for funding support from the Dean's Office fund will be considered by the student body officers on a case by case basis.

Support for School of Medicine sponsored International Travel Experiences

Medical students participating in international travel programs through the School Of Medicine may be eligible for travel fund support through the University of Utah Office of International Education and Study Abroad Office (200 Central Campus Drive, Rm 159, SLC, UT 84112, Phone 801-581-5849).

For additional information regarding funding support for University of Utah approved international experience see: <http://internationaleducation.utah.edu/study-abroad/>