BLOCK III CLINICAL PROGRAM
YEAR 3 HANDBOOK

For MSU-CHM Students Entering Block III In 2012
# Table of Contents

Organization of the MSU-CHM Block III Program ................................................................. 3  
Requirements for Entering the Block III Program ............................................................... 4  

A. THE BLOCK III ACADEMIC PROGRAM ........................................................................ 4  
   Block III Program Objectives ......................................................................................... 4  
   Block III Program Requirements ................................................................................... 5  
   CHM Block III Rural Program at the U.P. Campus ....................................................... 5  
   CHM Block III Leadership in Medicine for the Underserved Program at the Flint Campus ......................................................................................................................... 5  
   MSU College of Human Medicine Graduation Requirements ..................................... 6  
   Quick Reference Guide to Graduation Requirements ................................................... 7  
   The Third Year Clinical Curriculum ............................................................................... 7  
   Clinical Clerkships ....................................................................................................... 7  
   Core Competency Course ............................................................................................. 8  
   Service Learning in the Community Course .................................................................. 8  
   Clerkship Enrollment and Attendance Policies ............................................................ 9  
      Clerkship Orientation .................................................................................................. 9  
      Withdrawing From Clinical Clerkships ....................................................................... 9  
   Absences from Clerkships and Other Required Block III Courses ............................. 10  
   Inclement Weather and Attendance ............................................................................. 11  
   Time Off for University Holidays and CHM Student Activities ................................. 11  
   Voluntary Leave of Absence ......................................................................................... 12  
   Clerkship Evaluations .................................................................................................. 12  
      Preceptor Feedback ................................................................................................... 12  
      CHM Mid-Clerkship Evaluation ................................................................................ 13  
      CHM Clinical Performance Evaluation (CPE) ............................................................. 13  
   Final Clerkship Evaluations ........................................................................................ 13  
      Student Evaluation of Clerkship Experiences and Preceptors .................................. 14  
   Administration of Clerkship Final Examinations ............................................................ 14  
   Grading in the Block III Program ................................................................................. 15  
      Procedure for Appealing a Clerkship Grade ............................................................... 16  
   Academic & Career Advising for Block III Students .................................................... 17  
   Academic Support in Block III ..................................................................................... 18  
      Special Accommodations in Block III ...................................................................... 19  

B. STUDENT PROMOTION AND RETENTION .................................................................. 20  
   Academic Review status in Block III ........................................................................... 20  
   Suspension Pending Dismissal status in Block III ......................................................... 20  
   Probation status in Block III ......................................................................................... 21  

C. POLICIES RELATED TO CLERKSHIP PARTICIPATION ........................................... 22  
   MSUNet Email ............................................................................................................... 22  
   Student Responsibilities Regarding Patient Supervision ............................................. 22  
   Patient Charting and Other Hospital-Specific Policies .................................................. 23  
   Student Work Hours ..................................................................................................... 23  
   Medical Student Liability Coverage ............................................................................ 23  
   Medical Student Attire and Etiquette ............................................................................ 24  
   Exposure Control Policies and Procedures .................................................................... 24  
   Exposure Control Procedures ...................................................................................... 24  
   Policy Regarding Student Who May be Infectious for HIV/HBV ................................. 25
Handbook For Students Entering Block III in 2012
Michigan State University College of Human Medicine Page 2

D. PROFESSIONALISM ........................................................... 27
   Policies Related to Professional Conduct .................................. 27
      Sexual Harassment Policy .................................................... 27
      Conflict of Interest in Educational Responsibilities Resulting from Consensual Amorous or Sexual Relationships ...................... 27
      Discrimination .................................................................... 28
      Values Conflict .................................................................... 28
   Behavior Outside of Medical School .................................... 28
   Public Postings on the Internet .............................................. 28
   Non-Clinical Activities While Identified as a CHM Student ......... 29
   Professional Behavior & Academic Honesty ......................... 29
      Academic Honesty at Michigan State University ................. 29
      Unprofessional Behavior and Academic Dishonesty .............. 30
      Understanding Professional Behavior .................................. 31
      The Virtuous Student Physician ........................................... 32
      Evaluation of Professionalism for CHM Students ............... 32
      Disciplinary Action ............................................................. 33
      Disciplinary Procedures Relating to Academic Dishonesty and Other Professional Misconduct ...................................................... 33
      Formal Hearing .................................................................... 34
   Policy Regarding Illegal Activity and Use of Alcohol and Drugs 34
      Violence and/or Destruction of Property Charges during Medical School .......................................................... 35
      Alcohol or Drug Related Charges and Alcohol or Drug Use During the Clinical Curriculum ..................................................... 35
      Background Checks ............................................................. 36

E. BLOCK III STUDENT AFFAIRS .................................... 37
   Student Health Insurance Coverage ..................................... 37
   Immunization Tracking Procedures ...................................... 37
   Parking at Life Sciences, Clinical Center and Radiology Building 38
   Financial Aid ........................................................................ 38
   Alpha Omega Alpha ................................................................ 40

F. BLOCK III STUDENT RECORDS .................................. 41
   Access, Management, and Retention of Student Records ......... 41
      What Constitutes the Student’s Academic Record? ............... 41
      Contents of MSU-CHM Student Files .................................. 42
   Policies and Procedures for Access to Student Records ........... 43
      Access by Administrators and Staff ...................................... 43
      Access by Students to Their Own Records ......................... 43
      Access by Others ................................................................ 45

Addendums
A. Student Oath
B. Clinical Performance Evaluation Form
C. End-of-Clerkship Evaluation Form
D. Exposure Report Form
E. The Virtuous Student Physician
Welcome to Block III, the clinical education program for Michigan State University College of Human Medicine students. This handbook has been prepared to aid you in the transition to Block III, and includes information about policies and procedures consistent throughout the MSU College of Human Medicine community campus system. The handbook was designed as a supplement to the Block III orientation which will occur in your home campus.

Organization of the MSU-CHM Block III Program

Senior Associate Dean for Academic Affairs: Aron Sousa, M.D.
The Senior Associate Dean for Academic Affairs is the chief academic officer of the College and has the primary responsibility and oversight of the medical education program.

Assistant Dean for Clinical Curriculum: Margaret Thompson, M.D.
The Clinical Assistant Dean is responsible for oversight of the Block III clinical education program.

Block III Administrative Director: Carrie Thorn
The Block III Director has the responsibility for the administration of the Block III clinical education program.

Community Assistant Deans:
Each of the seven CHM community campuses is administered by a Community Assistant Dean who is responsible for the implementation of all aspects of the medical student program within the campus. The CHM Community Assistant Deans are:

- John B. Molidor, Ph.D., Flint campus
- Margaret Thompson, M.D., Grand Rapids campus
- Kevin Kavanaugh, M.D., Kalamazoo campus
- Renuka Gera, M.D., Lansing campus
- Paula J. Klose, M.D., Midland Regional campus
- Daniel M. Webster, M.D., Traverse City campus
- William Short, M.D., Upper Peninsula campus

Community Administrators:
The Community Assistant Dean is supported in each campus by a Community Administrator. The Community Administrator serves as the director of the Block III student program and as the primary contact for CHM students within the campus. The CHM Community Administrators are:

- Kathleen A. Assiff, M.A., Flint campus
- Corey M. Madura, M.S., Grand Rapids campus
- Harriet A. Roelof, Kalamazoo campus
- Karlene C. Torres, Lansing campus
- Bridget Y. Hinds, M.A., M.Ed., Midland Regional campus
- Christy LaVene, Traverse City campus
- Patti A. Copley, R.N., Upper Peninsula campus

Community Clerkship Directors:
Each campus has Community Clerkship Directors who are responsible for the implementation and supervision of CHM clinical clerkships. The clerkship directors are full or part-time paid faculty who also function as members of their respective departments within the College. Often the clerkship directors serve as advisors for individual students within the community campus.

CHM Academic Support Director:
Wrenetta Green, Director
Requirements for Entering the Block III Program

Please refer to the CHM Preclinical Student Handbook for rules related to entering the Block III program, including rules related to delayed entry to Block III and Step 1 failures.

A. THE BLOCK III ACADEMIC PROGRAM

Block III Program Objectives

At completion of the Block III program, the student will be able to:

1. Demonstrate appropriate professional behavior.

2. Demonstrate ability to perform a history and physical examination with appropriate depth and breadth according to patient’s age, gender, occupational/environmental exposures, functional status and presenting problem(s).

3. Demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, patients’ families and professional associates from different health care professions.

4. Demonstrate ability to record comprehensive and appropriately focused H & Ps on patients in the inpatient and outpatient settings, including composing accurate and thorough Problem Lists, SOAP and Progress notes.

5. Develop, prioritize and justify differential diagnoses for patients.

6. Develop treatment plans, including diagnostic, therapeutic and patient education components.

7. Demonstrate understanding of how social, psychological, economic, cultural and biological issues influence patients’ health and medical care.

8. Demonstrate clinical reasoning skills.

9. Demonstrate ability to make case presentations in a clear, succinct and accurate manner.

10. Demonstrate mastery of etiology, pathophysiology, pathology, clinical presentation, differential diagnosis, management and clinical pharmacology of conditions specified in the clerkships.

11. Demonstrate ability to rationally consider medical issues and bring the cumulative evidence of many scientific and cognitive disciplines to bear on the issues and concerns of patients.

12. Demonstrate the ability to design, implement and present a clinical research or quality improvement project.

13. Demonstrate competencies and fulfillment of objectives as delineated in clerkship and core competency syllabi.
Block III Program Requirements

Satisfactory completion of the CHM Block III clinical training program requires completion of the following required and elective courses:

1) Block III Program Orientation 1 week
2) Family Medicine Clerkship 8 weeks
3) Internal Medicine Clerkship 8 weeks
4) Pediatrics Clerkship 8 weeks
5) Obstetrics/Gynecology Clerkship 8 weeks
6) Psychiatry Clerkship 8 weeks
7) Junior Surgery Clerkship 8 weeks
8) Core Competency Seminars Completion of all modules
9) Advanced Medicine Clerkship 4 weeks
10) Senior Surgery Clerkship 4 weeks
11) Clinical Elective Clerkships 20 weeks

CHM Block III Rural Program at the U.P. Campus

Medical students who are accepted into the CHM Block III Rural Program on the Upper Peninsula campus must successfully complete all of the following required and elective courses:

1) Block III Program Orientation 1 week
2) Family Medicine Clerkship 12 weeks
3) Internal Medicine Clerkship 8 weeks
4) Pediatrics Clerkship 8 weeks
5) Obstetrics/Gynecology Clerkship 8 weeks
6) Psychiatry Clerkship 8 weeks
7) Junior Surgery Clerkship 8 weeks
8) Core Competency Seminars Completion of all modules
9) Advanced Medicine Clerkship 4 weeks
10) Senior Surgery Clerkship 4 weeks
11) Clinical Elective Clerkships 16 weeks

CHM Block III Leadership in Medicine for the Underserved Program at the Flint Campus

Medical students who are accepted into the CHM Block III Leadership in Medicine for the Underserved Program at the Flint campus must successfully complete all of the following required and elective courses:

1) Block III Program Orientation 1 week
2) Family Medicine Clerkship 8 weeks
3) Internal Medicine Clerkship 8 weeks
4) Pediatrics Clerkship 8 weeks
5) Obstetrics/Gynecology Clerkship 8 weeks
6) Psychiatry Clerkship 8 weeks
7) Junior Surgery Clerkship 8 weeks
8) Core Competency Seminars Completion of all modules
9) Leadership in Medicine for the Underserved Elective 4 weeks
10) Advanced Leadership in Medicine for the Underserved Elective 4 weeks
11) Senior Surgery Clerkship 4 weeks
12) Clinical Elective Clerkships 12 weeks
**MSU College of Human Medicine Graduation Requirements**

The College expects that medical students will conduct themselves in an honest, responsible, and professional manner within the educational programs, in their interactions with peers, faculty, and patients, as well as in their activities beyond scheduled learning experiences. They are expected to abide by the Student Oath administered at the time of matriculation and to demonstrate the ability to function ethically and humanely (see Addendum A).

Graduation requirements for Michigan State University College of Human Medicine students are as follows:

1. Satisfactory completion of all components of the CHM Block I, Block II, and Block III programs within a maximum of eight (8) years, as specified by the CHM Student Performance Handbook and the MSU Medical Student Rights and Responsibilities document.

2. Achievement of a passing score on the CHM Block III Care of Patients (COP) Gateway Assessment, a six-hour clinical skills performance assessment held near the end of the third year. The purpose of the exam is to assess essential clinical skills that are the foundation of clinical practice and necessary for the first year of residency: communication skills; information gathering and history taking; focused physical examination; and writing a Progress/SOAP note. The Block III COP Gateway takes place at the MSU Learning and Assessment Center and consists of multiple clinical encounters portraying common patient presentations.

   Students who fail to demonstrate the required minimal competency on the CHM Block III COP Gateway Assessment as determined by the CHM Block III Committee will be required to pass a COP Gateway remediation examination scheduled in August 2013. Students who take and do not pass the remediation examination must enroll for and successfully complete a four-week Clinical Remediation Graduation Requirement early in their 4th year, in addition to advanced clerkships and clinical electives.

   Additional information and resources are available on the CHM College-wide Assessment website at: [http://humanmedicine.msu.edu/cwa/index.php](http://humanmedicine.msu.edu/cwa/index.php).

3. Satisfactory completion of the CHM Block III Integration Gateway Assessment, a written examination assessing the student’s ability to integrate health policy, ethics, and patient safety in a clinical context.

4. Satisfactory completion of the CHM Block III Rationality Gateway Assessment, a written examination assessing the student’s understanding of evidence-based medicine and critical appraisal of medical literature.

5. Satisfactory completion of the CHM Service Learning course.

6. Achievement of a passing score on the United States Medical Licensure Examination (USMLE) Step 1 Exam, Step 2 Clinical Knowledge Exam, and Step 2 Clinical Skills Exam.
Handbook For Students Entering Block III in 2012

Quick Reference Guide to Graduation Requirements

<table>
<thead>
<tr>
<th>Requirement</th>
<th>When Requirement Must Be Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfactory completion of Blocks I, II, and III</td>
<td>Within 8 years of matriculation</td>
</tr>
<tr>
<td>Satisfactory completion of the Block III Rationality Gateway Assessment</td>
<td>During Core Competency sessions in third year</td>
</tr>
<tr>
<td>Satisfactory completion of the Block III Care of Patients Gateway Assessment</td>
<td>June of third year (remediation August of fourth year)</td>
</tr>
<tr>
<td>Satisfactory completion of the Block III Integration Gateway Assessment</td>
<td>First day of Senior Surgery clerkship, fourth year</td>
</tr>
<tr>
<td>Passing USMLE Step 1 Examination</td>
<td>Prior to entry into Block III</td>
</tr>
<tr>
<td>Passing USMLE Step 2 Clinical Knowledge and Clinical Skills Examinations</td>
<td>Students must sit for both exams prior to February 1 for a Spring graduation. Passing scores must be posted prior to the last day of the semester in which the student intends to graduate. The three graduation dates for MSU are in August, December, and May.</td>
</tr>
<tr>
<td>Completion of Service Learning Course</td>
<td>By December 31 of the fourth year</td>
</tr>
<tr>
<td>Application for graduation</td>
<td>On or before the end of the first week of the semester during which degree requirements will be met (last semester of enrollment)</td>
</tr>
</tbody>
</table>

The Third Year Clinical Curriculum

Clinical Clerkships

Students are promoted to the Block III Clinical Education Program after having completed the CHM Preclinical Curriculum and passing the USMLE Step 1 examination.

The Block III program starts with a mandatory one-week community orientation which occurs in the student’s assigned community campus. Year 3 is spent taking the six core clerkships—Family Medicine, Internal Medicine, Pediatrics and Human Development, Junior Surgery, Obstetrics and Gynecology, and Psychiatry—and the Block III Core Competencies seminar course. Each of the core clerkships is eight weeks long.

Third year students must take the CHM Care of Patients Gateway

The clinical curriculum for required clerkships is the same in all community campuses. Educational experiences and venues will vary to take advantage of local clinical resources and strengths, but such variations are monitored for educational equivalence of clerkship experiences between campuses and are intended to enhance the student’s clerkship experience.

Curriculum is a dynamic process, always evolving to improve quality and of incorporate changes in medical knowledge. The college reserves the right to make such changes during the course of study for any given class. Such changes occur through ratification by the curriculum governance process and with appropriate notification and lead-time for students and faculty.
Core Competency Course

Students in all campuses must successfully complete the Block III Core Competency seminar course. The Core Competency seminars have been developed to address important concepts and issues that cut across traditional clinical disciplines, and are presented in module format.

The Core Competency seminars are usually scheduled as weekly sessions beginning during the first clerkship and continuing throughout Year 3. They are usually held on Wednesdays from 3-5pm, and your community assistant dean’s office will provide specific dates for your campus. Core Comps will not be scheduled during the week of final clerkship written exams or during Thanksgiving week. Students are expected to remain on the clinical clerkships during those Wednesday afternoons, and during any other time that the core competency class is cancelled. Each session is a structured learning experience, including discussion and/or skill sessions that will run independently of the clerkships. There are several topic modules for the Core Competency seminars, as listed below. For each module, a group of expert faculty has developed the major learning objectives and modalities.

The Core Competency course modules include the following:

- Critical Analysis/Analytic Medicine
- The Virtuous Physician
- Health Disparities
- Palliative Care
- Therapeutics
- Occupational/Environmental Medicine
- Careers in Medicine
- DiffInE

Core Competency module learning materials and assessments will be provided to students and community faculty in the MSU ANGEL course system, available on the Web at https://angel.msu.edu/default.asp. Students are responsible for reviewing the appropriate materials and for coming to class prepared.

Attendance at all Core Competency sessions is required, and excused absences must be made up. Failure to meet all requirements for each of the modules may result in a "CP" or “N” grade, depending on the number of deficiencies. Students who begin Core Comps but are unable to complete all sessions in the same year will be required to retake the entire seminar series the following year.

Service Learning in the Community Course

CHM students must complete a Service Learning in the Community requirement by December 31 of their fourth year as a graduation requirement, and in order to participate in the National Residency Matching Program (the Match). This involves 40 hours of structured learning experience combining community service with preparation and reflection. Projects are approved by Margo Smith, M.A., Service Learning course director, and reflection essays are reviewed by faculty advisors selected by the student. Students are enrolled for the one-credit Service Learning in the Community course for the semester in which they complete course requirements.

Many students will have completed the Service Learning requirement prior to entering Block III, but those who have not should be careful to meet the December 31 of the fourth year deadline. Additional information about course requirements and course forms are available at the CHM web site (from chm.msu.edu, select Current Students then select Service Learning in the Community), and also in the MSU ANGEL group Service Learning in the Community (HM 640). The ANGEL group also contains lists of possible service projects for students in each community campus.
Clerkship Enrollment and Attendance Policies

Enrollment during Block III will be handled through your assigned community campus. The community administrator early enrolls all Block III students, working with CHM records officer. Students are then billed directly by MSU via e-mail notification. Students must then follow instructions in the e-mail in order to complete the registration process.

In order to ensure the quality and consistency of the MSU-CHM clinical student experience and to protect the clinical teaching resources of our community campus system, the College of Human Medicine requires that all required clerkships be taken in a student’s assigned community.

Students must be available to participate in all aspects of the clerkship, on weekdays, evenings and weekends as designated by the clerkship director. Attendance at all scheduled clerkship activities—clinical assignments, rounds, lectures, clinical experiences such as surgeries, deliveries, etc.—is mandatory. Students must be available until 5p.m. on the last day of the clerkship unless the clerkship handbook specifies an earlier ending time.

Clerkship Orientation

All clinical clerkships begin with a clerkship orientation, and attendance at the clerkship orientation is mandatory. In the rare event that an emergency situation arises which precludes attending clerkship orientation, the student must contact their community administrator immediately. Such cases will be handled on an individual basis, depending on the circumstances. Without an appropriate excuse, students will not be allowed to continue on the clerkship.

The one situation for which a student may receive permission in advance to miss clerkship orientation is when the student is scheduled to make a presentation at a national conference on clerkship orientation day, or when the presentation is scheduled such that travel to or from the conference is required on clerkship orientation day. Students will want to review the agenda for clerkship orientation with the community clerkship assistant and take into consideration what will be missed and what must be made up in deciding whether to request the day off.

Students may request to be excused from clerkship orientation to make a presentation by completing the CHM Absence Request Form as soon as the presentation is accepted. Official correspondence from the conference documenting topic, date, time, and location must be attached. Approval of the absence will ultimately be the decision of the community clerkship director and community administrator, and will be based on whether it is feasible for the student to be oriented to the clerkship separately.

Such absences will count toward the total number of excused absences allowed on the clerkship. In addition,

- The student is responsible for reviewing and understanding clerkship orientation materials, and will sign a statement to this effect.
- If didactic sessions are scheduled on orientation day, the student is responsible for content of such sessions.
- If clinical sessions are scheduled on orientation day, the student will be required to make up the clinical time missed.

Withdrawing From Clinical Clerkships

Students are not permitted to drop or withdraw from a required clinical clerkship once they have commenced the clerkship except under rare and extraordinary circumstances. Academic difficulty is not sufficient cause for dropping or withdrawing from a clerkship.
On occasion, a student may experience extenuating circumstances—illness, delivery, death in the immediate family—which make it impossible to continue a required clerkship. In this situation, the student must meet with the community assistant dean or community administrator to outline the circumstances and to discuss future plans for continuation in Block III. The community assistant dean’s office must get final approval for dropping a clerkship from the Block III director. The community assistant dean’s office will be responsible for notifying the appropriate clinical department. This policy assures that (1) students do not drop clerkships without good cause, (2) the College can be responsive to extenuating student circumstances, and (3) decision-making is consistent across the CHM multi-campus system.

If a student receives permission to leave a clerkship prior to the mid-point of a clerkship, the student must repeat the entire clerkship (a “drop” will be issued). If, however, a student receives permission to leave the clerkship after the mid-point of the clerkship, the student must complete, within a time period of no more than six months, all the unmet requirements of the clerkship (written and oral examinations, out-patient and in-patient experiences, etc.). In this circumstance an “ET” grade will be issued and the student does not need to repeat the clerkship experiences s/he engaged in prior to departure.

**Absences from Clerkships and Other Required Block III Courses**

Students who are unable to be present for any required and elective clerkship activities or Core Competency sessions because of extenuating circumstances are required to complete a CHM Absence Request form and have this form signed by the community clerkship director and community administrator. In all cases except for emergencies and sudden illness, requests for scheduled absences are to be submitted at least 30 days prior to the date(s) of absence. Time off for religious holiday observance should be submitted at least 30 days prior to the beginning of the clerkship from which time off is being requested. If permission for an absence is granted, it is the student’s responsibility to notify his or her clinical preceptor. The Block III Absence Request form is available on the MSU-CHM website at [http://humanmedicine.msu.edu/current/index.php?current](http://humanmedicine.msu.edu/current/index.php?current).

Scheduled absences are not approved until the Absence Request form is signed by both the clerkship director and community administrator. Failure to complete this form and obtain the required signatures will result in an unexcused absence from the clerkship. While all requests are subject to approval by the community administrator and clerkship director and are considered on a case by case basis, examples of possible excused absences include:
- death of a close family member
- serious illness or hospitalization of a close family member
- student presentations at professional conferences

Students should plan weddings, family vacations and trips during scheduled time off.

In the case of emergency or sudden illness, the student must contact the community clerkship director, the community assistant dean’s office, and his/her preceptor. For absences because of emergencies and illness, the CHM Absence Request form must be submitted no later than two days following the absence. Depending on the circumstances and length of absence, the student may be required to provide documentation.

Time missed during the clerkship, including for illness and other excused absences, must be made up. Students with excused or unexcused absences of more than 5 days in an eight-week clerkship or more than 2.5 days in a four-week clerkship may receive a CP grade for unprofessional behavior and need to remediate 4 weeks of the clerkship, in addition to any other clerkship deficiencies. Approved time off for religious holiday observance and for college-wide activity days will not be counted as absences. Some
clerkships may have more stringent attendance policies; be sure to check your clerkship handbook for more specific information.

Any unexcused absences will be considered unprofessional behavior. Each unexcused absence will count as one instance of unprofessional behavior, and will be noted as such by the clerkship director on the student’s CPE form and in the final clerkship letter. Instances of unprofessional behavior may be incorporated into the Medical Student Performance Evaluation.

Inclement Weather and Attendance

The safety of our students is of the utmost importance to the College. Since the profession of medicine is not one where activity and responsibility cease when bad weather occurs, we trust that students will use discretion and make professional decisions regarding their attendance during times of inclement weather.

Students who are unable to attend required clerkship clinical and didactic activities due to the weather should follow the regular procedure for reporting an absence, including completing an absence request form and notifying their clerkship director, preceptor and Community Assistant Dean’s Office. Students will be expected to make up time missed due to weather.

If clerkships are cancelled or an entire campus is closed because of inclement weather, students will be notified as soon as possible.

Time Off for University Holidays and CHM Student Activities

Students in all community campuses will be released from clerkship and other duties for the following University-designated holidays and in other situations as specified below:

4th of July
Labor Day
Thanksgiving and the Friday after Thanksgiving
Christmas
New Year’s
Martin Luther King Day
Memorial Day

All Religious Holidays

In keeping with the University policy on religious observances, faculty will honor student requests for time off a clerkship for religious observances. Students will be expected and scheduled to make up the time missed. Students must make requests for excused absences for religious observance with the appropriate clerkship director and community administrator at least 30 days prior to the start of the clerkship during which time off is requested.

CHM Activities

Students are excused from clerkship responsibilities to attend College-sponsored activities. Students not attending these activities are expected to fulfill their clerkship responsibilities.
Voluntary Leave of Absence

A medical student may need to take a voluntary leave of absence from the College of Human Medicine for a variety of reasons (e.g., personal, financial, health). This document is written to clarify the policy and procedures that must be followed whenever a student requests a leave of absence. The policy and procedures are based on and intended to be consistent with University policy on voluntary withdrawal.

1. Clinical students must submit a written request for a leave of absence to the Community Assistant Dean. This will be followed by a meeting to discuss the situation and circumstances of the request and conditions for subsequent re-entry. **There is an 8-year time limit on the entire medical student program, which includes leaves of absence.** Also, there are financial implications of leave of absence that should be reviewed and discussed with the Community Assistant Dean and the MSU Office of Medical Financial Aid (517-353-5188).

Forms for voluntary leave of absence are available from the CHM Records Officer, Student Affairs and Services, and the Office of the Community Assistant Dean.

Recommendation on requests by preclinical students will be the responsibility of the Assistant Dean for Student Affairs, with the final authority for confirmation resting with the Associate Dean for Academic Affairs. In some cases, re-entry may require some review/practice of basic clinical skills.

2. Clinical students will be granted a leave of absence initially for a minimum of a semester to a maximum leave of absence of one (1) year.

3. Students may petition for an extension of a leave of absence in two (2) month increments of up to one year. An extension will require the approval of the Associate Dean for Academic Affairs. Any student on leave more than two calendar years will be required to apply for readmission to the College starting at entry to Year 1.

4. Responsibility for requesting and filling out applications for re-entry to Michigan State University rests solely with the student and should be filed with the CHM Records Officer at least six (6) weeks prior to the first day of class of the semester in which the student expects to resume studies. All enrollment holds must be cleared before a readmitted student can enroll.

5. Students will be prohibited from registering prior to re-entry approval by the Senior Associate Dean for Academic Affairs.

6. It is suggested that students contact the MSU Office of Medical Financial Aid at 517-353-5188 after enrollment occurs to notify them of planned re-entry.

Clerkship Evaluations

Clerkship evaluations are an important part of Block III. They are used by the faculty to determine areas of strength and weakness in your performance. Each department specifies the components of the evaluation for its clinical clerkship. In general, these components involve a clerkship performance evaluation, a written examination, and other assessment measures.

Preceptor Feedback

One important aspect of evaluation on clinical clerkships is ongoing verbal feedback from preceptors. CHM encourages attending and resident preceptors to provide constructive feedback on student strengths.
and weaknesses. Students can help in the feedback process by asking for a short meeting at the beginning of each rotation or when changing preceptors to clarify expectations. Students should follow up this discussion with periodic inquiries about their performance and progress.

CHM Mid-Clerkship Evaluation

A standardized Mid-Clerkship Evaluation is used in all third year clerkships to give students formative feedback on their performance at approximately mid-point in the clerkship. The Mid-Clerkship Evaluation is completed by the clerkship director and addresses the student’s progress on meeting patient logging requirements, professional behavior, overall performance, and any areas of student concern.

CHM Clinical Performance Evaluation (CPE)

A standardized Clinical Performance Evaluation (CPE) is used in all Block III required clerkships (see Addendum B). The CPE assesses students on the relevant CHM SCRIPT educational competencies:

- Care of Patients (ACGME Patient Care & Communication Skills)
- Rationality (ACGME Practice-Based Learning & Improvement)
- Integration (ACGME Systems-Based Practice)
- Professionalism
- Transformation (ACGME Medical Knowledge)

The CPE is distributed electronically, via the E-Value system, to attending and resident preceptors to whom the student was assigned during the clerkship. In some cases, students may be asked to supply additional names of preceptors with whom they worked during the clerkship. Additionally, if a student worked for a substantial amount of time with a preceptor who was not scheduled to complete a CPE, the student may request that the preceptor be added as a CPE evaluator for the clerkship. It is expected that additional requested preceptors will appear as preceptors in the student’s patient log for the clerkship.

At the end of the clerkship, results of the individual CPEs are compiled into a CPE Summary Report that becomes part of the student’s Final Clerkship Evaluation. All clinical departments use the same criteria for determining the grade on the CPE portion of the clerkship evaluation:

- Honors (H) on the CPE is awarded to students who receive equal to or greater than 50% in the “Exceeded Expectations” category with no more than one “Below Expectations” rating and no unprofessional behavior notations from all evaluators.
- Pass (P) on the CPE is awarded to students who receive 80% or greater in the “Met Expectations” and “Exceeded Expectations” categories, with no more than 2 unprofessional behavior notations from all evaluators.
- Conditional Pass (CP) on the CPE will be given to students who receive more than 20% in the “Below Expectations” category or 3-4 unprofessional behavior notations from all evaluators. A CP grade on the CPE will require that the student repeat four weeks of the clerkship, in addition to remediating any other clerkship deficiencies.
- A No Pass (N) grade in the clerkship will be given to students who receive 5 or more unprofessional behavior notations from all evaluators.

Final Clerkship Evaluations

A Final Clerkship Evaluation is used in all Block III required clerkships to report the student’s final grade in the clerkship. The Final Clerkship Evaluation, which is completed by the community clerkship director, reports the student’s performance on major clerkship assessments (CPEs, final written/shelf exams, PBAs)
and summarizes the student’s overall clerkship performance. Based on established criteria, the department issues a grade of Pass (P), Conditional Pass (CP), or No Pass (NP) for the clerkship. Honors designations, where applicable, will be noted in the student’s Final Clerkship Evaluation and MSPE. The clerkship director’s summary of overall student performance on the clerkship will be used in the student’s MSPE.

Students should review Final Clerkship Evaluations carefully as soon as they are issued. If there are concerns about the content of an evaluation, a meeting should be scheduled to discuss them with the clerkship director. **Under no circumstances are students allowed to discuss CPE ratings directly with preceptors; all concerns about CPE ratings must be addressed with the community clerkship director.** Failure to adhere to this policy will be considered unprofessional behavior and will be reflected in the student’s grade and noted as such in the student’s clerkship evaluation.

Students who receive a Conditional Pass (CP) grade on the Final Clerkship Evaluation will be given an opportunity to remediate the deficiency which resulted in the CP. Once the student has completed the remediation, the outcome of the remediation and the final clerkship grade (CP/P or CP/N) will be reported on a Remediation Final Clerkship Evaluation.

**Student Evaluation of Clerkship Experiences and Preceptors**

Student evaluation of required clerkship experiences, preceptors and instructors is an integral part of CHM clinical program quality improvement. For required clerkships, students are required to complete the College-wide End of Clerkship Evaluation (see Addendum C) and any Departmental evaluations, all of which are distributed electronically via the E-Value system. The E-Value system is set up to protect student anonymity. Clerkship directors are given access to anonymous clerkship evaluation data only after clerkship summary letters are written. Preceptors and instructors are not provided with student feedback on their performance until more than three student evaluations of the preceptor or instructor have been completed.

**Administration of Clerkship Final Examinations**

Each of the CHM core clerkships uses an NBME subject exam at the end of the clerkship as a measure of knowledge gained during the clerkship experience. The security of these examinations, the consistent and fair administration of the examinations across sites and clerkships, and our compliance with NBME and University policy regarding examinations and grading are of the highest priority to the College of Human Medicine.

Beginning with the 2012-13 Block III academic year, the Internal Medicine clerkship will pilot the NBME web-based exam for all Block III students. The remaining clerkships will use the traditional written NBME exams.

1. Students will be notified in writing of the date, time and location of the final examination on the first day of the clerkship. Any room or scheduling changes will be communicated to students in writing as they occur. All final written exams are administered in all campuses on the last day of the clerkship, starting no later than 9:00 a.m., except that NBME web-based exams in the Internal Medicine clerkship will be administered at 1:30 pm on the last day of the clerkship.

2. The final exam will be offered once per clerkship. Students who do not sit for the final examination will receive a conditional pass (CP) grade for this component of the clerkship.

3. The starting time of the examination will be strictly adhered to, and all students must be seated in the exam location by the announced starting time for the exam. Admission to the exam will not be allowed after this time.
The examination will start on time and begin with the reading of directions for the examination, and admission to the exam will not be allowed during the reading of directions. Students arriving late to the exam will not be allowed to sit for the exam and will receive a CP grade for the exam. The student must meet with the Clerkship Director and Community Administrator to make arrangements to sit for the exam at a later date.

4. For students taking written NBME exams, the exam start time and 30- and 10-minute reminder times will be posted where they are visible to examinees.

5. A Conditional Pass (CP) grade resulting from an unavoidable emergency situation—such as a traffic accident en route to the exam—should be brought to the attention of the Clerkship Director and Community Administrator as soon as possible. Such emergency situations will be considered on a case-by-case basis by the Lead Clerkship Director and Community Clerkship Directors, Community Administrator and Block III Director. Students will need to provide verifiable documentation of an emergency situation in order to have a CP grade reconsidered.

6. If the administration of the examination is not carried out according to this protocol for any reason, an equitable solution will be reached that will not penalize students. In most cases where exam administration is not carried out according to protocol, students who pass the examination will be allowed to retain their passing grades or retake the exam, at the student’s option, and students who fail the examination will be given another opportunity to sit for the examination without penalty. Under no circumstances will a passing grade be granted for a student who failed to score a passing grade on the examination.

7. If a student becomes ill or otherwise cannot complete the examination, the student must ask the proctor to be excused from the exam setting, state the reason for leaving the exam, and arrange to meet with the Clerkship Director. Students may be asked for verification of illness from a physician. A decision about the consequence of leaving the examination will be made by the Clerkship Director, Community Assistant Dean, and Block III Director on a case-by-case basis.

8. Repeat administrations of a final examination for students who arrive late and are unable to sit for the exam, who must leave the examination before it is completed, or who fail the examination will not be available for several weeks (NBME exams must be ordered up to six weeks in advance). A student with an unexcused absence for an examination will be required to pay any additional fees associated with ordering another NBME exam.

Grading in the Block III Program

The College of Human Medicine is authorized to use the Pass / No Pass system of grading. All required courses taken by medical students have been approved by the University Committee on Curriculum for Pass / No Pass grading. Within the approved grading system, and in keeping with Faculty Rights and Responsibilities, the faculty for a given course has the final authority for the grade assigned to the individual student.

Grading criteria for individual clerkships are established for each academic year and published in clerkship handbooks. Students are evaluated using the grading criteria for the academic year in which they are enrolled in a given clerkship.

1. The Pass (P) grade
   The Pass grade (P) is given when the student has met or exceeded all requirements of the course.
2. **The Conditional Pass (CP) grade**
   The Conditional Pass (CP) is given when the student has either:
   
   a. Met all but one of the course requirements for passing, but is deficient in a single course requirement; or
   
   b. Completed all course requirements but failed to meet the overall pass level by a narrow margin.

   The CP grade is issued when the deficiency is specific and remediable by specific action on the part of the student.

   When the remediation activity is completed or the time allocated to the remediation has expired, the CP grade will be changed to CP/P (Pass) or CP/N (No Pass), as appropriate. The Conditional Pass (CP) will remain on the student’s record and transcript. Failure to complete the specified remediation by the due date will result in a grade of CP/N.

3. **The No Pass (N) grade**
   The No Pass (N) grade is given when the student fails to meet all the criteria of the course.

4. **The Honors (H) designation**
   All of the required clerkships in Block III award an Honors designation (H) for outstanding performance. The criteria for qualifying for Honors will be provided to students at each clerkship orientation. Please note that although the Honors designation is awarded in the required clerkships, this is not an official University grade. The official University transcript will list the grade as Pass, and there will be an additional notation that the student achieved Honors in the course. Honors designations are reflected in the Medical Student Performance Evaluation.

5. **The Extended (ET) marker**
   The Extended (ET) marker is given to students who are unable, because of extenuating circumstances, to complete clerkships or courses within the scheduled timeframe. It is also used for split clerkships in the Upper Peninsula campus only, where the final grade is rendered only after the second half of the clerkship is completed. The ET marker does not indicate an academic problem and is not used for this purpose.

6. **The No Grade Reported (NGR) marker**
   The NGR (No Grade Reported) marker is automatically recorded by the University records system when student grades are not reported within five days of the end of the course. As soon as grades are submitted and recorded by the department, the NGR marker is erased and does not appear in the updated student record or on printed transcripts. Because the process of compiling the Final Clerkship Evaluation typically takes 3-4 weeks after the end of the clerkship, most students will receive a temporary NGR marker until their Final Clerkship Evaluation is prepared and final grade reported.

**Procedure for Appealing a Clerkship Grade**

Block III students wishing to appeal a clerkship grade should start with the informal administrative procedure for handling complaints. The process for this is as follows:

A. The student meets with the appropriate Community Clerkship Director to discuss his or her concerns. If the dispute is resolved to the student’s satisfaction, no further action is required.
B. If the issue is not resolved with the Community Clerkship Director, the student meets with the Lead Clerkship Director from the appropriate CHM clinical department. If the dispute is resolved to the student’s satisfaction, no further action is required.

C. If the issue remains unresolved, the student meets with the CHM Department Chair. The Chair may hold a department administrative meeting with the student to seek resolution; this is not a formal hearing process.

If the student’s concern remains unresolved after working through the informal administrative procedure, the student can use the **formal grievance procedure**. This involves the student requesting a grievance hearing before the CHM hearing body. The letter requesting a hearing should be addressed to the Associate Dean for Academic Affairs, who upon receipt will forward the request to the chair of the college hearing body.

For more detailed information about grievances, see Article 5 of the MSU Medical Students Rights and Responsibilities (MSRR) document. Section 5.3.4 of the MSRR specifically addresses the handling of student grievances:

> Grievances/complaints must be initiated at the lowest administrative level feasible.
> Grievances/complaints brought within a department that is solely administered by CHM will normally be heard by the department hearing body. Grievances/complaints brought within a department that is not solely administered by CHM will be referred to the medical student’s college hearing body. Upon the request of either party or on its own initiative, a department may waive jurisdiction and refer a grievance/complaint to the college hearing body with the approval of the college dean.

Per Student Performance Committee policy adopted Oct. 15, 2002, clinical students who grieve a clerkship grade may continue on clerkship rotations **unless they have previously been suspended or dismissed**. Due to concerns for patient safety and the integrity of the health care systems within which the College carries out the clinical education program, clinical students who are grieving a clerkship grade and have been suspended or dismissed **may not continue in the Block III clinical education program during the grievance process**. If, as a result of the grievance process, a student grade is changed such that, according to SPC rules, the student is no longer suspended or dismissed, the suspension or dismissal will be considered null and void and the student may re-engage the clinical curriculum.

**Academic & Career Advising for Block III Students**

The College assigns major importance to the provision of academic and personal counseling and career guidance to its students. The decentralization of the College's clinical campuses and the maturity of its students mandate the availability of a variety of counseling and advising services rather than a single advising system.

For students who have established a relationship with a faculty advisor in the pre-clinical years, they are encouraged to maintain contact into Block III. Primary responsibility for the availability of advising and counseling services at each clinical campus rests with its chief academic officer, the community assistant dean. In addition to meeting with students personally, the community assistant dean shall be accountable to the Senior Associate Dean for Academic Affairs for the adequacy of such services. In all communities, a community administrator is responsible to the community assistant dean for day-to-day management of student services and programs. The community administrator is another important source of advising and counseling services.

During the transition from being a Block II student to developing confidence and success in Block III clerkships, students frequently desire counseling assistance. In addition to the availability of the
community assistant dean and community administrator, any student may request a Block III faculty advisor. These advisors will be carefully matched to the student and his/her needs and will be assigned by the community assistant dean's office.

As students progress through Block III clerkships, they become acquainted with the faculty members who serve as clerkship directors. In addition to responsibilities for clerkship curriculum and for giving students timely feedback on performance, the directors are available to students as faculty advisors.

Financial aid is an area in which effective student counseling is especially important. Community administrators may serve as backup financial aid advisors to Block III students for the specialized staff of the MSU Office of Financial Aid.

A student's interest in career guidance customarily peaks during Block III as they select their specialties and explore residency options. Responsibility for advising students in choosing electives and designing a fourth year curriculum rests with the community assistant deans and community administrators with assistance from the clerkship directors. Advising regarding career and residency decisions is also available from the student's faculty mentor, the Chairs of clinical departments at the College, community residency program directors, members of the regular and clinical faculties and residents in community training programs. The community assistant dean and community administrator will arrange for advising contacts with any individual whom the student believes would be helpful.

**Academic Support in Block III**

Block III challenges students to incorporate active learning into busy daily schedules. Students having academic difficulty are eligible for Academic Support services. The need for academic support services for Block III students may be identified by CHM Academic Support staff, by the student’s CHM Community Administrator or Assistant Dean, by the Block III student, by the Senior Associate Dean for Academic Affairs or by the CHM Student Performance Committee (SPC).

Academic Support Services available to Block III Students include:

- **Tutors:** Tutoring is available on an individual basis for students having academic difficulty. Students having difficulty should meet with their community administrator to request a tutor. Tutors help students clarify topics and answer questions about content and available resources, and provide suggestions regarding approaching the material and managing time to include study opportunities. Tutors may be residents, faculty members or retired physicians.

- **Coaches:** Students, especially those having difficulty “switching gears” when changing clerkships, may benefit from meeting with residents or faculty to prepare for upcoming clerkships. The resident or faculty coach can help the student understand their responsibilities on the clerkship, how to organize their study, how to maintain a log of the topics covered, and how to identify useful study materials for the clerkship.

- **Skill Enhancement:** A key component to student success is performing at a mastery level. For students struggling to attain this level, the Academic Support Director and Assistant Director can work with students to create an academic plan to help students attain mastery on exams and other clerkship evaluations.

CHM Academic Support Director Wrenetta Green and Assistant Director Renoulte Allen will work directly with the CHM Community Administrators and Block III students to plan academic support for students in need of such services.
Special Accommodations in Block III

The College of Human Medicine and the MSU Resource Center for Persons with Disabilities (RCPD) is committed to providing equal opportunity for participation in all programs, services and activities. The mission of the RCPD is to lead MSU in maximizing ability and opportunity for full participation by persons with disabilities. Federal and state laws provide protection against discrimination on the basis of disability in post-secondary education.

The Americans with Disabilities Act defines disability as “a physical or mental impairment that substantially limits one or more major life activities, a record of such impairment, or being regarded as having such an impairment.” Disabilities involve substantial limitations and are distinct from common conditions not substantially limiting major life activities.

Students who have a disability that substantially limits a major life activity and would like to request a disability-related accommodation to participate in CHM Block III clerkships or other activities must register with the MSU RCPD as outlined below. Please note that information shared with the RCPD is kept strictly confidential, and self-identification is voluntary.

Students must take the following steps to expedite the accommodation process:

a) Formally identify as a student with a physical, sensory, cognitive or psychological disability via secure/confidential web registration at MyProfile.rcpd.msu.edu.

b) Upon student self-identification, an RCPD Disability Specialist will contact the student to schedule a confidential needs assessment. The specialist also requires submission of recent medical or diagnostic documentation of disability prior to registration with the office.

As each disability is unique, an RCPD specialist will provide details on what constitutes appropriate documentation for a particular disability. At a minimum, documentation of a disability must appear on official letterhead from a licensed medical, diagnostic or psychological professional and include a diagnosis, scope or degree of involvement, and summary of related functional limitations. Full details about the RCPD and disability issues at MSU are available at www.rcpd.msu.edu. As many reasonable accommodations require significant pre-planning, registration with the RCPD prior to situations requiring accommodations is essential.

Once Block III students receive their VISA, they must present a copy to their community administrator, who will work with clerkship directors or others as appropriate to arrange for the accommodations specified. Special accommodations must be arranged well in advance, especially if they require additional staffing (as in the case of separately proctored exams). Students who have received a VISA must register at the end of each semester.
B. STUDENT PROMOTION AND RETENTION

Following is a summary of the CHM Student Performance Committee (SPC) requirements criteria for Academic Review, Suspension Pending Dismissal, Probation, and Dismissal in Block III. For more detailed information about the process related to each of these disciplinary statuses, please refer to the CHM Student Performance Handbook.

**Academic Review status in Block III**

1. Block III clinical students are automatically placed on Academic Review status when the following conditions are met:

   Two (or more) CP grades in any of the clerkships
   OR
   An N grade in any clerkship

   NOTE: N and CP grades count toward academic disciplinary statuses even after the student has remediated the non-passing grade and received a P grade in the clerkship.

2. Clinical students will remain on Academic Review until they have remediated all outstanding CP or N grades.

3. Permission from the Community Assistant Dean’s office and the Block III Director is required to take off-campus electives while on Academic Review status.

**Suspension Pending Dismissal status in Block III**

1. Block III students are automatically placed on Suspension Pending Dismissal when the following conditions are met:

   Three (3) CP grades
   OR
   One (1) N grade and one (1) CP grade
   OR
   N grades in two (or more) clerkships
   OR
   N grade in a clerkship for a second time

   NOTE: N and CP grades count toward academic disciplinary statuses even after the student has remediated the non-passing grade and received a P grade in the clerkship.

2. A Block III student who is Suspended Pending Dismissal will not be allowed to participate in any required or elective clerkships. A suspended student may continue to attend core comp seminars and take remediation exams.

3. A student who is Suspended Pending Dismissal has seven business days after notification of suspension to appeal to the Student Performance Committee (SPC). If no appeal is made, the student will be dismissed from CHM. Students who submit an appeal to the SPC will have a hearing with the committee, and the student will either be reinstated or dismissed from CHM.
Probation status in Block III

1. A student who appeals suspension and is reinstated by the SPC will return on Probation status with new promotion and retention requirements established by the SPC. The student will be removed from Probation once all required remediation has been completed successfully and any further conditions established by the SPC have been met. Students who have been reinstated remain under the oversight of the SPC, with periodic review by the Subcommittee for Academic Review (SAR), whether or not the student is on Probation.

2. A student may not take off-campus electives while on Probation.

3. A student who is dismissed by the SPC will continue to have the opportunity to appeal to the Dean. If the Dean decides to reinstate, the student returns on Probation under the oversight of the SPC.

NOTE: Students must complete all graduation requirements within eight (8) years of matriculation, including leaves of absence or extensions for any reason. Students who fail to complete requirements within eight years will be dismissed from the College of Human Medicine. (This does not apply to students enrolled in the M.D./Ph.D. program.) Passing the CHM Block III Gateway Assessment exams and both of the USMLE Step 2 exams are required for graduation.
C. POLICIES RELATED TO CLERKSHIP PARTICIPATION

Each clerkship and medical care setting will have specific policies related to the clinical activities of students. In this section, you will find the policies which the College of Human Medicine provides to affiliated hospitals and other treatment settings, as well as the clinical faculty.

MSUNet Email

To facilitate communication from CHM faculty and staff to students, CHM students are required to have a functioning MSUNet email address. **Students are responsible for checking their MSUNet email accounts daily and maintaining their MSUNet mailboxes so that messages can be received.** Forwarding MSUNet e-mail to another e-mail account or failure to check email are not valid excuses for missing a deadline or other requirements of the CHM clinical education program.

Further, students must use secure email when working in a hospital, clinic or other health care setting if discussion of patient information is involved. MSUNet (msu.edu) email is secure; many web-based email systems including Hotmail, Gmail and Yahoo are not.

Student Responsibilities Regarding Patient Supervision

All medical procedures performed by medical students must be supervised by a licensed physician responsible for the care of the patient. Before starting any procedure the medical student must be told to do the procedure on the patient by a physician responsible for the care of this patient. The supervising physician and the student share the responsibility for determining the level of supervision needed: either direct supervision (i.e., an appropriate supervisor is present while the procedure is being performed) or indirect supervision (i.e., an appropriate supervisor can be called into the room within a time span appropriate for that procedure).

It is understood that a complete list of procedures that a medical student may perform is neither possible nor desirable to establish, but these general guidelines should be followed:

- **a)** Appropriate informed consent must be obtained and documented. No procedure should be attempted by the medical student unless s/he is give permission to do so by a physician responsible for the patient.

- **b)** If a student does not feel capable, then s/he must not undertake performance of the procedure without further instruction and direct supervision.

- **c)** If the student is not known by the patient, the student should properly identify her/himself to the patient.

- **d)** If the medical student is not successful in the performance of a procedure within the reasonable amount of time or without undue discomfort to the patient, the medical student must withdraw and notify the supervising physician.

- **e)** It is the responsibility of the medical student to cease and desist from the performance of any procedure at the direction of any nurse responsible for that patient, if that nurse has reasonable cause to ask the student to cease and desist. The supervising physician should be notified promptly of any such action.
f) The student has the responsibility to record on the chart that a procedure was undertaken, the reason for the procedure, the outcome of the procedure, the patient's condition at the conclusion, and plan for post-procedure interval.

**Patient Charting and Other Hospital-Specific Policies**

It is the medical student’s responsibility to ensure that any information entered in the patient chart during the course of a clerkship (i.e., history and physical, discharge summary, progress notes) is reviewed and countersigned by a physician in a timely manner.

Each hospital in the MSU-CHM system sets its own policies concerning what a student may enter on a patient's chart. Please check with your clerkship directors about hospital policies in your campus. Any documentation by the student must include student signature, school, and level of training (MSU-CHM3 or MSU-CHM4). Students may not enter or dictate chart notes under the ID of an attending or resident physician unless specifically directed to do so by the attending or resident. In this case, the attending or resident will later review and countersign the notes.

In addition, individual hospitals in the MSU-CHM system may have requirements for all clinicians and learners in the hospital. CHM students must comply with the specific requirements of the hospitals where they are scheduled for their clinical clerkships, including requirements for immunizations, drug testing and criminal background checks.

**Student Work Hours**

Clinical student work hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities. Students must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. Adequate time for rest and personal activities must be provided. This should consist of a 14-hour time period provided after in-house call lasting 24 or more hours.

In all cases, student schedules will be planned so that they have no more than 28 hours of continuous responsibilities, and students must be excused after 28 hours. In rare cases, the student may choose to continue working beyond 28 hours on an active case with overriding educational value; this is allowable as long as it is clearly the student’s choice.

**Medical Student Liability Coverage**

MSU College of Human Medicine students are covered for medical professional liability when performing services in approved academic programs, for which they are enrolled, registered and have received College approval. Such services include:

a) activities that are an official component of the curriculum, including required and elective courses,

b) approved preceptorships, and

c) approved field placements in off-campus locations.

Students must be under the direction of the University and under the supervision of faculty in performing the services, and the performance of such services must be within the scope of their education and training. Students are not covered when receiving pay for services or for non-MSU activities that are not approved field placements or preceptorships.

Medical Student Attire and Etiquette

Medical students are to wear clean, white, short lab coats during the clerkships unless otherwise instructed. An identification tag, which is furnished by the community campus, must also be worn at all times. As a student, you will come in close contact with patients, physicians, peers and other health care professionals each day; good personal hygiene must be practiced. It should also be noted, that although the College does not have a "dress code," tennis shoes, open-toed shoes, low-cut or midriff blouses, miniskirts, and jeans are not considered appropriate attire for hospital/office/clinic settings including lectures and core comp sessions. During the clinical clerkships, there will be times when wearing hospital scrubs will be appropriate for medical students. Students should note that scrubs are the property of the hospitals; they are not to be taken home or worn outside the hospital complex.

Medical students should introduce themselves to patients and other health care professionals as a medical student, not as a physician. This is important so that individuals do not assume that students have more responsibility or authority concerning patient care than that of a medical student. Patients should be addressed using their last names. This more formal approach can be relaxed if the patient specifically requests the use of his or her first name. Students should remember that, in the clinical setting, they are a reflection of Michigan State University and the College of Human Medicine.

Exposure Control Policies and Procedures

The College of Human Medicine will provide course instruction on protecting students against infectious agents (e.g., HIV, TB, Hepatitis B), transmission, and universal precautions. Instructions will be given on how the student can minimize the risk of becoming infected with HIV and HBV while taking care of patients. Student participation will be mandatory.

Mandatory testing of CHM students for HIV and HBV antibody is not recommended.

Exposure Control Procedures

The following process related to exposures to infectious pathogens has been developed by the College of Human Medicine in collaboration with the MSU Office of the University Physician in accordance with OSHA and CDC regulations.

Immediately following a potential exposure to an infectious pathogen (i.e., tuberculosis, Hepatitis B, or HIV), the following procedures should be followed:

- **Needlesticks** and **cuts** should be washed with soap and water.
- Splashes to the **nose**, **mouth**, or **skin** should be flushed with water.
- **Eyes** should be irrigated with clean water, saline, or sterile irrigants.
- **Please note:** no scientific evidence shows that the use of antiseptics for wound care or squeezing the wound will reduce the risk of transmission of HIV. The use of a caustic agent such as bleach is not recommended.

Report the potential exposure to the appropriate parties responsible for managing exposures (e.g., supervising physician, attending, resident). Prompt reporting is essential because, in some cases, post-exposure treatment may be recommended, and it should be started as soon as possible – preferably within one (1) hour if at all possible.
In addition to HIV, discuss the possible risks of acquiring Hepatitis B and Hepatitis C with your health care provider. You should have already received Hepatitis B vaccine, which is extremely safe and effective in preventing Hepatitis B.

If you believe you have been exposed to one of the pathogens that requires immediate evaluation (HIV, Hepatitis B, Hepatitis C, and Rabies), go to the nearest emergency room. For Monkey B exposures, go to the nearest designated care facility, as your site supervisor indicates.

If, however, you believe you have been exposed to one of the pathogens for which evaluation is not time-critical, please see your site supervisor.

Additionally, the student must contact the community assistant dean or his/her designee within 24 hours of exposure. The exposure control reporting form must be filled out at the time of contact and the original forwarded to the MSU Occupational Health Nurse (see Addendum D) with a copy to the CHM Associate Dean for Academic Affairs. The Office of the Community Assistant Dean will also maintain a copy of the completed form in a separate file designated for medical purposes only. For further information, please visit the Exposures to Blood Borne and Other Pathogens website at: http://uphys.msu.edu/forstudents/needlestick/index.html.

If the cost of the initial testing after an exposure to infectious pathogens and initial post-exposure prophylaxis is not covered by the student’s health insurance or the community corporation, the College will cover the cost.

It is the student's responsibility to obtain post-exposure follow-up (per the attached guidelines for HIV and HBV). The cost of such follow-up may be covered by the student's health insurance. If the student's health insurance does not cover the cost, the cost must be covered by the individual student.

Policy Regarding Student Who May be Infectious for HIV/HBV

In concert with the existing CHM policy on communicable diseases, students who are HIV or HBV positive have a professional responsibility to report their status to their community assistant dean and/or associate dean.

When the college is informed that a student is HIV or HBV positive, the student will meet with an established expert panel composed of CHM faculty with expertise in HIV or HBV infections. The panel will determine issues related to confidentiality and the recommended levels of participation of that student within the clinical settings of CHM programs. Recommendations will be given to the dean who will make the final decision. When appropriate, the panel will serve as an advocate group for HIV or HBV positive CHM students training in CHM participating hospitals and clinics.

According to the Center for Disease Control (CDC) guidelines, health care workers (HCW) who are infected with HIV should not perform exposure-prone procedures unless they have sought counsel from an expert review panel and been advised under what circumstances, if any, they may continue to perform these procedures. Such circumstances would include notifying prospective patients of the HCW's seropositivity before they undergo exposure-prone invasive procedures. **

CHM students, whose educational experience is modified because of their HIV or HBV infection status should, whenever possible, be provided opportunities to continue appropriate patient-care activities. Career counseling will be available to promote the continued use of the student's talents, knowledge, and skills.
An invasive procedure is defined as "surgical entry into tissues, cavities, or organs or repair of major traumatic injuries" associated with any of the following: (1) an operating or delivery room, emergency department, or outpatient setting, including physician's offices; (2) cardiac catheterization and angiographic procedures; (3) a vaginal or cesarean delivery or other invasive obstetric procedure during which bleeding may occur; or (4) the manipulations, cutting, or removal of any organ or perioral tissues.

**Hepatitis B Virus Post-Exposure Management**

A student who has previously received HBV vaccine and has been exposed to an HBsAg-positive source, should be tested for antibody to hepatitis B surface antigen (anti-HBs), and given one dose of vaccine and one dose of HBIG if the antibody level in the student's blood sample is inadequate (i.e., 10 SRU by RIA, negative by EIA).

A student, who has NOT previously been given hepatitis B vaccine and has been exposed to a source found to be positive for HBsAg, should receive the vaccine series. A single dose of hepatitis B immune globulin (HBIG) is also recommended, if this can be given within 7 days of exposure.

If the source individual is negative for HBsAg and the student has not been vaccinated, this opportunity should be taken to provide hepatitis B vaccination.

If the source individual refuses testing or s/he cannot be identified, unvaccinated students should receive the hepatitis B vaccine series.

HBIG administration should be considered on an individual basis when the source individual is known or suspected to be at high risk of HBV infection. Management and treatment, if any, of previously vaccinated students who receive an exposure from a source who refuses testing or is not identifiable should be individualized.

**HIV Post-Exposure Management**

This is a rapidly evolving area with many uncertainties. Students are referred to the *CDC Morbidity and Mortality Weekly Report (MMWR)* of June 29, 2001, Vol. 50, No. RR-11. The most important immediate management steps include:

- Washing wounds and skin sites with soap and water; mucous membranes should be flushed with water.
- Assessment of infection risk
- Evaluation and testing of an exposure source
- Clinical evaluation and baseline testing
- Consideration of post-exposure prophylaxis with anti-retroviral therapy

**Timing of PEP initiation**

PEP should be initiated as soon as possible but **definitely** within 36 hours of exposure.
D. PROFESSIONALISM

Policies Related to Professional Conduct

Michigan State University and the College of Human Medicine have specific policies related to professional conduct. Violation of these policies may result in disciplinary action on the part of the University or the College, and may jeopardize the potential to graduate from medical school and/or obtain a medical license.

Sexual Harassment Policy

Sexual harassment in the College of Human Medicine, Michigan State University is considered intolerable behavior. It is a violation of federal law; a violation of trust; a violation of ethical standards. Sexual harassment is a behavior; it is defined as unwelcome (unwanted, uninvited) behavior of a sexual nature including unwanted touching, fondling or hugging; or behavior which has the purpose or effect of unreasonably interfering with an individual's work performance or which creates an intimidating, hostile or offensive work environment; or direct or implied threat that submission to sexual advances is a condition for education or educational rewards (i.e., grades). Please refer to the MSU Sexual Harassment Policy (http://www.hr.msu.edu/documents/uwidepolproc/sexharass.htm) for additional specific information about what constitutes sexual harassment, how to make a complaint about sexual harassment and other relevant information.

Any CHM student who feels that s/he has been subjected to sexual harassment is strongly encouraged to advise the community administrator or assistant dean so that the matter can be investigated and appropriate action taken.

The Dean of the College of Human Medicine is committed to the goal of creating a work environment in which students, faculty and staff can be communicative, supportive and sensitive to each other.

Conflict of Interest in Educational Responsibilities Resulting from Consensual Amorous or Sexual Relationships

An amorous or sexual relationship between a student and faculty member, resident, or another University employee who has educational responsibility for that student may impair or undermine the ongoing trust needed for effective teaching, learning and professional development. Because of the faculty member, graduate assistant or other employee’s authority or power over the student, inherently conflicting interests and perceptions of unfair advantage arise when a faculty member, graduate teaching assistant or other employee assumes or maintains educational responsibility for a student with whom the faculty member, graduate teaching assistant or other employee has engaged in amorous or sexual relations.

It is, therefore, the policy of Michigan State University that each faculty member, graduate teaching assistant and other University employee who has educational responsibilities for students shall not assume or maintain educational responsibility for a student with whom the faculty member, graduate teaching assistant or other employee has engaged in amorous or sexual relations, even if such relations were consensual. Whether such amorous or sexual relationships predate the assumption of educational responsibility for the student, or arise out of the educational relationship, the faculty member, graduate teaching assistant or other employee shall immediately disclose the amorous or sexual relationship to the relevant unit administrator, who shall promptly arrange other oversight for the student.
In unusual circumstances, the achievement of the affected student’s academic requirements may necessitate continued oversight of the affected student by the faculty member, graduate teaching assistant or other University employee who has engaged in amorous or sexual relations with that student. In such circumstances the unit administrator shall, therefore, have authority, after consulting the affected student, to permit the continued oversight of the affected student by the faculty member, graduate teaching assistant or other University employee, provided that the faculty member, graduate teaching assistant or other University employee shall not grade or otherwise evaluate, or participate in the grading or other evaluation of, the work of the affected student, and that the alternative arrangements for grading or evaluating the affected student’s work treat the student comparably to other students.

**Discrimination**

Since its inception, the College of Human Medicine has been committed to admitting a heterogeneous class of students. We are proud of the diversity and plurality which we have achieved during the history of the College. The College will not tolerate discriminatory behavior and remarks, whether overt or covert. Any student who has been subjected, or feels that s/he has been subjected to discriminatory behavior should immediately advise the community administrator or assistant dean so that the matter can be investigated and appropriate action taken to stop such behavior.

**Values Conflict**

Occasionally, clinical students may be exposed to topics that are uncomfortable for the student or are in conflict with the student’s values. Examples of such topics might include abortion, euthanasia, homosexuality, family violence. Students in the College of Human Medicine are expected to fully participate in such discussions, to explore these topics from more than one perspective, and to be able to articulate various points of view. If the student wishes to espouse a point of view different from the one being expressed, it is expected that this will be done in a thoughtful and respectful manner. In return, students should expect to have their points of view listened to in a thoughtful and respectful manner. Coming to understand diversity of thought and experience on a variety of health-related topics is part of the medical student experience.

Functioning appropriately in a culturally diverse world is a professional responsibility of the physician. Therefore, it is expected that CHM clinical students will participate fully in all required experiences, despite the occasional values conflict that such participation might create. Failure to do so will be considered to be unprofessional behavior.

**Behavior Outside of Medical School**

The administration of the College has a responsibility not only to its students, but also to the profession of medicine, your future patients, and society as a whole. The profession of medicine has been granted special privileges that include public trust and an expectation that we will regulate ourselves. In turn, the behavior of professionals is subject to increased scrutiny that is uncommon among non-professionals. As such, there are a number of circumstances and principles that a student in a professional school must follow.

**Public Postings on the Internet**

There are a number of sites on the internet commonly used to post personal information, photographs, stories, poems, jokes, and other content. While these are often entertaining, the content can sometimes be embarrassing or offensive if it is viewed by someone who may not be welcome at the site. This is especially true for postings on YouTube and any other site to which the public has unrestricted access. Posting unprofessional content that identifies CHM on such a site is strictly prohibited. Violation of this principle may result in serious consequences for the student. Be aware that the internet is intermittently monitored by administrators for such activity. Also be forewarned that future employers (i.e. residency
directors, hospital administrators) are becoming increasingly savvy at indexing internet postings of their applicants. Some students have been eliminated from consideration of a residency position based on unprofessional content posted on internet websites.

Non-Clinical Activities While Identified as a CHM Student

Once entering a professional school and ultimately, a profession such as medicine, a person’s behavior is monitored by the public as never before. It is not uncommon to encounter people who will recognize you as a medical student or physician because you have been involved in their care in the past. In addition, as a demonstration of pride, students often wear clothing that identifies them as a CHM student, or display a sticker on a car that does so. Because of this, it is important for students to carefully monitor their public behavior so that it reflects the professional identity that you desire.

Professional Behavior & Academic Honesty

Academic Honesty at Michigan State University

All members of the University community must first and foremost act in accordance with principles of academic honesty. All student groups at Michigan State University are governed by such principles, and medical students are no exception.

Michigan State University policies on the integrity of scholarship and grades are documented in the following: 1) All University Policy on Integrity of Scholarship and Grades, 2) General Student Regulation 1.00 Protection of Scholarship and Grades, 3) MSU Ordinance 17 on Examinations, and 4) Academic Freedom for Students at Michigan State University. These documents can be found on the MSU Ombudsman’s web site: https://www.msu.edu/unit/ombud/academic-integrity/index.html.

The College of Human Medicine supports these policies, as well as the additional policies and procedures described in the Medical Students’ Rights and Responsibilities (MSRR) document, which can be found on the CHM web site at: http://www.humanmedicine.msu.edu/current/documents/MEDICALSTUDENTRIGHTSANDRESPONSIBILITIES.pdf

Additionally, the College holds students responsible for exemplary professional behavior as described in the Student Oath and the Principles of Professional Behavior.

Student Responsibilities

Students are responsible for their own behaviors and are expected to maintain stated standards of academic honesty. Students share the responsibility with the faculty for maintaining an environment that supports academic honesty and scholarship and discourages cheating and other unprofessional behaviors. Therefore, students are expected to:

1. Demonstrate appropriate professional behavior in all clinical and academic settings, including appropriate dress, punctuality (including handing in written assignments on time), respect, courtesy and helpfulness toward patients, preceptors, teachers, staff and classmates.
2. Develop personal practices that prevent suspicion of academic dishonesty such as avoiding sitting near friends in exams or avoiding wandering eyes.
3. Report instances of academic dishonesty and unprofessional behavior to appropriate faculty and administrators.
4. Name individuals involved in academic dishonesty and unprofessional behavior. This is an important responsibility of students. Faculty and administrators are unable to take appropriate action unless students are willing to take the initiative to report unprofessional behavior and to name the individuals involved. This is a first but necessary step in becoming a professional and learning to monitor one's peers.

5. Participate as a witness at judicial hearings in alleged cases of academic dishonesty and unprofessional behavior.

6. Avoid generating accusations of academic dishonesty and unprofessional behavior that cannot be substantiated.

Instances of academic dishonesty during clerkships and other Block III courses will have academic consequences and may also be handled as a disciplinary matter, depending on the circumstances and severity. The disciplinary process is outlined in the MSRR document, under Disciplinary Hearings.

Faculty and Administrator Responsibilities

Faculty are responsible for creating an environment that discourages cheating and other unprofessional behaviors, confronts suspected violators and insures fair treatment of all students. The College and University administrators also share the responsibility for developing an environment that discourages academic dishonesty. Accordingly, administrators are expected to:

1. Respond in a timely fashion to follow-up accusations of academic dishonesty.
2. Implement Departmental, College and University procedures to investigate accusations of student unprofessional behavior and academic dishonesty (See MSRR document).
3. Give due acknowledgement for work contributed on research projects.
4. Hear appeals and render a judgment.
5. Notify Provost and Ombudsman of decisions.

Unprofessional Behavior and Academic Dishonesty

Following is a list of behaviors that are considered academically dishonest or unprofessional in the CHM clinical program. The list is not exhaustive, but contains examples of the most obvious and egregious instances of unprofessional behavior and academic dishonesty.

1. Behavior which diminishes or threatens patient safety and welfare.
2. Falsifying clinical records (e.g., noting that a physical exam had been performed when it had not been performed).
3. Fabrication of written records (e.g., “making up” data on clerkship written records).
4. Unexcused absences in clinics, hospitals and other clerkship obligations.
5. Falsifying reasons for excused absences from clerkships or examinations.
6. Presenting or publishing data (including electronically) from a collaborative research project without the principal investigator’s permission.
7. Plagiarism, defined as representing as one’s own, the ideas, writings, or other intellectual properties of others, including other students.
8. Treating faculty, peers, nurses, other health care professionals, staff of academic centers and other institutions with lack of respect and courtesy.
9. Taking an examination for someone else or preparing and submitting an assignment for someone else.

10. Receiving, retaining, and/or using materials obtained in a manner that is defined as academically dishonest.

11. Failing to report observed instances of academic dishonesty or other unprofessional behavior.

12. Removing or acquiring an examination during preparation, typing, duplication, storage or after administration including licensing examination.

13. Continuing to answer test items beyond the prescribed exam time line.

14. Leaving the examination room without permission.

15. Taking examinations at times other than the one to which you have been assigned in order to obtain more preparation time.

16. Collaboration on assignments when expressly prohibited in the course or clerkship handbook.

17. Bribing University faculty or staff to improve scores or grades in any way.

18. Copying answers from another student’s examination.

19. Taking a scribe sheet or other form of prepared answers or notes into an exam.

20. Having someone take an examination or prepare an assignment in one’s stead.

21. Systematically memorizing questions from secured exams and collating them for personal use or use of fellow students.

22. Using signals or otherwise communicating during examinations to share answers with other students.

Understanding Professional Behavior

Medical students’ responsibilities for conduct go far beyond matters of academic honesty. Students are joining a professional community, and an important goal of medical education is to promote the development of professional integrity and professional virtues. In a pluralistic society there will be a variety of different conceptions of what it means to live a good life and to be a good person. While there will be important common elements – few will view serious acts such as killing, stealing, or lying as examples of “good” behavior – there will also be some important differences. It would therefore be inappropriate for a professional school to claim to either judge or teach what it means to be a person of integrity or a virtuous person.

On the other hand, it may be possible through inquiry to agree upon a core set of values that define medicine as a moral (as well as a scientific and technical) enterprise. These are values that all properly trained physicians ought to share in order to properly carry out medicine’s particular mission. If we can agree on this moral core of medicine, we can then judge whether a physician accepts those values and is trying to shape his/her attitudes and behavior to conform to them. We can also identify certain personal qualities or practices which seem to go hand in hand with these values, and we can judge the relative excellence of a physician in developing those qualities and incorporating them into his/her everyday behaviors. That means we can both teach and evaluate what it means to possess virtue or integrity as a physician, even if what it means to possess them as a person is beyond our scope. However, medical evaluation can provide the student with opportunities to reflect upon the relationship between one’s personal values and one’s evolving professional values.
Core Professional Values

One ought to be able to determine the core professional values of medical practice by carefully analyzing what sort of activity medicine is. To be a physician of integrity requires, first, that one adhere to the proper goals of medical practice; and second, that one use skilled and appropriate means to pursue those goals.

The proper goals of medical practice are:
1. Healing and ameliorating illness and its consequences
2. Promoting health
3. When 1 and 2 are no longer possible, assisting patients in achieving a comfortable and dignified death

The ethically appropriate means to pursue those goals include:
1. Competent practice in a technical sense
2. Inflicting harm only when necessary and proportional to a sought-after benefit
3. Honest portrayal of medical knowledge
4. Fidelity to the interests of one’s patients

Taking one extreme example, engaging in sexual relationships with patients violates almost everything on this list. It pursues no legitimate medical goal. It elevates the physician’s selfish interests over any concern for the patient’s long-term interests. It fraudulently portrays medical knowledge if it gives the impression that sex can be a part of therapeutic practice. If the physician truly thinks that it could be therapeutic, that physician is technically incompetent.

The Virtuous Student Physician

The Virtuous Student Physician: A System of Professional Development for Students in the College of Human Medicine is described in the Virtuous Student Physician document (see Addendum E).

Evaluation of Professionalism for CHM Students

The CHM faculty is committed to help in the development of professional behaviors in its student body. There will be experiences held at intervals throughout the 4-year curriculum to assist students in understanding appropriate professional behaviors, built around the six virtues outlined by the CHM faculty and student body. These will occur as part of the formal and the informal curriculum. The six virtues have been incorporated into the student evaluation forms used in all three Blocks of the Curriculum. Expectations for students for demonstrating appropriate levels of professionalism have been incorporated into some courses in the preclinical curriculum, and all required clerkships in the clinical curriculum. Students will be given feedback about certain behaviors and it is expected that such behaviors will not be repeated.

Patterns of unprofessional behavior in a single course/clerkship will become an academic matter. This means that professionalism will be reflected in the student’s final grade for the course or clerkship, may be included in narrative comments in Final Clerkship Evaluations by course/clerkship faculty, and will be commented upon in the Medical Student Performance Evaluation.
It is possible that a student could be put on academic review or probation, be suspended or be dismissed due to earning non-passing grades based solely on professionalism issues. In such instances, as with all academic matters, the student could make appeal to the Student Performance Committee for reinstatement. In the event that probation was triggered by similar circumstances, the student would be notified of the academic probation, with appropriate corrective action outlined.

**Disciplinary Action**

In some instances, student behavior will be so egregious that any single instance will be handled by the disciplinary, not the academic process. Examples of such behavior include instances of academic dishonesty, behaviors which compromise the safety or endanger the welfare of a patient, and instances of threats of harm to patients, patient families, other students, faculty or staff, or violations of University-wide policies or violations of the criminal code of Michigan. In the case of such instances the process followed will be that outlined in the MSRR document, under Disciplinary Hearings. This is the same process used for Student Grievances (see Section VII), although when it is a matter of behavior the hearing is called a Disciplinary Hearing not a Grievance Hearing.

In rare instances there will have been repeated instances of unprofessional conduct, no single one of which gets reflected in the student’s grade. Nevertheless, if such a pattern of unprofessional conduct is deemed to exist, a Disciplinary Hearing can be convened.

All allegations of unprofessional behavior conduct will be followed up with fact-finding by the responsible CHM administrator. If the fact-finding suggests there has been a violation of conduct expectations, a formal Hearing Body shall be convened to review all the data from every source, including the student in question. The process outlined in the Medical Student Rights and Responsibilities document will be followed. The Hearing Body will recommend to the Dean their findings and recommendations.

The Medical Student Rights and Responsibilities document identifies (see section 5.7) five sanctions that the Hearing Body will consider: a) warning; b) probation; c) suspension; d) dismissal; and e) other.

If the fact-finding results in the student admitting guilt, and if the behavior is a first instance of unprofessional conduct, and if the situation is not an ‘urgent’ one (as defined by the MSRR), the student has the option to request waiver of a formal hearing. In such an instance, the Chief Academic Officer, or his/her designate, will determine and implement an appropriate sanction. If the student does not agree with the sanction, a formal hearing will be called. In such an instance a formal record of the situation will be constructed by the Chief Academic Officer, and entered into the student’s file as an official instance of unprofessional conduct. If there is any repeat instance of unprofessional behavior (similar to or different from the initial instance), a formal hearing will be called. If there is any dispute about facts or if the student does not agree to waiver, a formal hearing will be called.

**Disciplinary Procedures Relating to Academic Dishonesty and Other Professional Misconduct**

**Responsibility**

For one to enter the practice of medicine requires the acceptance of a major responsibility for his/her professional colleagues and their patients. This responsibility extends into the student/resident years as well.

If a student demonstrates a behavior that does not conform to the expectations defined in this section and the Student Oath, students, faculty and staff alike not only must become concerned, but also recognize the responsibility to become involved with the intent of helping the person whose behavior
is seen as inappropriate. This clearly is the responsibility not only of fellow students, but also of faculty, staff and the administration.

**Procedure for expressing one's concern is as follows:**

- Identify the specific incident(s) in as much detail as possible.
- Express these details directly to the Associate Dean for Academic Affairs or the Community Assistant Dean.

Once the concerns have been expressed, the Associate or Assistant Dean will carry out a detailed assessment by interviewing all concerned parties and gathering all available data. This will be performed judiciously and without identifying the identity of any individuals to others who may be involved. This review will be completed as quickly as possible.

**Formal Hearing**

If the fact-finding suggests there has been a violation of conduct expectations, a formal hearing body shall be convened to review all the data from every source, including the student in question. The process outlined in the Medical Student Rights and Responsibilities document will be followed. The hearing body will recommend to the Dean their findings and recommendations. The identity of those raising the original concern will be revealed at this level.

The Medical Student Rights and Responsibilities document identifies five sanctions (see section 5.7):

1. Warning
2. Probation
3. Suspension
4. Dismissal
5. Other

**Policy Regarding Illegal Activity and Use of Alcohol and Drugs**

The College of Human Medicine is committed to preparing competent, compassionate and professional physicians and therefore, is committed to ensuring that after graduation students can eventually be licensed to practice. The college must also be able to certify that its graduates meet an acceptable level of professional behavior. The behavior of a medical student within and outside of the classroom has the potential to affect that student’s ability to secure a license to practice.

Legal infractions, including those involving alcohol and/or drugs, must be disclosed in applying for both licensure and for privileges to practice within a specific health care setting.

Any student who is charged with any offense related to 1) violence directed towards a person or persons, 2) destruction of property or 3) alcohol and/or drugs must report such charges to the Associate Dean for Student Affairs, Diversity and Outreach, or their respective Community Assistant Dean within 7 days or sooner if the student is scheduled for any patient contact or if academic responsibilities will be disrupted. Students charged with these offenses must report them prior to reporting for any clinical activity during either the preclinical or clinical curriculum. In addition, if a court appearance or other legal action prevents attendance at a required academic or clinical experience, the student must notify the appropriate administrator prior to the missed experience.
Violence and/or Destruction of Property Charges during Medical School

1. Preclinical Students are required to report within the required time frame any violence or destruction of property charges to the Associate Dean for Student Affairs, Diversity and Outreach who will notify the Assistant Dean of Preclinical Curriculum or Director of Preclinical Curriculum. The student must request to meet with the Associate Dean for Student Affairs, Diversity and Outreach or her/his designee.

2. Clinical Students are required to report within the required time frame any violence or destruction of property charges to the Community Assistant Dean who will notify the Associate Dean for Student Affairs, Diversity and Outreach and other appropriate support personnel. The student will request a meeting with the Community Assistant Dean or his/her designee.

3. Once the legal proceedings have been concluded, the student will submit a letter to the Associate Dean for Student Affairs, Diversity and Outreach, the Community Assistant Dean (if a clinical student) and the Senior Associate Dean for Academic Affairs outlining the chronology of events associated with the legal charge and the outcome of the legal proceedings including details of any court-ordered actions and concluding with personal reflection on the incident. This correspondence must include any copies of court-related documents.

4. The student will meet with the Senior Associate Dean for Academic Affairs who will determine any final action that is deemed appropriate and generate a summary report/statement and recommendations.

5. If the student has demonstrated other lapses in professional behavior, the situation will be managed as outlined in the Medical Student Rights and Responsibilities (MSRR), and a notation will be placed in the student file.

6. Failure of the student to adhere to this policy will be considered an egregious violation of professional behavior and treated by the College as such, with full implementation of procedures outlined in the Block Handbooks and the MSRR. Notation of this breach will be placed in the student file.

Alcohol or Drug Related Charges and Alcohol or Drug Use During the Clinical Curriculum

1. Students are required to report within the required time frame any alcohol or drug related charge to their Community Assistant Dean. This report must occur prior to any subsequent patient contact. The Community Assistant Dean will notify the Associate Dean for Student Affairs, Diversity and Outreach and the Director of Counseling and Wellness and other appropriate support personnel. The student must request a meeting with the Community Assistant Dean or his/her designee.

2. Any student in a clinical setting suspected of being under the influence of alcohol or other substances will be asked to leave the clinical setting immediately and report to the Community Assistant Dean.

3. Any student charged with an alcohol or drug related offense and any student suspected of being under the influence of alcohol or other substances will be directed to undergo a substance abuse assessment. The summary and recommendations from that assessment are to be released to the Community Assistant Dean and the Associate Dean for Student Affairs, Diversity and Outreach. The student will be responsible for the cost of this assessment.

   a. Should further alcohol or substance treatment be recommended, the student will be referred for appropriate treatment and monitoring.
i. A monitoring contract will be established that may include the following: unannounced drug screening, participation in ongoing individual and/or group substance and alcohol abuse treatment.

ii. The monitoring contract will remain in effect until the student graduates from the College of Human Medicine. Monthly reports of the student’s compliance with the monitoring contract will be forwarded to the Associate Dean for Student Affairs, Diversity and Outreach and the Community Assistant Dean.

iii. At any time failure to comply in full with the monitoring contract will be considered an egregious violation of professional behavior and treated by the College as such, with full implementation of procedures outlined in the MSSR. Notation of this breach will be placed in the student file.

b. Should no alcohol or substance related treatment have been recommended, the Community Assistant Dean in consultation with the Senior Associate Dean for Academic Affairs and the Associate Dean for Student Affairs, Diversity and Outreach and the Professional Advisory Board will have the discretion to require a follow up plan.

4. **Once the legal proceedings have been concluded**, the student will submit a letter to the Community Assistant Dean outlining the chronology of events associated with the legal charge and the outcome of the legal proceedings including details of any court-ordered actions and concluding with *personal reflection* on the incident. This correspondence must include copies of court-related documents and the substance abuse assessment.

5. The student will forward a copy of this letter and any supporting documentation including the results of the alcohol and substance abuse assessment and any court related documents to the Associate Dean for Student Affairs, Diversity and Outreach and the Senior Associate Dean for Academic Affairs.

6. The student will meet with the Senior Associate Dean for Academic Affairs, who will determine any final action that is deemed appropriate and generate a summary report/statement and recommendations.

7. If the student has shown other lapses in professional behavior, the situation will be managed as outlined in the Medical Student Rights and Responsibilities (MSRR), and a notation will be placed in the student file.

8. Failure of the student to adhere to this policy will be considered an egregious violation of professional behavior and treated by the College as such, with full implementation of procedures outlined in the Block Handbooks and the MSRR. Notation of this breach will be placed in the student file.

**Background Checks**

Periodically, during the course of medical training, students can expect to undergo formal background checks. These reports will include misdemeanors and felonies related to alcohol, drugs and related substances as well as any other felonies.

If instances that occurred prior to entering medical school appear on background reports at the time of entry into the clinical curriculum, that student will be required to meet with the Community Assistant Dean in his/her community and may be required to undergo a substance abuse evaluation or other relevant evaluation. Any student aware that he or she has such an instance in his/her background is strongly encouraged to voluntarily disclose this information to the Community Assistant Dean and/or the Associate Dean for Student Affairs, Diversity and Outreach.
If a periodic background check reveals instances of illegal activity and/or charges related to alcohol or drugs that have occurred since matriculation into medical school and have not previously been reported to the Associate Dean for Student Affairs, Diversity and Outreach, this failure to disclose will be considered a breach of professionalism and further action may be taken.

E. BLOCK III STUDENT AFFAIRS

Student Health Insurance Coverage

The College of Human Medicine requires every medical student to have health insurance coverage that includes mental health. All students will be automatically enrolled in the MSU student health insurance program, with the cost divided in half and added to their fall and spring semester tuition bill. If a student has other health insurance coverage that meets the MSU requirements, a waiver form must be submitted and s/he will not be enrolled in the MSU student health insurance program. Information on the MSU student health insurance, which will include a waiver form, will be sent directly to every medical student from the MSU Benefits Office. The waiver form must be returned to the MSU Benefits Office, 1407 South Harrison Road, Room 140, Nisbet Building, East Lansing, MI 48824-1229. You may access the waiver on the web at www.hr.msu.edu. Click on benefits. Under student information, click on health coverage and you will see the waiver request form toward the bottom of the screen. To check your current insurance status, click on student information lookup.

Immunization Tracking Procedures

Immunization and occupational exposure and education records are housed in the MSU University Physician’s Office, 341 Olin Health Center, 517-353-9101.

Students will receive an immunization status summary report detailing immunizations received, as well as a letter from the University Physician’s Office indicating whether the student has met Center for Disease Control (CDC) guidelines and noting any exceptions to the guidelines. Some Community Assistant Dean’s offices will request a copy of the student status summary report, to satisfy local hospital reporting requirements. In these cases, the student must sign a release form and give a copy of the summary report to the campus office.

Some communities may have additional immunization requirements beyond what the University requires. The community will track compliance of these additional requirements.

If a student has a deficiency in the immunization requirements of the College or the campus to which he or she is assigned, it is the student’s responsibility to update his or her immunization status and mail corresponding documents to the University Physician’s Office, Attn: Paula Guss, R.N., 348 Olin Health Center, Michigan State University, East Lansing, Michigan 48824. The University Physician’s office will then update the student’s immunization records and send an updated immunization status summary report and letter to the student. Ms. Guss will also send a copy of the updated letter to the community assistant dean’s office at that time.

If the student needs an additional or updated copy of their immunization status report for away electives, the student can go to www.hcpimmunize.msu.edu to access and print their immunization record.
Parking at Life Sciences, Clinical Center and Radiology Building

There may be times during Block III when you will need to visit one of the offices at the Life Sciences building, the Clinical Center, or the Radiology Building. Please note that you are to park in Lot 100 on Service Road just east of the Radiology Building. **Students will be charged as they exit the parking lot.** If you park in any other area, you run the risk of being ticketed and you will be responsible for paying the fine.

Financial Aid

Michigan State University's Office of Financial Aid (OFA) is responsible for the administration of all scholarship, grant, and loan programs available for medical students in CHM. Your community administrator works closely with the staff in financial aid to assist the medical students from their community campus.

Sending Materials to the Office of Financial Aid

Materials should be addressed to the attention of Diane Batten, Judi Marks or Christy Cotton, and mailed to the Office of Financial Aid, Room 252 Student Services, East Lansing, MI 48824 or faxed to their attention at (517) 432-1155. Make sure to include your name and student PID on your documents. As mailed is opened in the general mailroom it is possible that materials can be distributed to the wrong individual; therefore, keep copies for your records.

Contacting Financial Aid

The Financial Aid Office phone number is (517) 353-5940. You should identify yourself as a medical student when calling, so you will be routed to one of the medical advisory staff. The Secchia Center phone number is (616) 234-2620.

The email address for the medical advisors are listed below:

**Diane Batten** batten@msu.edu
**Judi Marks** marksjud@msu.edu
**Christy Cotton** cottone4@msu.edu

Visiting Financial Aid

For in person questions and/or individualized financial counseling you can visit:
- 252 Student Services Building
- 380 Secchia Center
- Or the medical satellite office at C-18B East Fee Hall (open Mon & Thurs, noon to 4 PM)

If you need to go to one of these offices, make an appointment. By doing this, the Office of Financial Aid will be expecting you.

Financial Aid Deadlines

Financial aid is awarded on a first-come first-served basis. Complete your FAFSA as soon possible after January 1 as you can.

Also, be sure to take action regarding your on-line billing statement each semester even if the amount due from the student is zero (students must confirm attendance for the semester) in order to hold your registration and avoid late charges.
MSU registration bill
You will receive your registration bill via email approximately 3-4 weeks before the beginning of the semester. Any financial aid that is “ready” when the bill is processed will appear on the bill either as actual aid or a temporary credit and reduce the amount you owe.

If you do not pay at least the “Minimum Amount Due” (MAD) by the bill due date and confirm attendance, your classes will be dropped.

- Your MAD may be higher than anticipated if you have not taken appropriate action regarding your student loans. Go to eFinaid, Step 5 to take action.
- You must also confirm attendance even if the MAD is zero.

Refunds of excess financial aid
When your disbursed financial aid and other payments (not including temporary aid) exceed your MSU charges, you are entitled to a refund of the excess amount.

Refund disbursement date
Refunds are distributed by the Student Accounts division of the Controller’s Office beginning ten days prior to the official start date of the semester (or ten days prior to YOUR first class day if after the beginning of the semester date). See the MSU academic calendar or the Schedule of Classes to look up the first day of class.

For example:

- **Refunds at the beginning of a semester**
  If you have a class that begins on Jan 7 (estimated official start date for spring) or before, your refund will be disbursed on 12/27 and you can expect your refund via direct deposit or mail approximately 4-5 days later.

- **Refunds after the start of a semester**
  If none of your classes for spring begin until Jan 30th, your refund will be disbursed on Jan 19th and you can expect your refund via direct deposit or mail approximately 7-10 days later since refunds are done on a weekly schedule as determined by Student Accounts.

Minimum enrollment level required for aid disbursement
- Stafford, Grad PLUS – 6 credits
- LDS, PCL – 12 credits required
- Grant/Scholarships – Varies dependent on award (double check with OFA). 12 credits required for Armed Forces and NHSC

Enrollment level required for in-school loan deferment status
Typically no payment is required on student loans until 6 months after a student ceases to be enrolled on at least a half-time (6 credits) basis. If a student is below half-time for more than 6 months they should contact their loan servicer(s) to make arrangements for repayment or forbearance (temporary postponement of repayment).

Changes in enrollment
You may be billed for a portion or all of your financial aid if you drop credit hours or are not at the minimum credit level required for aid eligibility. If you will be attending as a part-time student or if you're considering dropping a class, it is important to discuss it with an OFA staff member first.
Adjustments to aid
If changes must be made to your financial aid package, it is sometimes necessary to bill you back for aid already disbursed. All financial aid and educational resources must fit within your budget. If we become aware of additional financial aid or other resources, this over award must be eliminated by reducing or cancelling other aid.

Cost of Attendance Increase for Away Electives/Designated Clinical Rotations
Medical students may request a cost of attendance increase for expenses related to departmental approved “away electives/designated clinical rotations” (see information at [www.finaid.msu.edu/med/medbudinc.asp](http://www.finaid.msu.edu/med/medbudinc.asp)). Approved budget increases will typically be covered by federal Unsubsidized Stafford Loan eligibility and then a federal Graduate PLUS loan, which is dependent on creditworthiness.

In order for the Office of Financial Aid (OFA) to process such a request the student needs to submit a letter from his/her department indicating the nature of the student’s program of study and that this study will contribute to granting of the student’s degree program. The student must also document actual cost for any additional transportation or housing related to the cost of the attendance increase.

Short Term Loans
Through the Office of Financial Aid, MSU provides funds for low interest (7% per year) Short Term Loans (STL). A STL up to $1700 is usually granted to a medical student who is registered for the current semester and who can demonstrate the ability to repay within 60 days.

For fastest service apply for a STL on the web in StuInfo. If you meet the criteria you will be instantly approved and you may pick up the loan the same business day, or if you prefer, you may sign your loan promissory note electronically and have your funds direct deposited into your bank account. If you are not approved online you may complete a paper application at the Office of Financial Aid.

**Alpha Omega Alpha**

In 1987 the College of Human Medicine was granted authority to establish a chapter of the National Medical Honorary, Alpha Omega Alpha.

To quote from a publication of the society: “Alpha Omega Alpha is the only national honor medical society in the world. Its raison d’etre can be expressed in a phrase: to recognize and perpetuate excellence in the medical profession. As stated in the society’s constitution, "Alpha Omega Alpha is organized for educational purposes exclusively and not for profit, and its aims shall be the promotion of scholarship and research in medical schools, the encouragement of high standards of character and conduct among medical students and graduates, and the recognition of high attainment in medical science, practice and related fields."

AOA is a national society that is governed by the national body. All chapters must follow national guidelines regarding selection for membership. Specifically, the AOA constitution limits membership to those students who are defined by their institution as being in the top 25% of their respective graduating classes. Further, no more than one-sixth of the projected graduating class can be elected to membership.

With these base standards in mind, the Gamma Chapter of AOA has established the following general criteria for the identification of candidates and the election of members to AOA. Specifically, a candidate for election to AOA must:

1. Demonstrate a superior record of academic performance, with a minimum of 3 Honors designations in clerkships
2. Display evidence of scholarship beyond that normally expected in meeting degree requirements, and/or
3. Display evidence of institutional and/or community leadership and/or service consistent with the goals and values of the College.

Since CHM does not offer an Honors marking system during Block I and II, assessments of academic performance are limited to Block III in which Honors criteria & markers have been established.

With regard to the selection procedure to be employed, the committee has asked each Community Assistant Dean to submit nominations of students who meet the criteria.

**F. BLOCK III STUDENT RECORDS**

**Access, Management, and Retention of Student Records**

Careful maintenance of student academic files is required to insure an accurate record of the student’s academic progress and ultimately, completion of all degree requirements. Additionally, more detailed records can assist administrators and committees such as the CHM Student Performance Committee, AOA, etc., in discharging their responsibilities.

**What Constitutes the Student’s Academic Record?**

“If the records involve or affect the status of the individual as a student in the University, the records are official and the student shall have access to them.” (University Guidelines Governing Privacy and Release of Student Records) Those records held by the CHM Office of Student Affairs regarding non-academic matters are NOT part of the academic record and are governed by the Ethical Standards of the American Personnel and Guidance Association.

As defined by the University, the following are considered to be confidential information:

a. academic evaluations and grades,
b. counseling and advising records,
c. disciplinary records,
d. financial aid records,
e. letters of recommendation,
f. medical and psychological records,
g. police records,
h. transcripts and other academic records,
i. scores on tests required for new students,
j. billing and fee payment records.

The College of Human Medicine maintains multiple student files that contain information falling into categories above: the College (or Dean’s) file, Community file, and Pre-matriculation Program files. These are all considered to be “official records, files, and data” and are subject to the University’s guidelines on disclosure of confidential information. Confidentiality is maintained on all files. Access is granted to staff and administrators only on a NEED TO KNOW basis. Faculty members do not have access to these files except in their roles on College committees such as the Student Performance Committee when selected information from the student file is reviewed.
Contents of MSU-CHM Student Files

A. The Permanent College File for each student is housed in the CHM Office of Student Affairs and Services and contains the following documents:

1. AMCAS documents and MCAT reports
2. Name change documentation
3. Change in status letters and forms related to academic review, suspension pending dismissal, reinstatement, or dismissal
4. Leave of absence forms
5. Readmission forms
6. Loan deferment forms
7. Grade reports
8. College copy of all grade changes, course drops/adds, and other administrative actions
9. Letters of commendation
10. Waiver and remediation examination results
11. Preclinical small group preceptor evaluations (from courses such as Clinical Skills and Social Context of Clinical Decisions)
12. Final Clerkship Evaluations
13. Medical Student Performance Evaluation
14. Copies of correspondence from the Student Performance Committee and Subcommittee for Academic Review
15. Copies of any official action taken against the student by the College/University e.g., Professional Behavior Hearing Body
16. USMLE score reports
17. Letter of recommendation or verification of status requested while enrolled
18. Licensing forms
19. Documents related to accommodation for disabilities (at the student’s discretion)
20. Student Informed Consent for Educational Research form(s) +

B. The Block III Program File for each student is housed in the office of the CHM community campus to which the student is assigned and may contain:

1. Preclinical internal transcript
2. USMLE score reports
3. Grades
4. Final Clerkship Evaluations
5. Clinical Performance Evaluations (individual forms and CPE summary reports)
6. Notes/summaries from meetings with Community Assistant Dean, Community Administrator, or Community Clerkship Directors
7. Information and correspondence regarding professional behavior incidents/actions
8. Letters of Recommendation++
9. Correspondence from faculty
10. Correspondence from the College or College committees
11. Change in status letters and forms related to academic review, probation and dismissal notifications suspension pending dismissal, reinstatement or dismissal
12. Medical Student Performance Evaluation
13. Student certifications (e.g., BCLS and ACLS certifications, HIPAA training)

+ “Informed Consent to Participate in Educational Research and Evaluation” forms are kept in the student’s Permanent College file. A student’s original selection with regard to participating in educational research and evaluation remains in effect unless the student elects to submit a new form changing his or her selection. Students will be offered an annual opportunity to submit a new form changing their selection.
Letters of Recommendation written in support of a student’s residency application shall be submitted to the student’s assigned Community Assistant Dean’s office. If the student has waived the right to see these letters (via waiver form), the letters will remain confidential, separate from the Block III Program file, and not available for student review.

### Policies and Procedures for Access to Student Records

#### Access by Administrators and Staff

In all cases, access to student records is governed by the need to know. In general, it is expected that administrators and staff in each unit have access to student records held in that area for the purposes of performing their administrative and staff functions. Additionally, the Student Performance Committee, appropriate Community Assistant Deans, the Dean, Associate Deans, and Student Affairs administrators will have access to the files in the Academic Programs offices as needed to dispense their duties.

Under all circumstances, individuals with access to student record information will maintain the confidentiality of those records. Keeping information confidential means that careful attention must be given to security of files such that persons not authorized to see the file or parts therein cannot easily obtain or read file information. This applies to storage of files and storage of loose material that is in preparation for filing.

1. Staff who are responsible for the maintenance of files will have access to those files as needed to dispense their duties. These staff includes the following:

   For all records: The Dean and Senior Associate Dean for Academic Affairs and their designees
   For Block III records: Block III Community Administrators and their designees, Community Assistant Deans, Block III Director
   For College files: Registrar and their designees

2. Staff who need access to student files, but who are not responsible for their maintenance such as Academic Support specialists or Student Affairs administrators, may remove files from their storage cabinets but must insert an “OUT” card noting the date and their name.

3. Staff may not make copies of materials in student files for their own records.

#### Access by Students to Their Own Records

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

1. The right to inspect and review the student's education records within 45 days of the day the College receives a request for access. (See CHM Student Request to Review Academic Record form on page 46)

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

2. The right to request the amendment of the student's education records that the student believes are inaccurate or misleading.
Students may ask the College to amend a record that they believe is in accurate or misleading. They should write the College official responsible for the record, clearly identify the part of the record they want changed, and specify why it is inaccurate or misleading.

FERPA was not intended to provide a process to be used to question substantive judgments which are correctly recorded. The rights of challenge are not intended to allow students to contest, for example, a grade in a course because they felt a higher grade should have been assigned.

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

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

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

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

The College may disclose education records in certain other circumstances:

- to comply with a judicial order or a lawfully issued subpoena;
- to appropriate parties in a health or safety emergency;
- to officials of another school, upon request, in which a student seeks or intends to enroll;
- in connection with a student’s request for or receipt of financial aid, as necessary to determine the eligibility, amount, or conditions of the financial aid, or to enforce the terms and conditions of the aid;
- to certain officials of the U.S. Department of Education, the Comptroller General, to state and local educational authorities, in connection with certain state or federally supported education programs;
- to accrediting organizations to carry out their functions;
- to organizations conducting certain studies for or on behalf of the University;
- the results of an institutional disciplinary proceeding against the alleged perpetrator of a crime of violence may be released to the alleged victim of that crime with respect to that crime.

4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the University to comply with the requirements of FERPA. The name and address of the Office
that administers FERPA is: Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue, SW., Washington, DC, 20202-4605.

5. The University designates the following as public or “Directory Information”: The student’s name, level, curriculum, class, local address and telephone number, home address and telephone number. A student may restrict the release of directory information by notifying the University Registrar’s Office, 150 Administration Building. To restrict name and address information from the printed Student Directory, a student must contact the Registrar’s Office by the 8th day of Fall semester. Directory restriction forms are also available at www.reg.msu.edu/read/pdf/InformationRestriction.pdf. With the exception of directory information, all student records are confidential and release is restricted according to University policy printed in the Academic Programs section of the University catalog.

The Guidelines Governing Privacy and Release of Student Records provide that the University may, without the student’s written consent, disclose confidential information to officials of another school, school system, or institution of postsecondary education where the student seeks to enroll.

For purposes of compliance with FERPA, the University considers all students independent.

Access by Others

Faculty, other students, and relatives (parents, spouses, etc.) are third parties. Their access to confidential information is subject to the University’s guidelines on Disclosure of Confidential Information to Third Parties but in general, third parties may have access to student records only when granted permission by the student. There are circumstances such as when records are subpoenaed for legal purposes where student permission is not required.

Procedure for Students to Grant Access to Their Academic Records for Third Parties

1. Student must complete appropriate portion of the CHM Release for Records Access for Third Parties form, available from the College Records Officer (see page 47).
2. College Records Officer will provide to the named third party, copies of items specified on the Release form.
3. College Records Officer will complete the appropriate portion of the Release form and file in the student’s file.
College of Human Medicine

STUDENT REQUEST TO REVIEW ACADEMIC RECORDS

Date _______________________  Time ________________________________

Student Name (please print) _____________________________________________________________

I understand that I may view the contents of my academic record at any time under the supervision of a monitor. I also understand that I may not remove any documents, but I may request copies of any items. Additionally, I have the right to add items to the file to correct errors or otherwise rebut information that I believe to be inaccurate. Such items will be submitted to the Associate Dean, Community Assistant Dean, or Block Director prior to inclusion in the file.

Signature _____________________________________________________

For Office Use

Date of records review _______________________

Monitor ________________________________

List any items copied for student
College of Human Medicine
RELEASE FOR RECORDS ACCESS FOR THIRD PARTIES

Student Name (please print) ___________________________________________________

PID ________________________  Date __________________

I grant permission for release of the documents listed below to:

______________________________________________________
Name of individual or agency

______________________________________________________
Street Address

_________________________  ________________________  ___________
City                  State                   Zip

Documents to be duplicated and released:

Signature _______________________________________

Signature of Witness ________________________________

-----------------------------------------------------
For Office use

Date of records duplication and mailing ________________  Staff member ________________
Student Oath

I solemnly swear by whatever I hold most sacred that, as I begin the study of Medicine, my efforts will be focused on the ultimate goal of serving my future patients. Toward this end, I will conscientiously and cooperatively work with my peers and professors in learning the art and science of Medicine. I will regard the patients whom I will encounter in my training as fellow human beings and will do everything in my power to preserve their dignity. I will not compromise myself, nor endanger the welfare of my future patients by employing unworthy methods in the pursuit of my education.

I pledge to perform to the best of my ability and I will engage in continuous self-evaluation in an effort to address my limitations. I will never hesitate to call upon the assistance of others when indicated.

I recognize that the study of Medicine is a life-long responsibility, and I do pledge to continue to educate myself throughout my career and will continuously engage in a critical re-examination of myself as a rational, emotional and spiritual human being.
Dear Clinical Educator: This is an evaluation of the student’s clinical knowledge, skills and professionalism. You are strongly encouraged to provide comments on aspects of the student’s clinical performance that you observed. The student will receive a copy of this evaluation, including your name as the evaluator. Your evaluation and comments are important and will contribute to the student’s final clerkship evaluation.

**DID YOU SPEND ENOUGH TIME WITH THIS STUDENT TO COMPLETE THIS EVALUATION?** If not, please "SUSPEND" the evaluation by clicking on the link above to mark this evaluation as not applicable.

You will use the following options for rating the student in six clinical performance competency categories:

<table>
<thead>
<tr>
<th>Not Applicable</th>
<th>Competency not relevant to preceptor’s contact with the student.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below Expectations</td>
<td>Meets some performance criteria, but performs at a lower level than expected.</td>
</tr>
<tr>
<td>Met Expectations</td>
<td>Meets all performance criteria; the majority of students will perform at this level.</td>
</tr>
<tr>
<td>Exceeded Expectations</td>
<td>Performance exceeds expectations; demonstrated meritorious performance significantly above the average medical student.</td>
</tr>
</tbody>
</table>

All clinical competency categories must receive a ranking, so if you do not have enough information to make a judgment about the student’s performance for a specific category, please select “Not Applicable” (N/A). “Not Applicable” ratings are not included in the student's CPE grade calculation.

Please note that CPE summary comments at the end of this evaluation are required.

**HOURS SPENT WITH STUDENT** *(Question 1 of 16 - Mandatory)*

Please select the range of hours that best represents the amount of time you spent with this student:

<table>
<thead>
<tr>
<th>Selection</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt;10 Hours</td>
</tr>
<tr>
<td></td>
<td>11-20 Hours</td>
</tr>
<tr>
<td></td>
<td>21-40 Hours</td>
</tr>
<tr>
<td></td>
<td>&gt;40 Hours</td>
</tr>
</tbody>
</table>

**CARE OF PATIENTS** *(Question 2 of 16 - Mandatory)*

Students must be able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.
CARE OF PATIENTS COMMENTS (Question 3 of 16)

Formative feedback on strengths and areas needing improvement in the student’s clinical performance. Comments on areas needing improvement will not be used in the student's final clerkship evaluation unless felt to be representative by the Clerkship Director.

INTERPERSONAL AND COMMUNICATION SKILLS (Question 4 of 16 - Mandatory)

Students must be able to demonstrate interpersonal and communications skills that result in effective information exchange and teaming with patients, their patients’ families and professional associates.

INTERPERSONAL AND COMMUNICATION SKILLS COMMENTS (Question 5 of 16)

Formative feedback on strengths and areas needing improvement in the student’s clinical performance. Comments on areas needing improvement will not be used in the student's final clerkship evaluation unless felt to be representative by the Clerkship Director.

RATIONALITY (ACGME PRACTICE-BASED LEARNING & IMPROVEMENT) (Question 6 of 16 - Mandatory)

Students must be able to rationally consider medical issues and bring the cumulative evidence of many scientific and cognitive disciplines to bear on the issues and concerns of patients. At a fundamental level, rationality is about thinking critically, making use of the scientific method and understanding and using evidence in a thoughtful manner that reflects the needs and values of patients.
**RATIONALITY COMMENTS (ACGME PRACTICE-BASED LEARNING & IMPROVEMENT) (Question 7 of 16)**

Formative feedback on strengths and areas needing improvement in the student’s clinical performance. Comments on areas needing improvement will not be used in the student’s final clerkship evaluation unless felt to be representative by the Clerkship Director.

**TRANSFORMATION (ACGME MEDICAL KNOWLEDGE) (Question 8 of 16 - Mandatory)**

Students must demonstrate knowledge about established and evolving biomedical, clinical and cognate (e.g., epidemiological and social behavioral) sciences and the application of this knowledge to patient care.

**TRANSFORMATION COMMENTS (ACGME MEDICAL KNOWLEDGE) (Question 9 of 16)**

Formative feedback on strengths and areas needing improvement in the student’s clinical performance. Comments on areas needing improvement will not be used in the student's final clerkship evaluation unless felt to be representative by the Clerkship Director.

**INTEGRATION (ACGME SYSTEMS-BASED PRACTICE) (Question 10 of 16 - Mandatory)**
Students must demonstrate an awareness of and responsiveness to the larger context and system of healthcare and the ability to effectively call on system resources to provide care that is of optimal value (effectively and efficiently integrate available resources into the care of their patients).

<table>
<thead>
<tr>
<th>BELOW EXPECTATIONS</th>
<th>MET EXPECTATIONS</th>
<th>EXCEEDED EXPECTATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Fails to use resources for effective patient care</td>
<td>1. Uses appropriate resources for effective patient care</td>
<td>1. Skillfully uses resources for effective patient care</td>
</tr>
<tr>
<td>2. Lacks awareness of approaches to patient safety</td>
<td>2. Understands approaches to patient safety</td>
<td>2. Uses approaches to improve patient safety</td>
</tr>
<tr>
<td>3. Fails to recognize barriers to care</td>
<td>3. Recognizes barriers to care</td>
<td>3. Addresses barriers to care</td>
</tr>
<tr>
<td>4. Fails to appropriately use consultants</td>
<td>4. Identifies appropriate use of consultants</td>
<td>4. Effectively uses consultants</td>
</tr>
<tr>
<td>5. Fails to work effectively as a team member</td>
<td>5. Works effectively as a team member</td>
<td>5. Able to lead the health care team</td>
</tr>
</tbody>
</table>

**INTEGRATION COMMENTS (ACGME SYSTEMS-BASED PRACTICE) (Question 11 of 16)**

Formative feedback on strengths and areas needing improvement in the student's clinical performance. Comments on areas needing improvement will not be used in the student's final clerkship evaluation unless felt to be representative by the Clerkship Director.

**PROFESSIONALISM ASSESSMENT: Instances of Unprofessional Behavior (Question 12 of 16)**

If the evaluator observed the student engaged in any of the following unprofessional behaviors, please select the appropriate box(es) and describe specific incidents in the Professionalism Comments section below.

**Note:** If any of the unprofessional behaviors below are selected, it is expected that the student’s Professionalism Assessment rating will be “Below Expectations”.

<table>
<thead>
<tr>
<th>Selection</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instances of being unwilling to accept feedback</td>
<td></td>
</tr>
<tr>
<td>Repetitively being unprepared or unwilling to participate in discussions</td>
<td></td>
</tr>
<tr>
<td>Failure to recognize limitations and/or call upon assistance of others when needed</td>
<td></td>
</tr>
<tr>
<td>Lack of civility towards other students, faculty or staff</td>
<td></td>
</tr>
<tr>
<td>Failure to respect patient confidentiality</td>
<td></td>
</tr>
<tr>
<td>Comments related to sex, gender identity, race, sexual orientation, disability, religion or other identifying characteristics, which are harmful to professional relationships</td>
<td></td>
</tr>
<tr>
<td>Repetitively arriving late without notifying appropriate individuals</td>
<td></td>
</tr>
<tr>
<td>Repetitively being unavailable for required clinical responsibilities</td>
<td></td>
</tr>
<tr>
<td>Failure to meet deadlines or follow through in a timely manner</td>
<td></td>
</tr>
<tr>
<td>Failure to work effectively as part of a team</td>
<td></td>
</tr>
<tr>
<td>Failure to address the fear and suffering of patients and their families</td>
<td></td>
</tr>
<tr>
<td>Failure to consider important social factors that threaten the health of patients</td>
<td></td>
</tr>
<tr>
<td>Any instance of dishonesty</td>
<td></td>
</tr>
</tbody>
</table>
Any behavior that compromises the safety or endangers the welfare of a patient

Any threat of harm to patients, patients’ families, students, faculty or staff

Other (please specify in Professionalism Comments below)

**PROFESSIONALISM ASSESSMENT: Overall Rating (Question 13 of 16 - Mandatory)**

Students must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diverse patient populations. Professionalism competencies include consistent demonstration of respect, compassion, integrity and honesty; seeking and readily responding to feedback; teaching/role modeling responsible behavior; consistently arriving on time for clinical activities; consistently available for clinical responsibilities; meeting deadlines in a timely manner; always considering the needs of patients, families and colleagues above own needs; maintaining patient confidentiality; working effectively in team-oriented patient care; and willingly acknowledging errors.

**Note:** If any unprofessional behaviors listed above were selected, it is expected that the student’s Professionalism Assessment rating will be “Below Expectations”.

<table>
<thead>
<tr>
<th>NOT APPLICABLE</th>
<th>BELOW EXPECTATIONS</th>
<th>MET EXPECTATIONS</th>
<th>EXCEEDED EXPECTATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**PROFESSIONALISM COMMENTS (Question 14 of 16)**

Formative feedback on strengths and areas needing improvement in the student’s clinical performance. Comments on areas needing improvement will not be used in the student’s final clerkship evaluation unless felt to be representative by the Clerkship Director.

**Note:** Any instances of unprofessional behavior must be described in comments below.

**CPE SUMMARY COMMENTS (Question 15 of 16 - Mandatory)**

This is the evaluator’s summary of the student’s clinical performance, including strengths and any areas of concern. Comments may be used by the Clerkship Director in the student’s final clerkship evaluation.

**DISCUSSION WITH STUDENT (Question 16 of 16 - Mandatory)**

Have any concerns noted on this CPE been discussed with the student?

<table>
<thead>
<tr>
<th>Selection Option</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
### CHM End-of-Clerkship Evaluation

Evaluation information entered here will be made available in anonymous and aggregated form only.

#### Objectives & Expectations  (Question 1 of 28 - Mandatory)

Objectives and expectations were provided in writing and made clear to me

<table>
<thead>
<tr>
<th>Not Applicable</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Uncertain</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

#### Evaluation Criteria  (Question 2 of 28 - Mandatory)

Evaluation criteria were made clear

<table>
<thead>
<tr>
<th>Not Applicable</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Uncertain</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

#### Patient Load  (Question 3 of 28 - Mandatory)

I dealt with an adequate number and variety of patients

<table>
<thead>
<tr>
<th>Not Applicable</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Uncertain</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

#### Clinical Problems  (Question 4 of 28 - Mandatory)

I dealt with an adequate number and variety of clinical problems

<table>
<thead>
<tr>
<th>Not Applicable</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Uncertain</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

#### Clinical Skills  (Question 5 of 28 - Mandatory)

I developed my clinical problem solving skills

<table>
<thead>
<tr>
<th>Not Applicable</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Uncertain</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

#### Patient Management  (Question 6 of 28 - Mandatory)

I developed my patient management skills

<table>
<thead>
<tr>
<th>Not Applicable</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Uncertain</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

#### Communication  (Question 7 of 28 - Mandatory)

I developed my communication skills

<table>
<thead>
<tr>
<th>Not Applicable</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Uncertain</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

#### Medical Knowledge  (Question 8 of 28 - Mandatory)

I expanded my medical knowledge

<table>
<thead>
<tr>
<th>Not Applicable</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Uncertain</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

#### Professional Behavior  (Question 9 of 28 - Mandatory)

I learned appropriate professional behavior

<table>
<thead>
<tr>
<th>Not Applicable</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Uncertain</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

### Teaching and Supervision

#### Faculty  (Question 10 of 28 - Mandatory)

Teaching faculty took the time to teach me
Residents (Question 11 of 28 - Mandatory)
Residents provided useful instruction
<table>
<thead>
<tr>
<th>Not Applicable</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Uncertain</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Community Clerkship Director (Question 12 of 28 - Mandatory)
The community clerkship director was accessible
<table>
<thead>
<tr>
<th>Not Applicable</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Uncertain</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Feedback - Written (Question 13 of 28 - Mandatory)
I received constructive feedback on written work
<table>
<thead>
<tr>
<th>Not Applicable</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Uncertain</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Feedback - Clinical (Question 14 of 28 - Mandatory)
I received constructive feedback on clinical performance
<table>
<thead>
<tr>
<th>Not Applicable</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Uncertain</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Feedback - Timely (Question 15 of 28 - Mandatory)
I received constructive feedback in a timely manner
<table>
<thead>
<tr>
<th>Not Applicable</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Uncertain</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Professional Behavior - Faculty (Question 16 of 28 - Mandatory)
Faculty modeled desirable professional behavior
<table>
<thead>
<tr>
<th>Not Applicable</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Uncertain</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Respect for Patients (Question 17 of 28 - Mandatory)
Faculty demonstrated respect for patients
<table>
<thead>
<tr>
<th>Not Applicable</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Uncertain</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Teaching Resources and Activities:
Did the following activities enhance your learning during this clerkship?

Medical Student Lectures/Seminars (Question 18 of 28 - Mandatory)
<table>
<thead>
<tr>
<th>Not Applicable</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Uncertain</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Conferences/Seminars (Question 19 of 28 - Mandatory)
Other community sponsored conferences/seminars
<table>
<thead>
<tr>
<th>Not Applicable</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Uncertain</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Readings (Question 20 of 28 - Mandatory)
Required text/readings
<table>
<thead>
<tr>
<th>Not Applicable</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Uncertain</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

In-Patient (Question 21 of 28 - Mandatory)
<table>
<thead>
<tr>
<th>In-Patient experiences</th>
<th>Not Applicable</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Uncertain</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In-Patient - Rounding</th>
<th>(Question 22 of 28 - Mandatory)</th>
<th>Not Applicable</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Uncertain</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In-Patient - Night Call</th>
<th>(Question 23 of 28 - Mandatory)</th>
<th>Not Applicable</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Uncertain</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In-Patient - Patient Care</th>
<th>(Question 24 of 28 - Mandatory)</th>
<th>Not Applicable</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Uncertain</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ambulatory/outpatient</th>
<th>(Question 25 of 28 - Mandatory)</th>
<th>Not Applicable</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Uncertain</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

**General Comments:**
**Please specify in detail.**

**Most helpful** (Question 26 of 28 - Mandatory)
Identify the three most helpful aspects of this entire clerkship.

**Least helpful** (Question 27 of 28 - Mandatory)
Identify the three least helpful aspects of this entire clerkship.

**Influenced residency** (Question 28 of 28 - Mandatory)
How has this clerkship influenced, in any way, your residency choice?
# HEALTH PROFESSIONS STUDENTS EXPOSURE REPORT

**for Tuberculosis, Blood Borne Pathogens and Zoonotic Disease**

**NAME**

- [ ] MALE
- [ ] FEMALE

**PID**

- [ ] -or-
- [ ] ZPED

**ADDRESS**

**DOB**

**MONTH**

**DAY**

**YEAR**

**PHONE**

- w. ( )
- h. ( )

**EMAIL**

**COLLEGE/DEPARTMENT/PROGRAM**

**CLINICAL ROTATION SITE**

**EXPOSURE DATE**

**EXPOSURE TIME**

**FACILITY & CITY OF EXPOSURE**

**month**

**day**

**year**

**A.M. or P.M.**

**CLINICAL CONTACT/SITE SUPERVISOR**

**PHONE**

## TYPE OF EXPOSURE

<table>
<thead>
<tr>
<th>MUCOUS MEMBRANE</th>
<th>PERCUTANEOUS</th>
<th>RESPIRATORY</th>
<th>SKIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Eye</td>
<td>[ ] Blood Draw / Type of Needle</td>
<td>[ ] Resp</td>
<td>Open Sore, Wound, Scratch, Lesions</td>
</tr>
<tr>
<td>[ ] Mouth</td>
<td>[ ] IV Start / Type of Needle</td>
<td>[ ]</td>
<td>[ ] Hangnail</td>
</tr>
<tr>
<td>[ ] Nose</td>
<td>[ ] During Surgery / Type of Needle, Instrument</td>
<td>[ ]</td>
<td>Eczema</td>
</tr>
<tr>
<td>[ ] IV Piggyback – Visible Blood in Tubing</td>
<td>[ ] Other Needle Stick / Type of Needle</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>[ ] Other (laceration, abrasion, etc.)</td>
<td>[ ] Other (laceration, abrasion, etc.)</td>
<td>[ ]</td>
<td></td>
</tr>
</tbody>
</table>

**DURATION OF EXPOSURE** _____ Seconds / Minutes / Hours

**EXTENT / DEPTH OF EXPOSURE** _____

**IN DETAIL, DESCRIBE HOW EXPOSURE OCCURRED** (route, circumstances, precautions in place, specific injury, extent of exposure, etc.)

---

**GO TO PAGE 2 TO COMPLETE FORM**

---

**EXPOSURE REPORT**

Page 2

MICHIGAN STATE UNIVERSITY
### Source Patient Risk Assessment

**Source Patient Known Positive:**
- [ ] Yes
- [ ] No
- [ ] Unknown

If yes, please specify:

**Other Known Risk Factors from Source:***
- [ ] Blood Transfusions (prior to 1992)
- [ ] History of high risk sexual behavior
- [ ] Previous or current injectable drug use
- [ ] Other (Specify)

**HIV Viral Load if known:**

### Actions Taken as a Result of Exposure

**Guidelines Reviewed:**
- [ ] Yes
- [ ] No

**Site of Initial Assessment and Care:**
- [ ] None

**Self Care Administered (Specify):**
- [ ] None

### Post-Exposure Treatment

- [ ] No Treatment Recommended

- [ ] Treatment Recommended (Specify)

- [ ] Treatment Received (Specify)  Date Treatment Initiated _____________

**Follow Up Needed?**
- [ ] No
- [ ] Yes (Specify)

**Follow Up Date** _____________  **Follow Up Location** _____________

---

**By signing below, I indicate that I understand this form will be kept confidential. I also understand that administrators (or their designees) from my college/department or program, the office of the university physician, and the occupational health service will also review this form.**

**Student Signature:__________  Date:__________**

**Preparer's Signature:__________  Date:__________**

**College / Dept / Program Administrator:__________  Date:__________**

**Return completed form to the address or fax number below**

Occupational Health Nurse  MSU Occupational Health Svc  Olin Health Center  East Lansing, MI 48824-1037  517.355.0332

**DO NOT COPY THIS FORM**
The Virtuous Student Physician

A System of Professional Development for Students
in the College of Human Medicine
at Michigan State University

Competence

Honesty     Compassion

Respect for    Professional
Others     Responsibility

Social
Responsibility
Authorship: This document and its logo were produced by Ruth Hoppe, but it represents a synthesis of inputs from several CHM faculty. Terry Stein, chaired the College of Human Medicine Task Force on Medical Student Professional Behaviors. Its members included: Robert Bridgham, Howard Brody, David Engstrom, Shelagh Ferguson-Miller, Jake Foglio, Wanda Lipscomb, Harold Sauer, Sharleen Sakai, and Sally Sprafka. Howard Brody chaired the Task Force Subgroup that developed the CHM virtues. Later inputs have come from Christine Shafer, Jane Smith, and Father Clayton Thomason (1999).

Since its authorship, a variety of curricular and extra-curricular activities have been developed aimed at engaging students and faculty in an ongoing process of dialogue and reflection. Individuals key to these planning efforts have included Jake Foglio, Clayton Thomason, Christine Shafer, Dianne Singleton, Wanda Lipscomb, Ruth Hoppe, many student members of the Group on Professional Development, and many faculty preceptors in the Mentor Program (2001).
The Virtuous Student Physician
A System of Professional Development for Students in the College of Human Medicine at Michigan State University

Through its Task Force on Professional Development of Medical Students (1994), faculty and students in the College of Human Medicine have articulated a set of desirable professional attributes that serve as examples of professional virtue for medical students. These attributes are clustered into six categories:

1. Competence
2. Honesty
3. Compassion
4. Respect for Others
5. Professional Responsibility
6. Social Responsibility

As stated by the Task Force, “each attribute is really a journey toward an ideal goal; no physician has actually reached the goal, and every physician is capable of at least some improvement with regard to each attribute. Virtue is characterized by both having selected the correct goal, and having made reasonable progress in one’s journey toward it, commensurate with one’s level of experience as a student or physician.”

These attributes are embodied in various codes of professional ethics and the CHM Matriculation and Graduation Oaths. As faculty, we have become convinced that the furtherance of virtue in students at the College of Human Medicine is served by going beyond listing of attributes and the taking of oaths. We believe we have a responsibility to help our students in their quest for virtue as young health professionals.

Toward that end, the College has adopted a graduation requirement, which states: “The College expects that the medical students will conduct themselves in an honest, responsible, and professional manner within the educational programs, in their interactions with peers, faculty, and patients, as well as in their activities beyond scheduled learning experiences. They are expected to abide by the Student Oath administered at the time of matriculation and to demonstrate the ability to function ethically and humanely.”

We wish to create a system whereby the attributes of a virtuous physician, as we have defined them, are operationalized for students such that they can be clear about expectations, can better monitor their own behavior and progress toward virtue, and can meet the professional behavior graduation requirement of the College. Also, we wish for students to be able to self-correct and to assist their peers in their own professional development. By the time of graduation from the College, we wish students to have explicitly considered multiple instances of professional conduct, by themselves and by others, to have capability to link such conduct to concepts of virtue for health professionals, and to have conducted themselves in a manner consistent with the various codes of conduct.

While we wish to have students assume responsibility for their professionalism at the point of entry to medical school, as faculty we intend to assist students in their development. We believe the way in which professional development occurs is through iterative steps of reflection, dialogue and praxis (doing), experienced in the community.
We have therefore structured opportunities for students to reflect upon and discuss many of the complexities regarding professional behavior that emerge in the various environments that are part of the learning experience at the College of Human Medicine.

We also commit ourselves as faculty to the same journey toward growth as professionals and toward professional virtue. We will strive to model the conduct we wish to see, we will assume some responsibility for the environments in which students are placed, and we will engage in dialogue with students about conduct, both our own and theirs.

The Virtues: Goals and Indicators of Professional Development

The following indicators of professional development are designed to complement the behavioral goals associated with each attribute of the virtuous physician. With recognition that no set of behaviors so listed can be exhaustive, these indicators are provided only as examples that may be helpful to the student entering the profession and the College.

**Competence**

**Goals:** The student masters the basic knowledge, skills, and attitudes relevant to medical diagnosis and therapy. He or she accepts this mastery as a lifelong responsibility, recognizing that medical school is just the first phase of medical education. The student is motivated to learn not merely out of scientific curiosity or to perform well on examinations, but also from concern for the well-being of patients who will entrust themselves to his or her care. The student recognizes limits to his or her competence; all physicians, no matter how expert, have gaps in their medical competence and owe it to their patients to be fully cognizant of those gaps and to seek outside assistance when necessary.

**Indicators:** A student striving for competence will take responsibility for learning individually and in a group setting. This is demonstrated in many ways, including preparing for and engaging in various learning venues, striving for mastery in all instances, and being able to accurately reflect on the adequacy of personal knowledge and skill development. The student will identify and begin to address personal limitations and other barriers to learning and growth. The student will also be able to reflect with colleagues on the success of group work. The student will avoid any behaviors that might reasonably endanger the safety and welfare of the patient.

**Honesty**

**Goals:** The student is honest in working with patients and professional colleagues. The student recognizes that medicine is fundamentally dependent upon accurate knowledge, so that any acceptance of untruth, no matter how inconsequential it may seem at first, threatens to undermine the very foundations of medical practice.

**Indicators:** A student striving for honesty will accurately report actions and events, and avoid cheating, plagiarism, and misrepresentation of the truth. Everything presented in an examination will be an accurate reflection of the student's personal knowledge and ability. In the clinic, the student will only record on a patient's chart data that have been observed and verified. In research, the student will assure that all data are recorded fully and accurately, that publications only include data that have been obtained by appropriate research methodology, and that credit in publication is taken only for work actually performed. In relationships with patients, the student will answer questions
openly and accurately. The student recognizes that a commitment to honesty requires not only that the student avoid any dishonest behavior but also report observed instances of dishonesty to appropriate authorities, regardless of his or her relationship to the subject of the report.

**Compassion**

**Goals:** The student is compassionate, using empathy to sense others' experiences and concerns. He or she appreciates the experience of illness, including the suffering and fear, and learns to respond to that fear and suffering in a humane, healing manner.

**Indicators:** A student striving to be compassionate will identify, articulate, and respond to the fear, suffering, and hopes of patients and their families. He or she will seek to assist colleagues in dealing with the challenges of professional work. The student will seek feedback on the effect of his or her behavior on others.

**Respect for Others**

**Goals:** The student maintains attitudes and behaviors that communicate respect. The value and dignity of others is respected in all encounters. Because respect requires appreciation of the feelings, beliefs, and experiences of others, the student learns about different social and cultural groups so persons from such groups may be treated with a deeper understanding.

**Indicators:** A student striving to respect others will respect the personal and sexual boundaries of others, and will avoid sexism, racism, and sexual orientation bias in interactions. He or she will be able to articulate and embrace the positive aspects of difference among people and demonstrate an awareness of how such differences affect personal interactions. Respect will be shown for multiple perspectives in clinical and educational settings. The student will demonstrate a commitment to resolve conflict in a collegial manner; show sensitivity to the needs, feelings, and wishes of health team members; and demonstrate humility in interactions with others. Respect for the dignity of others will be demonstrated by strict adherence to confidentiality. The student will respect patients' privacy and right to control access to personal information about their lives and health by disclosing information only to those who are directly involved in the care of the patient.

**Professional Responsibility**

**Goals:** The student realizes that as a professional he or she has a responsibility to assure that professional goals are met in all settings. The student understands that certain types of personal conduct seriously threaten the professional goals of medicine. He or she recognizes that these unacceptable behaviors, notably, substance abuse, sexual overtures towards patients, and other abuses of the power that society has granted the profession, need to be strictly avoided.

**Indicators:** A student accepting professional responsibility will contribute to a positive learning and health care delivery environment. The student will be present and punctual for activities that are integral parts of the learning experience and patient care; he or she will take responsibility to notify others, in advance whenever possible, when unavoidable absence or tardiness occurs. He or she will be able both to give up some personal needs to meet the needs of patients and appropriately displace clinical responsibility when personal needs demand it. At a level appropriate to a student, he or she will cope
with the challenges, conflicts, and ambiguities inherent in professional health care. The student will demonstrate a willingness and ability to identify, discuss, and/or confront both his or her own problematic behaviors and those involving colleagues.

**Social Responsibility**

**Goal:** The student realizes that all people, both physicians and patients, live in societies that profoundly influence an individual's health or illness status. The student honors the obligation to conduct him- or herself in a trustworthy manner and to act upon the responsibility inherent in the trust traditionally bestowed upon physicians and other professional groups.

**Indicators:** A socially responsible student will be able to identify the multiple social factors that threaten the health of patients. He or she will be proactive, outside the singularity of the doctor-patient relationship, in addressing the social factors that adversely affect the health of patients.