

# **STUDENT PERFORMANCE HANDBOOK**

**A DOCUMENT FOR FACULTY  
& STUDENTS MATRICULATING IN**

**2014**

## **STUDENT OATH**

*As I begin the study of medicine, I do solemnly swear by that which I hold most sacred, that 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 to 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 lifelong responsibility; I pledge to continue to educate myself throughout my career and to constantly engage in a critical re-examination of myself as a rational, emotional and spiritual human being.*

**COLLEGE OF HUMAN MEDICINE**  
**Michigan State University**

**STUDENT PERFORMANCE HANDBOOK**

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For other issues relating to academic performance, such as records, support and grievances, please refer to *Medical Student Rights and Responsibilities at Michigan State University* and the *2014 Preclinical Student Handbook*.

These performance rules are in effect for all students matriculating to the College beginning fall 2014, except where specifically noted. Medical education is a dynamic process that involves periodic changes in policies and rules. Students are notified in writing of such changes. When students enter Blocks I/II (Preclinical) and III (Clinical), a new *Handbook* is provided which outlines policies for that block in more detail.

## Student Performance Committee (SPC)

### ***Purpose and Function***

The Student Performance Committee of the College of Human Medicine at Michigan State University is charged with setting standards and policy regarding acceptable student progress in medical school.

The Committee will set the standards, subject to faculty approval, for medical student progress through the program of the College of Human Medicine, including standards for promotion and retention.

The faculty members of the Committee will promote to the clinical years of the curriculum those students who have successfully met the preclinical requirements of the college. Members of the Committee will recommend to the dean and the faculty those students who have successfully met the graduation requirements of the College of Human Medicine for the degree of Doctor of Medicine.

The Committee develops and recommends criteria (subject to faculty approval) for promotion, retention, suspension and dismissal from the College of Human Medicine. Members of the Committee will serve as a review body for students requesting reinstatement or any other consideration regarding an individual student.

A detailed description of the purpose, composition, function and procedures of the Student Performance Committee, is available on request from the Office of Preclinical Curriculum and the Office of Student Affairs and Services.

## **COURSE REQUIREMENTS AND GRADING**

### **I. Prerequisites and Notification of Course Requirements**

#### ***Prerequisites***

The CHM curriculum has been organized from a developmental perspective: basic curricular experiences are provided before advanced experiences. As a general rule, Block I courses must be passed prior to enrolling for Block II, and Block II courses must be passed prior to enrolling in Block III experiences. Within Blocks, there are other prerequisites, which students must consider. Courses cannot be taken out of sequence without approval of the Block Director and/or the Assistant Dean of Preclinical Curriculum or the Senior Associate Dean for Academic Affairs.

### ***Notification of Course Requirements***

Students should be informed, in writing, of all course requirements, including criteria for grading, attendance policy, and policies and procedures for course examinations, make-up examinations and remediation of unsatisfactory performance. This information will be provided to students at the beginning of a course.

As a matter of policy in all courses, students should be notified when they are failing to meet course standards. For all courses that only have examinations, feedback from the in-term examinations constitutes the required student notice in courses.

### ***Changes in Courses or the Curriculum as a Whole***

Curriculum is a dynamic process, always evolving in the direction of improved quality and of the incorporating 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.

## **II. Examinations**

### ***Scheduled Examinations***

Most courses, programs and clerkships require the completion of a final examination. In addition, course directors may administer one or more in-term examinations. A schedule of examinations is available at the beginning of a Block and/or course.

### ***Missed Examinations***

Students must obtain an excused absence if they will miss an examination. **See the Block Handbook for details regarding procedure.** If an examination is missed with an unexcused absence, a grade of zero (0) will be entered for that examination.

### ***Make-Up for Examinations Missed***

If a **student obtains an excused absence** because of personal illness or other compelling reasons, a make-up examination can be offered the student by the course director. If the examination missed is an in-term examination, then the make-up examination should be taken before the end of the semester and before a final grade is assigned.

When a final examination needs to be made up because of student absence for an approved reason, a make-up examination should be offered the student at the

earliest possible date, **no later than midpoint of the next semester or clerkship in which the student is enrolled. In Block I, the student receives an I grade, which is changed to the appropriate grade upon completion of the course. The I grade is a permanent grade and remains on the student's official University transcript.**

### ***Special Accommodations***

The College of Human Medicine and the Resource Center for Persons with Disabilities (RCPD) at MSU is committed to the concept of full participation by persons with disabilities in the curriculum of the College. Students with a physical, sensory, cognitive or psychological disability should self-identify and enroll with the RCPD via secure/confidential web registration at My Profile.rcpd.msu.edu. 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. Once a student registers with RCPD, they should contact the College's Director of Academic Support. The Director will represent students in all College of Human Medicine campuses. All information is held confidential. **Students who obtain a VISA from RCPD must renew it each semester.**

### **III. Grades and Markers Approved for Use by the College of Human Medicine**

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

The specific pass level, which determines a Pass (P), Conditional Pass (CP) or No Pass (N) grade, will vary by department. In general, 70-75% is used as a cut-off point between the P and CP grade, but there is some course variation on this. In all cases, the criteria will be listed in advance by each course in the individual course syllabus or protocol. The Colleges of Human Medicine and Osteopathic Medicine currently use different grade markers, which in turn leads to a slightly different course criteria regarding passing/non-passing.

Grades in some preclinical courses (e.g., Clinical Skills) and nearly all clinical clerkships include a determination of a student's professionalism. The criteria for meeting minimal and exceptional levels of professionalism are outlined in each course or clerkship manual. These criteria are strongly linked to the CHM system of professional virtues (see Virtuous Student Physician document), and are also incorporated into small group and clinical performance evaluation forms.

***The Pass (P) Grade***

The Pass (P) grade is given when the student has met or exceeded all of the criteria of the course.

***The Conditional Pass (CP) Grade***

A Conditional Pass (CP) grade is given when the student has completed most, but not all of the course requirements, or has failed to meet the overall pass level by a narrow margin. The required work must be satisfactorily completed and a grade (CP/P) reported to the Office of the Registrar no later than the middle of the following semester. An extension may be granted if the instructor submits an administrative action form stating that the course structure necessitates delay of remediation grading.

Failure to satisfactorily complete the specified remediation by the due date will result in a grade of CP/N. In all cases, the Conditional Pass (CP) grade will remain on the record. Not all courses elect to use the CP grade.

***The No Pass (N) Grade***

The No Pass (N) grade means the student has failed the course. A remediation exam may be offered in some Block I courses. In Blocks II and III, an N grade usually means that the course must be repeated. In Block II, there is an N remediation examination following an intensive self-study experience. The N grade is a permanent grade and remains on the student's official University transcript. It must be remediated to meet course and promotion requirements. **Even if remediated, the N grade counts toward dismissal.**

***Honors Grades***

The Honors grade is not given in the preclinical curriculum. The Honors grade is offered for all required clerkships in Block III. The Honors grade is not an official grade at the University level, and therefore does not appear on the student's official University transcript. However, the Honors designation **is** mentioned in the Medical Student Performance Evaluation (MSPE), formerly known as the Dean's Letter. Criteria for obtaining an Honors grade in a clerkship are outlined by each department and, while similar across clerkships, are not identical.

***Extension (ET) Grade***

The University-approved Extension (ET) grade is given to graduate-professional students in courses that extend beyond one semester. This grade **is not** an academic grade; rather a grade used when a given course or clerkship extends beyond the semester. A specific time period is delineated for removing an ET from the student's record and replacing it with a grade, P, N or CP. The ET grade does not remain on the official University transcript.

### ***The Incomplete (I) Grade***

An I grade is an approved grade marker for **some** of the required preclinical courses. Consistent with University regulations, an Incomplete (I) grade may be given when all of the following are true: (1) The student has completed 2/3 of the course period, but is unable to complete the course and/or take the final examination due to illness or other compelling reason; and (2) has, however, done satisfactory work in the course; and (3) in the instructor's judgment, can complete required class work (requirement) without repeating the course or clerkship. The University interprets the phrase "other compelling reason" to mean personal reasons, **not academic**. The fact that the student does not feel prepared for an examination is not "compelling reason". The extenuating circumstances of "illness and other compelling reasons" must be approved, in advance (except in true emergencies).

When the I grade is given, the student has until the middle of the next semester or clerkship to complete the course and to have the grade reported to the Office of the Registrar. An I grade becomes an I/N grade if the student fails to complete the outstanding work before the middle of the next semester, or if more than one calendar year passes before the student is again enrolled at MSU. The one exception to the regulations governing the I grades is that the instructor may, at the time the I grade is recorded, complete an administrative action form in which the instructor requests delay in course completion until a later date, such as the end of the next semester. Such a request occurs when the course structure necessitates delay. The I grade is permanent grade and remains on the official University transcript.

### ***W = Withdrawal***

University policy and official dates for dropping a course are in force for all courses and clerkships. **A course may be dropped up to its mid-point. The student is required to talk with the Block Director first.** After the mid-point of the course, the Assistant Dean of Preclinical Curriculum must approve all drops in preclinical courses, and these are rendered only in unusual circumstances. Exact deadlines may vary by course.

**To drop a course after its mid-point is called a "late drop" or "Dean's drop".** To initiate a late drop for preclinical courses, the student must obtain approval from the Assistant Dean for the Preclinical Curriculum. A Withdrawal (W) will be recorded on the student's official transcript.

## **IV. Remediation of Non-Passing Grades**

All CP and N grades for required courses must be remediated. Course/program directors and programs provide students receiving a CP or N grade with specific ways of remediating. These vary greatly; some examples are repeating the course in its entirety, repeating a portion of the course, participating in a formal



review program, and re-taking examinations. The form the remediation takes varies with the seriousness and nature of the deficiency, and the course or program in which the academic problem exists. For example, remediation of a deficiency that was recognized during a clerkship will be different than one recognized in a biological science course. See Remediation Policy in the Preclinical Handbook. In all cases, faculty responsible for courses determine the remediation policy which is to be specified to the student in advance of the remediation.

### **Remediation Exams**

Some courses allow for remediation by examination for CP or N course grades. Remediation dates are determined by the course director. All CP grades must be converted to a P or N grade by the beginning of the next academic year.

**It is important to differentiate the terms "make-up" and "remediation". Make-up usually refers to making up missed assignments and examinations. It can occur prior to the end of a semester and prior to the issuance of a formal grade. Remediation however refers ONLY to the remediation of non-passing grades that have been issued. Therefore, remediation cannot occur within a semester in order to raise a score or otherwise affect the initial grade.**

## **V. Medical Student Performance Evaluation (MSPE)**

The MSPE serves as a formal document which summarizes the student's academic record for the purposes of transition to the next stage of professional training (e.g., residency). In like manner, the MSPE is prepared in the event that a student transfers to another medical school. The MSPE is not a letter or recommendation; rather, it is a narrative summary of the student's academic (and disciplinary, if pertinent) record while at CHM. It expands on information contained on the student's grade transcript in ways that are appropriate to the profession of medicine. It contains general and, where appropriate, specific comment about professional behavior and about knowledge of skill demonstrations required by the College.

The Assistant Deans (Preclinical Curriculum, Student Affairs and Services, Community) work together to write the MSPE according to an established template. The MSPE is available for the student to read and is contained as a document in the student file.



## PROMOTION AND GRADUATION REQUIREMENTS

The College of Human Medicine at Michigan State University has a responsibility not only to its students, but also to the public that its students and graduates will serve. A major component of that responsibility is to assure the public that the College's students and graduates perform in a manner consistent with the standards of scholarship and professional behavior accepted by society and the medical profession.

Medical students in the College of Human Medicine are expected to pass all required courses and clerkships, and to complete the requisite number of elective courses and clerkships, as well as any prescribed examinations, in order to be qualified for promotion and retention.

The responsibility for setting policy (subject to faculty approval) regarding promotion and retention of medical students in the College of Human Medicine rests with the Student Performance Committee (SPC). The Committee utilizes the following requirements for purposes of promotion and retention.

### I. Promotion to Block II

All Block I requirements must be passed before entering Block II, unless the student is on a formal extended program, or has received approval from the Assistant Dean for the Preclinical Curriculum. The existence of a revised course plan, signed by the Assistant Dean constitutes such approval.

### II. Promotion to Block III

Each student will be automatically promoted to Block III after successful completion of all required courses in Blocks I and II, which includes successful completion of USMLE Step I.

Students who have been away from Clinical Skills for at least one semester prior to Block III, including extended students and combined degree students, are required to participate in a Clinical Skills refresher experience prior to reintroduction into the standard CHM curriculum. These refresher experiences are intended to serve as a “brush-up” for students on needed Clinical Skills that may have become “rusty” because of lack of practice. The goal of the experience is to be sure that the student is prepared for the next phase of his/her training. The content of the refresher will vary depending upon the student’s level, but may include demonstrated physical exams, interviews, and health record writing.

The student will be notified in advance of recommended review materials and expectations. If the student does not demonstrate basic competence in the refresher experience, Clinical Skills faculty will develop a remediation plan and successful remediation will be required. Questions about refresher experiences may be directed to the Clinical Skills faculty or to the Block I/II offices.

All students are expected to take the USMLE Step 1 exam in the year in which they expect to start Block III, between the completion of Block II and commencement of Block III. Students should complete the application process to take the USMLE Step 1 exam at the earliest opportunity, typically mid-fall Block II.

All Block II requirements must be passed before a student may sit for the USMLE Step 1 examination.

Students participating in the first PBL N remediation course in May/June, who pass the PBL examination must take the USMLE Step 1 examination by June 30 or prior to the first day of Block III orientation, whichever date is earlier, and must begin Block III in July, unless a formal extension request is made.

Students participating in the second PBL N remediation course in June/July, who pass the PBL examination, are required to take the USMLE Step 1 examination by the last Tuesday in July, and attend Block III orientation and Core Competency sessions. If the student passes the USMLE Step 1 examination, the student may start Block III with the second clerkship.

Students who have started a clerkship and are then notified that they have been unsuccessful in their first attempt at Step I have two options: (1) student may withdraw from the first clerkship and will receive neither a penalty grade nor credit for time spent on the clerkship, and will be required to retake the entire clerkship at a later time; **OR** (2) student may complete the current clerkship and then take 1-2 clerkships off to study and post a passing score on Step 1. A student will be placed on academic review if s/he fails USMLE Step 1.

Having failed for the first time, students must post a passing score before they can continue in the Block III curriculum. Students who withdrew from the first clerkship and are unable to post a passing score prior to the beginning of the third clerkship must wait until the beginning of the following academic year to start Block III, unless granted permission by the Assistant Dean of Preclinical Curriculum and Senior Associate Dean of Academic Affairs. Students who remain in their first clerkship and are unable to post a passing score prior to the beginning of the fourth clerkship must wait until the beginning of the following academic year to continue in Block III.

Students must successfully pass the USMLE Step 1 examination within the allowed number of attempts and within a specified time frame as follows:

Students must successfully pass the USMLE Step 1 examination within four (4) administrations of the exam;

**AND**

Students must successfully pass the USMLE Step 1 exam within sixteen (16) months of taking the Step 1 exam for the first time. **Note that the USMLE limits the number of attempts within any twelve-month period to three (3).**

Thus, any student who takes the Step 1 exam and has not passed within the above stated criteria, will be suspended pending dismissal from the College.

### **III. Graduation Requirements for College of Human Medicine Students**

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.

The principles that govern students' professionalism are outlined in the College of Human Medicine's document entitled, "**The Virtuous Professional**". Each of the six professional virtues is linked to examples of specific behaviors. The student should use these examples as guides, recognizing that no code of professional conduct can ever be, nor should be, completely explicated.

All Blocks I, II & III requirements must be passed before graduation, including all required Gateway assessments.

Passing the USMLE Step 1 and Step 2 Clinical Knowledge and Step 2 Clinical Skills is a graduation requirement.

Students must complete requirements within eight years of matriculation (includes leaves of absences and extensions for any reason). Students who have not met this requirement in eight years will be suspended pending dismissal. This time limitation does not apply to students formally enrolled in the M.D./Ph.D. program.

### **IV. Definitions**

#### **Academic Review**

Student has received the requisite number of CP and/or N grades that triggers academic review. The academic program of a student on academic review will be in the hands of the College, and changes to their program must have approval from the appropriate Block Director and/or Assistant Dean/Director of Preclinical Curriculum.

**Suspension Pending Dismissal**

Student has received the requisite number of N grades and/or credits that triggers suspension pending dismissal. The student has the option of appealing to the SPC for reinstatement or leaving CHM.

**Probation**

After a student has been suspended and reinstated, the student will be placed on probation with specific requirements for retention. The academic program of a student on probation will be in hands of the College, and changes to their program must have approval from the appropriate Block Director and/or Assistant Dean. A preclinical curriculum student who is suspended and reinstated remains on probation until the end of his/her preclinical curriculum.

**Dismissal**

If a student is not reinstated by the SPC, that student is dismissed from the College of Human Medicine and is no longer a student of CHM and may not attend any classes or participate in any CHM activities. A dismissed student may make a final review/appeal request to the Dean if there is new information or there are procedural issues (refer to Medical Student Rights and Responsibilities Document). The dismissal is held in abeyance until the final review/appeal process is completed.

**V. Academic Review**

**A. Academic Review Status in Preclinical Curriculum**

A student is automatically placed on academic review during the preclinical curriculum for a minimum of one full (1) semester when a student:

- a. is carrying two (2) CP grades or one (1) N grade in any semester;
- OR**
- b. has dropped a course in which s/he is performing below the 75.0% level AND has one (1) CP grade or one (1) N grade in that semester;
- OR**
- c. has dropped two (2) courses in which s/he is performing below the 75.0% level.
- OR**
- d. fails USMLE Step 1

**B. Process Related to Academic Review in Preclinical Curriculum**

1. A letter sent by the Assistant Dean of the Preclinical Curriculum should inform the student of the following:
  - a. Academic review means placing the final decision regarding the student's program (including approval for registration in courses) in the hands of the College.
  - b. Block I or II students shall meet with the appropriate Block Director and Academic Advisor (and the Director of Clinical Skills if N grades in this area exist) to develop a specific academic plan. At times, the Assistant Dean of Preclinical Curriculum may also attend these meetings.
  - c. The student shall prepare a letter of reflection within 7 working days (excluding holidays observed by the University), beginning with the date of the academic review notification, for the Student Performance Committee. The letter should be an honest self-analysis of the reasons for their academic difficulties and include a reasonable plan for improvement. This letter will not become a part of the student's College file, unless requested by the student. However, it will be reviewed and presented at any subsequent SPC hearing for that student.
  - d. Depending on the content of the letter of reflection, the Chair of the SPC will send the student either a letter of acknowledgement or a request for clarification after the Committee meets and reviews the letter. This letter will represent the prevailing opinions of the Committee.
2. The student's academic plan should be worked out by the student, the appropriate Block/Assistant Block Director, and Director/Assistant Director of Academic Support and shall include:
  - a. a schedule for the future academic program;
  - c. remediation plans for the course(s) in which the student received unremediated N or CP grade(s);
  - d. a timetable;
3. After approval by the Assistant Dean/Director of Preclinical Curriculum, the student shall proceed to enroll in, drop and/or continue in existing courses as detailed in the approved plan.

4. Any changes in the approved plan must be resubmitted to the appropriate director and the Assistant Dean/Director of Preclinical Curriculum.
5. The Associate Dean for Academic Affairs will obtain a report of the academic progress of those students who are on academic review at the end of the each term from the College Records/Enrollment Officer.
6. The Associate Dean for Student Affairs and Services, or designated staff, shall be kept informed and involved, when deemed necessary.
7. A student on academic review can be removed from this status by the Assistant/Director for Preclinical Curriculum when: (1) s/he has served one (1) full semester of academic review; and (2) successfully remediated all CP and/or N grades; and (3) has taken and passed any course that was dropped with a score of < 75%.
8. If a student is on continuing academic review or placed on new academic review the semester prior to beginning Block III, s/he will remain on academic review until posting a passing grade on USMLE Step 1.

**C. *Academic Review Status in Clinical Curriculum***

1. A student enrolled in the Block III program is automatically placed on academic review when s/he receives:

an N grade in any clerkship

**OR**

two (2) or more CP grades in any of the clerkships

An 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.

**D. Process Related to Academic Review in Clinical Curriculum**

1. A letter sent by the Associate Dean should inform the student of the following:
  - a. Academic review means placing the final decision regarding the student's program (including approval for registration in courses) in the hands of the College.
  - b. A Block III student will meet with their Community Assistant Dean and/or designee to develop a specific academic plan, in consultation with the department, to address the deficiency.
  - c. The student's complete Block III program schedule will be reviewed and, if appropriate, revised to facilitate the student's achievement.
2. The student's academic plan should be worked out by the student and the appropriate Community Assistant Dean and/or designee and include:
  - a. A schedule for future academic program;
  - c. Remediation plans for the clerkship(s) in which the student received N grade(s);
  - c. A timetable
3. This plan will be sent to the Block III Director for final approval.
4. After final approval, the student's enrollment will be adjusted as as detailed in the approved plan.
5. The Community Assistant Dean and/or his designee will meet with the student at least once during each subsequent rotation to review the student's progress.
6. Any changes in the approved plan must have the approval of the Community Assistant Dean, and such changes must be resubmitted to the Block III Director.
7. The Community Assistant Dean shall forward reports of the student's progress to the Senior Associate Dean for Academic Affairs least twice annually.



8. Clinical students will remain on Academic Review status until they have remediated all outstanding CP and/or N grades.
9. A student on academic review status may be permitted to enroll for off-campus clerkships with the approval of their Community Assistant Dean and Block III Director.

**VI. Suspension Pending Dismissal**

- A. In the preclinical portion (Blocks I & II) of the College's curriculum, a suspension pending dismissal shall be ordered whichever of the following cases occur first:

3 N grades during Block I courses

**OR**

3 N grades during Block II courses/domains

**OR**

12 or more N credits across the preclinical curriculum

N credits/grades will be counted as such even if the student has subsequently received P credits/grades in the course.

- B. In the preclinical portion of the College's curriculum, a suspension pending dismissal shall be ordered in any case where a student receives an N grade in the course for a second time.

- C. In the clinical portion of the College's curriculum (required and elective clerkships), a suspension pending dismissal shall be ordered in any case where a student receives:

Two (2) or more N grades in Block III courses;

**OR**

One (1) N grade and one (1) CP grade in Block III courses;

**OR**

Three (3) CP grades in Block III courses;

**OR**

An N grade in a clerkship for a second time;

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

- D. A student must complete all requirements within eight (8) years of matriculation (including leave of absence and extensions for any reason) or the student will be suspended pending dismissal from the College of Human Medicine. This does not apply to students who are enrolled in the M.D./ Ph.D. program.

- E. A suspension pending dismissal shall be ordered in any case where a student engages in an act which is a serious violation of the provisions of the Student Oath or the written laws of the State of Michigan or which seriously compromises the welfare or integrity of other persons.
- F. A suspension pending dismissal shall be ordered in any case where a reinstated student fails to meet the terms for student progress, performance, standing and/or retention specified by the Student Performance Committee.
- G. Passing the United States Medical Licensing Examination USMLE Step 2 CK (Clinical Knowledge) and CS (Clinical Skills) is a graduation requirement.
- H. When a student's academic record indicates that suspension pending dismissal and/or required leave of absence should be ordered, administrative review of the student's grades will occur prior to the sending of the suspension pending dismissal or required leave of absence letter.
- I. Unprofessional Behavior

Unprofessional conduct can also result in suspension pending dismissal by either an academic or disciplinary pathway:

1. **Academic Pathway:** Students will be routinely evaluated on their professionalism within some preclinical and all clinical courses. Non-passing grades can be earned on this basis alone, and through this academic process, trigger suspension pending dismissal through accumulation of the threshold number of N or CP credits. In this manner, professional conduct within a course or clerkship and across courses and clerkships is addressed as an academic matter. Conduct governed by the academic pathway is encompassed by the CHM system of professional virtues and is explained more fully in **The Virtuous Professional** document.
2. **Disciplinary Pathway:** Students who engage in single, egregious acts of unacceptable conduct (cheating, behavior which threatens the welfare of patients or others, violations of University policies, and violations of the laws of the State of Michigan), or who engage in repeated instances of unacceptable conduct, across courses and/or clerkships will, after appropriate investigation, be reviewed by a disciplinary panel made up of students and faculty, as outlined in the Medical Students Right and Responsibilities (MSRR) document available at [www.splife/studentlife.msu.edu/](http://www.splife/studentlife.msu.edu/). If the conduct is found to be valid and serious by the panel, suspension pending dismissal is one sanction that can be recommended by the panel. This process is

more fully explained on pages 29-33 of this document (see page 29, "How Instances of Unprofessional Behavior are Handled").

## VII. Academic Hearing

A suspended student may request reinstatement by the Student Performance Committee.

- A. Students who are placed on suspension pending dismissal from the College of Human Medicine for failure to meet the College's promotion and retention standards may request consideration for reinstatement and initiate a hearing by the Student Performance Committee.
- B. Students who are suspended pending dismissal in the preclinical years may continue in their academic program until the result of their Academic Hearing is known. However, a preclinical student may not proceed into the next Block until the suspension is resolved. Students who are suspended pending dismissal in the clinical years may not continue in their education program **unless they have been reinstated by the Student Performance Committee (after an academic hearing).**
- C. A request for consideration for reinstatement must be initiated by the student within seven (7) days (exclusive of Saturdays, Sundays, and holidays observed by the University) beginning with the date of the suspension pending dismissal notification. If the suspension pending dismissal occurs at the end of the summer semester, any student may request consideration for reinstatement during summer semester, but no later than the first seven (7) days (exclusive of Saturdays, Sundays, and Holidays observed by the University) of the commencement of the following fall semester. **If the request for reinstatement is not received within the required time frame, the dismissal will stand.**
- D. A request for reinstatement is initiated by a letter written by the student to the appropriate CHM administrative officer, with a copy filed with the Coordinator of the Student Performance Committee and the Assistant Dean for Student Affairs. The student should state the basis upon which the request is made.
- E. In rare circumstances, a hearing may be postponed. A written request for postponement may be sent to the Senior Associate Dean for Academic Affairs or designate, with a copy to the Associate Dean for Student Affairs, Outreach & Diversity, the Assistant Dean of Preclinical Curriculum, and the Student Performance Committee Coordinator within the time frame outlined in the suspension pending dismissal letter. The letter should state the reason for requesting postponement. Upon receipt of the letter, it will be reviewed by the Senior Associate Dean. A postponement of up to 90 days from the date of receipt of the suspension pending dismissal notice may be granted. During the postponement period, the preclinical student, having been suspended from the College, may continue with any course work for which they are

enrolled. The student should meet with Assistant Dean for the Preclinical Curriculum to outline their academic program during the postponement period. A clinical student may not engage in any clerkships or patient contact activities during the postponement period and should consult with the Assistant Dean in their assigned community. During the postponement period, if the student decides to request a reinstatement hearing, he/she must again submit a written request for a reinstatement hearing. This written request must be received by the College within the 90 day postponement period.

- F. An academic hearing before the Student Performance Committee will be scheduled upon receipt of the student's letter requesting consideration for reinstatement. The hearing will take place by the next available and open meeting date of the Committee, unless such meeting falls within less than seven (7) days of the student's request for reinstatement (excluding Saturday, Sunday, and University holidays). The faculty members of the Student Performance Committee shall deliberate and make a decision regarding the request.
- G. The Student Performance Committee shall prepare a written record of its deliberations and recommendations and forward such to the appropriate CHM administrative officer for final review and action. If reinstatement is recommended, the faculty members of the Student Performance Committee must establish subsequent performance expectations. Such expectations may include re-enrollment of specific course/domains and/or clerkships.
- H. If a student in the preclinical or clinical program is reinstated after being suspended, the student will be placed on probation with new promotion and retention requirements established by the Student Performance Committee. Preclinical students will be removed from probation once all required remediations have been completed successfully and they have completed Blocks I and II. Clinical students will be removed from probation once all required remediations have been completed successfully and any further conditions established by the Student Performance Committee have been met. Students who have been reinstated remain under the oversight of the SPC, whether or not the student is on probation.
- I. If the student believes that the decision of the Student Performance Committee violates due process, the student may initiate a grievance hearing.

### **VIII. Probation (After Reinstatement)**

#### **A. Probation in Preclinical Curriculum**

1. A preclinical student who is reinstated by the Student Performance Committee will remain on probation status until completion of their preclinical curriculum.
2. If a student is on academic probation the semester prior to beginning Block III, s/he will remain on academic probation until posting a passing grade on USMLE Step 1.

#### **B. Probation in the Clinical Curriculum**

1. The student who is reinstated by the Student Performance Committee will be on probation status with new promotion and retention requirements established by the Student Performance Committee. The student will be removed from probation once all required remediations have been completed successfully and any further conditions established by the SPC have been met.
2. Students on probation may not take off-campus clerkships.

### **IX. USMLE Step 1 Rules and Remediation Process**

CHM requires that students take the USMLE Step I examination prior to commencing the Block III curriculum, meaning prior to the first day of the Block III Orientation.

#### **A. EXAM ELIGIBILITY**

1. All Block I and II requirements must be successfully completed in order to sit for the examination
2. Academic Standing
  - a. Students who are on Academic Review or Probation may sit for the USMLE Step 1 examination if each component of the preclinical curriculum has been successfully completed.
  - b. Students who have to take more than one remediation exam at the end of Block II must delay Block III entry by a minimum of one clerkship in order to have an adequate intensive study period for Step 1.
  - c. Students who have been Suspended Pending Dismissal are not eligible to sit for the examination until a hearing has been

conducted. If the student is not reinstated, s/he will not be certified by CHM as being eligible to sit for the examination.

**B. ATTEMPTS TO PASS USMLE STEP I/TIME FRAME**

1. CHM Policies

- a. Students must successfully pass the USMLE Step I examination within four administrations of the examination.
- b. Students must successfully pass the USMLE Step 1 examination within 16 months of taking the examination for the first time.
- c. Students who do not pass the examination after three attempts students must appeal to Senior Associate Dean of Academic Affairs before s/he may attempt the examination for a fourth time.

Students who do not pass the examination within the above stated criteria will be suspended pending dismissal from the College.

2. USMLE Policies

- a. The USMLE allows students six attempts to pass the USMLE Step 1 examination. Up to three examinations may be taken within one twelve month period. Examinations taken after three attempts must be spaced at least 12 months after the first attempt and at least 6 months after the most recent attempt. Eligibility periods will be adjusted by the NBME to meet these requirements.

**C. POLICY & PROCEDURES FOR EXTENDING THE DATE OF THE USMLE STEP 1 EXAM AND/OR DELAYING ENTRY OR RE-ENTRY INTO BLOCK III**

A student may have a compelling reason to delay taking the USMLE Step 1 examination and therefore delay entry into Block III. Delaying Step 1 requires administrative approval **for each clerkship that is delayed** and reasons for delay need to be compelling. Examples include:

- NBME practice exam feedback does not indicate a passing grade on Step 1. (Students must supply practice exam scores to approval application)
- A personal or family emergency

Students will not be approved an extension of their board date in order to obtain a better score, if their practice exams indicate a score of 198 or above.

1. Students who must take more than one remediation examination at the end of Block II will be **required to delay** Block III entry by at least one clerkship in order to have an adequate duration for the intensive study period for Step 1.
2. Written requests to extend the date of the examination must be submitted to the Assistant Dean / Director of Preclinical Curriculum using the form entitled "Request to Extend the Date of the USMLE Step I Examination" available at the end of the Preclinical Handbook. Requests require the approval of both Block II and Block III administrators.
3. Requests will require a meeting with the Assistant Dean / Director of Preclinical Curriculum. A request form must be completed, and a meeting attended, **each time** that a clerkship delay is requested (see below).
4. Students contemplating a delay in sitting for the USMLE Step 1 examination are expected to discuss this possibility with the Block III community administrator of the community to which they are assigned before a formal request is made to the Office of Preclinical Curriculum. This must occur **each time** that a clerkship delay is anticipated.
5. There is no guarantee that a request for an extension will be granted. Instead, a meeting to discuss the situation, the circumstances of the request and conditions to be met, will be arranged by the administrative assistant to the respective Block II administrator cited above.
6. If the student is requesting a delay in sitting for the Step 1 examination because of non-passing scores on the practice examinations, the student **MUST** submit his or her most recent **two NBME Comprehensive Basic Science Self-Assessment (CBSSA) practice examination scores** by the time of the meeting. No other practice examination scores will be accepted. **The request form will not be forwarded to the Block III office for approval until the two scores are provided.**
7. If the reason for the requested extension is deemed to be compelling, a recommendation for extension will be made to the Senior Associate Dean for Academic Affairs and the Associate Dean of Clinical Curriculum: both must approve before the extension can be granted.
8. All students who extend their board date are **required** to enroll in at least one credit of **HM 591 (Independent Study)** for each term during which they will be extending their board date. There are specific

requirements for receiving a passing grade in the course, which will be communicated to the student by the course director.

9. **A student who delays taking the USMLE Step 1 examination before Block III orientation must post a passing score before s/he may enter Block III.** This will require a window of time between the examination and the start of the clerkship that the student wishes to begin. Deadlines for sitting for the exam in enough time to obtain Step 1 examination results are established by the NBME, not by CHM.
  
10. If the request is approved, and the intention is to enter Block III during the same academic year that the exam is taken, the following conditions apply:
  - a. Students who delay entry into Block III must
    - i. Request that their community administrator drop the clerkship that the student would have entered, and continue enrollment for Core Competency (2 credits).
    - ii. Contact the Financial Aid Officer to understand the implications of board extension. Students may need to take more than one credit of Independent Study to qualify for a full financial aid package.
    - iii. Attend the week of Block III orientation in person in the assigned community.
    - iv. Attend each weekly Core Competency session in person in the student's clinical campus beginning in July. Students having a compelling reason to miss a session will make up the experience the following year or as arranged by the course director, depending on the experience.
  
  - b. Students who enter Block III late and who wish to graduate "on time" may have less time for elective clerkships, interviewing, and studying for the USMLE Step 2 Clinical Knowledge Examination.
  
  - c. The last Block III clerkship that a student may enter in a given academic year is the third clerkship (offered October – December).
  
  - d. Delaying entry into Block III may affect a student's ability to graduate with her/his class and may delay entry into residency by as much as one year.
  
11. Once the decision to delay taking the USMLE Step 1 examination is finalized, both the student and the clinical community to which the student is assigned will be notified by the Office of the Senior Associate Dean for Academic Affairs.



12. All students who delay the USMLE Step 1 examination must meet with the Director/Assistant Director of Academic Support in their Block II community to become clear on the grading requirements for HM 591, and to develop a study plan and a schedule for taking the NBME CBSSA practice examinations. The timing and number of these practice examinations will be determined by the Director/Assistant Director of Academic Support with a minimum of one practice examination taken one-two weeks before the USMLE Step 1 examination. Students must send the results of these exams to the Director/Assistant Director of Academic Support, who will forward the results to the Assistant Dean and the Director of Preclinical Curriculum.

#### D. RARE EXTENDED DELAYS

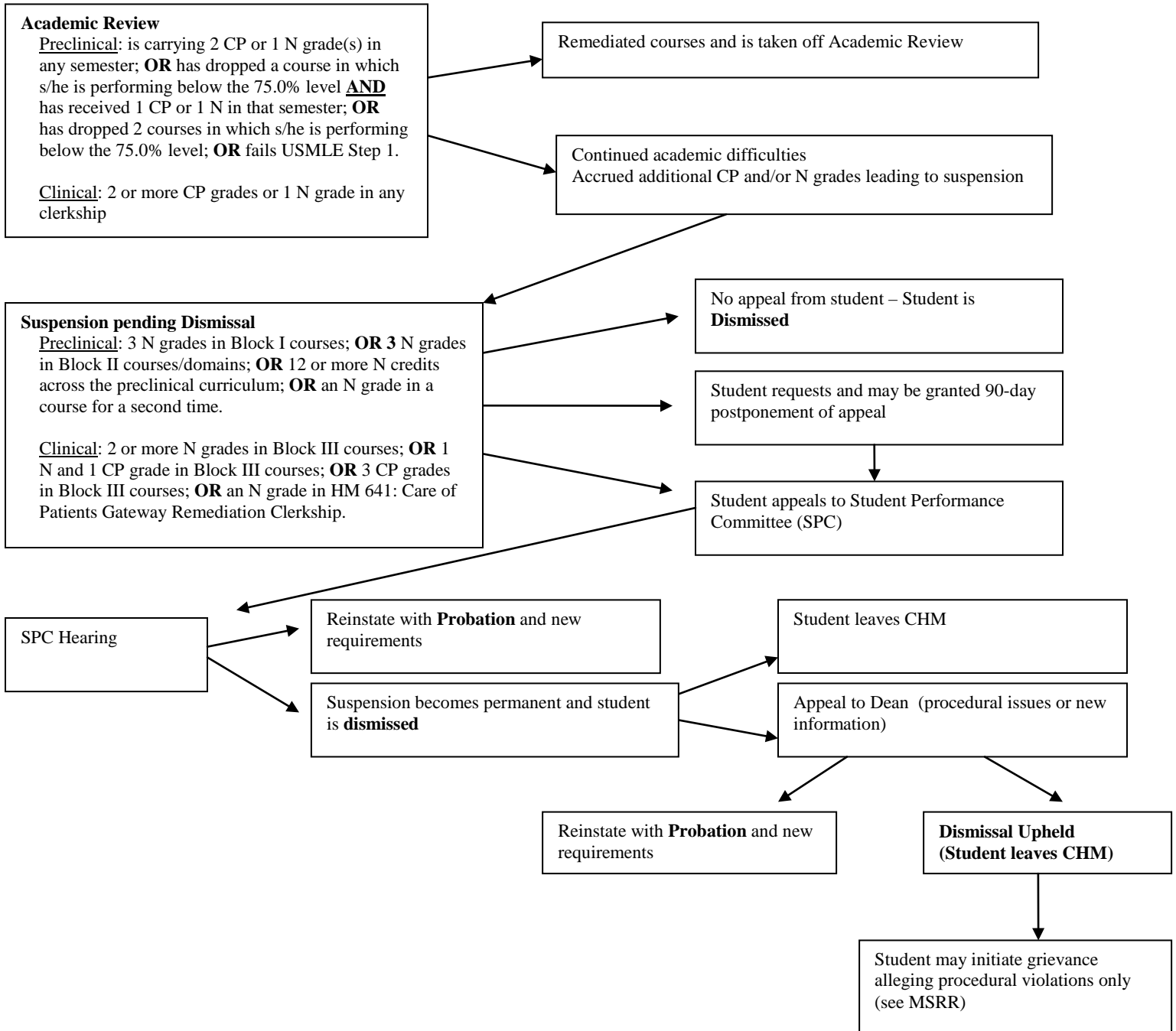
There is no question that the closer a student is to the end of the Block II curriculum, the greater the chance of a successful Step 1 performance. There are rare occasions when a student may not be able to sit for the examination, even by the mid-fall deadline.

1. Students who have not taken the USMLE Step 1 examination by September 30, must drop Core Competency and repeat the course in its entirety upon re-entering Block III in July of the following year.
2. The student must compose a letter to the **Student Performance Committee**. In it, the student must articulate the reasons for the delay and outline a plan for success. This letter must be sent to the Student Performance Committee Coordinator. It will be copied to the Senior Associate Dean for Academic Affairs, the Assistant Dean of Clinical Curriculum, and the Assistant Dean/Director of Preclinical Curriculum by the Student Performance Committee Coordinator. It will become a permanent part of the student's SPC file.
  - a) Prior to composing the letter, a meeting between the student and the Director/Assistant Director of Academic Support is strongly encouraged, the goal of which is to outline a plan for success.
  - b) Students granted permission to delay taking the USMLE Step 1 examination until after September 30, **cannot start Block III until July of the following year.**
  - c) Students who have delayed the USMLE Step 1 examination and who wish to enter Block III in July of the following year must:
    - a. Post a passing score on the examination;
    - b. Take the examination by **May 1 prior to Block III entry;**

- d) Students granted the deadline of May 1, who continue to perform poorly on the NBME Comprehensive Basic Science Self-Assessment practice examinations, will be strongly encouraged to enroll in an approved board preparation course coordinated by the Director/Assistant Director of Academic Support.

Students who do not take the USMLE Step 1 examination by the May 1st deadline, just prior to Block III, **will not be allowed to start Block III until the following year (1 year delay) at the earliest.**

**XII: Academic Review, Suspension Pending Dismissal, Probation and Dismissal 2014**



## PROFESSIONAL DEVELOPMENT & BEHAVIOR

### Understanding Professional Behavior

Medical students' responsibilities for conduct go far beyond matters of academic honesty, which apply to all MSU students. Medical 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 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. Personal moral creed may be overridden by professional standards. An important part of medical education is to provide the student with opportunities to reflect upon the relationship between one's personal values and one's evolving professional values.

### Core Professional Values<sup>1</sup>

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.

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<sup>1</sup> Adapted from Franklin G. Miller and Howard Brody, "Professional Integrity and Physician Assisted Death," Hastings Center Report 25 (3) : 8-17, 1995

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 the achievement of 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 misportrays 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.

### ***Development and Assessment 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 four-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 (see Appendix II). Students will routinely receive feedback from faculty about their progress in developing as virtuous health professionals.

### ***How Instances of Unprofessional Behavior Are Handled***

1. 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 inappropriate behaviors and it is expected that such behaviors will not be repeated.
2. Patterns of unprofessional behavior in a single course/domain, clerkship will become an academic matter. This means that professionalism will be reflected in the student's grade for the course or clerkship, will be included in narrative comments in letters by course/ clerkship faculty, and will be commented upon in the MSPE.
3. It is possible that a student could go on academic review or be suspended due to earning non-passing grades based solely on professionalism issues. In such

instances, as with all academic matters, the student could make an appeal to the Student Performance Committee for reinstatement. In the event that academic review was triggered by similar circumstances, the student would be notified of the academic review, with appropriate corrective action outlined.

### ***Disciplinary Action***

#### **What precipitates disciplinary rather than academic 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 cheating, behaviors that 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, 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.

Fact-Finding of all allegations of unprofessional conduct will be followed up with fact-finding by the responsible CHM administrator.

#### **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 Medical Student Rights and Responsibilities document identifies (see 5.5.3.1) five sanctions that the Hearing Body will consider:

- a. Warning
- b. Warning Probation
- c. Disciplinary Probation
- d. Suspension
- e. Other

#### **In Lieu of a Formal Hearing**

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.

### ***Examples of Unprofessional Behavior***

It is well documented that people differ with regard to what is considered dishonest or unprofessional. Given this, the faculty in the College feel that it is important to provide some examples to students, so as to create enough specificity that students can govern themselves. On the other hand, no list of examples is complete – **it is possible for a student to behave in ways not covered by our list, and still be considered to have acted unprofessionally.** With this stated caveat, the CHM list of examples follows.

### ***Examples from the Preclinical Environment***

The following activities are considered to be academically dishonest, unless a faculty member specifies that a given activity is permissible in his or her course:

1. failing to report observed instances of academic dishonesty;
2. Plagiarism is defined as representing as one's own, the ideas, writings, or other intellectual properties of others, including other students. Failure to put direct quotations in quotation marks constitutes plagiarism, as does failure to cite a reference from which the quotation was selected;
3. collaboration on assignments when it is expressly prohibited in the course protocol/syllabus;
4. falsifying academic, research, or clinical records, including fabrication of data;
5. bribing University staff/faculty to improve academic scores or grades in any way;
6. acquiring an examination during the preparation, typing, duplication or storage including licensing examinations;
7. removing or acquiring secured examinations after administration including licensing examinations;
8. copying answers from another student's examination;
9. taking crib sheets or other forms of prepared answers/notes into an examination;
10. leaving the examination room and returning without permission;
11. taking an examination for someone else or preparing and submitting an assignment for someone else;
12. having someone take an examination or prepare an assignment in one's stead;
13. systematically memorizing questions from secured exams and collating them for future study or distributing them to other students;
14. receiving, retaining, and/or using materials obtained in a manner that is defined as academically dishonest;
15. using signals or otherwise communicating during an examination to share answers with another student;
16. continuing to answer test items beyond the prescribed exam time limit;
17. falsifying reasons for excused absences from examinations;

18. taking examinations at times other than the one to which you have been assigned in order to obtain more preparation time;
19. using an I-clicker for another student;
20. unauthorized use of patient parking lot;

### **Examples from the Clinical Environment**

The following activities are considered to be examples of unprofessional behavior and/or academic dishonesty.

1. behavior that 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. committing plagiarism in medical records or required write-ups;
5. unexcused absences in clinics, hospitals and other clerkship obligations;
6. falsifying reasons for excused absences from clerkships or examinations;
7. presenting or publishing data or results (including electronically) from a collaborative research project without the principle investigator’s permission (funded or unfunded projects);
8. plagiarism defined as representing as one’s own, the ideas, writings, or other intellectual properties of others, including other students;
9. treating faculty, peers, nurses, other health care professionals, staff of academic centers and other institutions with lack of respect and courtesy;
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. taking an examination for someone else or preparing and submitting an assignment for someone else;
13. removing or acquiring an examination during preparation, typing, duplication, storage or after administration including licensing examination;
14. continuing to answer test items beyond the prescribed exam time line;
15. leaving the examination room without permission;
16. taking examinations at times other than the one to which you have been assigned in order to obtain more preparation time;

According to the policies in force at Michigan State University, a penalty grade can be given in the above circumstances.



***Reporting Concerns about Professional Misconduct*****1. 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 with the expectations defined in this section and the Student Oath (see front cover), students, faculty and staff alike not only must become concerned, but also recognize the responsibility to become involved, with every intent to help 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.

**2. How to Report a Concern**

Students should identify their concerns to the Assistant Dean for the Preclinical Curriculum, the Community Assistant Dean in their assigned community, if in Block III, or the College Ombudsperson. The specific incident(s) should be reported in as much detail as possible. Every effort will be made to respect confidentiality; nevertheless, in some instances, students might be called upon to provide details of events at the Disciplinary Hearing, if convened.

**GRIEVANCES**

Any student who has not been treated as other students in accordance with pre-stated rules or regulations may wish to submit or file a grievance. A grievance may be considered if there has been a break in "due process," i.e., the student has not received "the process" which he/she is justly "due."

Any student who finds him/herself in such a situation should consult the Office of Student Affairs and Services for advice and review the Medical Student Rights and Responsibilities Document (MSRR). Beginning with Article 5.2.1., if one feels his/her academic rights have been violated and has not received "process which you are due," the student is encouraged to seek help and advice.