Preclinical

Student Handbook

2014-2015
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College Culture
The Virtuous Professional
A System of Professional Development for Students, Residents and Faculty

Michigan State University
College of Human Medicine
# A System of Professional Development for Students, Residents and Faculty

**Overview: MSU/CHM Three Virtues and Six Responsibilities**

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**Three MSU/CHM Virtues**

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**Process of Professional Growth**

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**Six Professional Responsibilities**

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1. **Competence**

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2. **Honesty**

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3. **Compassion**

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4. **Respect for Others**

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5. **Professional Responsibility**

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6. **Social Responsibility**

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**History and References**

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At Michigan State University College of Human Medicine (MSU/CHM), we recognize the importance of educating professionals who will bring strong scientific knowledge to bear on problems in a humane and compassionate manner.

In addition to creating and delivering a strong academic curriculum, we also recognize the need to establish an educational environment that encourages all of us to strive for excellence, to continuously deepen our character, and to aspire to be virtuous professionals.

What we do as professionals is important. But so is who we are. We may act in accordance with our professional responsibilities merely because it is expected or because we fear the disapproval of others if we don’t. Although acting in accordance with our duties is better than not doing so, we express our character only when our actions are supported and motivated by our devotion to some ideal of the type of person we hope to be.

There are many kinds of ideals to which we could aspire, which at MSU/CHM we call “virtues.”

Three CHM Virtues

1. Courage
2. Humility
3. Mercy

Six Professional Responsibilities

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

Process of Professional Growth

1. Dialogue
2. Reflection
3. Practice
At MSU/CHM, we focus on the virtues of Courage, Humility, and Mercy as representative of our core values. Like all virtues, their exercise requires the use of judgment:

1. **Courage** refers not only to bravery in the face of a physical threat (although sometimes that's what courage may require) but also to the readiness and ability to take risks in order to do what is ethically best.

2. **Humility** refers to a deep appreciation of the limits of our knowledge, skills, or abilities to make the right decision. It also demonstrates the capability to learn from our mistakes and receive critical feedback.

3. **Mercy** refers to our disposition to meet the needs of others out of empathy, especially in the context of the power imbalance inherent in the patient-physician or student-teacher relationship.

As ideals, the virtues of courage, humility, and mercy are never perfectly attainable. Each occasion that calls for them presents a challenge to which we may or may not rise.

The three crucial virtues are at the heart of excellence among our students, residents, and faculty. They support the highest exercise of our professional responsibilities. These professional responsibilities draw the line between ethically acceptable and unacceptable behavior. It is critically important to avoid unethical behavior toward patients, colleagues and others, but that is a minimal expectation. In the larger context of our pursuit of excellence, it is also essential to aspire to ideals that reach beyond doing the right thing, toward becoming the kind of person and the kind of professional we would most like to be.

Pursuit of virtues and ideals is often necessary for really living up to our responsibilities.

The virtuous professional may need to have **courage** *to be honest*. Being honest sometimes carries risks (e.g., fear of retaliation by those who have power over us or avoidance of emotionally difficult conversations with patients or colleagues). When honesty is called for, the virtuous professional will need the courage to take those risks. If we misjudge what is best and are courageous in the wrong cause, we are only foolhardy. If we take risks that aren’t necessary to achieving the good we’re aiming at, we are merely reckless.

The virtuous professional may also need the **humility** to acknowledge how little s/he may know about the influences that shape her behavior. Recognizing how his/her own self-interest might lead her to inadvertently act in less-than-honest ways allows him/her to take deliberate steps to avoid potentially compromising relationships, or minimize their influence. Humility also causes us to realize that we are human, and need to tend to our own wellness before we can adequately care for others. If we have too little humility, we become arrogant. If we have too much humility, we become meek, submissive and unable to exercise our powers on behalf of the good of others.

The virtuous professional also needs the virtue of **mercy**. The truth can often hurt, and it takes sensitivity, genuine concern, and skill to convey it in ways that protect the feelings of others, especially those with less power than our own. Compassion for others, un-tempered by any love of or compassion for oneself, leads to self-effacement. Sympathy which misunderstands what others’ needs are, or the actions needed to meet them, won’t support a truly compassionate response. It will amount to nothing more than pity.

All the virtues and responsibilities intersect with and mutually support each other. Courage can be linked to professional responsibility, humility to competence and respect for others, and mercy to respect for others as well as social responsibility. Our aspirations make the performance of our responsibilities personally and morally meaningful. They also draw us beyond our duties and set horizons for our growth as persons.
Cultivating the three virtues of Courage, Humility and Mercy is a lifelong project that requires Dialogue, Reflection, and Practice. At MSU/CHM, we strive to create an environment that views each of these three processes as avenues to our personal and professional growth. Some of the activities described here may be a formal part of training programs; others may be informal programs that enrich our perspectives and growth.

We are not entirely transparent to ourselves. Both our strengths and our failings are often more easily seen by others. We need to take advantage of the perspectives of others not only to discover where growth is needed, but to see how it can be achieved. In addition, when we can offer help to others, we often find that we’ve also grown in our understanding, of them, and ourselves. In learning how others have accomplished great things in the face of great difficulty, we can see new possibilities for ourselves. In finding the words to explain our own frustrations and difficulties, we often clarify our own understanding of our motives and behavior.

Dialogue can take many forms:

- Talking with others about our own behavior and difficulties, and talking with others about the difficulties we see them facing.
- Sharing and listening to stories of failure, or stories of triumph in living up to ideals.
- Using novels, films, and other media to learn about those who lived up to their ideals in the face of adversity, despite their vulnerabilities.
- Exploring our institutional and social environment with others, discovering how to change that environment to make it less corrosive of and more consistent with our ideals.

Dialogue is important, but becoming a better person and a better professional requires self-reflection. Self-reflection, like a reflection in a mirror, makes it possible to see ourselves as others see us. This psychic “distance” allows us to review our actions and motives with some objectivity, so that we can own our shortcomings while taking pride in our strengths. It is only within this balanced view of the self—neither self-dismissive nor arrogant—that emotional and moral growth is possible. In order to effectively practice self-reflection, we need to be well, both physically and mentally.

Reflection can be practiced in many different ways:

- Finding and taking time to be alone for careful self-reflection, away from everyday pressures and distractions.
- Writing reflectively about events, thoughts, and feelings—for example, writing about our day in response to questions like, “Who am I? Was I the person I really want to be in the many events of my life today? How did I live out of my strengths today? What did the day show me about how I want to or need to grow?”
- Reflecting ‘out loud’ with trusted friends or mentors about our role in particular experiences—what were the thoughts, feelings, or beliefs I had at the time that influenced how I conducted myself in a particular situation?
- Learning to be reflective ‘on-the-spot.’ For example, being intentionally aware of others’ immediate body language and/or facial reactions to something we just said or did.

Dialogue and reflection are essential but will go nowhere without practice. We don’t mean the practice of good works, although there’s nothing wrong with that. We mean the practice of stepping up to the plate, where most of us strike out much of the time. Becoming stronger in virtue is like becoming a better musician. If we never push ourselves out of our comfort zone, we never discover and develop our real potential, in playing the piano, or growing in courage, humility and mercy.
These virtues should of course be practiced in the everyday world of interactions with patients, families, students, and colleagues. But risking failure in the real world, where the stakes may be high, is daunting. So we usually stay in our comfort zone, because that’s where we are confident in our ability to perform. The result is that our capacities for excellence never grow, because they are never stretched.

Here are some possibilities for challenging our growth and development:

- To gain practice in our ideals, we must first recognize that we are in a situation requiring courage, humility, or mercy. Dialogue and reflection can help develop the perceptiveness we need to know when we must rise to the occasion.
- Engaging in Dialogue like that described earlier will present plenty of occasions requiring some degree of courage, humility, or mercy; to practice in this way also requires a safe and supportive environment in which to take risks.
- Life presents many other opportunities to work at the frontiers of our abilities, and grow in our skill—in sports or hobbies, for example. Learning how to step out of our comfort zones in these settings will carry over into confidence in doing so in the pursuit of our ideals. We need to practice life balance, enriching ourselves in areas beyond medicine, including our relationships with family and friends, physical wellness, and mental rest.

**Practice, Dialogue, and Reflection** should be seen together as different parts of an ongoing cycle: through a process of actively reflecting on and discussing our recent practice (seen as specific actions in specific contexts), we learn about who we are and how we need to or want to grow—as adults and as professionals. We can then take that new learning out into our lives and try something new in practice, the experience of which can then be reflected on and discussed to provide new insights into how we can grow in excellence, in our humanity and in our professional practice.
Six Professional Responsibilities
Competence, Honesty, Compassion, Respect for Others, Professional Responsibility, Social Responsibility

SIX PROFESSIONAL RESPONSIBILITIES

MSU/CHM has long articulated a set of desirable professional responsibilities for its faculty and students that serve as examples of professional behavior. These six are:

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

Each responsibility is really a journey toward an ideal goal; no student, residents, or faculty has actually reached the goal, and every professional is capable of at least some improvement with regard to each attribute.

MSU/CHM has created a system in which students, residents, and faculty can be clear about responsibilities, can better monitor their own behavior and progress, and can meet the professional behavior expectations in their role. The specific expectations for each of these responsibilities will depend on the individual’s level of training and the demands of their role. We also expect our students, residents, and faculty to be able to self-correct and to assist their peers in their own professional development.

Definitions of a virtuous professional embrace the concept of a self-renewing, self-regulating individual recognized by society as working toward a common set of professionally-defined and societal-sanctioned goals, possessing a unique set of knowledge and skills, and operating within a defined code of behavior. At MSU/CHM the students, residents, and faculty are committed to the following responsibilities of professional behavior:

Recognizing that not all faculty see patients, the indicators listed below should be applied as appropriate to each individual in the context of their role or level of training in the CHM community.
Professional Responsibility

1. Competence

There is a responsibility to be competent. Others rely on us, whether they are students, residents, colleagues or patients. We must develop and maintain the skills and knowledge necessary for performing the tasks required by our roles.

Virtuous professionals master the basic knowledge, skills, and attitudes relevant to their discipline. They accept this mastery as a lifelong responsibility. They are motivated to learn not merely out of scientific curiosity, but also from concern for the people who depend upon them. They recognize limits to their competence because professionals, no matter how expert, have gaps in their knowledge and skills.

Virtuous professional students striving for competence will:
- take responsibility for learning individually and in a group setting
- strive consistently for mastery
- exhibit a conscientious effort to pursue excellence in patient care, when applicable
- reflect accurately on the adequacy of personal knowledge and skill development
- identify and begin to address personal limitations and other barriers to learning and growth
- reflect with colleagues on the success of group work
- avoid assuming responsibility beyond their level of competence

Virtuous professional residents striving for competence will pursue all of the above and:
- exhibit a conscientious effort to pursue excellence in patient care
- exhibit a conscientious effort to pursue excellence in scholarly work
- manage patients using evidence-based principles
- acknowledge intellectual and technical limitations to self, students, and teachers
- avoid assigning responsibilities to learners that are beyond their level of competence
- exhibit a commitment to pursuing causes of medical errors and strive to avoid them in the future

Virtuous professional faculty striving for competence will pursue all of the above as applicable and:
- acknowledge intellectual and technical limitations to self, residents, students, and colleagues
- have a commitment to lifelong learning
- meet Continuing Medical Education annual goals
- maintain board certification credentials
- see safety as a priority in patient care and role model this for students and residents
2. Honesty

There is a responsibility to be honest. Lying to or misleading others can adversely affect the welfare and rights of others, undermine the ability of colleagues to meet their responsibilities, compromise personal integrity, or have other serious consequences.

Goals

Virtuous professionals are honest in working with students, residents, faculty, colleagues and patients. All disciplines are 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.

Indicators

Virtuous professional students striving for honesty will:

- avoid cheating, plagiarism, and misrepresentation of the truth
- answer questions in relationships with patients openly and accurately
- openly admit when he/she does not know the answer to a question
- record on a patient’s chart only data that have been observed and verified
- report observed instances of dishonesty to appropriate authorities, regardless of their relationship to the subject of the report
- assure that all research data, for which they are responsible, are recorded fully and accurately
- take credit in publication only for work actually performed

Virtuous professional residents striving for honesty will pursue all of the above and:

- respond to patient and student questions with accuracy and openness
- report dishonest behavior of colleagues using appropriate lines of communication

Virtuous professional faculty striving for honesty will pursue all of the above and:

- avoid fraudulent activities and conflicts of interest
- disclose errors to patients and offer a sincere apology
- assure that publications only include data that have been obtained by appropriate research methodology
- disclose teaching errors to trainees and offer a sincere apology
- conduct research ethically and without conflict of interest
- accurately represent research findings in scholarly work
### 3. Compassion

**Goals**

Virtuous professionals (whether students, residents, or faculty) are compassionate and use empathy to sense others' experiences and concerns. They appreciate the experiences of others, including their suffering and fear, and learn to respond to that fear and suffering in a humane and healing manner.

**Indicators**

Regardless of their role or level of training, virtuous professionals striving to be compassionate will:

- identify, articulate, and respond to the fear, suffering, and hopes of others
- seek to assist colleagues in dealing with the challenges of professional work
- seek feedback on the effect of his or her behavior on others
- understand the context of illness within a biopsychosocial model
- use empathy to sense others' experiences and concerns
- understand the vulnerability of learners and patients
- articulate possible concerns of learners and patients and respond to them with empathy
- give “bad news” in an honest, understanding, and empathic manner
- attend to the needs of the dying patient

There is a responsibility to be compassionate. Here we refer to those basic expectations that everyone must meet. Wanton disregard for the feelings or welfare of others is an affront to common decency. Such behavior is especially objectionable among health professionals, who have pledged themselves to serve those who come to them in need.
4. Respect for Others

There is a responsibility to respect others. All persons have basic rights that must be respected; and patients have special additional rights that must be protected. All persons should be treated with common courtesy.

Virtuous professionals maintain 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 virtuous professional learns about different social and cultural groups so persons from such groups may be treated with a deeper understanding.

Indicators

Virtuous professional students striving to respect others will:

- demonstrate humility in interactions with others
- treat fellow students fairly and consistently
- value the dignity of every human being
- understand the meaning of cultural and lifestyle differences among people and strive to embrace those differences
- value the role of every person in the health care system
- value the role of the family in the care of the patient
- respect the personal and sexual boundaries of others
- avoid sexism, racism, and sexual orientation bias in interactions
- continuously question assumptions about others
- articulate and embrace differences among people and demonstrate an awareness of how such differences affect personal interactions
- demonstrate a commitment to resolve conflict in a collegial manner
- show sensitivity to the needs, feelings, and wishes of health team members
- respect patients' autonomy, 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.

Virtuous professional residents and faculty striving to respect others will pursue all of the above and:

- embrace the principles of patient autonomy and shared decision-making
- openly present thorough management options to patients
- embrace principles of confidentiality and informed consent
- understand how much can be learned from medical trainees
- recognize the power differential between self and, especially, patients, students, and allied health care personnel
- resolve conflicts in medical encounters with patients, students, and colleagues in a respectful manner
There are special professional responsibilities. Those entering a profession like medicine take on certain commitments that are inherent in the role. These include such basics as refraining from taking advantage of others through the power of one’s authority; making the welfare of others, rather than one’s self-advancement, a primary goal; protecting the integrity of the profession; and others.

Virtuous professionals realize that as a professional they have a responsibility to assure that professional goals are met in all settings. They understand that certain types of personal conduct seriously threaten the professional goals of medicine. They recognize that these unacceptable behaviors and other abuses of the power that society has granted the profession need to be strictly avoided.

Virtuous professional students striving for professional responsibility will:
- contribute to a positive learning and health care delivery environment
- be present and punctual for activities that are integral parts of the learning experience and patient care
- take responsibility to notify others, in advance whenever possible, when unavoidable absence or tardiness occurs
- be able to put patient needs ahead of one’s own needs
- cope with the challenges, conflicts, and ambiguities inherent in professional health care
- avoid activities that involve substance abuse or sexually offensive behavior
- demonstrate a willingness and ability to identify, discuss, and/or confront both his or her own problematic behaviors and those involving colleagues
- be available and responsive when “on call”
- be available to help other students, residents and colleagues
- set aside time and energy to care for one’s own wellness and relationships with friends and family

Virtuous professional residents striving for professional responsibility will strive for all of the above and:
- confirm patient history and physical examination findings of students
- give students prompt and respectful feedback about performance and when appropriate, ways to improve
- follow-up on promises to patients and students
- return patient calls in a timely fashion
- be accountable to and meet reasonable expectations of patients and students
- avoid activities that involve abuses of power
- recognize boundary issues of intimacy with patients and students
- recognize the drug industry’s influence on the medical profession
- evenly share the workload with colleagues

Virtuous professional faculty accepting professional responsibility will pursue all of the above and:
- follow-up on promises to patients and learners
- confirm patient history and physical examination findings of learners
- give learners prompt and respectful feedback about performance and when appropriate, ways to improve
- be accountable to and meet reasonable expectations of patients and learners
- recognize boundary issues of intimacy with patients and learners
- recognize financial or scholarly credential greed as a potential motivator and seek ways to reduce it
- mentor junior faculty, residents and students
- be prepared and on time for teaching responsibilities and committee assignments
- actively participate in committee meetings
### 6. Social Responsibility

#### Goals
There are social responsibilities. Health professionals recognize that there are social, political, economic, and other factors in the larger environment that adversely affect the health of the people they serve. This entails some commitment to changing those factors through political, educational or other avenues according to the individual’s circumstances and skills.

Virtuous professionals realize that all people live in societies that profoundly influence an individual’s health. Virtuous professionals honor the obligation to conduct themselves in a trustworthy manner and to act upon the responsibility inherent in the trust traditionally bestowed upon physicians and other professional groups.

#### Indicators
Regardless of their level of training, virtuous professionals (whether a student, resident, or faculty) striving for social responsibility will:

- be able to identify the multiple social factors that threaten the health of patients
- be proactive, outside the singularity of the patient-physician relationship, in addressing the social factors that adversely affect the health of patients
- freely accept a commitment to service
- advocate for the best possible care regardless of ability to pay
- seek active roles in professional organizations
- volunteer one’s skills and expertise for the welfare of the community
- create and maintain a positive learning and health care delivery environment
- address the health needs of the public
Authorship: The original “Virtuous Student Physician” 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 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).

Authorship: The new “Virtuous Professional” document represents a synthesis of inputs from several small work groups from the Task Force on Faculty Professionalism. William Wadland chaired the College of Human Medicine Task Force on Faculty Professionalism. Its members included: Laura Carrawallah, Robin DeMuth, Jake Foglio, Renuka Gera, James Harkema, Rebecca Henry, David Kozishek, Wanda Lipscomb, Janet Osuch, Joel Maurer, Brian Mavis, John Molidor, Donna Mulder, Mary Noel, Steven Roskos, Rae Schnuth, Chris Shafer, Aron Sousa, Margaret Thompson, Tom Tomlinson, Jane Turner, Dianne Wagner, Daniel Webster. The logo was designed by Donna Mulder. (2009-2012)

Sources:
1. ACGME, Stephen Ludwig, MD, and Susan Day, MD, 2011
   http://www.acgme.org/acgmeweb/Portals/0/PDFs/jgme-11-00-47-51%5B1%5D.pdf
2. College of Human Medicine Virtuous Student Physician document
3. American Board of Internal Medicine: Project Professionalism is available online at www.abim.org; also learn more about medical professionalism and a new activity of the ABIM Foundation by visiting www.professionalism.org.
6. College of Human Medicine SCRIPT Competencies- Service, Care of Patients, Rationality, Integration, Professionalism, Transformation
Since its inception, the College of Human Medicine has been committed to admitting a heterogeneous class of students: men and women, young students with traditional academic backgrounds, older students entering a second career, students from diverse cultural backgrounds, and students choosing different lifestyles. We continue to be proud of our commitment to a tradition of diversity and plurality. As professionals, you will be practicing in a multicultural world, a world which is not homogeneous in its belief systems and life styles. As students you will begin to recognize the value of such diversity and learn to appreciate the unique contributions of different groups and individuals with whom you share your educational experience.

Together, we seek to understand such differences not only by recognizing how we are alike as people, but also by respecting and rejoicing in the ways we are different. Intellectual curiosity and generosity in allowing individuals to hold different views encompasses not only academic issues, but also cultural beliefs and life experiences.

In view of our belief in the importance and value of diversity, let me state the College’s policy:

    No person within the CHM may harm or harass, or threaten to harm or harass, another community member because of his or her gender, handicap, race, national origin, religion, sexual orientation or age. While the exchange of ideas and perspectives contributes to the College’s validity, the right to freely express opinions is not a license to harass or intimidate.

As you move through your years at the College and beyond, I know that you will converse, study, and experience your education with members of your class who come from different backgrounds and varied life experiences.

Best of luck in your academic endeavors!
Michigan State University College of Human Medicine Diversity Statement

Michigan State University College of Human Medicine is committed to promoting diversity and inclusion in education, research, outreach, clinical service, community service and community collaborations in alignment with the college mission to educate exemplary physicians and scholars, to discover and disseminate new knowledge, to provide service at home and abroad, and to respond to the needs of the medically underserved.

**Our goals**

We work to advance diversity and inclusion as core strategic priorities in planning.

We aspire to become a recognized leader in diversity and inclusion in education, research, and service in medicine and the health professions.

We strive to create an inclusive learning and work environment that promotes the dignity and respect of our diverse student body, faculty, staff, patients and communities and that is also responsive to the needs and contributions of all persons.

We strive to be responsive to the changing needs of the communities that we serve and to enhance our communities by educating a culturally competent work force, providing culturally competent clinical care and promoting culturally responsive research.

**Medical School Admissions Diversity Statement**

In order to best meet the needs of an extremely diverse population of people from Michigan and beyond, Michigan State University College of Human Medicine's admissions process uses a balanced and holistic approach that considers an applicant’s academic metrics, experiences and personal characteristics in an attempt to achieve the educational benefits of a diverse student body. It also recognizes that many applicants who are underrepresented in medicine come from geographic, socioeconomic and educational disadvantaged backgrounds, and that people from these backgrounds are more likely than others to eventually serve disadvantaged, underserved and marginalized populations. As such, our admissions selection approach also allows for consideration of disadvantaged status in the decision-making process.”
Religious Observances for CHM Students

In keeping with the University policy on religious observances, CHM administration and faculty will honor student requests for an anticipated absence from a required activity, including but not limited to an examination, when it falls on a religious holiday.

**Blocks I and II**
If the religious holiday falls on a day of a required activity or an examination, the student should:

- Fill out the form entitled “Request for Approval of Absence from an Examination or Required Experience” at least 5 class days in advance.
- When applicable, notify the appropriate course faculty member(s) and small group members of the absence.

If the request is approved for an **examination**, the student will be given the opportunity to take a make-up examination.

If the request is approved for a **required experience**, the student will usually be required to submit a make-up assignment within a specified time period.

**Block III**
If the religious holiday falls on a day of a required activity or an examination, the student should:

- Submit the request according to Block III policies 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.
- Approved time off for religious holiday observance will not be counted against the total allowable days of absence, but time off must be made up during the clerkship.

Additional information on MSU’s Religious Observance policy can be found on the following websites:

- Office of Inclusion and Intercultural Initiatives:
  
  [http://www.inclusion.msu.edu](http://www.inclusion.msu.edu) and

- The Registrar’s website:
  
VALUES CONFLICTS

From time to time, in the course of required activities a student may be exposed to topics or viewpoints that are in conflict with the student’s values. Examples include abortion, euthanasia, and homosexuality. Students at 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 both the pros and cons of various points of view. Whatever a student’s point of view he or she must express it in a thoughtful and respectful manner. Similarly, a student should expect to have his/her point 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 physician’s professional responsibility. It is therefore expected that CHM medical 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.
Student Mistreatment Policy & Procedures
(adapted from George Washington University Medical School)

Policy's Principles

The Michigan State University College of Human Medicine (the "College") is committed to maintaining a positive environment for study and training, in which individuals are judged solely on relevant factors such as ability and performance, and can pursue their educational and professional activities in an atmosphere that is humane, respectful and safe. The College's mission statement provides that the College will “educate future physicians who will:

- Serve the health care needs of people in the state of Michigan, including those in rural and inner-city areas
- Be caring, compassionate, and humane in their care of patients
- Respect human differences
- Commit to ethical practices and lifelong learning”

Medical student mistreatment is destructive of these fundamental principles and will not be tolerated in the College of Human Medicine community.

Policy's Objectives

This policy and related procedures are intended to inform members of the College community what constitutes medical student mistreatment and what members can do should they encounter or observe it. In addition, the policy and related procedures are intended to:

- prohibit medical student mistreatment by any members of the College community including faculty members (pre-clinical and clinical), clerkship directors, attending physicians, fellows, residents, nurses and other staff, and classmates in the College community;
- encourage identification of medical student mistreatment before it becomes severe or pervasive;
- identify accessible persons to whom medical student mistreatment may be reported;
- require persons (whether faculty, staff or student) in supervisory or evaluative roles to report medical student mistreatment complaints to appropriate officials;
- provide a confidential system for reports of mistreatment;
- prohibit retaliation against persons who bring medical student mistreatment complaints;
- assure confidentiality to the full extent consistent with the need to resolve the matter appropriately;
- assure that allegations will be promptly, thoroughly, and impartially addressed;
- provide for appropriate corrective action.

The ultimate goal is to prevent medical student mistreatment through education and the continuing development of a sense of community. But if medical student mistreatment occurs, the College will respond firmly and fairly. As befits an academic community, the College's approach is to consider problems within an informal framework when appropriate, but to make formal procedures available for use when necessary.
What Constitutes Medical Student Mistreatment

The College has defined mistreatment as behavior that shows disrespect for medical students and unreasonably interferes with their respective learning process. Such behavior may be verbal (swearing, humiliation), emotional (neglect, a hostile environment), and physical (threats, physical harm). When assessing behavior that might represent mistreatment, students are expected to consider the conditions, circumstances, and environment surrounding such behavior. Medical student training is a rigorous process where the welfare of the patient is the primary focus that, in turn, may appropriately impact behavior in the training setting.

Examples of mistreatment include but are not limited to:

- harmful, injurious, or offensive conduct
- verbal attacks
- insults or unjustifiably harsh language in speaking to or about a person
- public belittling or humiliation
- physical attacks (e.g., hitting, slapping, or kicking a person)
- requiring performance of personal services (e.g., shopping, babysitting)
- intentional neglect or lack of communication (e.g., neglect, in a clerkship, of students with interests in a different field of medicine)
- disregard for student safety
- denigrating comments about a student's field of choice
- assigning tasks for punishment rather than to meet educational objectives or for objective evaluation of performance exclusion of a student from any usual and reasonable expected educational opportunity for any reason other than as a reasonable response to that student's performance or merit
- other behaviors which are contrary to the spirit of learning and/or violate the trust between the teacher and learner.

Violation of this policy may lead to disciplinary action, up to and including expulsion or termination.

It is expected that when there is a need to weigh the right of an individual's freedom of expression against another's rights, the balance will be struck after a careful review of all relevant information and will be consistent with the College's commitment to free inquiry and free expression.

Other mistreatment behaviors such as sexual harassment, discrimination based on race, religion, ethnicity, sex, age, disability, and sexual orientation are covered under this and other College and University policies. The Senior Associate Dean for Academic Affairs (SADAA) has the authority to determine (on a case by case basis) whether or not an alleged form of mistreatment would be more appropriately covered under this or other policies. When a medical student is alleged to have engaged in medical student mistreatment, the SADAA will determine whether such cases shall be handled under this policy, the Medical Students Rights and Responsibilities or the College’s policy on professional behavior.

Prevention and Dissemination of Information

The College is committed to preventing and remedying mistreatment of medical students. To that end, this policy and related procedures will be disseminated among the College's community. In addition, the College will periodically sponsor programs to inform medical students, residents, fellows, faculty, administrators, nursing and other staff about medical student mistreatment and its resulting problems; advise members of the College community of
their rights and responsibilities under this policy and related procedures; and train personnel in the administration of the policy and procedures.

Methods of communicating to specific groups include but are not limited to the following:

**To Medical Students:**
- inclusion of a section on medical student mistreatment in the Block Handbooks,
- inclusion as an agenda topic for Block orientations,
- inclusion of a reference to the topic in the guidelines/description of each pre-clinical course and clinical rotation,
- education of the medical student body through class meetings,
- web-based information and resource guide.

**To Members of the College community:**
- annual transmittal, by the Dean, of a copy of the policy and procedures to department chairs, course directors, clerkship and program directors on site and at affiliated institutions, with instructions to distribute and explain the policy and procedures to faculty and staff participating in the teaching and training of medical students,
- inclusion as an agenda topic for chief resident/resident/fellow orientations,

**What To Do**

When mistreatment is believed to have occurred, the initial step is to report the concern or incident. Thereafter, three procedural avenues of redress are available to medical students
- consultation,
- informal resolution, and
- formal grievance.

Often, concerns can be resolved through consultation or informally resolved. If the matter is not satisfactorily resolved through the consultation or informal resolution procedure, then the student who made the allegation of mistreatment may initiate a grievance. Another person or the person against whom the allegation was made may initiate a formal action or proceedings.

**Reporting**

All members of the College community are encouraged to report incidents of mistreatment. Reports may be anonymous and confidential. While confidential, non-anonymous reports with sufficient detail are most useful in support of follow up, all reports (using de-identified, aggregated information) may be used to assess and improve the educational setting.

**Consultation**

A medical student who believes she/he has been mistreated may discuss the matter with the person who has engaged in the behavior or with his/her department chair, the clerkship director, the residency director, the Community Assistant/Associate Dean, Assistant Dean for Pre-clinical Curriculum or Senior Associate Dean for Diversity and Inclusion, or the relevant staff supervisor. If this is not desired, not possible, or not satisfactory, the student may initiate a confidential consultation with the College of Human Medicine Student Ombudsperson (CHMSO), whose website is located at [http://studentombudsperson.chm.msu.edu/](http://studentombudsperson.chm.msu.edu/).

The CHMSO shall also be available for consultation when appropriate by any of the foregoing persons. The CHMSO will provide a copy of the medical student mistreatment policy and procedures, respond to questions about them, assist in developing strategies to deal with the matter and work in accordance with the procedure set forth in Appendix A.
Informal Resolution Procedure

An informal resolution procedure, which is initiated in the same manner as a consultation, entails a non-anonymous report of alleged mistreatment to the CHMSO and subsequent investigation of the charges by the SADAA in accordance with Appendix B.

Formal Grievance Procedure

The formal grievance procedure is available when the informal resolution procedure fails to resolve satisfactorily the allegation of mistreatment. The student who made the allegation of mistreatment (the "Grievant"), the person against whom the allegation was made (the "Respondent") or a responsible College official may initiate a formal grievance. A formal grievance is initiated by submitting to the SADAA a signed, written request to proceed with a formal grievance (see Medical Students Rights and Responsibilities for complete process). The request is due within 15 business days after the student receives from the responsible College official a statement of the disposition of the informal resolution procedure. The SADAA will inform the requesting party of the process that will be followed and provide a copy of the applicable procedure.

Outcomes

If the informal resolution procedure or formal complaint grievance procedure results in a determination that mistreatment occurred, the findings and recommendations shall be referred to the appropriate College, University, Hospital or faculty official for imposition of corrective action, including sanctions that the official is authorized to impose. A range of relevant considerations may be taken into account in determining the extent of sanctions, such as the severity of the offense, the effect of the offense on the victim and on the University community, and the offender's record of service and past offenses. Sanctions may include, but are not limited to, oral or written warning, termination of privileges to train/interact with/evaluate medical students, probation, suspension, expulsion, or termination of employment; provided that a respondent may not be dismissed except in accordance with the procedural safeguards for faculty, residents, staff, and students set forth in the relevant documents. The appropriate University, Hospital or faculty official may impose interim corrective action at any time, if doing so reasonably appears required to protect a medical student.

Redress of Disciplinary Action

Nothing in this policy or these procedures shall be deemed to revoke any right that any member of the University community may have to seek redress of a disciplinary action, such as a faculty member's right to maintain a complaint or a grievance under the Faculty Handbook.

Confidentiality

The CHMSO holds all communications with those seeking assistance in confidence, and does not disclose confidential communications unless given permission to do so. The CHMSO will not keep any permanent records about the student or the information shared. Students can submit anonymous concerns and even the fact of the student visit or conversation with the CHMSO is confidential. Substance of matters discussed in the office will remain confidential but the CHMSO will report general, de-identified trends of issues to provide feedback to the Dean and designees and to advocate systems change when appropriate. The only exceptions to this privilege of confidentiality are 1) where there appears to be imminent risk of serious harm; 2) compliance with any MSU Title IX mandated reporting, and 3) court order.

The SADAA and other investigators and decision-makers will strive to maintain confidentiality to the full extent appropriate, consistent with the need to resolve the matter effectively and fairly. The parties, persons interviewed in the investigation, persons notified of the investigation, and
persons involved in the proceedings will be advised of the need for discretion and confidentiality. Inappropriate breaches of confidentiality may result in disciplinary action.

**Retaliation**
Retaliation against a person who reports, complains of, or provides information in a mistreatment investigation or proceeding is prohibited. Alleged retaliation will be subject to investigation and may result in disciplinary action up to and including termination or expulsion.

**False Claims**
A person who knowingly makes false allegations of mistreatment, or who knowingly provides false information in a mistreatment investigation or proceeding, will be subject to disciplinary action (and, in the case of students, consistent with the expected professionalism requirements).

**Time Limits**
The College aims to administer this policy and these procedures in an equitable and timely manner. Persons making allegations of mistreatment are encouraged to come forward without undue delay.

**Interpretation of Policy**
The Office of MSU Ombudsperson is available to provide advice on questions regarding interpretation of this policy and these procedures.

**Appendix A: Consultation Procedure**
1. The consultation consists of one or more confidential meetings between the CHMSO or his or her designee OR the MSU Ombudsperson and the person who requests the consultation.
2. The CHMSO will provide a copy of the medical student mistreatment policy and procedures to the person requesting consultation and respond to questions about them. The CHMSO may discuss the situation with the person, assist in developing strategies to deal with the matter, reach conclusion with the involved person or persons that no further action is necessary, or initiate the informal resolution procedure under Appendix B.
3. When the CHMSO has reason to believe that risk of imminent harm exists that action is necessary to protect the health or safety of any individual or if Title IX reporting in mandated, the CHMSO will notify appropriate individuals, institutions or authorities. Under these circumstances, it may not be possible to maintain complete confidentiality with regard to the matter.
4. The CHMSO will inform and educate students regarding Title IX reporting requirements and refer students to the Michigan State University Ombudsperson and other resources when indicated.

**Appendix B: Informal Resolution Procedure**
1. A student who requests consultation may pursue an informal resolution.
2. The CHMSO will ask the Student to provide a factual account of the alleged mistreatment and to sign or otherwise certify accuracy and authorship of a statement to such effect. The CHMSO may assist the Student in preparing a statement.
3. The CHMSO, with the Student's permission, will forward the statement of alleged mistreatment to the SADAA.
4. The SADAA or designee will inform the person accused of mistreatment ("the Respondent") of the allegation in sufficient detail to enable the Respondent to make an informed response.
5. The SADAA or designee will (i) investigate the alleged mistreatment as promptly as circumstances permit, (ii) afford the Respondent a reasonable opportunity to respond to the allegation, (iii) advise the parties and persons interviewed or notified about the alleged mistreatment of the need for discretion and confidentiality.
6. Upon initiating an investigation, the SADAA or designee may inform the dean, University, or Hospital officials who would be charged with recommending corrective and disciplinary action ("Responsible Officials") of the fact that an informal resolution procedure is under way.

7. If the SADAA or designee is unable to resolve the matter informally, he or she shall determine, based on the report obtained from the CHMSO whether or not to suggest or impose corrective or disciplinary action. Any action imposed by the Responsible Official shall be in his or her discretion, consistent with his or her authority.

8. The SADAA will notify the parties of the disposition of the informal resolution procedure to the extent consistent with College and University policies, appropriate considerations of privacy and confidentiality, fairness, and applicable law. If dissatisfied with the disposition of the informal resolution procedure, the Person Student who alleged the mistreatment, the Respondent, or the SADAA or designee may initiate the formal grievance or complaint procedure.

Formal Complaint Procedure – See Medical Students Rights and Responsibilities and Faculty Rights and Responsibilities

(adapted from George Washington University Medical School)

History of Approval:
Original approved by the CHM Curriculum Committee January 28, 2014
Revisions approved by the CHM Curriculum Committee June 27, 2014
SEXUAL HARASSMENT POLICY

Sexual harassment at Michigan State University College of Human Medicine 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 OR

http://www.inclusion.msu.edu/Equity/SexualHarassmentAssault.html

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 Associate Dean/ Assistant Dean of Student Affairs, the Assistant Dean/Director of Preclinical Curriculum, or any administrator with whom the student feels safe so that the matter can be investigated and appropriate action taken. MSU policy requires administrators to report these incidents to the Senior Associate Dean for Academic Affairs.

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.
Contacts
Key Administrative Units in the College of Human Medicine

The College of Human Medicine (CHM) has several key units that work collaboratively to administer students programs, the curriculum, and community programs. This section provides you with a list of key administrators and staff, which includes three major sections: Office of the Dean, Student Programs, and Community Campuses.

<table>
<thead>
<tr>
<th>College of Human Medicine - Dean’s Office</th>
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</thead>
<tbody>
<tr>
<td>Marsha D. Rappley, M.D., Dean</td>
</tr>
<tr>
<td>15 Michigan Street NE, Room 450 Secchia</td>
</tr>
<tr>
<td>Grand Rapids, MI 49503</td>
</tr>
<tr>
<td>(616) 234-2785</td>
</tr>
<tr>
<td><a href="mailto:rappley@msu.edu">rappley@msu.edu</a></td>
</tr>
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<table>
<thead>
<tr>
<th>EAST LANSING CAMPUS</th>
<th>GRAND RAPIDS CAMPUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amy Baker, Administrative Assistant</td>
<td>Cynthia Vincent, Executive Assistant</td>
</tr>
<tr>
<td>A108 E. Fee Hall</td>
<td>458 Secchia Center</td>
</tr>
<tr>
<td><a href="mailto:Amy.Baker@hc.msu.edu">Amy.Baker@hc.msu.edu</a></td>
<td><a href="mailto:Cynthia.Vincent@hc.msu.edu">Cynthia.Vincent@hc.msu.edu</a></td>
</tr>
<tr>
<td>(517) 353-1730</td>
<td>(616) 234-2785</td>
</tr>
<tr>
<td>Laurie Sears, Executive Assistant</td>
<td>Erin Peraino, Administrative Assistant</td>
</tr>
<tr>
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</tr>
<tr>
<td>(517) 353-1730</td>
<td>(616) 234-2747</td>
</tr>
</tbody>
</table>
College of Human Medicine - Academic Affairs

Aron Sousa, M.D., Senior Associate Dean for Academic Affairs
965 Fee Road, Room A118 E. Fee
East Lansing, MI 48824
(517) 353-4998

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(616) 234-2701
sousaa@msu.edu

Lisa Galbavi, Administrative Assistant
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(517) 353-4998
galbavil@msu.edu

Lisa Galbavi, Administrative Assistant
488 Secchia Center
(616) 234-2701
galbavil@msu.edu

The Senior Associate Dean is responsible for the supervision and management of student programs. The Senior Associate Dean is also the chief academic administrator for the College of Human Medicine.

Student Programs encompass the following major units: Office of Student Affairs and Services, Office of Preclinical Curriculum, Block III Office and Office of Admissions. Students use the resources of these units through their enrollment at the College of Human Medicine. Therefore, it is critical that you become acquainted with the various units and their respective functions. Collectively, Student Programs are responsible for the following: student selection and recruitment; student enrollment; student records; documentation of student progress; medical education curriculum and related academic programs; administration of academic and student policies; student educational and academic support services; and student development and services.
Academic Affairs - Office of Student Affairs and Services
Phone: (517) 353-7140 (East Lansing)
Phone: (517) 234-2805 (Grand Rapids)

Wanda D. Lipscomb, Ph.D., Associate Dean for Student Affairs
Senior Associate Dean for Diversity and Inclusion
1355 Bogue Street, Room A234 Life Sciences
East Lansing, MI 48824
(517) 353-7140

15 Michigan Street NE, Room 377 Secchia
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lipscom3@msu.edu

Judith Brady, Ph.D., Director of Student Counseling and Wellness
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(517) 353-9010

624 Secchia Center
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bradyj@msu.edu

Deana Wilbanks, M.S., LPC, NNC, Coordinator of Career Counseling and Development
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deana.wilbanks@hc.msu.edu

Deborah Sudduth, Office Supervisor
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378 Secchia Center
deborah@msu.edu

Gina Brooks, M.A., Coordinator of Enrollment Services & College Records Officer
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brooksgi@msu.edu

Amy Fowler, B.A., Student Events and Activities Coordinator
376 Secchia Center
fowler10@msu.edu

Milissa Moryc, M.P.A., Executive Secretary
A239B Life Sciences
morycmil@msu.edu
The Associate Dean for Student Affairs and Services is the key administrator responsible for the delivery of student services to preclinical and clinical students enrolled at the College of Human Medicine.

The Director of Student Counseling and Wellness supports the well-being of medical students throughout their years of training. The Director of Student Counseling and Wellness triages and refers medical students to appropriate mental health and other health care resources, counsels individual students on the management of stressors that may affect academic and personal success and promotes personal well-being through health education and related activities.

The Coordinator of Career Counseling and Development is available to all students throughout their medical education experience. The Coordinator of Career Counseling and Development meets with students regarding: specialty exploration; values/interests assessment; CV assistance; work trends and salary evaluation; research/internship/externship/study abroad opportunities; alumni connection; and understanding specialty competitiveness. The Career Coordinator teaches students how to explore the specialties in a meaningful way so they can identify a career in medicine best suited for their personality, interests and goals.

The Coordinator of Enrollment Services and College Records Officer handles all matters related to enrollment, registration, transcripts, and student records. These include, but are not limited to, early enrollment, changing enrollment (dropping or adding classes), documentation of grades, student status changes, student official files, and the academic calendar. Though related to registration, financial aid issues should be directed to MSU Financial Aid Office or to the Office of Student Affairs and Services.
The Office of Admissions coordinates the admissions process for the College of Human Medicine. Medical students may participate in the admission process serving as interviewers, tour guides, and panel members after attending an Admissions Ambassador orientation session. In addition, there are six (6) students elected annually in the spring/summer to serve on the Committee of Admissions as Block II student members.
The Assistant Dean is responsible for the supervision and management of Academic Programs for the preclinical students of the College of Human Medicine.
# Academic Affairs – Office of Preclinical Curriculum - Block I

<table>
<thead>
<tr>
<th>EAST LANSING CAMPUS</th>
<th>GRAND RAPIDS CAMPUS</th>
</tr>
</thead>
</table>
| **Cindy Arvidson, Ph.D., Block I Director**  
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arvidso3@msu.edu | **Helga Toriello, Ph.D., Block I Assistant Director**  
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Patti.Wilkins@hc.msu.edu |  |

# Academic Affairs – Office of Preclinical Curriculum - Block II

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<table>
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</table>
| **Patricia Brewer, Ph.D., Block II Assistant Director**  
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| **Marilee Griffith, Block II Coordinator**  
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Academic Affairs – Office of Preclinical Curriculum - 
Academic Support Services

**EAST LANSING CAMPUS**

**Wrenetta Green, M.Ed.**  
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**GRAND RAPIDS CAMPUS**

**Renoulte Allen, M.Ed.**  
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Amber Feasal-Bartling, Support Staff  
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The College of Human Medicine Academic Support Services offer a variety of highly structured interactive learning programs to ensure that ALL students reach their full learning potential. We foster the development and implementation of an academic skills curriculum that helps ensure student’s success in the basic sciences as well as the problem-based learning curriculum. Skill enhancement is a day component in helping students perform in the mastery range. We help them understand knowledge acquisition for the medical school learning environment and orient them to life-long learning. We disseminate information concerning United States Medical Licensure exam (USMLE) and hold a series of events to assist students in their preparation.
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<tr>
<td><strong>EPIDEMIOLOGY</strong></td>
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<tr>
<td>Mat Reeves, Ph.D., Director</td>
<td>Jeff Jones, M.D., Assistant Director</td>
</tr>
<tr>
<td>B614 W. Fee Hall</td>
<td>366C Secchia Center</td>
</tr>
<tr>
<td>(517) 353-8623 ext. 130</td>
<td>(616) 486-2045</td>
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<tr>
<td><a href="mailto:reevesm@msu.edu">reevesm@msu.edu</a></td>
<td><a href="mailto:jones7@msu.edu">jones7@msu.edu</a></td>
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<tr>
<th>Lora McAdams, Curriculum Assistant (Block I, HM 546)</th>
<th>Candace Obetts, Curriculum Assistant (Block I)</th>
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<tbody>
<tr>
<td>A243 Life Sciences</td>
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<tr>
<td>(517) 884-1847</td>
<td>(616) 234-2631</td>
</tr>
<tr>
<td><a href="mailto:mcadams@msu.edu">mcadams@msu.edu</a></td>
<td><a href="mailto:toriello@hc.msu.edu">toriello@hc.msu.edu</a></td>
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<tr>
<th>Patti Wilkins, Curriculum Assistant (Block II, HM 547)</th>
<th>Michelle Wallock, Curriculum Assistant (Block II, HM 547)</th>
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<tbody>
<tr>
<td>A234D Life Sciences</td>
<td>366A Secchia Center</td>
</tr>
<tr>
<td>(517) 884-1862</td>
<td>(616) 234-2627</td>
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<tr>
<td><a href="mailto:Patti.Wilkins@hc.msu.edu">Patti.Wilkins@hc.msu.edu</a></td>
<td><a href="mailto:Michelle.Wallock@hc.msu.edu">Michelle.Wallock@hc.msu.edu</a></td>
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<tr>
<th><strong>SOCIAL CONTEXT OF CLINICAL DECISIONS (SCCD)</strong> – Ethics, Health Policy &amp; Integrative Modules</th>
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<tbody>
<tr>
<td>Leonard Fleck, Ph.D.</td>
<td>Helga Toriello, Ph.D.</td>
</tr>
<tr>
<td>Course Director</td>
<td>Assistant Course Director</td>
</tr>
<tr>
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<tr>
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<td><a href="mailto:fleck@msu.edu">fleck@msu.edu</a></td>
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</table>

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| (517) 355-1634                                                                         | Michelle.Wallock@hc.msu.edu        |
| tomlins4@msu.edu                                                                      |                                       |

| Tom Tomlinson, Ph.D.                                                                 |                         |
| Director of Health Policy Module                                                       |                         |
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| (517) 355-1634                                                                         |                         |
| tomlins4@msu.edu                                                                      |                         |
**SOCIAL CONTEXT OF CLINICAL DECISIONS (SCCD) - cont.**

*Ethics, Health Policy & Integrative Modules*

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<tr>
<th>EAST LANSING CAMPUS</th>
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</table>
| **Leonard Fleck, Ph.D.**  
Director of Integrative Exercise Module  
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fleck@msu.edu |  |
| **Patti Wilkins, Curriculum Assistant**  
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| **MENTOR PROGRAM** |  |
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366A Secchia Center  
(616) 234-2627  
Michelle.Wallock@hc.msu.edu |
Clinical Skills will concentrate on interviewing and system-specific physical examination skills. Much effort has been undertaken to coordinate the Clinical Skills sequence with the PBL curriculum. A substantial component of each course is taught in small groups or at clinical sites.
The PBL Office coordinates the courses for the Problem-Based Learning curriculum in Block II. Dr. Marks is responsible for the overall quality of the PBL Course in conjunction with the Curriculum Development Group (CDG) and their Chairs. Dr. Marks is also responsible for new preceptor training and certification.
Academic Affairs – Office of Clinical Curriculum – Block III

Margaret Thompson, M.D.
Associate Dean for Clinical Curriculum
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Amy Pohl
Administrative Assistant
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amy.pohl@ht.msu.edu

The Block III Office oversees the CHM clinical education program throughout the CHM community campus system, working closely with the Community Assistant Deans and Community Administrators. The office oversees implementation of the clinical curriculum in all community campuses, administers academic policies for the clinical education program, and coordinates the Block III Core Competency course.
# CHM Community Campuses

## Flint Campus
**MSU College of Human Medicine**  
**One Hurley Plaza**  
**Flint, MI 48503-5902**  
**Phone:** (810) 232-7000  
**John Molidor, Ph.D.**  
Assistant Dean & CEO  
[molidor@msu.edu](mailto:molidor@msu.edu)  
**Kathy Assiff, M.A.**  
Director of Student Programs  
[kassiff@msufame.msu.edu](mailto:kassiff@msufame.msu.edu)

## Grand Rapids Campus
**MSU College of Human Medicine**  
**15 Michigan Street, N.E., 4th Floor**  
**Grand Rapids, MI 49503**  
**Phone:** (616) 234-2659  
**Margaret Thompson, M.D.**  
Associate Dean  
[margaret.thompson@hc.msu.edu](mailto:margaret.thompson@hc.msu.edu)  
**Corey Madura, M.S.**  
Community Administrator  
[corey.madura@hc.msu.edu](mailto:corey.madura@hc.msu.edu)  
**Holly Reed, M.P.A.**  
Community Administrator  
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## Lansing Campus
**MSU College of Human Medicine**  
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## 2014-2015 AY

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<td>Martha Mulks</td>
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<td>5193 Biomed Phys Science</td>
<td>517-884-5365</td>
<td><a href="mailto:mulks@msu.edu">mulks@msu.edu</a></td>
<td></td>
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</tr>
<tr>
<td>Elizabeth Novak</td>
<td>M.S.W. Academic Advising</td>
<td>A-254 Life Sciences</td>
<td>517-884-1852</td>
<td><a href="mailto:elizabeth.novak@hc.msu.edu">elizabeth.novak@hc.msu.edu</a></td>
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<tr>
<td>Ashley O’Bryant</td>
<td>M.A. Curriculum Assistant</td>
<td>Office of Academic Programs</td>
<td>517-884-1857</td>
<td><a href="mailto:ashley.obryant@hc.msu.edu">ashley.obryant@hc.msu.edu</a></td>
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<tr>
<td>Danyelle O’Dell</td>
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<td><a href="mailto:odelldan@msu.edu">odelldan@msu.edu</a></td>
<td></td>
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</tr>
<tr>
<td>John O’Donnell</td>
<td>M.D., M.S. Director: Preclinical Curriculum/Block II</td>
<td>Office of Academic Programs</td>
<td>616-234-2621</td>
<td><a href="mailto:john.odonnell@hc.msu.edu">john.odonnell@hc.msu.edu</a></td>
<td></td>
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</tr>
<tr>
<td>Janet Osuch</td>
<td>M.D., M.S. Assistant Dean of Preclinical Curriculum</td>
<td>Office of Academic Programs</td>
<td>517-353-5440 x232</td>
<td><a href="mailto:janet.osuch@hc.msu.edu">janet.osuch@hc.msu.edu</a></td>
<td></td>
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</tr>
<tr>
<td>David Raffo</td>
<td>M.D. Assistant Director, Clinical Skills</td>
<td>Office of Academic Programs</td>
<td>616-234-2628</td>
<td><a href="mailto:david.raffo@hc.msu.edu">david.raffo@hc.msu.edu</a></td>
<td></td>
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</tr>
<tr>
<td>Mathew Reeves</td>
<td>Ph.D. Epidemiology: Course Director</td>
<td>Epidemiology</td>
<td>517-353-8623x130</td>
<td><a href="mailto:reevesm@msu.edu">reevesm@msu.edu</a></td>
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<tr>
<td>Andrew Saxe</td>
<td>M.D. HM 528 MER Chair</td>
<td>Surgery</td>
<td>517-267-2480</td>
<td><a href="mailto:andrew.saxe@chm.msu.edu">andrew.saxe@chm.msu.edu</a></td>
<td></td>
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</tr>
<tr>
<td>Jeanette Scheid</td>
<td>M.D., Ph.D. HM 516 DTEB Chair</td>
<td>Psychiatry</td>
<td>517-432-4215</td>
<td><a href="mailto:jeanette.scheid@hc.msu.edu">jeanette.scheid@hc.msu.edu</a></td>
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<tr>
<td>Jana Simmons</td>
<td>Ph.D. Biochemistry</td>
<td>Biochemistry</td>
<td>616-234-2787</td>
<td><a href="mailto:simmjana@msu.edu">simmjana@msu.edu</a></td>
<td></td>
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<tr>
<td>Josh Simon</td>
<td>Student Representative</td>
<td></td>
<td></td>
<td><a href="mailto:simonjo4@msu.edu">simonjo4@msu.edu</a></td>
<td></td>
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</tr>
<tr>
<td>Aron Sousa</td>
<td>M.D. Senior Associate Dean Academic Affairs</td>
<td>A-118 E Fee Hall</td>
<td>517-353-4998</td>
<td><a href="mailto:sousaa@msu.edu">sousaa@msu.edu</a></td>
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<tr>
<td>Name</td>
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<td>Office/Contact Information</td>
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<tr>
<td>Margaret Thompson M.D.</td>
<td>Associate Dean - Grand Rapids</td>
<td>15 Michigan St. NE - Office 480 Grand Rapids 616-234-2664 <a href="mailto:thomps97@msu.edu">thomps97@msu.edu</a></td>
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</tr>
<tr>
<td>Carrie Thorn</td>
<td>Block III Clinical Educ. Program Director</td>
<td>Office of Academic Programs A-106 E Fee Hall East Lansing 517-355-0264 <a href="mailto:carrie.thorn@chm.msu.edu">carrie.thorn@chm.msu.edu</a></td>
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</tr>
<tr>
<td>Helga Toriello Ph.D.</td>
<td>Block I/SCCD: Assistant Director</td>
<td>Office of Academic Programs 15 Michigan St. NE - Office 363 Grand Rapids 616-234-2712 <a href="mailto:toriello@msu.edu">toriello@msu.edu</a></td>
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</tr>
<tr>
<td>Bruce Uhal Ph.D.</td>
<td>Physiology</td>
<td>3197 Biomed Phys Science East Lansing 517-355-6475 x1144 <a href="mailto:uhal@msu.edu">uhal@msu.edu</a></td>
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<tr>
<td>Jeffery VanWingen M.D.</td>
<td>HM 511 ID Co-Chair</td>
<td>721 3 Mile Rd NW Grand Rapids 616-647-3770 <a href="mailto:jvwmd@yahoo.com">jvwmd@yahoo.com</a> HM 511 ID Co-Chair</td>
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</tr>
<tr>
<td>Dianne Wagner M.D.</td>
<td>HM 515 Cardiovascular Chair Medicine</td>
<td>A-102 E Fee Hall East Lansing 517-353-8858 <a href="mailto:wagnerd@msu.edu">wagnerd@msu.edu</a></td>
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</table>

Arthur Weber Ph.D. | HM513 Neuro Chair | Physiology 2193 Biomed Phys Sci East Lansing 517-884-5041 weberar@msu.edu HM513 Neurology Chair

Monday, August 04, 2014
**COLLEGE OF HUMAN MEDICINE**  
**COLLEGE ADVISORY COUNCIL**

**MEMBERSHIP: AUGUST 16, 2014 – AUGUST 15, 2015**

**Elected Members**

<table>
<thead>
<tr>
<th>Member Name</th>
<th>Term Expires</th>
<th>Term</th>
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</thead>
<tbody>
<tr>
<td>Hend Azhary, M.D. (Family Medicine)</td>
<td>8/15/2016</td>
<td>1st term</td>
</tr>
<tr>
<td>Todd Chasse, M.D. (Emergency Medicine)</td>
<td>8/15/2016</td>
<td>1st term</td>
</tr>
<tr>
<td>Bryan Capple, Ph.D. (Pharmacology &amp; Toxicology)</td>
<td>8/15/2016</td>
<td>2nd term</td>
</tr>
<tr>
<td>Scott Counts, Ph.D. (Translational Science and Molecular Medicine)</td>
<td>8/15/2016</td>
<td>1st term</td>
</tr>
<tr>
<td>Jose Herrera, M.D. (Psychiatry)</td>
<td>8/15/2016</td>
<td>1st term</td>
</tr>
<tr>
<td>Je Huang, Ph.D. (Radiology)</td>
<td>8/15/2016</td>
<td>2nd term</td>
</tr>
<tr>
<td>Joan Ilardo, Ph.D. (Office of Medical Education Research &amp; Development)</td>
<td>8/15/2016</td>
<td>1st term</td>
</tr>
<tr>
<td>Laurie Kaguni, Ph.D. (Biochemistry &amp; Molecular Biology)</td>
<td>8/15/2016</td>
<td>1st term</td>
</tr>
<tr>
<td>Karen Kelly-Blake, Ph.D (Ethics &amp; Humanities in the Life Sciences)</td>
<td>8/15/2016</td>
<td>1st term</td>
</tr>
<tr>
<td>Cristian Meghea, Ph.D. (Obstetrics, Gynecology &amp; Reproductive Biology/IHP)</td>
<td>8/15/2015</td>
<td>2nd term</td>
</tr>
<tr>
<td>Ade Olomu, M.D. (Medicine)</td>
<td>8/15/2015</td>
<td>2nd term</td>
</tr>
<tr>
<td>L. Nicholas Olomu, M.D. (Pediatrics &amp; Human Development)</td>
<td>8/15/2015</td>
<td>2nd term</td>
</tr>
<tr>
<td>Robert Osman, M.D. (Surgery)</td>
<td>8/15/2016</td>
<td>1st term</td>
</tr>
<tr>
<td>Mathew Reeves, M.D. (Epidemiology &amp; Biostatistics)</td>
<td>8/15/2015</td>
<td>1st term</td>
</tr>
<tr>
<td>Adnan Safdar, M.D. (Neurology &amp; Ophthalmology)</td>
<td>8/15/2016</td>
<td>2nd term</td>
</tr>
<tr>
<td>Brian Schutte, Ph.D. (Microbiology &amp; Molecular Genetics)</td>
<td>8/15/2016</td>
<td>1st term</td>
</tr>
<tr>
<td>William Spielman, Ph.D. (Physiology)</td>
<td>8/15/2016</td>
<td>2nd term</td>
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**Student Representatives**

<table>
<thead>
<tr>
<th>Representative Name</th>
<th>Term Expires</th>
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<tbody>
<tr>
<td>Hai Zhang (Block II – Grand Rapids)</td>
<td>8/15/2014</td>
</tr>
<tr>
<td>Shruthi Thiagarajsubramaniam (Block III – Grand Rapids)</td>
<td>8/15/2014</td>
</tr>
</tbody>
</table>

**Ex-Officio**

- Henry Barry, M.D., M.S. Representative to University Committee on Faculty Tenure
- Eleise Crockett, Ph.D., Representative to University Council/Faculty Senate
- Barbara Forney, Associate Dean for Administration
- Joseph Gardiner, Ph.D., Representative to University Committee on Faculty Affairs
- Raza Haque, M.D., Representative to University Committee on Graduate Studies
- Elizabeth Lawrence, MSHA, Senior Associate Dean for Planning, Finance & Administration
- Wanda Lipscomb, Ph.D., Senior Associate Dean for Diversity & Inclusion and Associate Dean for Student Affairs
- Ashraf Mansour, M.D. (Cardiovascular Medicine and Surgery West)
- Richard Miksiel, Ph.D., Representative to University Committee on Undergraduate Education
- Anthony Paganini, Ph.D., Representative to University Committee on Curriculum & Liberal Learning
- Aaron Plattner, M.D. (Psychiatry and Behavioral Medicine)
- Marsha Rappley, M.D. Dean
- Michael Rip, Ph.D. (Program in Public Health)
- Rae Schnuth, Ph.D., Representative to University Committee on International Studies & Programs
- Brian Smith, M.D. (Clinical Neurosciences)
- David Solomon, Ph.D., Representative to University Committee for the Library
- Ann Sousa, M.D., Senior Associate Dean for Academic Affairs
- William Wadland, M.D., MS, Senior Associate Dean for Faculty Affairs & Development

**Meetings**

Third Monday of each month  
1:00 - 3:00 pm  
A-116 East Fee Hall / 451 Secchia Center  
Minutes prepared by Cynthia Vincent

**College By-Laws Per Election and Nomination of Members to College Advisory Council**

3.1.1. The College Advisory Council shall include one (1) faculty member from each administrative/academic unit of the College, and two (2) medical students and one (1) graduate student, representing different parts of the curriculum.

3.1.1.1. One faculty person selected from the College's representatives to the Faculty Senate shall serve as an ex officio, non-voting member.

3.1.1.2. The faculty members representing the College on each University standing committee will serve as ex officio, non-voting members of the College Advisory Council and provide a quarterly or as needed, report of said committee’s activities at each College Advisory Council regularly scheduled meeting.

3.1.1.3. Other ex officio non-voting members may be added as needed by the College Advisory Council.

Members shall be elected for a two-year term with half of the College Advisory Council being elected each year. No faculty member may serve for more than two consecutive terms.
COLLEGE OF HUMAN MEDICINE  
ADMISSIONS COMMITTEE  
MEMBERSHIP: May 1, 2014 – April 30, 2015

Elected Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Term Expires</th>
<th>Term</th>
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<tbody>
<tr>
<td>Judy Brady, Ph.D. (Pediatrics &amp; Human Development)</td>
<td>4/30/2015</td>
<td>2nd term</td>
</tr>
<tr>
<td>Douglas Ellinger, M.D. (CHM West - Grand Rapids)</td>
<td>4/30/2017</td>
<td>2nd term</td>
</tr>
<tr>
<td>Gregory Holzman, M.D., MPH (Family Medicine)</td>
<td>4/30/2016</td>
<td>1st term</td>
</tr>
<tr>
<td>Jack Mahdasian, M.D. (Psychiatry &amp; Behavioral Science – Grand Rapids)</td>
<td>4/30/2015</td>
<td>1st term</td>
</tr>
<tr>
<td>Brian Mavis, Ph.D. (OMERAD)</td>
<td>4/30/2015</td>
<td>2nd term</td>
</tr>
<tr>
<td>Richard Miksicek, Ph.D. (Physiology)</td>
<td>4/30/2015</td>
<td>1st term</td>
</tr>
<tr>
<td>Patricia Obando-Solano, Ph.D. (Obstetrics, Gynecology &amp; Reproductive)</td>
<td>4/30/2017</td>
<td>1st term</td>
</tr>
<tr>
<td>Jana Simmons, Ph.D. (Biochemistry &amp; Molecular Medicine – Grand Rapids)</td>
<td>4/30/2016</td>
<td>2nd term</td>
</tr>
<tr>
<td>Hikmet Sipahi, M.D. (Medicine – Grand Rapids)</td>
<td>4/30/2016</td>
<td>2nd term</td>
</tr>
<tr>
<td>George Smith, M.D. (Family Medicine)</td>
<td>4/30/2015</td>
<td>1st term</td>
</tr>
<tr>
<td>David Weismantel, M.D. (Family Medicine)</td>
<td>4/30/2017</td>
<td>1st term</td>
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Appointed Members

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Cindy Arvidson, Ph.D. (Microbiology &amp; Molecular Genetics)</td>
<td>4/30/2017</td>
<td>2nd term</td>
</tr>
<tr>
<td>Harvey Bumpers, M.D. (Surgery)</td>
<td>4/30/2015</td>
<td>1st term</td>
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<tr>
<td>Michael Madura, M.D. (Medicine – Grand Rapids)</td>
<td>4/30/2015</td>
<td>2nd term</td>
</tr>
<tr>
<td>Andrea Wendling, M.D. (Family Medicine)</td>
<td>4/30/2016</td>
<td>1st term</td>
</tr>
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</table>

Student Representatives (Block II)

Staff Representatives

Jay Byrde, Admissions Officer
Wanda Lipscomb Ph.D., Associate Dean, Student Affairs; Senior Associate Dean, Diversity and Inclusion
Joel Maurer M.D., Assistant Dean, Admissions
Christine Shafer M.D., Senior Admissions Consultant

Meetings

Scheduled on Tuesdays from September through April
B-105 Life Sciences from 5:15 to 7:30 pm

College By-Laws Per Nomination and Election of Members to Admissions Committee

4.2.1.1. The Admissions Committee is for admissions to the medical education program and is composed of two sub-committees: the Admissions Executive Sub-committee and the Admissions Interview Sub-committee. The Admissions Executive Sub-committee shall be composed of eleven (11) faculty members elected at large, four (4) faculty appointed by the Dean in consultation with the College Advisory Council, and up to six (6) medical students elected by their peers, who serve with voice but without vote. The Admissions Interview Sub-committee shall be composed of faculty members appointed by the Assistant Dean for Admissions. These appointments will be made from among those faculty members who have volunteered or been nominated for consideration. The administrator responsible to the Assistant Dean for Admissions shall serve as executive secretary to the committee with voice but without vote.

The term of members will begin on May 1, and will end on April 30th. The term of office for members will be for three years.

Members may not serve on a Standing Committee for more than six consecutive years.
COLLEGE OF HUMAN MEDICINE
CONTINUING MEDICAL EDUCATION


**Elected Members**

<table>
<thead>
<tr>
<th>Name</th>
<th>Term Expires</th>
<th>Term</th>
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<tbody>
<tr>
<td>Henry Barry, M.D. (Family Medicine)</td>
<td>8/15/2015</td>
<td>2nd term</td>
</tr>
<tr>
<td>Kevin DeMarco, M.D. (Radiology)</td>
<td>8/15/2015</td>
<td>2nd term</td>
</tr>
<tr>
<td>Kevin Foley, M.D. (Family Medicine)</td>
<td>8/15/2016</td>
<td>3rd term</td>
</tr>
<tr>
<td>Madeleine Lenski, MSPH (Epidemiology &amp; Biostatistics)</td>
<td>8/15/2015</td>
<td>3rd term</td>
</tr>
<tr>
<td>Adesuwa Olomu, M.D. (Medicine)</td>
<td>8/15/2016</td>
<td>1st term</td>
</tr>
<tr>
<td>William Wadland, M.D. (Family Medicine)</td>
<td>8/15/2016</td>
<td>1st term</td>
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</table>

**Student Representatives (Block II)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Term Expires</th>
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<tbody>
<tr>
<td>Christie Dunagan</td>
<td>8/15/2014</td>
</tr>
<tr>
<td>Donna Jose</td>
<td>8/15/2014</td>
</tr>
<tr>
<td>Chelsea Peterson</td>
<td>8/15/2014</td>
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</tbody>
</table>

**Staff Representative**

Carol Parker, Director

**Meetings**

Arranged quarterly

Minutes prepared by Kathy Collins

**College By-Laws Regarding Election and Nomination of Members to Continuing Medical Education Committee**

4.2.3.1. The Continuing Medical Education Committee (CME) shall be composed of six (6) elected faculty members and up to three (3) medical students elected by their peers.

4.2.3.2. The general charge to the Continuing Medical Education Committee will be to formulate and recommend policy, program, and practices in the area of continuing education of physicians and, where appropriate, other health professions, and to advise the Dean on these matters as guided by the rules and guidelines of the Accreditation Council for Continuing Medical Education (ACCME).

Elected Committee members will serve two-year terms.

Members may not serve on a Standing Committee for more than six consecutive years.
COLLEGE OF HUMAN MEDICINE
CURRICULUM COMMITTEE


Elected Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Term Expires</th>
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<tbody>
<tr>
<td>Robin DeMuth, M.D. (Family Medicine)</td>
<td>8/15/2017</td>
<td>2nd term</td>
</tr>
<tr>
<td>Jonathan Gold, M.D. (Pediatrics &amp; Human Development)</td>
<td>8/15/2015</td>
<td>2nd term</td>
</tr>
<tr>
<td>Chursun Han, M.D. (Medicine)</td>
<td>8/15/2017</td>
<td>1st term</td>
</tr>
<tr>
<td>Anthony Paganini, Ph.D. (Physiology)</td>
<td>8/15/2017</td>
<td>1st term</td>
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Elected Block Committee Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Term Expires</th>
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</thead>
<tbody>
<tr>
<td>John Fitzsimmons - Block I</td>
<td>8/15/2017</td>
<td>2nd term</td>
</tr>
<tr>
<td>Kerry Polizz, M.D. (Family Medicine – Grand Rapids) Block II</td>
<td>8/15/2015</td>
<td>2nd term</td>
</tr>
<tr>
<td>Matthew Emery, M.D. (Emergency Medicine–Grand Rapids) Block III</td>
<td>8/15/2015</td>
<td>1st term</td>
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Appointed Members

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<thead>
<tr>
<th>Name</th>
<th>Term Expires</th>
<th>Term</th>
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<tbody>
<tr>
<td>David Scheeres, M.D. (Surgery)</td>
<td>8/15/2016</td>
<td>2nd term</td>
</tr>
<tr>
<td>Robert B. Stephenson, Ph.D. (Physiology)</td>
<td>8/15/2015</td>
<td>2nd term</td>
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Student Representatives

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<tr>
<th>Name</th>
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<tbody>
<tr>
<td>TBD (Block II)</td>
<td>8/15/2015</td>
<td></td>
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<tr>
<td>Chloe Williams (Block III)</td>
<td>8/15/2015</td>
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</table>

Ex-Officio Members with Voice but no Vote

Cindy Arvidson, Ph.D., Director, Block I
Libby Bogdan-Louis, CHM Prematriculation Programs
Wanda Lipscomb, Ph.D., Associate Dean for Student Affairs and Senior Associate Dean for Diversity and Inclusion
Lou Marks, CHM West
Joel Maurer, M.D., Obstetrics, Gynecology & Reproductive Biology
John O’Donnell, M.D., Director, Block II
Janet Osuch, M.D., Assistant Dean, Preclinical Curriculum
Rae Schnuth, Ph.D., Director, Clinical Curriculum Development
Aron Sousa, M.D., Senior Associate Dean, Academic Affairs (Executive Vice Chair)
Margaret Thompson, M.D., Community Associate Dean, Grand Rapids
Carrie Thorn, Director, Block III
Dianne Wagner, M.D., Associate Dean, College Wide Assessment

Meetings

Fourth Tuesday of each month
1:00-3:00 pm, A116 East Fee Hall/492 Secchia Center (videoconference)
Minutes prepared by Lisa Galbavi

College By-Laws Regarding Election and Nomination of Members to Curriculum Committee

4.2.4.2. There shall be eleven (11) voting members of the Curriculum Committee. The voting members shall be: four (4) faculty members elected at large, two (2) medical students elected by their peers (one (1) representing the pre-clinical and one (1) representing the clinical years of the curriculum), one (1) voting faculty elected from each of the Block I, II, III subsidiary committees, and two (2) members of the faculty at large to be appointed by the Dean in consultation with the College Advisory Council. The appointed faculty members shall be selected so that among the nine (9) voting faculty of the committee, there shall be not less than one (1) from each area of general interest, i.e., behavioral, biological and clinical science.

The term of office for members of the Curriculum Committee will be for three years.

Members may not serve on a Standing Committee for more than six consecutive years.
COLLEGE OF HUMAN MEDICINE
GRADUATE STUDIES COMMITTEE


<table>
<thead>
<tr>
<th>Elected Members</th>
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<tbody>
<tr>
<td>Susan Barman, Ph.D. (Pharmacology &amp; Toxicology)</td>
<td>8/15/2015</td>
<td>2nd</td>
</tr>
<tr>
<td>Constance Currier, Ph.D. (Public Health)</td>
<td>8/15/2015</td>
<td>2nd</td>
</tr>
<tr>
<td>Anthony Paganini, Ph.D. (Physiology)</td>
<td>8/15/2015</td>
<td>1st</td>
</tr>
<tr>
<td>Caryl Sortwell, Ph.D. (Translational Science &amp; Molecular Medicine)</td>
<td>8/15/2015</td>
<td>2nd</td>
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<table>
<thead>
<tr>
<th>Appointed Members</th>
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<tbody>
<tr>
<td>David Barondess, Ph.D. (Epidemiology and Biostatistics)</td>
<td>8/15/2015</td>
<td>2nd</td>
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<table>
<thead>
<tr>
<th>Student Representative</th>
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<tbody>
<tr>
<td>Jacob Baker</td>
<td>8/15/2015</td>
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<thead>
<tr>
<th>Ex-Officio Members with Voice but no Vote</th>
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</thead>
<tbody>
<tr>
<td>Raza Haque, M.D., Representative to the University Committee on Graduate Studies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Margo Smith, MA, Director of Graduate Studies</td>
<td></td>
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<tr>
<td>Aron Sousa, M.D., Senior Associate Dean for Academic Affairs</td>
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**Meetings**

Scheduled quarterly or as needed

Minutes prepared by Lisa Galbavi

**College By-Laws Regarding Election and Nomination of Members to Graduate Studies Committee**

4.2.6.1. The Committee on Graduate Studies shall be composed of four (4) faculty members elected at large, one (1) faculty member appointed by the Dean in consultation with the College Advisory Council, and one (1) graduate student enrolled in a graduate degree program in the College elected by his/her peers. The College representative to the University Graduate Council will be an ex officio, non-voting member, but may be given the voting franchise by committee.

4.2.6.2. The charge to the Committee on Graduate Studies shall be to serve as a forum for the generation, receipt and discussion of policy recommendations regarding graduate education programs of the College, and to advise the Dean on these matters. The committee shall exercise the faculty's delegated authority to review and approve or reject all changes in the graduate curriculum degree requirements and graduate cognate course programs of the College.
COLLEGE OF HUMAN MEDICINE
STUDENT PERFORMANCE COMMITTEE


### Elected Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Term Expires</th>
<th>Term</th>
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</thead>
<tbody>
<tr>
<td>Cathy Abbott, MD (Family Medicine)</td>
<td>8/15/2016</td>
<td>2nd term</td>
</tr>
<tr>
<td>Elizabeth Alexander, MD (Family Medicine)</td>
<td>8/15/2016 (final)</td>
<td>3rd term</td>
</tr>
<tr>
<td>Nicholas Olomu, MD (Pediatrics &amp; Human Development)</td>
<td>8/15/2015</td>
<td>1st term</td>
</tr>
<tr>
<td>Rebecca Henry, PhD (OMERAD)</td>
<td>8/15/2016</td>
<td>2nd term</td>
</tr>
<tr>
<td>Mat Reeves, PhD (Epidemiology &amp; Biostatistics)</td>
<td>8/15/2015 (final)</td>
<td>3rd term</td>
</tr>
<tr>
<td>Dianne Singleton, PhD (Psychiatry)</td>
<td>8/15/2016 (final)</td>
<td>3rd term</td>
</tr>
<tr>
<td>Bruce Uhal, PhD (Physiology)</td>
<td>8/15/2016</td>
<td>1st term</td>
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### Appointed Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Term Expires</th>
<th>Term</th>
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</thead>
<tbody>
<tr>
<td>David Barondess, PhD (Epidemiology &amp; Biostatistics)</td>
<td>8/15/2016</td>
<td>1st term</td>
</tr>
<tr>
<td>Peter Cobbett, PhD (Pharmacology &amp; Toxicology)</td>
<td>8/15/2016 (final)</td>
<td>3rd term</td>
</tr>
<tr>
<td>Vacant</td>
<td>8/15/2016</td>
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<td>Vacant</td>
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<td>Vacant</td>
<td>8/15/2016</td>
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### Student Representatives

<table>
<thead>
<tr>
<th>Name</th>
<th>Term Expires</th>
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</thead>
<tbody>
<tr>
<td>Ashley Hall (Block I) – East Lansing</td>
<td>9/30/2014</td>
</tr>
<tr>
<td>*Kendra Davis (Block II) – East Lansing</td>
<td>8/15/2015</td>
</tr>
<tr>
<td>*James Polega (Block II) – Grand Rapids</td>
<td>8/15/2015</td>
</tr>
<tr>
<td>David Barbat (Block III)</td>
<td>8/15/2015</td>
</tr>
<tr>
<td>Chelsea Peterson (Block III)</td>
<td>8/15/2015</td>
</tr>
</tbody>
</table>

### Staff Representatives

Wrenetta Green MA, Director of Academic Support/Remoulte Allen, Assistant Director of Academic Support Services
Wanda Lipscomb PhD, Associate Dean for Student Affairs & Services
Janet Osuch MD, Assistant Dean for Preclinical Curriculum
Aron Sousa MD, Senior Associate Dean for Academic Affairs

### Meetings

Arranged as needed, 5:30pm onwards
A116 East Fee Hall
Minutes prepared by Shelly Nyquist

### College By-Laws Regarding Election and Nomination of Members to Student Performance Committee

4.2.9.1. The Student Performance Committee is for the medical students' academic performance, and will be composed of seven (7) elected faculty members, five (5) faculty members appointed by the Dean in consultation with the College Advisory Council, and four (4) medical students elected by their peers: one (1) from Block I, one (1) from Block II and two (2) from Block III. Representatives from the Office of Academic Programs, the Office of Student Affairs and Services, Office of Academic Affairs and the administrative support person as designated by the Dean will serve as ex officio non-voting members of the committee. Committee members who rotate off the committee will remain as alternates for one year with attendance at hearings only when necessary to reach a quorum.

Elected Committee members will serve two-year terms.

Members may not serve on a Standing Committee for more than six consecutive years. (Student reps term of office is for one year only.)

*Block I Student Representatives alternate attendance at meetings
University & College Resources
The College of Human Medicine and the Resource Center for Persons with Disabilities (RCPD) is enthusiastically 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.

If you have been or are diagnosed in medical school with a physical disability, a learning disorder, attention-deficit disorder, a concussion as a result of trauma, or an emotional or mental impairment that substantially limits a major life activity and would like to request a disability-related accommodation to participate in MSU programs, you should register with the RCPD as outlined below. Please note this information is kept strictly confidential. The RCPD operates under self-identification principles. However, if you have a disability, not registering with the RCPD may delay or compromise the availability of accommodations and optimize success. The following steps should be taken to expedite the accommodation process.

1. Students wishing to request an accommodation must formally identify themselves as a MSU student with a physical, sensory, cognitive or psychological disability by registering on the secure/confidential web registration. Log into “MyProfile” at www.rcpd.msu.edu.

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

As each disability is unique, an RCPD specialist provides 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 and notification of the individuals that follow is essential.

Once preclinical students register with RCPD, students should contact:

- **East Lansing:** Mrs. Wrenetta Green, Director of Academic Support Services, A233 Life Sciences Building, 517-884-1849, greenwr@msu.edu.

- **Grand Rapids:** Mr. Renoulte Allen, Assistant Director of Academic Support Services, 371 Secchia Center, 616-234-2624, Renoulte.Allen@hc.msu.edu.

Students who have received a VISA from RCPD must request that the VISA be sent to Pam Kramer, Office Assistant III, at Pam.Kramer@hc.msu.edu for East Lansing students and Amber Feasal-Bartling, Academic and Finance Assistant, at Amber.Feasal-Bartling@hc.msu.edu for Grand Rapids students. Once the VISA has been received it will be disseminated to the following individuals Janet Osuch, Assistant Dean for Preclinical Curriculum, John O’Donnell, Director for Preclinical Curriculum, Wrenetta Green, Director of Academic Support, and Renoulte Allen, Assistant Director of Academic Support. The Director/Assistant Director of Academic Support will forward the VISA to the appropriate
faculty and/or curricular assistant to make sure it is executed properly. Moreover, at the end of each term it is the students’ responsibility to get their VISA renewed for the upcoming semester. Please contact the Resource Center for Person with Disabilities (RCPD) on how to renew your VISA at the end of each term.

Once a VISA is granted, the administrative team for the students’ assigned campus may request a meeting with the student and the RCPD Specialist. The purpose of the meeting would be to clarify what the accommodations are and to outline the expectations on how the VISA can be used.

**The administrative team members for the East Lansing students are:**
Janet Osuch, Assistant Dean of the Preclinical Curriculum
Wrenetta Green, Director of Academic Support

**The administrative team members for Grand Rapids students are:**
John O’Donnell, Director of Preclinical Curriculum
Renoulte Allen, Assistant Director of Academic Support

Students who have received a VISA from RCPD specifying details of accommodations must register at the end of each semester for conditions of the VISA to be met for that term. If a student receives a VISA to record a lecture, it is the responsibility of the student to communicate with the instructor and receive permission to do so. If permission is not granted, the student should communicate this to Mrs. Green or Mr. Allen.
Health Sciences Digital Library @ MSU

www.lib.msu.edu/health/

Your Internet Gateway to MSU Libraries’ Health Sciences Resources & Services

- **Your Librarians:**
  For personal assistance use the Ask a Health Sciences Librarian form at [http://www.lib.msu.edu/health/askhslib/](http://www.lib.msu.edu/health/askhslib/) OR choose from a list of current health sciences library liaisons at [http://www.lib.msu.edu/health/stafflist/](http://www.lib.msu.edu/health/stafflist/)

- **Do the MSU Libraries own a particular book or journal?** Select **Catalog**

- **Need to search for journal articles?** Select **E-Resources**
  Databases & Indexes: MEDLINE (PubMed, ISI, Firstsearch), Clinical Key, Web of Science (ISI Citation Databases), Cochrane Library, Global Health and a variety of other related databases. Please note: Most Electronic Resources are limited to MSU faculty, residents, staff & students.

  Journals: over 8000 biomedical journals in electronic format

- **Electronic Textbooks:** STAT!Ref, Clinical Key, AccessMedicine, AccessSurgery, the MSU Libraries’ Catalog, and other packages provide electronic access to thousands of clinical and biomedical textbooks

- **Off campus?**
  *Off campus access through EZ Proxy is authenticated by MSU NetID Username & Password. Resources that have the green IP icon require authentication. Those with the globe icon do not.* More information on how to get books and journal articles OFF CAMPUS

- **Connectivity Problems?**
  Call Distance Learning Services at 1-800-500-1554 or (517) 355-2345, or [reachout@msu.edu](mailto:reachout@msu.edu)
  24 hours/day, 7 days/week
After selecting Medicine from the front page, choose from a variety of resources through the resulting links to Medical E-Books, Databases, Library Resources for Medicine, Point of Care Resources, Evidence Based Medicine (EBM) Guide, etc.

**MEDLINE**
This is the premier bibliographic database containing citations and author abstracts from over 4300 biomedical journals published in the U.S. and in 70 other countries. It is produced by the National Library of Medicine (NLM) and is the database of first choice for up to date clinical and biomedical research journal articles. Access is available through a variety of interfaces, including PubMed, ISI Medline, Clinical Key, and others. These interfaces are also available under the Medicine Resources webpage.

**EMBASE**
The European commercially produced counterpart to MEDLINE but includes indexing for an additional 1800 journals. The MSU Libraries' subscription to EMBASE also includes the MEDLINE records but redundant records between the two databases are de-duplicated and only one entry is displayed. Stronger in international and pharmaceutical sources.

**Dynamed**
A leading evidence based point-of-care resource with content updated daily. It contains clinically-organized summaries for over 3200 topics. Editors monitor more than 500 medical journals, evaluating articles for clinical relevance and scientific validity, and integrating new evidence with existing content and changing overall conclusions as appropriate, to create a synthesis of the best available evidence.

**Essential Evidence Plus (formerly InfoRetriever with InfoPOEMs)**
The only database system of filtered, synopsized, evidence-based information, this integrated search engine allows you to simultaneously search, via keyword, multiple databases: EBM Guidelines, Daily POEMs, Cochrane Abstracts, Selected Practice Guidelines, Decision Support Calculators, Diagnostic Test Calculators, Derm Expert, E/M Coding, ICD-9 Lookup Tool

**Cochrane Library**
This is THE evidence based medicine resource. A compilation of five databases designed to provide evidence to help health care providers decide on the best treatment for a condition or disease by identifying all controlled trials of interventions for a particular condition and reviewing the results to see which work best. Entries in the Cochrane Database of Systematic Reviews back to 2000, issue 2, are cited in MEDLINE and the fulltext is only available from the Cochrane Library.

**Clinical Key**
A unique and comprehensive electronic collection, Clinical Key offers one-stop shopping for much medical information. It provides the full-text of over 900 well-known medical textbooks covering most of the specialty areas. It also has the full-text of over 500 medical journals, including many of the Clinics of North America. Also provided are patient education handouts, clinical practice guidelines, medical news updates for the health professional and the layperson, thousands of videos, and millions of journals.
**Electronic Medical Books**
The following online resources offer a variety of medical books in collections where all of the titles contained in each can be searched at once. Most of these collections are comprised of 50 or more titles. This is a useful feature when you are not sure which specific title will include the information of interest. These include:

- AccessMedicine
- AccessSurgery
- AccessEmergencyMedicine
- AccessAnesthesiology
- Clinical Key
- Lippincott’s Clinical Choice
- LWW Health Library Basic Sciences Collection
- STAT!Ref
- Psychiatry Online
- Thieme E-Book Collection

The titles included in the above collections plus many others can also be found alphabetically arranged by specialty or subject on the Health Sciences Digital Libraries Medical E-Books page under Medicine. Here there are also tabs for First & Second Year Books and Third & Fourth Year Books.

***Please note that not all texts are available to libraries for purchase in electronic format. The MSU Libraries will add any required or recommended titles and when they can be purchased in that format.***

To search for medical e-books by keyword, select the Advanced Catalog Search from the Health Sciences Digital Library homepage. Enter appropriate keywords to describe the topic of interest, and choose ELECTRONIC RESOURCE for the Material Type.

**EBM Guide**
A research guide containing Evidence Based resources available from the MSU Libraries. Resources are categorized by the different levels of research. Also contains links to tutorials and additional information.

**Point of Care Resources**
A one-stop location for the point of care resources available from the MSU Libraries, including DynaMed and ACP’s PIER. Also includes links to available mobile versions and instructions for installing available mobile apps.

**Image and Video Resources**
Medical Image resources available at [http://libguides.lib.msu.edu/medicalimages](http://libguides.lib.msu.edu/medicalimages)

Health Sciences Video resources available at [http://libguides.lib.msu.edu/healthsciencesvideos](http://libguides.lib.msu.edu/healthsciencesvideos)

**Access to Electronic Journals**
Electronic versions of many journals are available from the MSU Libraries subscriptions. These can be accessed in a number of ways: 1.) by title entered into the Find box on the A – Z Journals webpage; 2.) by a link from a database such as PubMed Medline (look for the green box Full Text); or 3.) by title via the Catalog.

**HOW TO OBTAIN MATERIALS DIRECTLY FROM THE MSU LIBRARIES THAT ARE NOT ON THE WEB:**
Go to [http://www.lib.msu.edu/health/requests](http://www.lib.msu.edu/health/requests)

*For Grand Rapids, follow the directions for “Outside East Lansing”. Materials will be sent to the Secchia Resource Center. For East Lansing? Follow the directions for “East Lansing”.*
USMLE Prep Resources
Guide to resources available at http://libguides.lib.msu.edu/medicalboardexamprep

Patient Education

A variety of resources are available to help you educate your patients about conditions, treatments and procedures. These include:
- the Patient Education section of Clinical Key (search for Clinical Key link from E-Resources page)
- a similar section in the TRIP database (http://www.tripdatabase.com/)
- Consumer Health Guide from the MSU Library (listed as “Consumer Health” under Resources menu on the Health Sciences Digital Library)

Mobile Resources

The Health Sciences Digital Library mobile site can be accessed on mobile devices including cell phones and tablets. A Guide to Mobile Apps for Medical Students is also available.

A variety of resources have mobile-friendly versions available, such as:
- PubMed (contains abstracts only, no full text)
- STAT!Ref
- Essential Evidence Plus (You must create a FREE personal profile. Registration for a personal profile is found under the My Accounts tab on the homepage.)
- Access Medicine (You MUST first create a profile. Please visit the site on a non-mobile browser, select the “My Access Medicine” tab, and follow the directions for creating a personal profile.)

Standalone mobile apps are available for DynaMed and STAT!Ref.

Virtual Note Taking
The Virtual Note Taking Guide at http://libguides.lib.msu.edu/enotetaking provides resources and recommendations for using and annotating the electronic course packs.

Additional helpful links:
- Most library databases, including PubMed/MEDLINE, require knowledge of Boolean Operators for effective searching. Click here to access a Boolean Cheat Sheet (PDF).
- PubMed BASICS handout
- PubMed tutorials from the National Library of Medicine
- Related tutorials from the MSU Libraries Health Sciences group
- How to get needed books and journal articles from OFF CAMPUS

Another option if you are working at a hospital and have access to their library: Check their journal collection. If it is not in their collection, request a copy of the article through the hospital librarian. Be sure to identify yourself as an MSU affiliate.

CAVEATS:

- ALWAYS go through the MSU Libraries webpages to link to an electronic resource.
- From home or off-campus you will be asked for your MSUNet ID & password, at least once.
- If there is no Electronic Format link from a database such as PubMed/MEDLINE, always check the A – Z Journals List before assuming that it is not available from the MSU Libraries.
- If the platform offers the opportunity to formally Exit or Logoff, please do so to free up the resource for someone else.
EAST LANSING and GRAND RAPIDS FACILITIES

EAST LANSING

- Campus Locations for CHM Student Classes/Resources:
  - A133 Life Sciences Auditorium
  - B105 Life Sciences Classroom
  - A219 Clinical Center Auditorium
  - A137 Clinical Center - Echt Computer Testing Center
  - 110 Radiology - Radiology Auditorium
  - Radiology Building, lower level - Student Learning Center
  - B205 Clinical Center - Clinical Skills Teaching Area
  - E 220 East Fee Hall – Gross Anatomy Laboratory
  - E 200 East Fee Hall – Histology Laboratory

- Hours of Operation:
  - Students have access to the Student Learning Center in the Radiology lower level 24/7.
  - Students have access to the Echt Computer Testing Center according the following usual schedule:
    - Monday – Thursday 7:30 am – 10:00 pm
    - Friday 7:30 am – 7:00 pm
    - Saturday 12 noon – 6:00 pm
    - Sunday 12 noon - 10:00 pm
  - Echt computer center hours may vary over breaks or when the lab is being used for testing or training purposes. To verify the schedule, check the following website:
    - [http://www.hit.msu.edu/computerlabs.aspx](http://www.hit.msu.edu/computerlabs.aspx)
  - Students may access most university buildings 6:30 am – 6:00 pm (M - F)

- MSU Police Department:
  - Dial 517-355-2221. Officers are available to escort students to their cars and to deal with any security concerns.

- Building Access:
  - MSU ID (Spartan Card) required before/after hours, weekends.

- Parking
  - See document entitled “Parking and Transportation Around Campus” in this manual

- Student Learning Center Food Deliveries
  - Address: Radiology Building on Service Road.
  - You must meet delivery person at the front of the building.
  - Please set a time. There is no cell phone reception in the Radiology basement.
  - There is no parking in the circle in front of the building entrance.
  - Please leave the doors locked for security reasons.

- Wireless
  - Laptop must first be registered with the MSU Network.
  - Connect to the wireless network via MSU network Wireless 2.0.
  - Open your browser and you will be directed to an MSU log in screen.
  - Enter your MSU network ID and password

- Afterhours climate control
The University turns off the air conditioning and heating systems after hours. Override buttons are installed in the individual rooms of the Student Learning Center to control the temperature at night. Individual rooms (including the open study area) will turn on the system and its associated heating and cooling in increments of 2 hours. The override button is the button on the face of the thermostat with the sun/moon picture. If it gets too warm in a room, students should gently push the override button; anything forceful can damage the thermostat and require it to be replaced. In compliance with University standards, thermostats are all set to operate to a set point of 73 degrees, although in extreme heat/humidity the system may not be able to reach that temperature. Permanent signs made are posted with these instructions.

GRAND RAPIDS SECCHIA CENTER

- General Building hours (when door is open to public):
  - Monday – Friday 7:00 a.m. – 6:00 p.m.; students have building access 24/7

- Security:
  - On site 24/7
  - Security Phone Number: 616-234-2800
  - **After hours everyone must report to the security desk on the first floor to sign in.**
  - When entering Secchia before/after hours, weekends; sign in at the security desk is required.
  - For ease of signing in and out, card readers are located on the south wall of the security desk. Swipe “in” upon arrival, and “out” before leaving.
  - This information is recorded for emergency purposes (fire/weather) only
  - Security staff handles lost-and-found articles.

- Building Access:
  - MSU ID (Spartan Card) required all times and must be visually displayed.
    - Main/plaza entrance. A card reader is on the post to the right of the plaza. Enter through the door on the far right.
    - Parking garage elevators; swipe your MSU ID at the card reader in the elevators and press 1R. The 1R doors open by the security desk.
  - Access to the Secchia Computer Center requires an MSU ID card at all times
  - Areas with access restricted to specific times: Clinical Skills, Anatomy and Virtual Microscopy.
  - **Every card scanned at an entrance is recorded. Avoid scanning your card at doors for locations that you have no reason to enter.**
  - It is incumbent upon you to use good professional judgment in the use of this card. Security does random audits of card access system and repeated attempts at gaining access where you are not authorized may result in disciplinary action.
  - Lost or damaged cards should be reported to Security as soon as possible.

- Parking
  - There are a number of parking options available at/near Secchia Center.
  - Free parking is limited on some city streets, including a section of Ionia Ave beginning one block west of Secchia Center and extending north, up Ionia.
  - Most city parking lots are free after 5PM
  - Most streets around Secchia have meters, including Division Avenue and Ionia Ave. The city of Grand Rapids web site has information about more parking options:
- [Link](http://grcity.us/enterprise-services/Parking-Services/Pages/default.aspx)
  - MSU offers monthly parking options at College & Michigan and Secchia Center.
    - College and Michigan is a surface lot ½ mile east of Secchia Center. Students may purchase parking at this lot by the month, quarter or semester.
    - Parking ramp at Secchia Center. The ramp is owned by Michigan Street Development and managed by Ellis Parking. Students may pay to park at Secchia using any of the following options: Daily parking: Take a ticket at the gate upon entry from Michigan Street. Proceed to the Secchia Visitor Parking spaces on P5. Cost upon exit is $2 per half hour or $20 per entry maximum. The clock resets at midnight.
    - MSU has a limited number of reserved spaces in this ramp on level P3 that may be purchased by students by the month, quarter or semester.
    - Ellis Parking offers the ability to pay for parking on a month to month basis. This cost for this option is slightly higher than paying through MSU.
    - Students may purchase parking at Secchia Center for evening/weekends only. This option allows ramp access between 6PM-6AM Monday night through Friday morning, and 6PM Friday to 6AM Monday.
  - The MSU parking options at Michigan and College as well as Secchia Center may be set up as a car pool of up to 4 individuals. This allows the cost to be shared, but only one vehicle in the lot/ramp at any given time.
  - CHM Parking Policy and information for on-line registration for the CHM owned/leased lots is at [http://www.chm.msu.edu/current](http://www.chm.msu.edu/current)

- **Deliveries (food):**
  - Address is 15 Michigan Street, NE
  - Instruct drivers to enter the plaza from Michigan Street at entrance #3; they may park on the plaza for 10 minutes or less.
  - You must meet the delivery person in the lobby and provide a cell # where they may call you

- **Wireless**
  - Laptop must first be registered with the MSU Network.
  - Connect to the wireless network via MSUnet Wireless 2.0.
  - Open your browser and you will be directed to an MSU log in screen.
  - Enter your MSUnet ID and password
Honorary Societies

Although students are elected to honorary societies during the clinical curriculum, it is important for the preclinical students to have a working knowledge of the organizations.

**Alpha Omega Alpha (AOA)**

AOA is the only national honorary medical society in the country. The CHM chapter was established in 1987. The foremost mission of AOA is the promotion of excellence in medicine. To be eligible for induction into AOA, a student should demonstrate a number of personal attributes which include scholarship, professionalism, leadership, and service. Up to one-sixth of students in a medical school graduating class may be inducted into AOA. The scholarship component includes not only academic success, but clerkship performance. Nominations are brought forward from the Community Assistant Dean at the beginning of the fall term of the student's fourth year of medical school.

The best advice for a preclinical student who has AOA membership aspirations is fourfold:

1. Demonstrate a superior record of academic performance in the preclinical curriculum;
2. Demonstrate excellence in scholarship above that expected to meet requirements, such as becoming engaged in research to the point of producing an academic product;
3. Pursue the highest degree of professionalism;
4. Demonstrate institutional and/or community leadership or service consistent with CHM values.

**Gold Humanism Honor Society**

The Gold Humanism Honor Society an initiative of the Arnold P. Gold Foundation, honors medical students, residents, physician teachers and other exemplars for demonstrated excellence in clinical care, leadership, compassion and dedication to service. It was established to elevate the goals of humanism, compassion, and professionalism. Humanism is reflected in attitudes and behaviors that are sensitive to the values, autonomy, cultural and ethnic backgrounds of others. Typically, 10-15% of a graduating class obtains membership. Student peer nomination is part of the selection process at CHM. The nomination ballot includes the following categories:

- Classmates you would like to have work at your side in a medical emergency
- Classmates you think will make the best all-around doctors
- Classmates who appreciate diversity and demonstrate respect in their interactions with people unlike themselves
- Classmates whose data you would unhesitatingly accept if there were conflicting reports about the same topic or patient
- Classmates who most consistently demonstrate concern for patients, colleagues, and the team
- Classmates who have shown special interest in service to special or underserved populations
- Classmates you would seek as a physician for yourself or a loved one

Student nominations are solicited at the end of each block of medical school at CHM. Students who have received a substantial number of nominations are reviewed in detail. Portions of the nominee’s academic file (EX: small group forms, comments from clerkships), input from Community Deans, and special characteristics as composed for the MSPE (dean's letter) are taken into consideration. Selection is completed in Block III.
The Leadership in Medicine for the Underserved (LMU) Certificate Program

The LMU program graduates a cohort of physicians possessing, in addition to the fundamental core of knowledge and skills for the medical degree, a special set of knowledge, skills and attitudes that will enable them to lead efforts to address the needs of medically underserved and vulnerable populations in the United States and internationally. Students are selected at the time of application to medical school and will participate directly in the program during years three and four while at the Flint Campus.

By providing experiences for medical students to help them care for underserved/vulnerable populations with sensitivity and expertise, while helping communities address public health needs affecting level of wellness of individuals and groups, this program influences the abilities and intent of participants to develop a career path with emphasis on caring for these populations.

The purpose of the program is to:
1. Provide experiences for medical students to help them care for underserved/vulnerable populations with sensitivity and expertise, while helping communities address public health needs affecting levels of wellness of individuals and groups.
2. Foster appreciation of the impact of direct care delivery, epidemiologic research and health education on health status as well as health policy implications.
3. Increase primary care providers

This is accomplished in a myriad of ways. There are three main components of the LMU program:
1. Urban – Inner-city Clinics, Community Project Planning. Public schools, community social service agencies

2. International – an organized experience in the fourth year of the curriculum in a developing country for experience in clinical activities and public health programming and evaluation (also fund-raising, supply procurement and coordination of delivery) If students would rather focus on a local underserved experience, this must be planned in advance with LMU administration

3. Didactic/Experiential Curriculum
   a. Orientation to Program and Community Exploration – audio auto tour and/or bus tour
   b. Community Service – four hours per month at selected and approved agencies to understand the role and challenges for patients and the agency in seeking and providing services. Service learning is emphasized. Documentation will occur electronically monthly.
   c. Coordination of Community Resources Website.
   d. Spanish for Healthcare Delivery – history taking and conducting a PE. Students must be at a low intermediate level of proficiency as required by selection and commitment by students to the LMU program. This requirement must be met when the student enters LMU in year three.
   e. Reflective Activity – journaling to record feelings and experiences in caring for the underserved throughout the curriculum.
   f. Research through Core Comps CAAM Module – projects will have an underserved focus.
   g. Procurement of supplies/fundraising for International/Local Elective – student leaders are identified and a system is developed to: determine supply need, access supplies, equipment, medications, etc.; ensure transportation of supplies to international destinations; secure funding for purchase of supplies; distribution of supplies once at clinical site; acknowledge contributors upon return to country.
   h. Electives – HM629, HM631 (during year four) Students are responsible for the additional program costs (airfare, room and most board, transportation in country, tuition to partner foundation) and immunizations (approximately $7000-10,000 for the 8 weeks)
   i. Newsletter Contribution
j. Community Program Planning Meetings and Activities – generally on Wednesdays during the clerkship from 12pm – 3pm
k. Journal Club
l. Program and Peer Evaluations
m. Other!

While the MSU-CHM Service Learning Requirement requires students to complete 40 hours of a structured service-learning experience as a required curriculum component for graduation, the LMU Requirement requires students to complete a **minimum of 88** community service hours during their third and fourth years. These hours count toward achievement of the MSU-CHM Community Service Learning Requirement.

**Application Process**
Applicants to CHM will complete the application process, which includes essays, at the same time they apply to medical school. The applications will be reviewed by a Selection Committee to create a balanced group of individuals who will contribute equally and uniquely to the growth of the program, themselves, their peers, and the community based on application information. It may be necessary to conduct personal interviews once applications have been reviewed. If this is the case, you will be contacted directly to set up a time. The two following links will explain the program in more detail and give you student and faculty perspectives about being part of this dynamic experience:

http://lmu.msufame.msu.edu/ This site addresses many of the aspects you can expect while in the program.

http://msuchmlmu.blogspot.com/2013 This site is the blog from past students’ international experiences.

**For questions, contact:**
Rae Schnuth, PhD
Assistant Dean
Director, Leadership in Medicine for the Underserved Program
Michigan State University/College of Human Medicine
East Fee Hall A104
965 Fee Road
East Lansing, MI 48824
Telephone: 517-355-0264
Fax: 517-355-0342
E-mail: schnuth@msu.edu
Leadership in Rural Medicine Certificate – Rural Community Health Program

R-CHP is a comprehensive rural health training program designed for students interested in careers in rural medicine, in any specialty. As background, CHM has had a presence in Michigan’s Upper Peninsula rural environment for many years through the successful Rural Physician Program (RPP). The Rural Community Health Program (R-CHP) is the College’s newest clinical option for participation in rural health experiences, focusing on communities in rural regions of the Lower Peninsula. Enrollment in either the RPP or the R-CHP qualifies a student for the Leadership in Rural Medicine certificate.

Students selected for R-CHP will complete Block III (years three and four) at either the Traverse City or Midland Regional Campus. Students will also be assigned to an additional rural clinical educational site in Northern or Mid-Michigan. R-CHP students will split their clinical training between these two communities, living and working in their rural educational site for up to 26 weeks throughout the four years of medical school. By returning to the same rural site repeatedly throughout their clinical training, students will form relationships within that community and will learn how rural health care is networked and delivered.

R-CHP students will also participate in an enhanced experiential and didactic curriculum that includes public health, leadership, procedural, and community exposure. Following year one, R-CHP students will spend one week in their assigned rural educational site, exploring the community and its health care needs. During year three, R-CHP students will return to their rural educational site for portions of each clinical rotation. A hallmark of the program occurs during year four when each R-CHP student completes a two-month longitudinal rural elective tailored to the individual student’s career interests.

R-CHP is designed to prepare future rural physicians to develop and to practice within evolving community-based rural health networks. Students with previous rural life experiences, strong academic credentials, and personal attributes and career goals consistent with CHM’s mission are ideal R-CHP candidates.

Program Application
Students interested in the Rural Community Health Program should complete the Leadership in Rural Medicine Application and specify an interest in R-CHP. The Leadership in Rural Medicine application requires the completion of two additional essays within the Secondary Application, in which the candidate discusses his or her interest in rural medicine and highlights personal characteristics and experiences that are consistent with becoming an excellent rural physician. Once accepted to MSU-CHM, R-CHP candidates will be invited to interview for the program.

Application questions (2000 character answers)
Why are you interested in the Rural Community Health Program? Be specific.
How have your past experiences prepared you for the challenges of a medical practice in a rural area?
Are you interested in interviewing for the Rural Community Health Program, the Rural Physician Program, or would you like to learn more about both programs?

Andrea Wendling, MD, FAAFP
Associate Professor and Director of Rural Health Curriculum
Michigan State University College of Human Medicine
E-mail: wendli14@msu.edu
<table>
<thead>
<tr>
<th>Semester 1 (15 weeks)</th>
<th>Semester 2 (15 weeks)</th>
<th>Semester 3 (7 weeks)</th>
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<tr>
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</tr>
<tr>
<td>BMB 514</td>
<td>NOP 552</td>
<td>PHM 563</td>
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<td>Pharmacology</td>
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<td>3 credits</td>
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<td>MMG 522</td>
<td>RAD 553</td>
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<tr>
<td>Molecular Biology &amp;</td>
<td>Microbiology/Immunology</td>
<td>Radiology</td>
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<tr>
<td>PSL 534</td>
<td>HM 531</td>
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<tr>
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<td>ANTR 551</td>
<td>ANTR 551</td>
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<tr>
<td>Gross Anatomy</td>
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<td>Correlations</td>
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<tr>
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<tr>
<td>EPI 546</td>
<td>HM 561</td>
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<tr>
<td>Epidemiology/</td>
<td>Pathology</td>
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<tr>
<td>Biostatistics</td>
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<tr>
<td>HM 581 Mentor Program</td>
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<tr>
<td>- 1 credit over 3</td>
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<tr>
<td>HM 640 Service Learning In the Community</td>
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<tr>
<td>Longitudinal Patient-Centered Experience</td>
<td>- integrated as part of other Block I courses</td>
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</tbody>
</table>
REQUIRED TEXTBOOKS AND SUPPLIES
CHM BLOCK I BOOKLIST -- FALL SEMESTER 2014

All students will be billed $260 each semester for coursepacks. Each student will receive a printed copy of each coursepack and electronic access.

An i-Clicker2 is required for ALL courses.

Required

**ANTR 551 - MEDICAL GROSS ANATOMY**

1. ANTR 551 Lecture and Lab Coursepack Fall 2014

2. ONE of the following two texts:
   - OR -

   You only need one of the two suggested texts. Clinically Oriented Anatomy provides a greater level of detail than Gray’s Anatomy for Students. However, many students find Gray’s Anatomy for Students to be easier to read and helpful in providing a foundation upon which to place the details presented in lecture. Images in the lecture coursepack will come from both of these texts, though there will be more from Clinically Oriented Anatomy.

3. ONE of the following two atlases:
   - OR -

   You only need one of the two suggested atlases. If you decided you’d like more than one atlas, we recommend that you consider a photographic atlas, such as the recommended atlas by Rohen.


Required equipment:
Lab coat or scrubs, gloves, and a single blunt-tip metal dissection probe are REQUIRED (You are required to wear a lab coat or scrubs with NAME TAG in the Gross Anatomy Laboratory AT ALL TIMES. A lab coat will be required for your Spring semester Neuroscience and Microbiology courses.)

Recommended – A medical dictionary:
Several titles are available in hard copy, eBook, or mobile application. Stedman’s, Dorland’s, Black, Merriam-Webster are all acceptable in whichever medium you wish to utilize. (Stedman’s Dictionary is available online: http://libguides.lib.msu.edu/medicalebooks (look under the tab for First & Second Year Books))

Recommended **Supplemental Atlases (not accepted for challenges):**
1. Color Atlas of Anatomy, 7th edition by Rohen et. al., Lippincott, Williams, Wilkins, 2010. ISBN: 9781582558561 (you may see some images from this atlas on the required lab quizzes and this atlas may be used to challenge questions on those quizzes only!)

*Note: Do not throw out your undergraduate anatomy text. You may find it a useful "old friend" on occasion to review basic principles.*

Required

**BMB 514 - MEDICAL BIOCHEMISTRY**

1. BMB 514 Coursepack 2014
2. Lippincott’s Illustrated Reviews: Biochemistry, 6th edition by D. Ferrier. Wolters Kluwer/Lippincott, Williams & Wilkins, 2013,
   ISBN: 9781451175622 (also used in BMB 526, PSL 534, and PSL 535)

Updated: 4/16/2014 psw

Required

**BMB 526 - MOLECULAR BIOLOGY AND GENETICS**

1. BMB 526 Coursepack 2014

Required

**PSL/ANTR/BMB 534 - CELL BIOLOGY AND PHYSIOLOGY I**

NOTE: Books are listed in priority order (most essential first)

1. PSL 534 Coursepack 2014

Required

**HM 531 - CLINICAL SKILLS**

1. HM 531 Coursepack 2014
BOOKLIST - BLOCK 1  
SPRING SEMESTER 2015

All students will be billed $260 each semester for coursepacks. Each student will receive a printed copy of each coursepack and electronic access.

**MMG 522 - MICROBIOLOGY AND IMMUNOLOGY**

**Required:**
1. MMG522 Course pack 2015 – REQUIRED

**Recommended Textbooks:**

**PSL/ANTR/BCH 535 - CELL BIOLOGY AND PHYSIOLOGY II**

**Required:**
1. PSL535 Course pack 2015 – REQUIRED

**NOP/ANTR/PSL/PHM 552 – NEUROSCIENCE**

**Required:**
1. NOP552 Course pack 2015 – REQUIRED

**Recommended Textbooks:**
Several textbooks and CD-ROMs will be recommended later.

**HM 561 – PATHOLOGY**

**Required:**
1. HM561 Course pack 2015 - REQUIRED

**EPI 546 – INTRODUCTION TO BIOSTATISTICS AND EPIDEMIOLOGY**

**Required:**
1. EPI546 Course pack 2015 - REQUIRED

**HM 532 - CLINICAL SKILLS**

**Required:**
1. HM532 Course pack 2015 - REQUIRED
BOOKLIST - BLOCK I
SUMMER SEMESTER 2014

HM 533
CLINICAL SKILLS

REQUIRED

1. Summer 2014 Coursepack


PHM 563
PHARMACOLOGY

REQUIRED:

1. Summer 2014 Coursepack


RAD 553
RADIOLOGY

REQUIRED:

1. Summer 2014 Coursepack

RECOMMENDED:

# BLOCK I DATES TO REMEMBER 2014-2015

## FALL 2014 EXAM SCHEDULE**

<table>
<thead>
<tr>
<th>Course</th>
<th>Date/Time</th>
<th>Remediation Exam Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSL 534 Exam 1</td>
<td>09/08/14 8:00-9:30 am</td>
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<tr>
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<tr>
<td>BMB 514 Exam 1</td>
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<td>ANTR 551 Exam 1</td>
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<td>Anatomy</td>
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<tr>
<td>PSL 534 Exam 2</td>
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<tr>
<td>Physiology</td>
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<tr>
<td>BMB 514 Exam 2</td>
<td>10/06/14 8:00-9:10 am</td>
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<tr>
<td>Biochemistry</td>
<td></td>
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<tr>
<td>ANTR 551 Exam 2</td>
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<tr>
<td>BMB 514 Final Exam</td>
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</tr>
<tr>
<td>Biochemistry</td>
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<tr>
<td>ANTR 551 Exam 3</td>
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<tr>
<td>PSL 534 Exam 3</td>
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<tr>
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<td>ANTR 551 Exam 4</td>
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<td>PSL 534 Exam 4</td>
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<tr>
<td>BMB 526 Exam 2</td>
<td>11/24/14 8:00-9:30 am</td>
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<td>Genetics</td>
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<tr>
<td>ANTR 551 Final Exam</td>
<td>12/05/14 8:00-8:45 am</td>
<td>January 7, 2015 (in East Lansing)</td>
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<td>January 6, 2015</td>
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<tr>
<td>PSL 534 Final Exam</td>
<td>12/09/14 9:00 am-11:00 am</td>
<td>January 8, 2015</td>
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<td>Physiology</td>
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<tr>
<td>BMB 526 Final Exam</td>
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<td>January 8, 2015</td>
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## SPRING 2015 EXAM SCHEDULE (Dates subject to change)**

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<tr>
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<tbody>
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<td>MMG 522 Exam 1</td>
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<tr>
<td>Micro &amp; Immuno</td>
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<td>PSL 535 Exam 2</td>
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<td>Course</td>
<td>Date/Time</td>
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<td>EPI 546 Exam 1 Epidemiology</td>
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<td>MMG 522 Exam 2 Micro &amp; Immuno</td>
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<td>NOP 552 Exam 1 Neuroscience</td>
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<td>NOP 552 Lab Exam 1 Neuroscience</td>
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<td>NOP 552 Exam 2 Neurosciences</td>
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<td>EPI 546 Exam 2 Epidemiology</td>
<td>03/04/15 8:00-9:30 am</td>
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<td>MMG 522 Exam 3 Micro &amp; Immuno</td>
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<td>PSL 535 Exam 5 Physiology</td>
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<td>HM 561 Exam 1 Pathology</td>
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<td>MMG 522 Exam 5 Micro &amp; Immuno</td>
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SUMMER 2015 EXAM SCHEDULE (Dates subject to change)**

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<tr>
<td>PHM 563 Exam 1 Pharmacology</td>
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<td>RAD 553 Exam 1 Radiology</td>
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<td>HM 533 Exam 1 Clinical Skills</td>
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<td>PHM 563 Exam 2 Pharmacology</td>
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<tr>
<td>RAD 553 Exam 2 Radiology</td>
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<td>8:00-9:00</td>
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<td>PHM 563 Exam 3 Pharmacology</td>
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<td>HM 533 Exam 2 Clinical Skills</td>
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<td>PHM 563 Exam 4 Pharmacology</td>
<td>07/02/15</td>
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MENTOR GROUP / LPCE
1 session in fall; 4 sessions in spring; 1 session in summer – dates to be provided.
LPCE begins in Spring Semester – 3 visits in fall and 1 in summer

BLOCK I REQUIRED CLASS MEETINGS
Class Meeting: September 23, October 14, November 18

Spring Class Meetings: Dates TBA
Summer Class Meetings: Dates TBA

REQUIRED EVENT
Hunt Lecture, September 19, 2014, 1:30 – 2:30 p.m.
EL – Wharton Center, Pasant Theatre; GR – 120 Secchia Center
IPPR Reception, November 14, 2014, 2:00 – 5:00 p.m. – Secchia Center

HOLIDAYS
Labor Day: September 1, 2014
Thanksgiving: November 27-28, 2014
Fall Semester Break: December 15, 2014 through January 9, 2015
Martin Luther King Day – January 19, 2015 (no classes; CHM celebration in p.m. – Time: TBA)
Spring Break: March 9, 2015 – March 13, 2015
Memorial Day: May 25, 2015

Deadline for obtaining an Extended Curricular Program tuition block rate:
No later than the end of the first week of the semester

**Make up exams will be scheduled within 3 days of the original exam date

---Watch your e-mails for deadlines regarding required class and self-evaluations!---
# 2014-2015 Student Course Evaluation Deadlines
## Basic Sciences, ICC and Clinical Skills

<table>
<thead>
<tr>
<th>Fall 2014</th>
<th>Evaluations to Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HM 531-Clinical Skills-Interactional Skills</strong></td>
<td>REQUIRED: Course and Preceptor</td>
</tr>
<tr>
<td>Evaluations must be completed by 11:59pm on October 23</td>
<td>RECOMMENDED: Lectures</td>
</tr>
<tr>
<td><strong>BMB 514-Biochemistry</strong></td>
<td>REQUIRED: Course</td>
</tr>
<tr>
<td>Evaluations must be completed by 11:59pm on October 23</td>
<td>RECOMMENDED: Faculty</td>
</tr>
<tr>
<td><strong>ANTR 551-Gross Anatomy</strong></td>
<td>REQUIRED: Course</td>
</tr>
<tr>
<td>Evaluations must be completed by 11:59pm on December 11</td>
<td>RECOMMENDED: Faculty</td>
</tr>
<tr>
<td><strong>PSL 534-Cell Biology and Physiology I</strong></td>
<td>REQUIRED: Course</td>
</tr>
<tr>
<td>Evaluations must be completed by 11:59pm on December 11</td>
<td>RECOMMENDED: Faculty</td>
</tr>
<tr>
<td><strong>BMB 526-Molecular Biology and Genetics</strong></td>
<td>REQUIRED: Course</td>
</tr>
<tr>
<td>Evaluations must be completed by 11:59pm on December 11</td>
<td>RECOMMENDED: Faculty</td>
</tr>
<tr>
<td><strong>HM 531-Clinical Skills-IPPR</strong></td>
<td>REQUIRED: Course and Preceptor</td>
</tr>
<tr>
<td>Evaluations must be completed by 11:59pm on December 11</td>
<td>RECOMMENDED: Lectures</td>
</tr>
<tr>
<td><strong>HM 571-Integrative Clinical Correlations I</strong></td>
<td>REQUIRED: Course</td>
</tr>
<tr>
<td>Evaluations must be completed by 11:59pm on December 11</td>
<td>RECOMMENDED: Lectures</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spring 2015</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EPI 546-Epidemiology and Biostatistics I</strong></td>
<td>REQUIRED: Course</td>
</tr>
<tr>
<td>Evaluations must be completed by 11:59pm on March 19</td>
<td>RECOMMENDED: Faculty</td>
</tr>
<tr>
<td><strong>PSL 535-Cell Biology and Physiology II</strong></td>
<td>REQUIRED: Course</td>
</tr>
<tr>
<td>Evaluations must be completed by 11:59pm on March 19</td>
<td>RECOMMENDED: Faculty</td>
</tr>
<tr>
<td><strong>NOP 552-Medical Neuroscience</strong></td>
<td>REQUIRED: Course</td>
</tr>
<tr>
<td>Evaluations must be completed by 11:59pm on April 30</td>
<td>RECOMMENDED: Faculty</td>
</tr>
<tr>
<td><strong>HM 532-Clinical Skills II</strong></td>
<td>REQUIRED: Course</td>
</tr>
<tr>
<td>Evaluations must be completed by 11:59pm on April 30</td>
<td>RECOMMENDED: Lectures</td>
</tr>
<tr>
<td><strong>MMG 522-Microbiology and Immunology</strong></td>
<td>REQUIRED: Course and Lab</td>
</tr>
<tr>
<td>Evaluations must be completed by 11:59pm on April 30</td>
<td>RECOMMENDED: Faculty</td>
</tr>
<tr>
<td>Course</td>
<td>Time Required</td>
</tr>
<tr>
<td>----------------------------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>HM 561-Pathology</td>
<td>Evaluations must be completed by 11:59pm on April 30</td>
</tr>
<tr>
<td>Summer 2015</td>
<td></td>
</tr>
<tr>
<td>HM 533-Clinical Skills III</td>
<td>Evaluations must be completed by 11:59pm on July 2</td>
</tr>
<tr>
<td>RAD 553-Radiology</td>
<td>Evaluations must be completed by 11:59pm on July 2</td>
</tr>
<tr>
<td>PHM 563-Pharmacology</td>
<td>Evaluations must be completed by 11:59pm on July 2</td>
</tr>
</tbody>
</table>
2014-2015 Course Pack Distribution Dates

**Distribution Locations** (unless otherwise noted)
- East Lansing Campus: Life Sciences Lobby
- Grand Rapids Campus: Resource Center, 3rd Floor

### FALL SEMESTER, Part I, 2014

<table>
<thead>
<tr>
<th>Course</th>
<th>Distribution Date and Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANTR 551 – Gross Anatomy</td>
<td>During Prematriculation Week</td>
</tr>
<tr>
<td>BMB 514 – Biochemistry</td>
<td></td>
</tr>
<tr>
<td>HM 531 – Clinical Skills I</td>
<td>(Student Learning Center, Radiology)</td>
</tr>
<tr>
<td>PSL 534 – Cell Biology and Physiology I, Part 1</td>
<td></td>
</tr>
</tbody>
</table>

### FALL SEMESTER, Part II, 2014

<table>
<thead>
<tr>
<th>Course</th>
<th>Distribution Date and Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMB 526 – Genetics</td>
<td>October 8, 2014; 8:30 am–10:00 am</td>
</tr>
<tr>
<td>PSL 534 – Cell Biology and Physiology I, Part 2</td>
<td></td>
</tr>
</tbody>
</table>

### SPRING SEMESTER, Part I, 2015

<table>
<thead>
<tr>
<th>Course</th>
<th>Distribution Date and Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPI 546 – Biostatistics and Epidemiology</td>
<td></td>
</tr>
<tr>
<td>HM 532 – Clinical Skills II</td>
<td>December 9, 2014</td>
</tr>
<tr>
<td>MMG 522 – Microbiology and Immunology</td>
<td></td>
</tr>
<tr>
<td>PSL 535 – Cell Biology and Physiology II</td>
<td></td>
</tr>
</tbody>
</table>

### SPRING SEMESTER, Part II, 2015

<table>
<thead>
<tr>
<th>Course</th>
<th>Distribution Date and Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOP 552 – Neuroscience</td>
<td>January 16, 2015</td>
</tr>
<tr>
<td>HM 561 – Pathology</td>
<td></td>
</tr>
</tbody>
</table>

### SUMMER SEMESTER, 2015

<table>
<thead>
<tr>
<th>Course</th>
<th>Distribution Date and Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>HM 533 – Clinical Skills III</td>
<td></td>
</tr>
<tr>
<td>PHM 563 – Medical Pharmacology</td>
<td>April 28, 2015</td>
</tr>
<tr>
<td>RAD 553 – Radiology</td>
<td></td>
</tr>
</tbody>
</table>
REMEDIATION CALENDAR 2014-15

In general, remediation exams for all courses will be scheduled (i) at a date prior to, or on, the first day of classes of the subsequent semester, (ii) during spring break, (iii) the week after the end of the summer semester, and (iv) the week before classes start. All students are required to take the earliest remediation exam offering unless the later date is authorized by college administrators or the student receives an excused absence (according to college policy) for the earlier exam.

A student needing to take two remediation exams must take both exams during the earliest remediation period. A student needing to take three or more remediation exams may elect to postpone an exam, but should consult with the appropriate block I director to discuss the remediation plan. Please note that a student who acquires more than two non-passing grades (CP or N) in a given semester will also be required to extend their curriculum and should arrange to meet with the appropriate college administrator to discuss their options.

**Fall semester courses** (anatomy, physiology, biochemistry, genetics)

<table>
<thead>
<tr>
<th>Sun Jan 4</th>
<th>Mon Jan 5</th>
<th>Tues Jan 6</th>
<th>Wed Jan 7</th>
<th>Thu Jan 8</th>
<th>Fri Jan 9</th>
<th>Sat Jan 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMB514</td>
<td>PSL534</td>
<td>ANTR551 (in EL only)</td>
<td>BMB526</td>
<td>SNOW DAY</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Fall semester courses** (physiology, biochemistry, genetics) *(if more than two remediation exams or excused absence)*

<table>
<thead>
<tr>
<th>Sun Mar 8</th>
<th>Mon Mar 9</th>
<th>Tues Mar 10</th>
<th>Wed Mar 11</th>
<th>Thu Mar 12</th>
<th>Fri Mar 13</th>
<th>Sat Mar 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>block II remediation exams</td>
<td>PSL534</td>
<td>BMB514</td>
<td>BMB526</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Spring semester courses** (physiology, neuroscience, microbiology, pathology, epidemiology, clinical skills)

<table>
<thead>
<tr>
<th>Sun May 10</th>
<th>Mon May 11</th>
<th>Tues May 12</th>
<th>Wed May 13</th>
<th>Thu May 14</th>
<th>Fri May 15</th>
<th>Sat May 16</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSL535</td>
<td>EPI546</td>
<td>NOP552</td>
<td>MMG522</td>
<td>HM561</td>
<td>HM532</td>
<td></td>
</tr>
</tbody>
</table>

**Summer semester courses** *(and spring courses if more than two remediation exams or excused absence)*

<table>
<thead>
<tr>
<th>Sun Jun 28</th>
<th>Mon Jun 29</th>
<th>Tues Jun 30</th>
<th>Wed Jul 1</th>
<th>Thu Jul 2</th>
<th>Fri Jul 3</th>
<th>Sat Jul 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>RAD553</td>
<td></td>
<td></td>
<td>PHM563</td>
<td>University holiday</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sun Jul 5</th>
<th>Mon Jul 6</th>
<th>Tues Jul 7</th>
<th>Wed Jul 8</th>
<th>Thu Jul 9</th>
<th>Fri Jul 10</th>
<th>Sat Jul 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSL535</td>
<td>NOP552</td>
<td>EPI546</td>
<td>MMG522</td>
<td>HM561</td>
<td>HM532</td>
<td>PHM563</td>
</tr>
</tbody>
</table>

For students who need to take a make up for any remediation exam. Please note that this is the LAST opportunity for a block I student to remediate a block I course and still begin block II on the first day of the fall semester (Aug 31). Failure to do so will require an extension of their curriculum.
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>HM533; makeup and back up date for all BI courses</td>
<td></td>
<td>required block II orientation</td>
<td></td>
</tr>
</tbody>
</table>
# CHM BLOCK II COURSES - YEAR 2
## Academic Year 2014-2015
### (32 WEEKS)

#### Semester 1 (16 weeks)

<table>
<thead>
<tr>
<th>September</th>
<th>November</th>
<th>December</th>
<th>January</th>
<th>Spring Break</th>
<th>May-June</th>
</tr>
</thead>
<tbody>
<tr>
<td>HM 513 Neurological</td>
<td>HM 511 Infectious Disease/Immunology</td>
<td>HM 517 Musculoskeletal</td>
<td>HM 539 Hematology/Neoplasia</td>
<td>HM 516 Disorders of Thought/Emotion/Behavior</td>
<td><strong>BREAK</strong></td>
</tr>
<tr>
<td>3 credits</td>
<td>3 credits</td>
<td>2 credits</td>
<td>4 credits</td>
<td>4 credits</td>
<td>3 credits</td>
</tr>
<tr>
<td>3 weeks</td>
<td>3 weeks</td>
<td>2 weeks</td>
<td>4 weeks</td>
<td>3.5 weeks</td>
<td>3 weeks</td>
</tr>
</tbody>
</table>

**PBL Scheduled Time in Week:** 7 hours of lecture & 3, 2-hour problem-based small group sessions

#### Semester 2 (16 weeks)

<table>
<thead>
<tr>
<th>HM 526 Urinary Tract</th>
<th>HM 525 Pulmonary</th>
<th>HM 515 Cardiovascular</th>
<th>HM 528 Metabolic/Endocrine/Reproductive</th>
<th>HM 527 Digestive</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 credits</td>
<td>3 credits</td>
<td>4 credits</td>
<td>3 credits</td>
<td>3 credits</td>
</tr>
<tr>
<td>3 weeks</td>
<td>3 weeks</td>
<td>4 weeks</td>
<td>3 weeks</td>
<td>3 weeks</td>
</tr>
</tbody>
</table>

### Course Descriptions

- **HM 513 Neurological Diseases/Immunology**: 3 credits, 3 weeks
- **HM 511 Infectious Disease/Immunology**: 3 credits, 3 weeks
- **HM 517 Musculoskeletal**: 2 credits, 2 weeks
- **HM 539 Hematology/Neoplasia**: 4 credits, 4 weeks
- **HM 516 Disorders of Thought/Emotion/Behavior**: 3 credits, 3 weeks
- **HM 526 Urinary Tract**: 3 credits, 3 weeks
- **HM 525 Pulmonary**: 4 credits, 4 weeks
- **HM 515 Cardiovascular**: 3 credits, 3 weeks
- **HM 528 Metabolic/Endocrine/Reproductive**: 3 credits, 3 weeks
- **HM 527 Digestive**: 3 credits, 3 weeks

- **HM 534 Clinical Skills**: 2 credits
- **HM 535 Clinical Skills**: 2 credits
- **HM 546 Social Context of Clinical Decisions**: 1 credit
  - Medical Ethics: 1 credit
- **EPI 547 Biostats/Epidemiology**: 1 credit
- **HM 547 Social Context of Clinical Decisions**: 2 credits
  - Health Care Policy & Integrative Experience: 2 credits
- **HM 548 Medical Humanities**: 2 credits
- **HM 582 Mentor Program/Longitudinal Patient Centered Experience**: 1 credit over 2 semesters
- **HM 582 Mentor Program/Longitudinal Patient Centered Experience**: 1 credit over 2 semesters
- **HM 582 Mentor Program/Longitudinal Patient Centered Experience**: 1 credit over 2 semesters
- **HM 640 Service Learning In the Community**: 1 credit over 4 years
### Required texts for Block II courses. These texts are used throughout the year

- The designation ☒ means that these texts were required in Block I in 2013-14
- Purchase of a course pack for each domain is also required
- Domain-specific texts follow on page 3 of this document

**PLEASE NOTE THAT URLs CAN CHANGE! IF ONE DOESN'T WORK, TRY THE MASTER MEDICINE TEXTBOOK LIST AT** [http://libguides.lib.msu.edu/medicalebooks](http://libguides.lib.msu.edu/medicalebooks)

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>BLOCK II TEXTBOOKS 2014-2015</td>
<td></td>
</tr>
<tr>
<td>---------------------------</td>
<td></td>
</tr>
<tr>
<td>Page 2 of 5</td>
<td></td>
</tr>
</tbody>
</table>

Electronic version available through the MSU library in the LWW Health Library |
|----------------|---------------------------------------------------------------|
Electronic version available through the MSU library in the Clinical Key collection. |
Electronic version available through the MSU library in the Access Medicine collection.  

Electronic version available through the MSU library in the Access Medicine collection. |
Electronic version available through the MSU library in the LWW Health Library  

Electronic version available through the MSU library in the LWW Health Library |
### Required texts for PBL courses

Purchase of a course pack for each domain is also required.

#### Domain Specific Textbooks

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>HM 513</td>
<td>NO DOMAIN SPECIFIC TEXTBOOKS</td>
</tr>
<tr>
<td>HM 511</td>
<td>NO DOMAIN SPECIFIC TEXTBOOKS</td>
</tr>
<tr>
<td>HM 517</td>
<td>NO DOMAIN SPECIFIC TEXTBOOKS</td>
</tr>
<tr>
<td>HM 539</td>
<td>NO DOMAIN SPECIFIC TEXTBOOKS</td>
</tr>
<tr>
<td>HM 526</td>
<td>NO DOMAIN SPECIFIC TEXTBOOKS</td>
</tr>
</tbody>
</table>

Electronic version available through the MSU library in Access Medicine

*Occupational & Environmental Health: Recognizing and Preventing Disease and Injury*, 6th ed., 2011  
### Required texts for PBL courses
Purchase of a course pack for each domain is also required

#### Domain Specific Textbooks

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Author(s)</th>
<th>Publisher</th>
<th>Access Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>HM 515</td>
<td>Pathophysiology of Heart Disease</td>
<td>Lilly L ed.</td>
<td>Lippincott, Williams and Wilkins, 2011</td>
<td>Electronic version available through the MSU library in the LWW Health Library</td>
</tr>
<tr>
<td>HM 528</td>
<td>Endocrine and Reproductive Physiology</td>
<td>White B and Porterfield S.</td>
<td>Elsevier, 2013</td>
<td>Electronic version available through the MSU library in the Clinical Key collection</td>
</tr>
</tbody>
</table>
Required Textbooks for Non-PBL Block II Courses

HM546 – SCCD – Ethics (Fall Semester)

Resolving Ethical Dilemmas, A Guide for Clinicians, 5th edition by Bernard Lo. Available via the MSU electronic card catalogue at:

EPI547 – Epi/Biostats (Fall Semester)

Required:

Optional:

HM547 – SCCD – Health Policy (Spring Semester)


HM534 and HM535 – Clinical Skills


**BLOCK II DATES TO REMEMBER 2014-15**
Blk II Required Orientation: Friday, August 22, 10 a.m. – 3:30 pm, all students to attend on the EL Campus – BPS 1410

### PROBLEM BASED LEARNING

<table>
<thead>
<tr>
<th>PBL Domain</th>
<th>Dates of Domain</th>
<th>Exam 1 Date/Time</th>
<th>Make-Up Exam (for students with excused absences for exam 1)</th>
<th>CP Remediation Exam Dates (for students who received a score of less than 75% on exam 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fall Semester</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HM-513 Neurological</td>
<td>08/25/14 - 09/12/14</td>
<td>09/15/14 8:00-10:30 am</td>
<td>09/16/14 8:00-10:30 am</td>
<td>Blk II PBL remediation exams will be scheduled on Tuesday, January 6th and Thursday, January 8th.</td>
</tr>
<tr>
<td>HM-511 ID/IMM</td>
<td>09/15/14 - 10/03/14</td>
<td>10/6/14 8:00-10:30 am</td>
<td>10/7/14 8:00-10:30 am</td>
<td>Makeup exams* will be scheduled on the day following exam day.</td>
</tr>
<tr>
<td>HM-517 Musculoskeletal</td>
<td>10/6/14 - 10/17/14</td>
<td>10/20/14 9:00-10:30 am</td>
<td>10/21/14 8:00-10:30 am</td>
<td>EPI and Clinical Skills remediation exams will be on Friday, January 9.</td>
</tr>
<tr>
<td>HM-539 Hem/Neo</td>
<td>10/20/14 - 11/14/14</td>
<td>11/17/14 7:30-10:30 am</td>
<td>11/18/14 8:00-11:00 am</td>
<td></td>
</tr>
<tr>
<td>HM-516 Dis. of Thought, Emotion, Behavior</td>
<td>11/17/14 - 12/12/14</td>
<td>12/12/14 8:00-11:00 am</td>
<td>12/15/14 8:00-11:00 am</td>
<td></td>
</tr>
<tr>
<td><strong>Spring Semester</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HM-526 Urinary Tract</td>
<td>01/12/15 - 01/30/15</td>
<td>02/2/15 8:00-10:30 am</td>
<td>02/3/15 8:00-10:30 am</td>
<td>HM526, 525: Tuesday, March 10 and Thursday, March 12.</td>
</tr>
<tr>
<td>HM-525 Pulmonary</td>
<td>02/2/15 - 02/20/15</td>
<td>02/23/15 8:00-10:30 am</td>
<td>02/24/15 8:00-10:30 am</td>
<td>Makeup exams* will be scheduled on the day following exam day.</td>
</tr>
<tr>
<td>HM-515 Cardiovascular</td>
<td>02/23/15 - 03/27/15</td>
<td>03/30/15 7:30-10:30 am</td>
<td>03/31/15 8:00-11:00 am</td>
<td>HM515, 528, 527: Tuesday, May 19 and Thursday, May 21.</td>
</tr>
<tr>
<td>HM-528 MER</td>
<td>03/30/15 - 04/17/15</td>
<td>04/20/15 8:00-10:30 am</td>
<td>04/21/15 8:00-10:30 am</td>
<td>Makeup exams* will be scheduled on the day following exam day.</td>
</tr>
<tr>
<td>HM-527 Digestive</td>
<td>04/20/15 - 05/08/15</td>
<td>05/11/15 8:00-10:30 am</td>
<td>05/12/15 8:00-10:30 am</td>
<td></td>
</tr>
</tbody>
</table>

*Students who receive an excused absence from a CP remediation make-up exam must meet with the Assistant Dean (EL) or the Director of the Preclinical Curriculum (GR), or his/her designee to make arrangements for an examination make-up date.*

**Students receiving special accommodations will be notified of their early morning start time.**

### CLINICAL SKILLS

<table>
<thead>
<tr>
<th>Sequence</th>
<th>Dates</th>
<th>Evaluative Exercises</th>
<th>Make-Up and CP Remediation Exams</th>
</tr>
</thead>
<tbody>
<tr>
<td>CS IV HM534</td>
<td>08/25/14 - 12/12/14</td>
<td>Content Exams: 10/23/14 &amp; 12/4/14</td>
<td>HM534 Makeup Exam #1 – 10/24/14 HM534 Makeup Exam #2 – 12/5/14 HM534 CP Remediation Date – 1/9/15</td>
</tr>
<tr>
<td>CS V</td>
<td>01/6/15 - 05/08/15</td>
<td>Gateway: Week of 4/27/15</td>
<td></td>
</tr>
</tbody>
</table>

**N Remediation Exams**
- June 8, 18, 2015
- July 9, 2015
- August 6, 2015
HM535

Exams: 3/3/15 & 5/5/15
HM535 Makeup Exam #1 & #2 – 3/4/15 & 5/6/15
HM535 CP Remediation Date – Friday, May 22.

BIOSTATISTICS/EPIDEMIOLOGY

<table>
<thead>
<tr>
<th>Dates</th>
<th>Exam 1 Date</th>
<th>Make-Up Exam</th>
<th>CP Remediation Exam Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/16/14-12/12/14</td>
<td>12/9/14</td>
<td>12/10/14 (for students with excused absences for exam 1)</td>
<td>January 9, 2015 (for students who do not receive a passing score on exam 1)</td>
</tr>
</tbody>
</table>

SOCIAL CONTEXT OF CLINICAL DECISIONS

<table>
<thead>
<tr>
<th>Course</th>
<th>Dates</th>
<th>Paper/Presentations Due</th>
<th>Make-Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethics</td>
<td>08/25/14 - 10/17/14</td>
<td>Essays due throughout course; see course information</td>
<td>Arrange with course director</td>
</tr>
<tr>
<td>Health Policy</td>
<td>01/12/15 - 02/20/15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrative</td>
<td>02/23/15 - 04/10/15</td>
<td>Week of 04/6/15</td>
<td></td>
</tr>
</tbody>
</table>

MEDICAL HUMANITIES

04/13/15 - 05/08/15

MENTOR GROUP / LPCE

Sessions during Fall and Spring Semesters – see course information for specifics

REQUIRED USMLE PRACTICE EXAM

Monday, August 25, 2014
Tuesday, May 5, 2015

BLOCK II REQUIRED CLASS MEETINGS

Academic Programs Orientation:

*All Block II CHM Students* - August 22, 2014, 10:00 a.m.-3:30 p.m.; East Lansing BPS 1410
Class Meeting (Board Rally): September 9, 2014, 12:00-12:45 p.m.; A219 CC and 130 Secchia Bldg
Class Meeting: September 16, 2014, 12:00–12:45 p.m.; A-133 Life Sciences to Room 130 Secchia Bldg.
Class Meeting: October 7, 2014, 12:00-12:45 p.m.; A-219 CC and 130 Secchia Bldg.
Class Meeting: October 21, 2014, 12:00-12:45 p.m.; A-219 CC and 130 Secchia Bldg.
Class Meeting: November 18, 12:00-12:45 p.m.; A-219 CC and 130 Secchia Bldg.

Spring 2015 Class Meetings: Jan. 13; Feb. 3, 24; March 31; April 21. – Time is tentatively set for 12:00-12:45, but could begin earlier if lectures end early. You will be notified of a time change. All class meetings are in A-219 CC and 130 Secchia Bldg.

End of Block II Lunch Presentation and Celebration: May 6, 2015, 12:30 pm. Location information will be sent later.

REQUIRED EVENTS

Hunt lecture, September 19, 2014. 1:30 – 2:30 p.m. Broadcast from East Lansing MSU Campus Pasant Theatre to Grand Rapids 130 SC.
Step 1 Method Sessions:
September 26, 2014. 1:00-2:50 pm. Broadcast from A-133 Life Sciences to Room 130 Secchia
January session date to be determined.
Foglio Lectureship, Spring 2015 – April 23 & 24, 2015, pm. Dates and times to be confirmed.
### HOLIDAYS

<table>
<thead>
<tr>
<th>Holiday</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labor Day</td>
<td>September 1, 2014</td>
</tr>
<tr>
<td>Thanksgiving</td>
<td>November 27-28, 2014</td>
</tr>
<tr>
<td>Martin Luther King Day</td>
<td>January 19, 2015</td>
</tr>
<tr>
<td>(no classes; CHM celebration in p.m. – Time: TBA)</td>
<td></td>
</tr>
<tr>
<td>Winter Break</td>
<td>December 13, 2014 through January 11, 2015 (Note: HM516 make-up exam is December 15)</td>
</tr>
<tr>
<td>Spring Break</td>
<td>March 9 – March 13, 2015</td>
</tr>
</tbody>
</table>

**Deadline for submitting Continued Learning Needs Accommodation in Block III:** The last day of Spring Semester

**Deadline for having taken USMLE Part I prior to entering Block III in July 2015:** June 28, 2015

**Deadline for having taken USMLE Part 1, for students entering Block III in the 2nd Clerkship:** August 4, 2015

*Watch your e-mails for deadlines regarding required class and self-evaluations!*
# 2014-2015 Block II Student Evaluation Deadlines

PBL, SCCD, EPI, Medical Humanities, Clinical Skills and Mentor Program

<table>
<thead>
<tr>
<th>Fall Semester</th>
<th>Evaluation Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PBL Domain Evaluations</strong></td>
<td></td>
</tr>
<tr>
<td>HM 513 Neurological</td>
<td>Evaluations must be completed by 11:59 p.m. on 9/16/2014</td>
</tr>
<tr>
<td>HM 511 Infectious Disease</td>
<td>Evaluations must be completed by 11:59 p.m. on 10/7/2014</td>
</tr>
<tr>
<td>HM 517 Musculoskeletal</td>
<td>Evaluations must be completed by 11:59 p.m. on 10/21/2014</td>
</tr>
<tr>
<td>HM 539 Hem/Neo</td>
<td>Evaluations must be completed by 11:59 p.m. on 11/18/2014</td>
</tr>
<tr>
<td>HM 516 Disorders of Thought, Emotion &amp; Behavior</td>
<td>Evaluations must be completed by 11:59 p.m. on 12/14/2014</td>
</tr>
<tr>
<td><strong>Epidemiology, Social Context of Clinical Decisions (SCCD), and Mentor Evaluations</strong></td>
<td></td>
</tr>
<tr>
<td>HM 546 Ethics</td>
<td>Evaluations must be completed by 11:59 p.m. on 10/19/2014</td>
</tr>
<tr>
<td>EPI 547 Epidemiology</td>
<td>Evaluations must be completed by 11:59 p.m. on 12/14/2014</td>
</tr>
<tr>
<td>HM 582 Mentor Program</td>
<td>Evaluations must be completed by 11:59 p.m. on 12/14/2014</td>
</tr>
<tr>
<td><strong>Clinical Skills</strong></td>
<td></td>
</tr>
<tr>
<td>HM 534 Lectures</td>
<td>Evaluations must be completed by 11:59 p.m. on 12/14/2014</td>
</tr>
<tr>
<td>HM 534 Experiences</td>
<td>Evaluations must be completed by 11:59 p.m. on 12/14/2014</td>
</tr>
<tr>
<td>• Neurology Exam</td>
<td></td>
</tr>
<tr>
<td>• Neurology Practice PBA</td>
<td></td>
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<tr>
<td>• Neurology PBA</td>
<td></td>
</tr>
<tr>
<td>• Adult Hospital Visit</td>
<td></td>
</tr>
<tr>
<td>• Musculoskeletal</td>
<td></td>
</tr>
<tr>
<td>• Giving Bad News</td>
<td></td>
</tr>
<tr>
<td>• Breast Exam</td>
<td></td>
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<tr>
<td>• Established Problem Visit PBA</td>
<td></td>
</tr>
<tr>
<td>• Nursing Home Visit</td>
<td></td>
</tr>
<tr>
<td>HM 534 Course Evaluation</td>
<td>Evaluations must be completed by 11:59 p.m. 12/14/2014</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spring Semester</th>
<th>Evaluation Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PBL Domain Evaluations</strong></td>
<td></td>
</tr>
<tr>
<td>HM 526 Urinary Tract</td>
<td>Evaluations must be completed by 11:59 p.m. on 2/3/2015</td>
</tr>
<tr>
<td>HM 525 Pulmonary</td>
<td>Evaluations must be completed by 11:59 p.m. on 2/24/2015</td>
</tr>
<tr>
<td>HM 515 Cardiovascular</td>
<td>Evaluations must be completed by 11:59 p.m. on 3/31/2015</td>
</tr>
<tr>
<td>HM 528 MER</td>
<td>Evaluations must be completed by 11:59 p.m. on 4/21/2015</td>
</tr>
<tr>
<td>HM 527 Digestive</td>
<td>Evaluations must be completed by 11:59 p.m. on 5/12/2015</td>
</tr>
<tr>
<td>Course</td>
<td>Evaluation Deadline</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>---------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Epidemiology, Social Context of Clinical Decisions (SCCD) Medical Humanities, and Mentor Evaluations</strong></td>
<td></td>
</tr>
<tr>
<td>HM 547 Health Policy</td>
<td>Evaluations must be completed by 11:59 p.m. on 2/22/2015</td>
</tr>
<tr>
<td>HM 547 Integrative</td>
<td>Evaluations must be completed by 11:59 p.m. on 4/12/2015</td>
</tr>
<tr>
<td>HM 548 Medical Humanities</td>
<td>Evaluations must be completed by 11:59 p.m. on 5/10/2015</td>
</tr>
<tr>
<td><strong>Clinical Skills</strong></td>
<td></td>
</tr>
<tr>
<td>HM 535 Lectures</td>
<td>Evaluations must be completed by 11:59 p.m. on 5/10/2015</td>
</tr>
<tr>
<td>HM 535 Experiences</td>
<td>Evaluations must be completed by 11:59 p.m. on 5/10/2015</td>
</tr>
<tr>
<td>• Male GU</td>
<td></td>
</tr>
<tr>
<td>• Child Hospital</td>
<td></td>
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<tr>
<td>• Urinary Tract PBA</td>
<td></td>
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<tr>
<td>• Pulmonary Exam</td>
<td></td>
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<tr>
<td>• Cardiac Exam</td>
<td></td>
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<tr>
<td>• Cardiac PBA</td>
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<tr>
<td>• Pelvic Exam</td>
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<tr>
<td>• Phlebotomy</td>
<td></td>
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<tr>
<td>• Gateway</td>
<td></td>
</tr>
<tr>
<td>HM 535 Course Evaluation</td>
<td>Evaluations must be completed by 11:59 p.m. on 5/10/2015</td>
</tr>
</tbody>
</table>
# 2014-2015 Course Pack Distribution Dates

Distribution Locations (unless otherwise noted)
- East Lansing Campus: Basement of Radiology Building
- Grand Rapids Campus: Resource Center, 3rd floor

<table>
<thead>
<tr>
<th>PBL Domain</th>
<th>Date/Time/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>HM 513 Neurological and HM 534 Clinical Skills</td>
<td>Fri. Aug. 22 11:30-1:00 BPS 1410 EL &amp; GR students</td>
</tr>
<tr>
<td>HM 511 Infectious Disease/Immunology</td>
<td>Mon. Sept. 15 10:00-11:00 am</td>
</tr>
<tr>
<td>HM 517 Musculoskeletal and EPI 547</td>
<td>Mon. Oct. 6 10:00-11:00 am</td>
</tr>
<tr>
<td>HM 539 Hematology/Neoplasia</td>
<td>Mon. Oct. 20 10:00-11:00 am</td>
</tr>
<tr>
<td>HM 516 Disorders of Thought, Emotion, Behavior</td>
<td>Mon. Nov. 17 10:00-11:00 am</td>
</tr>
<tr>
<td>HM 526 Urinary Tract and HM 535 Clinical Skills</td>
<td>Fri. Dec. 12 10:15-11:15 am</td>
</tr>
<tr>
<td>HM 525 Pulmonary</td>
<td>Mon. Feb. 2 10:00-11:00 am</td>
</tr>
<tr>
<td>HM 515 Cardiovascular</td>
<td>Mon. Feb. 23 10:00-11:00 am</td>
</tr>
<tr>
<td>HM 528 Metabolism/Endocrine/Reproductive</td>
<td>Mon. Mar. 30 10:00-11:00 am</td>
</tr>
<tr>
<td>HM 527 Digestive</td>
<td>Mon. April 20 10:00-11:00 am</td>
</tr>
</tbody>
</table>
Preclinical Student Research Opportunities

Research is an integral component of the College, informing and transforming our teaching and care environments by producing, applying and disseminating knowledge. The CHM Research Office provides opportunities for CHM students to participate in mentored research projects. We work with a wide network of basic, clinical, and translational researchers throughout Michigan that offers CHM students an interesting array of choices. We place CHM students in community-based organizations, health systems, and research laboratories based on the student’s interests, background, future goals, and time availability.

General Information
1. The CHM Research Office has an excellent matching program that links medical students to various researchers, depending on the interests of students and availability of projects.
2. Most students are discouraged from initiating research projects the first term that they attend medical school, until they are acclimated to the heavy demands of the curriculum. Permission of the Block I director must be obtained to engage in research in the fall semester of the curriculum.
3. A student must be in good academic standing to match in a research position if research participation occurs in a time period when the student is also taking classes.
4. If a student is not in good academic standing but is taking a reduced course load, the student may be allowed to be involved in a research project with the approval of the Assistant Dean/ Director of Preclinical Curriculum.
5. Students who obtain approval from the Block I director or Assistant Dean/ Director of Preclinical Curriculum must achieve mastery (at least 85%) on all of his/her examinations. If these conditions are not met, permission for participation in the research project will be withdrawn.
6. Students involved in research must complete Responsible Conduct of Research (RCR) training prior to working on a research project. This is a requirement of the MSU Graduate School. CHM has an online tracking system for students to enter RCR trainings they complete and print a copy for your mentor’s files. The RCR process, topics and tracking systems are located at https://research.chm.msu.edu/index.php/students-residents/rcr-completion-form.
7. Students involved in research must complete Human Research Protection training prior to working on a research project. This is a requirement for all personnel engaged in human subjects research. The type of training required is based on the setting of your research. MSU research projects require MSU IRB Human Research Protection training: http://www.humanresearch.msu.edu/requiredtraining.html. Research based at our partner hospitals may require different training, such as via the CITI program (https://www.citiprogram.org/). Please check your institution’s research staff, or the MSU-CHM Student Research Director, for more specifics about which training is required. Training must be renewed every two to three years, depending on the specific institution’s rules.
8. Research requirements vary by setting. For specifics and for more information, go to the following website: https://research.chm.msu.edu/index.php/students-residents/finding-a-mentor. The site, among other things, will direct you to complete a research project request form to specify your interests and goals. The more specific you can be, the better the match you will receive.

Presentation of Research at National, Regional or Local Meetings:
1. To apply for financial help with conference expenses, contact Margo Smith at smithmk@msu.edu
2. To apply for financial help for printing a poster, contact the CHM Office of Research.

CHM students may request up to $75 from the CHM Office of Research for poster printing for a national/international conference when they are listed as the first author. Submit the form at https://research.chm.msu.edu/index.php/students-residents/chm-msu-funding-request-procedures. Contact Angie Zell at zell@msu.edu BEFORE you order your poster because we make payment arrangements directly with the vendor.
Preclinical Student Research Frequently Asked Questions

Is research required during years one and two of medical school?
No. Participation in research during preclinical years is voluntary.

Is there a list of available research projects that I can use to find a project?
No. Medical students most commonly get involved in clinical research, often at our partner hospitals. The short-term nature of many clinical research projects, along with the fact that research is commonly done at a non-MSU institution, prevents comprehensive and up to date lists of research projects from being generated.

How do I find a research project?
Please submit a Research Matching Request to the CHM Office of Research. Human Research Protection training and Responsible Conduct of Research (RCR) training are required prior to matching. See this link for details: https://research.chm.msu.edu/index.php/students-residents/finding-a-mentor. Please contact Mark Trottier (trottie1@msu.edu) in Grand Rapids or Angie Zell (zell@msu.edu) in East Lansing for help in finding a mentor.

Do I need any kind of approval to start research while at CHM?
Yes. You need approval from at least TWO different places: 1) MSU - CHM must ensure that you are in good academic standing, up to date on your TB test, and up to date on Responsible Conduct of Research (RCR) training. 2) The research institution (if not MSU, e.g. Spectrum Health, Sparrow Hospital, etc.) must approve you for research through their specific “credentialing” process.

What is research credentialing?
Research credentialing is a term that means you are allowed to conduct research at the institute that has jurisdiction over your research mentor and project. Often, this is one of our partner hospitals. In such a case, you would need appropriate credentialing in the form of 1) HR-related issues such as an ID badge, 2) research-specific training in the form of Human Research Protection training (such as CITI training), and 3) electronic access privileges for medical records, etc. These requirements vary by institution. Please contact either Mark Trottier (trottie1@msu.edu) or Angie Zell (zell@msu.edu) for details on credentialing at each institution.

What is Responsible Conduct of Research (RCR) training?
All MSU students doing research of any kind must complete responsible conduct of research (RCR) training annually. It is the student’s responsibility to TRACK this training. The CHM Office of Research has provided an RCR tracking system where students can mark down which trainings they have completed and generate reports as needed. A summary of acceptable RCR trainings and the tracking system can be found here: https://research.chm.msu.edu/index.php/students-residents/rcr-completion-form

The MSU-CHM plan for students is 8 hours of RCR training during the 1st year of research activity, and 3 hours for every research active year thereafter. This RCR training plan is separate from any credentialing that is done at hospitals or other research institutions, however any research training you receive can potentially count toward your RCR requirement.

I am in East Lansing, what are my specific requirements for research training and credentialing?
Most research in East Lansing is with MSU or Sparrow Hospital. MSU IRB Human Research Protection training (http://humanresearch.msu.edu/requiredtraining.html) is required/accepted for research at either location. For MSU projects, no specific credentialing is required. For Sparrow projects, your research mentor will inform you of other requirements. See “Security Guidelines” on this page: http://www.sparrow.org/?id=1097&sid=1 for more details.

I am in Grand Rapids, what are my specific requirements for research training and credentialing?
Most research in Grand Rapids involves mentors at our partner institutions – Spectrum Health, Mercy Health Saint Mary’s, Pine Rest Christian Mental Health Services, Mary Free Bed Rehabilitation Hospital, etc. Each institute has their own research credentialing process. Spectrum Health has research “Open Enrollment” periods in September, January and May for preclinical students interested in research. A series of HR- and research-related trainings are required. You will be notified by email announcements when these periods are about to begin. All non-Spectrum institutions require similar HR-specific and research-specific trainings, but these are done on an as-needed basis. Please contact Mark Trottier (trottie1@msu.edu) for more information.

Can I conduct research without proper credentialing and/or training?
No. Depending on the institution, addition of your name to an existing research protocol will be denied if you are not properly trained and credentialed. If you are found to have conducted research without proper training and/or credentialing, some or all of the following may occur:
1. Your research privileges at the institution may be revoked
2. Your clinical privileges at the institution may be revoked
3. You may be sanctioned by MSU
4. Publishing of research findings may be prohibited

I already took Human Research Protection training at another institution, do I have to take it again at CHM?
Yes. MSU requires students to take online IRB Human Research Protection training (http://humanresearch.msu.edu/requiredtraining.html) for all MSU projects. Projects with non-MSU institutions generally require CITI training (www.citiprogram.org) affiliated with that particular institution.
Note: CITI training is used by many different institutions and often the training modules overlap. Thus, training you have taken previously may already be marked complete at your new institution. Please confirm with your research institution as to which specific training is required.

What areas of research are available to students?
Students conduct research in wide variety of areas, including the basic sciences, clinical research, epidemiology and public health. Please contact Mark Trottier (trottie1@msu.edu) or Angie Zell (zell@msu.edu) for details on what may be available at each campus.

How many hours per week are needed to conduct research?
It depends on the type of research and what time of year. For clinical research during the school year, anywhere from 2-10 hours per week are appropriate, with the average being 4-5 hours. During the summer, anywhere from 2-40 hours may be appropriate. For basic science, more time is usually required – at least 15 hours per week during the school year and at least 20 hours per week during summer break.
How early should I start doing research?
This depends on your interest in research, how solid your future career plans are, the competitiveness of your prospective residency program, and time available outside of academic responsibilities. Many students start doing research as early as January/February of the 1st year. The major reasons students participate in research early are: 1) enjoyment of research, 2) resume-booster and 3) networking with physicians/researchers during preclinical years.

Note that residency applications are due midway through year 3 of medical school. There are several formal mechanisms for research during years 3 and 4 of medical school. The third year course, Critical Appraisal/Analytic Medicine (CAAM), involves offers an opportunity to participate in a group research project, and students may take up to two Block III Research Electives during years 3 and 4 (https://research.chm.msu.edu/index.php/students-residents/elective-guidelines-and-forms).

My research mentor is not affiliated with MSU, is that a problem?
Research mentors do not have to be affiliated with MSU. Check your research institution’s rules for who is eligible to be a principal investigator on an IRB protocol.

My research mentor doesn’t know his/her Z-PID number. What do I do?
To find the Z-PID number, go to this site: https://myid.msu.edu/. Login with NetID and password. If the mentor does not know his/her NetID, please go to this site for help: https://netid.msu.edu/.

Can my research mentor be a resident?
Yes. Anyone, including MDs, PhDs, residents, research coordinators, etc. can serve as a research mentor provided they have research experience, mentoring skills and are approved to do research at the institution in question.
The Medical Student Research Journal (MSRJ) is the longest running academic journal in the United States authored, reviewed, and published by medical students for medical students. It is dedicated to promoting the scientific achievements of medical students, teaching principles of peer and article review, and providing editorial, publishing, and leadership learning experiences.

For those students interested, you may suggest your own art to the MSRJ for the chance to have your artwork on the cover of one of our issues. We will also be inviting artwork from the IPPR reception. Featured above are our last two issues demonstrating the excellent work of Masaki Nagamine and Alex Golec from the IPPR course. Artwork will be voted on by the editorial staff of the journal, and the winning piece will be on the cover along with a brief description of the work published within the journal.

In addition, MSRJ is currently inviting submissions for review and publication. Medical students from around the world, in all areas of study, are encouraged to submit a manuscript. MSRJ accepts a wide range of papers including original clinical, basic science, translational research, reviews, reflections, and case reports.

CHM students may also be a part of the MSRJ spring elective. The MSRJ elective will give you an in-depth overview of a student-run, peer-reviewed, and faculty-reviewed research journal. It is designed for students interested in learning more about the behind-the-scenes operations of our medical journal. The elective focuses on our journal’s history, structure, operation, and review process.

You will learn how to effectively review journal submissions and the many roles in a successful publication process. By participating, you can discover further opportunities within MSRJ to fit your own interests in research publication. For more information about the elective, contact Kaitlyn Vitale at kaitlyn.vitale@msrj.org.
Educational Research Involving Medical Students at CHM

Many CHM faculty members are engaged in on-going efforts to monitor and improve the medical school curriculum. The major goals of these efforts are to assure that:

- Specific curricular objectives are met;
- Educational resources are available as appropriate;
- Students receive preparation adequate for licensure;
- Outcomes related to the mission of the College are achieved.

CHM has a national reputation for educational innovation. Much of this reputation has been built on our evaluation efforts and the publication of our results. The Liaison Committee for Medical Education (LCME), the organization that accredits medical schools, expects that a medical school will assess itself, reflect on what was found, and participate in the community of scholars sharing what has been learned.

This information used for these studies is routinely collected as part of the professional education program of our students and requires no additional effort on the part of students. Examples include course test scores, faculty and preceptor ratings, clinical skills and other performance-based assessments, MCAT and USMLE scores. All of this information is based on established course and graduation requirements.

The purpose of these studies is to identify trends in student performance. The datasets used for these studies do not contain any personal identifiers such as names or student numbers. The information is aggregated across students to maintain confidentiality; individual students are never identified.

In the event that a study requires additional information that is not part of the regular educational program and requires additional data collection from students, such as a questionnaire or focus group, you will have the opportunity to decide whether or not you wish to participate.

If you have any further questions regarding educational evaluation at the College of Human Medicine or the information explained above, please contact the Associate Dean for Academic Affairs, or Brian Mavis in the Office of Medical Education Research and Development (mavis@msu.edu).
COURSE PACKS and ASSOCIATED FEES for Academic Year 2014-2015

In the 2011-2012 academic year, the Provost at MSU initiated a course pack pilot program, the result of persuasive student efforts to demonstrate the positive impact of eCourse packs on learning. In 2012-13, the program became permanent. Principles are as follows:

1. Every student enrolled in or auditing a course will pay for and receive a course pack in both an electronic and printed version. Course pack ordering is not necessary.
2. The electronic version is available via D2L for every enrolled student by term and will be “downloadable” and searchable.
3. The printed course packs will be distributed to the students in as convenient a way as possible before the course begins.
4. Because of copyright issues and last-minute faculty updates, the printed course pack may be slightly different from the electronic version.
5. A fee will be assessed each semester based on number of enrollment or audited credits. Fees are assessed by credit hour as follows:

<table>
<thead>
<tr>
<th># of Semester Credits of Enrollment</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5 credits</td>
<td>$110</td>
</tr>
<tr>
<td>6-11 credits</td>
<td>$185</td>
</tr>
<tr>
<td>12 or more credits</td>
<td>$260</td>
</tr>
</tbody>
</table>

a. Charges are based on enrollment on the first day of the semester.
b. Refunds are not available for course materials charges for dropped courses after the first day, due to copyright and production issues and costs.
c. An automatic per-semester charge will appear on a student’s accounts receivable bill to pay for course packs.
d. This fee will be repeated for each term for which the student is enrolled.
e. All students will be charged the full 12 credit fee initially; adjustments for those enrolled for fewer than 12 credits will be made after the “last day to drop with refund” date, as established by the College. Students may check the status of their account through STUINFO. The system generates refund checks weekly. Students will receive an email notification regarding the method and amount of any refund.
f. The semester fee covers the cost of royalties and processing for the eCourse pack, for Mediasite viewing, and for the printed pack.
6. CHM administration will provide the course enrollment data to the MSU library to determine which students should receive a course pack. Enrolled students, without exception, will be defined as any student who is participating in a course, whether enrolled or informally auditing. If a student is not participating in a course, s/he will not be charged, but will not have access to Mediasite recordings or course packs in either printed or electronic form.
7. Printed course pack distribution dates differ by Block and can be found in the respective parts of the Preclinical Manual.
8. **Because of copyright laws and agreements with the University, Mediasite recordings will NOT be available to students outside of the semester in which s/he is enrolled in a course, even for remediation exam purposes.**
9. Students find it useful to search electronic course packs later in the curriculum. This can ONLY be done if the course pack is downloaded while a student is listed as a course enrollee. Downloading for individual use during course enrollment is perfectly legal and is strongly advised.
10. Questions regarding adjustments may be directed to Mary Schueller, Library Business Manager, schuell1@msu.edu).
GOOGLE CALENDARS

In the hectic days of a professional, having an organized approach to scheduling is an exceptionally important skill. This begins in medical school, where schedules do not follow the same events from day to day, and required activities are mingled in with non-required opportunities. In response to student requests to separate the non-required events from the required events, 3 Google calendars have been created.

1. **Required Events Calendar** - lists events that all students are required to attend at the same time (lectures, class meetings, exams, etc.) and the deadlines for evaluations. Note: not all required lectures are listed. Lecture schedules are being finalized and the required calendar will be updated as needed.

2. **Non-Required Events calendar** - includes the rest of the lectures and other events.

3. **Small Group calendar** (all small groups are required) – there is one for each campus and includes the schedule for Interactional Skills, IPPR, PBL, SCCD, Clinical Skills, EPI, Careers and Health and Wellness. You will be able to copy your assigned time to your individual calendar and then turn off the overall afternoon calendar for the class.

NOTE: Notifications will be sent automatically via Google when an event is changed on the calendars. However, when copying an event to your individual calendar, the event will not be automatically updated.

**LINKS (links are available to all students – regular, extended and joint degree):**

**Class of 2018 - Required Events Calendar**
http://www.google.com/calendar/ical/msu.edu_ujto3672n0o061k6g1tbq8qfk4%40group.calendar.google.com/public/basic.ics

**Class of 2018 - Non-required Events**
http://www.google.com/calendar/ical/msu.edu_b5fmp293lmbn1i3g41614d5b2c%40group.calendar.google.com/public/basic.ics

**Class of 2018 - EL Afternoon (Small Groups and Labs)**
http://www.google.com/calendar/ical/msu.edu_e29d3hcgme2dve4feqarpgh14o%40group.calendar.google.com/public/basic.ics

**Class of 2018 - GR Afternoon (Small Group and Labs)**
http://www.google.com/calendar/ical/msu.edu_tilphc10k4ibmra7ghbab8amk%40group.calendar.google.com/public/basic.ics
Class of 2017 - Required Events Calendar
http://www.google.com/calendar/ical/msu.edu_kjise3bgvikq634haomaepq00s%40group.calendar.google.com/public/basic.ics

Class of 2017 - Non-required Events
http://www.google.com/calendar/ical/msu.edu_6b0qer42p1dvvur3j1nne87b4s%40group.calendar.google.com/public/basic.ics

Class of 2017-EL Afternoon (PBL, Clinical Skills, Epi, SCCD, Careers, Wellness)
http://www.google.com/calendar/ical/msu.edu_dk8g012im0gslofim27iu5mtj0%40group.calendar.google.com/public/basic.ics

Class of 2017-GR Afternoon (PBL, Clinical Skills, Epi, SCCD, Careers, Wellness)
http://www.google.com/calendar/ical/msu.edu_jfotphkgegmu0773j6eateqqss%40group.calendar.google.com/public/basic.ics
Health Information Technology Education Services

A. Preclinical Student Learning Centers, Building Security, and Facility Usage

The primary use of the student learning centers at both campuses is for small group meetings for required or elective courses, and for individual and group study. The guiding principles for student learning center use are based on courtesy and respect for others. Each student has the right to use the center in a comfortable, safe, and clean environment. For safety and security purposes, the learning centers are locked and accessible only to CHM students. Children are allowed in the student lounge but not in areas where other students are concentrating. Noise in all cases must be kept to a minimum in the study spaces.

Guiding Principles for use (as developed by CHM students):

1. Class time takes priority over study time. Please check the posted class schedules before entering a room for study purposes.

2. Because of logistical difficulties with scheduling, rooms will not be assigned or reserved for study purposes, but will be used on a first-come, first-serve basis. However at times these rooms may be reserved in advance by faculty.

3. To facilitate group interactions, use of the small group rooms for study should be confined to groups of at least two rather than used by an individual student when the learning center is busy.

4. All white boards will be erased each day. If students wish to preserve their board work, a digital camera, cell phone or other method of preservation should be used.

5. In general, study breaks should be limited to 30 minutes, or a room may be forfeited to another group of students.

6. For safety reasons, avoid using objects to keep locked building doors open.

7. Upon exiting a room, please leave it as debris-free as possible. If a waste basket is overflowing, please deposit waste in an alternative receptacle that is not full. If all are full, bag up and close the existing trash and start a new bag.

8. Leaving backpacks, books, etc. overnight with the intent of reserving the room or cubicle for the next day is not allowed, nor is “claiming” an area as one’s own by “camping out,” physically posting photos for more than daily display, etc.

9. The student learning centers belong to the students. Conflicts should be negotiated between students and resolved whenever possible. For facilitation of conflicts that cannot be resolved, please see Bud Schulz in East Lansing and Jack O’Donnell in Grand Rapids.

It is tempting to stretch the above principles at busy study times such as before CHM exams or before the USMLE Step I examination. Please refrain from doing so.
B. Computer Testing Center Policies 2013-2014

1. Who can use the Computer Testing Centers?
The Computer Testing Centers are private access labs funded by the Dean of College of Human Medicine exclusively for use by current enrolled students in the: College of Human Medicine or the College of Osteopathic Medicine

**Faculty:** Faculty may review computer based materials that could be used in classes conducted for CHM and COM students. Computer use such as email, word processing, data entry, statistical analysis, etc. should be done on computers provided by the faculty member’s department.

**Use by children, spouses, or significant others of students is not permitted**

2. Hours of Operation
Please refer to [http://www.hit.msu.edu/computerlabs.aspx](http://www.hit.msu.edu/computerlabs.aspx) for hours of operation for your location.

<table>
<thead>
<tr>
<th>2014-15 Computer Lab Special Closure Times</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date</strong></td>
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<tr>
<td><strong>Time</strong></td>
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<td><strong>Reason</strong></td>
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<tr>
<td><strong>Fall Semester</strong></td>
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<tr>
<td>8/25/14</td>
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<tr>
<td>7:00-6:00</td>
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<tr>
<td>USMLE Testing</td>
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<td>8/28/14</td>
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<tr>
<td>12:00-3:30</td>
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<tr>
<td>CBT Practice Sessions</td>
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<tr>
<td>8/29/14 – EL Students Only</td>
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<tr>
<td>7:30-5:00</td>
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<tr>
<td>Block III</td>
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<tr>
<td>9/9; 9/10; 9/11</td>
</tr>
<tr>
<td>1:00-6:00</td>
</tr>
<tr>
<td>Clinical Skills Health Records</td>
</tr>
<tr>
<td>9/15/14</td>
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<tr>
<td>7:00-12:30</td>
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<tr>
<td>HM513 PBL Exam</td>
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<td>9/16; 9/17</td>
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<td>1:00-6:00</td>
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<tr>
<td>Clinical Skills Health Records</td>
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<td>10/6/14</td>
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<td>7:00-12:30</td>
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<td>HM511 PBL Exam</td>
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<tr>
<td>7:00-12:30</td>
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<tr>
<td>HM517 PBL Exam</td>
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<tr>
<td>10/22; 10/23 – GR Students Only</td>
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<tr>
<td>1:00-6:00</td>
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<tr>
<td>Clinical Skills Health Records</td>
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<tr>
<td>10/24/14- EL Students Only</td>
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<tr>
<td>7:30-5:00</td>
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<tr>
<td>Block III</td>
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<tr>
<td>11/17/14</td>
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<td>7:00-12:30</td>
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<tr>
<td>HM539 PBL Exam</td>
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<tr>
<td>12/12/14</td>
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<td>7:00-12:30</td>
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<tr>
<td>HM516 PBL Exam</td>
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<td>12/19/14- EL Students Only</td>
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<td>7:30-5:00</td>
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<td>Block III</td>
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<tr>
<td><strong>Spring Semester</strong></td>
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<td>7:00-12:30</td>
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<tr>
<td>HM526 PBL Exam</td>
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<td>2/5; 2/6 – GR Students Only</td>
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<td>1:00-6:00</td>
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<tr>
<td>Clinical Skills Health Records</td>
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<td>2/5; 2/6 – EL Students Only</td>
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<tr>
<td>1:00-6:00; 8:00-12:00 also on 2/5</td>
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<tr>
<td>Clinical Skills Health Records</td>
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<td>2/23/15</td>
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<td>7:00-12:30</td>
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<td>HM525 PBL Exam</td>
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<td>7:00-9:30</td>
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<tr>
<td>HM535 Clinical Skills Exam</td>
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<td>3/6/15- EL Students Only</td>
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<tr>
<td>HM515 PBL Exam</td>
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<td>3/24; 3/26 – GR Students Only</td>
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<td>1:00-6:00</td>
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<td>Clinical Skills Health Records</td>
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<td>7:00-12:30</td>
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<tr>
<td>HM528 PBL Exam</td>
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<td>4/27; 4/28; 4/29; 4/30 – GR Students Only</td>
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<td>2:00-7:00</td>
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<tr>
<td>Clinical Skills Gateway</td>
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<tr>
<td>5/1/15- EL Students Only</td>
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<td>7:30-5:00</td>
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<td>Block III</td>
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<td>5/5/15</td>
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<td>7:00-6:00</td>
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<tr>
<td>USMLE Practice Exam</td>
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<td>5/11/15</td>
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<td>7:00-12:30</td>
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<td>HM527 PBL Exam</td>
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<td><strong>Summer Semester</strong></td>
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<td>TBD</td>
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<tr>
<td>Basic Science Exams</td>
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</table>
3. The Lab Computers
   a.) Saving files or making changes to the computers in the lab:
       Please do not save files to the computers in the lab. All computer files will be
       deleted upon the next reboot of the machine. Please use a portable storage
device to save your files.

   b.) Downloading materials from the Internet:
       ALL materials downloaded from the Internet MUST be downloaded to your own
       portable storage device. Materials downloaded to the hard drive will be deleted
       after each reboot of the system.

   c.) Installing/using your own programs/games in the lab:
       Computers are setup specifically to run programs installed on them by Desktop
       Support staff. Installing your own programs these computers is not permitted.

   d.) Copying Programs:
       Making personal copies of programs installed on computers in the lab is not
       permitted. Copying programs such as these is a violation of federal copyright
       laws and all violators will be severely dealt with by Michigan State University.

4. Student Email Lists
   Student email lists are maintained for the purpose of distributing official
   announcements to students. Students may use these lists to make announcements
   that are of general interest to students and faculty. Messages of a private nature such
   as announcements of items for sale or rent should not be sent via these lists. Using
   these lists to send anonymous messages is prohibited. Political points of view, in the
   broadest sense are prohibited.

5. Laptops
   Laptops may be used in the Computer Testing Center with wireless available to
   connect to the Internet. You may print to the Computer Testing Center printers by
   accessing http://cerebro1.hc.msu.edu:9191/app and using the web print feature.

6. Printing
   All Printing in the Computer Testing Centers is monitored. Students are allotted $75.00
   per semester. After $75.00 there will be a charge of .05 cents per page for black and
   white copies and a .40 cents charge per color page to help offset the cost of printing.
   (i.e. - One single sided document counts as one page and one double sided
   document counts as two pages. Cover pages are NOT counted.) Your balance will
   appear when you log on the computer. Print jobs are limited to 200 pages and up to 15
   copies per print job. If the document is over 200 pages you must separate the jobs into
   smaller jobs and if you need over 15 copies you will need to re-submit the job. Use the
   print preview feature whenever possible to avoid printing multiple draft copies of your
You will not be refunded print charges because you did not use the print preview feature. The printers are set to print duplex (2-sided) by default.

8. **Noise Levels**
The Computer Testing Center is a facility much like a library with respect to noise levels. Discussions should be kept to a minimum or conducted outside of the lab. Monitors have been asked to politely enforce this policy. Please respect your fellow students by keeping the Center a quiet place to study.

9. **Resource Checkout**
- See the monitor at the front desk to check out resources.
- Books and printed materials may be checked out for 3 hours.
- Media may be checked for 1 hour.
- When you return the item, please be sure to turn it in to the monitor on duty.
- No items may be taken overnight.

**Any infraction of Computer Testing Center Policies or disrespectful treatment of staff will be immediately reported to Dr. Osuch/Dr. O'Donnell***

If you have any technical questions or concerns or need help in any way contact:

- **In East Lansing – HIT Service Desk 517-355-6531**
- **In Secchia Center Grand Rapids – GRIT GR-Tech@hc.msu.edu 616-234-2617**

C. **Electronic Lecture Recordings**

1. **Mediasite**
   Mediasite is the primary lecture capture system for Block I and II courses. Mediasite provides a streamable link to watch your lecture content on demand at some later point in time. Lectures are recorded and posted within 24 hours of the real time lecture. Mediasite is also the backup system in case of failure of the High Definition Conferencing systems that broadcast lectures between Grand Rapids and East Lansing sites.

2. **Captivate/Camtasia**
   Captivate/Camtasia are the software application used primarily for pre recorded lectures. When a professor needs to have material delivered online with audio over PowerPoint, Captivate/Camtasia is the main application used. If you have issues with playback with either of these technologies, go to: [http://www.hit.msu.edu/techbase.aspx?ID=17640](http://www.hit.msu.edu/techbase.aspx?ID=17640)
   If you still have issues, please contact The HIT Service Desk at 517-355-6531

D. **I-Clickers in the Preclinical Curriculum**
I-clickers are used for a variety of purposes in CHM. The most common involve monitoring of attendance of required experiences and for administration of quizzes.

1. **Policies**
   a. It is the responsibility of every CHM student to purchase and register an i-clicker by the beginning of prematriculation week. Instruction on registration of i-clickers will be provided.
b. Course protocols will describe the specific use of clickers in a course and specific policies related to that course.

c. Failure to register your i-clicker may result in lack of credit for quiz responses or lack of proper recording of attendance in the case of required experiences.

d. Under no circumstances should a student loan his/her i-clicker to another student, nor should a student ever be in the possession of a i-clicker other than his/her own. Answering questions on behalf of another student by using their i-clicker is considered to be a serious act of dishonesty and if discovered, will result in disciplinary action for both students.

e. If a student is concerned whether his/her i-clicker is working properly, it can be easily checked by going to the Computer Testing Center and requesting this service, which can be performed on a same day basis.

2. Frequently Asked Questions about I-clickers

What is the procedure if I forget my clicker, or forget to click in for a required experience?
Notify your Block administrator as soon as you can via a telephone call (and prior to the start of the experience whenever possible), explaining the circumstances. If there is no answer, leave a message. Follow up your telephone call with an e-mail as soon as possible after the experience. Your explanation will be forwarded to an administrator for consideration.

What is the procedure if the green light does not illuminate when I “click in”?
The most common reason that the green light does not illuminate when you “click in”, is that you arrived too late to have your attendance recorded. In this instance, report what time you arrived for the experience to your Block administrator via e-mail as soon as the experience has concluded. Your message will be forwarded to an administrator for consideration.

What is the procedure if my i-clicker does not work and I am on time for the experience?
The most common reason that an i-clicker does not work is because of a dead battery. In this event, follow the same procedure as if you forgot your i-clicker. Then change your batteries and have your clicker checked by the Computer Testing Center before you are required to use your i-clicker again to make sure that it is in working order. To avoid this situation, change your i-clicker battery before each term.

Some students forget to register their i-clicker, which will result in failure of the recording software to list your name even if you clicked in.

What if my registration code has worn off my clicker and is not readable?
Take your clicker to a Computer Testing Center and they should be able to retrieve your code.
INFORMATION

PRECLINICAL CURRICULUM

Academic Support Services
2014-2015
Academic Support - Overview of Services

The College of Human Medicine Academic Support Services offers a variety of highly structured learning activities to ensure that all students reach their full learning potential. The Learning Enhancement Academic Programs (LEAP) fosters the development and implementation of an academic skills curriculum. These interactive learning activities allow students an opportunity to use study strategies and techniques in order to become efficient learners. These programs are offered to all students. Students who are on Academic Review, Probation or on an Extended Program are required to participate in Academic Support.

An Individual Profile of each student is created by a thorough review of Student’s individual Records. We identify key issues in the student’s academic performance: Undergraduate degree /Master’s Degree; MCAT; Grade Point Average; Colleges and University degree earned; Science Grade Point average; birth place; high school and any information that provides further insight to each student.

Assessment is a vital part of Academic Support Services. Assessment consists of the evaluation of learning skills through formal assessment tools, inventories, and other informal instruments. Entering students are asked to take the LASSI (Learning and Study Skills Inventory) during Prematriculation Week. The assessment is given via the web. The inventory is an individualized self-assessment that helps students determine their strengths and weaknesses. They identify academic deficiencies that can be corrected. We review the results with individual students and provide specific suggestions on how to improve their academic performance. Through Self-assessment students gather information and understanding of their learning needs and they are able to create an academic plan.

We perpetuate a Holistic Approach to working with students. Students must realize that medical school is extremely demanding. During Orientation we present the concept of students performing at mastery. Students must determine how much time they need to study, when to study, where to study, how to study. They must learn to develop a weekly schedule that enables them to manage their lives. They must get enough sleep, exercise, eat well, etc. Most often students who have difficulty because they do not spend the time needed to learn.

Skill Enhancement is key components in helping the students perform in the mastery range. We help them understand knowledge acquisition for the medical school learning environment and orient them to lifelong learning. We construct, implement and present programming for skill enhancement: teaching or clarification of specific skills which promote conceptual mastery. Specific learning skills include: study skills, critical thinking/problem solving, test taking, time management, note taking, effective study techniques, key word diagrams, syllabus usage and Socratic questioning technique.

The College of Human Medicine and the Resource Center for Persons with Disabilities (RCPD) is committed to providing equal opportunity for participation in all programs, services and activities. If you have a disability that substantially limits a major life activity and you would like to request a disability related accommodation, you should register with RCPD. www.rcpd.msu.edu. Once preclinical students register with RCPD, the East Lansing students should contact should contact Mrs. Wrenetta Green, Director of Academic Support Services, in A233 Life Sciences Building, 517-884-1849, greenwr@msu.edu, and Grand Rapids students should contact Mr. Renoulte Allen, Assistant Director of Academic Support, Renoulte.Allen@hc.msu.edu.
How to be Successful in the CHM Preclinical Program

Students need to clearly be aware of all facets of medical school and adequately understand their roles and responsibilities. An important key to success is **organization**. You are not merely a medical student. In order to be successful you must maintain balance in your life. You must have time to study, exercise, eat well, and do all the things that are necessary (i.e. laundry, run errands, grocery shop, etc.). Sleep is very important. It is not a commodity we can reach in the cupboard and grab when we think it is needed. Plan to get the amount of sleep you need daily. We encourage you to organize your study.

We ask students to take the LASSI (Learning and Study Strategies Inventory) upon entering medical school. It is extremely helpful to begin with a **self-assessment** of your academic performance to ascertain your strengths and weaknesses. The Director of Academic Support and the Assistant Director of Academic Support will assist students in developing the skills needed in using the self assessment to create an academic plan.

You must set **goals**. Your primary goal is to do well in medical school. Performance in the mastery range ensures success on the United States Medical Licensure Exam. Mastery is defined as maintaining an average score of 85% or above in your Preclinical courses. Students who have maintained an average of 85% have a 100% chance of passing Step 1 on their first take. Review your performance in Block I. Determine if you need to review the Basic Science material to ensure understanding. Then aim for mastery in your PBL domains.

It is extremely important that you are able to determine how, when and where to study. It is helpful that you **maintain a weekly schedule**. You must study independently at least 40 to 60 hours a week in addition to scheduled class time. Determine how much time you need to spend working on a task that must be completed and be consistent. You must determine which strategies and techniques will help process the material to be learned. As you read take notes, make charts, etc. Use techniques for condensing important information and select the techniques appropriate to the content.

You must learn to **navigate the material**. Scrutinize the content pages. You must integrate across the disciplines in small groups. Organize reading according to your learning issues. Know what is important. Learn by setting objectives. Specify. Enumerate. Draw diagrams. Determine material to be learned from textbooks through the use of cues that identify the relative importance of information, including summaries, tables, graphics, etc.

The best use of lectures is to preview the course pack before you attend the lecture to familiarize yourself with the topics to be discussed. Lecture attendance is expected, although it is not mandatory. Serious students attend lecture and use media site recordings for back up or to review the material. The least successful students do not attend lecture, review media site at the last minute, and run out of time to actually study the content.

Be well prepared for classes. Make sure you are acquainted with material to be covered prior to the session. Being prepared for lecture and attending lecture allows you to pace yourself throughout the material. **Do not procrastinate**. Once you are behind it is very difficult to catch up. Cramming is not effective!
Practice by taking the quizzes and using old exams. When the instructor provides old exams view them early on in order to better understand how the questions will be presented and to get an idea of the depth of knowledge you need to answer the questions. Old test questions provide some idea of the format for questions on the exam. Become familiar with the exam item formats. Look for key words, important issues and a sense of the level of detail at which you will need to learn the material. Analyze the content of the question (what is to be learned) and the type of response required (how it should be learned) to focus study efforts.

It is important that you process the information as you go. Working with a study partner or in small study groups may be beneficial. “Learning is not the same as making a mental copy of something. To learn one must interact with the material or act upon it. Students explaining the material to each other is a way of manipulating it, a way of knowing it.” Jean Piaget

In summary, we suggest these behaviors will help you to reach your learning potential:
- Organization
- Self-assessment
- Set goals
- Maintain a weekly schedule.
- Attend lecture and laboratory sessions
- Navigate the material
- Do not procrastinate.
- Practice by taking the quizzes and using old exams.
Learning Skills Checklist

In order for students to reach their full learning potential in medical school, they must take a highly organized approach to life. They must learn to manage time efficiently and effectively.

Organizing Your Study  Create a weekly schedule. It is essential you write it out.

- Insert class time, specific time to run errands, exercise other essential,
- Get enough sleep— if you need eight hours, get eight hours
- Use realistic goals for setting aside time for task
- Study two hours for every hour in class
- Allow flexibility
- Avoid scheduling marathon study sessions
- Set clear starting and stopping times

Learn how to set and use goals to accomplish task

- Set a plan-planning each day and week
- You can change the plan
- Choose how to achieve the plan
- Planning frees you from constant decision making
- Planning makes adjustments easier
- Plan ahead for exams, papers, meetings, etc

Maintain Balance for Effective Study

- Determine study method that best ensures efficient learning and long term memory
- Use effective approach to study
- Study difficult (or boring) subjects first, be aware of your best time of day.
- Where to study; use a regular study area, study where you will be alert.
- How to study, get off the phone, learn to say no, hang out a “do not disturb” sign
- Agree with living mates, spouses and /or significant other, about study time.
- Do NOT procrastination

Processing Information

- Implement an active study approach in a time efficient manner
- Use strategies and Techniques to process information
- Get involved in the process using charts, Concept Maps, Summaries you create
- Be able identify critical information
- Learn effective techniques for reviewing information

Effective note taking consist of three parts:  Observe, Record, Review

- Compete outside assignments; bring the right materials; sit front and center
- Conduct a short preview; clarify intentions; Be here and now;
- Watch for clues -- alert to repetition; highlight obvious clues;
- Notice level of instruction
- Postpone debate; let go of judgments styles of lectures
Record Note taking process:
- Cornell format
- Create mind maps
- Write notes in outline form
- Use key words
- Use pictures and diagrams
- Copy materials from the overheads, boards, Power Point's
- Use three rig binder
- Use only one side of a sheet of paper
- Use three by five cards
- Keep your own thoughts separate
- Identify areas for further clarification
- Label, number, and date all notes
- Use standard abbreviations
- Use blank spaces
- Use tape recorders effectively
- Use complete sentences when material s important
- Take notes in different colors

Review (within 24 hours)
- Edit notes
- Fill in key words
- Use words as cues to recite
- Create summaries of notes, charts, etc.
- When instructors talk too fast take more time to prepare, review lectures,

Test taking
What do you do before the test?
- Mange reviews: daily review, weekly review, major reviews
- Create review materials : study checklist, mind map summary sheets, flash cards
- Plan strategy: practice test, brain storm, predict questions, review old exams

What do you do during the test?
- Good preparation helps anxiety
- Pace your self
- Do not change answers

Cooperative Learning
- Be more actively involved in your learning.
- Positive interdependence in working with others.
- Maintain connection between information already learned and new information
- Use the needed leadership, decision making, trust building and communication skills
Academic Support Block I
Description of Services

These are highly structured, interactive learning programs. These learning activities were created from the premise, Jean Piaget holds that learning is not the same as making a mental copy of something “To learn, one must interact with the material or act upon it. Students explaining the material to each other is a way of manipulating it, a way of knowing it.”

Assessment: Block I commences with an overview of the Academic Support Services during Orientation. Students are asked to complete the LASSI on the computer via the web. In order for students to be successful and reach their full learning potential, they must be able to assess their strengths and weaknesses and determine learning strategies and techniques that will help them be successful. The evaluation of learning skills through assessment inventories or other measurement tools enables the student to identify specific learning goals for individual skill enhancement.

Skill Instruction: Students meet individually with the Director of Academic Support Services and the Assistant Director of Academic Support for skill instruction. This includes the teaching or clarification of specific skills which promote conceptual mastery and integration of knowledge. Learning skills include (but are not limited to) study skills, critical thinking/problem solving, test taking techniques, time management, note taking, 5 minute recaps, effective group study techniques, key word diagrams, syllabus usage and Socratic questioning technique.

Tutoring: Tutoring is available on an individual or small group basis from peer (second year medical students) or expert (graduate students from the discipline) tutors. Students having difficulty may request a tutor. Students should approach the tutor with questions about material or to request assistance in organizing material. Tutors are able to provide assistance in processing information.

Tutor Small Groups
These groups are organized to assist students in preparing for basic science exams. The groups are composed of two or more students. The sessions are held once or twice to help students prepare for course exams as well as remediation exams. Students meet directly prior to the exam.

Directed Study Group (DSG): Interactive small group learning experience for Block I basic science courses. The DSG leader is usually a Ph.D. or Ph.D. candidate DSG. Leaders must demonstrate competency through course work or practical experience in the field. DSG meets once a week. Sessions focuses on course objectives, application; problem solving, critical thinking and conceptual mastery. Students are expected to take an active role. Students must sign up to participate in the group session.

Educational Diagnostic Evaluations: Informal as well as formal assessments of learning conducted to assess student's achievements. The assessments are used to provide feedback mechanism in offering suggestions for improving learning. Some students may need measures in order to determine intervention techniques. In certain instances, an individual's perception and cognitive level of functioning may deter his or her ability to do well, requiring development of an alternative approach to studying, information processing or enhancement of the way in which material previously learned is integrated. This type of student may need special conditions for test taking.
Block I Academic Support Programs

**Tutor groups**
- Organized to meet prior to an exam
- May meet once or twice
- Composed of two or more students
- Learning Enhanced study group
- Leader directs approach to material
- Interactive learning

**Learning Skills**
- Organizational Skills
- Time management
- Exam Preparation
- Reading textbooks
- Information Processing
- Learning Attitude

**Tutors**
- One-on-one
- Clarification
- Note processing
- Exam review

**Directed Study Groups**
- Interactive small group
- Weekly recitation
- Problem solving and critical thinking
- Conceptual Mastery
- Once a week
**Academic Support Block II**  
**Description of Services**

**These are highly structured, interactive learning programs.** These learning activities were created from the premise, Jean Piaget holds that learning is not the same as making a mental copy of something “To learn, one must interact with the material or act upon it. Students explaining the material to each other is a way of manipulating it, a way of knowing it.”

**Skill Instruction:** This includes the teaching or clarification of specific skills that promote conceptual mastery and integration of knowledge: study skills, critical thinking/problem solving, test taking techniques, time management, note taking, five-minute recaps, effective group study techniques, mnemonic devices and techniques charting, flash cards, review techniques, key work diagrams, unpacked content list usage and Socratic questioning.

**Tutoring:** Tutoring is available on an individual or group basis. Students should approach the tutor with questions about material or to request assistance in organizing material and approaching the content. Tutors work to clarify concepts at the student’s request. Fourth year students, Residents, Physicians or retired Physicians are hired to tutor second year students.

**Question Based Augmented Learning Groups (QBAL):** Small group sessions running parallel to the domains. The focus is domain content. Questions are the stimulus for the discussion. Residents and Physicians facilitate the groups. There are 6 to 8 people in each group. The groups meet once a week for two hours.

**Question Groups (Q Groups):** are groups organized to help students prepare for the USMLE Step 1 Exam. The focus is to review the material and learn an effective technique when approaching board-type questions. A Resident facilitates the group. Participants are College of Human Medicine students who have completed the second year curriculum. The groups meet three to five times a week.

**Educational Diagnostic Evaluations:** Informal as well as formal assessments of learning conducted to assess student’s achievements. The assessments are used to provide feedback mechanism in offering suggestions for improving learning. Some students may need measures in order to determine intervention techniques. In certain instances, an individual’s perception and cognitive level of functioning may deter his or her ability to do well, requiring development of an alternative approach to studying, information processing or enhancement of the way in which material previously learned is integrated. This type of student may need special conditions for test taking.

**USMLE Step I Preparation** students are scheduled to participate in a “Board Rally” fall semester and again spring semester. A student panel of third year students is there to provide information how they prepared and how PBL prepares students for the exam. They receive information packets with study plans, materials, and other helpful hints.
Block II Academic Support Programs

Question Groups
- Prep for USMLE Step I
- Approach to Board questions

Learning Skills
- Organizational Skills
- Time management
- Exam Preparation
- Reading textbooks
- Information Processing
- Learning Attitude

Tutors
- One-on-one
- Clarification
- Note processing
- Exam review

QBAL - Question Based Augmented Learning
- Question Stimulus
- Focused Critical Thinking
- Parallels PBL Content
S.C.R.I.P.T.
Competencies, Academics, Professionalism, & Assessment
Educational Competencies
S.C.R.I.P.T.

• SERVICE/No ACGME-related competency
  o Participates in the provision of beneficial services within the community
  o Demonstrates preparation and planning to provide services which respond to community need
  o Demonstrates reflection on their participation in service activities

• CARE OF PATIENTS/Patient Care and Interpersonal and Communication Skills
  o Demonstrates kindness and compassion to patients and their families
  o Collects complete and accurate patient data
  o Synthesizes patient and laboratory data to formulate reasonable assessments and plans
  o Demonstrates the incorporation of patient values into illness assessment and care plans
  o Communicates effectively in writing and orally
  o Effectively counsels and educates patients and their families

• RATIONALITY/Practice-Based Learning and Improvement
  o Identifies personal strengths and weaknesses and develops ongoing personal learning plans
  o Demonstrates receptiveness to faculty and peer/colleague feedback as a means of facilitating personal and professional improvement
  o Locates, appraises and assimilates evidence from scientific studies related to their patients’ health problems

• INTEGRATION/Systems-Based Practice
  o Demonstrates awareness of cost and access issues in the formulation of patient care plans
  o Demonstrates respect for all members of the health care team
  o Demonstrates understanding of and contributes to a culture of safety
  o Demonstrates knowledge of differing types of medical practice and delivery systems and their implications for controlling health care allocation and cost
  o Demonstrates knowledge of how social and economic systems in which people live impact on health, delivery of health care, and well being.

• PROFESSIONALISM/Professionalism
  o Demonstrates receptiveness to feedback from faculty/peers/colleagues/team members
  o Contributes actively to group/team process
  o Demonstrates respect to patients, colleagues and team members
  o Fulfills responsibilities in courses and on clinical rotations
  o Takes responsibility for patient outcomes and is accountable to the team, the system of delivery, the patient, and the greater public.

• TRANSFORMATION/Medical Knowledge
  o Applies essential basic, social, clinical science and systems knowledge in the care of patients
  o Creates new knowledge through research
  o Participates in lifelong teaching and learning with peers, trainees, and patients
WORK HOUR POLICIES in the PRECLINICAL CURRICULUM

The number of scheduled class hours in the preclinical curriculum varies by semester, but does not exceed 24 hours per week in Block I and 21 hours per week in Block II. These hours are allocated by design to allow students to engage in independent study and life-enriching activities such as research, elective courses, academic support activities, and outside activities to maintain a solid sense of well-being. A successful student in the preclinical curriculum devotes 40 – 56 hours per week to independent studying in addition to scheduled class time.
INFORMATION

PRECLINICAL CURRICULUM

Course Descriptions 2014-2015

Required Course Descriptions
REQUIRED COURSE DESCRIPTIONS

A. Courses or Course Sequences Spanning Blocks I and II

1. **Clinical Skills (HM 531, HM 532, HM 533, HM 534, HM 535)**
   The Clinical Skills sequence spans the five terms of the preclinical curriculum. Descriptions of the activities in each course can be found below. Each course builds on the material of the prior course in the Clinical Skills sequence.

2. **Epidemiology (EPI 546, EPI 547)**
   Epidemiology 546 is a lecture course offered in the Spring term of year one that covers the fundamental principles of Clinical Epidemiology and Biostatistics. Epidemiology 547 is a follow-up course on Clinical Epidemiology and Evidence-Based Medicine offered in the Fall term of year two. It uses a small group format with a focus on critical appraisal of the scientific literature. Descriptions of the specific activities in each course can be found below.

3. **Embryology**
   Rather than an individual course, Embryology content is integrated throughout the preclinical curriculum. Block I & II embryology content describes the morphological changes of a single cell zygote becoming fully functioning organs (organogenesis) and how spatial and temporal dysfunction in developmental biology leads to birth defects and histopathological sequelae (teratology). A full description of Embryology content by Block can be found at the end of the Course Description section.

4. **Mentor Group (HM 581, HM 582)**
   The Mentor Group sequence begins in the fall term of year one and continues through the end of year two. Students establish a relationship with a clinician mentor. This relationship will span through the Fall of Block II. In the Spring term of Block II, students will transition to meeting with representatives from the community in which they will be completing their clinical education. The sequence incorporates small group meetings, individual meetings, and shadowing experiences. There is a focus throughout the sequence on personal and career development, reflection, and professional growth.

   Mentor Group sequence includes the Longitudinal Patient Centered Experience (LPCE), where students with meet with a patient volunteer in that person’s home six times over the course of 12 months. During those meetings, students will discuss the nature of chronic disease and effects on that person’s life, the volunteer’s beliefs about illness, the effects on the volunteer’s family, the effects of stress and how to cope, views on professionalism, end-of-life decision making, and the effects of health policy on patients. After each visit, a short essay is due. There is also a genogram assignment, an advanced directives assignment due in HM 546 *Social Context of Clinical Decisions*, and a health policy questionnaire relevant to HM 547 *Social Context of Clinical Decisions*.

5. **Service Learning – HM 640**
   Service Learning spans all four of the CHM curriculum. Students will participate in forty hours of a structured learning experience that combines community service with preparation and reflection. Specifics related to the course can be found below.
B. Block I Specific Courses

1. Basic Principles of Pathology (HM 561) March – April, 2 credits
   This course is directed toward understanding the basic concepts/phenomena and mechanisms by which the body responds to abnormal stimuli that underlie diseases. Clinical situations are utilized to facilitate understanding of the basic concepts. There is a mix of the morphologic, molecular, and clinical disease components emphasizing clinical relevance.

2. Cell Biology and Physiology I (PSL 534) August – December, 3 credits
3. Cell Biology and Physiology II (PSL 535) January – March, 4 credits
   In these two courses students learn the interrelationship between structure and function and the principles of homeostatic regulation and communication in cells, tissues, organs, and organ systems as a foundation for the rational practice of medicine. Relevant interdisciplinary content from histology, biochemistry, gross anatomy, embryology, and cell biology are integrated into this two semester sequence of medical physiology.

4. Clinical Skills
   a. Clinical Skills I (HM 531) August – December, 2 credits
      HM 531 is divided into two parts: a patient-centered interviewing course and a course that focuses on the patient-physician relationship.

      Interactional Skills (August-mid-October)
      Students are introduced to the Biopsychosocial Model and learn the important differences between patient-centered and doctor-centered interviewing. Students record four medical interviews of increasing complexity with simulated patients. The first three interviews are reviewed for formative feedback in a weekly small group sessions led by a faculty preceptor. The fourth interview is performed for a summative evaluation. Interviews focus on empathy skills and on the gathering of information on the patient’s story of the illness including physical, personal, and emotional components.

      Introduction to the Patient-Physician Relationship (IPPR) (mid-October-December)
      This course examines both the experience of disease and illness from the patient’s perspective and the role of the physician in facilitating the patient’s journey towards wellness, chronic illness, or death. The course incorporates the core values of the College of Human Medicine and the professional and ethical codes that physicians are expected to follow. The course consists of large group sessions, assigned readings, and small group discussions. The topics covered embrace the concept of patient-centeredness that has increasingly defined the patient-physician relationship in the United States in modern times. These topics include the inherent power differential between patients and physicians, cultural and societal factors that influence the patient-physician relationship, and the importance of honesty, trust, confidentiality, patient autonomy, and boundaries in the patient-physician relationship. Students are also required to complete a midterm reflective project and a final writing assignment related to these topics.
b. Clinical Skills II (HM 532) - January – April, 2 credits
The second of the Clinical Skills sequence focuses on the core physical examination and on patient education including incorporating issues of health literacy. Following demonstrations by faculty, students practice physical examination skills on a partner or hired model, with faculty supervision.

Core Physical Exam Sessions:
1. Universal precautions, general appearance, vital signs, eye (with funduscopic exam), and ear exams
2. Nose and throat, neck/thyroid, lymph nodes of the head and neck, posterior thorax, pulmonary exams
3. Axillary, anterior thorax, cardiovascular exams
4. Abdomen and inguinal exams
5. Extremities, neuromusculoskeletal exams
6. Practicing the complete exam

Patient Education Interview
Students prepare a topic on which to educate a patient (e.g. use of an inhaler) then teach it to a simulated patient. Encounters are recorded and reviewed in small groups with a faculty preceptor.

c. Clinical Skills III (HM 533) May – June, 2 credits
The third of the Clinical Skills sequence focuses on the development, behavior, and clinical aspects of the patient across the lifespan from infancy to terminal illness in old age. It includes a foundation for understanding human behavior with a special emphasis on how this behavior intersects with health. The course includes large group lectures, weekly small group discussions, and physical examination and interviewing sessions. Experiences include:

Newborn Exam
Students perform physical exams of newborns under close supervision of preceptors in hospital nursery.

Young Child Exam
Students conduct age-appropriate physical exams on volunteer children aged 2-6.

Sexual Concerns Interview
Students practice interviewing a simulated patient presenting with a sexual concern. Encounters are recorded and reviewed in small groups with a faculty preceptor.

Adolescent Interview
Students interview volunteer adolescent patients concerning life and health issues of significance during adolescence, and then discuss their encounter in small groups with a faculty preceptor.

Senior Home Visit
Students visit senior citizens in their homes, where they conduct a focused H&P, a Functional Mobility Assessment, an Activities of Daily Living Assessment (ADL), and an environmental assessment.
Weekly Small Groups
Corresponding with the clinical experiences, students learn about normal human development and behavior across the lifespan during weekly small group sessions. Material is presented through the use of cases to highlight important information.

5. Epidemiology (EPI 546) January - March, 1 credit
This course introduces the key concepts, definitions, vocabulary and applications associated with Clinical Epidemiology, Biostatistics and Evidence-based Medicine that are fundamental to clinical practice and the critical appraisal of the scientific medical literature. Topics covered include measures of disease frequency (incidence, prevalence, mortality); measures of effect (AR, RR, RRR, OR, NNT, NNH), variability in clinical data, descriptive and inferential statistics (including systematic error [bias], random error, p-values and confidence intervals), the design, analysis and interpretation of randomized trials, epidemiological study designs (cross-sectional, cohort, case-control), clinical (diagnostic) testing, prevention (primary, secondary, tertiary), bias, prognostic factors, and risk factors.

6. Integrative Clinical Correlations (ICC) HM 571 August – December, 2 credits; HM 572 February – April), 1 credit
Integrative Clinical Correlations (ICC) is a two-semester sequence offered in Year 1. The overall goal of the sequence is to show how the basic biological, social and behavioral sciences integrate with the many disciplines of clinical medicine. The course will demonstrate how basic science principles help clinicians understand the pathophysiological mechanisms of clinical problems and assist in the diagnosis of disease and subsequent treatment of the patient's illness. In addition, course sessions will provide an introduction to the Information Management theme in the CHM curriculum, and address medical decision-making issues.

The cases will highlight the basic science concepts which students have been taught in the current or past semester courses. However, in order to present a more complete picture of the patient and his/her illness, concepts which will be emphasized in future courses may be introduced.

7. Medical Biochemistry (BMB 514) August – mid-October – 3 credits
This course presents a survey of the major biochemical events that occur in normal cells and tissues. It provides a vocabulary of terms encountered in subsequent basic science and clinical courses and an understanding of the principal biochemical mechanisms that contribute to homeostasis. Examples relate directly to human biology. The normal state will be described; abnormal conditions are considered insofar as they serve to illuminate the normal condition.

8. Medical Gross Anatomy (ANTR 551) August – December) – 6 credits
ANTR 551 is an integrated lecture and laboratory course that uses a clinically-oriented regional approach to the study of human gross anatomy. Embryology is integrated into this course to explain selected congenital defects and clinically relevant anatomic variation. In the laboratory, students interact in small groups to explore prosected and plastinated cadaveric specimens, radiologic images of normal anatomy, and multimedia to master instructional objectives. After passing ANTR 551, medical students interested in the surgical specialties or radiology are encouraged to enroll in the elective course ANTR 585-Directed Study in Human Prosection which provides instruction in dissection technique and further mastery of cadaveric gross anatomy.
9. Medical Microbiology and Immunology (MMG 522) January – April, 5 credits
This course presents the basic principles of immunology as well as the basic biology of microbes (bacteria, viruses, fungi and parasites) and their relation to human health and diseases. One 2-hr live laboratory session and a set of virtual lab exercises are included. A sound understanding of these areas provides the foundation needed to comprehend: 1) the host-microbe interactions which can cause infectious disease; 2) the response of the immune system to invasion by microbes; 3) the development of immune diseases. Further study of infectious and immune diseases will take place in the second year of the preclinical curriculum, at which time the diseases caused by specific pathogens will be further emphasized.

10. Medical Pharmacology (PHM 563) May – June, 3 credits
This course introduces students to pharmacology fundamentals: drug absorption, biotransformation and elimination, receptor theory, pharmacogenetics, pharmacokinetics and dosing, and toxicology. It also introduces cardiovascular, antimicrobial, cancer chemotherapeutic, anti-viral and autonomic nervous system pharmacology.

11. Mentor Group (includes LPCE) – (HM 581) 1 credit over 3 semesters
This course guides beginning medical students through their medical education emphasizing the values and behaviors important to the profession, and assisting in the development of students’ self-reflection and thoughtfulness about their own role in health care. It also offers a chance to reflect on the challenges of medical education. These goals are accomplished by developing a durable relationship with a caring, competent physician mentor, reinforced through group meetings, individual meetings, physician shadowing experiences, and a self-reflective assignment. The course will also integrate a variety of educational events, including the Hunt Lecture, Career Development sessions, Health and Wellness sessions, and the Longitudinal Patient Centered Experience. The first 4 LPCE meetings will occur during this course, and each visit will have a written assignment.

12. Molecular Biology and Genetics (BMB 526) mid-October – December, 2 credits
The goal of this course is to provide instruction in the basic concepts, principles, and language of molecular biology and human genetics and to understand the responses to diseases in molecular and genetic terms. Course objectives represent a subset of the core competencies in genetics that are expected of all health professionals, as put forth in guidelines from the Association of Professors in Human and Medical Genetics.

13. Neuroscience (NOP 552) January – April, 4 credits
Medical Neuroscience will focus on the basic principles of normal structure and function of the central and peripheral nervous systems, which are necessary for an understanding of the effects of dysfunction of these systems in all age groups.

14. Radiology (RAD 553) May – June, 1 credit
This course is designed as an introduction to radiological imaging of normal and abnormal human anatomy. We will stress the anatomical and physiological basis of the radiological image. These radiological studies include images obtained by the use of x-rays in their various modes of application, ultrasound, nuclear medicine, and magnetic resonance. The thrust of this course is to create an understanding of the close relationship between the normal structure in the patient and mechanisms of disease responsible for deviations from it.
C. Block II Courses

1. Clinical Skills

   a. Clinical Skills IV (HM 534) August – December, 2 credits

   The Block II Clinical Skills sequence is arranged to connect with the sequence of material learned in Problem-Based Learning, for the benefit of student learning and understanding topics in depth.

   Health Records

   • A significant new topic to Block II students is the construction of health records. Students learn methods for health record writing and then apply them during experiences throughout the second year in preparation for 3rd year clerkships.

   Neurologic Exam

   • After faculty demonstration, students practice a neurologic exam on each other under faculty supervision.

   Neurologic Performance-Based Assessment Practice Session

   • Students take turns acting as examiner and a standardized patient, after which each student writes a health record based on the experience.
   • Serves as an introduction to Performance-Based Assessments (PBAs)

   Neurologic Performance-Based Assessment

   • Students interview and examine a simulated patient presenting with an undiagnosed neurologic medical problem.
   • Students then write a health record for their patient.
   • The standardized patients evaluate the interview and examination with a checklist.

   Introduction to Dermatology

   • Live lecture followed by online tutorial and assignment.

   Adult Hospital Visit

   • Students obtain a history and examine a patient in a hospital setting, with the help of preceptors.
   • Students present their patients orally to preceptors in small groups, followed by writing a health record.

   Musculoskeletal Exam

   • After faculty demonstration, students practice a musculoskeletal exam on each other under faculty supervision.

   Musculoskeletal Surface Anatomy Assessment

   • Students are tested to identify on a standardized patient model surface anatomic landmarks corresponding to specific joints and/or structures.
   • Assessment observed by faculty and graded.

   Breast Exam

   • After faculty demonstrations and practice on anatomical models, students interview patients regarding breast health and perform breast exams under faculty supervision.
   • Students write a health record for their patient.
Established Problem Visit Performance-Based Assessment
- Students interview and examine a simulated patient presenting with an established medical problem (a chronic disease).
- Students then write a health record for their patient.
- The standardized patients evaluate the interview and examination with a checklist.

Giving Bad News Interview
- Students inform a simulated patient about a test result that indicates a serious illness.
- Students watch and discuss the video recordings in small groups with faculty oversight and evaluation.

Nursing Home Visit
- Students interview and examine a nursing home patient, including some assessments specific to geriatric patients.
- Students then present their patient orally to a faculty preceptor in small groups.

b. Clinical Skills V (HM 535) January – May, 2 credits

Male Genitalia and Rectal Exam Experience and Acute Abdomen Content
- After faculty demonstrations and practice on anatomical models, students perform genital and rectal exams under faculty supervision.
- Students write a health record for their patient.
- Acute Abdomen Content is learned in conjunction with the male genital and rectal exams via online lectures and videos.

Preparatory Health Record Assignment
- An exercise to accurately assess the required elements of a SOAP note for an undiagnosed problem.
- To aid in proper formatting and completion of the Urinary Tract PBA Health Record.

Urinary Tract Performance Based Assessment (PBA)
- The Urinary Tract PBA is an assessment of whether students can apply knowledge from the Urinary PBL domain to a patient with a urinary complaint.
- Students interview a simulated patient with urinary tract complaints.
- Students are given laboratory and physical examination data.
- Students then write a health record for their patient.
- The standardized patients evaluate the interview with a checklist.

Occupational and Environmental Exposure History
- Learned via live lecture and online videos and links.
- Applied during the Urinary Tract PBA.

Child Hospital Visit
- Students obtain a history and examine a child in the hospital with the help of preceptors.
- Students present their patients orally to preceptors in small groups.
- Students then write a health record for this patient.
Pulmonary Exam
- After faculty demonstration, students interview and examine volunteer patients with pulmonary problems, under preceptor supervision.
- Students write a health record for one of the patients.

Cardiac Exam
- After faculty demonstrations, students interview and examine volunteer patients with cardiac problems, under preceptor supervision.
- Students write a health record for one of the patients.

Integrated Cardiovascular Experience (CardioSim)
- An integrated Clinical Skills and Cardiovascular PBL domain experience whereby clinical skills, diagnostic reasoning, and basic science knowledge are utilized in the context of clinical problems.
- An Observed Structured Clinical Exam (OSCE) in which students rotate through a series of stations with standardized patients having cardiovascular problems.
- The standardized patients evaluate the interviews and examinations with checklists.
- Students write a health record on one of the patients.

Pelvic Exam
- After faculty demonstrations and practice on anatomical models, students interview patients regarding gynecological health and perform pelvic exams under faculty supervision.
- Students write a health record for their patient.

Phlebotomy
- After orientation, students practice phlebotomy on a simulation arm.
- Students who wish to are given an opportunity to draw blood from a partner under supervision.

Electronic Health Record (EHR)
- In addition to the many health records students write in Block II, students are given an introduction to EHRs in a large group lecture, and how EHRs can affect communication and the physician-patient relationship.

Block II Gateway
- This is an Observed Structured Clinical Exam (OSCE) in which students rotate through a series of 15-20 minute stations to demonstrate proficiency with a selection of interview, physical exam, and health record skills.
- In some cases, the standardized patients evaluate the interview and examination with a checklist.
- In other cases, faculty directly observe and evaluate the examination with a checklist.
- Students write a health record on one of the patients.

2. Applications of Epidemiology and Biostatistics (EPI 547), Oct - December, 1 credit
The goal of EPI 547 is to develop skills evaluate the scientific medical literature, while increasing the comprehension of epidemiological and statistical principles covered in
EPI-546. The course includes an introductory lecture, followed by a series of two-hour small group discussions, led by a faculty preceptor. Topics covered include RCTs, Harms, Prognosis, Diagnosis, Systematic Reviews, Economic Analyses, and Causal Inference. The faculty preceptor’s role is to facilitate student discussion and answer questions related to the course material. It is therefore essential that the students complete the assigned readings, online Key Concept Review, practice questions, and critical appraisal worksheet prior to each session. This course will assume an understanding of the principles learned in EPI 546.

3. Problem-Based Learning (PBL)
   a. HM 511 Infectious Diseases/Immunology (Fall semester)
      At the completion of this course, students will
      • understand the microbiologic characteristics, including growth requirements
        and virulence factors, of many important human pathogens.
      • understand host-pathogen interactions and the important elements of the
        immune system in controlling specific diseases.
      • know the common diseases caused by pathogens listed in the course.
      • apply immunologic principles to vaccination to prevent disease.
      • know important medications used to treat infectious diseases.
      • know epidemiologic principles used in outbreaks of infectious diseases.
      • Understand risks and responsibilities physicians are expected to accept, to
        both patients and society, when patients have transmissible infections.
   b. HM 513: Neurological Domain (Fall Semester)
      At the completion of this course, students will be able to:
      • understand the clinically relevant embryology, anatomy, physiology and
        biochemistry of the central and peripheral nervous systems
      • describe the epidemiology, genetics, predisposing factors, diagnosis,
        pathophysiology, etiology, pathology, and clinical course of neurological
        diseases (congenital, acquired and traumatic)
      • understand normal sleep patterns and pathophysiology of sleep disorders
      • know the drugs used to treat neurological disease, including mechanisms,
        pharmacokinetics, adverse effects, and indications/contraindications
      • understand the neurobiology of acute and chronic pain, pharmacology of
        opioids, and pharmacology of local and general anesthetics
   c. HM 515 Cardio Domain (Spring Semester)
      At the completion of this course, students will
      • Know the etiology, epidemiology, predisposing factors, pathogenesis and
        clinical course of myocardial diseases, vascular (arterial and venous)
        disorders, disorders of impulse formation and conduction, valvular and
        congenital heart disease, as well as diseases of the pericardium and
        lymphatic’s
      • Understand the syndromes of congestive heart failure, hypertension, and
        shock
      • Know the common drugs used to treat cardiovascular disorders including
        mechanisms of action and adverse effects
      • Understand the role of nutrition in the genesis, prevention and treatment of
        cardiovascular disorders
• Understand the role of genetics in the development of cardiovascular disorders
• Learn the common types of medical errors, current challenges and recommendations around patient safety, and principles underlying root cause analysis

d. HM516: Disorders of Thought, Emotion and Behavior
At the completion of this course, students will:
• Know the course, epidemiology, symptom profile and/or diagnostic criteria, and neurobiology underlying the major psychiatric disorders (neurodevelopmental, mood, psychotic, anxiety, sexual, substance use, eating, somatic symptom, personality, obsessive-compulsive and OCD related, and the disruptive, impulsive control and conduct disorders).
• Know the drugs used to treat these disorders including key features of pharmacokinetics and dynamics and relations between their pharmacologic action and the disorders they treat.
• Be able to identify basic psychological and social treatment interventions for these disorders.
• Know the relations between genetic risk factors and these disorders as well as examples of gene-environment interactions.
• Know the relations between biological, psychological and social risk and protective factors and be able to apply these to understanding psychiatric disorders.
• Have increased awareness of the impact of these disorders on the patient and their family.
• Have increased awareness of the physician’s role, including how reactions to patients’ behaviors affect the patient-physician relationship.

e. HM 517—Musculoskeletal Domain
At the conclusion of this domain, the student will
• Understand the pathophysiology and common treatment for mechanical low back pain
• Understand basic pathophysiology of bone, muscle and connective tissue, especially related to:
  o Rheumatologic disorders, such as rheumatoid arthritis, systemic lupus erythematosus and ankylosing spondylitis
  o Bone and soft tissue injury, such as overuse syndromes, fractures, sprains and strains
  o Common bone and soft-tissue tumors, with particular focus on the age ranges in which specific tumors are found
• Understand the general mechanism of action of medications used to treat musculoskeletal injury and disease, including:
  o Anti-inflammatory medications
  o Immune modulators and other drugs used in management of rheumatologic and other connective tissue diseases
  o Antibiotics used for bone and soft tissue infection
• Understand musculoskeletal problems specifically related to pediatric patients
Understand the role of osteopathic medicine, physical therapy and other modalities in managing musculoskeletal complaints.

f. HM 525 Pulmonary Domain (Spring Semester)
By the end of the domain, students will know:
- the normal and abnormal lung; the physiology, pathology, microbiology, epidemiology, genetics, clinical course and complications of restrictive, obstructive, infectious, occupational and environmental and neoplastic diseases of the pulmonary system, as well as congenital anomalies and diseases of vascular origin including pulmonary edema.
- the physiology and measurement of pulmonary function tests
- the fundamental principles of hypersensitivity reactions and anaphylaxis, the inflammatory response and inflammatory mediators, and the defenses of the respiratory tract against microbial colonization and infection.
- the mechanisms of action, pharmacologic properties, key pharmacokinetic properties, adverse reactions, drug-drug interactions and clinical uses of drugs used to treat disorders of the pulmonary system.
- characteristic radiographs of the common diseases of the respiratory tract.
- The principles of autonomy and beneficence, and how they relate to advance directives, surrogate decision-makers, and do-not-resuscitate orders.
- the many types of iatrogenic events and associated risks.
- the health problems caused by tobacco, and be able to describe the evaluation and treatment of tobacco use disorder.
- The difference between disability and impairment. The risk factors for delayed recovery.

g. HM 526 Urinary Tract Domain (Spring Semester)
By the end of the domain students will know and be able to apply the following with regard to major urinary tract diseases:
- pathophysiological basis (including infectious agents and processes) and histological and radiological correlates of disease
- embryological, genetic, and hereditary correlates of disease and anatomical variation
- urinalysis interpretation
- pharmacological treatments and their properties and toxicological mechanisms
- role of nutrition in prevention and treatment
- psychosocial and ethical ramifications of urinary tract disease
- epidemiology, typical clinical presentations, and relevant staging/scoring systems
- histological and radiological correlates of disease

h. HM 527 Digestive Domain (Spring Semester)
By the end of the domain, students will know the following:
- normal motility the digestive system
- role of enteric nervous system
- neurohumoral regulation of GI motility and secretions
- liver and pancreatic functions
- gastric secretions
• fluid and electrolyte fluxes
• normal digestion
• deviations in normal structure and function and related consequences, including relevant etiology, epidemiology, predisposing factors, pathogenesis and clinical courses
• therapeutics and adverse effects of pharmacological agents
• G.I. radiographs, non-contrast and contrast, normal and common abnormalities; Ultrasonography, CT scanning and MRI in evaluation of common gastrointestinal, hepatic, and biliary conditions

i. HM 528 Metabolic/Endocrine/Reproductive Domain (Spring Semester)
At the completion of this domain, students will:
• know the physiology, biochemistry and pathology of the organs of the endocrine system including the hypothalamus, pituitary gland, thyroid gland, parathyroid gland, adrenal gland and internal and external sex organs.
• know the drugs used to treat dysfunction of the organs of the endocrine system including mechanism, pharmacokinetics, common side effects, adverse reactions, indications, contraindications and drug-drug interactions.
• apply understanding of genetics to disorders of the endocrine system including risk status, prenatal screening and diagnosis, newborn screening, and management of inherited metabolic disorders
• learn the role of nutrition in the prevention and treatment of disorders of the endocrine system as well as the basic sciences of metabolism, obesity and lipid disorders
• know the physiology and hormone regulation of the female reproductive cycle and pregnancy

j. HM 539 Hematopoietic/Neoplasia (Fall Semester)
At the completion of this course, students will be able to:
• Define the physiology of coagulation and describe common hemorrhagic and thrombotic disorders and their treatments.
• Describe the epidemiology, pathophysiology and common treatments for the anemias.
• Compare and contrast the mechanisms of carcinogenesis.
• Describe the etiology, pathologic findings and the molecular concepts of carcinogenesis to breast cancer, colorectal cancer, ovarian cancer, skin cancers, the leukemias and lymphomas.
• Understand the role of diet and lifestyle in prevention and treatment of blood diseases and neoplasms.
• Identify the interplay between the immune system and neoplasia including transplant immunology.
• Describe the mechanisms and adverse effects of common treatments for neoplasias and blood disorders including drugs, radiation and transfusions.
• Identify strategies for managing pain and end of life care in patients with cancer.

   a. Social Context of Clinical Decisions (SCCD) – (HM546) Medical Ethics Module (Fall Semester)
The goal of this module is to introduce medical students to the concepts and
strategies they will need to deal effectively and respectfully with the main ethical issues they will face in clinical practice. Some of these ethical issues pertain to the physician-patient communication, such as informed consent, truth-telling, and confidentiality. Other issues pertain to the scope and limits of patient decision making, most especially in matters of treatment refusal where the most likely outcome of a refusal will be the death of a patient. We also discuss the role of surrogate decision makers in these same situations when a patient is incapable of making such decisions for themselves, as we have seen in the controversial Shiavo case. Similar issues also arise in the NICU when infants are born with severe impairments (or become severely impaired because of extreme prematurity). We also discuss ethics issues raised by medical experimentation, especially when vulnerable patient populations are recruited for these efforts. More recently we have added to the syllabus a range of ethics issues related to genetics and reproductive decision-making. The course includes 2.5 large group hours of lecture and sixteen hours of small group discussion. There are required readings and cases for each of the small group discussions. The goal of the discussions is to model the sort of conversations that need to occur among health professionals or between health professionals and families when there are ethical disagreements regarding morally permissible courses of actions. The readings provide students with a good picture of current considered ethical views in each of the areas mentioned above. Students are required to submit five of eight weekly short essays, and a longer Ethics Case analysis for the course, to practice and demonstrate competence in identifying and thinking through specific clinical ethics issues.

At the end of the module, students should be able to
1. Recognize ethical issues in clinical medicine
2. Identify alternative positions on ethical issues
3. Identify factual questions relevant to ethical issues
4. Understand and utilize the literature of medical ethics
5. Clearly explain your position on an ethical issue
6. Present and critically evaluate reasons for positions on ethical issues
7. Contribute to collegial discussion of ethical issues, showing respect and tolerance for the views of others.

b. Social Context of Clinical Decisions (HM 547)- Health Policy Module (Spring Semester)

The health policy module is built on the premise that the larger social context that surrounds the practice of medicine today actually shapes in profound ways the practice of medicine. That larger social context includes the economic environment (health insurance, demands for cost control, demands for increased profit margins), technological developments (organ transplantation, artificial hearts, very expensive cancer drugs, implantable cardiac defibrillators, huge expansions in radiology), organizational developments (Accountable Care Organizations, increased intrusion of multiple forms of the profit motive in medicine and increased competition among health care organizations), and broad cultural changes (attitudes regarding sexuality, religious belief etc.). The goal of this module is to provide medical students with the concepts and other intellectual tools they need to understand how health policy is created and how it can at times either threaten or promote the values central to the practice of medicine. Our other goal this year is to understand the likely changes that will come about in the health care system as a result of the Patient Protection and Accountable Care Act, including changes in clinical practice. The course
consists of 12 hours in small group over six weeks and five hours of large group lecture.

c. Social Context of Clinical Decisions (HM 547) – Integrative Module (Spring Semester)
As its name implies the integrative exercise aims to integrate in a very concrete way the skills and disciplinary knowledge medical students are expected to have acquired in earlier portions of the SCCD course, as well as other parts of the curriculum. More specifically, they need to integrate what they have learned in ethics with a specific policy problem, taking into account economic, epidemiologic and political/organizational matters as well. There are typically fourteen topics from which the students can choose. The students organize themselves into groups of 7-8 with a faculty preceptor. They will have a total of six small group meetings with the goal of creating a fifteen-minute public presentation of their policy proposal with analysis/justification before a panel of faculty judges plus about 20% of their classmates. The presentation will be followed by questions from the panel of judges, during which they will have to defend their recommendations. All these topics are the focus of current medical and policy controversy. Students develop skills in thinking through such controversial matters with their classmates, including having to think through what might be reasonable compromises in the face of uncertainty about many aspects of a specific problem. This is intended to mimic very closely the sorts of policy conversations that must occur in the real world of medicine when faced with these issues.

NOTE: The role of faculty in all these course modules is to serve as preceptors who provoke more critical thinking in the students, who assist in sharpening up questions, who assist with identifying resources, etc. The role of preceptors is NOT to lecture or to provide expert judgment or to do anything else that would short-circuit the kind of conversational/intellectual skills the medical students need to develop and practice.

This module is designed:
- to provide medical students with an introduction to the vocabulary and basic elements of health policy.
- to allow students the opportunity to examine their own and others’ experiences with the health care system.
- to allow students an opportunity to talk about how individual patients and caregivers interact with each other and with the overall health system.
- to help students develop a better understanding of the complex environment in which they will train and work.
- to provide students with the opportunity to develop a more informed and systematic way of approaching collegial discussion and clinical decision making within the broader health policy context.
- to allow students to discuss and to explore their roles and responsibilities as physicians and citizens in achieving an improved/optimal system of health care.
- to build on the readings and experiences from previous courses in Ethics and Epidemiology (and the LPCE experience) and connect the overlapping spheres of health policy with the health care encounters of individuals, and prepare students for determining and implementing aspects of health policy in the SCCD Integrative Module that follows.
5. **Medical Humanities**

In Medical Humanities students are introduced to the perspectives that spiritual practices, history, social science, and literature bring to a deeper understanding of the experiences of illness, treatment, and the practice of medicine. Students examine the relevance of these perspectives both to pertinent medical issues and to the broader social and cultural context in which health care is delivered to, and experienced by patients, their families, and by health care providers.

6. **HM 582 Mentor Program (Fall and Spring Semesters)**

This course continues from HM 581. In HM 582, the goals remain to guide beginning medical students through their medical education emphasizing the values and behaviors important to the profession, and assist in the development of students’ self-reflection and thoughtfulness about their own role in health care. It also offers a chance to reflect on the challenges of medical education. An additional goal for HM 582 is to help guide students across major transitions in medical education, including the start of the Block II curriculum, and preparing for Block III. These goals are accomplished by maintaining a durable relationship with a caring, competent physician mentor, reinforced through group meetings, individual meetings, physician shadowing experiences, and a self-reflective assignment.

The course will also integrate a variety of educational events, including the Hunt Lecture, Career Development sessions, Health and Wellness sessions, and the Longitudinal Patient Centered Experience. The last 2 LPCE meetings will occur during this course, and each visit will have a written assignment.
## D. Embryology Curriculum

### NORMAL DEVELOPMENT

<table>
<thead>
<tr>
<th>Timeline</th>
<th>Topic</th>
<th>Course/ Lecture in which material is covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRELUDE</td>
<td>CELL BIOLOGY, BIOCHEM, GENETICS FUNDAMENTALS</td>
<td></td>
</tr>
<tr>
<td>Female Gametogenesis</td>
<td>PSL 535: Female Reproductive Physiology</td>
<td>BMB 526: Cell cycle regulation; mitosis and meiosis</td>
</tr>
<tr>
<td>Male Gametogenesis</td>
<td>PSL 535: Male Reproductive Physiology</td>
<td>BMB 526: Cell cycle regulation; mitosis and meiosis</td>
</tr>
<tr>
<td>Chromosomal Inheritance</td>
<td>BMB 526: Cell cycle regulation; mitosis and meiosis; DNA structure, sequences, genetic code, replication; Modes of inheritance</td>
<td></td>
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<tr>
<td>Introduction to Stem Cells</td>
<td>PSL 534: Early Embryology</td>
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<tr>
<td>Paracrine communication &amp; induction</td>
<td>PSL 534: Fundamentals; Basic Cytology−Subcellular Compartments; Early Embryology</td>
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<tr>
<td>WEEK 1</td>
<td>EMBRYOGENESIS</td>
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<tr>
<td>Fertilization</td>
<td>PSL 534: Early Embryology</td>
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<tr>
<td>Zygote &amp; Morulation</td>
<td>PSL 534: Early Embryology</td>
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<tr>
<td>Implantation</td>
<td>PSL 535: Female Reproductive Physiology</td>
<td></td>
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<tr>
<td>Blastogenesis</td>
<td>PSL 534: Early Embryology</td>
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<tr>
<td>WEEK 2</td>
<td>EMBRYOGENESIS</td>
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<tr>
<td>Bilaminar disk formation: Epiblast; Hypoblast</td>
<td>PSL 534: Early Embryology</td>
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<tr>
<td>Syncytiotrophoblast formation &amp; fate</td>
<td>PSL 535: Female Reproductive Physiology</td>
<td></td>
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<tr>
<td>WEEK 3</td>
<td>EMBRYOGENESIS</td>
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<tr>
<td>Gastrulation: 3 Germ Layers</td>
<td>PSL 534: Early Embryology</td>
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<tr>
<td>Establishment of Body Axes</td>
<td>PSL 534: Early Embryology</td>
<td></td>
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<tr>
<td>Fate of germ layers</td>
<td>PSL 534: Early Embryology</td>
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<tr>
<td>Initiation of Somite Development:</td>
<td>PSL 534: Early Embryology</td>
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<tr>
<td>Initiation of CNS development</td>
<td>PSL 534: Early Embryology</td>
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<tr>
<td>Initiation of heart development</td>
<td>PSL 534: Early Embryology &amp; Post Natal Changes</td>
<td>ANTR 551: Heart Embryology</td>
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<tr>
<td>WEEK 4</td>
<td>EMBRYOGENESIS</td>
<td></td>
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<tr>
<td>Neuroectoderm &amp; Neurulation</td>
<td>PSL 534: Early Embryology</td>
<td>NOP 552: Development of Nervous System (online)</td>
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<tr>
<td>WEEK 4</td>
<td>EMBRYOGENESIS (continued)</td>
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<tr>
<td>Fate of Mesoderm: Paraxial, Intermediate, Lateral</td>
<td>PSL 534: Early Embryology</td>
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</tbody>
</table>
| Continuation of Somite Development: Concepts of Myotome, Dermatome, Sclerotome | PSL 534: Early Embryology  
ANTR 551: Back/Thorax - Muscles;  
Intro to PNS;  
Upper Limb Bones & Muscles |
12th ed., pp. 75-77 |
| Initiation of Placenta development | PSL 535: Female Reproductive Physiology |
| Pharyngeal Arch Development | PSL 534: Early Embryology  
ANTR 551: Head/Neck Cervical Fascia & Muscles  
Cervical Plexus & Branchial Arches |
12th ed., pp. 133-142 |

<table>
<thead>
<tr>
<th>WEEK 5</th>
<th>EMBRYOGENESIS</th>
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12th ed., pp. 151-161 |
| Initiation of Face Development | ANTR 551: Head and Neck: Osteology  
Mouth and Related Structures;  
Nasal Cavity and Paranasal Sinuses |
| Fate of Endoderm: Foregut, Midgut, Hindgut | ANTR 551: Back/Thorax:  
Mediastinum, Pulmonary Cavities;  
Abdomen: Gut Embryology & Peritoneal Relations  
PSL 534: Early Embryology |
12th ed., pp.100-108 |
| Initiation of Eye Development | ANTR 551: Head/Neck: Eye and Orbit;  
NOP 552: Eye |

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<thead>
<tr>
<th>WEEK 6</th>
<th>EMBRYOGENESIS</th>
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<tbody>
<tr>
<td>Initiation of Ear Development</td>
<td>ANTR 551: Head/Neck: Ear</td>
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</table>
12th ed. pp. 151-161 |
| Continuation of Face Development | ANTR 551: Head and Neck: Osteology  
Mouth and Related Structures;  
Nasal Cavity and Paranasal Sinuses |
12th ed., pp. 151-161 |
<table>
<thead>
<tr>
<th>WEEK 7</th>
<th>EMBRYOGENESIS</th>
<th>ORGANOGENESIS</th>
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<tbody>
<tr>
<td></td>
<td><strong>Continuation of Face Development</strong></td>
<td><strong>ANTR 551</strong>: Head and Neck: Osteology, Mouth and Related Structures; Nasal Cavity and Paranasal Sinuses</td>
</tr>
<tr>
<td></td>
<td><strong>Continuation of Placental Development</strong></td>
<td><strong>PSL 535</strong>: Female Reproductive Physiology; <strong>Self-Study</strong>: Langman's Embryology, 11th ed., pp. 95-105; 12th ed., pp.100-108</td>
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<thead>
<tr>
<th>WEEKS 4-8</th>
<th>EMBRYOGENESIS</th>
<th>ORGANOGENESIS</th>
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</thead>
<tbody>
<tr>
<td><strong>VENTRAL BODY CAVITY</strong></td>
<td><strong>ANTR 551</strong>: Back/Thorax: Mediastinum; PSL 534: Early Embryology</td>
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<tr>
<td>Cavity formation, partitioning by diaphragm</td>
<td><strong>ANTR 551</strong>: Abdomen: Gut Embryology &amp; Peritoneal Relations</td>
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<tr>
<td>Rotation of gut tube to form peritoneal spaces</td>
<td><strong>ANTR 551</strong>: Back/Thorax: Body Wall; Mediastinum; Pulmonary Cavities; Abdomen: Gut Embryology &amp; Peritoneal Relations</td>
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<tr>
<td>Visceral Layers v. Parietal Layers</td>
<td><strong>PSL 534</strong>: Early Embryology</td>
<td></td>
</tr>
</tbody>
</table>

| **CARDIOVASCULAR SYSTEM DEVELOPMENT** | **ANTR 551**: Back/Thorax: Heart Embryology | |
| Veins | **PSL 534**: Blood Cells & Hemopoiesis; **PSL 535**: Fundamentals- Intro to Major Themes |
| Placental Circulation & Post-natal changes | **PSL 534**: Blood Cells & Hemopoiesis |

| **RESPIRATORY SYSTEM DEVELOPMENT** | **ANTR 551**: Back/Thorax: Pulmonary Cavities | **HM 525**: Pulmonary domain: Pulmonary Embryology |
| Lungs | **HM 525**: Pulmonary domain: Pulmonary Embryology |
| Foregut Derivatives: Trachea | **ANTR 551**: Back/Thorax: Pulmonary Cavities |
| Pharynx | **HM 525**: Pulmonary domain: Pulmonary Embryology |

| **UROGENITAL SYSTEM DEVELOPMENT** | **ANTR 551**: Pelvis/Perineum- Male External Genitalia | **PSL 535**: Male Reproductive Physiology |
| Kidneys | **HM 526**: Urinary Domain: Urinary Embryology |
| Bladder | **HM 526**: Urinary Domain: Urinary Embryology |
| Ovaries | **PSL 535**: Female Reproductive Physiology |
| Testis | **PSL 535**: Male Reproductive Physiology |
### UROGENITAL SYSTEM DEVELOPMENT (continued)

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<tbody>
<tr>
<td>Paramesonephric Duct &amp; Derivatives (uterus, uterine tubes, superior vagina)</td>
<td>PSL 535: Female Reproductive Physiology</td>
</tr>
<tr>
<td>Mesonephric Duct &amp; Derivatives (epididymis, ductus deferens, seminal vesicles)</td>
<td>PSL 535: Male Reproductive Physiology HM 526: Urinary Domain: Urinary Embryology</td>
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### DIGESTIVE SYSTEM DEVELOPMENT

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<tbody>
<tr>
<td>Midgut Derivatives: Small Intestine</td>
<td>ANTR 551: Abdomen: Gut Embryology &amp; Peritoneal Relations</td>
</tr>
<tr>
<td>Hindgut Derivatives: Colon, anal canal</td>
<td>ANTR 551: Abdomen: Gut Embryology &amp; Peritoneal Relations</td>
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### MUSCULOSKELETAL: Limbs & Body Wall

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<tbody>
<tr>
<td>Segmentation &amp; Innervation of Myotome</td>
<td>ANTR 551: Upper Limb Muscles &amp; Nerves</td>
</tr>
</tbody>
</table>

### HEAD & NECK DEVELOPMENT

<table>
<thead>
<tr>
<th>Cranial Nerve Development/Barbarization</th>
<th>ANTR 551: Head/Neck: Cervical Plexus and Branchial Arches</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tongue Development</td>
<td>ANTR 551: Head/Neck: Mouth and Related Structures</td>
</tr>
<tr>
<td>Development of the face and palate</td>
<td>ANTR 551: Head/Neck: Mouth and Related Structures</td>
</tr>
<tr>
<td>Thyroid Gland development</td>
<td>ANTR 551: Head/Neck: Pharynx, Larynx and Glands</td>
</tr>
<tr>
<td>Pharyngeal Arches</td>
<td>ANTR 551: Head/Neck: Cervical Plexus &amp; Branchial Arches</td>
</tr>
</tbody>
</table>

### NERVOUS SYSTEM DEVELOPMENT

<table>
<thead>
<tr>
<th>Spinal Cord</th>
<th>NOP 552: Development of Nervous System (online)</th>
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<tbody>
<tr>
<td>Brain</td>
<td>NOP 552: Development of Nervous System (online)</td>
</tr>
<tr>
<td>Autonomic Nervous System</td>
<td>PSL 534: Early Embryology</td>
</tr>
<tr>
<td>Innervation concept of Myotome, dermatoes, Sclerotome</td>
<td>ANTR 551: Upper Limb Muscles &amp; Nerves PSL 534: Early Embryology</td>
</tr>
</tbody>
</table>
E. SERVICE LEARNING IN THE COMMUNITY (SLIC) HM 640 1 Credit

Course Description:
Students will participate in forty hours of a structured learning experience that combines community service with preparation and reflection.

Context:
The College of Human Medicine has adopted the SCRIPT competencies as its set of organizing curricular goals. These are Service, Care of Patients, Rationality, Integration, Professionalism, and Transformation.

The SCRIPT competencies, the land-grant mission of Michigan State University and the “Serving the People” focus of the College of Human Medicine all provide the context within which this new requirement was mandated by the Curriculum Committee. In addition, the LCME has created a new Standard on Service Learning. It states that “medical schools should make available sufficient opportunities for medical students to participate in service-learning activities, and should encourage and support student participation.” It further annotates and defines “service learning” as “a structured learning experience that combines community service with preparation and reflection” and that “students engaged in service-learning provide community service in response to community-identified concerns and learn about the context in which service is provided, the connection between their service and their academic coursework, and their roles as citizens and professionals.”

Overview of the Service Learning requirement
1. The LCME standard definition will be utilized
   a. Service will take place with community organization
   b. Student will provide evidence of preparation (communication with organization, project/activity description, bibliography or other evidence)
   c. Reflective element will be required (essay most likely, other possible)
2. Students will be required to engage in 40 hours of service by graduation
3. Required courses or activities cannot count towards the Service Learning hours
4. Professional service (such as student organization leadership) cannot count towards the requirement
5. Extra elective credit is acceptable
6. CHM will offer listings of community resources
7. Service learning for a certificate program may count towards Service Learning hours

Course Goal:
By participating in service learning in the community, students will demonstrate acquisition of the CHM Service competencies.

Specific Course Objectives:
1. Students will demonstrate preparation and planning to provide services which respond to community need.
2. Students will participate in the provision of 40 hours of beneficial services within the community.
3. Students will demonstrate reflectivity on their participation in service learning in the community.
Instructional Methods:
1. Students will be provided with lists of community organizations and contacts.
2. Students will identify desired organization(s), determine each organization’s identified needs for service, and make appropriate contact(s).
   NOTE: Organizations or agencies may have their own requirements for participation.
3. Students will be provided with lists of potential faculty project advisors. Students may, alternatively, obtain agreement from other faculty they have worked with, or who have special expertise or interest in the student’s organization or project.
4. Students will be provided with a form to fill out with the following information:
   a. Service project description
   b. Sign off from appropriate organizational contact
   c. Sign off from faculty advisor
   d. Description of preparatory activity(ies), i.e., research on organization, meeting with organizational contact and advisor, project plan (if applicable).
5. Student will present completed form for approval by course director
6. Over the course of the service learning experience, students will accumulate/record/document evidence of the following:
   a. Hours spent on service learning project signed by organizational contact
   b. Products created as a result of experience (survey, materials, video, other if applicable). There may be no products from the service learning experience.
   c. Records of advisor interactions if significant
   d. Personal reflection on the service learning experience with sign off from faculty advisor
7. Students will be enrolled in the course by the course director in the semester or semester following completion of the reflection essay and successful evaluation by the faculty advisor.
8. Reflection will be a written essay (or other product) that communicates the following:
   a. Student’s ability to show understanding of their own assumptions, biases, values, perspectives, and how these may have changed.
   b. Student’s ability to demonstrate an understanding of how social issues relate to medicine/health.
   c. Student’s ability to communicate an approach to reflective practice.
   d. Student’s consciousness of their responsibility to respond to community/national/global needs and issues.
9. Faculty advisors will evaluate essay or other product using the following grid:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Overall Rating (Pass or No Pass)</th>
<th>Second Review requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shows understanding of assumptions, etc., and any changes</td>
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<tr>
<td>Shows understanding of social issues and relationship to medicine</td>
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<tr>
<td>Communicates approach to reflective practice</td>
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<tr>
<td>Communicates consciousness of responsibilities to respond to community/national/global needs</td>
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</table>
Faculty with questions as to the acceptability of the essay or other product will ask for second review by course director or other faculty person.

10. Students will receive their grade from the course director based on successful completion of preparation, 40 hours of service, and an acceptable reflection essay.

**Requirement for International Service Learning Experiences:**
If a student plans to participate in a service-learning experience abroad, and plans to receive credit upon return to the US (pending completion of the reflective essay and satisfactory evaluation), the student is required to fill out the information for travel authorization [http://www.ctlr.msu.edu/cotravel](http://www.ctlr.msu.edu/cotravel) and send it to Margo Smith smithmk@msu.edu. This information will be entered into the MSU Traveler’s Database and is helpful should an event occur in your travel location. Enrollees will receive at no cost extra health, repatriation, and evacuation insurance.

**Evaluation:**
In order to successfully complete this requirement, students will document evidence of

1. Preparatory activity prior to experience(s) (will be documented before the start of any service learning project).
2. 40 hours of service learning in the community with sign off from organizational contact(s). There may be multiple shorter experiences.
3. Personal reflection given overall acceptable rating by faculty advisor and/or second evaluator.

<table>
<thead>
<tr>
<th></th>
<th>Pass</th>
<th>No Pass</th>
<th>Second Review requested</th>
<th>Final determination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation &amp; sign off</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>40 hours of service provided</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reflection (essay or other)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Overall</strong></td>
<td>P/CP/N</td>
<td>P/CP/N</td>
<td>P/N</td>
<td>P/CP/N</td>
</tr>
</tbody>
</table>

- Any 1 portion not completed satisfactorily will result in a CP and require remediation of that portion determined by course director.
- Any 2 portions not completed will result in an N and require remediation determined by course director.
Frequently Asked Questions for CHM Service-Learning

1. **When can I do the work for Service-Learning credit?**
   This requirement began with students in the 2009 matriculating class and will be required of students in each class matriculating in successive years. You must complete this requirement by graduation. We strongly recommend you incorporate this into your planning at CHM, and consider completing the requirement before Block 3. **You must complete this requirement by the end of fall semester in your final year in order to be approved for residency match.**

2. **If I go to the Flint Community Campus as a member of the Leadership for the Underserved (LMU) program, will the work I do during the LMU courses for credit count for this Service-Learning requirement?**
   No, any work for credit for a required course will not count. However, students at the Flint campus can count their volunteer work for the LMU certificate during community activity sessions for their Service-Learning requirement.

3. **How do I find an agency to work with?**
   Please see the CHM list of organizations by community campus posted on Desire To Learn Group “CHM Service-Learning in Community”, some of which have been pre-approved for participation, and also review the MSU Center for Service Learning and Civic Engagement website for more opportunities: www.servicelearning.msu.edu/. You may also wish to seek out community organizations on your own initiative based on your areas of interest. The organization must be one whose work responds to an identified community need and is approved by the Course Director as part of your preparation. Relatives may not supervise a student’s service.

4. **What do you mean by preparation?**
   You must fill out a S-L form (see Desire to Learn) describing the service project or activity, provide a sign-off from an appropriate organizational contact approving your participation, provide a sign off from a faculty advisor who agrees to read/discuss/evaluate your reflective essay and respond to your questions, and provide research on the organization’s mission and services, and your project plan (if applicable). The Course Director will give you permission to proceed after evidence of preparation.

5. **How do I find a faculty advisor?**
   You may ask a mentor from mentor group to serve as your faculty advisor, you may wish to invite a faculty member in a specific clinical area who has some interest and connection to your service experience, or you may seek out a faculty member in basic science.

6. **What about enrollment for this course?**
   The Course Director will enroll you for this course in the semester or semester following your completion of your reflection essay and successful evaluation by your faculty advisor. **The advisor’s evaluation is sent to the Course Director who assigns a grade.**

7. **Will a background check be required?**
   Some agencies may require a background check. This will not be a covered expense by the college. Criminal Background Checks will be required of medical students entering in 2010. The MSU Center for Service Learning and Civic Engagement will run background checks if required by the community organization so as to comply with Family Educational Rights and Privacy Act.
8. Can I complete the 40 hours over 4 years?
   Yes, for example, if you stay in Lansing for 4 years and volunteer 10 hours per year at the Carefree Clinic, you will have the required number of hours in the 4th year before graduation.

9. What if I choose to volunteer for 2 years at the Carefree Clinic in Lansing, and then volunteer for Planned Parenthood in Grand Rapids? Will this count or must I perform service-learning at only one community organization?
   The two service-learning activities will count. Your reflective essay will reflect what you have learned from both experiences or you may choose one.

10. Can I perform Service-Learning during spring break?
    Yes, for example, you may sign up for an Alternative Spring Break program sponsored by the MSU Office for Service-Learning and Civic Engagement (see MSU website). Habitat for Humanity programs, working with HIV/AIDS patients are some of the many opportunities available.

11. Can I perform Service-Learning during the 7 weeks after the end of Block 1?
    Yes, that would be an ideal time.

12. Can a program abroad after Block 1 count for Service-Learning?
    Yes, but you must show preparation and obtain the consent/signature of your community organization contact abroad, and obtain the approval of a faculty advisor willing to work with you and to read your reflective essay. By enrolling for 1 credit for Service-Learning, you may access increased loan aid to cover expense for your international experience.

13. Must I develop and submit a product such as a video, or brochure on some aspect of health education?
    No, products are optional. But a product may be something you and the community organization may want to develop during the course of your service. You can tell about your product in your reflection essay. Your advisor may request to see it.

14. Should I keep a journal to record what happens and any learning or insights?
    A journal would be very helpful to record your thoughts, feelings, insights, questions on your participation, clients the organization serves, the community issue that the organization is addressing, the social context of the problem, how this relates to health care, connections between academic and experiential learning, and any critical incidents. These notes will be helpful when you compose your essay on what you have learned.

15. How do I get started?
    Please read the materials on Service-Learning, check out organizations you may wish to work with, do your homework on the mission and services of the organization you select, speak to a representative from the organization, and secure permission from the organization. Demonstrate your preparation to the Course Director who must approve your project/activity before you begin to provide service. A form for preparation will be posted.

16. How will my record be tracked?
    The course director will use Desire To Learn - Groups to post information, CHM Service-Learning forms, and lists of organizations.
17. I am an extended student from the matriculating class of 2008. Must I complete the Service-Learning requirement?
   No, this requirement begins with the matriculating class of 2009.

18. Is it possible to change faculty advisors?
   Yes. You may have selected a faculty advisor when you began the Service-Learning requirement but you are now on a different campus and will complete the 40 hours of service in your new community. You may continue with your faculty advisor or you may select a second faculty advisor from your current community campus. You must notify your original advisor and the Course Director of the change.

19. Can I work on Service-Learning while I have extended my program?
   Yes, according to limits set forth for extended students.

20. Who gives my grade?
   The Course Director will give the grade according to evidence of 40 hours of service, and successful evaluation by the faculty advisor for your reflective essay.

21. Will I be able to remediate?
   Yes. This must be worked out with the Course Director.

22. Will I be able to do an elective clinical rotation in my fourth year as my Service-Learning activity?
   Yes, but this will be a sixth elective rotation in addition to the 5 required elective rotations.

23. Will I be indemnified for my service work outside of the required medical school clinical work settings?
   Yes, per MSU Board of Trustees’ policy, students will be covered under the university’s indemnification coverage and must be registered with the Center for Service Learning and Civic Engagement (CSLCE) no matter if the student secures the position through the Center or through some other means. All matriculating students are registered with the MSU Center for Service Learning and Civic Engagement and are covered by the university for indemnification.

24. What do faculty advisors get from assisting students with their Service-Learning requirement?
   Faculty advisors will have an opportunity to know a student around a meaningful experience. Students want to know faculty, especially in preclinical years. In addition, faculty advisors will receive 4 hours of teaching credit.

25. How much time will this involve for a faculty advisor?
   Initial contact by the student, reading, discussing and evaluating the reflective essay submitted by the student should take about 4 hours.

26. What else is required of the faculty advisor?
   You must sign off as the faculty advisor for the student, and evaluate and sign off on the evaluation for the student’s reflective essay. A form with criteria and grading will be posted on Desire to Learn for students who will send you the evaluation form.
INFORMATION

PRECLINICAL CURRICULUM

Elective Preclinical Courses/Experiences

2014 - 2015
Preclinical Elective Courses / Experiences

Eligibility: All students who are not on Academic Review or Probation may choose to enrich their curriculum by taking elective courses in Blocks I and II (subsequently called “Electives”). **Students on academic review or probation may enroll for elective courses only with prior approval of the Assistant Dean (EL) or the Director (GR) of Preclinical Curriculum.**

Elective Courses / Experiences: Preclinical electives fall into four categories:

1. Preclinical elective courses designed especially for (and by) medical students
2. Independent Study
3. Regularly-scheduled University courses
4. Clinical Experiences
   a. Shadowing (cannot be taken for credit)
   b. Structured Clinical Programs within MSU (credit or no credit)
   c. Shadowing or Structured Clinical Experiences Outside of MSU (credit or no credit)
   d. International experiences (credit or no credit)

1. **Preclinical Elective Courses Designed Especially For Medical Students**
   Many preclinical electives are organized by medical students with the assistance of a faculty advisor. In addition, some departments within the Colleges of Human and Osteopathic Medicine have developed elective courses especially for medical students. The courses take into account the heavy required course load of medical students and adjust the course requirements accordingly. Many of them are designated as HM 590 courses with different section numbers identifying each course. Below is a listing of some of these courses, with details regarding their credits, etc.

Courses may not be offered every year, or in both preclinical communities, and may have prerequisites. Elective courses not listed below will be announced by the CHM Records Officer/Enrollment Coordinator. Grading in these courses is usually Pass/Fail. The grade will appear on the student’s transcript. Unless otherwise noted, students in either Block of the preclinical curriculum may take the course.

a. **Applying to Take a CHM or COM Non-Clinical Elective Course:**
   The “Preclinical Curriculum Elective Enrollment Application” should be completed and submitted to the Block Director and CHM Records Officer. Completion of this form is **required**, regardless of the college/department sponsoring the course. Failure to do so will result in the student being dropped from the elective.

b. **Student Leadership in Organizing the Offering of Elective Courses:**
   1. **Renewing an Elective that has been Offered in the Past:**
      If an elective has been offered in the past and the CHM Records Officer has the paperwork on file, students who will be associated with the coordination of the current semester's offering should complete the form entitled “Elective Renewal Form” and submit it to the Record's Officer. There is a separate form for each of the preclinical communities. This will facilitate the assignment of the elective with the correct course number for that semester's offering.

   2. **Organizing New Elective Course Offerings in the CHM Preclinical Curriculum:**
      Students may wish to organize an elective course that has not been offered previously, or not in many years. To do this, the following steps should be followed:

      1. Survey the students in the preclinical curriculum regarding interest
2. Obtain permission from the Assistant Dean (EL) or the Director (GR) of Preclinical Curriculum by e-mail to initiate a new elective course.

3. Find a faculty advisor willing to become the course advisor (see below)*

4. Plan the course with the faculty advisor, including course requirements, numbers of credits and enrollment limits, if applicable.

5. Submit the form entitled “New Preclinical Curriculum Elective Course Offering Application”.

6. Obtain approval for the curriculum plan outlined in #4 from the Assistant Dean (EL) or the Director (GR) of Preclinical Curriculum.

7. Inform the College Records Officer in EL of the Course number, semester offered, number of credits, and enrollment limits, if any.

8. Student organizers are responsible for arranging with their faculty advisor for grade submission for each student in the course. Grades should be submitted to the Records Officer prior to the grade deadline.

### Some Examples of Elective Courses Designed for Medical Students

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Community</th>
<th>Course Number</th>
<th>Semester</th>
<th>Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Tropical Medicine</td>
<td>X</td>
<td>IM 618</td>
<td>Fall</td>
<td>2</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>X</td>
<td>X</td>
<td>HM 540</td>
<td>Fall, Spring</td>
</tr>
<tr>
<td>Introduction to Sports Medicine</td>
<td>X</td>
<td>FCM 521</td>
<td>Fall</td>
<td>2</td>
</tr>
<tr>
<td>Practical Medicine Elective</td>
<td>X</td>
<td>X</td>
<td>HM 590</td>
<td>Spring</td>
</tr>
<tr>
<td>Directed Study in Human Prosection</td>
<td>X</td>
<td>X</td>
<td>ANTR 585</td>
<td>Variable</td>
</tr>
<tr>
<td>Refugee Health</td>
<td>X</td>
<td>HM 590</td>
<td>Fall</td>
<td>1</td>
</tr>
<tr>
<td>Reproductive Health Issues</td>
<td>X</td>
<td>HM 537</td>
<td>Fall</td>
<td>1</td>
</tr>
<tr>
<td>Sports Medicine II</td>
<td>X</td>
<td>FCM 590</td>
<td>Spring</td>
<td>1</td>
</tr>
<tr>
<td>The Road Ahead: Exploring Medical Specialties and Their Related Ethical Issues</td>
<td>X</td>
<td>HM 590</td>
<td>Fall</td>
<td>1</td>
</tr>
<tr>
<td>AMSA Healthcare Elective</td>
<td>X</td>
<td>HM590</td>
<td>Spring</td>
<td>1</td>
</tr>
<tr>
<td>Surgical Procedures in Various Specialties</td>
<td>X</td>
<td>X</td>
<td>HM590</td>
<td>Spring</td>
</tr>
<tr>
<td>Healthcare Interviewing of Spanish-Speaking Patients</td>
<td>X</td>
<td>X</td>
<td>HM590</td>
<td>Spring</td>
</tr>
<tr>
<td>Broadening Perspectives on Health Care in San Jose, Costa Rica</td>
<td>X</td>
<td>HM590</td>
<td>Spring</td>
<td>1</td>
</tr>
<tr>
<td>Introduction to CHM Research: Foundations, Methods and Responsible Conduct</td>
<td>X</td>
<td>X</td>
<td>HM590</td>
<td>Spring</td>
</tr>
</tbody>
</table>

* Students should not contact faculty or staff from other colleges independently. Non-CHM or non-COM contacts must include a CHM faculty member who has communicated with the Assistant Dean (EL) or Director (GR) of Preclinical Curriculum.

2. **Independent Study (HM 591) – Elective Course**

   Independent study is a flexible course credit option. An example of an independent study experience would be participation in a faculty member’s research project or researching a topic of personal interest to write a paper, but any legitimate learning opportunity, including participation in academic support activities, may be approved for independent study credit.
The rules governing Independent Study experiences for credit are as follows:

- Students may not receive independent study credit for an experience if they also are being paid for that experience.
- Independent study credits are limited to 8 per semester unless special permission to exceed that is granted by the Assistant Dean (EL) or Director (GR) of Preclinical Curriculum.
- A student may not earn more than 36 total credits of independent study during her/his enrollment in CHM.
- Students must complete the form entitled “Application for HM 591 - Independent Study” in order to secure approval for Independent Study.
- It is the student’s responsibility to ask the responsible faculty member to provide end-of-semester sign-off on the Independent Study, attesting to successful completion of the outlined work. Failure to obtain this by the final day of classes will result in an ‘ET’ grade for the experience, and failure to obtain a final grade within the university guidelines will result in an automatic N grade for the experience, which will appear on the official transcript.

3. Regularly-Scheduled University Courses

Medical students may take any course offered in the University, including courses in the Colleges of Osteopathic Medicine and Nursing, as long as the course fits the student's medical school schedule. Fulfillment of prerequisite requirements or course director approval will be necessary, just as with any University course. The Schedule of Courses for each semester is available on the MSU website. Students located in Grand Rapids, if interested in this option, would find it most convenient to take on-line courses offered by MSU.

Grading in University Courses: Unlike those offered by CHM, most courses at MSU use a numerical 4.0 grading system. If a student wishes to reduce the grade pressure associated with the 4.0 grading system, there are two alternatives to consider which are detailed below. Both grading options must be requested prior to the end of the first week of classes. Requests after that will not be honored. Students must make the request through the CHM Records Officer/Enrollment Coordinator.

- Credit/No Credit: Students may take a course using the 4.0 grade system on a Credit/No credit (CR-NC) basis. This changes the grading in that course to a pass-fail system. Students must earn the equivalent of a 2.0 or better in order to earn Credit. (Note: medical students are not considered to be graduate students in these cases, and so a 2.0, not a 3.0 is the minimum required to pass.) The student’s transcript will reflect either “CR” for pass or “NC” for fail.
- Visitor: Visitor (audit) status applies when a student enrolls in a course but receives no grade or credit for it on the final transcript. However, the student pays for the credits, the course counts toward the credit total carried that semester, and the course appears on the final student transcript with neither a grade nor credits assigned. The Office of the Register establishes the deadlines to enroll under Visitor (audit) status.

Grades in elective courses are not considered in decisions about probation and dismissal in CHM, although failing grades will appear on the student's University transcript.

4. Clinical Experiences in the Preclinical Curriculum

Supplemental clinical experiences beyond those provided by the regular curriculum provide an especially rich opportunity for students to enhance their preclinical program. A clinical experience is defined as any experience, in any setting, where the student is observing or participating in the delivery of health care to a patient.
When a student enters a clinical setting, there is potential risk to the student’s safety and health, and there is a concern for liability for both the student and the institution (e.g. College and/or University). Therefore, to reduce these risks and insure liability insurance coverage, students must

- Be up to date on all immunizations, Blood Borne Pathogen Training, and Basic Life Support Training
- Have ALL clinical experiences (credit or no credit) formally approved prior to the experience using the mechanisms defined below. The approval process differs depending on the experience. Failure to do so will not only be a breach of professionalism, but will mean that the University’s liability insurance will not cover the student in the event of any legal actions.
- HIPAA regulations dealing with protection of patient confidentiality must always be observed; breaking such rules can result in penalty to the student and to the institution.

Identification of and Seeking Approval for an Elective Clinical Experience

Students having contact with and working with patients must do so under the supervision of a responsible faculty member at all times. Students may request that experiences be arranged with a particular faculty member or specialty and when possible these requests will be honored. However, elective clinical experiences always need to be arranged by a CHM staff member.

- Because communication must occur with several different personnel, students should NOT approach faculty members with clinical experience requests.
- Requests should be submitted at least 2 weeks prior to the anticipated experience.
- Experiences will be approved ONLY when supervised by a physician who is a CHM faculty member or one who is approved by the College.
- Students interested in participating in clinical experiences outside of the MSU system should refer to the guidelines in the appropriate section found below.

Guidelines for Professional Behavior in Clinical Settings

- Keep your agreed-upon appointment. If this is impossible, notify the MSU staff member who arranged the experience as soon as possible.
- Arrive on time or if unavoidably late, notify the clinic AND the MSU staff member who arranged the experience as soon as possible.
- Be professionally attired, neat and clean as defined in the Clinical Skills guidelines.
- Identify yourself to patients and medical personnel as a medical student using your full name
- Wear your white coat and MSU identification tag.

Supervision during Medical Encounters

The Director of Clinical Skills has generated a list of skills that will give students direction on their level of competency for patient care based on their successful completion of the clinical skills sequence. See the document entitled “Clinical Skills Competencies by Semester” at the end of this document. Medical procedures performed by medical students must be supervised by a licensed physician, nurse practitioner, or physician’s assistant responsible for the care of the patient. In the preclinical curriculum, appropriate procedural skills for a student might include taking a history, completing a physical examination, taking vital signs, or drawing blood, depending on the student’s progression through the Clinical Skills curriculum. Permission by the person directly responsible for the care of the patient must be obtained prior to any patient contact. 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).

**Types of Elective Clinical Experiences in the Preclinical Curriculum**
Experiences can be either short- or long-term. There are 4 types of elective clinical experiences in the preclinical curriculum:

a. **Elective Shadowing Experiences** (cannot be taken for credit)

Shadowing refers to the short-term observation of a faculty member in a clinical setting interacting with patients. Shadowing is a requirement in the Mentor course, but additional shadowing may be arranged by students in good academic standing. Direct participation (as opposed to sole observation) is possible, depending on the semester of the student’s experience and as defined by a competency document written by the Director of Clinical Skills and found in the Preclinical Handbook. This document will be sent to the involved preceptor prior to the student’s shadowing experience.

**Restrictions**
Because third and fourth year students are also scheduled in clinical experiences, resources may be limited. Shadowing experiences are therefore assigned on a first come, first serve basis and in general are limited to one-two per semester. Elective shadowing experiences are discouraged first semester of Block I.

A student on Academic Review or Probation may not participate in an elective shadowing experience without the prior approval of the Assistant Dean (EL) or Director (GR) of Preclinical Curriculum.

**Scheduling Guidelines and Procedure**
Shadowing opportunities are a privilege and should be treated as such. Students should not approach faculty themselves but should schedule shadowing experiences through CHM staff. It is the responsibility of the student to appear at the agreed-upon date and time and conduct her/himself in a professional manner.

- Avoid scheduling a shadowing experience during classes, required activities, or before an examination or other important event.
- Obtain contact information for the clinic, mentor, and/or hospital location of the experience in case there is an unanticipated need to call.

Shadowing experiences are scheduled for 2-4 hour blocks of time between 8 a.m. -12 p.m. and 1– 5 p.m. Students must contact the appropriate Grand Rapids or Lansing Community Administrator by e-mail **2 weeks prior** to the desired date of shadowing.

Grand Rapids: Michelle Wallock (michelle.wallock@hc.msu.edu)
Lansing: Sarah McVoy (Sarah.McVoy@hc.msu.edu)

**In the e-mail, students must:**
- identify the field of interest, if applicable
- identify the particular physician preferred for shadowing (subject to availability)
- identify 3 – 4 dates and 4 hour time blocks of availability
Consequences for Lapses in Shadowing Professionalism Expectations

Because shadowing is a privilege and involves patients and many other people who arrange and provide the experience, failure to appear at the agreed upon time and/or date, to wear appropriate attire, or to notify the expected parties of tardiness will be considered a lapse in professionalism. The staff member responsible for arranging the experience will notify the Assistant Dean (EL) or Director (GR) of Preclinical Curriculum of the professionalism lapse, which will have the following consequences:

The student will receive an e-mail from the appropriate administrator contacted by the above staff member. In it, the student will be instructed to

- Write a letter of explanation in response to the e-mail.
- If applicable, write a letter of apology to the physician and clinic staff

The student will receive feedback from the administrator. Repeated lapses may result in further administrative action.

b. Structured Clinical Programs within MSU (can be taken for credit)

Students may participate in various volunteer clinical programs sponsored by the College, such as the Carefree Clinic or other service programs. Students on Academic Review or probation may not participate in this type of experience more than an average of two hours per week unless approved by the Assistant Dean/Director of Preclinical Curriculum.

Participation in a Structured Clinical Program is a privilege and should be treated as such. Careful consideration should be given to participation in volunteer clinical programs. The expectation is that once an experience is scheduled, it is the responsibility of the student to appear at the agreed-upon date and time and to behave in a professional manner. Because of this, students should follow the same guidelines as those written above for shadowing experiences. Consequences for professionalism breaches will follow a similar protocol.

Procedure for Enrolling for Credit:

Students who work in a clinical setting for more than 30 hours per term may enroll for credit following these guidelines:

1. Identify a CHM faculty member willing to act as a course advisor.
2. Contact the records officer at the appropriate CHM campus to enroll in the course.
3. Complete a form entitled “Application for HM 591 - Independent Study” which can be found in the Preclinical handbook.
4. Have the faculty member designated in step #1 sign the paperwork.
5. Enroll for 1 credit of HM 591 if working 30 hrs per term, or two credits if 60 hours or more.

c. Shadowing or Structured Clinical Experiences Outside of MSU (can be taken for credit)

During semester breaks or holidays, students are often interested in participating in clinical experiences outside of the MSU System. In these circumstances, students are required to obtain a letter from the Assistant Dean/Director of Preclinical Curriculum approving the experience. Such letters are provided upon request, and are sent directly to the physician overseeing the experience. The letter contains information regarding the competencies of the student, the professional behavior expected of the student, and a feedback form for the physician to complete, which can be found at the end of this document. (Although the sample letter is signed by Dr. Osuch, the letter for students in Grand Rapids campus will be signed by Dr. O'Donnell).
Permission should be requested 2-4 weeks prior to the experience if at all possible. Last-minute requests will not be approved except in unusual and compelling circumstances. Failure to obtain approval will result in the student not having professional liability coverage. To request a letter and if necessary, proof of student liability insurance, students must e-mail the information to the person identified below 2-4 weeks prior to the experience. (Be aware that processing of liability insurance takes three class days).

East Lansing: Shelly Nyquist – shelly.nyquist@hc.msu.edu
Grand Rapids: Michelle Wallock – michelle.wallock@hc.msu.edu

The request should contain the following information:

- Name and practice address of physician
- Telephone and fax number
- E-mail address, when available
- Specialty
- Date(s) of experience
- Time
- Location
- Interference with class time, if applicable
- (If required) Request for Proof of Student Liability Insurance

Guidelines on how to enroll for credit and for consequences for lapses in professionalism are similar to those found in #1 and 2 above.

d. International Experiences

Overseas study provides a potentially very enriching experience for the interested and motivated student. However, foreign medical schools and health care settings can have very different expectations of medical students which can potentially place students in circumstances where the degree of supervision is much less than what would be presented to medical students in the U.S. Further, some international experiences take place in settings where infectious diseases and/or political unrest pose risks that are unusual and outside the experience (and therefore judgment) of the student traveler. For all these reasons, the College has more restrictive policies governing overseas educational experiences for students.

All students who plan to travel abroad for study are advised to monitor the web site of the MSU Office of Study Abroad for travel advisories, cultural advice, and recommendations about immunizations and other health-related advice.

Overseas study for medical students occurs in four ways during the pre-clinical program:

- Regularly scheduled University courses
- Shorter experiences with a CHM, COM, or CON faculty member as an escort/supervisor.
- Experiences with international institutions that have a formal arrangement with MSU-CHM (or COM) and where there is a known on-site physician coordinator
- Service-Learning experiences for HM640 credit given after the experience abroad

All the above experiences (except for HM 640 Service-Learning) require approval and enrollment in HM 591, Special Problems (unless another approved university course number exists for the experience). The form entitled “Application for Independent Study related to International Travel” can be found at the end of this document and in the “Forms” section of the manual. **All other overseas experiences are considered unapproved.**
Again, from time to time, students may only wish to have a letter attesting to their status as a medical student, but the letter will specifically proscribe any approval for any clinical component to the experience.

Students considering overseas study should check with the Assistant Dean for Preclinical Curriculum early in their planning to assure proper registration and approval for the experience. Students must follow requirements listed on the CHM Medical Student Check List for International Travel developed by the CHM International Health office.

Checklist for International Health Experiences for CHM Pre-Clinical Students

1. The CHM web site for Global Health in place of International Health has information on CHM sponsored programs, scholarships, and websites of other organizations that provide international programs for medical students. This is not an endorsement of other programs but a listing of sites for programs other medical students have used.

2. You may enroll for independent study credit related to the experience. By enrolling for credit you may be eligible for additional loan aid and you will receive liability coverage. An Independent Study form is attached to this checklist, and are available from the website. A paper or some form of scholarly input is usually required. Forms must be filled out and signed by a faculty advisor. Completed forms are then submitted to the CHM Records Officer, Gina Brooks in A 234 Life Science. Faculty who have been willing to serve as faculty advisors for independent study credit include Cindy Arvidson, PhD, Block 1 Director, arvidso3@msu.edu, and Margo Smith, MA, Director of CHM Global Health, smithmk@msu.edu.

3. For purposes of MSU liability, and in order to receive independent study credit, CHM students must apply for approval through the MSU Office of Study Abroad (OSA) at least 6 weeks before departure. Please go to the Office of Study Abroad website for CHM and COM medical students for the application process and information: http://studyabroad.msu.edu/medrotate.html

If you plan your study experience in a country for which the US State Department has issued a travel warning, then please follow the steps outlined by the Office of Study Abroad http://studyabroad.msu.edu/medrotate.html CHM/OSA must approve your travel.

If you plan to participate in a service-learning experience abroad, and plan to receive credit upon return to the US (pending completion of the reflective essay and satisfactory evaluation), then you are required to fill out the information for travel authorization http://www.cotravel.msu.edu and send to Margo Smith smithmk@msu.edu. This information will be entered into the MSU Traveler's Database and is helpful should an event occur in your travel location. You will receive at no cost extra health, evacuation, and repatriation insurance.

Students who have been formally accepted for the CHM study abroad programs, Broadening Perspectives on Health Care in Costa Rica, Peru Service-Learning or other CHM study abroad program, should directly apply online to the Office of Study Abroad http://studyabroad.msu.edu for the program as these are listed on the OSA site.

4. You need a valid passport and you may need a visa to enter a country. Most countries require that your passport be valid for the next 6 months after you enter the country. You should apply for both passport and visa months in advance. Check your post office for
passport applications. See [http://studyabroad.msu.edu/abcs/index.html](http://studyabroad.msu.edu/abcs/index.html) for useful information on obtaining a passport. Check the State Department website for visa information – [www.state.gov/travel/](http://www.state.gov/travel/) The State Department website will inform you if there is a travel warning issued for the country you are planning to visit.

5. At least 2 months before you travel, we recommend that you visit the MSU Travel Clinic at Olin Health Center or your choice of physician for advice on immunizations and preventive medications, if they are needed. MSU Office of Study Abroad policy is that if immunizations or medications are appropriate, they recommend, but do not require, that you get these before your departure. In some cases you need immunizations to get into or out of certain countries. Call (517) 353-3161 for an appointment, to get some information, or visit the website at [http://traveclinic.msu.edu](http://traveclinic.msu.edu) or at [www.who.int/ith/](http://www.who.int/ith/). Be prepared to bring your immunization record with you to the clinic.

6. The Office of Study Abroad will have from your application form your emergency contact number(s) for you and for family contacts in the U.S. should an emergency arise in the country abroad. If an emergency occurs, refer to the card you will receive and call COLLECT the MSU Emergency Assistance line at (517) 353-3784. This number can be accessed worldwide at all times. Emergencies are defined as serious threats to safety, security or health. Your evacuation/repatriation insurance card will also provide numbers to call.

7. Read the online Office of Study Abroad Student Handbook on safety and preparation. Take the Office of Study Abroad required online orientation.

8. See below for the preclinical skills competencies list under the Clinical Skills section of the handbook to understand what you may or may not be able to do.

9. CHM strongly recommends that you prepare for your global health experience. One way is to participate in online self study of global health education modules offered by the Global Health Education Consortium, [www.globalhealthedu.org](http://www.globalhealthedu.org)

**Resources:**

**Video** - [http://vimeo.com/22008886](http://vimeo.com/22008886)


**Contact Information:** Margo K. Smith, MA
Director, CHM Global Health, smithmk@msu.edu, 121 West Fee
Clinical Skills Competencies by Semester

Introduction: The Clinical Skills curriculum at MSU CHM prepares students for the clinical years (Usually year 3 and 4, also called Block III) in a stepwise, developmental fashion. However, many students desire clinical exposure prior to Block III. Below, we have outlined the competencies achieved after each step of the curriculum. Students who have successfully completed each course should be considered competent in the skills listed.

“Competency” in this case describes the level of training expected for a medical student who will be supervised by a licensed physician. Students who have achieved competency can be safely allowed to use the skills listed without direct supervision. However, clinicians should not make any medical decisions based solely on information gathered from a student's interview or examination of a patient. In addition, preceptors should directly supervise students when performing sensitive examinations or procedures.

In general, students should not be permitted to perform skills in which they have not achieved competency, according to this document. However, some students may have received additional training (for example, in a previous career as a nurse, EMT, or other health care provider) which may provide competence for some of these skills. It is also acceptable for preceptors to provide training for skills that are beyond the student's level of competence.

HM 531: Fall Block I
- Basic patient interviewing, including communication and empathy skills relevant to adult patients.
- History of present illness (HPI) including symptom dimensions but not including pertinent positives and negatives.
- Students are not taught to obtain any further history in this course.
- No documentation skills (medical record keeping or charting) are taught in this course.

HM 532: Spring Block I
- Core Physical Examination of a healthy patient.
  - Standard precautions
  - General Appearance
  - Vital Signs (pulse, respiratory rate, blood pressure)
  - Eyes
  - Ears
  - Nose
  - Mouth
  - Neck
  - Lung
  - Heart
  - Abdomen
  - Extremities (Inspection, Palpation for pulses and edema, and Deep Tendon Reflexes)
- Patient Education
- In this course, students are not taught:
  - Detailed neurologic examination
  - Detailed musculoskeletal examination
  - Breast examination
  - Male or female genital or rectal examination in this course
o Examination of infants or children
- No documentation skills (medical record keeping or charting) are taught in this course.
- Description of abnormal physical findings is not taught in this course.

HM 533: Summer, Block I
- Interview of an adolescent
- Interview regarding sexual concerns
- Physical Examination of the newborn
- Physical Examination of the young child
- Functional mobility assessment
- Activities of daily living (ADL) assessment

HM 534: Fall, Block II
- Obtaining a complete history from a patient (child, adult, and elderly) including:
  o HPI
  o PMH
  o Medications
  o Allergies
  o Family History
  o Social History
  o Review of Systems
- Neurologic Examination
- Mental Status Examination
- General Musculoskeletal Examination
- Breast Examination
- Oral case presentation
- Formulation of an assessment
  o Undiagnosed problems
  o Established problems
  o Health Maintenance
- Health Record Documentation
  o Problem List
  o H&P
  o SOAP note

HM 535: Spring, Block II
- Pelvic Examination
- Male Genital Examination
- Rectal Examination
- Abnormal Pulmonary Examination
- Abnormal Cardiac Examination
- Phlebotomy (students should still be directly supervised)
SAMPLE LETTER to PRECEPTORS involved in
Shadowing or Structured Clinical Experiences Outside of MSU

Date

Dear Dr. XXX,

Thank you for your generous acceptance of one of our students, XXXXX, for a shadowing experience with you on XXXX.

XXXXX will have completed his/her (first, second, third) (term, year) as a medical student in the College of Human Medicine at Michigan State University. As such, he/she has had very little clinical experience. Because of this, he/she should not be allowed to independently interview or examine any of your patients. Because our students have limited experience with the written medical record, he/she also should not record anything into your written records. Lastly, XXXXXX has, as yet, received no training in procedural skills and therefore should not participate in them.

XXXXXX knows that he/she is to present him/herself and behave in a professional manner, consistent with the values of the medical school. He/she should wear his/her white coat and have his/her identification tag in place.

I am hoping that his/her interaction with you will result in a fulfilling time for you. I am sure that you will provide him/her with an excellent clinical experience, and I thank you again for the service that you are providing not only to XXXXXX, but to our school as well. If proof of student liability insurance is required for this shadowing experience, please contact my office at (517) 884-1858 or nyquistm@msu.edu.

Enclosed is a short form to provide feedback to the College. Please have your staff fax or e-mail the form to (517) 432-1051 or nyquistm@msu.edu.

Thank you again for your willingness to work with one of our students.

Sincerely,

Janet Rose Osuch, M.D., M.S.
Professor of Surgery and Epidemiology
Assistant Dean of Preclinical Curriculum

8-5-14
FEEDBACK FORM FOR SHADOWING EXPERIENCE

___ The student attended the session and arrived on agreed upon date/time.
   Comments: 

___ The student was professional in appearance and behavior.
   Comments: 

___ If student was unable to attend or was late, were you contacted before the experience began?
   Comments: 

___ Did you enjoy the interaction with the student?
   Comments: 

___ Would you provide this experience for another MSU student, if requested?
   Comments: 

Please fax this form back to Janet Osuch, MD at 517-432-1051.
Thank you!!!
College of Human Medicine
Preclinical Policies and Procedures

COURSE
POLICIES AND
PROCEDURES
CLASS ATTENDANCE, COURSE SEQUENCING AND WAIVER

Class Attendance
CHM has a number of small group experiences, and attendance at these is required, as posted in the course syllabi. The College has a lecture live recording service called Mediasite. The most successful students attend lecture and use Mediasite recording for review. Recorded lectures are live streamed and posted within hours on D2L (https://d2l.msu.edu).

Course Sequencing
Students are expected to follow the standard academic program as presented in the preclinical handbook unless an alternative course plan has been agreed upon by the Block Director/Assistant Director and signed by the Assistant Dean/Director of Preclinical Curriculum. In all cases, the most current student course plan is the one that must be followed.

In order to drop a required course, students must have the approval of the Block Director/Assistant Director, who will develop a plan with the student for subsequent fulfillment of the requirement. (See policy entitled “Dropping Courses and Withdrawal”). In almost all cases, students who drop a required course will need to extend their curriculum. Students who are not on academic review or probation may adjust their course plans at their own discretion by dropping and adding elective courses.

Credit by Examination or Experience (Waiver)
As determined by individual course directors, students may earn course credit by virtue of prior experience or by passing a waiver examination. Students must meet any eligibility requirements set by the course director. If a student is successful in meeting the waiver requirements, s/he must enroll for, though not participate in, the course at its next offering. A grade of P will be recorded and the student's transcript will reflect successful completion of the course. There is no penalty for attempting the waiver examination and failing to pass. Students who have previously earned a CP or N in a given course are NOT eligible to take the waiver examination. Students are asked to be responsible and to sit only for examinations that they have a legitimate possibility of passing. This will prevent needless duplication of exam papers. Waivers are not available in Blocks II or III.

Policy on Course Waivers:
1. Faculty may choose, but are not required, to offer waiver opportunity for courses in order to recognize subject-matter competence developed by students in prior educational and work experiences.

2. The mode by which a student can demonstrate acceptable competency in course content is determined by the course faculty and may include, but not be limited to, successful completion of a prior and equivalent course, successful passing of a comprehensive examination over course content, professional certification in an area related to the course content, or combinations of the preceding options.

3. There is no penalty for students to request/attempt waiver even if they are denied or fail.

4. If waiver is to be determined by examination, the following conditions apply:
   a. A waiver examination will be a comprehensive examination of the course content constructed to be of equivalent format and challenge to the examinations in the course.
   b. Students may take the waiver examination for a given course only once.
5. Students who have previously received a non-passing grade in a course are not eligible for the waiver option available to first-time course takers of the course. This is consistent with the University policy on Credit by Examination: "Credit-by-examination may not be employed as a means of repeating a course in which a low or failing grade was received, either through regular enrollment or by examination."

6. Waiver opportunities may be available as follows in Block I, however, course protocols are the definitive reference on waiver options in each course. The following list is subject to change as specified in the course syllabi.

**Fall Semester:**
- Biochemistry (BMB 514) - Single comprehensive waiver examination given before fall semester.
- Molecular Biology & Genetics (BMB 526) -- Single comprehensive waiver examination given at the beginning of fall semester.

**Spring Semester**
- Neuroscience (NOP 552)-- No waiver examination. Prior experience will be considered on an individual basis. See the course director.

**Summer Semester:**
- Medical Pharmacology (PHM 563)-- No waiver examination. Prior experience will be considered on an individual basis. See the course director.
PBL – Specific Course Policies

A. Large Group Teaching Exercises have been designed for each PBL domain, and laboratory and/or team-based learning sessions for some. A maximum of 7 hours of lectures, laboratory experiences, or team-based learning are allowed per week. Students are expected to attend these sessions, as they are intended to help students learn the content of a domain. They tend to cover material that is difficult to understand or for which integration or organization help with learning. Examples include:

- a lecture to provide an overview of an area of content
- a lecture to provide further explanation for a set of complex concepts
- a clinical correlation (laboratory or team-based learning session) to help in the integration of content from multiple disciplines
- a panel of “experts” to answer your questions
- patient panels

These large group exercises are scheduled on Tuesday and Thursday (PBL small groups will be on Monday, Wednesday, and Friday). Domain-specific schedules and description of each activity will be detailed in each PBL Domain Course Pack. The originating location for each lecture (East Lansing or Grand Rapids) will be noted on the domain schedule. The lectures will be videoconferenced to the remote site.

Lecture presentations are recorded using Mediasite and prerecorded on Camtasia and are made available on D2L. These recordings are meant to enhance the lecture experience rather than substitute for it.

There are a number of sound reasons why students should attend large group sessions:

1. Lectures are often coordinated with cases. A lecture will present information pertinent to discussing the following day’s case. Students benefit by having more to say during the following day’s case discussion, and by using the material to which they’ve been exposed in the lecture. This promotes mastery of the content. While it is not always possible to attain this level of integration, domain curriculum development groups try hard to coordinate lectures with the scheduled PBL cases.
2. Lecture attendance allows students to ask questions for clarification.
3. Lecture attendance is a significant aid for students to keep up with their independent learning. Students who wait to view the lecture recordings, especially during the last week of a domain, are often at risk for poor performance on their content examinations.
4. Faculty put substantial time and effort into preparing their presentations. Faculty morale has been adversely affected in the past when few students attend these presentations, and faculty may be less inclined to continue to give such presentations in the future.
5. Whenever a patient is on a panel, attendance is required of all students.
6. Students who are on academic review must attend all lectures. Monitors will be present for the lectures and will record the student’s presence.
7. For the team-based learning sessions, points are earned which are included in the domain final grade.

B. Small Group Sessions in PBL – The Process Each domain is composed of a sequence of patient cases presented either on paper, on-line, or by video. The schedule and sequence of the patient cases is detailed in each domain course pack. Each student group will meet three times per week and each small group meeting lasts two hours. Groups meet on Monday, Wednesday and Friday. Faculty preceptors participate in every group session during the first semester, and in two of the three sessions in the spring semester.
Small group meetings consist of patient case discussions designed to elucidate the basic science behind the patients’ illnesses.

**How does a group “talk about the case”?** There is an organized format that your group will use to discuss cases. It is designed to mirror the clinical reasoning process of practicing physicians, to help students begin to practice “thinking like a doc.” This process will quickly become automatic to the group, but initially, you will need to keep track of the steps. Preceptors will distribute case pages at their appropriate times according to the needs of the group. A simple case structure follows; it is important to follow each case’s structure.

1. **Day 1/Page 1: History**
   a. Identify major cues
   b. List hypotheses
   c. Identify learning issues

2. **Day 1/Page 2: Physical Exam**
   d. Identify major cues
   e. Modify hypothesis list; rank order hypotheses
   f. Identify further learning issues

2. Independent learning based upon learning issues agenda

3. **Day 2: Oral case presentation, apply learning to the case, modify hypothesis list.**

4. **Day 2/Page 1: Test Results**
   1. Identify major cues
   2. Modify hypothesis list
   3. Identify further learning issues

5. **Day 2/Page 2: Closure Page**

5. **Stimulus questions made available on D2L at 5:00 pm, Day 2.**

**Discussing the Patient Case**

1. **Day 1/Page 1: History:** This page will usually be a written, 1-2 paragraph summary of a patient and a problem; “Page 1” will be given to the students by their preceptor. The patient will be presented within a biopsychosocial context. The patient’s problem will be presented with a realistic scenario, often taken from actual patient cases.

   **An Example of Page One: History:**

   **Ms. Thomas, a 28-year old schoolteacher, complains of a progressive 2-year history of difficulty “relaxing my grip” after shaking hands, or grasping anything tightly. This problem has been a minor annoyance until the last 3 months, and its recent progressive nature has worried her. She wants to be reassured that this problem is nothing more serious than normal muscle cramps.**

   **Major Cues:**
   a. After reading the case aloud, the students, as a group, will list MAJOR CUES, or important facts, that may be useful in understanding the case. Cues might be signs, symptoms, or significant historical and psychosocial data.

   **Examples of CUES from the previous example might include:**
   - 28-year-old woman
   - schoolteacher
   - progressive problem relaxing grip over 2 years
   - problem worse over last 3 months
worried, wants reassurance

**HYPOTHESES:**

b. The students will generate and list HYPOTHESES and the CUES that support them. These hypotheses are possible explanations of the patient's problem. The form of the hypotheses will be in terms of altered biological, biochemical, physiological, and psychosocial mechanisms. **At times the hypotheses will be in the form of clinical diagnoses, but since the educational goal is the learning of basic science, the underlying mechanisms become the area of focus for learning issues.** The hypotheses may be unsophisticated, but effort at thinking about the problem and utilizing existing knowledge is encouraged. These hypotheses will be recorded on the whiteboard or by computer and projected.

Examples of **HYPOTHESES** from the previous example might include:
- She has a nerve problem
- She has a muscle problem
- She cannot release her grip because she has arthritis
- The hand muscles lack sufficient energy substrate to relax
- She is anxious and has a psychosomatic disorder
- She has degeneration of the motor neurons of the spinal cord

c. The next critical step in the process, one which always takes place before the group disbands, is to generate a list of LEARNING ISSUES.

Examples of **LEARNING ISSUES** from the previous example might include:
- How do muscles contract and relax?
- What does muscle use for energy?
- What is necessary for proper impulse generation in nerves?
- What muscle diseases are inherited?

As the group develops hypotheses, knowledge deficiencies become apparent. The group creates a list of things that must be learned to fully understand the basic science behind the patient’s illness. A list of learning issues should be recorded for each group member to see it, add to it, and have a copy of it for their use before the next session. Preceptors will help the student group identify the broadest applicable range of learning issues. A complete list of learning issues sets up a successful independent study period prior to discussing the case at the next session.

While there may be many potential learning issues, the students and preceptor should narrow their list down to those which can realistically be learned before the next group session and which can be discussed in the time available at that session.

**Day 1/Page 2: Physical Exam:** The preceptor will now hand out PAGE 2 of the case, which contains additional, more detailed information about the patient in terms of physical examination results. This additional information should allow the students to focus more closely on the specific cause of the patient's problems. Using this new data, the students will list new cues, generate some new hypotheses, and discard some previous hypotheses.

2. The students are now responsible for mastering each of the LEARNING ISSUES prior to the next small group meeting. Students should avoid the temptation to divide the learning list up among themselves since each student will need to accomplish in-depth learning of all the major concepts and content. In addition, students should use the required reading list in their course pack as their primary source materials for addressing the learning issues.
3. Following the independent study interval, the group reconvenes. Using the basic science concepts and facts that have just been studied, the students will discuss the mechanisms that are causing the patient's problem. The previous hypotheses will be re-examined, modified, rejected, and new hypotheses proposed. This process of using new and old knowledge, integrating various concepts and testing hypotheses in order to "understand the problem" is the most important aspect of learning within the small group. Your group will learn to work together in this task. When you return as a small group following the independent study period, one of the students in your group will begin the Day 2 session with an oral patient case report. Use the format you will learn in Clinical Skills for this purpose. The oral case presentation should take no more than 3-5 minutes, with a few minutes of feedback.

4. **Day 2/Page 1: Test Results**
   Presenting the Test Results page mirrors the reality of clinical practice in which physicians typically wait 24 hour or longer for test results to return from the lab. Groups will repeat the “cues-hypotheses-learning issues” process with the Test Results page.

   **Day 2/Page 2: Closure Page**
   Most cases will have a “Closure Page” that will present the disposition of the patient. In some instances, there will be no case resolution, but a description of what happens next in the course of the patient case. Most often, there will be no cues-hypotheses-learning issues generated on the basis of the closure page. If the group generates new learning issues, use another independent study interval and when you convene again you can discuss these additional basic science issues in the case. Your preceptor will have a suggested timeline for the use of the cases in the domain. This will let you judge the available time for study of a single case.

   Even though a PBL group has completed its case discussion and moved on to the next one, most students will find that s/he will still have learning issues related to the case, ones which they must master in order to be prepared for the domain exam. **Unlike Block I, the content that must be mastered will not be covered solely in the lectures and course pack, but will include the case content and the required reading in the domain.**

   At the end of a case, the students will very briefly review for themselves and the preceptor what has been learned by studying the case, and integrate the new knowledge with what was learned in previous pieces of the curriculum.

5. **Stimulus Questions**
   At 5:00 pm on the last day of the group’s case discussion (typically Day 2), a set of "stimulus questions" will be made available to students on D2L. These questions are designed to provide a “check” of the group’s work on the particular learning issues relevant to each case. A well-done discussion of any case should result in most, if not all, of the stimulus questions having been covered by the group during their learning issues discussions. If there are stimulus questions that the group did not completely discuss as learning issues, then the next domain meeting may use 10-20 minutes for that discussion or for the generation of further learning issues related to the case. **Study of stimulus questions should not take the place of groups generating and studying their own learning agendas.**

C. **PBL Small Group Expectations**
   1. **Attendance at assigned meeting times and rooms**
      Group meeting time is the cornerstone of the educational process in PBL and group attendance is required. All groups must meet at the assigned time and in the assigned
room, including preceptor-free days, unless a change for a compelling reason is requested by the preceptor and approved by the PBL office.

2. **Expectations for Group Participation**

Students are expected to be on time, prepared, and ready to work. Group members are required to participate in all small group discussions and will be evaluated by preceptors accordingly. The PBL process is required for all case discussions, as it is critical to the clinical reasoning process. This process is not to be shortened for “efficiency”.

Students should make heavy use of the whiteboard or an electronic “board” in order to illustrate the relationships between events and concepts visually for all group members. It is common for students to share recorded versions of these notes among members, and this is encouraged. Likewise, searching resources during the PBL group process is common. Accordingly, students often bring textbooks or computers into the PBL meeting room so that on-line resources can be accessed. The most useful of these is MSU’s Electronic Resources Library (http://er.lib.msu.edu/). (See document similarly entitled for instructions).

3. **PBL Absences and the Use of Skype**

If there is an event or emergency that requires a student to be absent from their assigned group, the student needs to follow the steps of notification. In the interests of maintaining the dynamics and learning process of all PBL small groups, and to avoid disruption of ongoing small group work, students must attend only their assigned small group and may not substitute groups. All policies regarding approved absences from required PBL small group must be followed, and make-up assignments for the days a student misses must be submitted by pre-determined deadlines. **Students with a compelling reason for a delay in assignment submission may make a request to the PBL course director.** Until all assignments are complete, an ET grade for a domain will be submitted.

It may be possible for a student to use Skype to stay connected with the group when absent. Because Skype was designed for person-to-person communication, its use is inadequate for purposes of an absent student engaging in the work of the small group as a participating member. There are serious limitations imposed by the video and audio technology available with most personal computer systems, which result in significant difficulty capturing the individuals within a group, either visually or verbally. In addition, the camera on most laptops and the platform used by most students in PBL small groups is unable to capture the white board or screen adequately.

For Skype to be used to connect an absent student with their small group, the following conditions must be met:

- Individual PBL group members will be responsible for being “Skype-ready.” Neither the preceptor nor HIT personnel will be involved with Skype operation. The absent student will need to arrange for Skyping into his/her group before the small group meets.
- The absent student connecting with Skype will still be counted as absent, and must submit a make-up assignment.
- Control of the discussion remains with the group members in attendance and the preceptor. The purpose of joining the group is to listen to the discussion; the absent student should not attempt to participate. This will slow down the group process.
- The use of Skype must not slow up the work of the group, for example, to repeat what is said for the benefit of the absent student.
D. Minimum Number of Required PBL Small Group Sessions
   To receive credit for a PBL course, a student must attend a minimum number of sessions, which are listed below. This policy applies whether or not a compelling reason for the absence exists. If a student is unable to attend the minimum number of required sessions for a domain, the student will be required to extend her/his curriculum and take the domain the next time it is offered.

<table>
<thead>
<tr>
<th>Length of PBL Domain</th>
<th>Maximum # of Approved Small Group Absences for Compelling Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 weeks, 6 sessions</td>
<td>2 absences</td>
</tr>
<tr>
<td>3 weeks, 8-9 sessions</td>
<td>3 absences</td>
</tr>
<tr>
<td>4 weeks, 12 sessions</td>
<td>4 absences</td>
</tr>
</tbody>
</table>

* Students who are unable to complete the first PBL domain will be ineligible to continue in the PBL curriculum during that academic year unless their Block I basic science course grades indicate consistent mastery of content. This determination will be made by the PBL Director in consultation with the Assistant Dean (EL and GR) and Director (GR) of Preclinical Curriculum.

E. Preceptor-free PBL Sessions
   Beginning with the spring semester (the Urinary Tract domain), the preceptor will be present at only 2 of the 3 meetings each week. During the meeting without the preceptor, students will continue with the case analysis process using the routine steps (e.g., identifying cues, hypotheses, learning issues; recording the discussion; reviewing stimulus questions, etc.).

   The preceptor will notify the group about which days the students will meet alone. During the session prior to the preceptor-less day, the preceptor will give copies of the pertinent cases and the sign-in sheet to a student selected to lead the session. A different student will lead each session.

   The following procedure should be adhered to by all groups:
   1. Begin the session with the oral case presentation and a discussion of any learning issues from the case begun the previous session.
   2. Conclude PBL case from the previous session.
   3. Commence PBL case for the day. Refer to the Lecture/Lab/Case schedule and be sure to keep to the schedule.
   4. A second student, not the session leader, will record cues, hypotheses and learning issues for the new case. Email these to the preceptor and all students.

   The student leader will be responsible for submitting the sign-in sheet.

   The spring semester domains are all very challenging, similar to the fall term Heme-Neo domain in this respect. In order to promote everyone’s success, all groups must meet for the full hour and fifty minutes. We will “trust and verify” that all groups are complying with this requirement by spot-checking.

F. Auditing PBL Domains
   Students who have obtained PBL scores <80% are at risk for not passing the USMLE Step 1 exam. Therefore all extended students who have scored <80% on a PBL exam are expected to restudy the content of those domains during the additional time afforded by extension. The most reasonable way to do this is by auditing the course and participating in
the PBL process. Extended students who are not on Academic Review or Probation may prefer not to audit a domain they have already taken and passed, but rather to review the material independently and to take the end-of-domain exam for feedback. Approval to take an exam for feedback MUST be arranged by requesting permission from the BII Director (GR) or Assistant Director (EL).

Students who are on Academic Review or Probation are required to audit domains for which they scored below 80%, in addition to attending all PBL lectures for those domains. Students who are extended, no matter what their academic standing, may request to audit domains (including those in which they may have scored above 80%) for review purposes. In either case, students who audit a domain under these conditions do not reenroll or pay tuition for the course, since they have already received a P grade from the University.

**Auditing Guidelines**

1. **Required audit of domain**
   - same small group attendance and make-up requirements as enrolled students
   - full participation in all small group sessions
   - required attendance at lectures (attendance monitored)
   - completion of course evaluations and receipt of evaluation by preceptor
   - take the end-of-domain exam (for feedback only)

2. **Elective audit of domain**
   - full participation in all small group sessions
   - same attendance and make-up requirements as enrolled students
   - elective attendance at lectures
   - completion of course evaluations receipt of evaluation by preceptor
   - take the end-of-domain exam (for feedback only)

Having previously participated in the course, students who audit a domain should actively engage in discussion in his/her PBL small group, but in a manner that does not compromise the learning process for fellow students, e.g. “give away answers”. (See section “G” below).

**Obtaining Approval to Audit a PBL Domain**

Students electing to audit a domain must request permission from the PBL Director (GR) or Assistant Director (EL) at least one domain prior to the desired audit opportunity. This will assure that sufficient spaces are available in small groups, that preceptors and staff are notified, and that the correct number of exams are scheduled.

**Feedback Examinations**

Scores on feedback examinations are reviewed by faculty and administrators at the end of every domain. It is the expectation that students who take exams for feedback will prepare for and complete the examination. Faculty expect that students achieve a score of 85% or above on all examinations, including those taken for feedback, to demonstrate proficiency and preparation for the USMLE Step I examination and entry into Block III.

Students who score below 75% on a feedback examination will be required to write a letter of reflection to the academic team explaining the reason for the score. This letter should include a plan for future academic success. The student will also be required to attend an academic team meeting to discuss the plan and receive approval of it or discuss additional strategies for academic success.

As with any examination in CHM, students must follow the procedure for requesting an excused absence, should they be unable to attend the examination at the scheduled time. In this case, the policies regarding make-up examinations apply.
G. Small Group Conduct for Students with Prior Knowledge of Domain Content

It can be challenging to be a member of a PBL group during a domain in which a student already possesses a well-developed knowledge base, either through prior work experience or by having previously experienced the domain. What follows are some “tips” for guiding students in this circumstance during the group process.

1. Continue to participate fully.
2. This is an excellent opportunity to practice group leadership skills.
3. Be aware of your prior knowledge base and the effect that it may have on others.
4. Try to approach each case as a “new” one, whether it is or not.
5. Allow other students to contribute first.
6. Ask questions rather than state facts or opinions. (“Could this person have a subdural hematoma?” rather than “He has a subdural hematoma.”)
7. Do not “give the case away” prematurely.
8. Avoid giving “mini-lectures” or monopolizing conversations.
9. Avoid being too quiet for fear of appearing dominant. Find a good balance with which you are comfortable. You may seek guidance from your preceptor regarding this; ask for feedback.
10. Avoid suggesting what happened last year or what was on the test last year.
11. Listen a lot, contribute when the group gets off course, assist the group in adhering to the correct PBL process.

H. Make-up Assignment Policy for a PBL Absence or Tardiness

Missing more than 15 minutes of a PBL small group meeting will require the satisfactory submission of a make-up assignment according to the guidelines listed below. An example make-up assignment is available on D2L. The intent of this assignment is to help students learn and maintain the pace of the domain.

1. For all assignments, the discussion of learning issues or stimulus questions should be at least 1 page in length for each learning issue/stimulus question, word-processed and double-spaced. The learning issues chosen should be sufficiently substantial to meet these criteria and significantly contribute to the student’s learning. This task is to be done independently and not be a duplicate of the work generated by the group during the student’s absence.

2. For students who miss a complete PBL small group session, the assignment is as follows:
   - For the case that was begun on the day of the absence, list relevant cues, hypotheses and learning issues, and write up discussions of 3 of the learning issues.
   - If no new case is begun in the student’s absence, the assignment will be to write up either:
     - 4 stimulus questions from the case that is being concluded on the day of the absence. (Typically, this make-up assignment is incurred when a student misses the last day of a domain).
     - OR-

     A student who misses the last day of the domain, and starts a new domain the following Monday, may, at their discretion, choose 4 learning issues from a case started during Monday of the new domain.

     No listing of the cues-hypotheses-learning issues is required for this option.
   - Students who miss the first day of a domain will be required to submit a regular makeup assignment which includes listing of cues, hypotheses and learning
issues, and discussion of 3 learning issues, on the case begun on the first day of the domain.

3. For students who are **tardy to a PBL** small group session, the assignments are as follows:

   - When a student arrives more than 15 minutes late to a PBL small group, the make-up assignment will be determined according to how late the student arrives:
     - For students arriving 16 – 30 minutes late, they will write up the discussion of 1 learning issue from the case **concluded** on the day they were late.
     - For students arriving 31 – 60 minutes late, they will write up the discussion of 2 learning issues from the case **concluded** on the day they were late.
     - For students arriving 61 or more minutes late, they will write up the discussion of 3 learning issues **concluded** on the day they were late.
     - If a student arrives late for the first day of a domain, learning issues for the case started that day will be substituted for learning issues of a concluding case.

4. For students who **leave early** from a PBL small group session, the assignments are as follows:

   - The assignment will be determined by the time of departure prior to the completion of a 1 hour, 50 minute PBL small group session:
     - For students leaving 16 – 30 minutes early, they will write up the discussion of 1 learning issue from the case **started** that day.
     - For students leaving 31 – 60 minutes early, they will write up the discussion of 2 learning issues from the case **started** that day.
     - For students leaving 61 or more minutes early, they will write up the discussion of 3 learning issues from the case **started** that day.
     - If no case was started on the day that the student left early, learning issues for the case concluded, or continued, that day will be substituted for learning issues of a starting case.

**NOTE:** Students who come to PBL small group late, or leave PBL small group early, will NOT need to write up cues, hypotheses and learning issues for the case, only the learning issue(s) discussion(s).
5. Format for PBL Make-Up Assignments

Group: 10
Domain: Urinary Tract
Date of Absence/Tardiness: February 2, 2014
Nature of Absence or Tardiness: Missed full session or > 60 minutes late; 16–30 minutes late; or 31 – 60 minutes late
Date Due: February 6, 2014
Date Submitted: February 4, 2014
Case: Sarah Breen

CUES:
• Cue
• Cue
• Cue
• Etc.

HYPOTHESES:
• Hypothesis 1
• Hypothesis 2
• Hypothesis 3
• Etc.

LEARNING ISSUES:
• Learning issue 1
• Learning issue 2
• Learning issue 3
• Etc.

Each learning issue should be phrased as a complete sentence.
The assignment must follow the format shown above or it will be returned to the student for revision and resubmission.

5. Learning Issue/Stimulus Question Discussions:
The learning issue/stimulus question discussions must be “integrative” - they should each draw on content from at least two disciplines and two sources (e.g., Robbins and Sherris; Path lecture and Robbins). It is strongly encouraged to use material from reference sources that are listed in the domain readings. These reference sources MUST be cited for each of the learning issues/stimulus questions. Please include page numbers for the source used.

SOURCES USED – List sources used to study chosen Learning Issue/Stimulus Question #
Submission of original and independent student work (paraphrased lines, outlines, summaries, tables, bulleted or enumerated lists, etc.) is necessary. This should represent a synthesis of material (i.e., taken from different basic science disciplines) that was reviewed to answer the learning issue or stimulus question; should relate the learning back to the specifics of the case (e.g., reprioritizing the hypothesis list, suggesting specific cues/data that would support or not support a hypothesis); and should take up the bulk of the time in preparing the assignment.

Any direct quotes must be presented in quotation marks or italics with page references provided in parentheses immediately following the quoted...
material. Direct quotes should be used sparingly, if at all, and only as support for the student’s work. They should not take the place of it.

See the example make-up assignment in D2L in the folder labeled “Example PBL make-up assignment” found in the “Make-up Assignments” folder for that domain.

6. Submission of PBL Make-Up Assignments and Due Dates
The final draft of the assignment must be uploaded to the make-up assignment dropbox for that case within 4 calendar days of the absence. The dropboxes for each case in the domain are found in D2L, in the “Make-up Assignments Dropboxes”. The due date will depend upon the day of absence:

For all assignments:
Students who miss Monday: due by 11:59 p.m. Friday
Students who miss Wednesday: due by 11:59 p.m. Sunday
Students who miss Friday: due by 11:59 p.m. Tuesday

For due dates that include holidays:
The assignment is due by 11:59 p.m., 4 calendar days after the missed PBL session, using the same definition articulated above.

All make-up assignments must be submitted by the due date unless they have secured an administrative extension for a compelling reason. There will be no exceptions.

I. Frequently Asked Questions about PBL

How will I know what will be on the exams?
At the beginning of the first three domains, you will receive a Domain Content List. This list will describe the basic science content that you need to master in the Domain. As the year progresses, some Content Lists will gradually become less specific about what you need to learn. This is by design so that you become accustomed to developing your learning agenda with greater independence, which is similar to how you will learn during your clerkships in Block III. You will also be provided with a list of required and supplemental resources. Exam questions will be drawn from required resources, lectures, lab and team-based learning experiences, and cases.

What is the role of the preceptor during PBL?
The preceptor’s primary task is to maximize the group's efficiency and productivity. The primary responsibility for contributing ideas to the group discussion rests with the students, not with the preceptor. The group should see itself as being student-centered rather than preceptor-centered. With time, student members of the group will find themselves talking to each other, rather to the preceptor. The preceptor will work to keep the group on focus -- the focus being the discussion of cases and content. The preceptor will help the group set its agenda and monitor group performance. From time to time a few minutes will be set aside to review the “group’s performance”. This debriefing should address how you are doing as a group and as individuals (students and preceptor). Be honest, recognize problems that exist, and cooperate to find solutions. Remember, your group will spend a long time together. It is important to know that the preceptors have been trained in the process of facilitating group discussion and that their aim is to make the process intellectually stimulating.
The preceptor is NOT there as an expert teacher or lecturer. The preceptor will be there as guide, or advisor, but the students are the center of the activity. Groups should function (get started, set the agenda, discuss, finish up, plan next steps) without major assistance from the preceptor, who is responsible for evaluating the performance of each student in a PBL group. The goal of the preceptor in this area will be to help each of you improve your work with the group and with PBL.

**Does our PBL group and preceptor remain together for the entire year?**
During the PBL year, you will be in two different groups and will work with multiple preceptors. You will be with one group for the fall semester and another group for spring semester. No preceptor is scheduled with the same group for more than one domain. The frequency with which the preceptor meets with the group also changes. During the Fall semester domains, the preceptor will meet with the group for all three sessions each week. Beginning with the Spring semester (the Urinary Tract Domain), the preceptor will be present at only two of the three meetings each week. During the meeting without the preceptor, the students will continue with the case process using the routine steps. One of the overall goals of the PBL process is for the groups to learn to monitor and facilitate their own progress. While this will seem awkward at first, you will solve this problem too. Help is available, if necessary (See Academic Support).

**Can our group change our meeting time/day/place?**
No! All groups must meet at the assigned place and time, unless, at the request of the preceptor for a compelling reason, prior approval has been given by the PBL Office.

**What are some Basic Rules of Group Process?**
Certain rules should govern the conduct of students within the PBL groups:

- All students should be given the opportunity to participate and be encouraged to participate.
- No student should be interrupted by another student and only one person should be speaking at a time.
- All ideas presented in the group should be received with respect by group members; no idea or question should be seen as inappropriate or too basic.
- The process of learning in small groups invariably means that there will be disagreement. However, disagreement should invoke mature and reasoned discussions of the issues consistent with the goals of Block II.
- All students should meet the group’s expectations regarding preparation for meetings, attendance and punctuality.
- The PBL case discussion process, use of whiteboard or electronic means for documentation, and a case reader must be respected.

**Is Attendance at PBL Groups Required?**
Yes. A make-up experience is necessary whenever a student does not attend a small group session. Please see the relevant sections in the “Course Professional Conduct Policies and Procedures” for information regarding anticipated absences, compelling reasons for absence, unanticipated absences, and make-up assignments.

**What if I need faculty guidance?**
The faculty for each domain are listed in the PBL Course Pack as the Curriculum Development Group; this list is also available in the D2L web-based course materials for each domain. In some instances, students or small groups of students will want to seek out a faculty member to answer questions that arise. Faculty are often available at lectures and labs. All faculty are available on electronic mail (See individual domain course packs). All
questions sent to a faculty person should be copied to the domain’s Curriculum Development Group (CDG) chair.

**What do I do if I am concerned about my preceptor or the way that my group is functioning?**

Students who have group concerns should try to work them out initially in the group if possible. However, sometimes this cannot be done comfortably or is not feasible. Under these circumstances, it is important to contact the PBL Director/Assistant Director as soon as possible so that intervention to improve the situation can occur. The administration will take student concerns very seriously and attempt to resolve group problems quickly. Not all groups will function optimally and it is important that administrators find out about problems in a timely fashion so that they can be promptly addressed.

**Can I see an example of a PBL make-up assignment?**

The example below represents a PBL make-up assignment that meets expectations. This is a slight modification of an actual example that was used with the student’s permission.

| Group: | 1 |
| Domain: | Cardiovascular |
| Date of absence: | March 18th, 2014 |
| Nature of absence: | Missed full session |
| Due Date: | March 22nd, 2014 |
| Date Submitted: | March 22nd, 2014 |
| Case: | Carol Keiko MacDonald |

**CUES:**
- 25 year old female
- “got so mad I fainted”
- Hx of single syncopal episode, 1 year ago (also angry at the time)
- Hx negative for CAD or recreational drugs
- S-2 physiologically split
- Clear CXR
- Long QT interval on EKG
- Otherwise very normal PE
- Holter monitor → short, recurrent episodes of torsade de pointes
- One nighttime episodes evolved into Vfib and spontaneously resolved after 1.5 minutes
- EKG findings…

**HYPOTHESES:**
- Long QT syndrome
- Arrhythmia secondary to drugs, electrolyte imbalance?
- Valvular disease (eg: MR) → hypertrophic L atrium → arrhythmia
- Broken heart syndrome
- Pheochromocytoma

**LEARNING ISSUES:**
1. What is the common pathophysiology behind syncope and what conditions lead to syncopal episodes?
2. What is the physiological explanation for a split S-2 – with what pathology is this finding usually associated?
3. What is the pathophysiology of “long QT syndrome”, what are its characteristic EKG findings, and is it genetically inherited?
4. What is a holter monitor?
5. What is postural hypotension and what is the body’s natural response to standing?
6. What is the pathophysiology behind torsade de pointes and what is it’s connection to long QT syndrome?
7. What conditions lead to arrhythmia or predispose patients to arrhythmias?
8. Could Carol have some valvular disease and, if so, how would this be connected to her symptoms?
9. What pharmacologic interventions are commonly used with patients presenting with Carol’s symptoms, or torsade/long QT in general?

SOURCES USED for learning issue # 1:
- Student Coursepack, HM515: Cardiovascular Domain, MSU-CHM, 2014

STUDENT’S SYNTHESIS of learning issue #1: What is the common pathophysiology behind syncope and what conditions lead to syncopal episodes?

Syncope is a pathological process that we have discussed previously this year, as the drop in systemic blood pressure that usually precedes it can often be attributed to a variety of sources and organ systems. Most basically, syncope is a brief, transient loss of consciousness and muscle tone that results from impaired oxygen delivery to the brain. The most obvious explanations for syncope are often, then, cardiac in nature and are discussed thoroughly both in our lectures and texts for this domain.

Dr Wagner begins her lecture centered on this topic of cardiac arrhythmia and syncope with the explanation that syncope results from decreased cardiac output and therefore underperfusion of the brain, its one of the cardinal signs of cardiac disease. (CP, 261). She also notes that our patient, Carol, has presented with the most common picture of vasovagal syncope with she further defines as:

- neurocardiogenic syncope
- young, otherwise healthy individuals
- prodrome of dizziness, nausea, pallor
- induced by prolonged standing, noxious stimuli, fear, exertion
- typically of short duration, as supine position blood flow (CP, 259).
From our discussion regarding this case in PBL, we noted a number of potential underlying causes from which there might be reduced blood flow to the brain including (but certainly not limited to):

- stenosis of the carotid arteries due to atherosclerosis
- dysfunction of the autonomic control of SVR as in the case of orthostatic hypotension
- dysfunction of the actual heart muscle as in left sided heart failure or fibrillation of either the left ventricle of the left atria

Lilly discusses syncope as a prominent finding with hypertrophic cardiomyopathy – adding that *in patients with outflow tract obstruction, syncope may also be induced by exertion, when the pressure gradient is made worse by the increased force of contraction, thereby causing a transient fall in cardiac output* (Lilly, 262). It makes sense with HCM and a variety of other conditions that any transient impairment of cardiac output can always put patients at risk for syncope.

**SOURCES USED for learning issue # 2:**
- Student Coursepack, HM515: Cardiovascular Domain, MSU-CHM, 2014

**STUDENT’S SYNTHESIS for learning issue #2: What is the physiological explanation for a normal or physiologically split S-2? What pathology induces a “paradoxically split” second heart sound?**

The physiologic splitting of S2 was discussed early in this domain, in Dr. Sparks’ first set of lectures on cardiac physiology. In his lecture we discussed how the second heart sound can be split normally in healthy patients as well as paradoxically in other patients with heart disease.

Dr. Sparks explained that *normally A2 and P2 are simultaneous during expiration, but during inspiration A2 occurs first because P2 is slowed* – the pulmonary vasculature is actually expanded by the pressures generated by inspiration, and the pulmonary valve then takes longer to close. In patients with increased afterload, however, such as in AS or HTN – *S2 is paradoxically split. A2 occurs second during expiration.* This occurs because with AS or HTN the LV needs to pump harder and,
more importantly longer, in order to eject the normal amount of blood through a stenotic aortic valve – hence the aortic valve closes later and S2 in split (CP, 50).

Lilly offers a concise and easily understood explanation of the normal or physiologic splitting:

*Expansion of the chest during inspiration causes the intrathoracic pressures to become more negative... this transiently increases capacitance of the intrathoracic vessels. As a result, there is a temporary delay in the diastolic “back pressure” of the pulmonary artery responsible for closure of the pulmonic valve. Thus, P2 is delayed; that is, it occurs later during inspiration than expiration* (Lilly, 33).

**SOURCES USED for learning issue # 5:**
- Student Coursepack, HM515: Cardiovascular Domain, MSU-CHM, 2014

**STUDENT’S SYNTHESIS for learning issue #5: What is postural hypotension and what is the body’s natural response to standing?**

To begin most generally, postural or orthostatic hypotension – as it has been described to us in our Clinical Skills courses – is defined as, I believe, a drop of > 20 mm Hg in systolic BP accompanied by a drop > 10 mm Hg in diastolic BP upon rising from a supine position.

From our discussions in previous domains as well as along with this case in PBL, we came to the general consensus that in inciting event in orthostatic hypotension is that upon rising, blood immediately moves to the more dependent portions of the venous system – in the lower extremities. This transiently reduces venous return to the right heart and, eventually, cardiac output.

Again in his early lectures on cardiac physiology, Dr. Sparks explained the normal mechanism for returning pressure to normal levels is sensed and acted out initially through the baroreceptor reflex:

*Dec. arterial BP → Dec baroreceptor stretch (and firing rate) → Inc SNS tone → Inc SVR → Inc BP.*

*This SNS tone also → B1 receptors on the heart → Inc HR → Inc CO*
In patients with orthostatic hypotension, some or many parts of this mechanism may be impaired, preventing them from rescuing their BP after the transient drop that results from standing. The most prominent outcome from this defect is syncope, which was discussed in an earlier learning objective. Uptodate adds that orthostatic hypotension is increasingly common with age, and poses a serious risk to elderly patients who are already at an increased risk of fall-related injuries due to impaired balance and also decreased density of their bone. This type of hypotension is a major problem in the aging patient population (Uptodate.com).
CONTENT EXAMINATIONS, SMALL GROUP PERFORMANCE AND GRADING

I. Content Examinations
   A. Examination Policies and Procedures

   Michigan State University has established policies on the integrity of scholarship and grades (“All University Policy on Integrity of Scholarship and Grades”). CHM follows these policies as well as those prescribed in the document on “Medical Students’ Rights and Responsibilities”. The faculty has the responsibility to insure the integrity of scholarship and grades. In order to facilitate the performance of this responsibility, several specific policies are followed:

   1. General Policies for both Paper and Computerized Examinations

      Note: Every attempt is made to follow the same procedures for testing as will be followed during Block III and during the USMLE Step 1 examination.

      a. Students will be asked to attest to following principles of academic integrity during the examination.

      b. Exams will be proctored according to a proctor/test taker ratio of 1/25 with at least one faculty member and at minimum one proctor of each gender.

      c. Times of exam admission:

         Students will be admitted to the examination 20 minutes before the exam begins. Exam entry doors will be closed 5 minutes prior to the posted start time of the exam. This is to allow administrative time to communicate examination instructions, for filling in scantrons, and for logging in and downloading exams in the case of computerized exams.

      1. Definition of arrival time:

         a. Arrival time is defined by cell phones rather than watches or wall clocks.

         b. If a student who is thought to arrive late can demonstrate to the proctor that his/her personal cell phone demonstrates an on-time arrival, s/he will be admitted to the examination. If the student did not bring a cell phone to the examination, the time will be defined as the time that appears on the chief proctor’s cell phone.

         c. Late arrivals will not be admitted to examinations. In cases of disputes, the faculty proctor will be contacted.

      2. Procedure for tardy arrivals:

         Refer to the document entitled “Absence From or Tardiness to Examinations or Required Experiences”.

         d. Upon entering the examination room, proctors will require students to present picture identification (e.g., student ID, driver’s license).

         e. Food and drink items must be deposited on a table outside the exam room.

         f. After check-in, deposit all watches, books, notebooks, backpacks, outerwear, head wear, and electronic devices of any kind in the designated area.

         g. Cell phones MUST be in the off mode and must be placed with other personal belongings in the designated area.

         h. Students will not be allowed to access personal belongings during the exam.

         i. Food or beverage “breaks” may be taken during the exam, but will be “counted” as part of the exam administration time.

         j. Students who want to take a break for food, drink or restroom must raise their hand and be accompanied by a proctor. Only one student may leave the examination room at a time.

         k. Students who need a restroom break will be accompanied into the restroom by a proctor of the same gender.
I. If at any time during the exam a student feels physically unable (e.g. extremely nauseous, dizzy, or otherwise acutely ill) to continue the exam, the student should raise her/his hand to summon a proctor, who will excuse the student from the examination. The student must then submit the form entitled “Request for Approval of Absence from Examination or Required Experience” and speak to the course curricular assistant, who will arrange for a make-up examination.

m. Students must refrain from distracting behavior such as toe or pencil tapping, finger drumming, thinking out-loud. Students engaged in such activity will be instructed to discontinue it and if the behavior continues, to turn in their exam and exit the room.

n. Suspicious behaviors such as looking around the room, at others’ answer sheets or computer screens, etc. must be avoided. Exam proctors have the responsibility to address such behaviors during examinations. If this occurs, a faculty proctor will be called to intervene, who will address the problem with the student, document it, and contact the Assistant Dean/Director of Preclinical Curriculum, whereupon an investigation of the facts will be conducted and a meeting with the student arranged. If the behavior cannot be explained to the satisfaction of the course director and the administrator, a penalty grade for the course will be assigned by the course director.

o. Students who have completed the exam will be allowed to leave the exam room until 10 minutes before the end time to the examination. The final decision regarding this policy is in the hands of the course director, and if different, this information will be in the course protocol. In the event the course protocol differs from CHM policy, the course protocol takes precedence.

p. Exam Review
1. The primary purpose of the exam review is for student learning.
2. Students must bring a copy of their answer sheet to an examination review.
3. Master copies of the exam will be posted on the walls of the room for review of individual items. Student interaction during this time is encouraged.
4. To ensure security, students will not be able to copy exam questions or answers. In addition, no cell phones, PDAs, or other recording devices are allowed during exam reviews.
5. Students who have not yet taken the examination may NOT attend the exam review for any reason.
6. There are defined opportunities to review an exam to provide feedback that will be used in determining the final examination grade. Students should refer to the course protocol for these.
7. Students discovered copying questions or taking photos of them will be charged with a violation of academic honesty.
8. Students are encouraged to bring their course packs and textbooks to the exam review. Laptops may be used in designated areas, but only to access online resources. Email may not be used during student exam reviews, nor may electronic notes be taken.
9. Any breach of these exam review policies will be considered an act of academic misconduct.

2. Policies Specific to Paper Examinations
   a. The examination will be distributed (at the seats), along with a scantron (bubble sheet) and an empty envelope, prior to students entering the room.
proctor will assign specific seating to students upon check in. Do **NOT** turn over the exam until instructed to do so by the lead exam proctor.

b. Simple, arithmetic calculators may be provided for use during the exam sessions that require solution to numerical problems.

c. Do not open the exam booklet until instructed to do so by the proctor. Students may, however, begin filling in the scantron (name, PID, etc.) as soon as they are seated. **It is highly recommended that this be done, insuring the maximum time for taking the exam itself.**

d. When prompted to turn over the exam and begin, the student should **put the exam form number/letter on the scantron and her/his name on the exam cover page.** This signifies agreement to adhere to the policies of academic honesty.

e. It is the responsibility of the student to fill out the bubbles of the scantron correctly with respect to name, PID, exam form, as well as exam answers. **Scantrons without the necessary identifying information, including name, PID, and exam form may not be graded.**

f. The scantron is considered the official answer sheet and will be the document that is scored. Exam booklets will **NOT** be scored for any reason. The submitted bubble sheet is considered the student’s final response and may not be altered or adjusted for any reason after the examination is handed in.

g. At the announcement of the examination end time, the examination and scantron must immediately be placed into the provided envelope. **ANY alteration of the scantron after the end time for the examination has been announced is strictly prohibited.** Monitors will be present to enforce this policy. A student caught violating it will have his/her scantron collected and the student’s behavior reported to a CHM administrator. Under most circumstances, the incident will be considered an act of academic dishonesty with consequences according to policies of the College, including the assignment of a penalty grade for the course.

h. **After the exam:**
   1. Examination answer keys are usually posted at a time and place specified by the course director, but often on the course website.
   2. Students’ scantrons are scored by CHM at each campus. Item analysis data are provided for determining test item validity. Course directors may then drop items, accept alternate answers, and/or have the examination rescored. This process for finalizing exam results may take several days and students will be notified by e-mail when results are available.
   3. Each student will receive an individualized report of his/her examination performance after the exam. On it, a student will see the correct answer and her/his answer to each question. **If the PID was omitted or incorrect on the submitted scantron/bubble sheet, no report will be issued.**
   4. Questions regarding examinations should be directed to the course director.

i. **Exam review:** Exam reviews will be held on predetermined dates, which will be noted on the course and/or college academic calendar. See A1p8 above regarding what can be brought into the exam review room. Refer to the course protocol for each course for other important policies, which may vary by course.

3. **Policies Specific to Computer-Based Testing**
   a. Calculators will not be supplied as one is available embedded into the software.
b. To allow time for the exam, students must be checked in no later than 5 minutes prior to the start of the exam and may not leave the testing center after checking in.

c. Students will be assigned a computer station or a numbered desk prior to the examination. Once at the assigned station the computer may not be used for any purpose other than taking the exam.

d. Log-in codes are supplied to students prior to the examination. Proctors do not have access to login information. Students who are unable to remember their login code will be excused from the testing center by a proctor. The student should then:
   1. follow the “forgot password” procedure with ExamSoft
   2. submit the form entitled “Request for Approval of Absence from Examination or Required Experience” and
   3. contact the course assistant, who will arrange for a make-up examination.

e. Students will not be able to begin the examination until given an access code. The proctor will begin the examination by reading the instructions, followed by the access code.

f. Each student will be given a dry erase board and dry erase marker, upon which notes can be made once the exam starts. If additional space is needed for making notes, the student should raise her/his hand, and a proctor will collect the filled board and replace it with a clean one. Do not erase the boards.

g. The ExamSoft program presents a 2 minute warning “window” prior to the end of the exam time. The ExamSoft program allows the student to set an additional alarm if preferred. If a student finishes the exam with less than 10 minutes in official time remaining s/he will be required to remain at the assigned exam station. The computer may not be used for any reason during this time.

h. The ExamSoft web site has a section of Frequently Asked Questions that should be reviewed by all students.

i. After the Exam
   1. Students taking computerized tests will be able to review initial scoring at noon on the exam day by logging into the ExamSoft website. Individual responses to the questions will be printed by staff and available to pick up at Exam Review.
   2. Students who do not attend exam review may obtain their individual examination answers through the ExamSoft website.
   3. PBL examinations – initial student review
      a. An examination review opportunity for each domain will usually be conducted at 12:30 - 2:30 p.m. for both campuses on the Monday of the examinations. Refer to the Block II Semester Calendar for review locations and note specific time changes that occur around holidays.
      b. There is only one opportunity to review the exam and provide feedback that will be used in determining the final examination grade.
      c. Refer to section A1p8 above to determine what items can be brought into the exam review room.
      d. Procedure for the PBL exam review:
         1. A “PBL Exam Review Form” (comment card) will be available at the exam review to record any comments about specific items.
2. Only 1 question per comment card will be considered. If more than one question appears on a form, only the first question will be considered.

3. It is necessary to record the question identifier from the exam key, e.g., 528PTH21. Review forms that do not have accurate identifiers will be discarded.

4. Students should write comments regarding the identified question on the review form. Be as specific as possible. Reference pages in textbooks, etc., should be listed.

5. During the large-group student exam reviews the afternoon of a domain exam, it is critical that a high level of exam security be maintained. The only writing permitted during these exam reviews will be completion of the comment cards that are submitted at the review. There will be no other writing during the large group student exam review.

6. **Final faculty review / final domain score**
   a. Student feedback and item statistics will be reviewed by the course director, CDG members, and administrative faculty. Additional answers to an item may be accepted based on this analysis. Points are never taken away from students during this adjustment.
   b. Once faculty have determined the final score for the domain, individual student scores will be sent to each student. **At this point, the exam score is considered final and will not be adjusted further.** This process will be completed by Friday of exam week.
   c. Each student’s PBL test score is shared with her/his small group preceptor for each domain. The preceptor sees only the scores for the students in her/his small group and only for the domain she/he precepted. This information provides valuable feedback for her/his performance as a preceptor.

4. **PBL Make-up and remediation examinations – review policies:** All items on make-up and remediation exams are taken from a question pool and have already undergone a thorough review process by both students and faculty. Therefore, **PBL Exam Review Forms for make-up or remediation exams will not be made available, nor accepted.** All grades are considered final.

5. **Individual student opportunities for exam review in PBL**
   a. Once exam scores are finalized as defined above, it is possible for individual students to review their examinations, whether passed or failed. For ANY individual exam review students must bring their own copy of their answers to the review.
   b. Arrangements for individual exam review must be made by contacting the Block II Coordinator in the student’s community at least 2 class days prior to the date of intended review.
   c. Just as with the large group exam review experience, students are not allowed to bring cell phones, PDAs, or any other recording devices to individual exam reviews.
   d. Students are not allowed to take notes, copy questions, or do any writing during an individual exam review.
   e. However, it is recommended that content lists be highlighted during the exam review to note areas that may need more study.
f. Students discovered copying questions or taking photos will be charged with a violation of academic honesty.

g. Guidelines for specific types of individual exam reviews:
   1. Immediately after an examination has been given
      a. Students have the opportunity to review their examination within 2 weeks after the examination was given.
      b. Exam review using this mechanism must be done by appointment, individually, and in the presence of OPC staff or faculty.
      c. The total cumulative time spent on the review cannot exceed the time originally allotted for the exam.

   2. Exam review of a prior exam when taking a course for a second time
      a. Students taking a domain for a second time may review the last exam taken starting the first day of the domain that is being repeated and up to 1 week before the next domain test. This policy applies whether or not the exam has been reviewed previously.
      b. The time spent on the review during the repeated domain and before the domain test cannot exceed the time originally allotted for the exam.

   3. Exam review of a prior exam before a remediation examination
      a. Students taking remediation examinations may review the last exam taken in that domain from the day of the failed examination up until one week prior to the remediation examination.
      b. The total time spent on the review for the remediation examination cannot exceed the time originally allotted for the examination.

   4. Exam review with a faculty member
      a. Students may review an examination with a faculty member by appointment; time allotted is at the discretion of the faculty member.
      b. Grades cannot be changed. Review of questions with faculty is solely for learning purposes.

II Grading Policies
A. Grading System:
   The CHM grading policies are detailed in the Student Performance Handbook but will be summarized here. Criteria for these grade marker assignments will follow the academic guidelines of Michigan State University which can be found at http://www.reg.msu.edu/AcademicPrograms/Text.asp?Section=112#s521

   • P (pass) indicates that the student has successfully met all course requirements including achieving the specified pass level on an evaluation
   • N (no pass) indicates the student has failed to meet course criteria.
   • CP (conditional pass) indicates that the student has completed all course requirements but has not achieved the overall pass level on an evaluation or has met most but not all the course objectives. The use of the CP grade is up to the course director, and is not used in all Block I courses.
   • ET (extended) indicates that there are administrative reasons why course requirements cannot be completed when a grade is due at the end of a semester. For example, students enroll in HM581 (Mentor Program) during the fall semester, but a final grade is not given until the summer semester. Students will receive an ET grade in HM 581 for fall
semester. Upon successful completion of HM 581 in the summer semester, the grade will be changed to a “P”.

- An I (incomplete) grade marker is assigned due to a student illness or other compelling reason and may be given only when these three criteria are met:
  - The student has completed at least 6/7 of the course,
  - The student has performed satisfactorily up to the point of having to leave the course, and
  - The course director has reason to believe that the student can complete the required work without repeating the course.

All of the above grades are permanent markers on a student’s official transcript with the exception of the ET grade, which must be resolved prior to entry into the Clinical Curriculum.

CHM uses a criterion-referenced system (performance based) of assigning grades and a pass/no pass system of grading. Since grades are not curved, students do not compete against one another.

B. Block I

1. Students should consult and familiarize themselves with each course’s protocol for its statement regarding attendance requirements, make-up examinations, pass levels, item review policy, and weighting of examinations for the purpose of determining final course grades. In general, to achieve a P grade, the student must record a cumulative score of 75.0% in courses in which examinations are given. The above noted issues are solely the right and responsibility of the course directors. Any changes to the protocol may be done only by the course director, who will notify the students, usually on the course D2L site.

2. Courses with small groups adhere to the policies for small group evaluation defined in the section of this document entitled “Small Group Performance and Grading”, unless otherwise specified in the course protocol.

3. Students receiving an N or CP in Block I may be able to remediate their deficiencies according to the detailed remediation policy in the course protocol. The general policy to which all courses conform is described in Section IV below. In some cases, progressing to the next phase of course work may be halted until a given deficiency is removed.

C. Block II

1. Courses with small groups adhere to the policies for small group evaluation defined in the section of this document entitled “Small Group Performance and Grading”, unless otherwise specified in the course protocol.

2. In courses using performance criteria based all or in part on percentages, an overall score of 75.0% or above (not rounded up from less than 75%) represents a passing score. A student who meets this criterion, and who has successfully met the remainder of the course requirements, will receive a P grade marker for the course.

3. In courses using performance criteria based all or in part on percentages, a student who does not achieve an overall score of 75.0% will receive a CP grade marker if s/he has successfully met all of the other course requirements, and an N grade marker if other course requirements have not been met.

4. In courses not using percentage criteria for passing, a student must successfully complete all course requirements to receive a P grade marker. Assignment of CP and N grade markers in these courses is left to the discretion of the course director.

IV Course Deficiencies

Students who have a course deficiency at the completion of a term because of a need to take examination(s) for the first time will be assigned either an “I” grade or an “ET” grade, depending on
the course. In either case, the expectation is that the student will make up the outstanding examination(s) on the earliest possible remediation date. The completion of course deficiencies takes precedence over remediation attempts.

V Remediation

Remediation is a process whereby a student who has received a deficient grade (CP or N) can earn a passing grade for the course. The policies listed below were developed for the basic science courses, but in some cases may be superseded by CHM policy, as indicated in the course protocol. The remediation policy applies specifically to the use of options for remediation other than repeating the course.

A. General

1. A student who successfully remediates a CP grade will receive a CP/P grade for that course. A student who successfully remediates an N grade will be automatically re-enrolled in the course the following year, and will receive a P grade for the second enrollment. Course repetition is not needed, but the student must still pay tuition for the course.

2. The contact person for discussing options for remediating multiple exams, or questions about the remediation process is the Block Director/Assistant Director initially with some decisions referred to the CHM Assistant Dean/Director of Preclinical Curriculum.

3. Remediation will often, but not always, be by examination. In some cases, the student will be required to write an essay or report in order to remediate a course.

4. Please note that not all courses offer a remediation option for non-passing grades. Remediation requirements are set by the course director and will be outlined in the course protocol.

B. Block I - Remediation Policy for Block I Courses

1. Students will not be permitted to avoid receiving a deficient grade by completing remediation examinations prior to issuance of the deficient grade. If the remediation experience is scheduled and completed prior to the end of the semester in which the deficiency is earned, the deficient grade must still be recorded. The records officer records the grades as per the above guidelines.

2. Remediation dates will be predetermined and placed on the semester schedule and in the course protocol for each course. In general, remediation exams for all courses will be scheduled
   a. at a date prior to, or on, the first day of classes of the subsequent semester,
   b. during spring break,
   c. the week after the end of the summer semester, and
   d. the week before classes start in the fall. All students are required to take the earliest remediation exam offering unless the later date is authorized by college administrators or the student receives an excused absence (according to college policy) for the earlier exam.

3. A student with three outstanding CP or N grades at any time must extend his/her curriculum and should arrange to meet with the appropriate college administrator to discuss options.

4. A student needing to take two remediation exams must take both exams during the earliest remediation period.

5. The schedule for remediation exams in Block I is published in the handbook. The course assistants will arrange for the time and location of the examinations and notify students.
6. Students who do not pass the remediation examination for a given course will need to meet with their Block I Director/Assistant Director for advice about next steps.

7. Faculty may occasionally establish and approve other means besides examinations for students to remediate course deficiencies. These may include, but not be limited to, enrollment and successful completion of an alternate course at MSU or elsewhere. The alternate course must be approved by the course director who will be notified of the student’s performance in the course.

8. By necessity, most remediation examinations are scheduled during breaks. An excused absence will not be issued for optional travel, including international travel, even if arranged far in advance. Students who do not sit for a scheduled remediation examination on the assigned date and who do not have a valid excused absence will receive a 0% for the examination.

C. Block II

1. Non-PBL Courses

Remediation policies are as listed in the “General” section above. Specific procedures are left to the discretion of the course director and will be listed in the course protocol.

2. PBL Courses

a. CP-Remediation Examinations

   1. General

      a. A CP grade is issued when a student fails the first attempt of any end-of-domain exam
      b. CPs must be remediated during the academic year in which they occur
      c. CP grades are remediated by taking an examination similar in nature and content to the first end-of-domain examination
      d. A student who has two outstanding CP grades is placed on Academic Review
      e. A student with three outstanding CP and/or N grades in the PBL curriculum must extend his/her curriculum
      f. A student who passes a CP-remediation examination will receive a grade of CP/P on his/her official transcript.

   2. CP Grade Remediation Examination Options:

      a. If a student has ONE outstanding CP grade:
         Take the CP-remediation examination at the first available offering
      b. If a student has TWO outstanding CP grade(s), two options exist
         1. Take both CP-remediation examinations at the first available offering.
         2. Extend his/her curriculum. In this case, at least one examination must be taken at the first and each subsequent remediation offering.
      c. If a student obtains THREE outstanding CP and/or N grades
         1. The student must drop his/her current domain and extend his/her Block II curriculum
         2. A minimum of one remediation examination must be taken at the first offering; the other(s) can be deferred to the subsequent remediation date(s) available as approved by the academic team. At least one examination must be taken at each subsequent remediation date.

   All examinations must be remediated before the start of the next academic year according to the exam remediation dates scheduled. If not, the student will receive a zero for the examination.
3. CP-remediation examination dates for Block II
   a. By necessity, most remediation examinations are scheduled during breaks. An
      excused absence will not be issued for optional travel, including international travel,
      even if arranged far in advance. Students who do not sit for the CP remediation
      examination on the assigned date and who do not have a valid excused absence
      will receive a 0 % for the examination and a CP/N grade for the course.
   b. The schedule for remediation exams in Block II is published in the handbook in the
      “Dates to Remember” document. The course assistants will arrange for the time
      and location of the examinations and notify students.

b. Policies Regarding N Remediation Examinations in PBL
1. General Policies
   a. A student who does not receive a minimum of 75.0 % on a CP-remediation
      examination is issued a CP/N grade.
   b. In general, students who take an N remediation examination must have a period of
      time to study equal to the length of the PBL domain (equivalent to repeating the
      course using independent study criteria). Exceptions require the approval of the
      Assistant Dean/ Director of Preclinical Curriculum.
   b. N grades may be remediated by taking an “N-remediation examination” that is
      similar in nature and content to the end-of-domain examination, but will differ from
      both the original exam and the CP remediation exam.
   c. A student who passes an N-remediation examination will receive a grade of CP/N
      on his/her official transcript for the academic year in which s/he was issued the N
      grade and a grade of P when the course is offered again the following academic
      year. That is, the transcript will indicate that the student failed the course in the first
      academic year and “retook and passed” the course the following academic year.
      Students will be required to enroll for the course in the following academic year and
      pay for the credits.

2. N Grade Remediation Examination Options:
   Note: A student is eligible to take an N remediation examination only if s/he is
   scheduled to enter Block III in the fall of the same calendar year.
   a. If a student has ONE N grade, two options exist
      1. Extend his/her curriculum and repeat the domain the following year.
         A student choosing this option will have two opportunities to pass the end-
         of-domain examination in the following academic year. That is, s/he will
         have an opportunity to take a CP-remediation examination if s/he fails the
         initial end-of-domain examination
      2. Take an N-remediation examination at the end of the Block II academic year in
         which the N grade was acquired.
         a. Unless approved by the Assistant Dean/ Director of Preclinical
            Curriculum a period of independent study equal in length to the course
            or domain being remediated will be required prior to taking an N
            remediation examination.
         b. The student will meet with a representative of the academic support
            team to review weaknesses displayed on the initial examinations and to
            review learning materials. These will include defined readings,
            lectures, course pack review, etc. The student will also be offered
            tutorial support.
c. N remediation dates can be found at the beginning of this manual in the “Dates to Remember” document.
d. If a student fails an N-remediation examination s/he must extend his/her curriculum and retake the course the following year. At the completion of the repeated course the student will have only one opportunity to pass the end-of-course examination. If s/he fails the end-of-course examination s/he will receive a second N grade for the course*. The rationale for this is that either method of remediation provides a student a total of four opportunities to pass the course twice.  
* This in turn will precipitate a Suspension Pending Dismissal Action unless specified differently in a prior SPC hearing.
e. A student who has only one N remediation examination and no CP remediation examinations to take at the end of the spring semester may appeal to the Block II Director/Assistant Director to take the examination earlier than the first scheduled N remediation date in order to have time to study for the USMLE Step I examination and still start Block III on time.

b. If a student has TWO N grades, two options exist
   1. Extend his/her curriculum and repeat the domains the following year. A student choosing this option will have two opportunities to pass each end-of-domain examination in the following academic year. That is, s/he will have an opportunity to take a CP-remediation examination if s/he fails the initial end-of-domain examination.
   2. Take two N-remediation examinations at the end of the Block II academic year in which the N grade was acquired.
      a. The same principles apply as detailed in a – d above
      b. If a student fails the first N-remediation examination s/he must extend his/her curriculum and retake both domains the following year.
      c. If a student fails the second N remediation examination s/he must extend his/her curriculum and retake the domain that was not successfully remediated.
      d. At the completion of the repeated domain for which the student took the N-remediation examination and failed, s/he will have only one opportunity to pass the end-of-course examination. If s/he fails the end-of-domain examination s/he will receive a second N grade for the course. The rationale for this is that either method of remediation provides a student a total of four opportunities to pass the course twice.  
* This in turn will precipitate a Suspension Pending Dismissal Action unless specified differently in a prior SPC hearing.
   e. For the domain that the student is repeating but for which s/he has not taken an N-remediation examination the student will have two opportunities to pass the end-of-course (or domain) examination. That is, s/he will have an opportunity to take a CP-remediation examination if s/he fails the initial end-of-course.

c. Students who acquire three N grades must appear before the Student Performance Committee and, if reinstated, extend their curriculum (See policies elsewhere in this manual regarding the SPC).
III. Small Group Performance and Grading

A. Small Group Expectations and Preceptor Grading

CHM utilizes many learning settings for students in which students are assigned to small groups. The major purpose of these learning settings is to use the mode of group discussion to work toward conceptual understanding of the course objectives. There is, however, another objective to the small group work, and that is the development of a set of professional behaviors that will enable the skill development for the practice of medicine, which is increasingly interdependent and multi-professional. The ability to participate actively and work reliably and constructively with others to maximize problem-solving and optimize patient care through group work is an essential behavior expected of all CHM graduates. Students will be regularly evaluated on factors such as preparedness for group work and interactions with peers.

In addition, it is important for students to learn to accept feedback, whether positive or negative, with humility and dignity and to employ those critiques for self-improvement. Each small group preceptor will submit an evaluation form on each student at the end of a course. Students are evaluated according to the applicable S.C.R.I.P.T. competencies of the course and are ranked on a three-point Likert scale ranking the student as at, below, or above expectations. The evaluation forms that are used are provided in the course protocols.

Grading

1. Receiving two “below expectations” ratings will result in a CP grade for the small group component of the course.
2. Receiving more than two “below expectations” ratings will result in an N grade for the small group component of the course.
3. The small group performance grade is independent of any other course performance evaluation.
   a. If a student receives a CP grade for small group participation but otherwise has an overall passing grade on the other course component(s), the student will receive a CP grade for the course.
   b. If a student receives a CP or an N grade for small group participation and has received an overall non-passing grade for the other course component(s), the student will receive an N grade for the course.
4. Remediation of non-passing grades for the small group component of a course will require a meeting with the course director to define remediation requirements.

Preceptors are instructed to bring a student’s small group performance problems to the attention of the Course Director, who will then notify a CHM administrator. This notification should occur as soon as a concern is identified, and preferably by the midpoint of the course so that a plan for improvement can be made with the student. Whenever possible, a meeting between the course director, the administrator, and the student will be conducted to develop the plan.

B. Self-Awareness, Reflection, and Self-Assessment

Self-awareness and self-assessment are important parts of the professional identity of a physician. During the last week of each course that involves small group work, preceptors will distribute self-assessment forms to the students. These forms are identical to what is filled out by the preceptor for completion. This self-assessment should be thoughtfully completed by
the student and should include written comments that represent introspection regarding strengths and weaknesses. Students will meet with their preceptors at the completion of each course and will review both the preceptor assessment of the student and the student’s self-assessment. Both will be signed by both parties to acknowledge the review.

Students are encouraged to seek out preceptors for advice on their small group performance by the midpoint in the course, especially if the student needs help with small group performance. Reviewing the evaluation forms should guide the student about the expectations.

These exercises are designed to promote self-evaluation as a life-long habit.

*The self-assessment form will need to be completed by the student before a final grade for a course is given. In addition, those who fail to submit it by the deadline will receive a notice of a lapse in professionalism.*
ABSENCES FROM or TARDINESS to EXAMINATIONS or REQUIRED EXPERIENCES
An expectation at CHM is that students are present and on time for all required experiences and examinations. However, there may be anticipated or unanticipated circumstances which prevent a student from doing so. If the reasons are compelling, the student will be given an excused absence and allowed to make up the missed examination or experience. Policies for types of absences are described below. Students should read the appropriate section for their particular situation.

For all absences, whether or not a student believes the reasons to be compelling, a form entitled “Request for Approval of Absence from an Examination or Required Experience,” (found in this manual), must be completed and submitted by email to the appropriate address listed below:

East Lansing students submit to  absencEL@msu.edu
Grand Rapids students submit to  absencGR@msu.edu

Request (Whether Unanticipated or Anticipated) Approved:
If a student is granted an excused absence from an examination or a required experience, s/he should proceed with the steps outlined in section III below.

Request (Whether Unanticipated or Anticipated) Denied:
1. If a student is denied an excused absence from an examination, then s/he will
   - receive notice of a professionalism lapse, be required to compose a letter reflection, meet with an administrator, and possibly have a letter written to the student file.
   - may be denied the opportunity to take the make-up examination, resulting in a zero for the examination as outlined in section IA2 below.

2. If a student is denied approval for missing a required experience, the student will
   receive notice of a professionalism lapse and in most cases be required to turn in a make-up assignment.

The specific sections in this part of the Handbook are:
I. Unanticipated absence from examinations or required experiences
   a. Unanticipated absence from examinations
   b. Unanticipated absence from required experiences
II. Anticipated absences from examinations or required experiences
III. Procedure following receipt of an excused absence for an examination or required experience
IV. Illness that arises during an examination

I. UNANTICIPATED ABSENCES
Last minute events can prevent a student from attending a required experience or taking an examination (including scheduled, make-up, and remediation examinations). Reasons for these absences are varied, but whether the reason is compelling may determine the consequences of the absence.

Compelling reasons for an unanticipated absence include:
- Acute illness
- Personal or family emergency
- Chronic illness, with a VISA from the Resource Center for Persons with Disabilities (RCPD)
Policy and procedure for unanticipated tardiness to or absence from examination

1. Examination Tardiness
   Time is strictly defined as the time that appears on the student’s cell phone. If the student did not bring a cell phone to the examination, the time will be defined as the time that appears on the proctor’s cell phone. Late arrivals will not be admitted to examinations under any circumstances.

   Procedure to follow if late to an examination:
   a. Exam proctor will inform student that s/he is late.
   b. The student must then
      1. Complete and submit the form entitled “Request for Approval of Absence from Examination or Required Experience” to the e-mail address above. This e-mail is sent to the Assistant Dean and Director of Preclinical Curriculum and Her/his assistants.
      2. If the student is determined to have a compelling reason for missing an exam by the Assistant Dean/Director of Preclinical Curriculum, the student should speak to the course curricular assistant, who will arrange for a make-up exam.
      3. If the student is determined to not have a compelling reason for the tardiness, the student should submit a letter of reflection addressing the reason(s) for the tardiness, why it presents a problem in the field of medicine, and plans for avoiding a recurrence to the Assistant Dean/ Director of Preclinical Curriculum. The letter is due within 4 calendar days of the event.
      4. Schedule a meeting with the Assistant Dean/Director of Preclinical Curriculum to discuss the letter.
      5. A student will be allowed a one-time make-up exam opportunity per term for oversleeping but will receive a professionalism lapse. Second offenses will result in a zero for the examination. All other non-compelling reasons for missing an exam will result in a zero for the exam and a professionalism lapse.

2. Examination Absence
   A student must request an excused absence before an examination begins if s/he will miss an examination for any reason by following the instructions in the heavy outlined box above. For compelling reasons as outlined above, students will generally be granted an excused absence, and should then proceed with the steps outlined in section III B.
   • Some examples of requests that will not be approved include:
     o Not being prepared to take the examination
     o Forgot/didn’t know that there was an exam
     o Out of town for the examination unless approved in advance (NOTE: approval must be compelling and will be denied for voluntary travel, including international travel)
     o Statements by a student similar to “unable to notify”, will not be accepted, except with an articulated circumstance that would prevent notification.
   • Students that have more than one exam absence per term due to illness and no VISA from the RCPD will meet with the Assistant Dean (EL) or Director (GR) of Preclinical Curriculum to discuss the reason(s), plans for avoiding a recurrence, and possible enrollment with RCPD or utilization of other
resources offered by the College.

- Students who have a documented chronic illness might require more than one excused absence from an examination per term. Such students should enroll with the RCPD at MSU. A specialist is employed there to assist students with necessary accommodations. More than one excused absence request for a chronic illness will not be granted for students who choose not to avail themselves of this resource.
- Students enrolled with RCPD who request an excessive number of examination absences will meet with the RCPD specialist and the Assistant Dean / Director of preclinical Curriculum to arrive at a plan.
- A student unable to meet the academic requirements of the College by repeatedly missing examinations due to illness, even if s/he has a VISA from RCPD, may benefit by a Leave of Absence to address the health issues.
- Requests for an excused absence once an examination begins are unlikely to be approved unless there is a documented emergency.

Failure to submit the request for an approved absence form, except in the rare circumstance of a documented emergency, or failure to receive an excused absence will result in the student earning 0% for that examination.

A. Policy and procedure for unanticipated absence from required experiences

1. If a student misses or anticipates being more than 5 minutes tardy for a required experience (including small group sessions, class meetings, or special large group sessions, including patient panels), s/he must call the appropriate contact person (see below) in advance of the experience or as soon as the student realizes that s/he will be tardy or miss the experience.

   | Contact Information: Store this information in your cell phone for easy recall. |
   | Block I: |
   | Lora McAdams (East Lansing) | mcadams@msu.edu | 517-884-1847 |
   | Candace Obetts (Grand Rapids) | obetts@msu.edu | 616-234-2631 |
   | Block II: |
   | Marilee Griffith (East Lansing) | griffi23@msu.edu | 517-884-1850 |
   | Keli Chapman (Grand Rapids) | waggone7@msu.edu | 616-234-2626 |

Tardiness of 15 minutes or more will lead to the requirement that the student complete a make-up assignment. If the reason for the tardiness or absence is not compelling, a professionalism lapse will also be sent.

2. If a student attends a required session but forgets to sign in s/he must contact the appropriate person (see above) as soon as s/he is aware of the problem in person, by telephone or by e-mail. If by telephone, leave a message if there is no answer.
The following are not acceptable reasons for failure to notify staff:
- Dead cell phone battery
- Forgot to bring cell phone
- Forgot to notify by e-mail or in person

II. ANTICIPATED ABSENCES from EXAMINATIONS or REQUIRED EXPERIENCES

If a student knows in advance of a compelling reason for absence from an examination or a required experience, s/he must request an excused absence from the experience by submitting the proper form as discussed in the heavy black outlined box above.

A. Form submission is not a guarantee that the request will be approved, and will be evaluated on a case-by-case basis.
B. For some requests, approval is contingent on the receipt of supportive documentation. If this is not immediately available, approval is conditional and may be revoked if not provided within 48 hours, unless an extension of this deadline is requested and granted.

Compelling Reasons for Anticipated Absences from Examinations or Required Experiences are narrowly defined and include:
- Important family or friend events such as weddings or funerals
- Some chronic illnesses for which a student has been granted a VISA from RCPD
- Professional enrichment such as attendance at approved local, regional, or national professional meetings if the student is making a presentation or representing the College
- Religious holiday on the day of the examination
- In the rare circumstance that one required educational experience must take precedence over another (specific to extended and dual degree students)
- Other extreme circumstances that impact the student adversely

Examples of requests that are not approved include:
- Leaving early for Thanksgiving, winter holiday, or spring break
- Shadowing experiences, required or elective
- Elective course participation
- Not prepared for the examination or required experience
- Research project orientation or associated work

III. PROCEDURE FOLLOWING RECEIPT OF AN EXCUSED ABSENCE

A. Excused absence from required experiences
   Approved absences will in most cases require submission of a make-up assignment, although in some cases the students will be required to forfeit the privilege of earning extra points in a course if s/he is absent. This policy is at the discretion of the course director. In most cases, students will receive notification of a make-up assignment from the course curricular assistants. Submission is expected by the stated deadline.

B. Excused absence from examinations
   An approved absence is valid only for the date indicated on the approved absence request. If a student needs an excused absence for a make-up exam, a separate request must be submitted. Failure to submit and obtain an approved absence for a make-up or remediation examination could result in earning 0% for that examination.
Note that some make-up examinations are administered during breaks. It is the responsibility of the student to make arrangements to be present to take these examinations when they are scheduled. Excused absences will not be granted to accommodate optional travel, either domestic or international.

1. Excused absence from an original examination offering
   The student, the Block Director, the Course Director and the Block Curriculum Assistant will be notified by e-mail when an approved absence has been issued. The student should then follow the steps outlined below.
   • Once an absence request is approved, it is the responsibility of the student to review the course syllabus to determine if there is a specific date and time established for a make-up exam. PBL make-up examination dates are found in the “Dates to Remember” document for Block II.
   • If the date is listed in the course syllabus or in the handbook, the student should e-mail the appropriate community Block Curriculum Assistant to confirm that s/he will sit for the make-up examination.
   • If there is no established date listed, the student should contact the Block Curriculum Assistant and make arrangements for a make-up examination. The schedule is the prerogative of the course director.

2. Excused absence from a make-up or remediation examination
   • Unless other arrangements have been made, it is expected that the student will take the make-up examination at the time of the first available scheduled remediation examination. It is the responsibility of the student to confirm examination times with the curricular assistants and course directors.
   • In accordance with University policy, all course deficiencies, including the final examination, MUST be successfully completed by midterm of the following semester in which the student is enrolled or by the end of the academic year, whichever occurs first, unless an extension has been arranged and approved by the Assistant Dean or Director of Preclinical Curriculum. If this is not accomplished, the student will receive an N grade for the course. A student may not begin the next succeeding Block in the curriculum without successfully completing all of the course requirements for the prior Block of enrollment.

Failure to obtain appropriately timed approved absences, necessary documentation, and/or to arrange meetings according to the above guidelines will result in the student earning 0% for that examination unless an administrative extension has been granted.

IV. ILLNESS THAT ARISES DURING AN EXAMINATION
   Students who have entered an examination room and become ill just before or during the examination should notify the chief proctor that they are unable to take the examination. The student must then request approval for this unanticipated absence by submitting the form as outlined above for requesting an excused absence from an examination.
SELF-CARE

The first attribute of a true professional is care of the self. The associated habits begin in medical school. Medical school is an exciting journey that requires dedication, hard work, and self-discipline in exchange for the potential attainment of remarkable academic, professional, and personal achievement. During this rigorous course of study it may periodically seem that there is not enough time for adequate sleep, exercise, free time, or emotional connection with friends and loved ones. Left unaddressed, these needs can lead to stress and burnout. Remaining healthy, happy, and optimally effective personally and professionally will require awareness of, and attention to, personal needs for nurturance and self care.

An essential component of professional development will involve learning to incorporate self care strategies into your daily life and to regularly assess your state of well-being. Although stressors cannot be avoided completely, self care will enable you to proactively manage challenges as you pursue creating a balanced life. Effective self care habits among medical students may also be predictive of emotional well-being and academic success.

Commit yourself to a realistic and holistic plan for self care; one which you are likely to recommend to your future patients! These activities and attitudes are fundamental to successful development as a professional and as a human being, and should be built into your daily life.

- maintaining a positive attitude
- developing a strong support system of friends and family
- getting enough rest
- exercising regularly
- eating nutritiously
- receiving regular medical care
- not smoking
- avoiding excess consumption of alcoholic beverages
- engaging in activities that restore you emotionally and spiritually

Asking for Help
Those attracted to the medical field are often people who enjoy helping others, but who sometimes have a tendency to deny their own needs. If you notice you are experiencing difficulty of any kind, personal or academic, be sure to seek help. Asking for assistance is highly regarded as a demonstration of maturity and professional behavior. This includes seeking assistance for accommodations for disabilities, emotional help, anxiety, stress, learning challenges, or any other assistance that you feel may be useful to you. If CHM does not have the proper resource, we can provide assistance in finding it.

Requesting Excused Absences from Examinations or Required Experiences
As a preclinical student, the number of examinations and required experiences can sometimes be overwhelming, especially if your health is compromised or a serious event has occurred in your personal life. It is very important at these times to request an excused absence from an examination when you have a compelling reason to do so. This should not be seen as a personal weakness, but instead as an act of responsibility and courage. The policies and procedures for making this request can be found in a later section of this manual and the form for making the request can be found in the “Forms Commonly Used by Students” section at the end of the manual. The form is entitled “Request for Approval of Absence from Examination or Required Experience”.

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Indicators of Stress or Burnout and Resources
As you go through the academic year, pay attention to indicators such as:

- regularly feeling overwhelmed or anxious
- insufficient time for completing studies and doing things you enjoy
- lack of someone in whom to confide and rely on for support
- difficulty sleeping or inability to get enough sleep
- frequently feeling irritable
- difficulty focusing or completing projects or tasks
- regularly eating in an unhealthy manner
- failing to exercise

At the East Lansing preclinical campus, Judy Brady, Ph.D. CHM Director of Student Wellness and Counseling, provides confidential counseling and referral for students regarding academic and/or personal concerns that naturally arise during medical school. Students may utilize the MSU Counseling Center for further counseling, as well as Olin Health Center for psychiatric services. Dr. Brady is also available to students in Grand Rapids.

At the Grand Rapids preclinical campus, counseling and referral services comparable to those provided by Dr. Brady, will be available in the Secchia Center with Ms. Laura Bennett, M.A.. In addition, extended counseling services are available through ENCOMPASS, the Employee Assistance Program for Spectrum Health Services. Psychiatric services are available through Spectrum Health.

In addition, each member of the administration welcomes any opportunity to meet with students to provide support and linkage to resources. Wanda Lipscomb, Ph.D., CHM Associate Dean for Student Affairs, Outreach and Diversity, and Patricia A. Brewer, Ph.D., CHM Assistant Dean for Student Development, are available to assist students on both preclinical campuses. Dr. Lipscomb has an office in both the Life Sciences Building and the Secchia Center, as does Dr. Brewer.

The CHM Office of Student Affairs and Services has published a detailed guide of Health and Wellness Resources that is available on the CHM Preclinical Student Angel site.
PRINCIPLES for SUCCESS and HAPPINESS in MEDICAL SCHOOL

Practicing the attributes of kindness, thoughtfulness, and respect in your actions will guide your professionalism aspirations as you proceed throughout the academic year. In return, you should expect the same treatment from the administrators, faculty, and staff of your medical school. We hope that you will feel free to discuss any lapses in professional behavior on our parts with us if they occur, just as we will do with you. We all love praise, so also be generous with your compliments, just as we will be with you.

- **Pursue Excellence**
  - Strive for excellence always, but avoid trying to be perfect
  - Aim for a minimum score of 85% on all of your examinations
  - Be prepared for your large and small group experiences
  - Keep up with your course material
  - Including class time, spend 60-80 hours per week on course study
  - Organize your time
  - Keep only one schedule and carry it with you
  - Complete your assignments by the deadlines
  - Complete course evaluations promptly
  - Follow the policies and procedures of CHM. Do not expect special treatment if you fail to do so.

- **Wear Professional Attire when Seeing Patients**
  - When seeing patients (real or simulated), be nicely groomed and wear clean clothes free of excess wrinkles and covering body parts appropriately
  - Use discretion when choosing jewelry
  - Wear your white coat to clinical skills
  - Bring all of your equipment to clinical skills
  - Wear your MSU ID on your white coat during a clinical encounter
  - Avoid electronic device use when with simulated or real patients

- **Balance Your Life**
  - Eat healthy food
  - Exercise regularly
  - Sleep a full night’s sleep every night
  - Have love and support in your life every day

- **Value and Respect Other People**
  - Value diversity
  - When interacting with faculty, staff, and each other, be kind and respectful
  - When attending required ICC sessions, be respectful and attentive when patients are sharing their stories
  - Compose e-mails and other forms of communication in ways that are respectful. Avoid answering e-mails and other messages in haste. If angered by a given event, talk it over with a confident before firing off a message for which you may later be sorry.
  - Return borrowed materials from the Resource Libraries in a timely manner
  - Conduct yourself in a professional manner during emotionally-charged experiences such as examination reviews
• **Exhibit Responsibility, Accessibility, and Accountability**
  - Be prompt for classes, class meetings, and examinations
  - Answer e-mails from administration within one full class day
  - Remember that the school refrigerators are present for the purpose of keeping food cold. Many students have complained that their food from home was missing in action after attempting to retrieve it
  - Keep the shadowing appointments that you make and avoid making appointments during required activities, which take priority
  - Keep your electronic mailbox empty enough to receive new messages
  - Have a reliable, published telephone number
  - Update your addresses and telephone number(s) with the College as needed
  - Submit all course assignments and evaluations by the deadline
  - When signing in to required experiences, avoid the temptation to leave prematurely

• **Inform Those to Whom You are Accountable if You are Late or Absent**
  - Notify the proper person(s) (administrators, faculty, other students) as soon as possible if you will be late or absent from an experience where you are expected to be present.
  - If you have a compelling reason to miss an examination or a required experience, request an excused absence
  - Complete leave of absence (LOA) forms when applicable
  - When on a LOA, meet the requirements for reentry as specified

• **Live with Integrity**
  - If struggling academically, seek help
  - If feeling troubled physically, emotionally, or spiritually, seek help
  - Pursue honesty with self and others in all endeavors
  - Be academically and intellectually honest
  - Avoid dishonest behaviors or misrepresentations of any kind
  - Report dishonest behaviors in colleagues to the proper authority

• **Practice Reflection and Mindfulness**
  - Aim for self-awareness in all of your actions
  - Always question your assumptions
  - Practice reflecting on the events of your day on a routine basis. Consider how you may wish to repeat behaviors that made you feel glad about what you did. Reflect on what you could have done differently in encounters that did not go well.
  - Be humble and learn from your mistakes
  - Attempt to grow and expand emotionally every day
  - Value and honor the things that touch your heart
ACADEMIC HONESTY and DISHONESTY

The Michigan State University policies on the integrity of scholarship and grades are in the
1. All University Policy on Integrity of Scholarship and Grades,
2. General Student Regulation 1.00,
3. MSU Ordinance 17 on Examinations, and

These documents can be found on the following MSU website:
www.msu.edu/unit/ombud/academic-integrity/index.html

CHM supports these policies and the additional policies and procedures described in the
Medical Students' Rights and Responsibilities (MSRR) document which can be found at
www.humanmedicine.msu.edu/current/documents/MSRRandAddendum.pdf

Student Responsibilities
Students 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 discourages cheating and other unprofessional behaviors. Therefore, students are
expected to:

1. develop personal practices that prevent suspicion of academic dishonesty such
   as avoiding sitting near friends in exams or avoiding wandering eyes
2. submit assignments and evaluations that are original work, representing a
   synthesis and integration of source material which is written in the student’s own
   words
3. report instances of academic dishonesty to appropriate faculty and
   administrators. 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.
4. name individuals involved in academic dishonesty
5. participate as a witness at judicial hearings in alleged cases of academic
   dishonesty
6. Avoid generating accusations of academic dishonesty and unprofessional
   behavior that cannot be substantiated.
7. 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 a classroom and testing environment that discourages
cheating, 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. pursue and follow-up accusations of academic dishonesty in a timely fashion
2. implement Departmental, College and University procedures to investigate accusations of student academic dishonesty (see MSRR document)
3. hear appeals and render a judgment
4. notify the Provost and Ombudsman of decisions

Each course exam in the preclinical curriculum will include an Academic Honesty statement on its paper or electronic cover. This must be signed/acknowledged in order for the examination to be graded.

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.
ACADEMIC DISHONESTY Policies and Procedures

Honesty is one of the cornerstones of the medical profession. Michigan State University as an institution values truth and academic integrity and has established policies which are articulated in a shortened version below. The full statement can be viewed at the following website: http://www.reg.msu.edu/AcademicPrograms/Text.asp?Section=112#s534.

The following University policy addresses principles and procedures to be used in instances of academic dishonesty or academic misconduct including but not limited to:

1. violations of professional standards as represented in the Virtuous Professional document
2. falsification of admission records
3. plagiarism of any kind at any time
4. submitting copied or collaborative assignments and representing them as one’s own work
5. cheating on quizzes, assignments or examinations
6. misrepresentation or falsification of patient data

Principles
1. The University expects both instructors and students to honor principles of truth and honesty and to protect the validity of University education and grades.
2. To encourage adherence to the principles of truth and honesty, instructors should exercise care in planning and supervising academic work.
3. If an instructor alleges an act of academic misconduct, the instructor is responsible for taking appropriate action, including assigning a penalty grade when judged appropriate.

Procedure
1. When a penalty grade for academic misconduct is assigned, the instructor must provide a written description of the details of the academic misconduct to the student and to the student’s academic dean.
2. The written description will be entered into the student’s academic record, where it will remain, unless the student successfully grieves the allegation.
3. The instructor may request the student’s academic dean to initiate a disciplinary hearing to impose sanctions in addition to, or other than, a penalty grade.
4. When the academic dean judges a sanction to be warranted in addition to a penalty grade (e.g., suspension or dismissal from medical school), the dean may call for an academic disciplinary hearing. This may be initiated by the dean independently or in response to a request by the instructor. [See Medical Student Rights and Responsibilities (MSRR) 5.1.3.1.]
5. A student accused of academic misconduct may request an academic grievance hearing to contest the allegation before the appropriate hearing board. In this case until this hearing occurs, no student may be dismissed from a course or program of study.
6. On the first offense of academic misconduct, the student must participate in an educational program on academic integrity and academic misconduct provided by the Graduate School.
7. If an academic disciplinary hearing is called, the student’s academic dean may refer the case to the Dean of The Graduate School. The Dean of The Graduate School will notify the student in writing of the call for a disciplinary hearing and will invite the student to a meeting to determine the appropriate judiciary for the hearing. At this meeting, the student will be asked to select either an administrative disciplinary hearing conducted by the Dean of The Graduate School or a disciplinary hearing conducted by the hearing board within CHM.
8. Either party may appeal a decision of an administrative disciplinary hearing or a disciplinary hearing board to the appropriate appellate board. [See MSRR 5.8.1.]
Plagiarism: Definition, Examples, Avoidance, and Turnitin

Definition and Examples:
Plagiarism is defined as the representation as one’s own the ideas, writings, or other intellectual properties of others. Examples include, but are not limited to, information copied or inappropriately paraphrased from textbooks, websites, journal articles, etc., or material taken from any student-maintained source such as Google Share or Drop Box.

Avoidance:
1. To avoid plagiarism, students should use quotation marks, cite sources and, if paraphrasing, do it appropriately. As stated in the MSU CHM Student Performance Handbook, “Failure to put direct quotations in quotation marks constitutes plagiarism, as does failure to cite a reference from which the quotation was selected.”
2. Know the nuances!
   a. Paraphrased material that is too similar to the original source is considered plagiarism.
   b. Changing a few words in a source and presenting it as one’s own work is plagiarism.
   c. Changing a few words in another student’s assignment and submitting it as one’s own work is plagiarism.
3. Turnitin is a software program that will be used in each of our courses that require written assignments of substantial length. The program “assists student in avoiding plagiarism in the online environment, and raises awareness of the rules of attribution by assisting faculty and students in the detection of plagiarized material.” It does this by comparing student submissions to an extensive database of prior publications and papers, including internal documents submitted by former students. Turnitin software is automatically part of every assignment dropbox in D2L.
4. Students are able to do their own “originality report” using Turnitin software to obtain feedback regarding their submissions and if this is done before the an assignment deadline, a revised essay can be submitted and the first will be erased. If a value of 10% or higher should occur on an Originality Report when an assignment is submitted, it is suggested that the assignment be revised and resubmitted. The tool does not determine whether plagiarism has occurred or not; that is up to the course instructor. Instructions for performing the originality check will be available for all courses on the D2L management system.
5. For more information on how to avoid plagiarism, see www.plagiarism.org. MSU also has additional information on what constitutes plagiarism, and this can be found at https://www.msu.edu/~ombud/academic-integrity/plagiarism-policy.html
BEHAVIOR OUTSIDE OF MEDICAL SCHOOL

The College has a responsibility not only to its students, but to the profession of medicine, its students’ future patients, and society as a whole. The profession has been granted special privileges that include public trust and an expectation of self-regulation. In turn, the behavior of professionals is subject to a level of scrutiny that is uncommon among non-professionals.

Outside Employment While in Medical School
As a general rule, students must devote approximately 60-80 hours of time per week to medical school academic activities, including class time. This leaves a restricted amount of time for outside employment. Some students, especially those with professional careers prior to medical school, are tempted to continue working while taking classes. While this may have been possible in undergraduate years or even in graduate school, the curriculum of medical school is fast-paced and the amount of content is often overwhelming. The primary job of every medical student is mastery of the curricular content (meaning achieving an average of 85% on content exams). Those students who continue to work excessive hours outside of medical school at the sacrifice of their schoolwork may be short-changing themselves, their future patients, and the profession as a whole. As a general rule, 10 hours of outside work is reasonable if a student is otherwise mastering the curricular content.

Non-Clinical Activities While Identified as a CHM Student
It is not uncommon to encounter people when you are engaged in outside activities who will recognize you as a medical student because of involvement 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. It is therefore important for students to carefully monitor their public behavior so that it reflects the professional identity that is desired.

Detection of Inebriation while Engaged in Curricular Activities involving Patients
Students who are reported to have alcohol on their breath or whose behavior is consistent with impairment while engaged in curricular activities involving patients, whether real or simulated, will be asked to leave the setting immediately and will be directed to meet with the Assistant Dean/Director of Preclinical Curriculum. Students will be required to undergo a substance abuse evaluation at their own expense. The evaluation must be reviewed in accordance with Policy Regarding Illegal Activity and Use of Alcohol and Drugs found in this manual before the student will be allowed to interact with any patient, be it in the hospital, in an outpatient clinic or in an LPCE experience or Clinical Skills setting.

Social Media Use
There are a number of sites on the internet on which individuals can communicate with each other via posting of personal information, stories, photographs, jokes, and other content. Unlike usual communication in medicine, these social media sites are not refereed, and people can generally post whatever they wish. Message boards, forums, blogs, and YouTube are all forms of social media.

There are guidelines for medical professionals regarding use of social media. Recently, the American Medical Association (AMA) published its guidelines, and other publications have offered suggestions for appropriate use of social media by physicians and physicians in training, including medical students. The most important of the AMA guidelines follow:

1. Medical personnel (including medical students) must be aware of patient confidentiality standards, and never post identifiable patient information online. This includes
photographs, clinical information, the location where the patient was encountered, etc. Even if the patient is de-identified, simply providing some clinical details, time and setting of the encounter may be sufficient for someone to be able to identify the patient.

If a student had a moving encounter with a patient and wants to share that encounter with colleagues, there are venues such as refereed journals or websites (JAMA or Pulse magazine, for example) to which submissions about these encounters can be sent. As part of the submission, the student will be asked to provide a form signed by the patient indicating that the patient has read and approves of the submission.

It is often helpful to process emotionally intense information in written form. Another alternative to journal publication is to keep a journal. Many physicians keep personal journals for this purpose and share the writings only with a select group of people if they wish.

2. Never post information about fellow students, faculty, or staff without their explicit written permission to do so. Respect for colleagues’ privacy is as important as respect for patient privacy. Basically, don’t say anything online you would not be willing to say in person.

3. Medical personnel should maximize privacy settings, but need to realize that once information is posted on the Internet, it is there permanently and cannot be removed. Therefore, individuals should periodically review their Internet presence, both in terms of the content posted themselves as well as by others to insure it is “accurate and appropriate”.

4. Physicians should consider creating separate personal and professional identities online. Some articles published on the subject recommend that a professional profile should have very little or no information about the individual’s private life, whereas the personal profile should only be accessible to those of the individual’s choosing (e.g., Facebook friends).

5. Physicians must recognize that posted content could have a negative effect on their reputations, have consequences for their medical careers, and undermine public trust in the medical profession. For example, do they belong to groups that might be perceived to be racist or sexist? There have been documented situations where residency training program directors have used the web to prescreen candidates.

Keep in mind that it is inappropriate, and a HIPAA violation, to post photographs or any information about patients on social media, or to text or email patient pictures or information. This applies whether one is in a required rotation, or doing volunteer work here in the U.S. or in another country. **Health care workers have lost their jobs for posting pictures of patients**, and some people who have even “liked” these pictures on Facebook have been suspended or fired from their employment in the health care setting.

In general, think before you post. Reflect on how the general public could perceive the content of your posting. What may be funny to your fellow students may be horrifying to the general public. Always ask yourself: would you want this information to be posted on a billboard along a highway?
POLICY REGARDING ILLEGAL ACTIVITY AND USE OF ALCOHOL AND DRUGS FOR PRECLINICAL STUDENTS

The College of Human Medicine is committed to preparing competent, compassionate, and professional physicians. Therefore, we are 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 the 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 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, 3) alcohol and/or drugs must report such charges to the Associate Dean for Student Affairs within 7 (seven) 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 the preclinical 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, either the Assistant Dean of Preclinical Curriculum or the Director for Preclinical Curriculum, prior to the missed experience.

A. Violence and/or Destruction of Property Charges during Medical School

1. Preclinical Students are required to report within the required time frame (within 7 days or sooner if the student is scheduled for any patient contact or if academic responsibilities will be disrupted) any violence or destruction of property charges to the Associate Dean for Student Affairs.

2. The Associate Dean for Student Affairs will notify the Assistant Dean of Preclinical Curriculum and the Director for Preclinical Curriculum.

3. The student will request to meet with the Associate Dean for Student Affairs.

4. The Assistant Dean for Preclinical Curriculum in consultation with the Senior Associate Dean for Academic Affairs will determine when the student may resume interaction with patients.

5. **Once any the legal proceedings have been concluded**, the student will submit a letter to the Associate Dean for Student Affairs, 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 a personal reflection on the incident. This correspondence must include any copies of court-related documents detailing the final outcome of the proceedings.

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 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.

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.

(See Diagram on Next Page)
Preclinical student

Violence against persons or property

Report charge within 7 days or prior to any patient contact to Assoc. Dean for Student Affairs

Meet with Assoc. Dean for Student Affairs

Any Legal Proceedings Conclude

Submit letter to Assoc. Dean for Student Affairs and the Senior Assoc. Dean for Academic Affairs

Meet with Senior Assoc. Dean for Academic Affairs

Failure to comply with policy based on post-matriculation background check

Additional Professional Concerns

Further Action as outlined by Medical Student Rights and Responsibilities

No Other Professional Concerns

Senior Assoc. Dean prepares Summary Report and Recommendations

Assoc. Dean for Student Affairs will notify Asst. Dean of Preclinical Curriculum or Director of Preclinical Curriculum
B. Alcohol or Drug Misuse and/or Related Charges During the Preclinical Curriculum

1. Preclinical students charged with a violation related to alcohol or drug use are required to report that charge within the required time frame (within 7 (seven) days or sooner if the student is scheduled for any patient contact or if academic responsibilities will be disrupted) to the Associate Dean for Student Affairs. **The student must request to meet with the Associate Dean for Student Affairs.**

The Associate Dean for Student Affairs will notify the Assistant Dean of Preclinical Curriculum, the Director for Preclinical Curriculum, and the Director of Student Counseling and Wellness or the Assistant Director of Counseling and Wellness.

2. Any preclinical student **suspected of being under the influence** of alcohol or drugs in a College of Human Medicine activity including, but not limited to: lectures, exams, other curricular activities and events may be reported by a faculty member, administrator or staff person to the Assistant Dean of Preclinical Curriculum or the Director for Preclinical Curriculum. **The Assistant Dean of Preclinical Curriculum and the Director for Preclinical Curriculum will request to meet with the student.**

The Assistant Dean of Preclinical Curriculum and the Director for Preclinical Curriculum will also notify the Associate Dean for Student Affairs and the Senior Associate Dean for Academic Affairs.

3. Any preclinical 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-related assessment. The Director of Student Counseling and Wellness or the Assistant Director of Student Counseling and Wellness will assist the student in obtaining the assessment. The student will be responsible for any costs associated with the assessment.

4. The student must request that the summary and recommendations of the assessment be released to the Associate Dean for Student Affairs, the Assistant Dean of Preclinical Curriculum, and the Director for Preclinical Curriculum. The results of all evaluations will also be forwarded to the Senior Associate Dean for Academic Affairs.

   a. Should further alcohol or substance treatment be recommended, the student will be referred for appropriate treatment and monitoring to an agency external to the College.

      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.
iii. When the student transitions into Block III, the Community Assistant Dean and the Community Administrator for that student’s community will be made aware of the existence of the contract. Subsequent monthly reports of the student’s compliance will be forwarded to the Associate Dean for Student Affairs and the Community Assistant Dean in the student’s community.

iv. 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 for any preclinical student suspected of being under the influence of alcohol or drugs in a College of Human Medicine activity, the Senior Associate Dean for Academic Affairs, in consultation with the Associate Dean for Student Affairs, the Assistant Dean of Preclinical Curriculum, and the Director for Preclinical Curriculum will have the discretion to require a follow up plan.

5. Once a student suspected of being under the influence of alcohol or drugs in a College of Human Medicine activity is referred for further monitoring, the student will submit a letter to the Associate Dean for Student Affairs and the Senior Associate Dean for Academic Affairs outlining the chronology of events associated with the suspicion and concluding with personal reflection on the incident.

6. Once any legal proceedings have been concluded, the student will submit a letter to the Associate Dean for Student Affairs 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 copies of court-related documents detailing the final outcome of the proceedings and the substance abuse assessment.

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

8. 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.

9. 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.
Michigan State University College of Human Medicine
Inappropriate Use of Alcohol and/or Drugs

Preclinical student

**Alcohol and/or drug related charges**
- Report charge within 7 days or prior to any patient contact to Assoc. Dean for Student Affairs
- Student will request meeting with Assoc. Dean for Student Affairs
- Student will obtain Substance Use/Abuse Assessment (Director or Asst. Director of Counseling and Wellness will assist)
- Results of Assessment Released to the Assoc. Dean for Student Affairs, Asst. Dean of Preclinical Curriculum, Director for Preclinical Curriculum
- No Additional Treatment Recommended
- Monitoring contract established with Monthly Compliance Reports to Assoc. Dean of Student Affairs
- Student will submit letter to Assoc. Dean for Student Affairs and Senior Assoc. Dean for Academic Affairs
- Student will meet with Senior Assoc. Dean for Academic Affairs
- Additional Professional Concerns
- No Other Professional Concerns
- Further Action as outlined by Medical Student Rights and Responsibilities

**Suspicions of being under the influence in a clinical setting**
- Faculty, Administrators or Staff will report the student to Asst. Dean of Preclinical Curriculum or Director for Preclinical Curriculum
- Asst. Dean of Preclinical Curriculum or Director for Preclinical Curriculum will meet with the student
- Student will obtain Substance Use/Abuse Assessment (Director or Asst. Director of Counseling and Wellness will assist)
- Results of Assessment Released to the Assoc. Dean for Student Affairs, Asst. Dean of Preclinical Curriculum, Director for Preclinical Curriculum
- Any Legal Proceedings Conclude
- Additional Treatment Recommended
- Monitoring contract established with Monthly Compliance Reports to Assoc. Dean of Student Affairs
- Senior Assoc. Dean prepares Summary Report and Recommendations

**Additional Treatment Recommended**
- Monitoring contract established with Monthly Compliance Reports to Assoc. Dean of Student Affairs

**No Additional Treatment Recommended**
- Follow up plan at discretion of Sr. Assoc. Dean for Academic Affairs in consultation with Assoc. Dean for Student Affairs, Asst. Dean for Preclinical Curriculum, and the Director for Preclinical Curriculum
- Senior Assoc. Dean prepares Summary Report and Recommendations

**Suspicion of being under the influence in a clinical setting**
- Faculty, Administrators or Staff will report the student to Asst. Dean of Preclinical Curriculum or Director for Preclinical Curriculum
- Asst. Dean of Preclinical Curriculum or Director for Preclinical Curriculum will meet with the student
- Student will obtain Substance Use/Abuse Assessment (Director or Asst. Director of Counseling and Wellness will assist)
- Results of Assessment Released to the Assoc. Dean for Student Affairs, Asst. Dean of Preclinical Curriculum, Director for Preclinical Curriculum
- Any Legal Proceedings Conclude
- Additional Treatment Recommended
- Monitoring contract established with Monthly Compliance Reports to Assoc. Dean of Student Affairs
- Senior Assoc. Dean prepares Summary Report and Recommendations

**Additional Treatment Recommended**
- Monitoring contract established with Monthly Compliance Reports to Assoc. Dean of Student Affairs

**No Additional Treatment Recommended**
- Follow up plan at discretion of Sr. Assoc. Dean for Academic Affairs in consultation with Assoc. Dean for Student Affairs, Asst. Dean for Preclinical Curriculum, and the Director for Preclinical Curriculum
- Senior Assoc. Dean prepares Summary Report and Recommendations

**Suspicion of being under the influence in a clinical setting**
- Faculty, Administrators or Staff will report the student to Asst. Dean of Preclinical Curriculum or Director for Preclinical Curriculum
- Asst. Dean of Preclinical Curriculum or Director for Preclinical Curriculum will meet with the student
- Student will obtain Substance Use/Abuse Assessment (Director or Asst. Director of Counseling and Wellness will assist)
- Results of Assessment Released to the Assoc. Dean for Student Affairs, Asst. Dean of Preclinical Curriculum, Director for Preclinical Curriculum
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- Senior Assoc. Dean prepares Summary Report and Recommendations
C. Background Checks and Drug Screening

Prior to matriculation and periodically during medical training, students will undergo formal background checks and drug screening. It is the responsibility of students to alert administration to any charges related to alcohol, drugs or related substances as well as any felonies that may appear on their background check. It is also the responsibility of students to alert administration to any prescription use or medical therapy that may impact the results of a drug screen.

1. Background Checks

If a periodic background check reveals instances of illegal activity and/or charges related to alcohol or drugs that have occurred since matriculation but have not previously been reported to the Associate Dean for Student Affairs, this failure to disclose will be considered a breach of professionalism and further action may be taken.

2. Drug Screening

   a. Positive drug screening results not related to a currently prescribed medication or medical therapy will be reported to the Associate Dean for Student Affairs and the Senior Associate Dean for Academic Affairs.

   b. The Associate Dean for Student Affairs will notify the Assistant Dean of Preclinical Curriculum and the Director for Preclinical Curriculum.

   c. Any student with a positive drug screen not related to a currently prescribed medication or medical therapy but reflecting potential misuse or abuse will be expected to obtain a substance abuse assessment from an agency external to the College.

   d. The summary and recommendations from that assessment are to be released to the Associate Dean for Student Affairs, the Assistant Dean of Preclinical Curriculum and the Director for Preclinical Curriculum. The results of all evaluations will be forwarded to the Senior Associate Dean for Academic Affairs. Should further treatment be recommended, a monitoring contract would be established as outlined above in the “Student Suspected of Alcohol or Drug Misuse in a Curricular Setting” policy section.

   e. Should no further substance abuse treatment be recommended, the Senior Associate Dean for Academic Affairs, in consultation with the Associate Dean for Student Affairs, the Assistant Dean of Preclinical Curriculum and the Director for Preclinical Curriculum will have the discretion to require a follow up plan.

Maintaining Confidentiality

Information related to any charge or suspicion of illegal activity or misuse of alcohol or drugs is confidential and will only be shared with a small administrative group on a need-to-know basis. Such a group would potentially include the Senior Associate Dean for Academic Affairs, the Associate Dean for Student Affairs, the Assistant Dean of Preclinical Curriculum, the Director for Preclinical Curriculum
and/or the Community Assistant Dean of the community to which a student is assigned, the Director of Student Counseling and Wellness and the Assistant Director of Student Counseling and Wellness.

Any documentation related to charges of illegal activity including misuse of alcohol or drugs or to the suspicion of illegal activity or impairment due to alcohol or drug use, including but not limited to the results of evaluations, student letters of reflection, monitoring contracts and reports of compliance, and documents of administrative actions will **NOT** be placed in the student’s official record with Michigan State University’s College of Human Medicine.
PROFESSIONALISM FEEDBACK IN THE PRECLINICAL CURRICULUM

Students in CHM follow a long tradition of healers whose priority is to practice humanistic medicine using a bio-psychosocial model. Professionalism in medicine implies that those who enter the field possess a common set of core values that govern their behavior. At CHM, this is reflected in the “Virtuous Professional” document. As professionals, each time that we interact with the public, whether we are “doctoring” or buying groceries, we represent our profession. The public holds doctors to a higher standard of behavior than that expected of others.

The professionalism goals in the preclinical curriculum mimic the conduct expected of students in the clinical setting. When applicable, students will receive confidential “praise” and “concern” messages regarding professional conduct throughout the academic year, which represents important feedback for a job well done or feedback on ways to improve if a lapse is observed.

Students will receive feedback from faculty members directly or from course assistants who will send messages on behalf of faculty via e-mail. In cases of professionalism lapses, students may be required to provide an explanation of the event from the student’s perspective, a plan for improvement if applicable, and possibly attend an in-person meeting with a faculty member. Occasionally, an investigation will be done, if deemed necessary by one or both parties, particularly if the event is serious. Some students perceive messages about lapses as a kind of punishment. The intent is never to punish a student; students by definition are in the formative years of their professional lives and feedback is what helps all of us grow as human beings.

The professionalism expectations in the preclinical curriculum model the evaluation system that is formally used in Block III as part of clerkship grades. The difference is that the feedback given in the preclinical curriculum will generally be more “formative” (“keep up the good work”, or “maybe this would not be a good behavior to repeat”), whereas in the Block III curriculum, professional conduct is a part of the grade for every required course.

Students will also receive formative professionalism feedback several times during the preclinical curriculum as part of the End-of-Semester feedback letter, which is placed in the student file. Details can be found in this handbook in the document entitled “Student Professional Progress Assessment”. Specific professionalism feedback will not be put into an individual student’s letter unless the behavior is egregious or repetitive. However, if a lapse in professionalism is serious, or if changes do not occur once a student is warned about an undesirable behavior, the administration has the obligation to take more serious steps to address the problem, including a meeting with the Assistant Dean/Director of Preclinical Curriculum. If improvement does not occur, further consequences may include:

- A required meeting with the Senior Associate Dean of Academic Affairs;
- A warning with clarification that documentation beyond the End-of-Semester letter may be placed into the student file if improvement does not occur;
- A summation of all professionalism feedback to date into a letter placed in the student file, the contents of which may be used in the Medical Student Performance Evaluation (Dean’s letter), required by all residencies;
- A formal complaint may be filed against the student, resulting in a disciplinary hearing, if the behavior is especially egregious.

Our goal is to instill in our students a code of conduct that prepares them for the rigors of the clinical setting and the expectations of the field, while simultaneously providing them with a sense of pride in their accomplishments and in their medical school. Robert Michels wrote in 1996 that “The nurturance of the physician’s soul is the function of medical education…” We embrace this perspective at CHM. We recognize that none of us are perfect, and we all have lapses in professionalism. If we reflect on these, we learn and grow.


PRAISEWORTHY ACTS OF PROFESSIONALISM AND THEIR RECOGNITION

Basic Expectations for Praiseworthy Professional Behavior
Students are expected to behave professionally, as articulated above. These behaviors do not always merit special recognition in the form of written feedback. Examples of expected behavior include: students who come to class ten minutes early and are prepared, students who display acts of common courtesy, e.g., helping another carry a heavy load of books to another location, or regularly bring food to share in small group. Such students are either performing according to expectation or are displaying “good citizenship” in their relations with others.

Verbal Praise
Faculty, staff or students who have observed an act of kindness, consideration, or improvement in behavior or attitude, are encouraged to provide verbal praise to that student. The underlying principle is that verbal praise is used to 1) to show one’s appreciation for an act, and 2) to reinforce the praiseworthy act through its acknowledgement.

Written Recognition of Praiseworthy Acts
The two tables that follow have been populated with examples of praiseworthy acts and their associated virtues from the “Virtuous Professional” document. *These tables are not intended to be inclusive.* They are instead intended to guide CHM students, administrators, faculty, and staff as they consider possible recognition of praiseworthy performance. A principle that should always be remembered is that praiseworthy acts must not come at the expense of academic expectations. For example, a student engaged in multiple leadership positions but who may be experiencing academic difficulty should not be recognized for leadership at the expense of academics.

Procedure for Student Nominations of Praiseworthy Entries:
1. No anonymous nominations will be accepted.
2. Submit the nomination to the appropriate Block Director/Assistant Block Director in your preclinical community or to the Assistant Dean/Director of Preclinical Curriculum.
3. The nomination will be reviewed and feedback sent to the nominator and in most cases, to the nominated student.
4. If there is a concern about the appropriateness of the nomination, the Block Director/Assistant Block Director may request additional information or clarification from the person submitting the nomination.
## EXAMPLES OF PRAISEWORTHY ACTS DESERVING OF RECOGNITION AND VIRTUES EMBODIED

<table>
<thead>
<tr>
<th>Praiseworthy Act</th>
<th>Competence</th>
<th>Honesty</th>
<th>Compassion</th>
<th>Respect for Others</th>
<th>Professional Responsibility</th>
<th>Social Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>High educational achievement (e.g., &gt;90% semester course average)</td>
<td>X</td>
<td></td>
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</tr>
<tr>
<td>Recognition for exemplary small group performance – e.g., leadership, additional work taken on.</td>
<td>X</td>
<td>X</td>
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</tr>
<tr>
<td>Maintaining a record of excellence when burdened by personal stressors, as caring for a sick relative</td>
<td>X</td>
<td>X</td>
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</tr>
<tr>
<td>Leadership in student organizations</td>
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<td></td>
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<td>X</td>
</tr>
<tr>
<td>Membership on faculty committees</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Tutoring, small group leadership in academic support</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Instances of mentoring fellow students</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Project leadership, e.g., Friendship Clinic, Catherine’s Care Center</td>
<td>X</td>
<td></td>
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<td>X</td>
</tr>
<tr>
<td>Recognition of someone else’s pain and responding to it. (e.g., responding to a distraught patient in IPPR, clinical skills, or LPCE)</td>
<td>X</td>
<td>X</td>
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<td>X</td>
</tr>
<tr>
<td>Informing faculty or staff of a mistake in a respectful manner.</td>
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<td>X</td>
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<tr>
<td>Student believes an evaluation of him or herself is inaccurate but addresses it in a respectful manner.</td>
<td></td>
<td></td>
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<td>X</td>
</tr>
</tbody>
</table>
### Examples of Praiseworthy Acts Deserving of Recognition and Virtues Embodied (Continued)

<table>
<thead>
<tr>
<th>Praiseworthy Act</th>
<th>Competence</th>
<th>Honesty</th>
<th>Compassion</th>
<th>Respect for Others</th>
<th>Professional Responsibility</th>
<th>Social Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student displays remarkable respect for underserved, disabled, and/or disadvantaged in their interactions.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Participation in CHM admissions activities such as tours.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Participation in course focus groups.</td>
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</tr>
<tr>
<td>Displaying open acceptance and non-defensiveness when given constructive feedback, e.g., during academic team meetings.</td>
<td>X</td>
<td></td>
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</tr>
<tr>
<td>Willingness to speak up in front of powerful people for a cause.</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Willingness to share personal experiences in a large-group forum for educational purposes.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Evidence of participation in philanthropic fundraising activities</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Student reports being given more points on a test or assignment than were earned.</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
### EXAMPLES OF MAJOR PRAISEWORTHY ACTS DESERVING OF RECOGNITION AND VIRTUES EMBODIED

<table>
<thead>
<tr>
<th>Praiseworthy Act</th>
<th>Competence</th>
<th>Honesty</th>
<th>Compassion</th>
<th>Respect for Others</th>
<th>Professional Responsibility</th>
<th>Social Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student reports being given more points on a test/assignment than were earned, and fails a test as a result.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Student reports test or quiz answers are available inappropriately.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Gracious forgiveness in the face of injury (e.g., Faculty forgot to write a student’s letter of recommendation for a scholarship application in time, student didn’t get scholarship, but the student forgave the faculty, noting how busy he was.)</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student displays remarkable respect for underserved, disabled, and/or disadvantaged in their interactions by standing up for them in the face of intolerance/at personal risk.</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Instances of standing up for others who may be victims of insult/insensitivity.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Sustained record of working with the underserved beyond expectation.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
PROFESSIONAL CONDUCT WITHIN COURSES: EXPECTATIONS, POLICIES & PROCEDURES

The preclinical courses provide an opportunity for students to learn and practice how to be a doctor. This learning includes the area of professionalism and professional conduct and is one component of student evaluation. As a way of preparing for actual patient care, we expect students to:

- Attend all required sessions and be on time
- Be prepared for all required classes and academic support sessions, be they large or small group events
- Dress professionally when in the presence of patients, actual or simulated, large group, small group, with partners, or one-on-one
- Give clinical skills (interviewing, examining patients, and writing health records) the same level of importance as caring for actual patients
- Submit course assignments, including make-up assignments on time
- Complete course evaluations by the deadline
- Notify staff and faculty when absent or more than 5 minutes late for a required experience
- Communicate with staff, administrators, faculty and students according to CHM policy

A. Professional conduct policies and procedures for preclinical courses

1. Attendance and Promptness at Required Experiences
   All small groups, all class meetings, and many large lectures and other special sessions are required. The latter two will be made clear as they occur.
   a. Attendance: Definition:
      1. arriving on time (time is defined by the time displayed on cell phones)
      2. being prepared and fully engaged in the activity
      3. staying through the entire event
   b. Attendance monitoring
      Attendance for required experiences will be monitored. Students will sign attendance sheets, submit answers to a quiz using an i-clicker, or submit an evaluation. For students on academic review who are required to attend lectures, monitors will be present for the lectures and will record the student’s presence. When sign-in is required, the attendance sheet must be signed in the student’s own handwriting. It is considered a grievous act of dishonesty to have a colleague sign or click-in for another student. If discovered, such an act will result in serious consequences for both students.

2. Professional Dress during Experiences involving Real or Simulated Patients
   Clinical Skills, Integrated Clinical Correlations, Mentor group (LPCE and shadowing), and patient panels in PBL or SCCD all include contact with patients, real or simulated. Patients may also be present at occasions when special programs are arranged for students. Standards for personal appearance follow those for the Clinical Skills course and include the following:
   - Wear clean and neatly pressed clothes in good repair
     - No blue jeans, shorts, or surgical scrubs
     - No short skirts, skimpy tops, or exposed midriffs
     - No T-shirts
   - Control hair, no exposed tattoos
   - Don't chew gum, tobacco, or anything else.
3. **Timely Submission of Assignments**

Meeting deadlines is an important component of professional behavior and is expected of every medical student unless there is a compelling reason for a delay. Students will need to contact the course director for permission to extend a deadline, which will be granted only for compelling reasons (see below).

4. **Completion of Course Evaluations**

Students are required to complete course evaluations on course content and when applicable, on lectures and small group preceptors. Although the evaluation system is anonymous, it is capable of tracking those who complete an evaluation. Student evaluations are a critical component of a course's revision process. There are several reasons why CHM requires course evaluations:

a. Student feedback assists with course improvement
b. Selection bias is eliminated by having an entire class evaluate a course
c. Required evaluations model the future obligations of physicians, who are required to participate in an average of 50 hours per year of continuing medical education credits to retain licensure. Credits are rarely awarded until after an evaluation has been submitted.
d. Promotion criterion for faculty includes student evaluation of teaching.

Students are expected to submit complete rather than partial course evaluations. The evaluation system should not be used a means of venting frustration about the shortcomings of a course. Instead, honest constructive critiques posed in a helpful, respectful fashion are those most likely to be influential in initiating change. Unprofessional entries will be ignored.

**Evaluation Procedure:**

- An e-mail will be sent to students indicating that the evaluation system is open
- A timeframe of completion (usually one week) will be communicated
- Two days before evaluations are closed a reminder e-mail will be sent to students who have not completed the evaluation informing them of the timeframe for evaluation completion
- The evaluation system will be closed when indicated in the original e-mail.

**Consequences for Lack of Evaluation Submission:**

- Evaluations that have not been completed result in an ET grade for the course which will be changed only after the evaluation is submitted
- Additional consequences are outlined in section C; “Consequences for Lapses in Professionalism”.

5. **Notification of CHM Administration when Absent or Late**

Students should follow the procedures outlined in the document entitled “Absences from or Tardiness to Examinations or Required Experiences” found in this handbook.

6. **Communication with Administration, Faculty, Staff and Other Students**

a. **From Faculty/Staff to Students as a Group**

   Faculty and staff will often need to communicate to students on matters such as deadlines, changes in schedules, etc. The standard means of communication with students is e-mail using the CHM class listserv with the student's **MSUNetID** serving as the e-mail address. **Messages from faculty and staff will usually begin with ADM in the subject line.** Course faculty may use e-mail or post announcements on the course website using the D2L course management system. Students are responsible for:
1. maintaining space in mailboxes so that messages can be received on a routine basis
2. checking e-mail at least daily and
3. visiting D2L course websites as indicated by course faculty and staff

If time-sensitive hard copy information is put into student mailboxes, students will be informed by e-mail. **A deadline or missed event due to failure to read an e-mail communication will not be excused; being informed is the student's responsibility.**

**b. From Faculty/Staff to Individual Students**

There are occasions when messages need to be communicated to individual students. This is usually done by e-mail, and often requires a response or action on the part of the student. A student response is expected **within one class day** of receipt of an e-mail. A class day is defined as a day when the university schedules regular classes. For regularly scheduled weeks, for example, if an e-mail is sent at 1 PM on Monday-Thursday, a response is due by 1 PM the next day. If an e-mail is sent at 1 PM on Friday, a response is expected by 1 PM on Monday. Holidays should be treated the same as a weekend day.

**c. From Individual Students to Faculty/Staff**

Students use e-mail communication to ask policy questions, arrange meetings, ask content-related questions, arrange for academic support, etc. Students should expect a response to an e-mail request from faculty using the same guidelines noted above in the “Faculty/Staff to Individual Students” section. This policy has implications for Monday morning examinations. **To expect a response to an e-mail about course content before a Monday examination, send the e-mail by midnight the Thursday before the examination.**

**d. E-mail etiquette**

E-mail communication is expected to be professional between students and faculty, between faculty and students, and between students. On occasion, a student may be tempted to respond to an e-mail rapidly and without thinking. This can occasionally result in miscommunication and sometimes unintended consequences. To avoid this problem, the following general e-mail etiquette guidelines should be followed:

1. Check your MSU e-mail daily and respond to it according to CHM policies.
2. Avoid skimming e-mails from administration as you may miss important information
3. Keep e-mails that you initiate efficient and to the point.
4. Avoid sending e-mails when emotions are high.
5. Avoid using capital letters. It implies that you are shouting.
6. Read e-mail correspondence before sending it.

**e. Appropriate Use of a University-Generated Listserv**

In general, use of a university-generated listserv is not allowed to express personal opinions, to promote a specific political agenda, or to conduct business not related to activities within the university. Specific university guidelines can be found at: 

[http://lct.msu.edu/guidelines-policies/appropriate-use-of-msu-email.html](http://lct.msu.edu/guidelines-policies/appropriate-use-of-msu-email.html)

If a student or student organization has a desire to use the listserv associated with a particular CHM class, the student must obtain permission from the Associate Dean of Student Affairs.
B. Feedback for Professional Conduct Lapses

Students will receive feedback from faculty for professionalism lapses, whether minor, moderate, major, or egregious. For minor lapses, the curriculum assistant will notify the student of the lapse and send a message from a faculty member regarding it. If a student believes the assessment was made in error, a response can be made to the curricular assistant within one class day, who will notify the appropriate faculty member. The faculty member may excuse the lapse if warranted.

In cases when a moderate, major or egregious professionalism lapse has potentially occurred, the student will receive notification from a course assistant or faculty member of the lapse with instructions about the next steps that the student should take, and within defined deadlines. At minimum, a reflective essay will need to be written for any moderate, major or egregious professionalism lapse and should include the following:

- Description of the lapse
- Reflections on how the lapse adversely affects others
- Reflections on how the lapse adversely affects the self
- Description of a plan to avoid repetition of the lapse

The student should expect written and/or verbal formative feedback from a faculty member after submission of the essay and if necessary, an outline of further action that must be taken.

C. Consequences for Lapses in Professionalism

Professionalism expectations can seem formidable to a medical student, especially in the preclinical curriculum. Most students are unfamiliar with the expectations of conduct expected in the medical field. Faculty feedback is a way to help students recognize professionalism conduct noteworthy of praise as well as conduct perceived as a lapse. Lapses should not be perceived as failures but as opportunities to grow and improve. All of us have lapses in professionalism.

Both positive feedback and professionalism lapses will be tracked internally by the Assistant Dean / Director of Preclinical Curriculum. No one else will have access to this tracking system and unless lapses are repetitive or egregious, the feedback that students receive should impact their future only in a positive way (through personal growth). The tables on the next pages describe the consequences of minor, moderate, major and egregious professionalism lapses at CHM.
<table>
<thead>
<tr>
<th>MINOR Professionalism Lapses and Associated Consequences*</th>
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</thead>
<tbody>
<tr>
<td><strong>Professionalism Lapses</strong></td>
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<tr>
<td>----------------------------</td>
</tr>
<tr>
<td><strong>REQUIRED LARGE GROUP ATTENDANCE</strong></td>
</tr>
<tr>
<td>Unanticipated absence, <em>first</em> occurrence</td>
</tr>
<tr>
<td>Failure to sign-in to a required experience, but attended the entire session, <em>first</em> occurrence</td>
</tr>
<tr>
<td><strong>REQUIRED SMALL GROUP ATTENDANCE</strong></td>
</tr>
<tr>
<td>Failure to sign-in to a required small group or skill session, but attended the entire session, <em>first</em> occurrence</td>
</tr>
<tr>
<td><strong>TIMELINESS</strong></td>
</tr>
<tr>
<td>Arriving 1-5 minutes late for a required experience; <em>first</em> 2 occurrences</td>
</tr>
<tr>
<td>Arriving 6 or more minutes late for a required small group or skill session: <em>proper notification, first</em> occurrence or</td>
</tr>
<tr>
<td>Arriving 6 or more minutes late for a required large group session, <em>first</em> occurrence</td>
</tr>
<tr>
<td>Failure to submit an assignment by the deadline <em>without</em> an approved extension – <em>first</em> occurrence</td>
</tr>
<tr>
<td>Failure to submit course evaluations by the deadline, <em>first</em> occurrence</td>
</tr>
<tr>
<td>Failure to submit self evaluations by the deadline, <em>first</em> occurrence</td>
</tr>
<tr>
<td>ET grade until evaluation is complete</td>
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<tr>
<td>ET grade until evaluation is complete</td>
</tr>
<tr>
<td>Professionalism Lapses</td>
</tr>
<tr>
<td>------------------------</td>
</tr>
<tr>
<td>PROFESSIONAL DEEMANOR</td>
</tr>
<tr>
<td>Inappropriate attire, missing ID, or lack of required equipment when interacting with real or simulated patients in one-on-one, small or large group settings – <em>first</em> occurrence</td>
</tr>
<tr>
<td>Use of electronic equipment (laptop, cell phone, tablet, etc.) when not needed for a particular class, - <em>first or second</em> occurrence</td>
</tr>
<tr>
<td>COMMUNICATION</td>
</tr>
<tr>
<td>Failure to respond to administrative e-mail requesting a response within one class day – <em>first or second</em> occurrence</td>
</tr>
<tr>
<td>DOCUMENTATION</td>
</tr>
<tr>
<td>Failure to complete all test scantron information completely, <em>first 2</em> occurrences.</td>
</tr>
</tbody>
</table>

*Professionalism lapses occur in the absence of a compelling reason
*A make-up assignment is expected for required and academic support activities as an academic rather than a professionalism issue.*
# MODERATE Professionalism Lapses and Associated Consequences

<table>
<thead>
<tr>
<th>Professionalism Lapses</th>
<th>Consequences</th>
<th>Implications for Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXAMINATION ATTENDANCE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unanticipated and unexcused tardiness to or absence from an examination, <em>first</em> occurrence in a term</td>
<td>Meeting with CHM administrator&lt;br&gt;Reflective essay&lt;br&gt;Warning to student file that next occurrence will result in a zero for that examination</td>
<td>• Self care is important behavior of any professional.&lt;br&gt;• Professional responsibility requires physicians to seek assistance when needed.</td>
</tr>
<tr>
<td><strong>REQUIRED LARGE GROUP ATTENDANCE</strong></td>
<td></td>
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<tr>
<td>Unanticipated absence <em>with</em> proper notification, <em>second</em> occurrence</td>
<td>Written feedback</td>
<td></td>
</tr>
<tr>
<td>Unanticipated absence <em>without</em> proper notification, <em>second</em> occurrence</td>
<td>Reflective essay&lt;br&gt;Written feedback</td>
<td>• Physicians must attend many events and notify appropriately if unable to attend.&lt;br&gt;• Attendance is necessary to maintain hospital privileges and obtain CME credits to maintain licensure.&lt;br&gt;• By taking time off without notification or good reason, a doctor can damage his/her professional reputation and cause major problems for his/her practice colleagues.</td>
</tr>
<tr>
<td>Failure to sign-in at a required experience, but attended the entire session, <em>second and third</em> occurrence</td>
<td>Reflective essay&lt;br&gt;Written feedback</td>
<td>Physicians must sign-in to get CME credit.</td>
</tr>
<tr>
<td><strong>REQUIRED SMALL GROUP or SKILL SESSION ATTENDANCE</strong></td>
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<td></td>
</tr>
<tr>
<td>Unanticipated absence <em>with</em> proper notification, <em>first or second</em> occurrence</td>
<td>Written feedback</td>
<td>• Physicians must attend many events and notify appropriate parties if unable to attend.&lt;br&gt;• Patients and team members expect a physician’s full presence and participation</td>
</tr>
<tr>
<td>Unanticipated absence <em>without</em> proper notification, <em>first</em> occurrence</td>
<td>Reflective essay&lt;br&gt;Written feedback</td>
<td></td>
</tr>
<tr>
<td>Failure to sign-in to a required small group experience, <em>second or third</em> occurrence</td>
<td>Written feedback</td>
<td>Physicians are required to sign in to CME activities to receive credit.</td>
</tr>
<tr>
<td>Professionalism Lapses</td>
<td>Consequences</td>
<td>Implications for Practice</td>
</tr>
<tr>
<td>------------------------</td>
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</tr>
<tr>
<td><strong>TIMELINESS</strong></td>
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</tbody>
</table>
| Arriving 1-5 minutes late for a required experience; *third* occurrence. | Reflective essay  
Written feedback | • Physician lateness results in delays in clinic schedule, wastes time.  
• Lateness can lead to a reputation for unreliability among patients and colleagues.  
• Physicians are required to attend numerous events and be on time for meetings, operating room, and rounds.  
• Physicians are expected to notify staff if running late. |
| Arriving 6 or more minutes late to a large group required experience; *second* occurrence or Arriving 6 or more minutes late to a required small group or skills session; *with* proper notification, *second* occurrence or Arriving 6 or more minutes late to a required small group or skills session; *without* proper notification, *first* occurrence | Reflective essay  
Written feedback | |
| Failure to submit an assignment by the deadline without an approved extension – *second* occurrence or Failure to return resource material on time, *first* occurrence | Reflective essay  
Written feedback | • Timely completion of medical records is essential for patient safety and can delay reimbursement and result in fines or suspension of staff privileges.  
• Failure to return resource material demonstrates lack of respect for colleagues. |
| Failure to submit course evaluations by the deadline, *second* occurrence | Reflective essay  
Written feedback | • Physicians are expected to complete health records within 24 hours of seeing a patient.  
• Physicians must submit evaluations to obtain CME credit to maintain licensure. |
| Failure to submit self evaluations by the deadline, *second* occurrence | Reflective essay  
Written feedback  
*ET grade until evaluation is complete* | Physicians are expected to be able to identify personal strengths and weaknesses and be reflective about them. |
| Failure to obtain immunizations or TB tests in a timely manner | Student will be prohibited from patient contact until rectified  
Reflective essay  
Written feedback | Public health measures are in place to protect both patients and physicians and physicians must comply with them to maintain hospital privileges. |
**MODERATE Professionalism Lapses and Associated Consequences**

<table>
<thead>
<tr>
<th>Professionalism Lapses#</th>
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<tr>
<td><strong>PROFESSIONAL DEMENTOR</strong></td>
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</tr>
<tr>
<td>Inappropriate attire, missing ID, or lack of required equipment when interacting with real or simulated patients in one-on-one, small or large group settings – second occurrence</td>
<td>Reflective essay</td>
<td>Patients expect respectful attire from physicians; hospitals have attire policies that must be followed. ID badges and necessary equipment are needed to be able to care for patients.</td>
</tr>
<tr>
<td>Use of electronic equipment (laptop, cell phone, tablet, etc.) when not needed for a particular class, - third occurrence</td>
<td>Reflective essay</td>
<td>It is disrespectful to speakers to not pay full attention to their presentations.</td>
</tr>
</tbody>
</table>
| Failure to respond to administrative e-mails requesting a response within one class day – third occurrence | Reflective essay | • Physicians must respond to pages within 15 minutes of receiving them.  
• Demonstrates lack of respect |
| Failure to complete all test scantron information completely, third occurrence | Reflective essay | Physicians are expected to accurately document detailed information. |

# Professionalism lapses occur in the absence of a compelling reason

* A make-up assignment is expected for required or academic support activities as an academic rather than a professionalism issue
### MAJOR Professionalism Lapses and Associated Consequences *

<table>
<thead>
<tr>
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<tr>
<td><strong>EXAMINATION ATTENDANCE</strong></td>
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</tbody>
</table>
| More than one examination absence for the same reason per term unless registered with the Resource Center for Persons with Disabilities | Reflective essay  
Meeting with CHM Administrator  
Penalty grade | • Self care is important behavior of any professional.  
• Professional responsibility requires physicians to seek assistance when needed. |
| More than one unanticipated and unexcused tardiness to or absence from an examination in a term | | • Block III and USMLE examinations require on-time arrival.  
• Physicians are required to attend numerous events and be on time for patient care, meetings, operating room and rounds.  
• Physician tardiness can result in costly delays in patient schedules and the schedules of other physicians and staff. |
| Failure to sign-in at a required experience, but attended the entire session, *more than 3* occurrences | Reflective essay  
Meeting with CHM Administrator  
Written feedback | • Repetitive lack of attention to detail can impede a physician’s functioning and lead to patient safety problems.  
• Physicians must sign in for CME credit. |
| Unanticipated absence *without* notification, *third* occurrence, or  
Unanticipated absence with notification, *third* occurrence or  
Anticipated absence with notification but approval denied, *first* occurrence or  
Failure to obtain approval for an anticipated absence | Reflective essay  
Meeting with CHM Administrator  
Written feedback with warning to student file | • Physicians must attend many events and notify appropriate parties if unable to attend.  
• Attendance is necessary to maintain hospital privileges and obtain CME credits to maintain licensure.  
• By taking time off without notification / good reason, a doctor can damage his/her professional reputation |
| **REQUIRED LARGE GROUP ATTENDANCE** | | |
| Unanticipated absence without notification, *second* occurrence or  
Unanticipated absence with proper notification, *third* occurrence | Reflective essay  
Meeting with CHM Administrator  
Written feedback | • Physicians must attend many events and notify appropriate parties if unable to attend.  
• Patients and team members expect a physician’s full presence and participation |
| Failure to sign-in to a required small group experience, *greater than 3* occurrences | Written feedback  
Meeting with CHM Administrator | Physicians are required to sign in to CME activities to receive credit. |

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*CHM* = College of Human Medicine
<table>
<thead>
<tr>
<th>MAJOR Professionalism Lapses and Associated Consequences* (Continued)</th>
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<tbody>
<tr>
<td><strong>Professionalism Lapses</strong></td>
</tr>
<tr>
<td><strong>TIMELINESS</strong></td>
</tr>
<tr>
<td>Chronic tardiness; instances beyond what has already been defined</td>
</tr>
<tr>
<td>Failure to submit an assignment by the deadline without an approved extension</td>
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<tr>
<td>Failure to return resource material on time</td>
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<tr>
<td>Failure to submit course evaluations by the deadline</td>
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<td>Failure to submit self evaluations by the deadline</td>
</tr>
<tr>
<td>Inappropriate attire, missing ID, or lack of required equipment when interacting with real or simulated patients in one-on-one, small or large group settings</td>
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<tr>
<td>Use of electronic equipment (laptop, cell phone, tablet, etc.) when not needed for a particular class</td>
</tr>
<tr>
<td>Chronic failure to respond to faculty or staff e-mails requesting a response within one class day</td>
</tr>
<tr>
<td>Disrespectful communication with other students, staff, faculty or administrators</td>
</tr>
</tbody>
</table>

# Professionalism lapses occur in the absence of a compelling reason

* A make-up assignment is expected for required or academic support activities as an academic rather than a professionalism issue

080614
# EGREGIOUS Professionalism Lapses and Associated Consequences*

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<tbody>
<tr>
<td><strong>EXAMINATION ATTENDANCE</strong></td>
<td></td>
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</tbody>
</table>
| Unexcused but anticipated absence from an examination | A score of zero for the exam  
Reflective essay  
Meeting with CHM Administrator  
Letter to student file | • Honesty is a cornerstone of medicine.  
• Attendance is necessary to maintain hospital privileges and obtain CME credits to maintain licensure.  
• By taking time off without notification/without good reason, a doctor can damage his/her professional reputation and cause major problems for his/her practice colleagues. |
| **REQUIRED LARGE GROUP ATTENDANCE** | | |
| Sign in to required experience but then leaves with no explanation  
Enlists a fellow student to sign in for him/her or other acts of misrepresentation  
Unanticipated absence without notification, **four or more** occurrences | Reflective essay  
Meeting with CHM Administrator  
Letter to student file  
Penalty grade, if incident is course related | • Honesty is a cornerstone of medicine.  
• Attendance is necessary to maintain hospital privileges and obtain CME credits to maintain licensure.  
• By taking time off without notification/without good reason, a doctor can damage his/her professional reputation and cause major problems for his/her practice colleagues. |
| Anticipated absence with notification, but approval denied, **second** occurrence  
Failure to obtain approval for an anticipated absence, **second** occurrence. | Reflective essay  
Meeting with CHM administrator  
Letter to student file  
Penalty grade, if incident is course related | • Attendance is necessary to maintain hospital privileges and obtain CME credits to maintain licensure.  
• By taking time off without good reason, a doctor can damage his/her professional reputation and cause major problems for his/her practice colleagues.  
• Ignoring policies demonstrates a lack of respect for policy and can undermine the trust of colleagues. |
| **REQUIRED SMALL GROUP OR SKILL SESSION ATTENDANCE** | | |
| Unanticipated absence without proper notification, **three or more** occurrences | Meeting with CHM Administrator  
Letter to student file  
Penalty grade | • Physicians must attend many events and notify appropriate parties if unable to attend.  
• Patients and team members expect a physician’s full presence and participation.  
• Ignoring policies demonstrates a lack of respect for policy and can undermine the trust of colleagues. |
| Anticipated absence with notification, but approval denied  
Failure to obtain approval for an anticipated absence | Meeting with CHM administrator  
Letter to student file  
Penalty grade |  |

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*CHM = College of Human Medicine*
# EGREGIOUS Professionalism Lapses and Associated Consequences* (continued)

<table>
<thead>
<tr>
<th>Professionalism Lapses#</th>
<th>Consequences</th>
<th>Implications for Practice</th>
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</thead>
<tbody>
<tr>
<td><strong>ACADEMIC INTEGRITY</strong></td>
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<tr>
<td>Any act of academic dishonesty - <strong>first</strong> occurrence (including lying, cheating, misrepresentation, or plagiarism) <strong>or</strong> Two or more students submitting similar assignments, representing them as their own work <strong>or</strong> Submission of an assignment that is not the student’s own work and is not attributed <strong>or</strong> Attending a student exam review for a course in which the student did not take the exam</td>
<td>Meeting with CHM Administrator and Letter to student file and Penalty grade if course related</td>
<td>• Honesty is a fundamental professional expectation, and breeches can result in damage to professional reputation. • Colleagues lose trust which is difficult to regain. • Patients learn of reputation breeches and avoid consulting with you. • Not taken lightly by hospital boards, could result in a hearing or other professional sanctions, including loss of license. • In addition to the above, egregious offenses involving dishonesty (e.g., falsifying medical records, insurance fraud, etc.) can result in serious sanctions, criminal proceedings resulting in fines or jail time.</td>
</tr>
</tbody>
</table>

| Any act of academic dishonesty in any term of medical school - **second** occurrence | Automatic N grade and Letter to student file with copy to Senior Associate Dean of Academic Affairs and SPC and/or Complaint Hearing; consequences include possible dismissal from medical school – see Medical Student Rights and Responsibilities document | |

**REPEATED MAJOR OFFENSES**

| Repeated egregious or major lapses in professionalism. | Automatic N grade Letter to student file SPC and/or Complaint Hearing; consequences include possible dismissal from medical school – see MSRR document | Physicians who repeatedly act in an egregious or willful manner are at risk of losing their medical license. |

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# Professionalism lapses occur in the absence of a compelling reason

* A make-up assignment is expected for required or academic support activities as an academic rather than a professionalism issue
COURSE GRADING AND PROFESSIONALISM

Unless stated differently in the course protocol posted on D2L prior to the beginning of a course, the following grading criteria for professionalism apply to courses administered by the College. These courses include Mentor Group, Clinical Skills, and ICC in Block I, all courses in Block II, and Required HM 591.

1. All required experiences that are missed, for whatever reason, must be made up to achieve a passing grade for a course using the deadline dates specified by the Course Director.

2. If a student has more than three moderate lapses or any major or egregious lapses during a single course, the student will receive a penalty grade for the course. Whether it is a CP or an N grade will depend on the performance in the other course components and the seriousness of the infractions.
   a. The professionalism course grade is independent of any other course performance evaluation.
      1. If a student receives a CP grade for professionalism but otherwise has an overall passing grade on the other course component(s), the student will receive a CP grade for the course.
      2. If a student receives a CP or an N grade for professionalism but has received an overall non-passing grade for one or more other course component(s), the student will receive an N grade for the course.
   b. Remediation of non-passing grades for professionalism will require a meeting with the course director in consultation with the Assistant Dean/ Director of Preclinical Curriculum to define remediation requirements.

3. Remediation of an N grade for professionalism could result in course repetition. This will be individualized and determined in the meeting with the course director.

4. Students who fail to comply with the consequences of minor, moderate or major lapses as defined in the tables in the Preclinical Manual may be required to meet with the Senior Associate Dean for Academic Affairs and/or have a complaint filed against them which may result in a disciplinary hearing.

LAPSES in PROFESSIONAL CONDUCT OUTSIDE OF COURSES

Professional conduct during daily conduct of business, medical school activities, or events associated with CHM is expected. For example, if a student indicates that s/he will be in attendance at a specific event not associated with a course (as, for instance, a student organization activity, a shadowing obligation, participation in a service opportunity), it is expected that the student will be in attendance. Failing to do so (without notification for a compelling reason) is unprofessional. When brought to the attention of administration, lapses in conduct not related to classes result in professionalism feedback similar to circumstances detailed above with the exception that penalty grades are not assigned.

Repeated failures to respond to administrative e-mails within one class day or to attend scheduled meetings with course directors and administrators are unprofessional and will be noted. Repeated instances of this kind of conduct will necessitate a meeting with the Assistant Dean/Director of Preclinical Curriculum, or the Senior Associate Dean of Academic Affairs. Documentation in the student file and/or the filing of a complaint may be necessary if the conduct does not improve.
College of Human Medicine
Professional Progress
POLICIES AND PROCEDURES
STUDENT PROFESSIONAL PROGRESS ASSESSMENT

Students are evaluated on an intermittent basis according to the College’s S.C.R.I.P.T. competencies. This is accomplished in several ways as follows:

Service: This competency addresses whether the student has begun or has completed the College’s service learning requirement, HM640. Feedback will be provided
1. from the course director when the project has commenced and throughout its period of engagement
2. in a summary letter at the end of Block I and Block II sent by the Office of Preclinical Curriculum.

Care of Patients: In the preclinical curriculum, this competency addresses the knowledge, skills and attitudes contained in the Clinical Skills sequence. Feedback will be provided in both formative and summative form
1. from the course director / assistant director of Clinical Skills in the form of skill-based (including Gateway), content, and essay assessments during the courses
2. in cumulative form in summary letters sent at intervals by the Office of Preclinical Curriculum.

Rationality In the preclinical curriculum, this competency addresses the student’s ability to perceive personal strengths and weaknesses as measured in small group self-assessment exercises, comments on ability to accept feedback, and addresses performance in Epidemiology courses. Feedback will be provided in both formative and summative form using
1. verbal and written evaluations from small group preceptors when in small group settings
2. student self-evaluations administered at the completion of small group, which are then compared with those of small group preceptors
3. written e-mails from staff and administrators regarding responses to professionalism feedback
4. course director / assistant director of Epidemiology courses EPI 546 and EPI 547 feedback in the form of content assessments
5. in cumulative form in summary letters sent at intervals by the Office of Preclinical Curriculum.

Integration In the preclinical curriculum, this competency addresses medical systems and the student’s performance in the Social Context or Clinical Decision-Making sequence, the Medical Humanities course, and LPCE experiences. Feedback will be provided in both formative and summative form using:
1. mentor and patient feedback during the LPCE experiences contained within the Mentor courses
2. feedback on essays required in SCCD and Medical Humanities courses
3. in cumulative form in summary letters sent at intervals by the Office of Preclinical Curriculum.
Professionalism  This competency addresses professionalism conduct as defined in document entitled “Professionalism Feedback in the Preclinical Curriculum” found in this handbook. Feedback will be provided in both formative and summative form using:
1. communication from administrators, course directors and staff regarding praiseworthy acts of and lapses in professionalism throughout each term
2. in cumulative form in summary letters sent at intervals by the Office of Preclinical Curriculum.
3. in rare instances, when a course grade is affected by egregious or cumulative lapses in professionalism and must be entered in the student file.
4. in rare instances, when a course grade is not affected but the student has received a warning and is non-responsive to professionalism feedback. In this case, a letter is entered into the student file.

Transformation  In the preclinical curriculum, addresses academic performance on content examinations. Feedback will be provided in both formative and summative form using:
1. exam performance throughout the term in Block I
2. stimulus questions, practice questions and content exam feedback in PBL
3. in cumulative form in summary letters sent at intervals by the Office of Preclinical Curriculum.

Interval Schedule for Summary Letters on Professional Progress from the Office of Preclinical Curriculum:
For Block I Students:
Before the Spring term of year 1
At the completion of the Block I curriculum

For Block II Students:
Before the Spring term of year 2
At the completion of the Block II curriculum

The schedule may differ for students who have extended their curriculum. All S.C.R.I.P.T. competencies will be addressed at the completion of the Block curricula for both years.

Content of Summary Letters:
Interval summary letters of the student’s performance will be sent to the student, key administrators, and placed in the student’s file. This letter is meant to give students summary feedback on their performance in the preclinical curriculum according to the standards of the College. It is summarized according to the S.C.R.I.P.T. competencies using the rubric that follows:
Service
*Rubric for HM640:*
- You have successfully completed your Service Learning requirement. Congratulations!
- You have begun but have not yet completed your Service learning requirement. Good job on initiating this requirement!
- You have not yet had your Service learning project approved. If you are not sure how to begin, consult the preclinical manual and contact the course director for assistance.

Care of Patients
*Rubric for HM531: Interactional Skills*
- **Students that pass interview #4 on the first attempt:**
  You demonstrated an good understanding of the method for conducting a patient-centered medical interview. You demonstrated skill in the exploration of the physical, personal, and emotional components of the patient's presenting problem. Remember you will need to continue to practice these skills to maintain your proficiency.
- **Students that pass interview #4 after the group remediation session:**
  You demonstrated understanding of the method for conducting a patient-centered medical interview. With some additional instruction, you became more proficient in the exploration of the physical, personal, and emotional components of the patient's presenting problem. Remember you will become stronger at these skills as long as you continue to practice them whenever you have the opportunity.
- **Students that require additional instruction beyond the group remediation session, and have fully completed this:**
  You worked on developing an adequate understanding of the prescribed method for conducting a patient-centered medical interview. You needed additional practice on adequately exploring the physical, personal, and emotional components of the patient's presenting problem. You have completed the Interactional Skills requirements. Remember you will need to continue to practice these skills and solicit feedback from others to get stronger in these critical communication skills.
- **Students that require additional instruction beyond the group remediation session, and have NOT fully completed this:**
  You worked on developing an adequate understanding of the prescribed method for conducting a patient-centered medical interview. You needed additional practice on adequately exploring the physical, personal, and emotional components of the patient's presenting problem. You have not yet completed the Interactional Skills requirements and currently have an ET grade. Remember you will need to continue to practice these skills and solicit feedback from others to get stronger in these critical communication skills.

*Rubric for HM 531: Introduction to the Patient-Physician Relationship:*
- **Students with 3’s on Reflective Project and Final Written Assignment (total of 6 points):**
  You demonstrated a strong understanding of the importance of the patient-physician relationship, the many factors that influence that relationship, and the professional and ethical codes that physicians are expected to follow. Continue to look to strong mentors and role models as you develop your clinical skills.
- **Students with Reflective Project and Final Written Assignment - total of 5 points:**
  You demonstrated a good understanding of the importance of the patient-physician relationship, the many factors that influence that relationship and the professional and
ethical codes that physicians are expected to follow. Continue to look to strong mentors and role models as you develop your clinical skills.

- **Students with Reflective Project and Final Written Assignment - total of 4 points:**
  You demonstrated an adequate understanding of the importance of the patient-physician relationship, the many factors that influence that relationship, and the professional and ethical codes that physicians are expected to follow. Continued attention to reflecting on this relationship and its professional conduct and ethical implications will be important. Working with strong mentors and role models as you develop your clinical skills will be useful to you.

- **Students with Reflective Project and Final Written Assignment - total of less than 4 points – all remediated:**
  You had difficulty exploring the issues around the importance of the patient-physician relationship, the many factors that influence that relationship and the professional and ethical codes that physicians are expected to follow. You have remediated your assignments to reach the expected level; however, continued attention to reflecting on this relationship and its professional conduct and ethical implications will be important. Working with strong mentors and role models as you develop your clinical skills will be useful to you.

- **Students with Reflective Project and Final Written Assignment - total of less than 4 points – not yet remediated:**
  You had difficulty exploring the issues around the importance of the patient-physician relationship, the many factors that influence that relationship and the professional and ethical codes that physicians are expected to follow. You need to complete remediation of your assignments to reach the expected level, and you currently have an ET grade. Continued attention to reflecting on this relationship and its professional conduct and ethical implications will be important. Working with strong mentors and role models as you develop your clinical skills will be useful to you.

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**Rubric for HM 532: The Core Physical Examination**

- **96% +**
  You performed excellently on your physical exam performance, demonstrating strong physical evaluation techniques, achieving 96% or more of the exam checklist items. Please continue developing your skills through practice, for use in your clinical future.

- **92-95%**
  You performed satisfactorily on your physical exam performance, demonstrating good physical evaluation techniques, achieving 92% or more of the exam checklist. Please review the feedback from your performance, and further develop your skills through practice, for use in your clinical future.

- **<92% and passed remediation**
  You did not perform satisfactorily on your first physical exam performance, but have completed additional practice, and have performed satisfactorily on your physical exam remediation, demonstrating good physical evaluation techniques, achieving 92% or more of the exam checklist. Please review the feedback from your performances, and further develop your skills through practice, for use in your clinical future.

- **<92% and did not pass remediation yet**
  You did not perform satisfactorily on your first physical exam performance. You needed additional practice on your physical examination techniques. You have not yet completed the required level of performance for the physical examination final and currently have an
ET grade. Please review the feedback from your performances, and further develop your skills through practice, for use in your clinical future.

- **Additional language for patient education**
  You successfully completed the Patient Education interview and feedback session, demonstrating the ability to educate and foster good health practices in patients. Please continue to work on your interviewing techniques, and remember you will need to continue to practice these skills and solicit feedback from others to get stronger in these critical communication skills.

- **Any unsatisfactory performance on patient education will result in personalized language.**

**Rubric for HM 533:**

**Sexual Concern Interview**

Summate the points given in the preceptor feedback evaluation (“Very Well” = 2 points, “Acceptable” = 1 point, “Needs more practice” = 0 points)

- **Students who scored 15 points or more in preceptor feedback evaluation:**
  You demonstrated a very good understanding of conducting a sexual concern interview on a simulated patient. Your communication, empathy, and sensitivity to the patient’s feelings were evident.

- **Students who scored 10-14 points in preceptor feedback evaluation:**
  You demonstrated an acceptable understanding of conducting a sexual concern interview on a simulated patient. Your communication, empathy, and sensitivity to the patient’s feelings were good. Continue to learn from this experience to become more proficient in these skills.

- **Students who scored <10 points in preceptor feedback evaluation:**
  You demonstrated some understanding of conducting a sexual concern interview on a simulated patient, but you will need more practice. Becoming proficient in communication and showing empathy and sensitivity to a patient’s feelings takes time. Review the material for this topic and speak to a mentor regarding your development of these skills.

- **Those with significant deficiencies will have individualized language**
  - Students who received a “Needs more practice” designation in any sub-category in preceptor feedback evaluation get this additional notation:
    Review carefully your preceptor comments about areas where improvement is needed along with using your own review of the encounter in order to become more competent in these skills.

**Adolescent Interview**

- **Students who scored Yes on all the items in the preceptor feedback**
  You demonstrated a very good understanding of the issues involved in conducting an Adolescent interview. Your understanding of the physical, cognitive, and social/emotional development related to adolescence, description of their common problems and conducting a health risk assessment were evident.

- **Students who scored 1 or 2 items with NO in the preceptor feedback**
  You demonstrated an acceptable understanding of the issues involved in conducting an Adolescent interview. Please utilize the preceptor feedback in continuing to become more proficient in demonstrating understanding of the physical, cognitive, and social/emotional development related to adolescence, describe their common problems and to conduct a health risk assessment.
• **Students who scored more than 2 NO’s on the items in the preceptor feedback**
  With some notable exceptions, you demonstrated an adequate understanding of the issues involved in conducting an Adolescent interview. Please utilize the preceptor feedback in becoming more competent in demonstrating understanding of the physical, cognitive, and social/emotional development related to adolescence, describe their common problems and to conduct a health risk assessment. Review the material for this topic and speak to a mentor regarding your development of these skills.

• **Those with significant deficiencies will have individualized language**

**End of summer assignment**
*(Based on initial scoring of assignment, prior to any remediation)*

• **Students with a score of >13/18 points**
  You demonstrated a very good understanding about the salient points regarding the importance of communication with health records, Review of Systems, and some of the variables contributing to patient health. Continue to develop in this understanding as you transition to more advanced clinical skills.

• **Students with a score of 9-12**
  You demonstrated acceptable understanding about the salient points regarding the importance of communication with health records, Review of Systems, and some of the variables contributing to patient health. Continue to develop in this understanding as you transition to more advanced clinical skills.

• **Students with a score <9**
  With some notable exceptions, you demonstrated an adequate understanding about the salient points regarding the importance of communication with health records, Review of Systems and some of the variables contributing to patient health. Please reflect on the areas of difficulty with your performance and continue to develop in these areas as you transition to more advanced clinical skills.

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**Rubric for HM 534:**

**Skills Experiences with Health Records**

• **Students scoring an average of >=88% on their Health Records:**
  Your documentation in health records overall was excellent. You were able to discern and effectively communicate pertinent history and physical exam findings, provide an assessment of the medical problem(s) with differential diagnoses, and elucidate a plan to manage those problems.

• **Students scoring an average of 80-87.99% on their Health Records:**
  Your documentation in health records overall was good. You were able to communicate pertinent history and physical exam findings, provide an assessment of the medical problems(s) with differential diagnoses, and elucidate a plan to manage those problems.

• **Students scoring an average of 75-79.99% on their Health Records:**
  Your documentation in health records overall was adequate. You should practice studying the various formats and components of effective health record writing in the CHM Health Record Protocol. Continue to be mindful of how to communicate pertinent history and physical exam findings, provide an assessment of medical problem(s) with differential diagnoses, and elucidate a plan to manage those problems.

• **Students scoring an average of <75% on their Health Records:**
  Your documentation in health records overall did not meet expectations, although you did remediate health records as required. You should practice studying the various formats and components of effective health record writing in the CHM Health Record Protocol, and seek
additional tutoring from academic support services. Be mindful of how to communicate pertinent history and physical exam findings, provide an assessment of medical problem(s) with differential diagnoses, and elucidate a plan to manage those problems.

**Adult Hospital Visit Oral Case Presentation**

- Your oral case presentation for the Adult Hospital Visit was in a systematic fashion and appropriate for your level of training.
- Your oral case presentation for the Adult Hospital Visit was not as systematic as it could have been. You should strive to practice and improve this skill.

**Giving Bad News**—Summate the points given in the preceptor feedback evaluation (“Very Well” = 2 points, “Acceptable” = 1 point, “Needs more practice” = 0 points)

- **Students who scored 23 points or more in preceptor feedback evaluation:** You demonstrated a very good understanding of how to give bad news to a simulated patient. Your communication, empathy, and sensitivity to the patient’s feelings were evident.
- **Students who scored 15-22 points in preceptor feedback evaluation:** You demonstrated an acceptable understanding of how to give bad news to a simulated patient. Your communication, empathy, and sensitivity to the patient’s feelings were good. Continue to learn from this experience to become more proficient in these skills.
- **Students who scored <15 points in preceptor feedback evaluation:** You demonstrated some understanding of how to give bad news to a simulated patient, but you will need more practice. Becoming proficient in communication, and showing empathy and sensitivity to a patient’s feelings takes time. Continue to learn from this experience with the preceptor comments and your own review of the encounter to become more competent in these skills.
- **Students who received a “Needs more practice” designation in any sub-category in preceptor feedback evaluation get this additional comment:** You need more practice in some area of how to give bad news. Continue to learn from this experience with the preceptor comments and your own review of the encounter to become more competent in these skills.

**Performance-Based Skills Assessments (Neurologic and Established Problem Visit—each listed individually in letter)**

**Communication/Interpersonal Skills and Information Gathering**

- **Students scoring >=88% in the Interview Portion:** Your communication/interpersonal skills and information gathering (interviewing) techniques were excellent. Keep up the good work.
- **Students scoring 80-87.99% in the Interview Portion:** Your communication/interpersonal skills and information gathering (interviewing) techniques were good.
- **Students scoring 75-79.99% in the Interview Portion:** Your communication/interpersonal skills and information gathering (interviewing) techniques were adequate. You should practice the skills you learned in HMS31—facilitating, patient-centered and doctor-centered interviewing, and symptom dimensions.
- **Students scoring <75% in the Interview Portion:** Your communication/interpersonal skills and information gathering (interviewing) techniques did not meet expectations, and remediation was required. You need to practice the skills you learned in HMS31—facilitating, patient-centered and doctor-centered interviewing, and symptom dimensions.
Physical Exam

- **Students scoring >=88% in the Physical Exam:**
  Your physical exam was excellent, as you conducted most or all of the key pertinent steps.

- **Students scoring 80-87.99% in the Physical Exam:**
  Your physical exam was good, as you conducted many of the key pertinent steps.

- **Students scoring 75-79.99% in the Physical Exam:**
  Your physical exam was adequate. You should review and memorize the components of the relevant portion of the physical exam.

- **Students scoring <75% in the Physical Exam:**
  Your physical exam did not meet expectations, and remediation was required. You should review and re-memorize the components of the relevant portion of the physical exam.

**Rubric for HM535:**

Skills Experiences with Health Records

- **Students scoring an average of >=88% on their Health Records:**
  Your documentation in health records overall was excellent. You were able to discern and effectively communicate pertinent history and physical exam findings, provide an assessment of the medical problem(s) with differential diagnoses, and elucidate a plan to manage those problems.

- **Students scoring an average of 80-87.99% on their Health Records:**
  Your documentation in health records overall was good. You were able to communicate pertinent history and physical exam findings, provide an assessment of the medical problem(s) with differential diagnoses, and elucidate a plan to manage those problems.

- **Students scoring an average of 75-79.99% on their Health Records:**
  Your documentation in health records overall was adequate. You should practice studying the various formats and components of effective health record writing in the CHM Health Record Protocol. Continue to be mindful of how to communicate pertinent history and physical exam findings, provide an assessment of medical problem(s) with differential diagnoses, and elucidate a plan to manage those problems.

- **Students scoring an average of <75% on their Health Records:**
  Your documentation in health records overall did not meet expectations, although you did remediate health records as required. You should practice studying the various formats and components of effective health record writing in the CHM Health Record Protocol, and seek additional tutoring from academic support services. Be mindful of how to communicate pertinent history and physical exam findings, provide an assessment of medical problem(s) with differential diagnoses, and elucidate a plan to manage those problems.

**Child Hospital Visit Oral Case Presentation**

- Your oral case presentation for the Child Hospital Visit was in a systematic fashion and appropriate for your level of training.

- Your oral case presentation for the Child Hospital Visit was not as systematic as it could have been. You should strive to practice and improve this skill.
Performance-Based Skills Assessments (Urinary Tract)

Communication/Interpersonal Skills and Information Gathering

- **Students scoring >=88% in the Interview Portion:**
  Your communication/interpersonal skills and information gathering (interviewing) techniques were excellent. Keep up the good work.

- **Students scoring 80-87.99% in the Interview Portion:**
  Your communication/interpersonal skills and information gathering (interviewing) techniques were good.

- **Students scoring 75-79.99% in the Interview Portion:**
  Your communication/interpersonal skills and information gathering (interviewing) techniques were adequate. You should practice the skills you learned in HM531—facilitating, patient-centered and doctor-centered interviewing, and symptom dimensions.

- **Students scoring <75% in the Interview Portion:**
  Your communication/interpersonal skills and information gathering (interviewing) techniques did not meet expectations, and remediation was required. You need to practice the skills you learned in HM531—facilitating, patient-centered and doctor-centered interviewing, and symptom dimensions.

Performance-Based Skills Assessments (CardioSim)

Communication/Interpersonal Skills and Information Gathering (C/IS and IG)

- **Students scoring >=88% in the Interview Portion:**
  Your communication/interpersonal skills and information gathering (interviewing) techniques were excellent. Keep up the good work.

- **Students scoring 85-87.99% in the Interview Portion:**
  Your communication/interpersonal skills and information gathering (interviewing) techniques were good.

- **Students scoring 80-84.99% in the Interview Portion:**
  Your communication/interpersonal skills and information gathering (interviewing) techniques were adequate. You should practice the skills you learned in HM531—facilitating, patient-centered and doctor-centered interviewing, and symptom dimensions.

- **Students scoring <80% in the Interview Portion:**
  Your communication/interpersonal skills and information gathering (interviewing) techniques did not meet expectations, and remediation was required. You need to practice the skills you learned in HM531—facilitating, patient-centered and doctor-centered interviewing, and symptom dimensions.

Physical Exam

- **Students scoring >=88% in the Physical Exam:**
  Your physical exam was excellent, as you conducted most or all of the key pertinent steps.

- **Students scoring 80-87.99% in the Physical Exam:**
  Your physical exam was good, as you conducted many of the key pertinent steps.

- **Students scoring 75-79.99% in the Physical Exam:**
  Your physical exam was adequate. You should review and memorize the components of the relevant portion of the physical exam.
• **Students scoring <75% in the Physical Exam:**
  Your physical exam did not meet expectations, and remediation was required. You should review and re-memorize the components of the relevant portion of the physical exam.

**Block II Care of Patients Gateway Performance**

• **Students scoring >=95% on all the scored exam and history taking stations, and passed the health record**
  You performed above 95% on all the exam and history taking stations, and passed the health record, for the Block II Gateway. You should be very pleased with this result. Nonetheless, do not forget to continue to practice your history and physical exam skills in preparation for Block III. When you start your clerkships, ask preceptors to watch you perform physical exam skills, and to continue to give you feedback on your exam, your history-taking, and your health records.

• **Students scoring above passing on all the exam and history taking stations, and passed the health record**
  You performed above the passing standard on all stations, and passed the health record, for the Block II Gateway. You should be pleased with this result. Nonetheless, do not forget to continue to practice your history and physical exam skills in preparation for Block III. When you start your clerkships, ask preceptors to watch you perform physical exam skills, and to give you feedback on your exam, your history-taking, and your health records.

• **Students needing to remediate one or more stations**
  You performed above the passing standard for these stations for the Block II Gateway: XXXXXXXXXXXXXXXXX and you remediated the following stations, after initially performing below the passing standard for these areas: XXXXXXXXXXXXXXXXXXXXX.
  Do not forget to continue to practice your history and physical exam skills in preparation for Block III. When you start your clerkships, it will be particularly important for you to ask preceptors to watch you perform physical exam skills, and to give you feedback on your exam, your history-taking, and your health records.

**Rationality**

*Rubric for Epidemiology Courses:*

• You successfully completed (EPI 546, EPI 547) course and have (begun to) attain(ed) the background to apply evidence from scientific studies to your patients.
• You obtained a CP grade in (EPI 546, EPI 547) and subsequently obtained a P grade on a remediation examination.
• You obtained a CP grade in (EPI 546, EPI 547) and still need to take the remediation exam.
• You obtained a CP grade in (EPI 546, EPI 547) and did not pass the remediation exam, necessitating course repetition.

*Rubric for Self-Assessment:*

• You completed your self-assessments for your small group exercises and your preceptors felt that you have accurate insight into your strengths and areas for improvement. These kinds of reflections constitute an important part of your ongoing professional and personal development, and will be useful throughout your career.
Your self-assessments for one or more of your small group experiences did not reflect adequate identification of areas for improvement. This required a meeting to discuss an expansion of your self-assessment, which (I hope will, did) result(ed) in improvement in your next self-evaluation.

Your self-assessments for one or more of your small group experiences did not reflect adequate identification of areas for improvement. This required a meeting to discuss an expansion of your self-assessment, which did not result in improvement in your next self-evaluation. This is a concern that requires serious thought and a plan for improvement.

**Rubric for Accepting Feedback from Small Group Preceptors, Staff, Course Directors, and/or Administrators:**

- You consistently accepted feedback willingly and in a respectful manner and acted upon it to strengthen your performance. This receptivity and the skill to use data to improve your performance will serve you well.
- You appeared to accept feedback willingly and in a respectful manner but provided insufficient evidence that you utilized feedback to improve your performance. Please reflect on this and try to determine a way to incorporate feedback into your professional conduct more effectively.
- You were resistant to accepting feedback and did not use it optimally so that you could improve your performance. This is an area of concern that requires serious thought and a plan for improvement.

**Integration**

**Rubric for LPCE**

**Spring/Summer terms Block I:**

- **A) All 4 LPCE visits accomplished successfully**
  You have successfully completed LPCE assignments 1-4, allowing you to gain understanding of chronic illness, and the complex interactions between patients, their beliefs, expectations, and their social environment. Please continue to develop your relationship with your volunteer to further your understanding.

- **B) All LPCE assignments accomplished successfully**
  You have successfully completed all LPCE assignments, allowing you to gain understanding of chronic illness, and the complex interactions between patients, their beliefs, expectations, and their social environment.

- **Less than 4 visits accomplished successfully, but with appropriate extensions**
  You have not successfully completed all 3 of the required LPCE assignments, due to extenuating circumstances. LPCE this semester allows you gain understanding of chronic illness, and the complex interactions between patients, their beliefs, expectations, and their social environment. It is unfortunate that you and your volunteer have not been able to coordinate visits. Please continue to develop your relationship with your volunteer to further your understanding.

- **Less than 4 visits accomplished successfully, without appropriate extensions**
  You have not successfully completed all 3 of required LPCE assignments, without appropriate extension. LPCE this semester allows you gain understanding of chronic illness, and the complex interactions between patients, their beliefs, expectations, and their social environment. It is unfortunate that you have not been able to complete the LPCE requirements. Please continue to develop your relationship with your volunteer to further your understanding.
• **Less than 4 visits accomplished successfully, but with appropriate extensions**
  You have not successfully completed the 1 required Summer LPCE assignment, due to extenuating circumstances. LPCE this semester allows you gain understanding of chronic illness, and the complex interactions between patients, their beliefs, expectations, and their social environment. It is unfortunate that you and your volunteer have not been able to coordinate visits. Please continue to develop your relationship with your volunteer to further your understanding.

• **Less than 4 visits accomplished successfully, *without* appropriate extensions**
  You have not successfully completed the 1 required Summer LPCE assignment, without appropriate extension. LPCE this semester allows you gain understanding of chronic illness, and the complex interactions between patients, their beliefs, expectations, and their social environment. It is unfortunate that you and your volunteer have not been able to coordinate visits. Please continue to develop your relationship with your volunteer to further your understanding.

• **No LPCE visits accomplished**
  Verbiage will be personalized

• **Not currently participating in LPCE**
  You were not required to participate in the Longitudinal Patient Centered Experience (LPCE) during the Spring/Summer terms.

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**Fall term Block II:**

• **Two LPCE visits accomplished successfully**
  You have successfully completed both required Fall LPCE assignments, allowing you to gain understanding of chronic illness and how it affects end of life decisions, as well as the effects of health care policy. You have completed the Longitudinal Patient-Centered Experience. Please take your understanding of chronic illness and patient-centered care forward with you as you encounter patients in the future.

• **One or both LPCE visits not accomplished successfully, with appropriate extension**
  You have not successfully completed both required Fall LPCE assignments, due to extenuating circumstances. LPCE this semester allows you to gain understanding of chronic illness and how it affects end of life decisions, as well as the effects of health care policy. When you complete the Longitudinal Patient-Centered Experience, you will gain understanding of chronic illness and patient-centered care that you can take forward with you as you encounter patients in the future. It is unfortunate that you and your volunteer have not been able to coordinate visits. Please continue to develop your relationship with your volunteer to further your understanding.

• **One or both LPCE visits not accomplished successfully, *without* appropriate extension**
  You have not successfully completed both required Fall LPCE assignments, without appropriate extension. LPCE this semester allows you to gain understanding of chronic illness and how it affects end of life decisions, as well as the effects of health care policy. When you complete the Longitudinal Patient-Centered Experience, you will gain understanding of chronic illness and patient-centered care that you can take forward with you as you encounter patients in the future. It is unfortunate that you have not been able to complete the LPCE requirements. Please continue to develop your relationship with your volunteer to further your understanding.
LPCE Spring term, Block II
Wording individualized for students with extensions into Spring.

**Rubric for SCCD**

**Fall term**
- You demonstrated an excellent understanding of how ethical issues may arise in medical practice; and the need for open communication among health care professionals, patients and their family members when dealing with these ethical concerns when they occur.
- You demonstrated a good understanding of how ethical issues may arise in medical practice; the need for open communication among health care professionals, patients, and their family members when dealing with these ethical concerns.
- With some exceptions, you had an adequate understanding of how ethical issues may arise in medical practice; and the need for open communication among health care professionals, patients and their family members when dealing with these ethical concerns.

**Spring term Block II HM 547:**
- You demonstrated an excellent understanding of various components of medical practice, which include ethical, professional, and economic issues affecting care. You were notably proficient in your understanding of how cost and allocation of resources factor into patient care plans.
- You demonstrated a good understanding of various components of medical practice, which include ethical, professional, and economic issues affecting care. You were proficient in your understanding of how cost and allocation of resources factor into patient care plans.
- With some exceptions, you had an adequate understanding of various components of medical practice, which include ethical, professional, and economic issues affecting care. You were mostly competent in your understanding of how cost and allocation of resources factor into patient care plans.

**Spring term Block II HM 548:**
- Your performance in the Medical Humanities course demonstrated an understanding that medical practice is more than just knowing the scientific basis of disease.
- Your performance in the Medical Humanities course exhibited some gaps in your understanding that medical practice is more than just knowing the scientific basis of disease, which required remediation.

**Professionalism**

**Rubric for Professionalism:**
- You modeled exemplary professional conduct throughout the term by accumulating praise citations and by promptly attending all required activities, dressing appropriately for clinical activities, communicating with administrators and staff when appropriate, and submitting all required assignments on time. Congratulations!
- You modeled excellent professional conduct throughout the term by promptly attending all required activities, dressing appropriately for clinical activities, communicating with administrators and staff when appropriate, and submitting all required assignments on time. Congratulations!
- With few exceptions, you modeled very good professional conduct throughout the preclinical curriculum, promptly attending required activities, dressing appropriately for
clinical activities, communicating with administrators and staff when appropriate, and submitting required assignments on time.

- You required meetings with administrators to address professionalism concerns. You responded well to this feedback and your conduct improved.
- Please refer to the letter in your file dated XXXXX regarding your professional conduct. Since then, you (have/have not) improved your professionalism performance.

Notes:
1. We will find the median and standard deviation from last year’s data and award students statement #1, #2, or #3 if their performance is at least one standard deviation below the median for professionalism lapses.
2. Those below one standard deviation will receive statement #4 or will be referred to the letter to their file dated XXX.

Transformation
Rubric for semester / block cumulative grades:

- **90% or greater**
  Congratulations on your outstanding (90% or above) overall performance in the (Block I/Block II) coursework. As you can see from the table below, CHM students who achieve an overall score of 90% or above have a first-time USMLE Step 1 pass rate of XXXX%. You have clearly mastered the material for which you were responsible, and you are to be commended for this accomplishment. Your demonstration of a commitment to excellence is exemplary. Keep up the great work!!!!!!!!!

- **85-89.9%**
  Congratulations on your excellent (85% - 89.9 %) overall performance in the (Block I/Block II) coursework. As you can see from the table below, Block I CHM students who achieve overall scores at or above 85% have a first-time USMLE Step I pass rate of XXXX%. You have demonstrated mastery of the material for which you were responsible and you are to be commended for this accomplishment. Keep up the great work!!!!!!!!!

- **80-84.9%**
  Your overall average, although good, (between 80 % - 84.9 %) does not reflect complete mastery of the course material. As you can see from the table below, CHM students whose overall (Block I/Block II) average is in this range have an USMLE Step 1 first-time pass rate of XXX % and (for Block I students), may experience difficulty in PBL in Block II.

- **75-79.5%**
  Your overall average, between 75 and 79.9%, is considered marginal, in that it does not reflect mastery of the course material. Because we are committed to the success of each student, this concerns us, and it should concern you. As you can see from the table below, CHM students whose overall (Block I/Block II) average is in this range have a USMLE Step 1 first-time pass rate of only XXX%, and (for Block I students, are much less likely to do well in PBL in Block II).

- **<75%**
  Your overall average is below passing. Because we are committed to the success of each student, this concerns us, and it should concern you. As you can see from the table below, CHM students whose overall (Block I/Block II) average is in this range have a USMLE Step 1 first-time pass rate of only XXX%, and (for Block I students, are much less likely to do well in PBL in Block II).
In summary, this information is intended to provide students with a summary of professional progress according to S.C.R.I.P.T competency data and is meant to make the College’s educational competencies as transparent as possible as well as to support your ongoing learning needs.
STUDENT ACADEMIC PROGRESS ASSESSMENT

Academic mastery of the content of the preclinical curriculum at CHM is expected of every medical student. This means that students should achieve a minimum of an 85% on all exams. This takes a lot of hard work and typically means that students devote 60-80 hours per week to academics, including class time.

MSU Transcript
CHM is a pass/fail medical school. This means that the official MSU transcript maintained by the registrar and sent to graduate programs will indicate only whether a course was passed, had a conditional pass grade, or a non-passing grade. In effect, a student will be competing only with her/himself rather than with colleagues. A student’s goal should be similar to the goal of all good practicing physicians...to aim for excellence.

Internal Transcript
CHM maintains an internal transcript to monitor a student’s academic progress through the curriculum. It contains a student’s overall performance score in every course, and when applicable, data on remediation examination performance. It is used by the Office of Preclinical Curriculum when counseling individual students and by the Student Performance Committee during a hearing if a student has been suspended pending dismissal for lack of academic progress (see the “Student Performance Committee” document for criteria). In very unusual circumstances, and only at the request of a student, would any numerical data from the internal transcript, including Block performance scores, be shared with an external source. An exception is the recognition of academic excellence in the Medical Student Performance Evaluation (Dean’s) letter.

Academic Progress Meetings
The faculty in the Office of Preclinical Curriculum is dedicated to the success of every student. Once every 3-4 weeks, each student’s academic progress is evaluated by the Assistant Dean/ Director of Preclinical Curriculum, the Block I and Block II Directors, and the Academic Support faculty. Students who are achieving below 80% in any of their courses will have follow-up from the Block Director or Academic Support faculty to identify circumstances that are impeding successful academic achievement.

If academic difficulty continues, individual meetings are often called that include the student, the Block Director, and the Academic Support faculty. At the meeting, a diagnostic interview is conducted to understand the student's analysis of why the situation has occurred and to help develop a prescription to prevent future problems. Students may feel that this is a punitive action but, quite the contrary, it is a problem-solving activity to assist students in adjusting to the overall demands of medical school or the rigors of a particularly challenging course. Students are encouraged to make contact with the Director of Academic Support to discuss study strategies on a proactive basis.

If a student is working hard, using the resources of the College, and still struggling, the Block director may recommend that s/he extend his or her program. Having more time to devote to studying for any given course can be a prescription for success. Whenever a student is contacted, remember that our goal is to help you become the best physician that you can possibly be.

Academic Review Meetings
At the end of each term, a formal meeting with the CHM records officer and all faculty in the Office of Preclinical Curriculum and the Office of Student Affairs and Services is conducted. At that meeting, every student's progress through the curriculum is reviewed to confirm that the student continues to be in good academic standing in the College. For students who are having academic difficulty, a determination will be made as to whether the student has met the criteria for Academic Review status or Suspension Pending Dismissal from the College (see link in this manual to document entitled “Student Performance Committee” for criteria and procedures, which may differ depending on the year of matriculation; also see below). Following the Academic Review meeting, a student who has met the criteria for Academic Review status or Suspension Pending Dismissal from the College will receive an official letter from the Assistant Dean or
Director of Preclinical Curriculum notifying him or her of the change in academic status, with an outline of the actions that are required by the student. This letter will be circulated to those who have a “need to know” and will also be placed in the student’s file.

**Student Performance Committee (SPC)**
The Student Performance Committee is an elected body of faculty charged with setting standards and policy regarding acceptable student progress in medical school. Members are appointed by the Dean of the College as well. The committee is responsible for promoting students and recommending which students have met graduation requirements. When a student reaches Academic Review status a letter of reflection with a plan for the future must be written by the student to the SPC. The letter of reflection will be viewed by the chair and co-chair of the SPC as well as by pertinent College administrators. A reply to the letter will come from a member of the SPC. The letter of reflection and its response are entered into an SPC file and do not become part of the official student record, but will be viewed if the student has an SPC hearing. The SPC is the body that hears an appeal of a student who has been Suspended Pending Dismissal to determine if circumstances favor student reinstatement.

**Academic Review Status**
Students who have reached the requisite number of CP or N grades in required courses will receive a formal letter informing them of their Academic Review status as soon as that criterion has been met. All steps that a student with a changed academic status must take will be detailed in the letter, which will be placed in the student’s official file. A change in academic status has implications on what courses the students may take in the future, in what extra-curricular activities he or she may be engaged, what academic support activities are required, and whether or not a student must extend his or her curriculum. All students on Academic Review must enroll in at least one credit of HM 591 - Independent Study each fall and spring term that they are enrolled in a course or are studying for the USMLE Step 1 examination for the duration of the time that they remain on Academic Review. See the documents in this manual entitled “Policies Related to Academic Review or Probation” and “Extended Curricular Programs”.

**Suspension Pending Dismissal Status**
Students who have reached the requisite number of N grades in required courses will receive a formal letter informing them of their Suspension Pending Dismissal status as soon as that criterion has been met. This effectively means that unless a student wishes to request a hearing before the Student Performance Committee, s/he will be dismissed from the College of Human Medicine. All steps that a student with a changed academic status must take will be detailed in the letter, which will be placed in the student’s official file. There is a time limit related to the request for a hearing which the student must follow. If a hearing is conducted and the SPC finds in favor of the student, s/he will be placed on Probation for the remainder of the Preclinical Curriculum. All of the restrictions listed under “Academic Review” above also apply to students on Probation. All students on Probation must enroll in at least one credit of HM 591 - Independent Study each fall and spring term that they are enrolled in a course or are studying for the USMLE Step 1 examination until the USMLE Step I examination is passed. See the documents in this manual entitled “Policies Related to Academic Review or Probation” and “Extended Curricular Programs”.

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Dropping Courses and Course Withdrawal

General Policies for Students Who Drop Courses (also see Extended Program section):

- University policy requires that students who wish to drop a course must do so before the CHM drop deadline of the course offering to avoid recording a grade in the course (see next pages). In this case, the course will not appear on the student's transcript; however, if the student is not passing the course at the time that the course is dropped, it will be "counted" when applying academic review status criteria at CHM. In most cases, dropping a required medical school course will result in a need to extend the student’s curricular plan. The student must consult with the Block Director/Assistant Director before dropping a required medical school course.

- During Fall Semester of Block I, students are not permitted to drop both ANTR 551 (Anatomy) and PSL 534 (Cell Biology and Physiology I).

- During Spring Semester of Block I, MMG 522-Microbiology/Immunology and PSL 535-Cell Biology and Physiology II are prerequisites (taken prior to or concurrently) for HM 561-Pathology.

- During Summer Semester of Block I, RAD 553 (Radiology) should be taken after ANTR 551 has been completed, if possible. PHM 563 (Pharmacology) must be taken in the final summer of Block I study (immediately prior to PBL).

- If a student extends her/his curriculum in Block I, s/he may take non-PBL Block II courses during the second, but not the first year of study and may not enter the PBL curriculum until all Block I courses are completed successfully.

- After the university drop date, approval by the Assistant Dean of Preclinical Curriculum is required to drop a course. This is termed a “Dean’s drop” and can be granted only for compelling reasons.

Policy Regarding Dropping ALL Courses During an Enrollment Period or Between Terms:
A student wishing to drop all courses in a term or who chooses to disenroll/not enroll in a term in which normal medical school courses are offered must act in accordance with CHM’s policy regarding leave of absence (LOA). This will necessitate a meeting with the necessary administrators designated on the LOA form, and the student must complete and sign the necessary paperwork. Reentry to the College will require that the student re-sign the technical Standards document that was signed at College admission. (See LOA policy). The exception to this LOA policy occurs when a student extends their curriculum in Block I and chooses not to enroll in summer courses during the first summer. LOA paperwork is not required since the student is not required to enroll in courses during this term.

Permanent Voluntary Medical School Withdrawal:
A student who withdraws from CHM on a permanent basis should send a letter to the Senior Associate Dean of Academic Affairs to document his/her intent. If a student wishes to regain admission to CHM after withdrawal, he or she must re-apply through the normal admissions process. There is no guarantee that readmission will be granted.
<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Name</th>
<th>Course Dates*</th>
<th>CHM Drop Deadline (No Grade Reported)*</th>
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<tr>
<td><strong>Fall Semester 2014 – Year 1</strong></td>
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<tr>
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<td>BMB 526</td>
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<td>HM 571</td>
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<tr>
<td>HM 531</td>
<td>Clinical Skills</td>
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<td>10/17</td>
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<td>HM 581</td>
<td>Year 1 Mentor Program</td>
<td>08/25-12/12</td>
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<tr>
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<td>NOP 552</td>
<td>Neuroscience</td>
<td>01/12-05/08</td>
<td>03/04</td>
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<td>Medical Microbiology</td>
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<tr>
<td>PSL 535</td>
<td>Cell Biology &amp; Physiology II</td>
<td>01/12-03/20</td>
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<td>HM 572</td>
<td>Integrative Clinical Correlation</td>
<td>01/12-05/08</td>
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<tr>
<td>HM 532</td>
<td>Clinical Skills</td>
<td>01/12-05/08</td>
<td>03/04</td>
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<td><strong>Summer Semester 2015 – Year 1</strong></td>
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<td>PHM 563</td>
<td>Pharmacology</td>
<td>05/18-07/02</td>
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<td>10/20-11/14</td>
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<tr>
<td>HM 546</td>
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<td>08/27-10/17</td>
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<td>10/20-11/28</td>
<td>11/10</td>
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<td><strong>Spring Semester 2015 – Year 2</strong></td>
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<td>02/02-02/20</td>
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<td>02/23-03/27</td>
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<td>Metab, Endocrine &amp; Reproduction</td>
<td>03/30-04/17</td>
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<td>HM 535</td>
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<td>01/12-05/08</td>
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<tr>
<td>HM 547</td>
<td>SCCD-Health Policy Module</td>
<td>01/12-02/20</td>
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<tr>
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<td>SCCD-Integrative Module</td>
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<td>HM 548</td>
<td>Medical Humanities</td>
<td>04/13-05/08</td>
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</tbody>
</table>

*Actual course and drop dates – These dates supersede dates published in the MSU Schedule of Courses & MSU Student Information System (SIS)
LEAVE OF ABSENCE (LOA) POLICY AND PROCEDURES
FOR PRECLINICAL STUDENTS

A medical student may need to take a leave of absence from CHM for a variety of reasons (e.g., personal, financial, medical). This requires a formal notification and an approval process.

1. Leave of absence (LOA) requests must be submitted to the Assistant Dean / Director of Preclinical Curriculum and should be prepared in consultation with the Block Director / Assistant Director, who will clarify conditions for subsequent re-entry.

2. Final approval of an LOA request rests with the Senior Associate Dean for Academic Affairs and requires notification of the Associate Dean for Student Affairs and Services.

3. LOA application forms are available in this handbook or may be obtained from the Block Director.

4. For preclinical students, a leave of absence will be granted initially for a maximum of one (1) year. Students may petition for an extension up to two years.

5. **There is an 8-year time limit on the entire medical student program, which includes leaves of absence.**

6. There may be financial implications during a leave of absence if a student has borrowed funds through MSU. They should be clarified with the Associate Dean for Student Affairs and Services and the MSU Office of Medical Financial Aid (EL: 517-353-5940; GR: 616-234-2620).

7. Responsibility for requesting re-entry to CHM rests solely with the student. This should be done by e-mail to the Block Director / Assistant Director, who will initiate necessary meetings with the student and appropriate administrators (these may include the Academic Advisor, the Director / Assistant Director of Academic Support, the Director of Student Counseling and Wellness, and on occasion, the Associate Dean for Student Affairs and Services and the Assistant Dean / Director of Preclinical Curriculum). In general, re-entry takes place at the start of an academic term and all enrollment holds must be cleared before a readmitted student can enroll.

8. The student must fulfill the conditions for re-entry to CHM as stipulated on the request for LOA form. This includes signing and reconfirming the MSU CHM Technical Standards form and usually includes a Clinical Skills refresher. Ultimate approval for re-entry lies with the Senior Associate Dean for Academic Affairs.

9. It is recommended that the student contact the MSU Office of Medical Financial Aid (EL: 517-353-5940; GR: 616-234-2620) to notify them and obtain advice on re-entry.
Procedure for Leave of Absence – Preclinical Students (Blocks I and II)

1. Student meets with the appropriate Block Director / Assistant Director and completes section 1 of the LOA form. Both must sign off on this section. At this meeting, the student’s intentions and plans, if known, will be discussed.

2. The Block Director / Assistant Director then meets with the Assistant Dean / Director of Preclinical Curriculum to establish re-entry criteria for the student. This may also require a meeting with the student, depending on the circumstances of the LOA request. Re-entry criteria will be established in writing in Section 2. Both the Assistant Dean / Director of Preclinical Curriculum and the student must sign off on this section. The form is then sent scanned for electronic conversion and sent to the Associate Dean for Student Affairs and Services.

3. The Associate Dean for Student Affairs and Services recommends or does not recommend LOA. If approved, the form is signed.

4. The form is forwarded to the Senior Associate Dean for Academic Affairs for approval.

5. If approved, the original form is forwarded to the Records Officer in the College. The Records Officer notifies appropriate faculty/staff of the LOA. The student is provided with a copy of the approved form, which also includes the application for re-entry to CHM.

6. The student contacts the Block Director / Assistant Director prior to anticipated re-entry regarding re-entry plans. This should ideally be initiated at least one month prior to the anticipated re-entry date.

7. If applicable, the student should meet with the MSU Office of Medical Financial Aid (EL: 517-353-5940; GR: 616-234-2620).

8. The Block Director discusses the student’s re-entry plan with the Assistant Dean / Director of Preclinical Curriculum and confirms that the student has met the conditions or is enrolled to meet them when s/he re-enters CHM.

9. The Assistant Dean / Director of Preclinical Curriculum signs the re-entry document and forwards it to the Associate Dean for Student Affairs and Services for Approval.

10. Final re-entry approval rests with the Senior Associate Dean for Academic Affairs.
Policies & Procedures Related To Academic Review or Probation in the Preclinical Curriculum

I. Suspension Pending Dismissal
Students whose academic records do not meet the College’s standards of scholarship are initially placed on Academic Review (see below). If the academic record meets certain criteria, the student is “Suspended Pending Dismissal” from the College of Human Medicine. In some circumstances, a student can attain this status without having been placed on Academic Review.

Criteria for Suspension Pending Dismissal
A student is Suspended Pending Dismissal if s/he receives
1) 3 N grades during Block I courses
   OR
2) 3 N grades during Block II courses
   OR
3) 12 or more N credits across the preclinical curriculum

N grades are counted as such whether or not the course has been remediated.

Procedure for Suspension Pending Dismissal
1. Student Notification
   a. If a student meets the criteria, the Assistant Dean of Preclinical Curriculum will notify the student in writing that s/he has been Suspended Pending Dismissal from the College. This letter will become a permanent part of the student’s record.
   b. The letter will direct the student to notify the Student Performance Committee (SPC) Coordinator within a specified time period if the student wishes to request an SPC hearing to appeal the decision. Students who do not request a hearing within the allotted time frame will be dismissed from the College of Human Medicine.
   c. The notification letter prompts
      1. A lecture attendance requirement beginning with the notification date and continuing for the remainder of the preclinical curriculum.
      2. Enrollment in one credit of required HM 591 for each term that the student remains a preclinical student at CHM. Students must follow the HM 591 course specifications. Grading criteria will be provided to students before signing the course agreement.

2. Academic Team Meeting(s):
   a. An academic team meeting may be held before and/or after the SPC hearing, depending on the timing and outcome of the hearing.
   b. If a student is reinstated following an SPC hearing, the student will be placed on Probationary status until posting a passing grade on the USMLE Step 1 Examination.
   c. While on Probation, the student will be required to attend at least one academic team meeting and may be required to meet with Block administrators and the academic support team on a recurring basis.
   d. Following the meeting, a written summary of the discussions will be sent to the student. This summary letter will become a permanent part of the student’s record.

II. Academic Review
Criteria for being placed on Academic Review
A student is placed on Academic Review if s/he
1. Receives two (2) CP grades or one (1) N grade in any semester;
   OR
2. 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
3. has dropped two (2) courses in which s/he is performing below the 75.0% level.
   OR
4. has failed the USMLE Step I examination
Procedure for Academic Review

1. Student Notification
   a. If a student meets the criteria, the Assistant Dean of Preclinical Curriculum will notify the student in writing that s/he has been placed on Academic Review status. This letter will become a permanent part of the student’s record.
   b. The letter will direct the student to do two things **within seven working days after receipt of the letter**:
      1. Compose a letter to the Student Performance Committee that explains the reasons for the substandard academic performance and outlines a reasonable plan of remedy.
         a. The letter of reflection will be viewed by pertinent College administrators and a reply to it will come from the SPC.
         b. The letter of reflection and its response are entered into an SPC file and do not become part of the official student record.
         c. If a student meets the criteria for Suspension Pending Dismissal and requests a hearing to consider reinstatement, the SPC file becomes part of the packet that is reviewed by the hearing body.
   2. Attend an academic team meeting with the Block Director, Director/Assistant Director of Academic Support Services, and the Academic Advisor Adviser (or designated Academic Support staff member).
   3. The notification letter prompts
      a. A lecture attendance requirement beginning with the notification date and continuing until the student is off of Academic Review.
      b. Enrollment in one credit of required HM 591 for each term that the student is on Academic Review. Grading criteria will be provided to students before signing the course agreement.

2. Length of Academic Review in the Preclinical Curriculum:
   a. A student remains on Academic Review for a minimum of one semester beyond that in which s/he was placed on Academic Review **and** until the student receives a passing grade in the course that either requires remediation or was dropped with a grade < 75%.
   b. While on Academic Review, a student will be required to attend at least one academic team meeting and may be required to meet with Block administrators and/ or academic support advisors on a recurring basis.

3. Academic Team Meeting(s):
   a. At the meeting with the academic team, the student should be prepared to describe:
      1. His/her explanation for substandard academic performance, (e.g., extenuating circumstances, when applicable) and provide all pertinent information.
      2. His/her plans to remedy the reasons for substandard performance
      3. His/her study habits
      4. His/her personal schedule with respect to sleep, exercise, relaxation, study
      5. Requests for academic support, e.g., tutors, study groups.
      6. Consideration of extending or modifying the sequence of his/her coursework
      7. Other issues of interest or importance to either the student or the academic team
   b. Following the meeting, a written summary of the discussions will be sent to the student. This summary letter will become a permanent part of the student’s record.

4. Students on Academic Review who are Mastering Academic Material
   Students mastering academic material after being placed on Academic Review may appeal to the Assistant Dean/ Director of Preclinical Curriculum to have some academic or other polices of Academic Review relaxed (see below). The decision will consider the entire performance of the student to date and will have strict criteria for ongoing application of the relaxed policies.
III. Participation in Activities while on Academic Review or Probation

Participation in elective medical school activities is an enriching experience for students. However, mastery of academic material takes priority for students. The following policies apply to students on Academic Review or Probation:

A. Enrollment in HM 591

While on Academic Review or Probation students must enroll in at least one credit of HM 591 for each term that s/he does not remain in good academic standing. This will be documented in the student course plan, which will be modified when appropriate. In general, the course plan will reflect the following schedule:

Student is newly on Academic Review or Probation
Student enrolls in HM 591 at the time of a change in status unless modified by the Assistant Dean/Director of Preclinical Curriculum due to extenuating circumstances

Student continues on Academic Review or Probation
Student takes HM 591 every fall and spring term that s/he remains on Academic Review or Probation.

B. Elected Positions on Official CHM or MSU Committees

No CHM student may hold an elected student leadership position on a CHM or MSU committee if s/he is on Academic Review or Probation. Students are not allowed to run for positions or remain in them under these circumstances. In the case of a student who comes under Academic Review or Probation while serving in a leadership role, s/he must relinquish the position to a student elected as an alternate. This policy applies to the following committees: Admissions, Curriculum, Student Performance, Alumni Board, Block I, Block II, Block III, Council of Medical Students, and Council of Graduate Students.

C. Participation in Student Organizations/ Volunteer Activities

A student on Academic Review or Probation is allowed to participate in student organizations or volunteer activities, but for no more than an average of two hours per week. Therefore, students may not participate in leadership capacities of any kind that require more than two hours per week of committed time to the organization or volunteer activity. Exceptions to this policy are as follows:

1. If a student has an average overall score prior to the precipitating event for Academic Review of 85.0% or above, as long as that criteria is met in subsequent courses.
2. If a student does not have an 85% average, but maintains an 85% score on all exams taken in current courses
3. If the student is not taking classes or is taking a reduced course load (criteria #2 applies in this circumstance).

Permission from the Assistant Dean/Director of Preclinical Curriculum is required in all of these circumstances.

D. Participation in Electives or in Research Activities

A student on Academic Review or Probation is not allowed to enroll in or continue in any elective courses in either CHM, COM, or the university as a whole without the approval of the Assistant Dean/Director of Preclinical Curriculum. The same policy applies to participation in research. Approval criteria for elective or research participation parallels that of Student Organization/Volunteer Activities.

E. Participation in MSU or Outside Employment

Students who need to work who are on Academic Review or Probation should meet with the Assistant Dean/Director of Preclinical Curriculum to obtain possible approval. In general, employment is discouraged.

A violation of any of these policies will be considered a major lapse in professionalism and subject to review by the Senior Associate Dean for Academic Affairs, with potentially serious consequences.
Medical Student Performance Evaluation (Dean's Letter)

A two-part letter evaluating overall student performance is prepared near the end of the first year of Block III. The first part of the letter covers Blocks I and II. At the end of the preclinical curriculum/first semester of clinical curriculum, students are asked to complete a survey to summarize their research and work experiences, service and organizational activities, and leadership experiences. This information is incorporated with preclinical performance information into two short paragraphs. After final administrative review, the paragraphs are submitted to the respective Community Assistant Deans for incorporation into the final Medical Student Performance Evaluation (MSPE).

Standardized language to describe the academic structure of the preclinical curriculum is used, including the pass/fail transcript criteria and the tracking of block averages followed by:

For students with a Block I, Block II, or both average(s) over 90%:

- Block I average above 90%
  - Mr/Ms __________ excelled in his/her Block I curriculum with a summary score averaging above 90%, and successfully completed the Block II curriculum.

- Block II average above 90%
  - Mr/Ms __________ completed his/her Block I curriculum successfully, and excelled in the Block II curriculum with a summary score averaging above 90%.

- Both Block I and Block II averages above 90%
  - Mr/Ms __________ excelled in both his/her Block I and Block II curricula, with summary scores averaging above 90% for both Blocks.

For students who obtained P grades in all courses on the first attempt, or had no more than one CP grade:

- Mr/Ms __________ completed his/her preclinical curriculum successfully, passing all courses satisfactorily before proceeding to Block III.

For students who had more than one CP grade, or one N grade, but who did not extend their curriculum for academic reasons:

- Mr/Ms __________ completed his/her preclinical curriculum with minor difficulties but proceeded to his/her clinical curriculum on time.

For students who extended a portion of the preclinical curriculum for academic reasons:

- Mr/Ms __________ extended his/her preclinical curriculum for academic reasons but was ultimately successful in proceeding to the clinical curriculum.

For students who extended a portion of the preclinical curriculum for personal reasons exclusively:

- Mr/Ms __________ extended his/her preclinical curriculum for personal reasons before proceeding to the clinical curriculum. This is followed by whichever of the above statements that applies.

These statements are facts that are reflected on the transcript and cannot be altered.

The second part of the MSPE is generated by the respective Community Assistant Dean and describes the student's clerkship performance. The evaluation will summarize the student's performance in the clinical years with specific information provided for each required clerkship, including quotes from the clerkship evaluation letters, summaries of clinical performance evaluations, designation of honors, research and service experiences, and leadership experiences. The letter is co-signed by the Community Assistant Dean and the Associate Dean for Student Affairs and Services and is available for review by the student prior to its distribution.
Extended Curricular Programs

The College offers an Extended Curricular Program (ECP) for students who wish to take their preclinical program over more than two years. The ECP is open to any student who elects this option. Reasons for extending may include family obligations, academic difficulties, unavoidable outside distractions, research interests, and health restrictions. In some instances, students whose academic progress is impaired and who are on Academic Review may be required to extend their preclinical curriculum. Students must be aware that once they begin an ECP it is impossible to go back into the five-semester preclinical sequence. Students choosing to extend at the beginning of Block I typically select a blended option that aims to balance the Block I and Block II requirements across three years, whereas students who extend in Block II take PBL courses over two years. Sample Student Course Plans can be found at the end of this section. Students who are considering an extended program should meet with any administrator for advice and ultimately with the Block Director. Students are required to obtain permission from the appropriate Block Director / Assistant Director and the Assistant Dean / Director of Preclinical Curriculum to extend their program.

Pathways Leading to Extension

There are three "pathways" that may lead to extending the preclinical curriculum:

1. Students in good academic standing (not on academic review or probation) may choose to extend their program for personal or academic reasons (a desire to perform better).
2. Students who are not on Academic Review but who, in the judgment of the Block Director, could perform better academically by extending their program, may be encouraged to do so. The intention of this recommendation is to provide support in order to prevent the student from failing courses and being placed on Academic Review. Examples of this situation are:
   (a) marginal academic performance (e.g. exam average less than 80%),
   (b) the student has taken advantage of all other academic support tools but continues to struggle.

   The Block Director will discuss the pros and cons of extension and allow the student to determine whether a lightened course load would help him/her be more successful. The student may reject the recommendation to extend, but if s/he subsequently goes on Academic Review or is suspended by the College, failure to take the advice of the Block Director may be viewed negatively by the Student Performance Committee.
3. Students who are on Academic Review may be required to extend their academic program by the Assistant Dean / Director of Preclinical Curriculum. For students in academic difficulty, required extension of the curriculum is not meant to be punitive. Rather, it reduces the academic burden and is a powerful tool for academic success. Students who are required to extend must meet with the academic team which will include the Director / Assistant Director of Academic Support, the Block Director, and an Academic Advisor to develop an individualized plan.

Considerations and Implications when Deciding About Curricular Extension

When deciding about extending the curricular program, the following issues should be considered:

Impact on USMLE Performance: Extension may affect preparation for the USMLE-Step 1 examination ("boards"). Since extended students are an extra year or more away from their first year courses, they may be more "rusty" than other students preparing for boards. As a result, participation in structured board preparation and review activities are recommended, and in some cases, required. On the other hand, taking the time to master the material the first time it is studied, which is the whole point of an extended curriculum, must also be considered, as it is a powerful predictor of board performance.
Scholarship Impact: Students who receive financial support through the National Health Service Corps (NHSC) or through the military branches should be aware that most will not provide support for more than four years, and may have other constraints. Thus, students supported by these funds should carefully investigate the conditions and secure other forms of financial support prior to extending their programs.

Impact on Residency Selection: Residency directors vary in their knowledge of and attitudes about extended preclinical programs. Most view an extended preclinical year as unimportant to the residency selection process. Residencies do value academic performance in the clinical years, as reflected in grades and the Dean's Letter. The most important score that a student will post to procure a competitive residency slot is the USMLE Step 1 score. Therefore, to the extent that extending the preclinical program results in improved academic performance, a program extension could be viewed as favoring residency selection. During the interview process, it is in the student’s best interest to address the extension if asked. For most residencies, we have been unable to detect any issues regarding extended programs.

Loss of Continuity with Matriculating Class: When a student extends the preclinical curriculum, it results in loss of continuity with the cohort of students with whom s/he matriculated. This creates substantial feelings of loss for some students, particularly as they look ahead to the year that the rest of the students will progress to Block III while they remain to complete the preclinical curriculum. For some, it means loss of established study partners. Students who ultimately opt for extension must work through these feelings of loss to determine that the benefits of extension for them outweigh this disadvantage. Students are encouraged to discuss this with student services resources, administrators, mentors and classmates.

Financial Impact: Although the ECP is longer than the traditional two-year preclinical program, tuition is not increased proportionately. Instead, an attempt is made by the University to spread the tuition over three or sometimes more years, referred to as the “ECP tuition option”. If a student extends early, this may result in only a small increase in total amount of pre-clinical tuition paid as compared to the regular pre-clinical program, whereas if a student extends late (in Block II), there may be little if any advantage in amount of tuition paid. Students who extend are eligible to elect the ECP tuition option, or to remain on regular tuition, so it is important to consult with the Financial Aid office. Students enrolled in a dual-degree program are not eligible for the ECP tuition option. Information from the Office of Financial Aid website regarding an extended program may be found at http://www.finaid.msu.edu/med/medextended.asp

General guidelines:

Regular Medical Program
The standard or "regular" medical program is 4 years of full-time enrollment. Enrollment less than full-time while a regular student will result in revision in the cost of attendance by the Office of Financial Aid (OFA) and will result in a reduction in aid accordingly. OFA does this calculation before a Medical Unsubsidized Stafford Loan can be disbursed. Regular Subsidized and Unsubsidized Stafford Loans will disbursed as long as a student takes at least 6 credits (registered as at least half time).

Extended Curricular Program
At the time of extension, a student can elect to pay either the Regular tuition cost or the ECP (major 2824 CHM) Block Tuition. Extension early in the preclinical curriculum and election of the ECP Block Tuition option may save money, but this is not necessarily the case for later
extensions. A student cannot go back and forth between Regular and ECP tuition status during the preclinical curriculum. Once a student begins their clinical program, they will be assessed the Regular tuition rates (ECP Block Tuition is no longer an option).

**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 for at least 6 credits in a term. This includes students who are taking a Leave of Absence. Student enrolled for less than 6 credits in a term, or on leave from medical school, should contact their loan servicer(s) to make arrangements for repayment or forbearance (temporary postponement of repayment). The Financial Aids office should be consulted.

**Policies Related to ECP Tuition Status**
1. College approval of a request to move to Extended Curricular Program tuition status will take effect concurrently with the reduction in course enrollment. Financial aid for the effective semester will be recalculated to reflect the tuition rate, and may result in required repayment of a portion of aid approved previously at "regular" (non-extended) status.
2. The point of the ECP tuition rate is to equalize the regular curriculum tuition cost for Blocks I and II across the extended calendar.
3. *The ECP tuition rate is available only during completion of the preclinical curriculum.* Extended students who have elected to utilize the ECP tuition rate will revert to regular tuition upon entry into Block III.
4. The normal maximum number of terms in which students may exercise the ECP tuition option after matriculation is ten. The ten term maximum includes ‘regular’ terms taken prior to transfer to ECP tuition status.
5. A student moving to ECP tuition status must remain in the ECP status until all Block I and II course requirements are completed.
6. A student in ECP tuition status may not be concurrently enrolled in another degree program.

**Procedures for Extending Curriculum during Blocks I or II:**

**Academic Team Meeting**
A student extending his/her curriculum will meet with the Academic Team consisting of the Block Director / Assistant Director, the Academic Advisor, and the Director / Assistant Director of Academic Support. Topics that will be discussed include, but are not limited to:

- reason(s) for extension
- academic progress since matriculation (including ABLE program if applicable)
- extenuating circumstances related to extension
- emotional status of student and, when appropriate, a reminder of the availability of CHM’s Student Counseling and Wellness resources
- need for financial aid during all terms of ECP; possible eligibility for tuition reduction on the ECP
- use of academic support services
- reaffirming community assignment with Student Affairs office
- if a student is on academic review or probation, limitation in participation in electives, student organizations, research projects, volunteer activities, and outside work
In instances when a decision needs to be made immediately due to the drop deadline, the Block Director / Assistant Director will determine courses to be dropped. In compelling circumstances, a “dean’s drop,” which can be granted past the drop date, may be requested.

1. The \textit{Request to Extend Curriculum} form is completed in or before this initial meeting. The form can be found at the end of this handbook.

2. A draft of the Student Course Plan is reviewed. The student will propose a preferred schedule. Regular and ECP tuition options are reviewed. Students will be required to consult with the Financial Aid office to select the most advantageous option.

3. Student Course Plan is finalized, signed by the student, and sent to the Assistant Dean/ Director of Preclinical Curriculum for approval. If the student has elected the ECP tuition plan, the Records Officer will make a change in the student’s major code and to circulate that information to appropriate personnel. The approved Student Course Plan is circulated to the:

   - Student
   - Student file
   - Assistant Dean of Preclinical Curriculum
   - Director of the Preclinical Curriculum (GR students)
   - Associate Dean for Student Affairs and Services
   - Appropriate Block Director
   - PBL Director
   - Clinical Skills Director
   - Director/Assistant Director of Academic Support Services
   - Academic Advisor
   - Student Performance Committee
   - CHM Records Officer
   - CHM Database Manager
   - Curricular Specialists for appropriate Block
   - Curricular Coordinator for appropriate Block

\textbf{General Extended Curricular Program Guidelines:}

\textbf{Dropping Courses:}

- Students may drop courses/extend their program up through the mid-point of a course, following permission of the Block I Director. In these circumstances, no grade will be recorded on the student’s official transcript.
- After the mid-semester date, permission from the Assistant Dean of Preclinical Curriculum to drop a course is required and will be granted only in extenuating circumstances.
- Dropping a course almost always requires curricular extension.
- If a student drops a course in which s/he has taken one or more exams and has a total score below 75%, the dropped course will “count” against the student when applying the Academic Review criteria.

\textbf{Academic Support}

Students required to extend their programs for academic reasons are required

1. to take part in academic support activities as defined by the HM 591 course requirement.
2. to attend lectures in person, and
3. if on Academic Review or Probation, to enroll in at least one credit of HM591 – Independent Study for each term of enrollment or board study while on academic review or probation.

Clinical Skills
- Students extending their curriculum will consult with the Block and Course Director about the need to complete the Clinical Skills course in which they are enrolled or to re-enroll in the Clinical Skills course in a subsequent year. In general, students should complete Clinical Skills courses directly before beginning the next Clinical Skills course.
- Required or elective auditing decisions in a clinical skills course will be determined by the Block Director in consultation with the Clinical Skills Director, and will be based upon the student’s prior performance in clinical skills and whether they performed at a “mastery” level. Any student who is not required to audit and chooses not to should practice their clinical skills independently.
- Students auditing a clinical skills course will be required to participate in all clinical experiences, small group sessions, and requirements as other students. Participation in evaluative exercises will be left to the discretion of the course director.

Mentor Group
Students will continue with their current mentor group until the course director determines the best timing for placement into an extended student mentor group.

Auditing Courses
- Students required to extend their programs for academic reasons, whether or not they are on Academic Review are required to audit the courses which they have previously taken and passed, but in which they scored <80%, to take the exams.
- It is the expectation that students who are required to take exams for feedback achieve a mastery-level score on the examination. Those who achieve an overall exam score of less than 75% will receive a penalty grade for HM 591.
- The exams of students who are auditing courses will not be included in the class average. Exam scores will be monitored by OPC administrators.
- For courses in which the score has been over 80%, students should consult with the Director/Assistant Director of Academic Support to determine if auditing or independent review is in their best interest.
- Auditing consists of attending lectures, participating in small group sessions, and taking the course examinations for feedback, (not for credit).
- Students assigned to a small group are governed by the same attendance and participation requirements as first-time takers.
- Documentation regarding courses that a student is auditing or reviewing independently will be included on the Student Course Plan.
- Students who have extended their programs voluntarily may request to voluntarily audit courses which they have previously taken and passed. Students find this an excellent method for review in preparation for taking the USMLE Step 1 examination.

Curricular Extension Policies Specific to Block I Students:

Block I and Block II Orientation
- A student who extends his/her curriculum will not need to repeat prematriculation activities unless s/he takes a leave of absence before the completion of the first term of medical school which extends until the following fall or beyond. Upon return from the leave,
student should seek the advice of the Associate Dean for Student Affairs and Services for required prematriculation activities.

• Students whose course plan includes any Block II course with the exception of EPI547 will be required to attend Block II orientation.

Clinical Skills
If a student who extends in the first year of Block I anticipates participating in clinical activity during the summer that might entail a need to complete HM532 and HM533, s/he may complete these two courses during their first year of extension with approval of the Block I Director/Assistant Director and the Clinical Skills Director, and with the understanding that s/he may be required to audit a previously taken clinical skills course the following year.

Required Class Meetings
• Extended Block I students are required to attend all Block I class meetings unless the Block I Director /Assistant Director excuses him/her.

• In subsequent years of Block I, if the curricular plan includes any non-PBL Block II courses, students will be required to attend Block II class meetings unless the Block I Director /Assistant Director excuses him/her.

Curricular Extension Policies Specific to Block II Students:

Block II Orientation
Students taking PBL for the first time are required to attend. If a student has already begun PBL, s/he will not be required to attend the Block II orientation, but is encouraged to do so.

Block II Clinical Skills
• It is best for students to maintain continuity in Clinical Skills courses without long breaks between courses. This goal can be accomplished in several ways, for example, by dropping the current Clinical Skills course and re-enrolling in the same course the following year, or by completing the current Clinical Skills course and auditing the same course the following year.

• The final course in the Clinical Skills sequence (HM535) should be completed during the last semester prior to the entrance into Block III. If a student extends during the spring semester of Block II and s/he has already begun HM535, the course should be dropped and rescheduled for the following spring semester. S/he will repeat the entire course when it is retaken, even though s/he may have already done some of the clinical skills experiences during the first, partial iteration.

• Students must take and pass the Block II Gateway experience immediately before entering Block III, even if it has been passed previously. This policy applies to those students who have extended the date of entry into Block III by an academic year as well.

Block II Required Class Meetings
Students who have extended their curriculum and are taking any Block II courses must participate in the class meetings unless the Block II Director excuses him/her.

Sequence of PBL Courses
Students taking PBL part-time must begin with the first domain (HM513 Neurological) to become oriented to the small group process at the same time as their peers. For Block II students extending early in the academic year, the template at the end of this section has been recommended (but not required) as the most instructionally sound. It permits adequate study time in the spring semester of the second year for USMLE Step 1 preparation. This template will be adjusted for students who extend later in the academic year.
### SAMPLE STUDENT COURSE PLANS

**Regular Block I and Block II Curriculum**

<table>
<thead>
<tr>
<th>Semester 1 (Fall)</th>
<th>CR</th>
<th>Semester 2 (Spring)</th>
<th>CR</th>
<th>Semester 3 (Summer)</th>
<th>CR</th>
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<tbody>
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<td><strong>Year 1</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>ANTR 551-Gross Anatomy</td>
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<td>NOP 552-Neuroscience</td>
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<td>PHM 563-Pharmacology</td>
<td>3</td>
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<tr>
<td>BMB 514-Biochemistry</td>
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<td>MMG 522-Micro/Immuno</td>
<td>5</td>
<td>HM 533-Clinical Skills</td>
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<tr>
<td>BMB 526-Mol Bio/Genetics</td>
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<td>HM 561-Pathology</td>
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<td></td>
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<tr>
<td>HM 571-ICC</td>
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<td>HM 532-Clinical Skills</td>
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<tr>
<td>HM 531-Clinical Skills</td>
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<td>HM 572-ICC</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>HM 581-Mentor</td>
<td>1</td>
<td>EPI 546-Biostats/Epi</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>HM 581-Mentor cont.</td>
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<td>19</td>
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</table>

| **Year 2**        |     |                     |    |                     |    |
| EPI 547-Epidemiology | 1  | HM 515-Cardiovascular | 4  |                   |    |
| HM 511-Inf. Dis/Immun | 3  | HM 525-Pulmonary | 3  |                   |    |
| HM 513-Neuro       | 3  | HM 526-Urinary Tract | 3  |                   |    |
| HM 516-Dis of Thought | 4  | HM 527-Digestive | 3  |                   |    |
| HM 517-Musculoskeletal | 2  | HM 528-Met/End/Repro | 3  |                   |    |
| HM 534-Clinical Skills | 2  | HM 535-Clinical Skills | 2  |                   |    |
| HM 535-Hem-Neoplasia | 4  | HM 547-SCCD | 2  |                   |    |
| HM 546-SCCD        | 1  | HM 548-Medical Hums | 2  |                   |    |
| HM582-Mentor cont. | 1  | HM 582-Mentor cont. |    |                   |    |
| **TOTAL**         | 21 |                     | 22 |                     | 6  |

**Extended Block I Curriculum - Preferred option**

<table>
<thead>
<tr>
<th>Semester 1 (Fall)</th>
<th>CR</th>
<th>Semester 2 (Spring)</th>
<th>CR</th>
<th>Semester 3 (Summer)</th>
<th>CR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year 1</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANTR 551-Gross Anatomy</td>
<td>6</td>
<td>NOP 552-Neuroscience</td>
<td>4</td>
<td>HM 533-Clinical Skills</td>
<td>2</td>
</tr>
<tr>
<td>HM 531-Clinical Skills</td>
<td>3</td>
<td>EPI 546-Biostats/Epi</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HM 571-ICC</td>
<td>2</td>
<td>HM 532-Clinical Skills</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>HM 581-Mentor</td>
<td>2</td>
<td>HM 572-ICC</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td>14</td>
<td></td>
<td>12</td>
<td></td>
<td>6</td>
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</table>

| **Year 2**        |     |                     |    |                     |    |
| BMB 514-Biochemistry | 3  | MMG 522-Micro/Immuno | 5  | PHM 563-Pharmacology | 3  |
| BMB 526-Mol Bio/Genetics | 2  | HM 561-Pathology | 5  | RAD 553-Radiology | 1  |
| EPI 547-Epidemiology | 1  | HM 547-SCCD | 2  | HM 591-Independent Study | 2  |
| HM 546-SCCD        | 1  | HM 548-Medical Hums | 2  |                   |    |
| HM581-Mentor cont. | 1  | HM 581-Mentor cont. |    |                   |    |
| **TOTAL**         | 7  |                     | 11 |                     | 6  |

| **Year 3**        |     |                     |    |                     |    |
| HM 511-Inf. Dis/Immun | 3  | HM 515-Cardiovascular | 4  |                   |    |
| HM 513-Neuro       | 3  | HM 525-Pulmonary | 3  |                   |    |
| HM 516-Dis of Thought | 3  | HM 526-Urinary Tract | 3  |                   |    |
| HM 517-Musculoskeletal | 4  | HM 527-Digestive | 3  |                   |    |
| HM 534-Clinical Skills | 2  | HM 528-Met/End/Repro | 3  |                   |    |
| HM 535-Hem-Neoplasia | 2  | HM 535-Clinical Skills | 2  |                   |    |
| HM 582-Year 2 Mentor | 4  | HM 582-Year 2 Mentor (cont.) | 1  |                   |    |
|                   |    |                     | 18 |                     |    |

Note: An extended student mentor group is arranged in year 3, and for students on academic review or probation, an extended study group from the time of extension through the end of year 2.
**Extended Block II Curriculum – Preferred Option**

<table>
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<tr>
<th>Semester 1 (Fall)</th>
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<th>Semester 2 (Spring)</th>
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<th>Semester 3 (Summer)</th>
<th>CR</th>
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<tbody>
<tr>
<td><strong>Year 1</strong></td>
<td></td>
<td></td>
<td></td>
<td>Leave of Absence</td>
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</tr>
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<td>HM 513-Neuro</td>
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<td>HM 526-Urinary Tract</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>HM 517-Musculoskeletal</td>
<td>2</td>
<td>HM 528-MER</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HM 516-Dis of Thought</td>
<td>4</td>
<td>HM 527-Digestive</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EPI 547-Epidemiology</td>
<td>1</td>
<td>HM 547-SCCD</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HM 546-SCCD</td>
<td>1</td>
<td>HM 548-Medical Hums</td>
<td>2</td>
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<td></td>
</tr>
<tr>
<td>HM 582-Extended Mentor</td>
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<td>HM 582-Extended Mentor</td>
<td>--</td>
<td>Clinical Skills Review</td>
<td>--</td>
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<tr>
<td>Clinical Skills Review</td>
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<td></td>
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</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>12</td>
<td><strong>TOTAL</strong></td>
<td>13</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **Year 2**        |     |                     |     |                     |    |
| HM 511-Inf. Dis/Immun |  3  | HM 525-Pulmonary    |  3  |                     |    |
| HM 539-Hem-Neoplasia |  4  | HM 515-Cardiovascular |  4  |                     |    |
| HM 534-Clinical Skills |  2  | HM 535-Clinical Skills |  2  |                     |    |
| HM 582-Extended Mentor |  2  | HM 582-Mentor cont. |  -- |                     |    |
| **TOTAL**         |  9  | **TOTAL**           |  9  |                     |    |

Note: An extended student mentor group is arranged in the third year of the preclinical curriculum, and for students on academic review or probation, an extended study group from the time of extension through the end of year 2.
2014 Student Performance Handbook

A Document for Faculty

&

Students Matriculating in 2014

2014 Student Performance Handbook

Other year editions of the Handbook are available for review on the College of Human Medicine website (see link above).
The USMLE Step 1 Licensing Examination – Information and Preparation

CHM has a commitment to ensuring the success of each medical student. Our goal is not only to ensure that we graduate students who have successfully passed each phase of medical school, but also that our graduates are licensed to practice medicine. The United States Medical Licensing Examination® (USMLE) is the common examination that each physician who practices medicine in the US and its territories takes to become licensed by the state in which s/he practices. The USMLE examination is sponsored by the Federation of State Medical Boards and the National Board of Medical Examiners.

The USMLE examination consists of three parts: Steps 1, 2 and 3, with Step 2 consisting of both a written and a separate examination that tests clinical skills. Step I is usually taken by CHM students in June after successful completion of all of the preclinical courses. Passing the USMLE Step 1 examination is required before a CHM student can progress in Block III.

The USMLE Step 1 examination is typically the most difficult of the three board examinations for licensure. The CHM first-attempt pass rate on the Step 1 examination varies from year to year, ranging between 92% and 98%. The recent success rate in the past three years has been 97-98%. With very few exceptions, all CHM students are ultimately successful in passing all three licensure examinations.

Examination Information

The USMLE recognizes the importance of providing all examinees the opportunity to learn about the design and content of its examinations and to have some exposure, before examination day, to samples of testing formats and materials. USMLE provides materials, available at no cost on the USMLE website, to include:

- Informational materials and content descriptions for each of the USMLE examinations,
- Tutorials that illustrate the USMLE Step 1 software, and
- Sample multiple-choice test questions with answer keys

Click on the USMLE link: <http://www.usmle.org/General_Information/announcements.aspx

Cost of the Examination

In 2015, the fee to take the USMLE Step 1 examination will be $590.

Eligibility Periods

Students can enroll to take the examination in three-month time blocks. To be eligible to take the examination, the student must have successfully passed all requirements in the preclinical curriculum. Unless a student has a compelling reason to take the exam in May, the chosen eligibility period should be June-August. Changing an eligibility period will cost $70 in 2015.

The Step I Score and Residency Applications

One way that the score from the USMLE Step 1 examination is used is to rank candidates who apply for competitive residencies. This is a common practice in graduate medical education, although this use is not endorsed by the bodies that sponsor the examination. Some students have misinterpreted this information to conclude that it may be impossible to achieve successful placement as a potential resident if you have not done well on the Step 1 examination. An analysis of USMLE Step 1 examination scores by residency type conducted by CHM for students taking the examination from 2001-2009 demonstrated that mean Step 1 examination scores varied only marginally by residency type, ranging from 206-220. Although the mean score nationally on the examination varies from year to year, it fluctuates around 225.
Although it may be true that the most competitive residencies may be more difficult to enter if one has a low score, it is also true that 99% of our students are successful at finding a residency, graduating from it, and having a successful and fulfilling career as a physician. The Block I and II averages give students feedback to monitor their progress in the curriculum and provide feedback on the likelihood of success on the USMLE Step 1 examination.

*Block I averages* are calculated based on the score received the first time that a student completes a course. Each score is weighted by the number of credits assigned to the course. *PBL averages* are calculated by averaging the best score the student receives for the domain. All domains are weighted equally.

Students receive Block averages as part of an end of semester letter that summarizes student progress in CHM S.C.R.I.P.T. competencies at least four times during the preclinical curriculum.

The following tables will help students gauge their probability of success and score on the Step 1 examination. Take this data seriously; it is highly predictive.

### CHM BI Averages and USMLE Step 1 Performance

**Five Year Comparison (2009-2013)**

<table>
<thead>
<tr>
<th>BI Average</th>
<th>Number of Students</th>
<th>Step 1 Mean Score</th>
<th>Step 1 Score Range</th>
<th>CHM Students Passing First Attempt</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;80%</td>
<td>41</td>
<td>194.3</td>
<td>161-229</td>
<td>65.9</td>
</tr>
<tr>
<td>80-84.9%</td>
<td>186</td>
<td>209.2</td>
<td>161-255</td>
<td>90.3</td>
</tr>
<tr>
<td>85-89.9%</td>
<td>354</td>
<td>221.5</td>
<td>163-262</td>
<td>96.3</td>
</tr>
<tr>
<td>90% +</td>
<td>251</td>
<td>237.1</td>
<td>187-270</td>
<td>99.6%</td>
</tr>
</tbody>
</table>

### CHM PBL Averages and USMLE Step 1 Performance

**Five Year Comparison (2009-2013)**

<table>
<thead>
<tr>
<th>PBL Average</th>
<th>Number of Students</th>
<th>Step 1 Mean Score</th>
<th>Step 1 Score Range</th>
<th>CHM Students Passing First Attempt</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;80%</td>
<td>28</td>
<td>186.7</td>
<td>161-213</td>
<td>50%</td>
</tr>
<tr>
<td>80-84.9%</td>
<td>267</td>
<td>207.2</td>
<td>163-255</td>
<td>88.4%</td>
</tr>
<tr>
<td>85-89.9%</td>
<td>360</td>
<td>225.8</td>
<td>187-262</td>
<td>99.7%</td>
</tr>
<tr>
<td>90% +</td>
<td>177</td>
<td>242.9</td>
<td>194-270</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Note**  The Step 1 passing score was adjusted to 185 in 2009, to 188 in 2010, and to 192 in 2013.

It is important to keep the USMLE Step 1 examination in perspective and to avoid seeing it as a measure of your self-worth as a medical student. If you study hard and aim for mastery (85 %) in your preclinical courses, you are highly likely to be successful on the Step I examination. Seeking help early in your medical school career to help you attain mastery in your courses may the most important thing that you can do to help yourself prepare for the USMLE Step 1 examination.
Curricular Preparation for the USMLE Step 1 Examination:

Block I Curriculum
The best preparation for the Step 1 examination is to study hard and achieve a minimum of 85% on all basic science course examinations. This is by far the best way to prepare for PBL as well.

The PBL Curriculum
Mastery of the PBL curriculum is also an excellent way to prepare for the examination, and PBL performance is even more predictive of USMLE Step 1 performance than are Block I averages, as is indicated above. The USMLE examination uses a case-based approach to each of its examination questions, and 30 – 50% of each PBL examination includes questions similar to those asked by the boards. Students receive continuous feedback on their PBL performance as a predictor of success on the USMLE Step 1 examination. In addition, each case in the PBL curriculum contains epidemiology questions, which reinforce these concepts, which will also assist with board preparation.

The Testing Environment in Block II
Examinations are administered by computer to simulate the computer-testing environment of the Block III shelf exams and the USMLE Step 1 examination. The examination procedures and the testing software used simulate the procedures used during the Step 1 examination as well as those used during Block III clerkships.

The Step 1 Method
CHM has arranged for each student who will be taking the USMLE Step 1 examination during 2015 to have access to a board preparation course entitled “The Step 1 Method”. The program is made possible by the Senior Associate Dean of Academic Affairs for the College. The Step 1 Method is a strategy-based preparatory program that shows students “what to do and when to do it” in order to reach their full potential on the exam. The program teaches study and test-taking strategies over the course of the PBL curriculum as well as during the intensive exam study period after PBL is completed. It has been used for the past four years in CHM and has been invaluable in helping students prepare for the examination.

Three of five modules for this course will be delivered in-person and the others will be available online and can be completed at one’s own pace. The modules acknowledge the hard work involved in board preparation, while simultaneously serving as a confidence-building program.

Comprehensive Basic Science Subject Exam
Students take, at the expense of the College, the Comprehensive Basic Science Subject Exam offered by the NBME at the beginning of Block II and again at the conclusion of Block II (to serve as a baseline prior to the intensive study period). This exam closely simulates the USMLE Step I examination with the exception that it is four, rather than eight hours in length. Students will receive feedback from the NBME in each subject, indicating his or her strengths and weaknesses. In addition, a score equivalent will be given which closely approximates the “real” score on the Step I examination, + ten points. Similar examinations (although not the same) can be purchased from the NBME. It is important that students aim for an equivalent score of at least 202 on the CBSSA practice exams to ensure a passing score on the actual examination. Successful students take at least two more practice exams after the baseline one after PBL in order to receive invaluable feedback.
Policies Regarding the USMLE Step 1 Licensing Examination 2014 – 2015

CHM requires that students take the USMLE Step I examination before the first day of Block III Orientation.

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 I examination if each component of the preclinical curriculum has been successfully completed.
   b. At the end of Block II, students who have to take more than one CP remediation examination or one or more N remediation exams must delay Block III entry by a minimum of one clerkship and enroll in one credit of required HM 591 in order to have an adequate intensive study period for Step 1.
   b. 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.

Application Process for Step 1
Students begin the application process by downloading the application materials from the NBME website at www.nbme.org. The application may be completed online. Credit card, check or money order payment is possible. The cost for the 2015 administration is $590. Both an overview and details of the application process can be found at http://www.usmle.org/Step-1/

Timing
1. Students who plan to enter Block III with the first clerkship must take the Step I examination on or before Sunday, June 28, 2015. Note that all testing sites do not offer the Sunday option.
2. Examination Delay
   USMLE examination delay is sometimes necessary or required. See document entitled “Policy and Procedures for Extending the Date of the USMLE Step 1 Examination” in this handbook.
3. Examination Failure
   See document entitled “Procedures following a USMLE Step 1 Examination Failure” in this handbook.

Attempts To Pass USMLE Step I / Time Frame
CHM policies:
Students must successfully pass the USMLE Step I examination
   1. Within four administrations of the examination, and
   2. Within 16 months of taking the examination for the first time.

Students who do not pass the examination after three attempts must appeal for permission to take the exam an additional time to the Senior Associate Dean of Academic Affairs.

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

USMLE policies:
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.

**NBME Academic Integrity Concerns**
Students should be aware that the NBME monitors its USMLE examination procedures carefully and follows up on procedural infractions. Potential consequences for infractions could be career-altering. The following was posted on the NBME website on July 8, 2013 and accessed on July 25, 2013:

**USMLE takes action against individuals found to have engaged in irregular behavior**

**Posted: February 27, 2014**

The USMLE Committee for Individualized Review (CIR) meets periodically throughout each year to review cases involving allegations of irregular behavior by applicants and/or examinees. At its recent meetings, the CIR heard multiple cases involving the following:

- falsified information, including the creation of falsified score reports
- soliciting and/or seeking to obtain unauthorized access to examination materials
- communicating about specific test items, cases, and/or answers with another examinee
- applying and/or attempting to take an examination when ineligible
- making notes of any kind on anything other than materials provided
- failure to follow test center instructions, including writing past the ‘end patient note’ announcement

Actions taken by the CIR at its recent meetings included annotating the individual’s USMLE record with a finding of irregular behavior, barring access to USMLE for periods ranging from 0-3 years, and reporting the finding of irregular behavior to the disciplinary data bank of the Federation of State Medical Boards. State medical boards routinely query this data bank as part of their licensing processes.

As evidenced by the sanctions listed above, a finding of irregular behavior carries significant potential impact. USMLE applicants and examiners are reminded to read the USMLE Bulletin of Information carefully, follow the rules of conduct during testing, and refrain from any pre- or post-examination conduct that might constitute irregular behavior. Specific examples of conduct deemed to be irregular behavior can be found in the Bulletin.

The USMLE is committed to maintaining the integrity of its examination so that state medical boards may continue to rely upon it as an integral part of their decision-making process for licensure. Applicants and examinees are advised to observe all USMLE policies and procedures to avoid the potentially significant implications arising from a finding of irregular behavior.
Policy and Procedures for Extending the Date of the USMLE Step 1 Examination and/or Delaying Entry into Block III

A student may be required or need 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:

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

Students will not be approved for an extension their board date in order to obtain a better score if their practice exams indicate a score of 202 or above.

1. Students who must take more than one CP remediation examination or one or more N remediation exams 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 in this 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 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, including USMLEWorld scores. 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 Assistant 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. The course director for HM 591 is the Assistant Dean or Director of Preclinical Curriculum.
9. **A student who delays taking the USMLE Step 1 examination after 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, and can be found at the end of this document.

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. Confirm with their community administrator that the first clerkship has been dropped
      ii. Continue enrollment in Core Competency (2 credits).
      iii. Enroll in one credit of HM 591
      iv. 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. (Usually a total of 6 credits is required to maintain a full-time status)
      v. Attend the week of Block III orientation in person in the assigned community.
      vi. 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 Dean/ Director of Preclinical Curriculum 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.

13. Students must send the results of the CBSSA practice exams to their course director, either the Assistant Dean or Director of Preclinical Curriculum, depending on their preclinical community assignment.
USMLE Step 1 Examination Delay Beyond the Third Clerkship
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 I 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 29, 2015, must drop Core Competency and repeat the course in its entirety upon re-entering Block III.

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 Assistant Dean/Director of Preclinical Curriculum is strongly encouraged, the goal of which is to outline a plan for success. This meeting can occur via videoconference or Skype if necessary.

   b) Students granted permission to delay taking the USMLE Step 1 examination for the first time until after September 29, 2014, cannot start Block III until July, 2016.

   c) Students who have delayed the USMLE Step 1 examination and who wish to enter Block III in July of 2016 must
      a. Post a passing score on the examination
      b. Take the examination by May 1, 2016
      c. Enroll in one credit of required HM 591 for each semester before the exam is taken.

   d) Students granted the deadline of May 1, 2016 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.

Students who do not take the USMLE Step 1 examination by the May 1, 2016, deadline will not be allowed to start Block III until the summer term of 2017 at the earliest.
Policies and Procedures following a USMLE Step 1 Examination Failure

Failure to pass the USMLE Step 1 examination occurs between 3-4% of the time in a typical year at CHM and in most medical schools. Although it is natural to feel discouraged, students who find themselves in this situation should view it as simply a set-back and not as an impediment to a successful career. The only time that this needs to be addressed is during residency applications. A simple acknowledgment in your application with a comment about what you learned from the original lack of success should suffice.

The administration at CHM is committed to the success of its students, and with rare exception, students who need more than one attempt to pass Step I go on to lead successful careers. Procedures have been developed to assist students and are articulated here.

Notification and Follow-Up Procedure

1. Upon notification of CHM of a Step I failure by NBME, the student will be notified of the examination result by the Community Assistant Dean or his/her designee in the student’s community. Students who are not taking a clerkship when the score is reported must be available, preferably in person and if not by telephone, to discuss the examination results. The Community Assistant Dean or his/her designee will outline the following follow-up procedure:

   a. Clerkship options - continuing in or withdrawing from the first clerkship
      1. the student may complete the first clerkship and then start a study program leading to a retake of the Step I examination. The student would re-enter Block III after confirmation of posting a passing grade. This would typically (but not always) mean re-entering Block III during the third clerkship and would allow the student an approximate four week study period.
      2. the student may drop the first clerkship to start a study program leading to a retake of the examination. The student would re-enter Block III after confirmation of posting a passing grade.
         a. To re-enter Block III for the second clerkship:
            If the student missed passing the examination by only a few points and had extenuating circumstances for exam failure, s/he would have an approximate two week study period to take and pass the examination.
         b. To re-enter Block III for the third clerkship:
            Most students who drop the first clerkship choose this option, which would allow for approximate ten week study period to take and pass the exam.
      3. After being notified that the steps above have taken place, the student will receive a telephone call from the Assistant Dean / Director of Preclinical Curriculum, who will outline the next steps in the process.

   b. Student follow-up procedure
      The student should:
      1. Inform the Community Assistant Dean and Administrator within 3 working days regarding his/her decision to continue in or withdraw from the first clerkship, who will in turn notify the Office of Preclinical Curriculum.
      2. Be aware that for administrative purposes, s/he will be considered a Block II student and assistance for further board preparation will be coordinated by the Block II faculty with involvement of at least one person from Block III to ensure communication is optimal.
      3. Be aware that s/he will be placed on academic review until the examination is successfully completed.
4. Be required to enroll in one credit of HM 591 for each term that the student has not taken the Step 1 examination
5. Be aware of the need to meet with the Block II academic team and community administrators to discuss plans to remediate Step I and re-enter Block III (the student will be contacted by the Office of Preclinical Curriculum in their preclinical community to arrange the timing of this meeting and to answer any student questions).
   a. at the meeting, the student should bring the detailed Step I report listing questions and topics missed on the examination
   b. the academic team meeting will include the
      1. Student
      2. Academic support staff
         c. Director / Assistant Director of Academic Support
         d. Academic Advisor
      3. Assistant Dean / Director of Preclinical Curriculum or Block II Director / Assistant Director
      4. Community Assistant Dean or designee and/or the Community Administrator.
         * A face-to-face or video conferenced meeting with the academic team will be required unless there are compelling reasons approved by the Assistant Dean for Preclinical Curriculum
   c. Meeting timing
      1. If the student chooses to withdraw from the first clerkship, the meeting will occur during the week following the communication
      2. If the student chooses to continue the first clerkship, the meeting will occur within the week following the final day of the first clerkship

2. At the face-to-face team meeting, the following will occur:
   a. Review of the entire academic record
   b. Review of strengths / weaknesses on Step I and in PBL
   c. Review the grading criteria and sign the course agreement for one credit of required HM 591
   d. Generate exam preparation program, which may include:
      1. Structured self study
      2. CHM structured group study
      3. Recommended commercial preparation course
   e. Generate an anticipated date for re-taking the Step I examination
      1. A student may not take the Step I exam while enrolled in a clerkship.
      2. If the student completes the first clerkship, the earliest retake date is two weeks following the first clerkship.
      3. If the student withdraws from the first clerkship, the earliest re-take is two weeks after withdrawing from the clerkship.
      4. The latest retake date for the Step I examination during academic year 2014-15 is
   5. To enter the second clerkship:
      **Tuesday, August 4, 2015**
   To enter the third clerkship:
      **Tuesday, September 29, 2015**
   To enter the fourth clerkship (must have completed at least one clerkship):
      **Tuesday, November 24, 2015**
f. Generate an anticipated date of re-entry into Block III

1. Having failed for a first time, the student must post a passing score on Step I before continuing in the Block III curriculum.
2. Students who withdrew from the first clerkship and do not post a passing score prior to the start of his/her campus’s third clerkship must wait until the beginning of the following academic year to start Block III.
3. Students who successfully complete their first clerkship, successfully pass the USMLE Step I examination and who re-enter Block III at the fourth clerkship MAY be able to graduate with their classmates in the spring two years hence but will have less time for electives, vacation and/or residency interviews.
4. If a student delays clerkship entry further, s/he will need to defer Block III entry until June/July, 2016, take the Step 1 examination by May 1, 2016, and post a passing score on the examination by the beginning of the clerkship to be entered.
5. Students who have failed the USMLE Step I examination in 2015 and who fail to take a repeat exam by May 1, 2016 will not be allowed to enter Block III until June/July of 2017 at the earliest.

All students who fail Step 1 are placed on Academic Review and are required to enroll in at least one credit of required HM 591 for each term during which s/he has not posted a passing score on the Step 1 examination.
Algorithm for USMLE Step I and Entry / Re-entry into Block III Academic Year 2015 - 2016

Finish Block II Courses

- Sit for Step I before Block III
  - Pass
  - Fail

- Pass Summer II Clerkship
  - Re-take by September 29
    - Pass
    - Fail
  - Re-take by November 24
    - Pass
    - Fail
  - Re-take by September 29
    - Pass
    - Fail

- Stop Clerkship
  - Enter Block III in July 2016
    - Pass
    - Fail

- Delay Step I
  - Sit by August 5
    - Pass
    - Fail
  - Sit by September 29
    - Pass
    - Fail

- Delay
  - Block III Fall II
  - Enter Block III July 2016

* Must take exam by May 1, 2016 to enter Block III in July 2016
Governance
Communication Flow for Students to Resolve Student Academic Disputes

East Lansing

Student disagrees with a decision about an academic issue

Student brings the issue to Course Director / Assistant Course Director

Course Director and Assistant Course Director confer and issue a joint decision

Course Director / Assistant Course Director in student’s community communicates decision

If student disagrees with the decision, brings issue to Block Director / Assistant Block Director

Block Director and Assistant Block Director confer; joint decision is developed

Block Director / Assistant Block Director in student’s community communicates decision

If student disagrees with decision, the student brings the issue to the Assistant Dean / Director of Preclinical Curriculum

The Assistant Dean and Director of Preclinical Curriculum confer; joint decision is developed

Assistant Dean / Director of Preclinical Curriculum conveys decision to the student and the pertinent course director(s) and block administrators

If student disagrees with the decision, the student brings the issue to the Senior Associate Dean for Academic Affairs

The Senior Associate Dean for Academic Affairs issues the decision and conveys it to the student, all course and block administrators, and the Assistant Dean / Director of Preclinical Curriculum

If the student disagrees with the decision, the student can initiate a grievance (see MSRR for procedure)

Grand Rapids
Medical Student Rights and Responsibilities

Michigan State University

COLLEGES OF HUMAN MEDICINE, OSTEOPATHIC MEDICINE, AND VETERINARY MEDICINE

ARTICLE 1: Medical Student Rights and Responsibilities
ARTICLE 2: Academic Rights and Responsibilities for Medical Students
ARTICLE 3: Student Records
ARTICLE 4: Medical Student Support
ARTICLE 5: Adjudication of Cases
ARTICLE 6: Academic Governance
ARTICLE 7: Procedure for Amending and Revising This Document

FOREWORD
The foreword is not part of the document that follows. It supplies, however, a necessary perspective for interpreting the document.

Medical student rights and responsibilities at Michigan State University are part of the social and historical background of the University. When, more than a century ago, the people of Michigan established this institution on the land-grant principle, they framed a new conception of the role of the university in American life. A land-grant university is a trusteeship of intellect in the service of society. It gathers society’s creative and intellectual powers and uses them to advance the common good and to solve fundamental problems.

This document is significant not merely because it establishes that medical students have certain rights and responsibilities, but particularly because it affirms that they are parties to the social trust shared by all in the University community who are charged with preserving and advancing the genius of scholarship and the conditions of inquiry which society has entrusted to our care.

PREFACE

The Colleges of Human Medicine, Osteopathic Medicine, and Veterinary Medicine at Michigan State University share with the rest of the University the commitment to free inquiry and pursuit of knowledge that mark the academic institution. Students enrolled in the professional curricula of these three colleges are collectively referred to in this document as "medical students." This document and the related Academic Freedom for Students at Michigan State University and Graduate Student Rights and Responsibilities documents contain guidelines to the rights and responsibilities of medical students in matters of conduct, academic pursuits, keeping of records, and employment. This document describes structures and procedures for interpreting and amending the guidelines, for formulating regulations governing medical student conduct, for adjudicating medical student disciplinary cases, and for channeling medical student complaints, grievances, or concerns to faculty, staff, and administrators for appropriate action.

The Colleges of Human Medicine, Osteopathic Medicine, and Veterinary Medicine educate students for careers in the medical professions and evaluate students on their professional behavior as well as
on other elements of their academic performance. This dual focus has been incorporated into this
document. When disputes or complaints arise regarding medical student rights and responsibilities,
the academic tradition of the University and the professional traditions of the medical professions
generally allow for the differences to be settled quickly and informally. This document is intended, in
part, to address those instances when a formal mechanism for adjudicating differences must be
instituted.

ARTICLE 1
MEDICAL STUDENT RIGHTS AND RESPONSIBILITIES

1.1 Michigan State University is a community of scholars. The basic purposes of the University are
the advancement, dissemination, and application of knowledge. While engaged in these
activities, the University seeks to provide an environment conducive to instruction, research,
and service.

1.2 Each right of an individual places a reciprocal responsibility upon others: the responsibility to
permit the individual to exercise the right. The medical student, as a member of the academic
community, has both rights and responsibilities. Within that community, the medical student’s
most essential right is the right to learn. The University provides for the medical student those
privileges, opportunities, and protections which best promote the learning process in all its
aspects. The medical student has responsibilities to other members of the academic
community and to patients, clients, and the general public.

1.3 Regulations governing the activities and conduct of student groups and individual medical
students do not attempt to specify all prohibited and permitted conduct. Rather, they are
intended to govern conduct that seriously interferes with the basic purposes and processes of
the community or with the rights of members of the community.

1.4 The medical student is not only a member of the academic community, but also a citizen of the
larger society who retains those rights, protections, and guarantees of fair treatment held by all
citizens.

1.5 GUIDELINES REGARDING MEDICAL STUDENT REGULATIONS.

1.5.1 The medical colleges shall not enact student regulations unless there is a demonstrable need
for them which is reasonably related to the basic purposes and necessities of the University.

1.5.2 The medical colleges shall provide opportunities for medical students to participate in
formulating and revising regulations governing medical student conduct.

1.5.3 All regulations governing medical student rights and responsibilities shall be made available to
medical students in print or in electronic form. (See medical college student handbooks.)

1.5.4 Every regulation shall be as brief, clear, and specific as possible.

1.5.5 Wherever rights conflict, regulations shall, to the maximum extent feasible, permit reasonable
scope for each conflicting right by defining the circumstances of time, place, and means
appropriate to its exercise.
1.5.6 Regulations shall respect the free expression of ideas and shall encourage the competition of ideas from diverse perspectives.

1.5.7 Penalties shall be commensurate with the seriousness of the offense. Repeated violations may justify increasingly severe penalties.

1.5.8 There shall be clearly defined channels and procedures for the appeal and/or review of:
   a. The finding of a violation of a regulation.
   b. The reasonableness, under the circumstances, of the penalty imposed for a violation.
   c. A regulation or administrative decision which is alleged to be inconsistent with guidelines in this document.
   d. Alleged violations of the complaint/grievance procedures set forth in Article V of this document.

1.5.9 Every regulation shall specify to whom it applies and whether responsibility for compliance lies with medical students.

1.6 A handbook of the University’s current regulations relating to student rights and responsibilities shall be made available to every member of the academic community. (See Spartan Life.)

ARTICLE 2
ACADEMIC RIGHTS AND RESPONSIBILITIES FOR MEDICAL STUDENTS

2.1 PREAMBLE.

2.1.1 The establishment and maintenance of the proper relationship between instructor and student are fundamental to the University's function and require both instructor and student to recognize the rights and responsibilities that derive from that relationship. The relationship between instructor and student should be founded on mutual respect and understanding together with shared dedication to the educational process.

2.2 ROLE OF THE FACULTY IN THE INSTRUCTIONAL PROCESS.

2.2.1 No provision for the rights of medical students can be valid which suspends the rights of the faculty. The medical student's right to competent instruction must be reconciled with the rights of the faculty, consistent with the principle that the competency of a professional can be rightly judged only by professionals. It is, therefore, acknowledged and mandated that competence of instruction shall be judged by the faculty.

2.2.2 Colleges, departments, and units shall provide clearly defined channels for the receipt and consideration of medical student complaints concerning instruction. In no instance shall a dispute concerning the competence of instruction form the basis for a grievance under this document.

2.2.3 Faculty shall have authority and responsibility for academic policy and practices in areas such as degree eligibility and requirements, course content and grading, classroom procedure, and standards of professional behavior in accordance with the Bylaws for Academic Governance, The Code of Teaching Responsibility, and other documents on faculty rights and responsibilities.
2.2.3.1 It shall be the responsibility of the faculty of the Colleges of Human Medicine, Osteopathic Medicine, and Veterinary Medicine to establish and disseminate academic and professional requirements and the methods for evaluating student performance in their college.

2.2.3.2 Determination of a medical student's overall progress, performance, and standing in a given medical program shall be the prerogative of a student performance committee, established in accordance with college bylaws and procedures.

2.2.4 No hearing board established under this document shall direct a change in the evaluation of a medical student which represents a course instructor's or instructional committee's good faith judgment about the medical student's academic performance. In the event that an evaluation is determined to be based on factors other than good faith judgment about the medical student's academic performance (e.g., race, sex, personal animus), the dean of the appropriate college shall direct that the student's performance be reassessed and that a good faith evaluation be conducted.

2.3 MEDICAL STUDENT RIGHTS AND RESPONSIBILITIES.

2.3.1 In all areas of medical education, the medical colleges shall comply with the University's Anti-Discrimination Policy and all other University policies.

2.3.2 The medical student has a right to accurate, timely, and clearly written information concerning general academic requirements for establishing and maintaining an acceptable academic standing, the medical student's academic relationship with the University, and any special academic conditions which may apply to the medical student. Requirements for the student's academic program and written academic regulations, including codes of professional behavior, shall be made known to the medical student by the administering college at the time of the medical student’s enrollment. Medical students are responsible for informing themselves of University, college, department, and unit requirements stated in college publications and in the University catalog. In planning to meet such requirements, students are responsible for consulting with their academic advisers and appropriate officers of their college.

2.3.3 The medical student, regardless of degree program, has a right to the best advice the college can provide concerning program planning, research, professional expectations, selection of courses and professors, and general degree requirements.

2.3.4 The colleges shall maintain records for their medical students, specifying and/or containing degree requirements, course waivers and substitutions, program changes, and other stipulations directly affecting their degree programs. Medical students shall be provided access to and a copy of these records upon request.

2.3.5 Subject to Article 2.2, the medical student shall be free to take reasoned exception to information and views offered in instructional contexts and to reserve judgment about matters of opinion, without penalty or reprisal.

2.3.6 Medical students and faculty share responsibility for maintaining classroom decorum and a collegial atmosphere which promotes teaching and learning.
2.3.7 Each medical student shares with the faculty responsibility for maintaining the integrity of scholarship, grades, patient care, and professional standards.

2.3.8 The medical student is responsible for learning the content of a course of study according to standards of performance established by the faculty and for adhering to standards of professional behavior established by his/her college.

2.3.9 The medical student has a right to academic evaluations which represent good faith judgments of academic performance by course instructors. Course grades shall represent the instructor's or instructors’ professional evaluation of the medical student's academic performance, including compliance with professional standards. The medical student shall have the right to know all course requirements and grading criteria at the beginning of the course. (See also The Code of Teaching Responsibility.)

2.3.10 Faculty, academic staff, and support staff must respect the privacy of information concerning the medical student’s academic performance and the medical student’s values, beliefs, organizational affiliations, and health. (See also Article 3.)

2.3.11 Medical students and faculty members share responsibility for maintaining professional relationships based on mutual trust and civility.

2.3.12 Faculty, academic staff, and support staff may not exploit medical students. Medical students shall receive recognition for scholarly assistance to faculty.

2.3.13 The medical student has the right to refuse to participate in any research being conducted by faculty without penalty or reprisal.

2.3.14 The medical student has a right to have his/her grievance/complaint adjudicated in accordance with the procedures established in this document.

2.3.15 The medical student subject to disciplinary action for alleged unprofessional behavior has a right to an explanation from the appropriate college faculty of the allegation, including how the judgment of unprofessional behavior was made, and the right to appeal.

2.4 ACADEMIC PROGRAMMING

2.4.1 COLLEGE LEVEL.

2.4.1.1 Code of Professional Standards. Each medical college shall provide to medical students, at the time of their first enrollment in the college or in a course, any specific codes of professional behavior and other academic standards covering the conduct expected of them while enrolled in the college or in that course.

2.4.1.2 Evaluation. Each medical college shall evaluate medical students’ academic progress, performance, and professional potential. Evaluation of medical students shall be made only by persons who are qualified to make those evaluations. Written descriptions of methods and bases of evaluations shall be provided to medical students and the faculty. Copies of written evaluations shall be provided to the medical student and placed in the medical student's file.
2.4.1.2.1 When a medical student's progress or performance is unsatisfactory, the medical college shall so notify the student in writing in a timely manner and a copy of that notice shall be placed in the student's file.

2.4.1.3 Each medical college shall make reasonable efforts to identify those students who have problems with academic performance, including compliance with professional standards, and when appropriate, to provide opportunities for remediation and/or improvement.

2.4.1.4 Removal. Each medical college shall protect patients, clients, and the general public from unprofessional conduct and from performance which falls below minimally acceptable professional standards of care on the part of its students. The medical colleges must remove from patient or client contact any student who has been found to have engaged in unprofessional conduct which presents a significant possibility of harm to patients, to clients, or to the general public.

2.4.1.5 Dismissals and Withdrawals. Each medical college shall establish criteria for the dismissal or withdrawal of medical students enrolled in its medical programs. Such criteria shall be published and made available to medical students at the time they begin their medical programs. Should a decision to dismiss a medical student be made by the dean or student performance committee in a medical college, the affected medical student shall be so notified in writing in a timely manner, and the medical student may request a review for reinstatement. All information regarding the decision to dismiss is confidential and shall only be shared in accordance with the University’s policies governing the release of student records.

2.4.1.5.1 Each medical college shall deal expeditiously with all academic dismissals, disciplinary dismissals, suspensions, appeals, and grievances.

2.4.2 JOINT MEDICAL/GRADUATE PROGRAM STUDENTS.

2.4.2.1 Joint medical/graduate program students are responsible at the time they are enrolled in each program to review applicable University, college, department, and unit requirements.

2.4.2.2 This document governs rights and responsibilities related to the medical program of a joint medical/graduate program student. The Graduate Student Rights and Responsibilities document ("GSRR") governs rights and responsibilities related to the graduate program of a joint medical/graduate program student.

2.4.2.3 Complaints/grievances arising from the application of this document or of the GSRR to a student jointly enrolled in graduate/medical programs shall be referred to the appropriate hearing board. The Dean of the Graduate School will determine the hearing board to which the case will be referred.

ARTICLE 3
STUDENT RECORDS

3.1 Record practices within the medical colleges shall be based on respect for the privacy of individual medical students, as well as on current federal and state laws.
3.2 All policies and practices governing access, maintenance, and release of medical student records shall conform to the University's policies governing the release of student records. Changes to record policies shall be made known to medical students.

3.2.1 No record shall be made, duplicated, or retained unless it is needed for University operations.

3.2.2 The University shall not make, duplicate, or retain records of a medical student's religious or political beliefs without the medical student's knowledge and consent.

3.2.3 Each medical student shall have the right to inspect his or her own educational records, except confidential letters of recommendation, including the official transcript. Each medical student shall also have the right to inspect reports and evaluations of his or her academic performance and conduct.

3.2.4 All policies and practices dealing with the acquisition and dissemination of information in student records shall be formulated with due regard for the medical student's rights of privacy and access.

3.2.5 Units shall train persons handling confidential records regarding appropriate methods of keeping such records.

3.2.6 Except as permitted by law, the University shall not provide access to a medical student’s disciplinary record without the written permission of the student.

3.2.7 Medical college policies governing the maintenance and the release of records shall be subject to judicial review as provided in Article 5.

ARTICLE 4
MEDICAL STUDENT SUPPORT

4.1 CLASSES OF SUPPORT.

4.1.1 Medical students receiving support from the University fall primarily into three classes:
   a. graduate assistants;
   b. University employees; and
   c. fellowship, scholarship, and/or grant recipients.

4.2 GRADUATE ASSISTANTS.
4.2.1 This Article (Article 4) deals only with the employment of graduate assistants not represented by the Graduate Employees Union ("GEU"). Accordingly, for the purposes of this document, the term "graduate assistant" does not include members of the GEU. Information related to the employment of graduate teaching assistants included in the GEU bargaining unit is included in the collective bargaining agreement between the University and the GEU.

4.2.2 Medical students who are graduate assistants are appointed in accordance with University policies governing graduate assistantships. Graduate assistant duties may include, but are not
limited to: student advising, writing supervision, reading of papers and examinations, and research. The responsibilities delegated to a graduate assistant must be performed under the supervision of a faculty member or administrator.

4.2.3 Each unit appointing medical students as graduate assistants shall develop and publish policies regarding:
   a. criteria for selecting new graduate assistants;
   b. criteria for renewing and/or continuing graduate assistantships;
   c. stipends;
   d. stipend advancement and promotion;
   e. tax status of stipends (according to IRS policy);
   f. procedures for evaluating performance;
   g. length of term of appointment, including continuance and renewal of graduate assistantships;
   h. work load, duties, and vacation schedules; and
   i. grievance procedures.

4.2.4 By April 15th of each calendar year, units shall notify each graduate assistant in writing of one (or more) of the following: (a) that the assistantship will be renewed for the following academic year or a portion thereof; (b) that the assistantship will be renewed provided the assistant is able to meet certain specified conditions; (c) that the assistantship will be renewed if the unit is able to meet certain specified conditions and by which date the student will be notified if the assistantship will be renewed; and (d) that the assistantship will not be renewed for the following academic year, along with the reasons for that decision.

4.2.5 The Office of the Provost shall establish a campus-wide policy for graduate assistant stipends, taking into account (a) the amount of stipend adequate in relation to the current cost of living, (b) the need to be competitive with other universities, and (c) the availability of resources for graduate assistant stipends. The Office of the Provost consults with the Dean of the Graduate School and the University Graduate Council on graduate assistant stipend levels.

4.2.6 Graduate assistants are entitled to all benefits normally accorded to full-time graduate students, except where otherwise specified by policy.

4.2.7 All graduate assistants are entitled to such clerical-secretarial help and supplies as are commensurate with their assigned responsibilities and the resources of the unit.

4.2.8 Medical students who are graduate assistants should receive the same professional respect accorded to faculty, within the constraints of their training, experience, and responsibilities.

4.3 UNIVERSITY-EMPLOYED MEDICAL STUDENTS.

4.3.1 The University's student employment office shall publish annually minimum and maximum salaries and hourly wages for University-employed medical students. This office approves unit requests for all payments above the established maximums.
4.3.2 The University shall not deny a regular employee's fringe benefits or unilaterally make adjustments to working hours solely because the employee is also registered as a medical student.

4.3.3 University employees who are pursuing medical study continue to be bound by collective bargaining agreements and other applicable University personnel policies and agreements.

4.3.4 Employment-related grievances of medical students employed in non-academic positions should be filed with the employing units under their respective procedures.

4.4. FELLOWSHIP, SCHOLARSHIP AND GRANT RECIPIENTS.

4.4.1 A medical student supported by a fellowship and/or grant shall be provided with information about (a) the responsibilities to be met and performance required for retention of support, (b) the privileges and status associated with support, and (c) any relevant grievance procedures.

4.5 UNIVERSITY POLICIES RELATING TO MEDICAL STUDENT SUPPORT RECIPIENTS.

4.5.1 Employment practices within the medical colleges shall conform to the University’s Anti-Discrimination Policy and all other relevant University policies.

4.5.2 The University may demote, suspend, terminate, or otherwise discipline medical students receiving support through the University for cause and for failure to meet their employment responsibilities. A medical student's dismissal from an academic program may also terminate the medical student’s assistantship or other support. Medical students who believe they have a grievance under this Article may utilize the procedures set forth in Article 5.

4.5.2.1 In cases where the medical student contends that action of the University may cause irreparable harm, the medical student may ask the appropriate judiciary for an expedited hearing.

ARTICLE 5
ADJUDICATION OF CASES

5.1 ACADEMIC GRIEVANCES.

5.1.1 A grievance is defined as an allegation filed by a medical student against a faculty, academic staff, or support staff member of the University community.

5.1.2 Any medical student may file a grievance within the time periods set forth in Article V, section 5.3.3.

5.1.3 A grievance may allege a violation of any of the rights of medical students under this document or challenge an academic evaluation on the ground that the evaluation was based entirely or in part upon factors (e.g., race, sex, personal animus) other than a good faith judgment about the medical student’s academic performance, including compliance with applicable professional standards.
5.1.3.1. A medical student who receives a penalty grade based on a charge of academic dishonesty and who is not referred for additional disciplinary action may contest the penalty grade by filing a grievance under this section. Instructors seeking sanctions for academic dishonesty other than or in addition to penalty grades must file a complaint under Article 5.2.2. of this document.

5.1.4. A student who has been dismissed for academic reasons by a medical college’s student performance committee and/or dean’s office may file a grievance under this section alleging procedural violations. Students may not file a grievance challenging such a decision to dismiss on substantive grounds.

5.1.5. Where an instructor or a committee has rendered a judgment regarding a medical student’s academic performance, that judgment is presumed to be made in good faith and the grievant bears the burden of proving the contrary, with the exception of allegations of academic dishonesty. In those cases, the faculty member bears the burden of proof.

5.2. COMPLAINTS.

5.2.1 A complaint is defined as an allegation filed by a member of the University community against a medical student.

5.2.2 Any member of the University community may file a complaint against a medical student within the time periods set forth in Article 5.3.3 alleging a violation of this document, academic dishonesty, violation of professional standards, or falsification of admission or academic records. (See also Integrity of Scholarships and Grades policy.

5.2.3 If a medical student or a student enrolled in a joint medical/graduate program engages in conduct that would violate a student group regulation, general student regulation, or University policy if the conduct occurred on campus, that conduct may form the basis for a complaint when the alleged violation impairs, interferes with, or obstructs the mission, processes, or functions of the student’s medical college.

5.3 FILING A GRIEVANCE OR COMPLAINT.

5.3.1. To file a grievance/complaint, the grievant/complainant must submit a written, signed statement to the designated administrator of the college in which the medical student is enrolled. The statement must contain the following information:

   A. the specific provision of this document or other policy/regulation that has allegedly been violated;

   B. the time, place, and nature of the alleged violation;

   C. the person(s) against whom the grievance/complaint is filed;

   D. a concise and plain statement of the sanction or remedy sought; and

   E. whether a hearing is requested.
5.3.2 Anonymous complaints will not be accepted. Students may seek assistance from the Office of the Ombudsman\(^1\) to understand the grievance process.

5.3.3 Grievances/Complaints must be filed no later than mid-term of the semester following the one in which the alleged violation occurred (exclusive of the scheduled vacation periods during which students in the medical colleges are not enrolled for classes). If either party to a grievance/complaint is absent from the University during that semester, or if other appropriate reasons exist, an exception to this time limit may be granted by the designated college administrator. If either party to the grievance or complaint leaves the University prior to its resolution, the grievance/complaint may proceed at the discretion of the chair of the hearing body.

5.3.4. Grievances/complaints must be initiated at the lowest administrative level feasible. Grievances/complaints brought within a department that is solely administered by the medical colleges will normally be heard by the department hearing body. Grievances/complaints brought within a department that is not solely administered by the medical colleges 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.

5.4. **Administrative Resolution.**

5.4.1. Where possible, a grievant or complainant is encouraged to seek resolution and redress informally.

5.4.2. If problems arise in the relationship between instructor and student, both should attempt to resolve them by informal, direct discussions. If the problems remain unsolved, the unit administrator and/or the Ombudsman should be consulted. If a problem is still unresolved, either individual may submit a grievance or complaint.

5.4.3. Within five (5) class days\(^2\) after receipt of a grievance/complaint, the designated college administrator shall meet with the respondent to discuss the nature of the grievance/complaint. At that time, the respondent may admit his/her violation of this document or other policy/regulation and have the grievance/complaint resolved through administrative action.

5.4.3.1. A respondent who admits his/her violation of this document or other policy/regulation waives his/her right to a hearing regarding the underlying facts of that violation. In such a situation, the designated college administrator shall propose an appropriate redress or sanction for the violation. At that time, the respondent may choose to proceed to a hearing on the sole issue of the appropriateness of the sanction/redress.

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1 The Ombudsman is a senior faculty member who assists members of the MSU community in resolving complaints or concerns informally, impartially, and independently.

2 A “class day” is defined as a day on which classes are held, including a day during final examination week.
5.4.4. Alternatively, the respondent may choose to deny that the alleged violation has occurred and request a hearing. In such a case, within five (5) class days, the designated college administrator shall forward the grievance/complaint to the chairperson of the hearing body.

5.5. **JUDICIAL PROCEDURES.**

5.5.1. Departments/units and colleges shall establish hearing board procedures consistent with this document. A copy of these procedures shall be filed with the medical college’s dean, the Ombudsman, and the Dean of the Graduate School. Hearing board procedures shall be reviewed every five (5) years.

5.5.2. The adjudication of grievances should proceed in a timely manner, as described below.

5.5.3 Upon receipt of a complaint/grievance, the chair of the hearing body shall transmit a copy of the complaint/grievance within five (5) class days to the hearing body members and to the respondent(s).

5.5.3.1 The hearing body shall review the complaint/grievance to determine whether it has jurisdiction and whether the complaint/grievance has alleged a violation of this document or other policy/regulation and may then forward a copy of the complaint/grievance to the appropriate individual(s) and invite a written response regarding these issues. After considering all submitted information, the hearing body may:

5.5.3.1.1 Accept the complaint/grievance, in full or in part, and proceed to schedule a hearing.

5.5.3.1.2 Reject the complaint/grievance and provide an explanation.

5.5.3.1.3 Invite all parties to meet with the hearing board for an informal discussion of the issues. Such discussion shall not preclude a later hearing.

5.5.4. At least ten (10) class days prior to the hearing, each party shall provide the chair of the hearing body with the names of his/her witnesses (if any) and advisor (if any).

5.5.5. At least five (5) class days prior to hearing, each party shall be entitled to a written notice of hearing from the hearing body. This notice of hearing shall state:

5.5.5.1. The name(s) of the parties;

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3 A witness will normally be a member of the University community. However, since medical students spend significant blocks of instructional time in hospitals, clinics, and practitioners’ offices, staff or patients in those settings may, from time to time, be requested to serve as witnesses because they have evidence important to the resolution of the complaint/grievance. Wherever possible, a written statement shall be sought in lieu of personal appearances and testimony by those who are not members of the University community.
5.5.2. The nature of the issues to be heard with sufficient detail to enable each party to prepare its respective case;

5.5.3. The date, time, and place of the hearing;

5.5.4 The names of witnesses (if any) and advisor (if any); and

5.5.5 The names of the members of the body adjudicating the case.

5.5.6 At least three (3) class days prior to a formal hearing, either party may submit a request to the chair of the hearing body that a member of the hearing body be disqualified because of a conflict of interest. (See Article 5.9.4.2.) If the chair of the hearing body is the subject of the request, the request should be filed with the designated college administrator. The chair of the hearing body or designated college administrator shall rule on the issue of disqualification promptly and, if a member is disqualified, the name of the new hearing body member shall be forwarded to the parties immediately.

5.5.7 Any amendments to a complaint/grievance must be filed at least five (5) class days prior to the hearing on that complaint/grievance.

5.5.8 Either party may request, with cause, a postponement prior to the scheduled time of a hearing. The chair of the hearing body may grant or deny such a request.

5.5.9 Each party is expected to appear at the hearing and present his/her case to the hearing body.

5.5.10 Should the complainant/grievant fail to appear, the hearing body may either postpone the hearing or dismiss the complaint/grievance.

5.5.11 Should the respondent(s) fail to appear, the hearing body may either postpone the hearing or, if the hearing body determines that an acceptable excuse has not been offered, hear the grievance/complaint in the absence of the respondent(s).

5.5.12 The hearing body may accept written statements from a party to the hearing in lieu of a personal appearance, but only in unusual circumstances. A copy of the written statement shall also be sent to the opposing party. Such written statements must be submitted to the hearing body and to the opposing party at least one (1) day prior to the scheduled hearing.

5.5.13 The hearing body shall maintain a collegial atmosphere in hearings.

5.5.14 Either party may choose to be accompanied by a member of the faculty, staff, or student body of the University who may serve as an advisor. The advisor may be present throughout the hearing but has no voice in the hearing unless permission to participate is granted by the chair of the hearing body. Permission may be granted to the respondent to be accompanied by an attorney if criminal charges are pending against the respondent regarding the subject matter of the complaint/grievance. If the respondent is charged with a sex offense, the complainant may also have an attorney present.
5.5.15. During the hearing, each party shall have an opportunity to make an opening statement, present evidence, question witnesses, ask questions of the opposing party, and present a closing statement.

5.5.16. The hearing body shall issue a decision and prepare a written report of its findings and supporting rationale. As part of its decision, the hearing body shall determine what, if any, redress or sanction should be implemented. The hearing body shall forward copies of the report to the parties, the designated college administrator, the Ombudsman, and the dean of the medical college involved in the complaint/grievance. All recipients are expected to respect the confidentiality of this report. The dean of the medical college shall take appropriate action to implement any redress or sanction directed by the hearing body.

5.5.17. Either party to a hearing may request reconsideration of a decision within thirty (30) days if it is determined by the chair of the hearing body that new evidence has arisen. “New evidence” is defined as relevant information or documents previously unavailable to the party, although the party acted with due diligence to obtain such evidence. An exception to the thirty (30) day time limit may be granted by the chair of the hearing body only upon a showing of good cause.

5.6. URGENT CASES.

5.6.1. The following process makes special provisions to adjudicate urgent complaints/grievances in which it is alleged that the conduct of a medical student threatens immediate and irreparable harm to a member of the University community or to patients or clients for whose care one or more of the medical colleges is responsible.

5.6.2. When student conduct that threatens immediate or irreparable harm is alleged, the student shall be suspended by the appropriate dean/designated college administrator. The appropriate dean/designated college administrator shall convene, within three (3) class days, a fact-finding hearing. Based on this fact-finding hearing, the dean/designated college administrator will determine whether there is sufficient evidence to justify continuation of the suspension. The student will be notified of the time and place of the fact-finding hearing and shall have the right to be present, to be informed of the particulars of the allegation, and to speak on his or her own behalf.

5.6.3. When the fact-finder finds sufficient evidence that the student has engaged in conduct of a sort that, if continued, threatens immediate or irreparable harm and no compelling evidence has been provided by the student that the conduct will be or has already been discontinued, the dean/designated college administrator shall suspend the student immediately (or continue the suspension if one is already in place) and notify the college hearing body of the suspension.

5.6.4. Upon receiving notification that a student has been suspended following a fact-finding hearing, the normal procedures for conducting a college hearing will be instituted immediately. The student will remain suspended pending a decision by the college hearing body.

5.6.5. If the fact-finder does not find sufficient evidence to justify a suspension, the suspension will be lifted. The dean/designated college administrator will forward its conclusions in writing to the college hearing body and normal procedures for conducting a college hearing will be instituted immediately.
5.7. **SANCTIONS.**

5.7.1. **Complaints:** If it finds a violation, the hearing body may impose one of the following sanctions:

5.7.1.1. **Warning:** An official written statement advising the medical student that additional violations will result in more severe sanctions.

5.7.1.2. **Probation:** A period of time specified for observing and evaluating a medical student's conduct, with or without special conditions, including a written reprimand, with an indication that further violations will result in more severe disciplinary action, including suspension or dismissal from the college. Probation will be imposed for a specific period of time and, provided no further violations have occurred, the medical student shall automatically be removed from probation when that period expires. Probation may be accompanied by a requirement that restitution be made for University property damages or other losses resulting from the violation, or such other requirements or special conditions as may be appropriate under the circumstances.

5.7.1.3. **Suspension:** A suspension from the student’s medical college may be for a specified period of time, in which case the medical student is eligible to apply for readmission at the end of that period of time, or it may be a conditional suspension, in which case the medical student must demonstrate that he/she has fulfilled stated conditions prior to applying for readmission. Suspensions must be approved by the dean/designated college administrator of the relevant medical college. If the dean/designated college administrator does not approve the suspension, the dean/designated college administrator may direct that another sanction be imposed. The dean/designated college administrator will normally consult with the hearing body before imposing another sanction.

5.7.1.4. **Dismissal.** Dismissal from the student’s medical college. Dismissals must be approved by the dean of the relevant medical college and the Provost. If the dismissal is not approved, the dean and Provost may direct that another sanction be imposed. The dean and Provost will normally consult with the hearing body before imposing another sanction.

5.7.1.5. **Other:** Other disciplinary action deemed appropriate to a specific case.

5.8. **APPEALS.**

5.8.1 The decision of the hearing body may be appealed by either party to the next level hearing body. If the original hearing was by the department hearing body, the appeal shall be made to the college hearing body. If the original hearing was by the college hearing body, the appeal shall be made to the University Graduate-Professional Judiciary (“UGPJ”).

4 The UGPJ is the final hearing body within the judicial structure related to medical student academic rights and responsibilities.
5.8.1.2. **Grievances.** The college hearing body or UGPJ shall hear appeals of decisions arising from academic grievances. Such appeals will be confined to allegations regarding procedural violations. When reviewing procedural matters, the appellate body will normally restrict its determination to issues which challenge the adequacy of the notice of the hearing provided the respondent by the hearing body and/or the adequacy of the hearing provided the parties by the hearing body. Evidence presented to the hearing body or otherwise pertaining to the substance of the grievance will not be reheard.

5.8.1.3 **Complaints.** The college hearing body or UGPJ shall hear appeals of decisions arising from complaints. Medical students may appeal decisions arising from complaints on either substantive or procedural grounds. When reviewing substantive matters, the appellate body will normally restrict itself to considering whether there were sufficient grounds for the decision made by the lower hearing body and/or whether the sanction imposed was appropriate to the nature and seriousness of the violation. Appeals from decisions arising from a complaint may allege that the decision of the hearing body was substantively unfair even if no procedural violations are alleged to have occurred, but the appellate body will not rehear the complaint or the evidence presented to the hearing body.

5.8.2. Appeals must be written and signed by the party filing the appeal and must specify the basis for appeal in sufficient detail to justify further proceedings. Appeals to the college hearing body must be filed with the designated college administrator. Appeals to the UGPJ must be filed with the Dean of the Graduate School.

5.8.3. Appeals must specify the redress that is sought.

5.8.4. New evidence may only be submitted to the appellate body if it is relevant to the appeal and was previously unavailable to the party submitting it, although the party acted with due diligence to obtain such evidence.

5.8.5. Appeals must be filed within fourteen (14) class days following the date of the hearing body’s decision. Except in urgent cases, any redress or sanctions imposed by the hearing body will be held in abeyance while the appeal is pending.

5.8.6. The appellate body shall review the appeal and forward a copy of the appeal to the other party and invite a written response. After considering the appeal and response, the appellate body may:

5.8.6.1. Decide that sufficient reasons for an appeal do not exist and that the decision of the hearing body shall stand;

5.8.6.2. Direct the hearing body to rehear the case or to reconsider or clarify its decision;

5.8.6.3. Decide that sufficient reasons exist for an appeal and schedule an appeal hearing in a timely manner.
5.8.7. Following an appeal hearing, the appellate body may affirm, reverse, or modify the decision of the hearing body. The appellate body may also direct the hearing body to rehear the original complaint/grievance.

5.9. **JUDICIAL STRUCTURE.**

5.9.1 **Department Hearing Bodies.**

5.9.1.1. Each department that is solely administered by the medical colleges may, in accordance with its bylaws and procedures, establish procedures to deal with complaints/grievances that arise at the department level. Complaints/grievances may be resolved informally or, at the request of either party, formally through a department hearing body. No student or faculty member involved in the complaint/grievance may serve on the hearing board.

5.9.2 **College Hearing Bodies.**

5.9.2.1 Each medical college shall, in accordance with its bylaws and procedures, establish a hearing body for grievances/complaints involving medical students that arise at the college level or that cannot be resolved at the department level. Such hearing bodies shall have equal numbers of faculty and medical students selected by their respective groups in accordance with college bylaws. If a faculty member or medical student is involved in the complaint/grievance, neither the faculty member nor the medical student may serve on the hearing body for that complaint/grievance.

5.9.3 **University Graduate-Professional Judiciary (“UGPJ”)**

5.9.3.1 A body shall be established composed of the Dean of the Graduate School or designee who shall serve as chairperson; five (5) faculty members of the University Graduate Council, three (3) of whom shall be the faculty representatives on the University Graduate Council; and five (5) students chosen by the all-University graduate student governing body, three (3) of whom shall be medical students, one from each medical college. If a faculty member or medical student who sits on the UGPJ is involved in the complaint/grievance, neither the faculty member nor the medical student shall serve on the UGPJ for that complaint/grievance. Each year the College Advisory Council of each of the medical colleges shall select an alternate faculty member who shall sit on the UGPJ in the event the faculty member representing that college on the UGPJ is unable to serve on a complaint/grievance. A medical student representative to the UGPJ who is unable to serve on a complaint/grievance shall be replaced for that complaint/grievance by another student from the same medical college who is chosen by the all-University graduate student governing body.

5.9.3.2 The UGPJ shall have available to it the full range of decisions provided to hearing bodies through this document. In addition, the UGPJ may make whatever recommendations it may consider appropriate to specific cases. When the UGPJ finds that a violation of rights has occurred and that redress is possible, the UGPJ shall direct the responsible administrator to provide redress. The administrator, in consultation with the UGPJ, shall implement an appropriate remedy.
5.9.4 General Considerations.

5.9.4.1. Department and college hearing body members and students serving on the UGPJ shall take office in the fall of the year and shall serve one year. The one-year term shall not preclude reappointment the following year. Faculty serving on the UGPJ shall have a term that coincides with their term on the University Graduate Council.

5.9.4.2. Any member of a hearing body who has a conflict of interest in a complaint/grievance shall be disqualified from sitting on the hearing body for that specific complaint/grievance. A “conflict of interest” is defined as any academic, financial, scholarly, or social relationship that would, in the judgment of the hearing body chair, impair the ability of a member to make a fair and impartial judgment. In the event that a member of a hearing body is disqualified, an alternate from the appropriate student or faculty group will be selected according to the established procedures for selecting members of that hearing body.

ARTICLE 6
ACADEMIC GOVERNANCE

6.1 Each medical college shall make provision for medical student participation on appropriate governance committees within the college and University as specified by the relevant bylaws.

6.1.1 This document shall be consistent with guidelines put forward by the national professional organizations of the respective colleges.

6.1.2 Medical student representatives shall participate as voting members on college committees relating to policy-making.

6.1.2.1 Each medical college shall inform its medical students in a timely manner of the committee positions that medical students may hold, their duties, and lengths of appointment, and the process by which medical students are selected for appointment.

6.1.3 At the University level, medical students (also referred to as graduate-professional students) shall be selected and shall have voting membership on the University Graduate Council, Academic Council, and other committees as may be specified by the Bylaws for Academic Governance.

ARTICLE 7
PROCEDURE FOR AMENDING AND REVISIGN THIS DOCUMENT

7.1 Any member of the University community may initiate a proposal to amend or revise this document.

7.2 A proposal to amend or revise this document must be concurrently submitted, in written form, to the chairperson of the College Advisory Council of each of the three medical colleges.

7.3 Upon receiving the proposed amendment or revision, each College Advisory Council shall take the following action:
7.3.1 A written copy of the proposal must be distributed to all medical students and voting faculty of the college.

7.3.2 All medical students and faculty must be advised in writing of meetings(s) where the proposal will be discussed. Such meeting(s) may be held separately for students and faculty or conjointly.

7.3.3 Ballots (either paper or electronic) must be provided to all enrolled students and voting faculty in each of the medical colleges to approve the proposed revision.

7.3.4 Approval of the proposed amendment/revision shall require a majority vote in each medical college by all currently enrolled students and voting faculty who submit a written ballot.

7.4 In the event that all three medical colleges do not approve the proposed amendment/revision, each College Advisory Committee shall select one faculty member and one student from its membership to meet to coordinate further action.

7.5 Proposals for amending or revising this document that have been approved by all the medical colleges shall be submitted to the Academic Council.

7.6 The Academic Council shall review the proposed amendment/revision and either approve or reject it in accordance with the Bylaws for Academic Governance. A proposed amendment/revision that is rejected by the Academic Council shall be returned to the College Advisory Council of each medical college along with a written explanation for the rejection. This explanation may include suggestions for alteration of the proposal. A proposed amendment/revision that is approved by the Academic Council shall be forwarded to the President, who shall present it to the Board of Trustees.

7.7 The Board of Trustees shall review each proposed amendment and revision to this document and may approve it, at which time it shall become effective, or reject it and return it to the Academic Council.

7.8 The deans of the medical colleges shall be responsible for informing college faculty and medical students of the action taken on a proposed amendment/revision.

**HISTORY OF APPROVAL**

**Original Document**

(Replaces interim MSRR which was put in place administratively in 1979)

Medical Colleges – during 1985-86
Council of Graduate Students – November 6, 1985
University Graduate Council – March 3, 1986
Student Council – January 14, 1986
Academic Council – March 4, 1986
Board of Trustees – June 6, 1986
Effective Date – July 1, 1986
Revised Document
Medical Colleges – April 21, 2006
Academic Council – April 25, 2006
Board of Trustees – May 5, 2006
Effective Date – May 5, 2006
Grievance and Complaint Procedures
for the
College of Human Medicine Hearing Board

The “Academic Freedom for Students at Michigan State University” (AFR), the “Graduate Student Rights and Responsibilities at Michigan State University” (GSRR), and the “Medical Student Rights and Responsibilities at Michigan State University” (MSRR) documents establish the rights and responsibilities of MSU students and prescribe procedures for resolving allegations of violations of those rights through formal hearings. In accordance with the MSRR, the College of Human Medicine has established the following College Hearing Board procedures for adjudicating medical student grievances filed by medical students and complaints filed against medical students. ¹

I. JURISDICTION OF THE COLLEGE OF HUMAN MEDICINE HEARING BOARD:

For grievances brought by medical students, the College of Human Medicine Hearing Board serves as:

A. The initial hearing board for a student who has been dismissed for academic reasons by the student performance committee and who requests a grievance hearing alleging procedural violations. (MSRR 5.1.4)

B. The initial hearing board for cases (B-1 and B-2) involving preclinical medical students; and the initial hearing board for cases (B-1 and B-2) in which the associate dean for academic affairs concurs with a request by the chair of a department to waive jurisdiction for hearings for clinical medical students that cannot be resolved informally. (MSRR 5.3.4; 5.4 (Administrative Resolution), 5.9.1.1)

1. A grievance may allege a violation of any of the academic rights of medical students under the MSRR or challenge an academic evaluation on the ground that the evaluation was based entirely or in part upon factors (e.g., race, sex, personal animus) other than a good faith judgment about the medical student’s academic performance, including compliance with applicable professional standards. (MSRR 5.1.3)

2. A medical student who receives a penalty grade based on a charge of academic dishonesty and who is not referred for disciplinary action may contest the penalty grade by filing a request for a grievance hearing under this section. Instructors seeking sanctions for academic dishonesty other than or in addition to penalty grades must file a complaint under Article 5.2.2 of the MSRR. (MSRR 5.1.3.1)

C. The appellate board for hearings initiated at the department/unit level by clinical medical students. (MSRR 5.3.4)

¹ These procedures are supplemental to the MSRR document. The MSRR document governs if questions or issues arise that are not addressed by these procedures. If any provision contained in these procedures is found to be inconsistent with the MSRR, the MSRR document shall apply.
For complaints against medical students, the College of Human Medicine Hearing Board serves as:

D. The initial hearing board for complaints filed against medical students alleging a violation of the MSRR, academic dishonesty, a violation of professional standards, falsification of admission or academic records, or conduct that would violate a student group regulation, general student regulation, or University policy if the conduct occurred on campus and the alleged violation impairs, interferes with, or obstructs the mission, processes, or functions of the medical college. (MSRR 5.2)

II. COMPOSITION OF THE COLLEGE HEARING BOARD FOR GRIEVANCES AND COMPLAINTS:

A. The College Hearing Board shall be comprised of three (3) faculty and three (3) students. (MSRR 5.9.2.1)

B. The College Advisory Council shall designate a faculty member with rank who shall serve as the chair of the College Hearing Board and who shall vote only in the case of a tie. (CHM College Bylaws 6.3, MSRR 5.9.2.1)

C. The dean’s office shall designate staff support for the College Hearing Board. (College Bylaws 6.3)

D. The College Hearing Board shall be constituted no later than the beginning of each academic year.

Faculty

A. The chair of the College Hearing Board shall direct the staff person to compile a list of faculty by random selection, exclusive of department chairs, associate deans, and assistant deans. The Office of Medical Education and Research shall generate the list of faculty by random selection.

B. 3 faculty and 3 alternates who agree to serve for staggered terms of 3 years shall be selected to serve on the College Hearing Board. Faculty shall be selected to replace the retiring member(s) and alternate(s) each year. (MSRR5.9.2.1).

Faculty and alternates shall serve as follows. Initially the faculty shall be selected by:

3 faculty:
1 faculty member shall serve for 1 year and not be eligible to serve for 5 years
1 faculty member shall serve for 2 years and not be eligible to serve for 5 years
1 faculty member shall serve for 3 years and not be eligible to serve for 5 years

After the initial selection, each faculty member shall serve for 3 years and not be eligible to serve for 5 years.

3 faculty alternates:
1 faculty member shall serve as an alternate for 1 year and not be eligible to serve for 5 years.
1 faculty member shall serve as an alternate for 2 years and not be eligible to serve for 5 years.
1 faculty member shall serve as an alternate for 3 years and not be eligible to serve for 5 years.

After the initial selection, each faculty alternate member shall serve for 3 years and not be eligible to serve for 5 years.

C. In preparation for a hearing, the chair of the College Hearing Board shall constitute the required number of faculty, plus alternates in case any of the faculty have a conflict of interest. Faculty from the randomly selected list shall be available to serve as alternates should the selected faculty alternates have a conflict of interest.

D. If a faculty member is involved in the complaint/grievance or has a conflict of interest, the faculty member shall not serve on the College Hearing Board. A faculty member who has served as an instructor for a course or clinical rotation in which the student was enrolled, or had some other college-related relationship with the student, but which is not the subject of the grievance, may serve on the Hearing Board. Such relationships must be disclosed to the chair of the College Hearing Board and be disclosed at the beginning of the hearing. (MSRR 5.9.2.1)

Students
A. The chair of the College Hearing Board shall direct the staff person to compile a list of students by random selection. The Office of Student Affairs shall generate the list of students. (MSRR 5.9.2.1)

B. 3 students and 3 alternates who agree to serve for staggered terms of 2 years shall be selected to serve on the College Hearing Board. Students shall be selected to replace the retiring member(s) and alternate(s) each year. Students shall serve a term and rotate off. (MSRR 5.9.2.1).

Students and alternates shall serve as follows.

Initially the students shall be selected by:
3 students:
   1 student member shall serve for 1 year and not be eligible to serve again
   2 student members each shall serve for 2 years and not be eligible to serve again
After the initial selection, each student shall serve for 2 years and not be eligible to serve again.

3 student alternates:

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2 For the purposes of this document, a “conflict of interest” is defined as any academic, financial, scholarly, or social relationship that would, in the judgment of the hearing body chair, impair the ability of the member to make a fair and impartial judgment. (MSRR 5.9.4.2)
1 student member shall serve as an alternate for 1 year and not be eligible to serve again
2 student members each shall serve as an alternate for 2 years and not be eligible to serve again
After the initial selection, each student alternate shall serve for 2 years and not be eligible to serve again.

D. If a student is involved in the complaint/grievance or has a conflict of interest, the student shall not serve on the Hearing Board. (MSRR 5.9.2.1)

III. REFERRAL TO THE COLLEGE OF HUMAN MEDICINE HEARING BOARD:
A. A request for a grievance or complaint hearing shall be submitted to the associate dean for academic affairs who will forward the request to the chair of the College Hearing Board.

B. When a medical student is dismissed by the student performance committee for academic reasons, the student may file a request for a grievance hearing with the associate dean for academic affairs, but only for alleged procedural violations. (MSRR 5.1.4)

C. When resolution or redress with the instructor, unit administrator or department chair cannot be reached, grievances and complaints shall be referred to the associate dean for academic affairs. (MSRR 5.3.4)

D. Grievances/complaints brought within a department that is not solely administered by the medical colleges will be referred to the associate dean for academic affairs in the student’s medical college. (MSRR 5.3.4)

E. To file a grievance/complaint, the grievant/complainant must submit a written, signed statement to the associate dean for academic affairs of the medical college no later than mid-term of the semester as established by the university calendar following the one in which the alleged violation occurred (exclusive of college vacation periods when students are not enrolled). (MSRR 5.3.3)

1. Statements must contain: the specific provision of the MSRR or other policy/regulation that has been allegedly violated; the time, place, and nature of the alleged violation; the person(s) against whom the grievance/complaint is filed; a concise and plain statement of the sanction or remedy sought; and whether a hearing is requested. (MSRR 5.3.1)

2. Students and faculty may seek assistance from the Office of the Ombudsman to understand the grievance/complaint process. (MSRR 5.3.2)

F. Within five (5) class days after receipt of a grievance/complaint, the associate dean for academic affairs shall meet in person or by telephone separately with the grievant/complainant and respondent to discuss the nature of the grievance/complaint. (MSRR 5.4.3)

1. If the respondent admits his/her violation of the MSRR or other policy/regulation, then the grievance/complaint may be resolved through administrative action. A respondent who admits his/her
violation in writing waives his/her right to a hearing on the facts of the violation. In such a situation, the administrator shall propose in writing an appropriate redress or sanction for the violation. At that time, the respondent may request a hearing on the sole issue of the appropriateness of the sanction/redress. (MSRR 5.4.3; 5.4.3.1)

2. If the respondent denies that the alleged violation has occurred, the associate dean for academic affairs or designee shall forward the grievance/complaint to the chair of the College Hearing Board within five (5) class days for a hearing. (MSRR 5.4.4)

IV. Judicial Procedures Prior to a Hearing

A. The adjudication of grievances should proceed in a timely manner, as described below. (MSRR 5.5.2)

B. Upon receipt of the grievance/complaint, the chair of the College Hearing Board shall determine if the time limit for filing a grievance/complaint under the MSRR has been met. If the time limit has been met, the chair of the College Hearing Board shall transmit a copy of the complaint and these procedures (electronically and by U.S. mail) within five (5) class days to the hearing body members and to each party. This notice to the parties shall also contain the names of the faculty and student members of the Hearing Board. (MSRR 5.5.3)

C. Within three (3) class days of receiving the names of the faculty and student members of the Hearing Body, either party may submit a request to the chair of the College Hearing Board that a member of the hearing body be disqualified because of a conflict of interest. The chair shall decide on disqualification promptly, and if a member is disqualified, an alternate shall be selected and the name of the alternate forwarded to the parties immediately. (MSRR 5.5.6)

1. If the chair of the hearing body is the subject of the request, then the associate dean for academic affairs shall rule on disqualification. If the chair is disqualified, the College Advisory Council shall designate a new chair and promptly notify the parties. (MSRR 5.5.6)

D. The College Hearing Board shall meet to review the grievance/complaint to determine whether it has jurisdiction and whether the complaint/grievance has alleged a violation of the MSRR or other policy/regulation and may then forward a copy of the complaint/grievance to the appropriate individual(s) and invite a written response regarding these issues. After considering all submitted information, the hearing body may (MSRR 5.5.3.1):

1. Accept the complaint/grievance, in full or in part, and proceed to schedule a hearing. (MSRR 5.5.3.1.1)

2. Reject the complaint/grievance and provide an explanation. (MSRR 5.5.3.1.2)

3. Invite all parties to meet with the hearing board for an informal discussion of the issues, which shall not preclude a later hearing. (MSRR 5.5.3.1.3)
E. If the hearing body accepts the complaint/grievance, the chair of the hearing board shall schedule a hearing date with the parties. Additional meeting times may also be scheduled for hearing board deliberations if necessary.

F. At least ten (10) class days prior to the hearing, each party shall provide the chair of the College Hearing Board with the names of his/her witnesses (if any) and advisor(s) (if any). Each party is responsible for the appearance of their respective witnesses (if any) at the hearing. Witnesses will normally be a member of the University community, but if they are not, then wherever possible, written statements will be sought in lieu of personal appearance and testimony. (MSRR 5.5.4)

G. At least five (5) class days prior to the hearing, each party shall receive a written notice of hearing from the hearing body which shall state:

1. the name(s) of the parties (MSRR 5.5.5.1);
2. the nature of the issues to be heard with sufficient detail to enable each party to prepare its respective case (MSRR 5.5.5.2);
3. the date, time, and place of the hearing (MSRR 5.5.5.3);
4. the names of witnesses (if any) and advisor(s) (if any) (MSRR 5.5.5.4).

H. Any amendments to the grievance/complaint must be filed at least five (5) class days prior to the hearing. (MSRR 5.5.7)

I. Prior to the scheduled time of the hearing, either party may request that the chair of the hearing body postpone the hearing for cause. (MSRR5.5.8)

J. Each party is expected to appear at the hearing and present his/her case to the hearing body. (MSRR 5.5.9)

1. If the complainant/grievant fails to appear, the hearing body may either postpone the hearing or dismiss the complaint/grievance. (MSRR 5.5.10)

2. If the respondent fails to appear, the hearing body may either postpone the hearing or, if the hearing body decides that an acceptable excuse has not been offered, hear the case in the absence of the respondent(s). (MSRR5.5.11)

3. In unusual circumstances, the hearing body may accept written statements from a party to the hearing in lieu of personal appearance. Written statements must be submitted to the hearing board at least one (1) day prior to the scheduled hearing and a copy must be sent to the opposing party. (MSRR 5.5.12)

K. Either party may choose to be accompanied by an advisor, who must be a member of the faculty, staff, or student body of the University. The advisor may be present throughout the hearing but has no voice in the hearing except in unusual circumstances as determined by the chair of the College Hearing Board. (MSRR 5.5.14)
L. The chair may grant permission to the respondent to be accompanied by an attorney if criminal charges are pending against the respondent regarding the subject matter of the complaint/grievance. If the respondent is charged with a sex offense, the complainant may also have an attorney present. Such attorneys may be present throughout the hearing but have no voice in the hearing unless permission has been granted by the chair of the College Hearing Board. (MSRR 5.5.14)

M. Members of the College Hearing Board must not talk about the hearing with either party or with anyone else before the scheduled hearing. Confidentiality is required to maintain the integrity of the process. (MSRR 5.5.16)

V. Judicial Procedures During Hearing

A. The chair of the College Hearing Board shall convene the hearing at the designated time, date, and place. The chair will ensure that a collegial atmosphere prevails and enforce time limits, as necessary, for the presentation of arguments.

B. Each party shall have an opportunity to make an opening statement, present evidence, question witnesses, ask questions of the opposing party, and present a closing statement. (MSRR 5.5.15)

C. To protect the confidentiality of the information, the chair of the Hearing Board may limit attendance at the hearing to the grievant/complainant, the respondent, witnesses for either party, if any, and advisor for each party, if any. (MSRR 5.5.16)

D. Witnesses called by either party shall be excluded from the proceedings except when testifying. Witnesses must confine their testimony to their own independent recollection and may not speak for others. The hearing board may limit the number of witnesses.

E. To assure orderly questioning, the chair of the College Hearing Board must recognize individuals before they speak. All parties have the right to speak without interruption. Each party has the right to question the other party and to rebut any oral or written statements submitted to the College Hearing Board. The chair of the College Hearing Board shall enforce announced time limits on each party to present its case, and, if necessary, extend equal time to each party.

F. The hearing shall not be taped.

G. The hearing will proceed as follows:

1. Introductory remarks by the chair of the College Hearing Board:
   The chair introduces hearing panel members including any of their prior or present relationships or contact with the grievant/complainant, the respondent and advisors, if any. The chair reviews the hearing procedures, including time restraints, if any, for presentations by each party and witnesses. Advisors / attorneys do not have a voice in the proceedings except in unusual circumstances and only with the permission of the chair.

   The chair explains that the burden of proof rests with the grievant for a grievance hearing (MSRR 5.1; 5.1.5) and with the complainant for hearings of complaints brought against medical
students alleging academic dishonesty, violation of the MSRR, violation of professional standards, falsification of admission or academic records, or violation of a student group regulation, general student regulation, or University policy, in which case the instructor bears the burden of proof, which must be met by a “preponderance of the evidence.” (MSRR 5.1.5; MSRR 5.2)

2. Presentation by the Grievant/Complainant: The chair recognizes the grievant/complainant to present without interruption any statements relevant to the grievant/complainant’s case, including the redress sought. The Chair then recognizes questions directed at the grievant/complainant by the Hearing Board and the respondent.

3. Presentation by the Grievant/Complainant’s Witnesses: The chair recognizes the grievant/complainant’s witnesses, if any, to present, without interruption, any questions directed at the witnesses by the Hearing Board and the respondent.

4. Presentation by the Respondent: The chair recognizes the respondent to present without interruption any statements relevant to the respondent’s case. The chair then recognizes questions directed at the respondent by the Hearing Board and the grievant/complainant.

5. Presentation by the Respondent’s Witnesses: The chair recognizes the respondent’s witnesses, if any, to present, without interruption, any statement relevant to the respondent’s case. The chair then recognizes questions directed at the witnesses by the Hearing Board and the grievant/complainant.

6. Rebuttal and closing statement by Grievant/Complainant: The grievant/complainant may refute statements by the respondent and the respondent’s witnesses and present a summary statement.

7. Rebuttal and Closing Statement by Respondent: The respondent may refute statements by the grievant/complainant and the grievant/complainant’s witnesses and present a summary statement.

8. Final questions by the Hearing Board: The Hearing Board may ask questions of any of the participants in the hearing.

H. Deliberations by the Hearing Board: After all evidence has been presented, with full opportunity for explanations, questions and rebuttal, the chair of the Hearing Board shall excuse all parties to the grievance/complaint and convene the Hearing Board to determine its findings in executive session. When possible, deliberations should take place directly following the hearing and/or at the previously scheduled follow-up meeting. Deliberations by the Hearing Board will not be taped.

I. Outcome:

1. In grievance or non-disciplinary hearings in which the College Hearing Board serves as either the initial hearing body or as the appellate hearing body, if a majority of the College Hearing Board finds, based on a “preponderance of the evidence,” that a violation of the student’s academic rights has occurred and that redress is possible, it shall direct the dean for academic affairs to implement an appropriate remedy, in consultation with the College Hearing Board. If the hearing body
finds that no violation of academic rights has occurred, it shall so inform the dean for academic affairs. (MSRR 5.5.16)

In grievance or non-disciplinary hearings in which the College Hearing Board is asked to resolve an allegation of academic dishonesty and finds for the student, the Hearing Board shall recommend to the dean for academic affairs that the penalty grade be removed, the written record of the allegation, if any, be removed from the student’s records and a good faith evaluation of the student’s academic performance in the course take place. (MSRR 5.5.16)

2. In disciplinary hearings for complaints against students, in which the College Hearing Board serves as the initial hearing body, if a majority of the College Hearing Board finds, based on a “preponderance of the evidence,” that disciplinary action, in addition to or other than a penalty grade, is warranted, it shall recommend to the dean for academic affairs the appropriate sanction (MSRR 5.7.1) of warning (MSRR 5.7.1.1), probation (MSRR 5.7.1.2), suspension (MSRR 5.7.1.3), or dismissal (MSRR 5.7.1.4) or any other action deemed appropriate to a specific case.

J. Written Report: Within five (5) class days the chair of the Hearing Board shall prepare a written report of the College Hearing Board’s findings and supporting rationale, including redress or sanctions, if applicable. The report shall indicate the major elements of evidence, or lack thereof that support the College Hearing Board’s decision. The report is sent by electronic and U.S. mail. (MSRR 5.5.16)

The chair shall forward copies of the report to the parties, the dean for academic affairs, the Ombudsman, and the dean of the medical college.

All recipients must respect the confidentiality of the report. The dean for academic affairs shall take appropriate action to implement any redress or sanction directed by the College Hearing Board. (MSRR 5.5.16)

The report should inform the parties of the right to appeal within fourteen (14) class days following the date of the College Hearing Board’s decision. (MSRR 5.8.5)

K. Reconsideration: Either party to a hearing may request reconsideration of a decision within thirty (30) days if the chair of the College Hearing Board determines that new evidence has arisen. “New evidence” is defined as relevant information or documents previously unavailable to the party, although the party acted with due diligence to obtain such evidence. The chair may grant an exception to the (thirty) 30 day time limit only upon showing of good cause. (MSRR 5.5.17)

VI. Appeals of College Hearing Board Decisions

A. Either party may appeal the decision of the College Hearing Board to the University Graduate Professional Judiciary (UGPJ) within fourteen (14) class days of the decision. (MSRR 5.8.1)

1. Grievances: The UGPJ shall hear appeals of decisions arising from academic grievances alleging procedural violations, normally on issues which challenge the adequacy of the notice of the hearing provided the respondent by the hearing body and/or the adequacy of the hearing provided the parties of the hearing body. Evidence presented to the College Hearing Board or otherwise pertaining to the substance of the grievance will not be reheard. (MSRR 5.8.1.2)
2. Complaints: The UGPJ shall hear appeals of decisions arising from complaints. Medical students may appeal decisions arising from complaints on either substantive or procedural grounds. When reviewing substantive matters, the UGPJ will normally restrict itself to considering whether there were sufficient grounds for the decision made by the lower hearing body and/or whether the sanction imposed was appropriate to the nature and seriousness of the violation. Appeals from decisions arising from a complaint may allege that the decision of the College Hearing Board was substantively unfair even if no procedural violations are alleged to have occurred, but the UGPJ will not rehear the complaint or the evidence presented to the College Hearing Board. (MSRR 5.8.1.3)

B. For details on the appeal process and how to file an appeal, see MSRR 5.8.

VII. If the safety of individuals is a concern, see Urgent Cases. (See MSRR 5.6)
Student Affairs & Services
Office of Student Affairs and Services (OSAS)

General Information

The Office of Student Affairs and Services (OSAS) has faculty and staff located on both preclinical campuses.

Student Access - Office Procedures

Due to the confidential nature of materials and services in the Office of Student Affairs and Services, the need for strict security requires the following guidelines:

- Please do not use the College of Human Medicine school address for the receipt of individual/personal mail, such as personal letters, magazines, bills and bank statements. OSAS is not staffed to handle large volumes of incoming personal mail.

- The copy machines located in the Office of Student Affairs and Services, Admissions, and Preclinical Curriculum are for faculty and staff use only.

- Student organizations and others interested in reaching the most medical students should use the e-mail List-Serves as the preferred method for conveying that information.

  Please check in with a staff member before entering the main office area beyond the reception desk and counter.

- The Student Affairs staff are available to assist student organizations in placing materials in the student mailboxes. When placing a large number of materials into student mailboxes, student organizational leaders are required to complete a request form (located on the main counter) and give the form and materials to a staff person.

Information Dissemination

Desire2Learn

Desire2Learn (website: https://d2l.msu.edu/) is used to disseminate and house information that is restricted to students in the College of Human Medicine. You must log on using your MSU Net ID and password to gain entry to the Desire2Learn Site. Examples of use by the Office of Student Affairs and Services: posting of presentations from Orientation, student elections, student community assignments, student organizations, student scholarship application, and posting of Career Development and Health and Wellness materials.

Bulletin Boards

The bulletin boards in the College of Human Medicine are public places where communication can take place to students of the College. Due to placement of these bulletin boards this material may be viewed by members of the public. For this reason information on the bulletin boards needs to be accurate, timely and must represent the College well.

All announcements should be placed on one of the designated bulletin boards and not on the walls or doors in the hallways. Students will find a variety of announcements and bulletins, ranging from upcoming activities to educational and employment opportunities. Students are advised to check these boards frequently.

All materials to be posted on bulletin boards must be approved by the Office of Student Affairs and Services. Examples of appropriate postings include 1) Student Organization information, 2) Housing
options, 3) Health and Wellness materials, 4) Monthly Awareness Flyers, 5) Current research articles of interest to the College and 6) Current photos or articles pertaining to student activities. Examples of inappropriate postings include 1) Out-of-date housing options, 2) Inappropriate cartoons or articles, 3) Photos of inappropriate activities.

Administrative bulletin boards are located in the hallway outside of Student Affairs. Student bulletin boards are also located in the Student Lounge in the lower level of the Radiology Building. There are a number of bulletin boards on the first and second floors of the Secchia Center. Student bulletin boards are also located in the Student Lounge on the second floor of the Secchia Center.

E-Mail
The Office of Student Affairs and Services is responsible for the creation and maintenance of the student email distribution lists in the College of Human Medicine. These distribution lists are designed to be used for official communications only. For this reason information transmitted through the official distribution lists needs to be accurate, timely and must represent the College well.

E-mail provides students a means of receiving and sending important information and messages. E-mail is the primary source of communication between the College administration and students. Therefore, it is critical that all students have active Michigan State University e-mail accounts. Your MSU email account is the only e-mail address recognized by the faculty, administrators, and staff of the College of Human Medicine. Please contact the Office of Student Affairs if you experience problems with your account.

Examples of appropriate use of email include 1) Official College communication, 2) Student Organization information and fundraisers, 3) Student housing options, 4) Sale of used student books and 5) Solicitation for participation in student-led research studies. Examples of inappropriate use of email include 1) Any commercial promotions outside of student organization fundraisers and 2) Solicitation for participation in student social events involving alcohol.

A List Serve has been created for each class. All messages sent to a list serve are also delivered to CHM administrators.

- The address for the entire Block I class is CHM-2018@list.msu.edu.
  - The address for Block I students in East Lansing only is CHM-2018-EL-Pre@list.msu.edu.
  - The address for Block I students in Grand Rapids only is CHM-2018-GR-Pre@list.msu.edu.
- The address for the entire Block II class is CHM-2017@list.msu.edu.
  - The address for the Block II East Lansing students only is CHM-2017-EL-Pre@list.msu.edu.
  - The address for the Block II Grand Rapids students only is CHM-2017-GR-Pre@list.msu.edu.
Student Mailboxes
Each medical student at the College of Human Medicine is assigned a mailbox. Students are strongly encouraged to check the contents of their mailboxes weekly since important messages and information are disseminated there. Checking mailboxes regularly is advisable so information is received promptly.

In East Lansing, mailboxes are located immediately outside of the Office of Student Affairs and Services at A-234 Life Sciences and may be accessed by students Monday through Friday during normal building hours. When checking mailboxes, please use the combination to open your mailbox rather than entering the mailroom. If a student has difficulty opening the assigned mailbox or needs another copy of the mailbox combination, the student should ask for assistance from the OSAS staff.

In Grand Rapids, mailboxes are located in the student lounge on the second floor of the Secchia Center and may be accessed anytime a student is in the building.

Student Organization Google Calendar
The Office of Student Affairs and Services coordinates a Student Organization Google Calendar. Student leaders can provide the Office of Student Affairs and Services staff with information to place upcoming student meetings and activities on the calendar. The calendar is available to all students and can be found at https://www.google.com/calendar/embed?src=0v2uai03k1qfm36q71ijoqfot8%40group.calendar.google.com&ctz=America/New_York

Career Counseling and Development

Medicine is a diverse and complicated profession consisting of many specialties and specialty training programs. Getting into a residency program that best meets your personal and professional needs is a process that takes preparation and planning. To be successful, one must understand the wide range of opportunities that are available. The successful student also will inventory and assess her/his own interests, strengths, and values in choosing the post-graduate training avenue that is the best fit for the student. A variety of career counseling services are made available through the Office of Student Affairs and Services.

Individual Assistance and Career Counseling
The professional staff in the Office of Student Affairs and Services is available for personal assistance and counseling as the students begin to assess their personal characteristics and their interests in the various medical specialties. Presentations and workshops that are held enable students to develop competitive curriculum vitae, and learn how to begin to explore their personal strengths, values, and interests. The Coordinator of Career Counseling and Development is available to meet with students in East Lansing and Grand Rapids for individual appointments.

The Career Development Program
The Career Development Program encompasses the four years of medical education. During the preclinical curriculum, there are mandatory career development seminars and small group sessions that cover a broad range of medical career related topics and career exploration activities. Preclinical students are required to attend these scheduled educational seminars and small groups. The program focuses on developmental aspects of the medical career decision-making process. Students will also be required to complete “make-up” assignments for sessions missed.
Access, Management, and Retention of Student Records

What Constitutes the Student’s Academic Record?
“Education records are those records, files, documents, and other materials which contain information directly related to a student and are maintained by the University or by a party acting on behalf of the University”. (Michigan State University Access to Student Information, Academic Programs Catalog)

Contents and Location of the Official Student File
The medical student’s academic record file (hereby referred to as the “Official Student File”) for students enrolled in the College of Human Medicine is a paper record that contains the following types of documents:

Admissions Summary Data: Admissions materials forwarded from the Office of Admissions upon matriculation which include the American Medical College Application Service (AMCAS) application for admission, transcripts from institutions attended prior to enrollment in medical school, and other Office of Admissions correspondence

Academic Information: Preclinical course and clinical clerkship and elective evaluations, letters of commendation, United States Medical Licensing Examination (USMLE) scores, academic performance summaries, Medical School Performance Evaluation (MSPE)

Student Status Information: Leave of Absence forms, Requests to Extend Curricular Program forms, Student Course Plans, correspondence from the Student Performance Committee related to suspension or probationary status and Subcommittee for Academic Review related to academic review status, and correspondence related to official action taken against the student by the College/University e.g., Professional Behavior Hearing Body

Other Information: Medical licensing verification forms, enrollment status verification forms, name change documentation, and loan deferment forms

The Office of Student Affairs and Services maintains one Official Student File for each enrolled medical student. The official file is housed within the Office of Student Affairs and Services, which has branch offices in East Lansing and Grand Rapids, Michigan. The Official Student File is housed in East Lansing or Grand Rapids, based on the preclinical campus that the student is assigned to, and remains at that location throughout the student’s medical training, regardless of the clinical campus that the student is assigned to for clinical training.
Policies and Procedures for Access to Student 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.

Requests for access to records must be granted within a reasonable period of time, but in no case later than forty-five (45) days from the date of request. While FERPA guidelines state that access to records must be granted within 45 days, requests are routinely granted within three to five business days. Students should submit the CHM Student Request to Review Academic Record form to the College Records Officer or Assistant College Records Officer. The Records Officer or Assistant Records Officer will review the request, make arrangements for access, and notify the student of the time and place where the records may be inspected within three to five business days.

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. For more information about the Michigan State University Policy, see the Michigan State University Access to Student Information section of the Academic Programs catalog at http://reg.msu.edu/AcademicPrograms/Text.asp?Section=112#s542.

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, 20202-8520.

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 completing a form online at: https://www.reg.msu.edu/StuForms/StuInfo/DirRestrict.asp or in writing at: https://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 outlined in the Academic Programs section of the University catalog.

The Michigan State University Access to Student Information section of the Academic Programs catalog states 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 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 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 Official Student File on a “need to know” basis as needed to dispense their duties.

Under all circumstances, individuals with access to student record information are expected to 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 members with access to student educational records include the following:

   For Official Student File: The Dean and Senior Associate Dean for Academic Affairs and their designees; Associate Dean for Student Affairs and their designees (including the College Records Officer and Assistant Records Officer); Assistant Dean for Preclinical Curriculum and their designees; Block III Community Administrators and their designees, Community Assistant Deans, and the Block III Director

   For Block III Program File: Block III Community Administrators and their designees, Community Assistant Deans, and the Block III Director

2. Faculty and administrators needing to examine the Official Student File must submit a written request to the College Records Officer or Assistant College Records Officer outlining the specific components of the file needing to be reviewed. The College Records Officer or Assistant College Records Officer will provide a password-protected electronic copy of the items needing to be reviewed. The faculty or administrator will be instructed to confidentially discard the file upon completion of the review.

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

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 Release for Records Access for Third Parties form.
2. The College Records Officer or Assistant College Records Officer will provide to the named third party, copies of items specified on the Release form.
3. The College Records Officer or Assistant College Records Officer will complete the appropriate portion of the Release form and file in the student's file.
STUDENT REQUEST TO REVIEW ACADEMIC RECORDS

Date:

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 and reviewed by the Senior Associate Dean for Academic Affairs prior to inclusion in the file.

Signature: ____________________________

For Office use

Date of records review:

Monitor:

List any items copied for student below:

Please submit form to:
Gina L. Brooks, M.A.
College Records Officer
Office of Student Affairs and Services
College of Human Medicine
1355 Bogue St, A234 Life Science Bldg.
East Lansing, MI 48824-1716
brooksgi@msu.edu
RELEASE FOR RECORDS ACCESS FOR THIRD PARTIES

Date:

Student Name (please print):      PID:

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:

Student Signature:

______________________________________________________

Signature of Witness:

______________________________________________________

For Office use

Date of records duplication and mailing:

Completed by:

Please submit form to:
Gina L. Brooks, M.A.
College Records Officer
Office of Student Affairs and Services
College of Human Medicine
1355 Bogue St, A234 Life Science Bldg.
East Lansing, MI  48824-1716
brooksgi@msu.edu
Policy on Student Travel

The Office of Student Affairs and Services has very limited funding for student travel. These funds are allocated to students in the following order of priority:

- The CHM official representatives to the Organization of Student Representatives (OSR) of the Association of American Medical Colleges (AAMC) receive support to attend annually both the national meeting and the regional meeting.
- Travel may be requested by the Primary Organizational Representative to attend the national or regional organizational conference or meeting.
- Travel may be requested by an individual student in support of a nationally or regionally held office in a recognized professional organization.

Students must complete the Request for Approval for Support of Student Travel Form in the Office of Student Affairs and Services. All requests for funding should be accompanied by a proposed budget, written documentation of the above information, and statement of how students will share information gathered with other students. Requests should be submitted at least 60 days in advance.

Students who are approved for support will be notified in writing and provided the University regulations for expense reimbursement. Students are responsible for making arrangements to cover all required academic activities during travel. Approval for travel support does not mean approval to miss required academic classes.

Students who are requesting support for travel related to research activities (must be first author) should contact the CHM Director of Graduate Studies (Mrs. Margo Smith) at (517) 432-5112 or smithmk@msu.edu.

Students seeking assistance with poster printing, please contact Dr. Mark Trottier in the College of Human Medicine Office of Research at trottie1@msu.edu.

Transportation and Parking – East Lansing

Parking
All University employees and students are required to purchase a parking permit. The permit allows parking in certain lots. If you park in an area not authorized to you (the circle outside the Radiology Building or in the Clinical Center parking lot), you may receive a ticket and/or have your vehicle towed.

Parking in the Radiology Parking Lot
All students who plan to park in the lot adjacent to the Radiology Building are required to register their vehicle with the MSU Department of Public Safety (see below for instructions on how to register your vehicle and the cost involved). In addition to the registration, you may choose to purchase a pass that allows you unlimited parking for Fall and Spring semesters. If you do not purchase the pass, you will be asked to pay each time you exit the lot.

The Radiology Parking Lot 100 is not designated as a 24 hour parking lot. You will see signs posted that vehicles should not be parked in the lot between 2:00 a.m. and 6:00 a.m. As a medical student, you are allowed 24 hour access to the CHM Student Learning Center located on the lower level of the Radiology Building. The MSU Department of Public Safety has agreed not to ticket student cars parked in that lot that are registered with MSU with a valid student sticker. If your car does not have a valid student sticker and it is parked in the lot between 2:00 a.m. and 6:00 a.m., you are likely to
receive a costly ticket. Please do not appeal to the administration to fix this problem. Also, note that if snow removal occurs while your vehicle is parked in the lot, whether or not you have a student sticker, and it is between 2:00 a.m. and 6:00 a.m., your vehicle may be snowed in. The university will not take responsibility for clearing your car or access to your car once the plows have moved through the lot.

Parking on Days of MSU Home Football Games
On the days of home football games during Fall semester, MSU uses various parking lots and decks across campus to accommodate the 70,000 fans and 15,000 vehicles that arrive to tailgate and view the game. MSU will use the Radiology Parking Lot as an official MSU football parking lot. Anyone who is parked in the lot will be required to pay the established MSU game parking fee which varies from $5 to $10 per vehicle. MSU will have parking attendants working at the lot usually beginning at 8:00 a.m. on a game day. The time may vary if the game begins late in the afternoon (3:00 p.m.) or the evening (7:00 p.m.) because of the televised network schedule. Generally the attendants are on duty at least five (5) hours before the start of the game. The parking attendants remain on duty until the end of the third quarter of the football game. If you arrive to park in the Radiology Lot during the time when it is designated for football parking, you will be required by MSU to pay the per vehicle fee. Anyone who parks - faculty, staff, students or the public- must pay the fee. This is a university policy that is not under the control of the College of Human Medicine.

You will be able to register your vehicle and obtain a Lot 100 parking permit online (for the combined Fall and Spring semesters only) at the Department of Police and Public Safety (DPPS) web site. You may go into the Parking Office to purchase a permit for Fall semester only. Opting to purchase your permit online will allow you to avoid the long lines at the Parking Office. Permit privileges are not valid until the permit is properly affixed to your windshield, so be sure to allow enough time for the mailing of permits ordered online. All vehicles operated or parked on MSU property by MSU students must be registered with the DPPS Parking Office. MasterCard, Discover, American Express, and electronic checking (ACH) are accepted as forms of payment when you register online. If you prefer to pay in cash you may go to the Parking Office. Bring your student ID and your current vehicle registration.

Vehicle Registration Information
Students can register their vehicles and purchase a Lot 100 parking permit online at www.police.msu.edu for Fall 2014 and Spring 2015 combined. Permit privileges are not valid until your permit is properly affixed to your windshield so be sure to allow for mailing time. You may park in any pay lot on campus for free August 15-26, 2014 or in lots 91, 89, 83, and 75 (without a permit during summer only) while waiting for your permit to arrive in the mail. You may not park overnight (2am to 6am) in the pay lots.

Vehicles operated or parked on MSU property by MSU students must be registered with the Parking Office. Vehicles are registered based on your residency. The permit to register your vehicle will allow you to park either in lot 89 (on the corner of Farm Lane and Mount Hope Road) or in the lot determined by your residency. You may also use pay lots 62W, 79, 100 and RIII (Wharton) and pay the hourly rate. You have two options for parking in lot 100 (the pay lot east of the Clinical Center):

1. Pay to register your vehicle with the MSU Parking Office for the entire year. Those who have a current and valid commuter, Spartan Village, or University Village permit affixed to their windshield will pay a reduced hourly rate (.40 per half hour) to park in lot 100. All others will pay .80 per half hour. The cost of a commuter permit is $98 for the 2014-2015 academic year. A Spartan Village or University Village permit will cost $121. The cost for those living in the
2. Pay one flat rate of $169 per semester for a lot 100 parking permit (to avoid paying in cash on a daily basis) and register your vehicle with the MSU Parking Office. The flat rate for the lot 100 permit is in addition to registering your vehicle (see #1 for costs of registering your vehicle). The cost for Fall 2014 and Spring 2015 semesters if you live off campus will be $436 ($98 + $169 + $169). Please call the MSU Parking Office for the rate if you live on campus. Your MSU Student ID card will work as a gate card at the entrance and exit card readers for lot 100 if you have a current and valid lot 100 permit. If your ID card is not working, then please call the Parking Office so that we can activate it. You may show your lot 100 permit to the booth attendant to exit lot 100 until your MSU ID card has been activated.

Lot 100 permits sold online are sold for Fall 2014 and Spring 2015 combined. If you wish to purchase a permit for Fall semester only (rather than for both Fall and Spring) you may come into the MSU Parking Office starting on August 18, 2014. Permits will not be sold in the MSU Parking Office before this date. Please allow yourself plenty of time as lines are very long this time of year. You must bring in your MSU student ID card, proof that you are enrolled for Fall 2014 semester, and a copy of your current vehicle registration with you in order to register in person at the MSU Parking Office.

ATTENTION: At times parking spaces and/or areas may be reserved for special events, and an additional fee will be charged. For example, permits for lot 100 are not valid on home football game days as lot 100 is reserved for football parking on these days. If you choose to park in lot 100 on a home football game day, then you will be charged the special event parking fee in order to do so.

Questions? Call the Parking Office at (517) 355-8440, Mon – Fri, 7:30am – 4:45pm.

Campus CATA Bus Service
(517) 432-2282

Bus service is available on the Michigan State University campus during the Fall and Spring semesters. This service is provided by the Capital Area Transportation Authority (CATA). Bus passes and individual tickets may be purchased at the MSU Book Store, the Union Ticket Office, University Apartments Office, Residence Hall Reception Desks, and Automotive Services at the Central Services Building. Prices and schedules are also available at these places, and bus service is free the two weekends prior to the first day of classes to allow people to become acquainted with the system. There are two basic types of bus passes: Regular and Commuter, both of which can be purchased on an annual or semester basis. The Regular Bus Pass entitles the holder to unlimited use of all routes of the Campus Bus System. The Commuter Bus Pass entitles the holder to use the bus services between the parking lot at Farm Lane and Mt. Hope and the central interchange lot at Shaw and Farm Lanes.

Capitol Area Transportation Authority
(517) 394-1000

Bus service is available for East Lansing, Lansing, and Holt. Maps and schedules are available in residence halls, the Union, the International Center, the Student Activities Division in 153 Student Services Building, and on buses.
Bicycles - Department of Police and Public Safety
Vehicle Office, Red Cedar Road
(517) 355-8440

All bicycles ridden on the Michigan State University campus must be registered at the Department of Public Safety. Registration costs are nominal. Bicycles may only be parked at the storage racks located around the campus. Bicycles attached to trees, posts, fences, etc., will be impounded. The University is very conscientious about enforcing this policy, so be careful! Each spring, summer, and fall, there are auctions held at the Salvage Yard to sell unclaimed bicycles. There are usually some good deals. Be sure to use a lock. Bike thefts are common on the MSU campus.

Transportation and Parking – Grand Rapids

Parking registration for the College of Human Medicine Students who wish to park in MSU owned/leased parking in Grand Rapids is available through the on-line parking registration process.

Owned or leased properties include Secchia Center garage parking (operated by Michigan Street Development) and the lot at College and Michigan Street. Vehicles operated or parked on MSU owned or leased property must be registered with the College and parked according to the privileges granted. The CHM Parking Policy is on the CHM website and may be accessed at: http://chm.msu.edu/STUDENTS/Students.htm. Please review it carefully.

In addition to MSU owned/leased spaces, a variety of parking options and price points are available for students in Grand Rapids. Please review the information below carefully before making your selection.

MSU OWNED OR LEASED PARKING OPTIONS

**MSU parking beneath the Secchia Center:**
- Covered parking located in the parking garage below Secchia Center
- 115 spaces are offered to faculty, staff and students
- Cost from July 1, 2014 through June 30, 2015 is $130 per month.
- There is a one-time, non-refundable, cost of $20 to purchase the AVI module to trigger the gates.

**MSU parking at College and Michigan Streets**
- Uncovered parking lot
- Approximately a 15 minute walk from the Secchia Center
- 70 spaces offered to faculty, staff, students and the public
- Cost from July 1, 2014 through June 30, 2015 is $45 per month

**Secchia Evening/Weekend Parking Permit - $34/month**
- Covered parking located in the parking garage below Secchia Center
- Allows Evening and weekend parking ONLY in the parking garage below Secchia Center
- Allowed between 6PM - 6AM Monday-Thursday evenings, and weekends from 6PM Friday until 6AM Monday
- Cost from July 1, 2014 through June 30, 2015 is $34 per month
- One-time, non-refundable, cost of $20 to purchase the AVI module to trigger the gates
Carpool Option:
All CHM parking options may be set up as a car pool for up to 4 participants. One person must be the primary registrant and pay for all of the carpool participants. Vehicle information must be provided for each carpool participant prior to distribution of the permits.

Registration for MSU Parking at Secchia Center or College and Michigan:
- To register for any of the above options, please click on the following link: [https://commerce.cashnet.com/msu_3573](https://commerce.cashnet.com/msu_3573)
- Click on “Register” to create a screen name and password and complete account registration
- Click on “Browse Catalog”
- Click on “MSU CHM Student Parking Registration”
- Select the desired parking option
- Follow directions to complete and submit the appropriate online registration.
- Payment may be made online via credit card or electronic funds transfer from your bank account.

Note: When completing the registration form you will have the option to have your parking permit mailed to you. If you choose “no”, please pick your permit up from the CHM Dean’s Office Receptionist located at Secchia Center, Suite 450 between 8AM and 5PM. Please allow 2-3 full business days to process registration prior to picking up permits.

Questions regarding MSU parking should be directed to: CHMGRPARKING@chm.msu.edu.

Bicycle Registration:
REMINDER: Any bicycle parked at Secchia Center must be registered. Registration is free and may be accomplished going to the following link: [https://commerce.cashnet.com/msu_3573](https://commerce.cashnet.com/msu_3573) Click on Grand Rapids Parking; Bicycle Registration. Once you have registered a small permit will be mailed to you to place on your bike.

NON- MSU OWNED/LEASED OPTIONS

Immanuel Lutheran Church
- Located directly west of Van Andel Institute, and across Michigan Street from Secchia Center
- Limited number of parking spaces on the south (back) side of the church
- Cost is $80/month
- Payment would be directly to the church
- Payroll deduction is not available for this option.
- Contact at (616) 454-3655 or via email at ilc@immanuelgr.org

City of Grand Rapids
- A wide spectrum of cost effective parking options are operated by the City of Grand Rapids including city owned parking lots, DASH (Downtown Area Shuttle) Lots and parking meters.
- For more information, refer to: [http://grcity.us/enterprise-services/Parking-Services](http://grcity.us/enterprise-services/Parking-Services)
- Payment for City of Grand Rapids parking options would be made directly to the city
- Payroll deduction is not available for this option.

Ellis Parking on Ottawa
- Located off of Ottawa Ave, just south of Michigan Street
- Limited number of parking spaces
• Payroll deduction is not available for this option
• Contact Ronald Novak at 616-458-1179 x.135 or via email at rnovak@ellisparking.com

Student Participation in Governance
There are a variety of committees, organizations, and activities in which medical students can become involved both to augment their leadership development as well as to help shape all students' experiences in medical school. For information on professional and medical student organizations as well as student support groups, turn to the section on Student Organizations. For information on annual events and activities in which you can become involved in planning and follow-through, turn to the section on Events and Activities. As a participant in the governance of the College of Human Medicine, you are introduced to the college faculty standing committees which effect policy and on which students serve.

By-Laws of the Faculty Organization
The By-Laws of the Faculty Organization of the College of Human Medicine provides opportunities for student representation on all standing committees.

Election Procedures for Standing Committees
1. The Office of Student Affairs and Services conducts the election process for standing committees.
2. All students must be in good academic standing in order to run for any standing committee of the College of Human Medicine. Students who fall into academic difficulty (under academic review or on probation) will be asked to relinquish their respective office. The office is then filled by the alternate.
3. Elections are held three times each year (in the Fall for Block I students, in the Spring for Rising Block III students and in the summer for Rising Block II students). Student representatives are elected to serve on the following committees. Students are elected from the entire class:
   - Block I Students
   - Block I Committee
   - CHM Student Council
   - Dean’s Student Advisory Committee
   - Council of Medical Students
   - Student Performance Committee
   - Block I going into Block II Students
   - Block II Committee
   - CHM Alumni Board
   - College Advisory Council
   - Committee on Admissions
   - Continuing Medical Education Committee
   - Council of Graduate Students
   - Curriculum Committee
   - Dean’s Student Advisory Committee
   - Pathology Medical Education Committee
   - Student Performance Committee
   - Block II going into Block III
   - College Advisory Council
   - Curriculum Committee
   - Student Performance Committee
Events and Enrichment Opportunities

Each year, the Office of Student Affairs and Services sponsors and provides leadership for a number of events that are of great interest to students and contributes to the sense of community among medical students, faculty, and staff. In addition, Student Affairs plays an important role in coordinating, along with other departments in the College, enrichment activities that provide students with opportunities to apply classroom learning and develop skills that will be of use to their future careers as physicians.

Prematriculation and White Coat Ceremony
All entering students are required to attend Prematriculation and Orientation Week. Mandatory seminars and activities are scheduled daily. Prematriculation and Orientation Week culminates with the Matriculation and White Coat Ceremony for the entering class. This ceremony is a public recognition of the formal first step into the medical profession and is held on the Sunday prior to the start of classes at the DeVos Performance Hall in Grand Rapids, Michigan. The entering medical students will receive their first official white coat as a part of this traditional ceremony. It is a wonderful opportunity to celebrate with family and friends.

Medicine Ball Dinner Dance
The College of Human Medicine takes great pride in the diversity of its students, and it is not surprising that these students bring with them a widely diverse group of abilities and talents. Each Spring, the Office of Student Affairs and Services and the CHM Student Council sponsors an evening program that begins with dinner at an off-campus facility and is followed by an entertaining program. Students have the opportunity to share their unique talents (singing, dancing, and other musical talents) with their peers and guests. Entertainment is also provided through skits and videos, some of which poke fun at some aspects of life as a medical student at CHM. The Medicine Ball is one of the highlights of the student's year and is met with great anticipation.

Student Awards Banquet
Each spring the College holds a Student Awards Banquet to honor students who are recipients of various scholarships and awards.

Commencement
Each year the Office of Student Affairs and Services organizes the Official Commencement Ceremony of the College of Human Medicine. This event takes place on a weekend in May usually in the Jack Breslin Student Events Center on the Michigan State University campus. The program includes the traditional Hooding Ceremony as well as the conferral of the M.D. degrees. Faculty members, former graduates, parents, guests, and others important to the College share with us this ceremonial culmination of four years of intensive medical study.
Health Services

The College of Human Medicine is committed to the maintenance of the health and well-being of all students throughout their medical education. Health resources are available on both the East Lansing and Grand Rapids preclinical campuses to meet the personal health needs of students.

**MSU Student Health Services – East Lansing**

1. **Student Health Services**

Olin Memorial Health Center
463 East Circle Drive Monday - Friday 8:00 am – 6:00 pm; Saturday 10:00 am - 1:00 pm
Appointments/Information (517) 353-4660
Website address: [www.olin.msu.edu](http://www.olin.msu.edu)

Student Health Services provides medical services for all students during their enrollment at MSU. The Olin Memorial Health Center offers preventive medical care, treatment for illness or injury, and health education -- all on an outpatient basis. The following services are available: primary care clinic, walk-in clinic, gynecology clinic, allergy and immunization clinic, health education services including workshops, audiovisual, and printed resources as well as specialty services such as psychiatry, dermatology, orthopedics, sports medicine, and nutrition. Also located within the Student Health Services at the Olin Memorial Health Center are a pharmacy, a radiology department, and a laboratory department. The first three medical office visits of each school year are pre-paid for enrolled MSU students. Student Health Services offers the following services for a nominal fee: administration of allergy medicine, laboratory tests, X-rays, pharmacy, physical therapy, medical supplies, and limited medical/surgical procedures. Saturday hours are limited to primary care, pharmacy and some lab services.

Student Health Services is the "gatekeeper" for medical students on the East Lansing Campus who carry the MSU Student Health Insurance through Aetna Student Health. All medical treatment should begin at the Student Health Services.

*If in need of immunizations, call (517) 353-8933*

**University Physician’s Office**
463 East Circle Drive, Room 346
Website address: [www.uphys.msu.edu](http://www.uphys.msu.edu)

2. **Mental and Behavioral Health Services**

Many medical students naturally experience a range of mental health concerns. Often, the assistance of professional mental health providers may be beneficial. Students are strongly encouraged to seek help in times of difficulty. The following mental health resources are recommended:

2a. Judith E. Brady, Ph.D.
Director of Student Counseling and Wellness
B-212 Life Sciences Building
(517) 353-9010
Professionals in the Office of Student Affairs and Services provide limited personal counseling and make referrals when needed. Referrals may be made to one of the counseling facilities available through Michigan State University listed below or to providers in the community outside of the university. Since referrals help expedite being seen at many of these facilities, please make an appointment with the Director of Student Counseling and Wellness for assistance. All records are kept in the strictest confidence.

2b. MSU Counseling Center
Student Services Building
556 East Circle Drive, Room 207
For appointments call: (517) 355-8270
Website address: www.counseling.msu.edu

The Counseling Center offers a range of services including, individual counseling sessions, group therapy or support sessions, and special workshops to assist students on-or off-campus in their personal adjustment as well as career concerns. Most services are free of charge. Initial consultations are made by appointment or on a first-come, first-served walk-in basis. Subsequent sessions, if necessary, are made via appointments with an assigned counselor. Students are encouraged to turn to the Counseling Center for both immediate, short-term help and more extensive counseling.

2c. Psychiatry Clinic
Student Health Services
Olin Memorial Health Center
463 East Circle Drive
Appointments available Monday through Friday
For appointments call: (517) 353-8737

Psychiatric services are available through Student Health Services at Olin Memorial Health Center. Initial appointments are scheduled by referral only. Referrals can be made directly by the Director of Student Counseling and Wellness. Referrals are also made by Student Health Service physicians and the Counseling Center.

There is a fee for service. Most health insurance policies require a co-payment. The first three life-time Psychiatry appointments at Olin are prepaid by the University for enrolled MSU students. In addition to MSU-based services community psychiatric referrals can be made through the Director/Assistant Director of Student Counseling and Wellness.

3. Urgent and Emergency Care

3a. For after hours care, go to

Lansing Urgent Care, (517) 333-9200
505 N. Clippert, Lansing,
2289 W. Grand River, Okemos
98.6 Emergicenter, (517) 913-6711
1540 Lake Lansing Rd., Ste. 102, Lansing
3b. In a medical emergency, call
24/7 Phone Nurse, Student Health Services, (517) 353-5557
Or go directly to
Sparrow Hospital Emergency, 517) 364-4149
1215 E. Michigan Ave., Lansing

3c. For mental health emergencies, call
Community Mental Health Crisis Services, (800) 372-8460 or (517) 346-8460 (24 hr.)
812 E. Jolly Rd., Lansing
Or go directly to
Sparrow Health/St. Lawrence Campus, (517) 364-7000
1210 W. Saginaw Hwy., Lansing

**MSU Student Health Services – Grand Rapids**

1. Student Health Services

1a. Spectrum Health Medical Group
Spectrum Health serves as the primary care provider for medical students who choose to designate Spectrum Health as their primary care provider. All medical treatment for students who designate Spectrum Health as their primary care provider should begin with a Spectrum Health office. Students may designate any Spectrum Health location that is currently accepting new patients. The Gaslight Village location is the office closest to downtown Grand Rapids. Spectrum Health locations and hours can be found at: www.spectrumhealth.org.

As necessary and indicated, referrals for specialty treatment, labs, radiographs, and other ancillary medical services can be coordinated through Spectrum Health.

1b. Olin Memorial Health Center
463 East Circle Drive
Monday - Friday 8:00 am – 6:00 pm; Saturday 10:00 am - 1:00 pm
Appointments/Information (517) 353-4660
Website address: www.olin.msu.edu

Student Health Services provides medical services for all students during their enrollment at MSU. The Olin Memorial Health Center offers preventive medical care, treatment for illness or injury, and health education -- all on an outpatient basis. The following services are available: primary care clinic, walk-in clinic, gynecology clinic, allergy and immunization clinic, health education services including workshops, audiovisual, and printed resources as well as specialty services such as psychiatry, dermatology, orthopedics, sports medicine, and nutrition. Also located within the Student Health Services at the Olin Memorial Health Center are a pharmacy, a radiology department, and a laboratory department. The first three medical office visits of each school year are pre-paid for enrolled MSU students. Student Health Services offers the following services for a nominal fee: administration of allergy medicine, laboratory tests, X-rays, pharmacy, physical therapy, medical supplies, and limited medical/surgical procedures.
Students traveling to East Lansing from MSU campuses outside of a 45-mile radius can receive priority for Saturday appointments times. Saturday hours are limited to primary care, pharmacy and some lab services. Students should identify themselves as medical students when calling for an appointment.

1c. If in need of immunizations, call (616)-632-7200
   Kent County Health Department
   Appointment required

   University Physician’s Office (517)-353-8933
   463 East Circle Dr., Rm. 346
   East Lansing
   www.uphys.msu.edu

2. Mental and Behavioral Health Services
   Many medical students naturally experience a range of mental health concerns. Often, the assistance of professional mental health providers may be beneficial. Students are strongly encouraged to seek help in times of difficulty. The following mental health resources are recommended:

2a. Judith E. Brady, Ph.D.
   Director, Student Counseling and Wellness
   624 Secchia Center
   (616) 234-2739/ (517) 353-9010

   Professionals in the Office of Student Affairs and Services provide limited personal counseling and make referrals when needed. Referrals may be made to one of the counseling facilities available through Michigan State University or to providers in the community outside of the university. Since referrals help expedite being seen at many of these facilities please make an appointment with the Director of Student Counseling and Wellness for assistance. All records are kept in the strictest confidence.

2b. ENCOMPASS, LCC
   For appointments call: (800-788-8630) or (616) 459-9180
   Website address: www.encompass.us.com (Username: secchiamsu)

   MSU-CHM contracts with Encompass LLC to provide mental and behavioral health services to the students in Grand Rapids at no additional charge to the students. Student may self-refer or be referred by a faculty or staff person on the Grand Rapids campus. All visits are strictly confidential. Students may be referred for psychiatric care outside of Encompass.

2c. Psychiatry Services
   Securing psychiatric services usually requires a referral. Students are strongly encouraged to seek assistance from the Director of Student Counseling and Wellness when seeking psychiatric consultation and/or care.

   Psychiatric services are available through Student Health Services at Olin Memorial Health Center. Initial appointments are scheduled by referral only. Referrals can be made directly by the Director of Student Counseling and Wellness. Appointments are available Monday through Friday. The first three life-time Psychiatry appointments at Olin are prepaid by the University for enrolled MSU students.
There is a fee for service. Most health insurance policies require a co-payment. In addition to MSU-based services community psychiatric referrals can be made through the Director of Student Counseling and Wellness.

3. Urgent and Emergency Care

3a. For after hours care, go to a Spectrum Health Urgent Care Center
Plainfield Urgent Care, (616) 391-6230
5378 Plainfield Ave., NE, Grand Rapids
Alpine Urgent Care, (616) 391-6230
2332 Alpine Ave., NW, Grand Rapids

3b. In a medical emergency, go directly to
Butterworth Hospital, (616) 391-1680
100 Michigan St., NE, Grand Rapids
Blodgett Hospital, (616) 774-7444
1840 Wealthy St., SE, Grand Rapids
St. Mary's Hospital, (616) 685-5000
200 Jefferson, Grand Rapids

3c. For mental health emergencies, call
Forest View Psychiatric Hospital, (800) 949-8439, (616) 942-9610
1055 Medical Park Dr., SE, Grand Rapids
Pine Rest Christian Mental Health Svc., (800) 678-5500, (616) 455-5000
300 68th St., SE, Grand Rapids

Student Insurance Coverage

Health Insurance

The College of Human Medicine requires every medical student to have health insurance coverage that includes illness, injury and mental health benefits as well as coverage for treatment of HIV infection, including Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex, and a positive HIV test. All CHM students will be automatically enrolled in the Michigan State University Student Health Insurance Plan at the beginning of each academic year. The cost for the plan is included in semester tuition bills; one-half of the annual premium with fall registration and one-half of the annual premium with registration for the spring semester.

The MSU Student Health Insurance Plan is an illness, injury and preventative care insurance plan that covers a variety of health care services including, physician office visits, diagnostic services such as lab work and x-rays, hospitalization, mental health and substance-related treatment, discounted prescription with co-pays, and specialty care. Information about the MSU Student Health Insurance Plan is available online at www.hr.msu.edu/benefits/studenthealth/index.htm or on the Aetna Student Health website at www.aetnastudenthealth.com/msu2.

If a CHM student has other health insurance coverage that meets the MSU requirements, a request to waive the MSU Student Health Insurance Plan may be submitted. Upon approval of the waiver request, the cost of the insurance premium will be credited to the student’s MSU account. Waiver
requests may be submitted online by logging into www.stuinfo.msu.edu and clicking on the link Insurance Waiver under Other. The deadline for waiving the MSU Student Insurance Plan for August 15, 2014 through February 14, 2015 is September 30, 2014, and for waiving the MSU Student Insurance Plan for February 15, 2015 through August 14, 2015 is January 31, 2015. Students may request to waive the MSU Student Health Insurance for six months or for the entire year.

Please contact the Aetna Student Health Insurance directly for specific questions:

www.aetnastudenthealth.com/msu2

For questions about the plan, its coverage or claims issues, please contact Aetna at (800) 859-8452

For Aetna Pharmacy Management – please contact 24 hours a day at (888) 792-3862

Dental Insurance

Michigan State University also offers a Student Dental Insurance Plan through Delta Dental. Coverage under this plan is optional. Information about the benefits of this plan and enrollment procedures is available online at www.hr.msu.edu/benefits/studenthealth/studentdental.htm

Vision Care

Michigan State University partners with VSP Vision Care, a national not-for profit vision care company, to offer vision examinations and discounts on eyewear. Participation in this plan is optional. Information about the benefits under this program, participating providers and the enrollment procedure are available online at www.vsp.com/go/msustudents.

Questions about the Health Insurance, Dental Insurance, and Vision Care Programs can be directed to:

MSU Human Resources Benefits
1407 S Harrison Rd.
Nisbet Building Suite 140A
East Lansing, MI 48823-5287

Phone number: (517) 353-4434 or (800) 353-4434
E-mail questions to: studentinsurance@hr.msu.edu

Student Disability Insurance

The College of Human Medicine requires student disability insurance for all enrolled medical students through the Guardian Insurance Group. This program is detailed in a separate plan brochure that is distributed to students annually. All students are required to submit payment at the beginning of Fall semester for the annual premium. The current annual premium is $60.
Student Immunization and Related Requirements

The Centers for Disease Control recommends that individuals participating in a medical or veterinary health care setting receive specific vaccinations. At Michigan State University, all Health Care Professions Students are required to have their vaccination records on file with the University Physician's Office.

The College of Human Medicine requires that all students show proof of immunity to certain communicable diseases, the results of a yearly tuberculin skin test, and proof of current Basic Life Support (BLS) certification. All immunizations except Hepatitis B are required prior to entry. Students will not be permitted to begin fall semester classes without completed immunization requirements. Students can view their immunization status and print official documentation from the Veterinary and Healthcare Professional Student Immunization Site, up to two years after graduation, online at: http://hcpimmunize.msu.edu. Most students find it helpful to have access to this information while moving between clinicals, rotations and residency.

The Office of the University Physician at Michigan State University must have complete and accurate documentation about your immunization status to ensure that you and your patients are protected during clinical training. Health care professional students will not be allowed to participate in clinical experiences until this information has been submitted, evaluated, and is in compliance with the Centers for Disease Control and Prevention Guidelines for Health-care workers.

“Hospitals and medical clinics are favorable settings for the transmission of infectious diseases because infected and susceptible persons are brought into close proximity. Health-care workers (HCW) are at particular risk because their work demands close contact with patients who may be harboring pathogenic microorganisms.” Therefore, in order to help you protect yourselves and to protect the patients you will be serving as much as possible, you will be required to provide, at various points in your education, documentation of vaccinations or immunity to various infectious agents. Additionally, you will be provided with information regarding universal precautions and ways to protect yourself against infectious agents and the transmission of such agents. You will be required to participate in educational training that will address recommended practices and procedures to prevent occupational acquired infections among health care workers. Your choice of whether to follow such recommendations may require documentation of your choice/decision.

Prematriculation Immunization Requirements

In order to ensure immunity to vaccine-preventable diseases, prior to enrollment, ALL entering students are required to provide evidence of vaccination or immunity to:

<table>
<thead>
<tr>
<th>Vaccine Type</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles (Rubeola)</td>
<td>If you were born before 1957, one dose of live rubeola vaccine is required, or proof of immunity. If you were born after 1957, two doses of live rubeola vaccine are required, both of which were administered on or after the first birthday and were spaced at least 28 days apart or proof of immunity. Proof of immunity is reliable history of disease or laboratory evidence (titer) of immunity.</td>
</tr>
<tr>
<td>Mumps</td>
<td>Same requirements as Measles.</td>
</tr>
</tbody>
</table>
Rubella: One dose of live rubella vaccine on or after the first birthday is required, or proof of immunity. Rubella vaccine is often given along with the two doses of Measles and Mumps vaccine (MMR). Please indicate both dates of vaccine administration if you received this type of vaccination series.

Varicella (chickenpox): Two doses of varicella vaccine (at least 4 weeks apart) are required if the vaccine was given after the age of 13, one dose if given at or before age 13 or laboratory evidence (titer) of immunity or reliable history of chickenpox. Vaccination with this live viral vaccine may be waived if there is medical contraindication. Each situation will be assessed on an individual basis.

Hepatitis B: Three doses of Hepatitis B vaccine. A positive titer result is required unless it has been one year since your third dose. Wait 28 days after the 3rd dose of vaccine before getting a titer—it is important to have a titer done within a few months of vaccine completion in order to get accurate information. If negative titer results after three doses of vaccine, additional doses of vaccine will be required. It may take up to a year to complete the required vaccines and titer. You will want to have this completed before you handle human blood or body fluids.

Tetanus and Pertussis: One adult dose of Pertussis containing vaccine is required. The only adult vaccine containing Pertussis is Adacel (TdaP) which contains Tetanus, Diphtheria, and Pertussis. It is also required to have Tetanus and Diphtheria vaccine within 10 years. TdaP satisfies the requirement for all, if given within the last 10 years. There is no minimum interval required between last Td and Tdap.

Polio: Three doses of vaccine recommended. If more than three were received, list the last three doses and dates. Please indicate type of vaccine received if known: Oral Polio Vaccine (OVP) or Inactive Polio Vaccine (IPV).

Tuberculin Test: Results of a two-step tuberculin skin test and a standard tuberculin skin test annually thereafter. If prior history of a positive tuberculin skin test: Present documentation of testing, chest X-ray results, and treatment plan. Each situation will be assessed on an individual basis. Annual monitoring will be done by symptom review.

The major source of this information comes from the Centers for Disease Control and Prevention. Immunization of Health Care Workers: recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC). MMWR 1997: 46 (RR-18). The complete guidelines are available online at http://www.cdc.gov/mmwr/preview/mmwrhtml/00050577.htm

**Post-Matriculation Immunization Requirements**

**First Year Immunization Requirement**

**Influenza:**
By December 1st of the year following your matriculation, you must provide documentation of receipt of the annual influenza vaccine.

**Hepatitis B:**
By June 1st of the year following your matriculation, you must provide documentation of the following:
Serologic evidence of immunity and documentation of the initial series of the three (3) hepatitis vaccines.

If negative after initial series of 3 immunizations, the student will be referred to MSU Occupational Health Services for evaluation and recommendations.

Requirements That Must Be Kept Updated and/or Renewed

**Tuberculosis**
- If no history of positive tuberculin skin test
  AND
  - Not born in and never resided in a tuberculosis-endemic country, documented receipt of tuberculin skin test *within 6 months of matriculation*
  AND
  - Two-step tuberculin test upon matriculation at CHM
  AND
  - Annual statement of results of tuberculin skin test signed by a physician or other appropriate health care provider only.

If born in or ever resided in a tuberculosis-endemic country, documentation of a two-step tuberculin skin test *within 6 months of matriculation*
  AND
  - Annual statement of result of a tuberculin skin test signed by a physician or other appropriate health care provider only.

**Influenza**
By December 1st of each year of enrollment, you must provide documentation of receipt of the annual influenza vaccine.

**Basic Life Support (BLS) Certification**
All Students must complete the BLS for Healthcare Providers training for certification. **This certification is required without exception.** Sessions will be held in the Learning and Assessment Center (LAC) during the week of Prematriculation and orientation for East Lansing students. Trainers from the LAC will travel to Grand Rapids to provide training sessions for students assigned to Grand Rapids. Successful completion of the course will provide students with a certification valid for two years. The cost for the on-site training is $70.00.

**Policy and Procedures for Exposure to Blood Borne and Other Pathogens**
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 and other blood borne pathogens while taking care of patients. Student certification is mandatory and must be completed annually.

Mandatory testing of CHM students for HIV and HBV antibody is not recommended.
The following process related to exposures to infectious pathogens has been developed by the College of Human Medicine in accordance with Occupational Safety and Health Administration (OSHA) regulations.

Immediately following a potential exposure to an infectious pathogen (i.e., tuberculosis, Hepatitis B, or HIV), the student must contact a responsible physician at site (e.g., supervising physician, attending, resident).

If an exposure occurs and the patient's clinical status is unknown, the student must notify the hospital Employee Health Service for purpose of clarifying the patient's risk status and/or following other necessary hospital policies and procedures.

The risk of seroconversion after percutaneous exposure to HIV-infected blood can be lessened with appropriate treatment. Further, Public Health Service recommendations regarding post-exposure treatment for possible occupational exposure to HIV are not fixed and ever changing. High risk and low risk skin and mucous membrane exposures have been defined, and treatment varies accordingly.

If You've Been Exposed . . .

. . . wash off or flush out exposure site immediately and thoroughly. Do not skip this necessary precaution!

These procedures should be followed in the event of an exposure.

- 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.

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 exposure to the appropriate parties responsible for managing exposures. 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 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.

Where Do I Get Care?

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. If you have any questions, please see your site supervisor.

If your site supervisor is not available, call the 24-hour hotline number: 1-877-STUCK50 or 1-877-788-2550.
After You’ve Been Evaluated . . .

Reporting Requirements
MSU and CHM policy mandates reporting an exposure incident. **There is no exception to the policy.** That means even if you choose not to be treated or do not require treatment, you still must report the incident. This is a necessary policy that improves and makes consistent the response to students who have experienced an exposure incident, as well as assures the safety of the entire community, you included.

What?
To report an incident, you will use the "MSU Health Professions Students Exposure Report for Tuberculosis, Blood Borne Pathogens and Zoonotic Disease" form. These reports are treated confidentially once they are returned.

Who?
You may fill out the report, or have another party (for example, at an off-site location) complete it. You and anyone else who adds data to the report must sign it before submitting it.

When?
We ask that you submit the completed report within 10 working days of the incident.

How?
Requesting a reporting form is simple: you may download it by clicking on the "Exposure Report Form (PDF)" link from the needle stick web site [http://uphys.msu.edu/forstudents/needlestick/index.html](http://uphys.msu.edu/forstudents/needlestick/index.html) Complete the form included in the last section of this handbook, or contact the Associate Dean for Student Affairs at (517) 353-7140. You may also call the Occupational Health Service at **517-353-9137** to request a form. The people who give you the form can also answer any questions you may have about how to fill it out.

It is the **student's responsibility** to obtain post-exposure follow-up. The cost of such follow-up care 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.

HIV POLICY

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, Associate Dean and/or Assistant 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.

Financial Assistance

Office of Student Affairs and Services
The Office of Student Affairs and Services is the medical students’ liaison to the Financial Aid Office for the Health Professions. Staff members will assist students in the following ways: serving as advocates around difficult financial aid problems; distributing financial aid applications and information; coordinating financial aid workshops; and working with the Financial Aid Office for the Health Professions to evaluate and improve services.

The Office of Student Affairs and Services also administers an emergency loan service for medical students. The office serves as a repository of information on outside sources of grants, scholarships, and loans. Student applications for outside sources of funding are supported by letters of recommendation upon request. As an added service, selected loans and scholarship checks are distributed to College of Human Medicine recipients.

Financial Aid Offices
Medical students may access the Michigan State University Financial Aid Offices for assistance at either location.

556 E. Circle Dr., Room 252
East Lansing, MI  48824-1113
Hours: Monday – Friday
9:00 a.m. – 5:00 p.m.
(517) 353-5940
Attention: Diane Batten or Judi Marks

965 Fee Rd., Rm C18-B East Fee Hall
East Lansing, MI 48824-01113
Hours: Monday and Thursday (closed in summer)
12:00 p.m. -4:00 p.m.
(517)355-8527

Secchia Center, 15 Michigan St. NE, Room 380
Grand Rapids, MI 49503
Hours: Monday- Friday
8:00 a.m. – 5:00 p.m.
(616) 234-2620
Attention: Christy Cotton

Web Site Address
The Medical Student Financial Aid Coordinators have established a special web-site address that will contain up to date financial information for medical students at http://www.finaid.msu.edu/med/default.asp.

Other Information on Financial Planning
Access to Monetary Decisions for Medical Doctors - An Electronic Resource Manual for Financial Planning Throughout Your Career on the web is available through the AAMC web-
FIRST (Financial Information Resources Services and Tools)
A website also through the AAMC with a wide variety of financial resources for medical students
https://www.aamc.org/services/first/

Loans

Short Term Loans
In an emergency, Michigan State University Office of Financial Aid offers short-term loans up to $1,700. There is an interest charge for use of these funds with repayment in 60 days. The electronic short term loan application is available in the student portal at stuinfo.msu.edu under the Financial tab. See the Office of Financial Aid for the Health Professions if you have issues with the electronic application.

CHM Emergency Loans
The Office of Student Affairs and Services maintains an emergency loan fund for students who find themselves short of cash from time-to-time. Small amounts can be borrowed, interest-free, with an end of semester payback period. There are guidelines for granting these loans, such as unexpected expenses, e.g. family emergencies, emergency car repairs. Students with questions or who have a need should contact the Office of Student Affairs and Services to request an application. The Associate Dean for Student Affairs must approve all applications.

All emergency loans granted to CHM students are made possible through an annual gift provided by the Michigan State Medical Society Alliance and American Medical Association (AMA) Foundation. AMA Foundation Short-Term Emergency Loan Fund’s annual contribution to MSU/CHM represents gifts from individual physicians, members of the AMA Alliance, Michigan State Medical Society Alliance, and others in the State of Michigan and across the nation. It is hoped by the AMA Short-Term Emergency fund that their annual support will provide a renewable resource for CHM student emergency loans, increased medical school awareness of the AMA Foundation and MSMSA contributions, and potentially encourage generosity amongst medical students who will be asked to respond to AMA Foundation Short-Term Emergency Loan Fund solicitations later in their careers.

Sources of Grants and Scholarships

CHM Endowed Scholarships
A limited number of endowed scholarships have been established for medical students. They are competitive and most are awarded in the spring of every year to be applied to the following fall semester tuition. A list of available scholarships and the applications are distributed to students in late Fall Semester.
<table>
<thead>
<tr>
<th>COLLEGE OF HUMAN MEDICINE</th>
<th>Michigan State University 2014-2015 BUDGETS*</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLOCK I</td>
<td>BLOCK II</td>
</tr>
<tr>
<td>FALL/SPRING  9 months</td>
<td>SUMMER 3 months</td>
</tr>
<tr>
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<tr>
<td>TUTION/FEE NON RESIDENT**</td>
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<td>NON RESIDENT TOTAL</td>
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**ITEMIZED MONTHLY LIVING ALLOWANCE**

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<td>YEAR 1</td>
<td>RENT, UTILITIES***</td>
<td>876/month</td>
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<td>2048/month</td>
<td>2048/month</td>
<td>2158/month</td>
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*A dependent care allowance may increase the single student budget for certain categories of students (with children) who have little or no income.

**Tuition and fees subject to change by MSU Board of Trustees. Tuition amounts reflect full-time (12+ credits/semester) attendance. If a student enrolls for less than full-time, the Office of Financial Aid will revise the cost of education and reduce aid accordingly. Minimum enrollment level required for aid disbursement is 6 credits for Stafford and Grad PLUS loans.

***Housing amount assumes double occupancy for off-campus living.
Student Forms
APPLICATION FOR ELECTIVE HM 591 - INDEPENDENT STUDY

Elective HM 591 represents planned study which is highly individualized and not addressable through any other course format. The completed application should be submitted, following signature from the faculty member responsible for serving as the course director, to the College of Human Medicine Records Officer for enrollment.

NAME___________________________________________ PID________________________
E-mail___________________________________________ Phone______________________
COURSE # __HM591___ Section _______ Credits ______ Semester/year ______________
1. DESCRIPTION (Subject matter, purpose, methods, program/organization, dates)
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
2. WORK TO BE COMPLETED
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Deadline for submitting work for final evaluation____________________________________
Contact information during the experience___________________________________________

STUDENT’S SIGNATURE__________________________ DATE___________
FACULTY INSTRUCTOR__________________________ DATE___________

8-7-14
APPLICATION FOR INDEPENDENT STUDY Related to Global Health Travel

Students applying for The Global Health Elective should submit this completed application, following signature from the faculty member responsible for serving as the course director, to the College of Human Medicine Records Officer for enrollment.

NAME___________________________________________ PID________________________________
E-mail____________________________________ Phone_______________________
COURSE # __HM591___ Section __20___Credits ______Semester/year ______________

1. DESCRIPTION (Subject matter, purpose, methods, program/organization, country, dates)
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

2. WORK TO BE COMPLETED
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Deadline for submitting work for final evaluation____________________________________
Contact information during the experience___________________________________________

____ I understand that I must contact the MSU Study Abroad office, and complete a liability waiver form, a health information form, submit emergency contact information, and comply with all required CHM and MSU Study Abroad policies regarding evacuation/repatriation insurance and immunizations.

STUDENT’S SIGNATURE__________________________________ DATE___________
FACULTY INSTRUCTOR___________________________________DATE___________

8-7-14
PRECLINICAL CURRICULUM ELECTIVE ENROLLMENT APPLICATION

Students may choose to enrich their curriculum by taking elective courses in Blocks I and II. Preclinical electives fall into four categories which are described in more detail in the Preclinical Handbook.

1. Preclinical elective courses designed especially for medical students
2. Independent Study
3. Regularly-scheduled University courses
4. Clinical Experiences

For any elective taken for credit, the student must fill out each section of this form and submit it to the Block Director/Block Assistant Director for approval. For some electives, there are additional requirements such as independent study plans, or letters detailing what clinical activities the student is qualified to do.

Students on academic review or probation may enroll for elective courses only with prior approval of the Assistant Dean (EL) or the Director (GR) of Preclinical Curriculum.

Name: ________________________________________ PID: _________________________

Date: _______________ Block     I    II    Preclinical Campus:___________________________

(Circle one)

Course number: _____ Section number: _____ Number of credits: _____ Semester: ________

Name of elective: ______________________________________________________________

Faculty Advisor: _______________________________________________________________

I am currently not on probation or academic review. I understand that if my academic status changes such that I am placed on academic review or suspended, I must drop the course immediately.

Student Signature: ______________________________________ Date: _____________________

Do Not Write Below This Line

Approved _______  Not Approved _______

Block Director/Assistant Block Director: _____________________________ Date: ________

Date Form Returned to Student: ________ Date Sent to CHM Records Officer:___________
Name of Elective: 

Semester:  ☐ Fall  ☐ Spring  ☐ Summer  

Year: 

Student Organizer(s): 

Email Address(es): 

Faculty Advisor(s): 

Enrollment Limit (maximum number of students allowed to enroll): 

Meeting Day(s)*:  
☐ Monday  ☐ Wednesday  
☐ Thursday  ☐ Friday  
*Tuesdays are not available due to required class meetings for Block I and II students  

Meeting Dates: 

Meeting Time(s): 

Room Preference:  
☐ B105 Life Sciences  ☐ B205 Life Sciences  ☐ Other (please specify): 

Comments: 

____________________________________  __________________________
Assistant Dean for Preclinical Curriculum  Date 

Date Form Returned to Student Coordinator: ______________  Date Sent to Records Officer: _____________ 

Course Code:  Course Number:  Section Number: 

8-7-14
Name of Elective: 

Semester:  [ ] Fall  [ ] Spring  [ ] Summer  Year: 

Student Organizer(s): 

Email Address(es): 

Faculty Advisor(s): 

Enrollment Limit *(maximum number of students allowed to enroll)*: 

Meeting Day(s)*: 
  [ ] Monday  [ ] Wednesday  
  [ ] Thursday  [ ] Friday  
  *Tuesdays are not available due to required class meetings for Block I and II students* 

Meeting Dates: 

Meeting Time(s): 

Room Preference: 

Comments: 

Internal Use Only

Approved: [ ]  Not Approved: [ ]

____________________________________  _________________________
Director for Preclinical Curriculum  Date

Date Form Returned to Student Coordinator: _______________________________

Date Sent to CHM Records Officer: _______________________________

Course Code:  Course Number:  Section Number:
NEW PRECLINICAL CURRICULUM ELECTIVE OFFERING APPLICATION

Date _____________________
Proposed Name of Elective:

__________________________________________________________

Proposed Semester Offering: ____Fall  ____Spring  ____Summer  Year 20____
Student Coordinator(s) & E-Mail Address:

__________________________________________________________

__________________________________________________________

Faculty Advisor(s) & E-Mail Address:

**Please attach a typed course protocol which includes the name of faculty advisor(s), student coordinator(s), course description, grading criteria, course schedule and/or dates, room location, enrollment restrictions (i.e., CHM students only), and proposed enrollment limit (dependent on room location)** Students will be required to present the outlined curriculum to the Assistant Dean for Preclinical Curriculum prior to final approval.

Student Coordinator(s) Signature:

__________________________________________________________  Date

__________________________

Signature  Date

__________________________

Signature  Date

__________________________

Signature  Date

Do Not Write Below This Line

Approved _______  Not Approved _______

__________________________________________________________  Date

Asst. Dean / Director of Preclinical Curriculum

Date Form Returned to Student Coordinator: ______________________________________

Date Sent to CHM Records Officer: ______________________________________

8-7-14
Request for Approval of Absence from Examination or Required Experience

Student Name __________________________________________ Date __________________

Unanticipated absence (enter reason, below)

Illness (provide explanation) _______________________________________________________

Other (explanation) ______________________________________________________________

Anticipated absence (enter reason and date, below)

Special family event __________________________________ Date(s) _______________

Conference (and role) __________________________________ Date(s) _______________

Other ______________________________________________________ Date(s) _______________

I am requesting approval for absence from these required experience(s) (check all that apply):

Examination course name __________________________________ Date _______________

Small Group course ___________________________________________ Date _______________

Clinical Skills Experience ___________________________________ Date _______________

Required lecture(s)/Patient panels ___________________________ Date _______________

Class meeting _____________________________________________ Date _______________

Other (provide details) ______________________________________ Date _______________

Student signature (electronic) _________________________________ Date _______________

Approval ___________________________________________ Date _______________

Steps for submitting this form:
1. Attach this form to an email (e.g., click on “file”, then “attach to email” for windows users)
2. East Lansing students, type in absencEL@msu.edu in the “to” line of the message and send
3. Grand Rapids students, type in absencGR@msu.edu in the “to” line of the message and send

DO NOT CLICK ON THE ABOVE EMAIL ADDRESSES – THE FORM WILL NOT BE ATTACHED
Request to Extend Curricular Plan

Student Name __________________ PID __________________ Date ________________

Preclinical Campus __________________ Clinical Community (if known) ______________

Year of Matriculation ______________ Anticipated Graduation Date ________________

Current Status: Block I ______________________________ Block II ____________________

Reason for requesting an extended curricular plan (more than one may apply):

_____ Health  _____ Academic performance – voluntary
_____ Dual Degree (list program below)  _____ Academic performance - required
_____ Personal Matters  _____ Academic performance - SPC directive

Please describe in greater detail, if appropriate, the reason for your request:

________________________________________________________________________

________________________________________________________________________

By adopting an extended curricular program I understand that I will not be able to return to the regular sequence of courses. Further, I agree to follow the Modified Program Schedule developed with the Block Director. Any changes to this program must be approved by the appropriate Director and the Assistant Dean for Preclinical Curriculum.

I understand that it is my responsibility to consult with a medical financial aid advisor regarding the financial implications of extending my course of study. I will notify either the Block Director or Preclinical Academic Advisor by _______________ of my decision to remain on regular tuition or to utilize ECP tuition.

(Date)

________________________________________________________________________

Student Signature __________________________ Date __________________________

Block Director Signature __________________________ Date _______________________

Cc: Student , Student file, CHM Records Officer

==============================================================================

Office Use Only

Courses To Be Dropped From Schedule:
Course #/Name  Semester  Section  Credits
________________________________________________________________________

Courses To Be Added To Schedule:
Course #/Name  Semester  Section  Credits
________________________________________________________________________

Total Credits for Current Semester: ____________

8-7-14
LEAVE OF ABSENCE REQUEST FOR PRECLINICAL STUDENTS

Section 1: Completed by Student and Appropriate Block Director/Assistant Director

Name: ___________________________ PID: ________________

Year of Matriculation: 20__ Preclinical Campus: □ East Lansing □ Grand Rapids

Anticipated Graduation Date: _______________________

(draft student courseplan attached, T:\opc\Student Course Plans - formerly Modified Programs\Current Preclinical Students\East Lansing\drafts word docs)

Dates of Leave: _____________ to _____________

Reason: □ Academic □ Financial □ Medical □ Other

Additional Information:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Current Course Enrollment and present grade (if available):

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Unfinished Academic Work (Outstanding ET or CP grades, unremediated N grades, etc.)

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Plans for completing unfinished academic work and USMLE Step 1:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Student’s Signature ___________________________ Date _____________

Block Director’s Signature ___________________________ Date _____________

8-7-14
Section 2: Completed by Student and Assistant Dean of Preclinical Curriculum

Matriculation Date: ___________  Graduation Deadline: ___________

The following are conditions for re-entry to the College of Human Medicine:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

(initial) I understand that I must comply with the above conditions and that I must sign and reconfirm the Technical Standards of the College of Human Medicine upon re-entry.

The above statement of this student’s current academic status and the plans for its completion are accurate and appropriate.

________________________________________________________________________
Assistant Dean / Director of Preclinical Curriculum

________________________________________________________________________
Student’s Signature

☐ Recommended  ☐ Not Recommended

________________________________________________________________________
Associate Dean for Student Affairs and Services

☐ Approved  ☐ Not Approved

________________________________________________________________________
Senior Associate Dean for Academic Affairs

8-7-14
Request for Re-Entry

To be completed by Student and appropriate Block Director

Date/semester of requested re-entry ______________________________

I understand and will comply with the re-entry criteria and agree to sign and reconfirm the Technical Standards of the College of Human Medicine.

Student Name (printed)

__________________________

Student signature

Date

☐ Conditions for re-entry as stated above have been met

☐ Conditions for re-entry have been modified as follows:

________________________________________

________________________________________

________________________________________

________________________________________

☐ Technical Standards have been re-confirmed

________________________________________

Assistant Dean / Director of Preclinical Curriculum

Date

________________________________________

Associate Dean for Student Affairs and Services

Date

Date of Re-Entry: ________________________

☐ Approved  ☐ Denied

________________________________________

Senior Associate Dean for Academic Affairs

Date
Request to Extend or Repeat the Date of the USMLE Step I Examination

Section 1: To be completed by student

Name: _________________________________________

Date of Request ____________________ Intended Date of Examination ________________

Community Assignment ______________ Intended Date of First Clerkship _______________

Reason for request:

I have discussed my request for an extension of my USMLE Step I examination date with the appropriate CHM administrator. I have read and fully understand the policies and procedures of the College of Human Medicine regarding this request. I understand that delaying entry into the Block III program may affect my ability to graduate and start a residency program on time. I have discussed the academic conditions regarding this request with the appropriate academic individuals, with whom I have worked out a tentative plan. I have discussed the financial consequences of the requested USMLE extension with the MSU Office of Medical Financial Aid. I understand that I must repeat and pass the Block II Gateway next spring if I do not enter Block III by next January.

Student Signature _______________________________________ Date _______________________

Approval of request is granted

Assistant Dean / Director _______________________________ Date __________________________

Assistant Dean for Clinical Curriculum______________________ Date________________________

Senior Associate Dean
for Academic Affairs____________________________________ Date________________________

ROUTING INSTRUCTIONS: After all approval signatures are secured, please forward form to Assistant Dean for the Preclinical Curriculum for student notification and placement in student file. The Office of the Senior Associate Dean for Academic Affairs will notify the student’s community campus.

8/7/14