

BLOCK III
CLINICAL PROGRAM
HANDBOOK

For MSU-CHM Students
Entering Block III In 2013

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Welcome to Block III, the clinical education program for Michigan State University College of Human Medicine students. This handbook has been prepared to aid you in the transition to Block III, and includes information about policies and procedures consistent throughout the MSU College of Human Medicine community campus system. The handbook was designed as a supplement to the Block III orientation which will occur in your home campus.

Organization of the MSU-CHM Block III Program

Senior Associate Dean for Academic Affairs: Aron Sousa, M.D.

The Senior Associate Dean for Academic Affairs is the chief academic officer of the College and has the primary responsibility and oversight of the medical education program.

Assistant Dean for Clinical Curriculum: Margaret Thompson, M.D.

The Clinical Assistant Dean is responsible for oversight of the Block III clinical education curriculum and program.

Block III Administrative Director: Carrie Thorn

The Block III Director has the responsibility for the administration of the Block III clinical education program.

Community Assistant Deans:

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

John B. Molidor, Ph.D., Flint campus

Margaret Thompson, M.D., Grand Rapids campus

Kevin Kavanaugh, M.D., Kalamazoo campus

Renuka Gera, M.D., Lansing campus

Paula J. Klose, M.D., Midland Regional campus

Daniel M. Webster, M.D., Traverse City campus

William Short, M.D., Upper Peninsula campus

Community Administrators:

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

Kathleen A. Assiff, M.A., Flint campus

Corey M. Madura, M.S., Grand Rapids campus

Holly Reed, M.P.A., Grand Rapids campus

Harriet A. Roelof, Kalamazoo campus

Sarah McVoy, Lansing campus

Bridget Y. Hinds, M.A., M.Ed., Midland Regional campus

Christy LaVene, Traverse City campus

Patti A. Copley, R.N., Upper Peninsula campus

Community Clerkship Directors:

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

CHM Director of Academic Support: Wrenetta Green, M.S., Sp.Ed.

CHM Assistant Director of Academic Support: Renoulte Allen, M.Ed.

CHM Coordinator of Career Counseling & Development: Deana Wilbanks, M.S., L.P.C., N.C.C.

A. THE BLOCK III ACADEMIC PROGRAM

MSU-CHM SCRIPT Educational Competencies

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

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

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

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

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

- **TRANSFORMATION** (ACGME Medical Knowledge)
 - Applies essential basic, social, clinical science and systems knowledge in the care of patients
 - Creates new knowledge through research
 - Participates in lifelong teaching and learning with peers, trainees, and patients

Block III Program Objectives

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

1. Demonstrate appropriate professional behavior.
2. Demonstrate ability to perform a history and physical examination with appropriate depth and breadth according to patient's age, gender, occupational/environmental exposures, functional status and presenting problem(s).
3. Demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, patients' families and professional associates from different health care professions.
4. Demonstrate ability to record **comprehensive** and **appropriately focused** H & Ps on patients in the inpatient and outpatient settings, including composing accurate and thorough Problem Lists, SOAP and Progress notes.
5. Develop, prioritize and justify differential diagnoses for patients.
6. Develop treatment plans, including diagnostic, therapeutic and patient education components.
7. Demonstrate understanding of how social, psychological, economic, cultural and biological issues influence patients' health and medical care.
8. Demonstrate clinical reasoning skills.
9. Demonstrate ability to make case presentations in a clear, succinct and accurate manner.
10. Demonstrate mastery of etiology, pathophysiology, pathology, clinical presentation, differential diagnosis, management and clinical pharmacology of conditions specified in the clerkships.
11. Demonstrate ability to rationally consider medical issues and bring the cumulative evidence of many scientific and cognitive disciplines to bear on the issues and concerns of patients.
12. Demonstrate the ability to design, implement and present a clinical research or quality improvement project.
13. Demonstrate competencies and fulfillment of objectives as delineated in clerkship and core competency syllabi.

Block III Program Requirements

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

1) Block III Program Orientation	1 week
2) Family Medicine Clerkship	8 weeks
3) Internal Medicine Clerkship	8 weeks
4) Pediatrics Clerkship	8 weeks
5) Obstetrics/Gynecology Clerkship	8 weeks
6) Psychiatry Clerkship	4 weeks

7) Junior Surgery Clerkship	8 weeks
8) Core Competency Seminars	Completion of all modules
9) Advanced Medicine Clerkship	4 weeks
10) Senior Surgery Clerkship	4 weeks
11) Clinical Elective Clerkships	24 weeks

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

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

1) Block III Program Orientation	1 week
2) Family Medicine Clerkship	12 weeks
3) Internal Medicine Clerkship	8 weeks
4) Pediatrics Clerkship	8 weeks
5) Obstetrics/Gynecology Clerkship	8 weeks
6) Psychiatry Clerkship	4 weeks
7) Junior Surgery Clerkship	8 weeks
8) Core Competency Seminars	Completion of all modules
9) Advanced Medicine Clerkship	4 weeks
10) Senior Surgery Clerkship	4 weeks
11) Clinical Elective Clerkships	20 weeks

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

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

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

MSU College of Human Medicine Graduation Requirements

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

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

1. Satisfactory completion of all components of the CHM Block I, Block II, and Block III programs within a maximum of eight (8) years, as specified by the CHM Student Performance Handbook and the MSU *Medical Student Rights and Responsibilities* document.
2. Achievement of a passing score on the CHM Block III Care of Patients (COP) Gateway Assessment, a six-hour clinical skills performance assessment held near the end of the third year. The purpose of the exam is to assess essential clinical skills that are the foundation of clinical practice and necessary for the first year of residency: communication skills; information gathering and history taking; focused physical examination; and writing a Progress/SOAP note. The Block III COP Gateway takes place at the MSU Learning and Assessment Center and the Secchia Simulation Center and consists of multiple clinical encounters portraying common patient presentations.

Students who fail to demonstrate the required minimal competency on the CHM Block III COP Gateway Assessment as determined by the CHM Block III Committee will be required to pass a COP Gateway remediation examination scheduled in August 2014. Students who take and do not pass the remediation examination must enroll for and successfully complete a four-week Clinical Remediation Graduation Requirement early in their 4th year, in addition to advanced clerkships and clinical electives.

Additional information and resources are available on the CHM College-wide Assessment website at: <http://cwa.chm.msu.edu/>.

3. Satisfactory completion of the CHM Block III Integration Gateway Assessment, a written examination assessing the student's ability to integrate health policy, ethics, and patient safety in a clinical context.
4. Satisfactory completion of the CHM Block III Rationality Gateway Assessment, a written examination assessing the student's understanding of evidence-based medicine and critical appraisal of medical literature.
5. Satisfactory completion of the CHM Service Learning course.
6. Achievement of a passing score on the United States Medical Licensure Examination (USMLE) Step 1 Exam, Step 2 Clinical Knowledge Exam, and Step 2 Clinical Skills Exam.

Quick Reference Guide to Graduation Requirements

Requirement	When Requirement Must Be Met
Satisfactory completion of Blocks I, II, and III	Within 8 years of matriculation
Satisfactory completion of the Block III Rationality Gateway Assessment	During Core Competency sessions in third year
Satisfactory completion of the Block III Care of Patients Gateway Assessment	June of third year (remediation August of fourth year)
Satisfactory completion of the Block III Integration Gateway Assessment	During the Senior Surgery clerkship, fourth year
Passing USMLE Step 1 Examination	Prior to entry into Block III
Passing USMLE Step 2 Clinical Knowledge and Clinical Skills Examinations	Passing scores must be posted prior to the last day of the semester in which the student intends to graduate. The three graduation dates for MSU are in August, December, and May.
Completion of Service Learning Course	January 12, 2015
Application for graduation	On or before the end of the first week of the semester during which degree requirements will be met (last semester of enrollment)

The Third Year Clinical Curriculum

Clinical Clerkships

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

The Block III program starts with a mandatory one-week community orientation which occurs in the student's assigned community campus. Year 3 is spent taking the six core clerkships—Family Medicine, Internal Medicine, Pediatrics and Human Development, Junior Surgery, Obstetrics and Gynecology, and Psychiatry—and the Block III Core Competencies seminar course. Each of the core clerkships is eight weeks long, except for Psychiatry which is four weeks in length. Most students will take one four-week elective, in their home community, in conjunction with the Psych clerkship in the third year. Third year elective selections available to students will depend on which core clerkships have been completed prior to the scheduled elective. The third year elective will count toward meeting one of the CHM required in-system elective requirements.

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

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

Core Competency Course

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

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

The Core Competency course modules include the following:

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

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

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

Service Learning in the Community Course

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

The deadline for completing the Service Learning requirement for students graduating in spring 2015 is January 12, 2015. Students who do not meet this requirement will not be allowed to participate in the National Residency Matching Program in March of the fourth year. Additional information about course requirements and course forms are available at the CHM web site (from chm.msu.edu, select **Current Students** then select **Service Learning in the Community**), and also in the MSU ANGEL group **Service Learning in the Community (HM 640)**. The ANGEL group also contains lists of possible service projects for students in each community campus.

Clerkship Enrollment and Attendance Policies

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

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

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

Clerkship Orientation

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

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

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

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

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

Withdrawing From Clinical Clerkships

Students are not permitted to drop or withdraw from a required clinical clerkship once they have commenced the clerkship except under rare and extraordinary circumstances. Academic difficulty is not sufficient cause for dropping or withdrawing from a clerkship.

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

If a student receives permission to leave a clerkship **prior to the mid-point of the clerkship**, the student will be dropped from the clerkship and must repeat the entire clerkship. If a student receives permission to leave the clerkship **after the mid-point of the clerkship and has successfully completed clerkship requirements up to that point**, an ET grade will be issued and the student will be allowed to complete all unmet requirements of the clerkship (written and oral examinations, out-patient and in-patient experiences, etc.) in a timeframe approved by the department and the Block III office. In this circumstance, the student will not be required to repeat clerkship experiences completed prior to departure.

Absences from Clerkships and Other Required Block III Courses

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

Scheduled absences are not approved until the Absence Request form is signed by both the clerkship director and community administrator. Failure to complete this form and obtain the required signatures will result in an unexcused absence from the clerkship. While all requests are subject to approval by the community administrator and clerkship director and are considered on a case by case basis, examples of possible excused absences include:

- death of a close family member
- serious illness or hospitalization of a close family member
- student presentations at professional conferences, if the student is in good academic standing

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

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

Time missed during the clerkship, including for illness and other excused absences, must be made up. Students with excused or unexcused absences of more than 5 days in an eight-week clerkship or more

than 2.5 days in a four-week clerkship may receive a CP grade for unprofessional behavior and need to remediate four weeks of an eight-week clerkship and two weeks of a four-week clerkship, in addition to any other clerkship deficiencies. Approved time off for religious holiday observance and for college-wide activity days will not be counted as absences. Some clerkships may have more stringent attendance policies; be sure to check your clerkship handbook for more specific information.

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

Inclement Weather and Attendance

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

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

If clerkships are cancelled or an entire campus is closed because of inclement weather, students will be notified as soon as possible and make-up time will not be required.

Time Off for University Holidays and CHM Student Activities

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

4th of July

Labor Day

Thanksgiving and the Friday after Thanksgiving

Christmas

New Year's

Martin Luther King Day

Memorial Day

All Religious Holidays

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

CHM Activities

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

Voluntary Leave of Absence

A medical student may need to take a voluntary leave of absence from the College of Human Medicine for a variety of reasons (e.g., personal, financial, health). The procedure for requesting a voluntary leave of absence is as follows:

1. Clinical students must complete the Block III Leave of Absence Request form and meet with their Community Administrator to discuss the circumstances of the request and conditions for subsequent re-entry. **There is an 8-year time limit on the entire medical student program, which includes leaves of absence.** Also, there are financial implications of a leave of absence that should be reviewed and discussed with the MSU Office of Medical Financial Aid (517-353-5188).

Application forms for voluntary leave of absence are available from the CHM Records Officer and the Office of the Community Assistant Dean.

Leaves of absence for clinical students must be approved by the Community Administrator and Community Assistant Dean, as well as the Block III Director and Assistant Dean for the Clinical Curriculum.

2. Responsibility for applying for re-entry to Michigan State University rests solely with the student. The Block III Request for Re-Entry From Leave of Absence form should be completed and filed with the CHM Community Administrator at least six (6) weeks prior to the first day of class of the semester in which the student expects to resume studies. All enrollment holds must be cleared before a readmitted student can enroll. Students should also contact the MSU Office of Medical Financial Aid at 517-353-5188 to notify them of planned re-entry to the Block III program.
3. Students will not be allowed to register without re-entry approval by the Block III Director and Assistant Dean for Clinical Curriculum.

Clerkship Evaluations

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

Preceptor Feedback

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

CHM Mid-Clerkship Evaluation

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

CHM Clinical Performance Evaluation (CPE)

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

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

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

Results of the individual CPEs are compiled into a CPE Summary Report which calculates the student's CPE grade and becomes part of the student's Final Clerkship Evaluation. Evaluators have two weeks after the end of the clerkship to complete CPEs.

All clinical departments use the same criteria for determining the grade on the CPE portion of the clerkship evaluation:

- **Honors:** 100% in the "Met Expectations" and "Exceeded Expectations" categories, with no unprofessional behavior notations.
- **Pass:** 80% or greater in the "Met Expectations" and "Exceeded Expectations" categories, with no more than 2 unprofessional behavior notations from all evaluators combined.
- **Conditional Pass:** Greater than 20% but no more than 40% in the "Below Expectations" category OR 3-4 unprofessional behavior notations from all evaluators combined. A CP grade on the CPE will require that the student repeat four weeks of an eight-week clerkship and two weeks of a four-week clerkship.
- **No Pass:** Any one of the following three conditions will result in a No Pass grade in the clerkship:
 1. Greater than 20% but no more than 40% in the "Below Expectations" category AND 3-4 unprofessional behavior notations from all evaluators combined.
 2. Greater than 40% in "Below Expectations"
 3. 5 or more unprofessional behavior notations from all evaluators combined.

A No Pass grade on the CPE will require that the student retake the entire clerkship.

Final Clerkship Evaluations

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

Evaluation, on the Medical Student Performance Evaluation (MSPE) and on the MSU transcript. The clerkship director's summary of overall student performance on the clerkship will be used in the student's MSPE.

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

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

Professional Behavior evaluation on the Final Clerkship Evaluation

A standardized Professional Behavior evaluation is part of every CHM Final Clerkship Evaluation (FCE). To pass this component, a student must demonstrate consistent professional behavior in clinical settings, as evaluated on the Clinical Performance Evaluation (CPE), as well as in non-clinical settings and interactions. In addition to any professionalism notations on the CPE, students will receive one unprofessional behavior notation on the FCE for each instance of unexcused absence, late submission of assignments, lack of civility towards clerkship staff or others, and any other unprofessional behaviors not recorded on the CPE.

All clinical departments use the same criteria for determining the grade on the Professional Behavior component on the FCE:

- **Pass:** No more than 2 unprofessional behavior notations for all clerkship components combined.
- **Conditional Pass:** 3-4 unprofessional behavior notations for all clerkship components combined. Please note that students who receive a Conditional Pass for professionalism on the CPE and a Conditional Pass for professional behavior on the FCE will receive **one** Conditional Pass grade for professional behavior in the clerkship, although both CPs will be noted on the FCE. A CP grade for professional behavior in the clerkship will require that the student repeat four weeks of an eight-week clerkship and two weeks of a four-week clerkship.
- **No Pass:** 5 or more unprofessional behavior notations for all clerkship components combined.

A No Pass grade for Professional Behavior will require that the student retake the entire clerkship.

Student Evaluation of Clerkship Experiences and Preceptors

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

Administration of Clerkship Final Examinations

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

Beginning with the 2013-14 Block III academic year, all clerkships will use NBME web-based exams for Block III students.

1. Students will be notified in writing of the date, time and location of the final examination on the first day of the clerkship. Any room or scheduling changes will be communicated to students in writing as they occur. All final exams are administered on the last day of the clerkship, with students arriving by 8:00 a.m. for morning exams and by 12:30 p.m. for afternoon exams.
2. The final exam will be offered once per clerkship. Students who do not sit for the final examination will receive a conditional pass (CP) grade for this component of the clerkship.
3. The starting time of the examination will be strictly adhered to, and all students must be seated in the exam location by the announced starting time for the exam. Admission to the exam will not be allowed after this time.

The examination will start on time and begin with the reading of directions for the examination, and admission to the exam will not be allowed during the reading of directions. Students arriving late to the exam will not be allowed to sit for the exam and will receive a CP grade for the exam. The student must meet with the Clerkship Director and Community Administrator to make arrangements to sit for the exam at a later date.

4. A Conditional Pass (CP) grade resulting from an unavoidable emergency situation—such as a traffic accident en route to the exam—should be brought to the attention of the Clerkship Director and Community Administrator as soon as possible. Such emergency situations will be considered on a case-by-case basis by the Lead Clerkship Director and Community Clerkship Directors, Community Administrator and Block III Director. Students will need to provide verifiable documentation of an emergency situation in order to have a CP grade reconsidered.
5. If the administration of the examination is not carried out according to this protocol for any reason, an equitable solution will be reached that will not penalize students. In most cases where exam administration is not carried out according to protocol, students who pass the examination will be allowed to retain their passing grades or retake the exam, at the student's option, and students who fail the examination will be given another opportunity to sit for the examination without penalty. Under no circumstances will a passing grade be granted for a student who failed to score a passing grade on the examination.
6. If a student becomes ill or otherwise cannot complete the examination, the student must ask the proctor to be excused from the exam setting, state the reason for leaving the exam, and arrange to meet with the Clerkship Director. Students may be asked for verification of illness from a physician. A decision about the consequence of leaving the examination will be made by the Clerkship Director, Community Assistant Dean, and Block III Director on a case-by-case basis.
7. Repeat administrations of a final examination for students who arrive late and are unable to sit for the exam, who must leave the examination before it is completed, or who fail the examination will be scheduled at a time convenient for community campuses and departments.

Grading in the Block III Program

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

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

1. The Pass (P) grade

The Pass grade (P) is given when the student has passed all required components of the course.

2. The Conditional Pass (CP) grade

The Conditional Pass (CP) is given when the student has either:

- a. Passed all but one of the required components of the course; or
- b. Completed all course requirements but failed to meet the overall pass level by a narrow margin, as defined in the clerkship syllabus.

The CP grade is issued when the deficiency is specific and remediable by specific action on the part of the student. Receiving a CP grade in two or more components will result in a final grade of No Pass (N) for the course.

When the remediation activity is completed or the time allocated to the remediation has expired, the CP grade will be changed to CP/P (Pass) or CP/N (No Pass), as appropriate. The Conditional Pass (CP) will remain on the student's record and transcript. Failure to complete the specified remediation by the due date will result in a grade of CP/N. Honors is not available in any course in which a student has received a CP grade.

3. The No Pass (N) grade

The No Pass (N) grade is given when the student receives a Conditional Pass (CP) grade on two or more required components of the course, or fails a single requirement defined as resulting in an N grade in the course.

4. The Honors (H) designation

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

5. The Extended (ET) marker

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

6. The No Grade Reported (NGR) marker

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

Procedure for Appealing a Clerkship Grade

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

- A. The student meets with the appropriate Community Clerkship Director to discuss his or her concerns. If the dispute is resolved to the student's satisfaction, no further action is required.
- B. If the issue is not resolved with the Community Clerkship Director, the student meets with the Lead Clerkship Director from the appropriate CHM clinical department. If the dispute is resolved to the student's satisfaction, no further action is required.
- C. If the issue remains unresolved, the student meets with the CHM Department Chair or designee. The Chair may hold a department administrative meeting with the student to seek resolution; this is not a formal hearing process.

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

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

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

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

Academic & Career Advising for Block III Students

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

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

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

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

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

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

Academic Support in Block III

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

Academic Support Services available to Block III Students include:

- **Tutors:** Tutoring is available on an individual basis for students having academic difficulty. Students having difficulty should meet with their community administrator to request a tutor.

Tutors help students clarify topics and answer questions about content and available resources, and provide suggestions regarding approaching the material and managing time to include study opportunities. Tutors may be residents, faculty members or retired physicians.

- **Coaches:** Students, especially those having difficulty “switching gears” when changing clerkships, may benefit from meeting with residents or faculty to prepare for upcoming clerkships. The resident or faculty coach can help the student understand their responsibilities on the clerkship, how to organize their study, how to maintain a log of the topics covered, and how to identify useful study materials for the clerkship.
- **Skill Enhancement:** A key component to student success is performing at a mastery level. For students struggling to attain this level, the Academic Support Director and Assistant Director can work with students to create an academic plan to help students attain mastery on exams and other clerkship evaluations.

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

Special Accommodations in Block III

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

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

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

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

- a) Formally identify as a student with a physical, sensory, cognitive or psychological disability via secure/confidential web registration at MyProfile.rcpd.msu.edu.
- b) Upon student self-identification, an RCPD Disability Specialist will contact the student to schedule a confidential needs assessment. The specialist also requires submission of recent medical or diagnostic documentation of disability prior to registration with the office.

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

Block III students determined by the RCPD to require special accommodations will receive a Verified Individualized Services and Accommodations (VISA) form, a copy of which must be presented to their community administrator, who will work with clerkship directors or others as appropriate to arrange for the accommodations specified. Special accommodations must be arranged well in advance, especially if they require additional staffing (as in the case of separately proctored exams). Students who have received a VISA must register at the end of each semester with the RCPD.

B. STUDENT PROMOTION AND RETENTION

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

Academic Review status in Block III

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

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

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

2. Clinical students will remain on Academic Review until they have remediated all outstanding CP or N grades.
3. Permission from the Community Assistant Dean's office and the Block III Director is required to take off-campus electives while on Academic Review status.

Suspension Pending Dismissal status in Block III

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

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

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

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

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

Probation status in Block III

1. A student who appeals suspension and is reinstated by the SPC will return on Probation status with new promotion and retention requirements established by the SPC. The student will be removed from Probation once all required remediation has been completed successfully and any further conditions established by the SPC have been met. Students who have been reinstated remain under the oversight of the SPC, with periodic review by the Subcommittee for Academic Review (SAR), whether or not the student is on Probation.
2. A student may not take off-campus electives while on Probation.
3. A student who is dismissed by the SPC will continue to have the opportunity to appeal to the Dean. If the Dean decides to reinstate, the student returns on Probation under the oversight of the SPC.

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

C. POLICIES RELATED TO CLERKSHIP PARTICIPATION

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

Student Responsibilities Regarding Patient Supervision

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

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

- a) Appropriate informed consent must be obtained and documented. No procedure should be attempted by the medical student unless s/he is given permission to do so by a physician responsible for the patient.
- b) If a student does not feel capable, then s/he must not undertake performance of the procedure without further instruction and direct supervision.

- c) If the student is not known by the patient, the student should properly identify her/himself to the patient.
- d) If the medical student is not successful in the performance of a procedure within a reasonable amount of time or without undue discomfort to the patient, the medical student must withdraw and notify the supervising physician.
- e) It is the responsibility of the medical student to cease and desist from the performance of any procedure at the direction of any nurse responsible for that patient, if that nurse has reasonable cause to ask the student to cease and desist. The supervising physician should be notified promptly of any such action.
- f) The student has the responsibility to record on the chart that a procedure was undertaken, the reason for the procedure, the outcome of the procedure, the patient's condition at the conclusion, and plan for post-procedure interval.

Patient Charting and Other Hospital-Specific Policies

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

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

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

Student Work Hours

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

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

Medical Student Liability Coverage

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

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

- c) approved field placements in off-campus locations.

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

Also see: http://humanmedicine.msu.edu/future/MEDICAL_LIABILITY_2013.php

Medical Student Attire and Etiquette

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

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

MSUNet Email

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

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

Use of Electronic Devices in Block III

Block III students are expected to be fully engaged in the clinical education experience. Using electronic devices while on clerkships, during the Core Competencies course, or during other required Block III activities can be distracting and disrespectful to patients, preceptors, lecturers, and your fellow students. Electronic devices are not to be used during rounds, meetings, small groups or lectures including Core Comps sessions, or when in the room with patients; the only exception would be if instructed to do so by an attending or resident faculty member. Students wishing to retrieve information that may be relevant to the patient or small group discussion should get permission to do so from the faculty member. It is never appropriate for students to use electronic devices for reading e-mail, texting, surfing the web or other personal activities while on any Block III required activity. Students may receive unprofessional behavior notation(s) for failure to use electronic devices appropriately.

Exposure Control Policies and Procedures

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

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

Exposure Control Procedures

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

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

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

Report the potential exposure to the appropriate parties responsible for managing exposures (e.g., supervising physician, attending, resident). Prompt reporting is essential because, in some cases, post-exposure treatment may be recommended, and it should be started as soon as possible – **preferably within one (1) hour if at all possible.**

In addition to HIV, discuss the possible risks of acquiring Hepatitis B and Hepatitis C with your health care provider. You should have already received Hepatitis B vaccine, which is extremely safe and effective in preventing Hepatitis B.

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

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

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

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

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

Policy Regarding Student Who May be Infectious for HIV/HBV

In concert with the existing CHM policy on communicable diseases, students who are HIV or HBV positive have a professional responsibility to report their status to their Community Assistant Dean and/or Associate Dean.

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

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

CHM students, whose educational experience is modified because of their HIV or HBV infection status should, whenever possible, be provided opportunities to continue appropriate patient-care activities. Career counseling will be available to promote the continued use of the student's talents, knowledge, and skills.

*** An invasive procedure is defined as "surgical entry into tissues, cavities, or organs or repair of major traumatic injuries" associated with any of the following: (1) an operating or delivery room, emergency department, or outpatient setting, including physician's offices; (2) cardiac catheterization and angiographic procedures; (3) a vaginal or cesarean delivery or other invasive obstetric procedure during which bleeding may occur; or (4) the manipulations, cutting, or removal of any organ or perioral tissues.*

Hepatitis B Virus Post-Exposure Management

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

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

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

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

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

HIV Post-Exposure Management

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

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

Timing of PEP initiation

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

D. PROFESSIONALISM

Policies Related to Professional Conduct

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

Sexual Harassment Policy

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

Discrimination

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

Values Conflict

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

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

Behavior Outside of Medical School

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

Public Postings on the Internet

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

Non-Clinical Activities While Identified as a CHM Student

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

Professional Behavior & Academic Honesty

Academic Honesty at Michigan State University

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

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

The College of Human Medicine supports these policies, as well as the additional policies and procedures described in the Medical Students' Rights and Responsibilities (MSRR) document, which can be found on the CHM web site at:

<http://www.humanmedicine.msu.edu/current/documents/MEDICALSTUDENTRIGHTSANDRESPONSIBILITIES.pdf>

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

Student Responsibilities

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

1. Demonstrate appropriate professional behavior in all clinical and academic settings, including appropriate dress, punctuality (including handing in written assignments on time), respect, courtesy and helpfulness toward patients, preceptors, teachers, staff and classmates.
2. Develop personal practices that prevent suspicion of academic dishonesty such as avoiding sitting near friends in exams or avoiding wandering eyes.
3. Report instances of academic dishonesty and unprofessional behavior to appropriate faculty and administrators.
4. Name individuals involved in academic dishonesty and unprofessional behavior. This is an important responsibility of students. Faculty and administrators are unable to take appropriate action unless students are willing to take the initiative to report unprofessional behavior and to name the individuals involved. This is a first but necessary step in becoming a professional and learning to monitor one's peers.
5. Participate as a witness at judicial hearings in alleged cases of academic dishonesty and unprofessional behavior.
6. Avoid generating accusations of academic dishonesty and unprofessional behavior that cannot be substantiated.

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

Faculty and Administrator Responsibilities

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

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

Unprofessional Behavior and Academic Dishonesty

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

1. Behavior which diminishes or threatens patient safety and welfare.
2. Falsifying clinical records (e.g., noting that a physical exam had been performed when it had not been performed).
3. Fabrication of written records (e.g., “making up” data on clerkship written records).
4. Unexcused absences in clinics, hospitals and other clerkship obligations.
5. Falsifying reasons for excused absences from clerkships or examinations.
6. Presenting or publishing data (including electronically) from a collaborative research project without the principal investigator’s permission.
7. Plagiarism, defined as representing as one’s own, the ideas, writings, or other intellectual properties of others, including other students.
8. Treating faculty, peers, nurses, other health care professionals, staff of academic centers and other institutions with lack of respect and courtesy.
9. Taking an examination for someone else or preparing and submitting an assignment for someone else.
10. Receiving, retaining, and/or using materials obtained in a manner that is defined as academically dishonest.
11. Failing to report observed instances of academic dishonesty or other unprofessional behavior.
12. Removing or acquiring an examination during preparation, typing, duplication, storage or after administration including licensing examination.
13. Continuing to answer test items beyond the prescribed exam time line.
14. Leaving the examination room without permission.
15. Taking examinations at times other than the one to which you have been assigned in order to obtain more preparation time.
16. Collaboration on assignments when expressly prohibited in the course or clerkship handbook.
17. Bribing University faculty or staff to improve scores or grades in any way.
18. Copying answers from another student’s examination.
19. Taking a scribe sheet or other form of prepared answers or notes into an exam.
20. Having someone take an examination or prepare an assignment in one’s stead.
21. Systematically memorizing questions from secured exams and collating them for personal use or use of fellow students.
22. Using signals or otherwise communicating during examinations to share answers with other students.

Understanding Professional Behavior

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

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

Core Professional Values

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

The proper goals of medical practice are:

1. Healing and ameliorating illness and its consequences
2. Promoting health
3. When 1 and 2 are no longer possible, assisting patients in achieving a comfortable and dignified death

The ethically appropriate means to pursue those goals include:

1. Competent practice in a technical sense
2. Inflicting harm only when necessary and proportional to a sought-after benefit
3. Honest portrayal of medical knowledge
4. Fidelity to the interests of one's patients

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

The Virtuous Professional

The Virtuous Professional: A System of Professional Development for Students, Residents and Faculty in the College of Human Medicine is included as Addendum E.

Evaluation of Professionalism for CHM Students

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

Patterns of unprofessional behavior in a single course/clerkship will become an academic matter. This means that professionalism will be reflected in the student's final grade for the course or clerkship, may be included in narrative comments in Final Clerkship Evaluations by course/clerkship faculty, and will be commented upon in the Medical Student Performance Evaluation.

It is possible that a student could be put on academic review or probation, be suspended or be dismissed due to earning non-passing grades based solely on professionalism issues. In such instances, as with all academic matters, the student could make appeal to the Student Performance Committee for reinstatement. In the event that probation was triggered by similar circumstances, the student would be notified of the academic probation, with appropriate corrective action outlined.

Disciplinary Action

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

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

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

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

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

as an official instance of unprofessional conduct. If there is any repeat instance of unprofessional behavior (similar to or different from the initial instance), a formal hearing will be called. If there is any dispute about facts or if the student does not agree to waiver, a formal hearing will be called.

Disciplinary Procedures Relating to Academic Dishonesty and Other Professional Misconduct

Responsibility

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

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

Procedure for expressing one's concern is as follows:

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

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

Formal Hearing

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

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

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

Policy Regarding Illegal Activity and Use of Alcohol and Drugs

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

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

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

If instances that occurred prior to entering medical school appear on background reports at the time of entry into the clinical curriculum, that student may be required to meet with the Community Assistant Dean in his/her community and may be required to undergo a substance abuse evaluation or other relevant evaluation. Any student aware that he or she has such an instance in his/her background is strongly encouraged to voluntarily disclose this information to the Community Assistant Dean and/or the Associate Dean for Student Affairs.

If a periodic background check reveals instances of illegal activity and/or charges related to alcohol or drugs that have occurred since matriculation into medical school and have not previously been reported to the Associate Dean for Student Affairs, this failure to disclose will be considered a breach of professionalism and further action may be taken.

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

Violence and/or Destruction of Property Charges during Medical School (see Addendum F)

1. Clinical Students are required to report within the required time frame any violence or destruction of property charges to the Community Assistant Dean who will notify the Associate Dean for Student Affairs and other appropriate support personnel. The student will request a meeting with the Community Assistant Dean or his/her designee.
2. The Community Assistant Dean in consultation with the Senior Associate Dean for Academic Affairs will determine when the student may resume clinical responsibilities.
3. **Once any legal proceedings have been concluded**, the student will submit a letter to the Associate Dean for Student Affairs, the Community Assistant Dean and the Associate Dean for Academic Affairs outlining the chronology of events associated with the legal charge and the outcome of the legal proceedings including details of any court-ordered actions and concluding with *personal reflection* on the incident. This correspondence must include any copies of court-related documents.
4. The student will meet with the Senior Associate Dean for Academic Affairs who will determine any final action that is deemed appropriate and generate a summary report/statement and recommendations.
5. If the student has demonstrated other lapses in professional behavior, the situation will be managed as outlined in the Medical Student Rights and Responsibilities (MSRR), and a notation will be placed in the student file.
6. Failure of the student to adhere to this policy will be considered an egregious violation of professional behavior and treated by the College as such, with full implementation of procedures outlined in the Block Handbooks and the MSRR. Notation of this breach will be placed in the student file.

Alcohol or Drug Related Charges and Alcohol or Drug Use during the Clinical Curriculum (see Addendum G)

1. Students are required to report within the required time frame any alcohol or drug related charge to their Community Assistant Dean. **This report must occur prior to any subsequent patient contact.** The Community Assistant Dean will notify the Associate Dean for Student Affairs, and the Director of Counseling and Wellness and other appropriate support personnel. The student must request a meeting with the Community Assistant Dean or his/her designee.
2. **Any student in a clinical setting suspected of being under the influence of alcohol or other substances will be asked to leave the clinical setting immediately and report to the Community Assistant Dean.**
3. Any student charged with an alcohol or drug related offense and any student suspected of being under the influence of alcohol or other substances will be directed to undergo a substance abuse assessment. The summary and recommendations from that assessment are to be released to the Community Assistant Dean and the Associate Dean for Student Affairs. The student will be responsible for the cost of this assessment.
 - a. Should further alcohol or substance treatment be recommended, the student will be referred for appropriate treatment and monitoring.
 - i. A monitoring contract will be established that may include the following: unannounced drug screening, participation in ongoing individual and/or group substance and alcohol abuse treatment.
 - ii. The monitoring contract will remain in effective 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 and the Community Assistant Dean.
 - iii. At any time failure to comply in full with the monitoring contract will be considered an egregious violation of professional behavior and treated by the College as such, with full implementation of procedures outlined in the MSSR. Notation of this breach will be placed in the student file.
 - b. Should no alcohol or substance- related treatment have been recommended, the Community Assistant Dean in consultation with the Senior Associate Dean for Academic Affairs and the Associate Dean for Student Affairs and the Professional Advisory Board will have the discretion to require a follow up plan.
4. The Community Assistant Dean in consultation with the Senior Associate Dean for Academic Affairs will determine when the student will be permitted to resume clinical responsibilities.
5. **Once any legal proceedings have been concluded**, the student will submit a letter to the Community Assistant Dean outlining the chronology of events associated with the legal charge and the outcome of the legal proceedings including details of any court-ordered actions and concluding with *personal reflection* on the incident. This correspondence must include copies of court-related documents and the substance abuse assessment.
6. The student will forward a copy of this letter and any supporting documentation including the results of the alcohol and substance abuse assessment and any court related documents to the Associate Dean for Student Affairs and the Senior Associate Dean for Academic Affairs.

7. 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.
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.

Background Checks

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

If instances that occurred prior to entering medical school appear on background reports at the time of entry into the clinical curriculum, that student will be required to meet with the Community Assistant Dean in his/her community and may be required to undergo a substance abuse evaluation or other relevant evaluation. Any student aware that he or she has such an instance in his/her background is strongly encouraged to voluntarily disclose this information to the Community Assistant Dean and/or the Associate Dean for Student Affairs.

If a periodic background check reveals instances of illegal activity and/or charges related to alcohol or drugs that have occurred since matriculation into medical school and have not previously been reported to the Associate Dean for Student Affairs, this failure to disclose will be considered a breach of professionalism and further action may be taken.

E. BLOCK III STUDENT AFFAIRS

Student Health Insurance Coverage

The College of Human Medicine requires every medical student to have health insurance coverage that includes mental health. All students will be automatically enrolled in the MSU student health insurance program, with the cost divided in half and added to their fall and spring semester tuition bill. If a student has other health insurance coverage that meets the MSU requirements, a waiver form must be submitted and s/he will not be enrolled in the MSU student health insurance program. Information on the student insurance waiver requirements and process can be found

at: <http://www.hr.msu.edu/benefits/studenthealth/WaiverRequirements.htm>. Students may apply for a waiver under their StuInfo account at: <https://stuinfo.msu.edu>.

Immunization Tracking Procedures

Immunization, occupational exposure and health certification records are housed in the MSU University Physician's Office, 341 Olin Health Center, 517-353-9137, <http://uphys.msu.edu/>

Students will receive an immunization status summary report detailing immunizations received, as well as a letter from the University Physician's Office indicating whether the student has met Center for Disease

Control (CDC) guidelines and noting any exceptions to the guidelines. Community Assistant Dean's offices may request a copy of the student status summary report, to satisfy local hospital reporting requirements. In these cases, the student must sign a release form and give a copy of the summary report to the campus office. The Community Assistant Dean's Office does not have direct access to this report per HIPAA guidelines

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

If a student has a deficiency in the immunization requirements of the College or the clinical campus to which he or she is assigned, it is the student's responsibility to update his or her immunization status and fax corresponding documents to the University Physician's Office, Attn: Occupational Health Nurse at (517) 355-0332. The University Physician's office will then update the student's immunization records and send an updated immunization status summary report and letter to the student. Immunization reports are available to students via a secure website that requires the student to login using their MSU NetID and password at <http://hcpimmunize.msu.edu>.

If the student needs an additional or updated copy of their immunization status report for away electives, the student can go to <http://hcpimmunize.msu.edu> to access and print their immunization record.

Financial Aid

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

Sending Materials to the Office of Financial Aid

Materials should be addressed to the attention of Diane Batten, Judi Marks or Christy Cotton, and mailed to the Office of Financial Aid, Student Services, 556 E. Circle Dr, Room 252, East Lansing, MI 48824 or faxed to their attention at (517) 432-1155. Make sure to include your name and student PID on your documents. As mailed is opened in the general mailroom it is possible that materials can be distributed to the wrong individual; therefore, keep copies for your records.

Contacting Financial Aid

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

The email address for the medical advisors are listed below:

Diane Batten batten@msu.edu

Judi Marks marksjud@msu.edu

Christy Cotton cottonc4@msu.edu

Visiting Financial Aid

For in person questions and/or individualized financial counseling you can visit:

- 252 Student Services Building
- 380 Secchia Center
- Or the medical satellite office at C-18B East Fee Hall (open Mon & Thurs, noon to 4 PM)

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

Financial Aid Deadlines

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

Also, be sure to take action regarding your on-line billing statement each semester even if the amount due from the student is zero (students must confirm attendance for the semester) in order to hold your registration and avoid late charges.

MSU registration bill

You will receive your registration bill via email approximately 3-4 weeks before the beginning of the semester. Any financial aid that is “ready” when the bill is processed will appear on the bill either as actual aid or a temporary credit and reduce the amount you owe.

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

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

Refunds of excess financial aid

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

Students who enroll for four weeks only in any semester may encounter late disbursement of aid and/or other financial issues. You MUST discuss your semester enrollment plans with your community administrator to minimize financial implications.

Refund disbursement date

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

For example:

- **Refunds at the beginning of a semester**
If you have a class that begins on Jan 6 (estimated official start date for spring) or before, your refund will be disbursed on 12/27 and you can expect your refund via direct deposit or mail approximately 4-5 days later.
- **Refunds after the start of a semester**
If none of your classes for spring begin until Jan 30th, your refund will be disbursed on Jan 19th and you can expect your refund via direct deposit or mail approximately 7-10 days later since refunds are done on a weekly schedule as determined by Student Accounts.

Minimum enrollment level required for aid disbursement

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

Enrollment level required for in-school loan deferment status

Typically no payment is required on student loans until 6 months after a student ceases to be enrolled on at least a half-time (6 credits) basis. If a student is below half-time for more than 6 months they should

contact their loan servicer(s) to make arrangements for repayment or forbearance (temporary postponement of repayment).

Changes in enrollment

You may be billed for a portion or all of your financial aid if you drop credit hours or are not at the minimum credit level required for aid eligibility. If you will be attending as a part-time student or if you're considering dropping a class, it is important to discuss it with an OFA staff member first.

Adjustments to aid

If changes must be made to your financial aid package, it is sometimes necessary to bill you back for aid already disbursed. All financial aid and educational resources must fit within your budget. If we become aware of additional financial aid or other resources, this over award must be eliminated by reducing or cancelling other aid.

Cost of Attendance Increase for Away Electives/Designated Clinical Rotations

Medical students may request a cost of attendance increase for expenses related to departmental approved "away electives/designated clinical rotations" (see information at www.finaid.msu.edu/med/medbudinc.asp). Approved budget increases will typically be covered by federal Unsubsidized Stafford Loan eligibility and then a federal Graduate PLUS loan, which is dependent on creditworthiness.

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

Short Term Loans

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

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

Alpha Omega Alpha

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

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

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

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

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

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

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

F. BLOCK III STUDENT RECORDS

Access, Management, and Retention of Student Records

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

What Constitutes the Student's Academic Record?

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

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

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

The College of Human Medicine maintains multiple student files that contain information falling into categories above: the College (or Dean's) file, Community file, and Pre-matriculation Program files. These are all considered to be "official records, files, and data" and are subject to the University's guidelines on disclosure of confidential information. Confidentiality is maintained on all files. Access is granted to staff and administrators only on a **NEED TO KNOW** basis. Faculty members do not have

access to these files except in their roles on College committees such as the Student Performance Committee when selected information from the student file is reviewed.

Contents of MSU-CHM Student Files

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

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

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

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

+ “Informed Consent to Participate in Educational Research and Evaluation” forms are kept in the student’s Permanent College file. A student’s original selection with regard to participating in educational research and

evaluation remains in effect unless the student elects to submit a new form changing his or her selection. Students will be offered an annual opportunity to submit a new form changing their selection.

++ Letters of Recommendation written in support of a student's residency application shall be submitted to the student's assigned Community Assistant Dean's office. If the student has waived the right to see these letters (via waiver form), the letters will remain confidential, separate from the Block III Program file, and not available for student review.

Policies and Procedures for Access to Student Records

Access by Administrators and Staff

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

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

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

For all records: The Dean and Senior Associate Dean for Academic Affairs and their designees

For Block III records: Block III Community Administrators and their designees, Community Assistant Deans, Block III Director

For College files: College Records Officer and their designees

2. Staff who need access to student files, but who are not responsible for their maintenance such as Academic Support specialists or Student Affairs administrators, may remove files from their storage cabinets but must check out the file by inserting an "Out" card noting the date and their name.
3. Staff may not make copies of materials in student files for their own records.

Access by Students to Their Own Records

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

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

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

2. The right to request the amendment of the student's education records that the student believes are inaccurate or misleading.

Students may ask the College to amend a record that they believe is inaccurate or misleading. They should write the College official responsible for the record, clearly identify the part of the record they want changed, and specify why it is inaccurate or misleading.

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

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

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

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

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

The College may disclose education records in certain other circumstances:

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

4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the University to comply with the requirements of FERPA. The name and address of the

Office that administers FERPA is: Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue, SW., Washington, DC, 20202-4605.

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

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

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

Access by Others

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

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

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

College of Human Medicine

STUDENT REQUEST TO REVIEW ACADEMIC RECORDS

Date _____ Time _____

Student Name (please print) _____

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

Signature _____

For Office Use

Date of records review _____

Monitor _____

List any items copied for student

College of Human Medicine

RELEASE FOR RECORDS ACCESS FOR THIRD PARTIES

Student Name (please print) _____

PID _____ Date _____

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

Name of individual or agency

Street Address

City State Zip

Documents to be duplicated and released:

Signature _____

Signature of Witness _____

For Office use

Date of records duplication and mailing _____ Staff member _____

G. PLANNING FOR THE FOURTH YEAR

Fourth Year Clerkships and Electives

Required Fourth Year Clerkships

There are two required clerkships in the fourth year, Advanced Medicine and Senior Surgery, and both are four weeks in length. Each community has a clerkship director specifically assigned to this clerkship. Students must take Advanced Medicine in their assigned communities. Most students also take Senior Surgery in their assigned community, unless there is a specific clinical specialty that is not available in the student's home community. In that case, the Community Administrator in that student's home community will attempt to make arrangements for the student to rotate in a CHM community where that particular sub-specialty is offered.

As with the required third year clerkships, clinical performance during the advanced clerkships is evaluated via the standard CHM Clinical Performance Evaluation (see Addendum B). Passing criteria are the same as for third year clerkships. Both clerkships also require that students pass a Performance-based Assessment (PBA) in order to pass the clerkship. Students may earn an Honors designation in Senior Surgery. Requirements for the Honors designation are outlined in the clerkship manual. Honors in the fourth year clerkships do not count toward Alpha Omega Alpha nomination.

Elective Clerkship Requirements

In addition to the two required fourth year clerkships, students must take and pass a minimum of 6 four-week elective clerkships (24 weeks) in order to graduate. Students who completed one third year elective in conjunction with the four-week Psychiatry clerkship will need to complete only 5 electives in the fourth year.

A minimum of 4 of the 6 electives must involve at least 50% clinical work. Research and other approved non-clinical electives need not involve patient contact, but must be clinically relevant. Because of the additional elective requirements of their programs, Upper Peninsula campus students in the Rural Physician program are required to complete 5 elective clerkships and Flint campus students in the Leadership in Medicine for the Underserved program are required to complete 4 elective clerkships in addition to the two LMU electives. Electives taken as part of other certificate programs also count toward meeting graduation requirements.

Electives must be taken in continuous four-week blocks with the same preceptor, office or service. Except for the one third year elective available in conjunction with the four-week Psychiatry clerkship, electives may be taken only after the six basic clerkships have been completed. A request to change an elective clerkship once it has been scheduled must be submitted at least 60 days prior to the elective start date using the "Request to Change a Scheduled Clerkship" form which is available in your community assistant dean's office.

CHM policy allows a student to receive credit for up to two electives in the same subspecialty. The third year elective will not count toward this two elective maximum per subspecialty. Additional electives in the same subspecialty may generally be taken if time is available in the student's schedule, but will not count toward meeting graduation requirements. Additionally, if there is a more stringent department policy regarding subspecialty electives, the department policy takes precedence over the College policy for electives in that particular clinical discipline.

All fourth year electives may be taken anywhere within the CHM community campus system, space permitting. Students must take at least 2 electives within the CHM community campus system; the third year elective will count toward meeting this requirement.

In-system electives are taken at the student's home campus or one of the other MSU-CHM community campuses, and are arranged as follows:

- **On-campus electives** are those taken within the student's home CHM community campus. They are arranged through the student's community assistant dean's office.
- **Inter-campus electives** are those taken within the CHM community campus system and are arranged through the community assistant dean's office in the student's home campus. Students do not arrange these electives on their own.
- **Research electives** are four-week experiences involving at least 40 hours of work per week. A research elective application including the project proposal and the research mentor must be submitted at least 30 days prior to the experience for approval by the campus research director and the Community Assistant Dean. Instructions for applying for a research month and project are available at <https://research.chm.msu.edu/studentpage/stuelecform.php>. Research electives must be taken within the CHM community campus system in order to count as in-system electives. In rare cases and with compelling reason (such as the type of research not being available in system, or a pre-existing project requires the student's participation for completion), the community research director may approve a project as "in-system," even though the research takes place at another institution.

Off-campus electives are taken outside the MSU-CHM system. Off-campus electives must be arranged and approved at least 30 days in advance. Students will not be allowed to begin an off-campus elective that has not been approved by the appropriate MSU clinical department, and will not receive credit for electives that have not been approved prior to the beginning of the elective. Off-campus elective requests must be submitted to the community administrator and must include a description of the elective clerkship curriculum and a letter of acceptance from the host institution. The community administrator and department representatives who approve the request may ask for additional information about the clerkship. Elective information for other medical schools can usually be found on the school's website, and a listing of medical school contacts for electives can be found in VSAS and in the AAMC [Extramural Electives Compendium \(EEC\)](#)

The **Visiting Student Application Service (VSAS)** is an AAMC application designed to streamline the application process for senior electives at other U.S. LCME-accredited medical schools. VSAS requires students to submit just one application for all schools, effectively reducing paperwork, miscommunication, and time. VSAS also provides a centralized location for managing offers and tracking decisions. You will **only** use VSAS if you are applying for senior away electives at any of the currently participating host schools. If you are not applying to one of these host schools, please use the AAMC [Extramural Electives Compendium \(EEC\)](#) for visiting student application information. More information on VSAS can be found at www.aamc.org/vsas

For both inter-campus and off-campus electives, requests are coordinated through the student's community administrator. All required paperwork must be on file in advance of the clerkship.

International electives count as off-campus electives. However, if a student arranges an international elective that is coordinated and accompanied by a CHM faculty member, the student may seek approval through their CHM community administrator to have one such international elective count as an in-system elective. Please note that the maximum of one international elective counting toward meeting the in-system elective requirement is not negotiable.

Student-generated electives are those designed to meet specific educational needs of students for which clerkships do not currently exist (i.e. independent study, international electives). These electives may be taken within the College of Human Medicine community campus system or off-campus. A complete description of clerkship objectives, method of evaluation, and explanation of supervising individuals must be submitted for review. In addition, a letter from the host institution or applicable individual indicating student acceptance to the clerkship must be submitted. The community assistant dean or department representative who reviews the request may ask for additional information.

Off-campus and student-generated elective clerkships are subject to approval by the appropriate department representative, the community administrator, and the Block III Director. Approval for these electives may be withheld if any academic deficiency exists. Students who are on academic probation, have unremediated N grades, or who have had a CP or N grade due to unprofessional behavior may not take electives outside the CHM community campus system.

International Elective Clerkships

Students interested in taking clinical electives at international sites should discuss this with their community administrator as early as possible, as considerable arrangements must be made and appropriate paperwork must be provided to the MSU clinical department responsible for approving the international elective.

All international elective experiences must have the approval of the community campus and appropriate clinical department. Any student who engages in international experiences must be enrolled; otherwise these will be considered non-authorized experiences and the College will not be held responsible for any liability or other concerns that may arise. **Students will not receive credit for an international elective unless appropriate paperwork has been forwarded to the department and the elective has been approved in writing by the department.**

For more information about international electives, go to the College of Human Medicine International Health Opportunities for Medical Students website at <http://internationalhealth.msu.edu/>.

In addition to complying with the process for regular off-campus electives, students must also apply for international electives at least one month before departure through the MSU Office of Study Abroad (OSA). Students must provide a copy of the letter from MSU OSA approving the experience and verifying medical insurance to their community administrator. OSA will provide students with extra health and evacuation/repatriation insurance as required by CHM for students participating in Study Abroad programs. OSA monitors student locations 24/7. For detailed information, see the OSA web site at <http://studyabroad.msu.edu/medrotate.html>.

Elective Clinical Performance Evaluations

It is ultimately the student's responsibility to make certain that all Elective Clinical Performance Evaluations have been submitted and received by their Community Assistant Dean's office. The method of distribution and return varies from community to community, so make certain you know the guidelines for your own campus. A diploma will not be issued until all Elective Clinical Performance Evaluations are received and processed by the departments responsible for grading.

You may want to review your file periodically in the Community Assistant Dean's office to check for evaluations and on-line in STU-INFO for grade changes for both required and elective clerkships.

Elective Grading Criteria and Clinical Performance Evaluations

The grades of Pass (P) and No Pass (N) are available in elective clerkships. Grades are assigned based on the Elective Clinical Performance Evaluation (Elective CPE) and completion of all requirements of the

course, which may in some cases entail a paper, presentation or other assignment. Failure to meet attendance requirements or complete assignments may result in the N grade. The Elective CPE form may be found in an addendum in this handbook (see Addendum H). Grading criteria are as follows:

Pass: No more than three marks in the “Below Expectations” category and no “Below Expectations” marks in professionalism in any of the CPE forms completed for a given elective.

No Pass: More than three marks in the “Below Expectations” category OR one or more marks in “Below Expectations” for professionalism.

Elective CPE forms are sent to the preceptor(s) to whom the student is assigned. Students may also be asked to supply names of other individuals with whom they worked during an elective clerkship. A final grade will not be issued until the evaluation forms have been returned. A copy of each completed evaluation form is kept in the student file in the Community Assistant Dean’s office.

For electives taken outside the MSU-CHM system, it is ultimately the responsibility of the student to make certain that clerkship evaluation forms have been received by the Community Assistant Dean’s office.

Please note that some CHM electives (e.g., Research, Prosection Anatomy) have a specialized evaluation form and grading criteria. In addition, some institutions use their own clinical evaluation forms to evaluate all visiting students. In this case, in order to earn a Passing grade, the student must earn an overall pass rating on the institution’s evaluation form.

Fourth Year Required and Elective Clerkship Enrollment, Attendance and Orientation Policies

Clerkship enrollment, attendance and orientation policies and procedures are the same for fourth year required and elective clerkships as for third year clerkships.

Fourth Year 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.

CHM and other Health Professions 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 clinical 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.

Information from the Student Immunization Record Form will be entered into a secure web based record: <https://ntweb11.ais.msu.edu/hcpstuimm/AppLogin.Asp> You will have access to this web site and be able to print out your information. Please go to <http://uphys.msu.edu/forms/StudentImmuneForm2012CCC.pdf> for the complete list of all immunization requirements.

Prior to the beginning of the fourth year, you must update some of requirements in order to maintain compliance.

- 1) Yearly TB test required: At the end of your 3rd year you will need to have a PPD (TB test) done. Once this had been read, you will receive a verification form and this form must be faxed to Paula Guss in the University Physician's Office at (517) 355-0332 or mailed to:

HCP Student Immunizations
Office of the University Physician
Olin Health Center
463 East Circle Drive, Room 346
East Lansing, MI 48824
Fax: (517) 355-0332.

- 2) Flu/influenza vaccine verification must be faxed to Paula Guss in the University Physician's Office at (517) 355-0332 or mailed to the address above.
- 3) Bloodborne Pathogen Training: Students must update their certification on a yearly basis. The refresher course is offered as an on line training module at MSU. You will find it at: <http://www.oeos.msu.edu/TRAIN/BPA/> The log-in is your regular MSU e-mail address and password.

Once you have completed the training, you will be asked what medical school that you want the certification sent to and you should indicate the College of Human Medicine. Once CHM receives the refresher certification, then they will contact the University Physician's Office to update your immunization records.

These updates must be completed prior to the beginning of 4th year, as this information will be required on your elective applications. Other institutions may have additional requirements, so students will want to check institutional immunization requirements when applying for away electives.

The Residency Selection Process

Much of your effort during the latter months of your third year and the first several months of the fourth year is geared toward the career and residency selection process. Your Community Assistant Dean and Community Administrator are valuable resources in helping you navigate this entire process. You should schedule a meeting with one or both of those individuals whenever you feel that you need guidance. These individuals are readily available to answer questions and review your application materials.

Electronic Residency Application Service (ERAS)

The Electronic Residency Application Service (ERAS) is the medical student application to residency programs that is transmitted via the web (<http://www.aamc.org/students/eras/start.htm>). You can access ERAS from any computer with an Internet connection and a current version of a web browser. You will complete your residency application, select programs where you wish to apply, and create and assign supporting documents using this secure site.

Once you have completed your residency application, you will submit your file to ERAS for processing. The staff in your community assistant dean's office, using the Dean's Workstation, will be responsible for scanning and storing your MSU academic transcript, Medical Student Performance Evaluation (MSPE), Letters of Recommendation (LOR), and your photograph. All of these materials will be transmitted to the ERAS post office once they have been scanned and assigned. The Dean's

Workstation enables staff members to tell when your application has been completed and sent. The Applicant Document Tracking System (ADTS) feature of ERAS can tell you which residency programs have downloaded your information.

National Residency Matching Program (NRMP)

In order to submit a Rank Order List to participate in the 2015 National Resident Match Program (NRMP), **a student must be on schedule for the 2015 spring semester MSU graduation. For 2015, the final date for spring semester course completion is May 17, 2015.**

In addition, all students must have posted a passing score for both of the USMLE Step 2 examinations—Clinical Skills and Clinical Knowledge—no later than February 1, 2015, in order to be verified to participate in the NRMP.

Only students who are on schedule for a 2015 spring semester graduation and who have passed both of the USMLE Step 2 exams by February 1, 2015 will be **verified** by the Associate Dean for Student Affairs and be allowed to submit a rank order list to the NRMP.

The NRMP utilizes the Rank Order List Input and Confirmation (ROLIC) System, which enables students to enter Rank Order Lists directly into a web-based system and receive on-screen and printed confirmation of program rankings. Typically, rank order entry begins in mid-January, final list certification must be completed in mid-February, and Match week occurs in mid-March. The final NRMP schedule for 2015 will not be released until at least April 2014. Your Community Administrator will inform students of the official dates when available.

Specialty Matches

There are also a few “Specialty Matches” which are independent from the NRMP. For the specialty of Ophthalmology and some Plastic Surgery programs you will use the San Francisco Match Program (<https://www.sfmatch.org/>). Applications for ophthalmology are processed directly through the San Francisco Match. For the specialty of Urology, you will use the American Urological Association Program <http://www.auanet.org/education/urology-and-specialty-matches.cfm>. You will apply to Urology programs through ERAS, but the matching process is through the AUA program. Please note that the results of the specialty matches are available before the NRMP Rank Order Lists are sent. Please check the web sites for these matching programs to verify due dates and match dates.

Since many of these specialties require a first year residency position before entering that specific residency, you may still be going through the NRMP for that first year position.

The San Francisco Matching Program requires all applicants to send a hard copy application to them. They will distribute it to the appropriate residency programs. The date for submission of all information is earlier than ERAS; for the 2013-2014 academic year, this is during the first two weeks of September. The Medical Student Performance Evaluations for students participating in the San Francisco Match will be sent by the College on October 1, the same date that these documents are made available to programs in the NRMP.

Military matches are earlier than the NRMP match. The deadline and processes for these individual matches are determined by the branch of the military in which the student serves.

Letters of Recommendation

Letters of Recommendation written in support of a student’s residency application shall be submitted to the appropriate Community Assistant Dean’s office. Students should give all letter writers an ERAS cover sheet that should be returned with the letter of recommendation. Cover sheets are available in the Community Assistant Dean’s offices. Although there is an LOR portal on the ERAS web site, we

strongly recommend that students have letters sent to the Community Assistant Dean's office so that staff can proofread and track receipt of the letters. If the student **has waived** his or her right to see their letters (via cover sheet), the letters will remain confidential and separate from the community file, and they will **never** be available for student review. If the student **has not waived** his or her right to see these letters, the community can forward copies to the student for future reference and use. CHM recommends that students waive their right to see their letters.

Medical Student Performance Evaluation (MSPE)

Medical Student Performance Evaluations are written in late summer or early fall in the student's fourth year. Medical Student Performance Evaluations will be forwarded to residency programs no earlier than October 1. Please notify your Community Assistant Dean or Community Administrator if you are pressured to submit your Medical Student Performance Evaluation (MSPE) before October 1.

The Preclinical portion of the MSPE is prepared by the Office of Preclinical Curriculum using standardized language based on student performance during Blocks I and II. Refer to the Preclinical Student Handbook for details on preparation of the Preclinical portion of your MSPE. The remainder of the MSPE is prepared by your Community Assistant Dean and Community Administrator.

The clerkship summary section of the MSPE includes the Clerkship Director's summary comments from the Final Clerkship Evaluation for required clerkships, and preceptor comments from elective clerkship CPEs for electives taken prior to the fall semester of the fourth year (end of August). For students who were suspended and required to go before the Student Performance Committee, this will be noted chronologically in the clerkship summary section.

An addendum to the MSPE will be written for any CHM student or graduate who re-enters the Match for any reason. The addendum will include results from all required and elective clerkships taken since the original MSPE was prepared, as well as a summary statement by the Community Assistant Dean. The addendum will become part of the student or graduate's permanent record and will be sent with the original MSPE when future requests for the MSPE are received.

Medical Student Performance Evaluation (MSPE) Rating Criteria

The Community Assistant Deans are asked to summarize each student's overall performance and assign a rating based on standard criteria. These criteria are summarized below. Only grades from third-year required clerkships will be considered in determining the student's Medical Student Performance Evaluation rating.

Outstanding: Given to outstanding students who have distinguished themselves both academically and professionally. Received Honors in a minimum of four or more of our required clerkships, with no CP or N grades.

Excellent: Given to highly competitive students generally in the upper third of their class who have consistently excelled academically and professionally. Received Honors in two or more of our required clerkships, with no CP or N grades.

Very Good: Given to students who have consistently performed competently and professionally. Passed all required clerkships, with no more than one CP grade and no N grades.

Good: Given to students who have had academic or non-academic difficulty but have successfully remediated. We anticipate that students in this category will perform well in postgraduate education. Passed all required clerkships, with no more than two CP grades or one N grade.

Satisfactory: Given to students who have had academic or non-academic difficulty but have successfully remediated. Passed all required clerkships, with no more than three CP grades, or one CP and one N grade.

Marginal: Given to students who have had significant academic or non-academic difficulties and who may continue to have similar problems in postgraduate training. Expected to fulfill all graduation requirements.

MSPE Rating Criteria for Students with Professional Behavior Sanctions

Students who have been suspended for breaches of professional behavior will receive no higher than a **Satisfactory** rating on the MSPE, and students who have been sanctioned but not suspended for breaches of professional behavior will receive no higher than a **Good** rating on the MSPE. The final MSPE rating for students who have been sanctioned or suspended for unprofessional behavior may end up being lower than Good or Satisfactory, respectively, depending on the student's academic performance.

Transcripts

Although the Honors designation awarded in required clerkships is not an official MSU grade, beginning with clerkships taken in 2011-12, the University Registrar's office has agreed to list courses in which a student has earned the Honors designation on the MSU transcript. The official grade earned in each course will appear next to the course number. Below the official grades, the MSU registrar will list the courses in which the student earned Honors. This list is updated periodically during the academic year. Students may verify when grades have been entered by going to Stu Info. Please note that Stu Info records the official grade, but not the Honors designation.

To order a transcript online, go to: <http://www.reg.msu.edu/Transcripts/Transcript.asp>. Transcripts are free of charge. Transcript requests submitted by 1 pm EST are processed the same business day.

Delivery Options:

- **Electronic (PDF):** Intended recipients will receive an email with a secure access code and a link to a secure website where the Official Transcripts will be presented via PDF. In addition to the email address, you will need to provide the name and address of the recipient. It is your responsibility to notify the recipient that you requested electronic delivery and he/she should expect an email from rotran@msu.edu. If you place your order online, you will receive an email when the transcript notice has been sent to the recipient and when the transcript has been viewed. [More information on electronic transcripts.](#)
- **Paper:** The traditional delivery method of paper sent via US Mail.

If you are unable to use the MSU web-based system for requesting a transcript, follow the instructions on the Transcript Request Mail-in Form. If you have forgotten your PID number, contact the CHM Records Officer at (517) 353-7140. Transcripts will not be released if you have any holds placed on your account. For general inquiries, please contact the MSU Registrar's Office at (517) 355-3300.

USMLE Step 2 Requirements

In addition to successfully completing all clerkship and other academic requirements of the Block III clinical education program, **the College of Human Medicine requires passing both the USMLE Step 2 Clinical Knowledge and Clinical Skills examinations for graduation.**

Students planning to graduate in spring semester 2015 and begin residency in July 2015 must meet the following requirements:

1. Students must successfully complete all Block III coursework and post a passing score on both the Step 2 Clinical Knowledge (CK) and Step 2 Clinical Skills (CS) examinations by May 17, 2015, the deadline for completing graduation requirements for spring semester.
2. Students planning to begin residency in July 2015 must graduate spring semester 2015 or before.
3. **Students must post a passing score on the Step 2 Clinical Skills by Feb. 1, 2015**, in order to be verified by the College for participation in the National Residency Matching Program (NRMP) in March 2015. Students who have not posted a passing score by Feb. 1, 2015, will not be eligible to participate in the Match.
4. **Students must post a passing score on the Step 2 Clinical Knowledge by Feb. 1, 2015**, in order to be verified by the College for participation in the National Residency Matching Program (NRMP) in March 2015. Students who have not posted a passing score by Feb. 1, 2015, will not be eligible to participate in the Match.

Additional Considerations for Scheduling USMLE Step 2 Examinations

1. Step 2 Clinical Knowledge exam scores are typically reported in 4 to 5 weeks. The Step 2 Clinical Skills exam has reporting periods which correspond to specific exam dates, and **it can take as much as 12-16 weeks for Step 2 CS scores to be reported.** Please refer to the USMLE Step 2 Clinical Skills Schedule for Reporting at <http://www.usmle.org/step-2-cs/#reporting> for specific information on reporting timeframes.
2. Third year students are encouraged to register, obtain scheduling permits and schedule Step 2 CK and Step 2 CS exam dates with the NBME as soon as the fourth year schedule is developed. Details are available in the licensing exams section of the NBME web site at www.nbme.org. Students can register for the two parts of the Step 2 exam together or separately. As soon as a student registers, the school will verify their status and the student will receive their scheduling permit.
3. The fee for USMLE Step 2 Clinical Knowledge exam is approximately \$560. For the current fee schedule see <http://www.nbme.org/students/examfees.html>. Once a student has obtained a scheduling permit for the Step 2 CK exam, he or she may contact Prometric, Inc., to schedule an exam date as early as six months before the start date of the scheduled eligibility period.
4. The fee for USMLE Step 2 Clinical Skills exam is approximately \$1,200, not including travel or lodging costs. For the current fee schedule see <http://www.nbme.org/students/examfees.html>. Once a student has obtained a scheduling permit for the Step 2 CS exam, he or she may schedule an exam date via the NBME Interactive Website for Applicants and Examinees. The Step 2 Clinical Skills exam is offered at five sites: Chicago, Philadelphia, Atlanta, Los Angeles, and Houston. The

sooner a student registers and obtains a scheduling permit, the more choices the student will have regarding scheduling dates and sites.

5. Exam fees and travel and lodging costs can be included in the student's Financial Aid budget. Students requiring financial assistance for Step 2 exams should contact the MSU Office of Financial Aid.
6. **We strongly encourage students to schedule both parts of the USMLE Step 2 exam during break periods or vacation months.** Students may wish to schedule a month off to sit for both parts of the Step 2 exam and work on preparing their ERAS application for residency. If necessary, students may request (by completing the CHM Excused Absence Form) one day during elective clerkships to sit for the Step 2 Clinical Knowledge exam and one day to sit for the Step 2 Clinical Skills exam.

Students will not be excused from required third and fourth year clerkships to take either of the Step 2 exams. Any student who takes time off during a required clerkship to sit for either part of the Step 2 exam will receive an N grade and need to repeat the clerkship.

7. In the event that a student has not met the USMLE Step 2 Clinical Knowledge or Clinical Skills exam requirement or any other requirement for a spring semester graduation, the College will notify the residency director that the student has not met all graduation requirements. In this event the student must also notify the residency director and the licensure body that he or she will be unable to meet graduation requirements prior to the start of the residency program. Failure to notify the residency director and licensure body is fraudulent.

Important Considerations in Planning Retakes of Step 2 Exams

Clinical Knowledge and Clinical Skills exam applications can be taken no more than three times within a 12-month period. The fourth and subsequent attempts must be at least 12 months after the first attempt at the exam and at least six months after the most recent attempt at that exam. When applying, the exam eligibility period will be adjusted, if necessary, to comply with these rules.

Graduation and Commencement

Commencement Participation

In order to graduate and receive the M.D. degree from the College of Human Medicine, students must successfully complete all graduation requirements set forth at matriculation as approved by the College Curriculum Committee.

Any student who has not completed graduation requirements by the end of spring semester but anticipates completing requirements by the end of the subsequent fall semester may be granted permission to participate in the commencement ceremony. A request from the student's Community Administrator to the Block III Director indicating the student's projected schedule for completing graduation requirements will be required before permission to participate in commencement is granted.

If in the judgment of the Associate Dean it appears unlikely that the student will be able to complete graduation requirements by the end of the following fall semester, the student will be ineligible to participate in the commencement ceremony.

Students who receive special permission to participate in the commencement ceremony will sign a statement acknowledging that participation in the ceremony does not reflect graduation from the College of Human Medicine or the waiving of any graduation requirements.

AAMC Questionnaire

The Association of American Medical Colleges Questionnaire asks for feedback regarding your medical education experience. The information from individual questionnaires is compiled, without names, and is provided to CHM **after** graduation. In addition to being helpful programmatically, a 100% response from CHM is also important with regard to funding. The Office of Student Affairs and Services requires that graduates complete the Graduation Questionnaire by no later than the 2014 Graduates Retreat Day. Completion of this questionnaire is a condition for participation in the CHM commencement ceremony. The questionnaire is web based survey that is conducted by the AAMC. Your response will be strictly confidential.

CHM Alumni Residency Placement Databank

The College has established a CHM Alumni Residency Placement Databank that is used by current medical students to connect with graduates. You will be sent a Student Permission Form after the Match and before graduation, requesting your contact information to add to this database. On the form you will be asked to provide your specialty/subspecialty information, residency placement, email, phone number and/or cell number. You can omit any information you do not wish to have listed in the CHM Alumni Residency Placement Databank. The completion and return of your form allows CHM students the opportunity to contact recent graduates about such things as specialty choice, residency application, interviewing experiences, and life as a resident. This information is treated as **confidential** and will **only** be used for the purpose of connecting current CHM students with our graduates.

Students wishing to connect with CHM alumni regarding residency placement should contact Deana Wilbanks, Coordinator of Career Counseling & Development, Michigan State University College of Human Medicine, Office of Student Affairs & Services, A-234 Life Sciences Bldg., 1355 Bogue Street, East Lansing, MI 48824, deana.wilbanks@hc.msu.edu, 517-353-7140.

Diplomas

Graduating students are responsible for completing an on-line “Application for Graduation” form by the Friday of the first week of your final semester (<https://www.reg.msu.edu/StuForms/GradApp/GradApp.asp>). The form must be submitted no later than the end of the first week of the semester in which you plan to graduate. The address to which your diploma is to be mailed should be indicated on this form. To be safe, use your parents’ address or another permanent address.

The date of graduation stated on your diploma will be the University’s established graduation date for spring, summer or fall semester, and will depend upon the date when your last graduation requirement is completed. Michigan State University will not grant the Doctor of Medicine (M.D.) degree or issue a diploma until all required courses have been completed, all components of the USMLE Step 2 exams have been passed, all Gateway exams successfully completed, and until all Extended (ET), No Grade Reported (NGR) and Conditional Pass (CP) grades have been cleared. Since there may be a one- to six-week delay in receiving evaluations and processing grade changes, receipt of your diploma may be greatly delayed. **If you have unpaid accounts with the University, your diploma will not be sent until they have been cleared.** Students are reminded to make copies of their diplomas prior to laminating and/or framing, since they may need certified copies from time to time during their career.

If following graduation you receive a letter from the Office of the Registrar indicating that your graduation has been denied due to course deficiencies, do not panic! This often occurs because of the time lag in receiving evaluations and grade changes. To be safe, however, notify your Community Administrator.

Licensure

Certifications

Certifications for licensure should be sent to the College Records Officer, Michigan State University College of Human Medicine, Office of Student Affairs and Services, Life Sciences Building, 1355 Bogue Street, Room A234, East Lansing, MI 48824, (517) 353-7140. Prior to graduation, these can be sent via your Community Administrator.

If your residency program and/or licensing agency requests verification that you have met all degree requirements in lieu of the receipt of your diploma, the College Records Officer can provide you with a letter verifying your graduation. As soon as it becomes clear that a student will not be able to meet all the graduation requirements, prior to July 1 or commencement of residency training, the Block III office will be notified and a letter will be sent to the residency program director.

USMLE Step 3

To be eligible for the United States Medical Licensing Examination Step 3, a physician must: (a) have obtained the M.D. degree (or its equivalent) or the D.O. degree; (b) have successfully completed both Step 1 and 2 of the USMLE; (c) if a graduate of a foreign medical school, be certified by the ECFMG or have successfully completed a “Fifth Pathway” program; and (d) meet the requirements for taking Step 3 imposed by licensing authority administering the examination. Eligibility requirements for taking Step 3, application deadlines, fees, test center locations and other information should be sought from the individual licensing authorities that administer the examination.

Limited License Applications

An application for an educational limited license for post-graduate training will be sent to you by your residency program. Part of the application requires certification of your medical school training; this is completed by the College Records Officer. You can bring this application to your Community Administrator to send or you can forward it directly to the College Records Officer, Michigan State University College of Human Medicine, Office of Student Affairs and Services, Life Sciences Building, 1355 Bogue Street, Room A234, East Lansing, MI 48824. Once it has been submitted, you should follow-up with the CHM Records Officer to verify that it has been sent. Failure to get this licensure application completed and returned in a timely manner may delay your ability to start your residency on July 1.

The State of Michigan requires two years of graduate medical education training before a resident may apply for a permanent license.

Financial Planning and Debt Management

Medical Student Financial Planning and Debt Management

The MSU Office of Financial Aid (OFA) has included loan repayment information on the medical student web site (www.finaid.msu.edu/med/medrepay.asp) to help students learn about loan repayment and debt management. By reading the Education Debt Manager you will learn strategies to manage your educational debt and your repayment options after you graduate. Students are also encouraged to enlist the help of their loan servicer when they have questions or need assistance regarding loan repayment.

Cost of Attendance Increase for Away Electives/Designated Clinical Rotations

Medical students may request a cost of attendance increase for expenses related to Departmental approved “away electives/designated clinical rotations” (see information at www.finaid.msu.edu/med/medbudinc.asp). Approved budget increases will typically be covered by Federal Unsubsidized Stafford Loan eligibility and then Graduate PLUS, which is dependent on creditworthiness.

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

Additional questions should be directed to Diane Batten, Judi Marks, or Christy Cotton at 517-353-5940.

Residency Interviewing Expenses

A standard \$1000 allowance is included in the fourth year budget. If your residency interviewing expenses for travel and accommodations exceed this allowance, you can request a one-time budget increase to cover actual expenses. The increase can now be covered by federal student loans per clarification of cost of attendance by the Department of Education.

To request an increase to be covered by federal loans, you must provide:

- Documentation of costs by providing receipts for transportation and accommodations
- Verification of scheduled interview(s) from the Residency Program

Private Residency/Relocation Loans

Several private lenders provide loans for fourth year medical students for residency interview and relocation expenses. The process for these loans is separate from other financial aid. Loan amounts range from \$1000 to \$18,000 depending on the lender. Repayment begins three to four years after graduation and can be paid over a maximum of 20 years. Both interest and principal payments may be deferred until repayment begins. These loans are not processed through the Office of Financial Aid; students can do a Google search to located lenders currently processing loans for this type of expense. If you are approved for a loan the lender will disburse the funds directly to the student.

Debt Management Seminar and Loan Exit Interview

Prior to graduation, a staff member in OFA will visit each community to provide CHM YR4 students with useful information on borrower rights and responsibilities, determining your loan servicer(s) and contact information, as well as, loan postponement and repayment options. Specific information regarding the date (in March each year) and location in your community will be announced by your Community Administrator. Plan to attend!

A staff member in OFA will conduct loan exit interviews (see Debt Management Seminar above.) The exit interview will provide an opportunity for you to review and sign a "truth in lending" statement for each of your loan(s) (i.e., Perkins, LDS, PCL, and Robert Young loans). Information will also be available regarding total loan amounts due, interest rate and repayment schedules. Students should contact the Federal Loan Office, Room 140 Administration Building, 517-355-5140 (or toll free 888-913-3949), after graduation, for continuing service of your loans.

Debt Management Resources from the AAMC

The Association of American Medical Colleges (AAMC) is a trusted resource when it comes to issues regarding management of educational debt. They have launched FIRST for Medical Education www.aamc.org/services/first/. A significant focus of this program is to provide students and residents with information and tools to help them effectively manage their educational debt. We believe that you will find information at their website helpful.

National Health Service Corps Public Health Service Loan Repayment Plan

The National Health Service Corps offers a loan repayment program in exchange for service. A minimum two-year commitment is necessary in an approved NHSC loan repayment site. NHSC will pay up to \$30,000 per year in years one and two directly toward the outstanding balance of your loans. The loan

repayment feature is not tied to salary, and salary can be negotiated separately directly with the NHSC site. For further information, contact the NHSC Loan Repayment Program at 1-800-221-9393 or visit their web site <http://nhsc.hrsa.gov>.

Out-of-State Tuition Break for Students Entering a Residency in Michigan

Michigan State University extends a tuition break for out-of-state College of Human Medicine students accepting a residency in the State of Michigan. Students are expected to apply for the tuition break directly to the MSU Assistant Registrar, (150 Administration Building, Registrar's Office, Michigan State University, East Lansing, MI 48824). The student will be expected to submit a copy of their signed internship or residency contract at the time of application for the tuition break. Note: any reimbursement of tuition is first applied to outstanding educational loan indebtedness prior to a student refund.

After Graduation

Curriculum Evaluation Follow-up Survey

As part of the ongoing evaluation of the College's curriculum, the Office of Medical Education Research and Development (OMERAD) will be asking for your consent to contact your residency director during the first year of your residency program. Your residency director will be asked to complete a brief rating form assessing your performance in the first residency year. Many schools are making requests for data of this type in part because the accrediting body for medical schools, the Liaison Committee for Medical Education (LCME), requires that such data be collected. The response from your residency director, combined with those from the residency directors of your classmates, will indicate the strengths and weaknesses of our program from one important perspective. OMERAD will hold these responses in confidence and will report the responses only in an aggregate form that preserves anonymity. The College will not disclose this information to anyone in any form that would permit personal identification of the data.

This will be the first part of a continuing follow-up of our graduates. OMERAD will also contact you in your second post-graduate year to ask you to report on your activities at that time, and to reflect on your experience at the College of Human Medicine (CHM). Similar contacts will be made after your sixth and tenth year of graduation. Your responses will help us to learn how effectively a CHM education contributes to successful establishment of a medical career and the extent to which CHM is meeting its educational mission. You can refuse to participate in any or all parts of the follow-up, with the assurance that this will not affect your treatment by CHM in any way.

However, it is hoped that you will recognize how important this is to the College and will consider participating in this important part of our on-going evaluation of our educational program. Community Administrators will distribute the curriculum evaluation consent form. A sample copy of the rating form that will be sent to your residency director next year will be available for your review in your Assistant Dean's Office.

CHM Advancement Office

The CHM Advancement Office raises funds to support the programs, activities and initiatives of the College. A primary goal of CHM's advancement function is to generate support for medical education. Currently, there are several initiatives that are focused on student support.

An area of great need within the College is private support for student scholarships. Scholarships help the College to recruit and retain students who best fit the mission of the College. More importantly, they help to ease the tremendous financial burden placed on students as they pursue their medical education. Currently, CHM has more than 50 scholarships available. (Please note that the scholarship program is administrated by the CHM Office of Student Affairs and Services and, in a few cases, the

Office of Admissions.) The ultimate goal is to generate enough scholarship support so that every CHM student may one day benefit.

Another area of charitable focus is student facilities. In fact, the Secchia Center in Grand Rapids, as well as the MSU Learning and Assessment Center, the Student Academic Center and Student Computing & Learning Resource Facility were made possible, in part, through the generosity of donors. Under the leadership of Dean Rappley, the CHM Advancement Office is committed to securing dollars that will enhance the academic environment for all students who matriculate at CHM.

CHM Office of Alumni Relations

CHM values the contributions of each of its alumni, which now numbers over 4,000 as a group. The CHM Alumni Association is led by Marci Muller, Assistant Director of Alumni Relations and the CHM Alumni Executive Board comprised of 15 elected alumni and three (3) student representatives. The Board is charged with working to identify, evaluate and recommend initiatives that will serve to instill pride and support for the College. This includes, but is not limited to, developing networking/mentorship opportunities between students/alumni and alumni/alumni. The Board also provides leadership in the organization of College Alumni Reunions. In addition, it encourages submission of nominations to the Michigan State University Alumni Association for the Distinguished Alumni Award.

Your ideas and input are important to the Alumni Relations Office and the Alumni Board, especially as they relate to the development of initiatives and activities in which students and alumni participate.

For further information regarding giving opportunities, scholarship needs, alumni relations please contact: Susan Lane, Senior Director for Advancement, (616) 234-2614 or susan.lane@hc.msu.edu
Judith Minton, Associate Director for Development, (517) 432-4613 or Judith.minton@hc.msu.edu
Kate Frillmann, Associate Director for Development, (616) 234-2715 or kate.frillmann@hc.msu.edu
Marci Muller, Assistant Director of Alumni Relations, (616) 234-2611 or marci.muller@hc.msu.edu

Name and Address Changes

Be sure to keep your CHM Community Administrator informed of any changes in your name or address. After graduation, it is particularly important that you also inform the CHM Office of Alumni Relations, 15 Michigan Street NE, Grand Rapids, MI 49503, 616-234-2611, Fax: 616-234-2625, e-mail: marci.muller@hc.msu.edu, about any changes in your home or business address, phone number or e-mail address. Students should contact the Federal Loan Office, Room 140 Administration Building, 517-355-5140 (or toll free 888-913-3949), after graduation, for continuing service of your loans.

Disability Insurance

Students have the option of purchasing disability insurance beyond medical school. Information will be provided in the spring at the Graduates Retreat.

MSU Health Insurance Coverage Following Graduation

If you have your health insurance coverage through the Chickering/Aetna Michigan State University student plan, please note that your coverage is good through August 2014. Since your health insurance as a resident will not begin until July 2014, having the coverage through August will cover you from graduation through the start of residency.

Student Oath

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

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

I recognize that the study of medicine is a lifelong responsibility; I pledge to educate myself throughout my career and to constantly engage in a critical re-examination of myself as a rational, emotional and spiritual human being.

MSU COLLEGE OF HUMAN MEDICINE
CLINICAL PERFORMANCE EVALUATION (CPE)

ADDENDUM B

Subject:
Evaluator:
Site:
Period:
Dates of Activity:
Activity: Flint - CPE & Preceptor Evaluations (MED 608)
Evaluation Type: Clinical Performance Evaluation (CPE)

Dear Clinical Educator: This is an evaluation of the student's clinical knowledge, skills and professionalism. You are strongly encouraged to provide comments on aspects of the student's clinical performance that you observed. The student will receive a copy of this evaluation, including your name as the evaluator. Your evaluation and comments are important and will contribute to the student's final clerkship evaluation.

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

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

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

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

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

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

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

Selection	Option
	<10 Hours
	11-20 Hours
	21-40 Hours
	>40 Hours

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

Students must be able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.

NOT APPLICABLE	BELOW EXPECTATIONS 1.Incomplete histories 2.Incomplete physical examinations 3.Lacks proficiency in procedures	MET EXPECTATIONS 1. Pertinent histories 2.Usually complete physical examinations 3.Proficient in most procedures	EXCEEDED EXPECTATIONS 1. Thorough and logical histories 2.Thorough and accurate physical examinations 3.Proficient at procedures while minimizing patient discomfort
0	1	2	3

CARE OF PATIENTS COMMENTS (Question 3 of 16)

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

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

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

NOT APPLICABLE	BELOW EXPECTATIONS 1.Does not establish effective relationships 2. Demonstrates inadequate listening, written, verbal or nonverbal communication skills 3. Delivers inadequate patient presentations 4.Writes inadequate notes	MET EXPECTATIONS 1.Establishes effective relationships 2.Demonstrates adequate listening, written, verbal or nonverbal communication skills 3.Delivers adequate patient presentations, 4.Writes adequate notes	EXCEEDED EXPECTATIONS 1.Establishes highly effective relationships 2.Demonstrates excellent listening, written, verbal or nonverbal communication skills 3.Delivers outstanding patient presentations 4.Writes exceptional notes
0	1	2	3

INTERPERSONAL AND COMMUNICATION SKILLS COMMENTS (Question 5 of 16)

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

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

Students must be able to rationally consider medical issues and bring the cumulative evidence of many scientific and cognitive disciplines to bear on the issues and concerns of patients. At a fundamental level, rationality is about thinking critically, making use of the scientific method and understanding and using evidence in a thoughtful manner that reflects the needs and values of patients.

	BELOW EXPECTATIONS	MET EXPECTATIONS	EXCEEDED EXPECTATIONS
	1. Fails to use scientific evidence to support decision making 2. Lacks insight 3. Lacks initiative 4. Unable to use diagnostic/therapeutic modalities in a cost-effective manner	1. Uses scientific evidence in decision making 2. Demonstrates adequate insight 3. Demonstrates adequate initiative 4. Recognizes the importance of using diagnostic/therapeutic modalities in a cost-effective manner	1. Proficient in integrating scientific evidence in decision making 2. Consistently insightful and reflective 3. Self-motivated learner 4. Applies general cost principles in the use of diagnostic/therapeutic modalities
NOT APPLICABLE			
0	1	2	3

RATIONALITY COMMENTS (ACGME PRACTICE-BASED LEARNING & IMPROVEMENT) (Question 7 of 16)

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

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

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

	BELOW EXPECTATIONS	MET EXPECTATIONS	EXCEEDED EXPECTATIONS
	1. Inadequate fund of knowledge of basic and clinical sciences 2. Inadequate understanding of basic clinical situations and mechanism of disease 3. Reports data but inadequate interpretation/application of information	1. Adequate fund of knowledge of basic and clinical sciences 2. Adequate understanding of basic clinical situations and mechanisms of disease 3. Reports data and adequately interprets/applies information	1. Exceptional fund of knowledge of basic and clinical sciences 2. Comprehensive understanding of complex clinical situations and mechanisms of disease 3. Interprets and applies information for effective patient management
NOT APPLICABLE			
0	1	2	3

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

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

INTEGRATION (ACGME SYSTEMS-BASED PRACTICE) (Question 10 of 16 - Mandatory)

Students must demonstrate an awareness of and responsiveness to the larger context and system of healthcare and the ability to effectively call on system resources to provide care that is of optimal value (effectively and efficiently integrate available resources into the care of their patients).

	BELOW EXPECTATIONS	MET EXPECTATIONS	EXCEEDED EXPECTATIONS
	1. Fails to use resources for effective patient care	1. Uses appropriate resources for effective patient care	1. Skillfully uses resources for effective patient care
	2. Lacks awareness of approaches to patient safety	2. Understands approaches to patient safety	2. Uses approaches to improve patient safety
	3. Fails to recognize barriers to care	3. Recognizes barriers to care	3. Addresses barriers to care
	4. Fails to appropriately use consultants	4. Identifies appropriate use of consultants	4. Effectively uses consultants
	5. Fails to work effectively as a team member	5. Works effectively as a team member	5. Able to lead the health care team
NOT APPLICABLE			
0	1	2	3

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

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

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

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

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

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

	Any behavior that compromises the safety or endangers the welfare of a patient
	Any threat of harm to patients, patients' families, students, faculty or staff
	Other (please specify in Professionalism Comments below)

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

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

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

NOT APPLICABLE	BELOW EXPECTATIONS	MET EXPECTATIONS	EXCEEDED EXPECTATIONS
0	1	2	3

PROFESSIONALISM COMMENTS (Question 14 of 16)

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

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

CPE SUMMARY COMMENTS (Question 15 of 16 - Mandatory)

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

DISCUSSION WITH STUDENT (Question 16 of 16 - Mandatory)

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

Selection	Option
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

CHM End-of-Clerkship Evaluation

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

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

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

Not Applicable	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
0	1	2	3	4	5

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

Evaluation criteria were made clear

Not Applicable	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
0	1	2	3	4	5

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

I dealt with an adequate number and variety of patients

Not Applicable	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
0	1	2	3	4	5

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

I dealt with an adequate number and variety of clinical problems

Not Applicable	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
0	1	2	3	4	5

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

I developed my clinical problem solving skills

Not Applicable	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
0	1	2	3	4	5

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

I developed my patient management skills

Not Applicable	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
0	1	2	3	4	5

Communication *(Question 7 of 28 - Mandatory)*

I developed my communication skills

Not Applicable	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
0	1	2	3	4	5

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

I expanded my medical knowledge

Not Applicable	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
0	1	2	3	4	5

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

I learned appropriate professional behavior

Not Applicable	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
0	1	2	3	4	5

Teaching and Supervision

Faculty *(Question 10 of 28 - Mandatory)*

Teaching faculty took the time to teach me

Not Applicable	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
0	1	2	3	4	5

Residents (Question 11 of 28 - Mandatory)

Residents provided useful instruction

Not Applicable	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
0	1	2	3	4	5

Community Clerkship Director (Question 12 of 28 - Mandatory)

The community clerkship director was accessible

Not Applicable	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
0	1	2	3	4	5

Feedback - Written (Question 13 of 28 - Mandatory)

I received constructive feedback on written work

Not Applicable	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
0	1	2	3	4	5

Feedback - Clinical (Question 14 of 28 - Mandatory)

I received constructive feedback on clinical performance

Not Applicable	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
0	1	2	3	4	5

Feedback - Timely (Question 15 of 28 - Mandatory)

I received constructive feedback in a timely manner

Not Applicable	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
0	1	2	3	4	5

Professional Behavior - Faculty (Question 16 of 28 - Mandatory)

Faculty modeled desirable professional behavior

Not Applicable	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
0	1	2	3	4	5

Respect for Patients (Question 17 of 28 - Mandatory)

Faculty demonstrated respect for patients

Not Applicable	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
0	1	2	3	4	5

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

Medical Student Lectures/Seminars (Question 18 of 28 - Mandatory)

Not Applicable	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
0	1	2	3	4	5

Conferences/Seminars (Question 19 of 28 - Mandatory)

Other community sponsored conferences/seminars

Not Applicable	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
0	1	2	3	4	5

Readings (Question 20 of 28 - Mandatory)

Required text/readings

Not Applicable	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
0	1	2	3	4	5

In-Patient (Question 21 of 28 - Mandatory)

In-Patient experiences					
Not Applicable	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
0	1	2	3	4	5

In-Patient - Rounding (Question 22 of 28 - Mandatory)					
Not Applicable	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
0	1	2	3	4	5

In-Patient - Night Call (Question 23 of 28 - Mandatory)					
Not Applicable	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
0	1	2	3	4	5

In-Patient - Patient Care (Question 24 of 28 - Mandatory)					
Not Applicable	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
0	1	2	3	4	5

Ambulatory/outpatient (Question 25 of 28 - Mandatory)					
Ambulatory/outpatient experiences					
Not Applicable	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
0	1	2	3	4	5

General Comments:
Please specify in detail.

Most helpful (Question 26 of 28 - Mandatory)

Identify the three most helpful aspects of this entire clerkship.

Least helpful (Question 27 of 28 - Mandatory)

Identify the three least helpful aspects of this entire clerkship.

Influenced residency (Question 28 of 28 - Mandatory)

How has this clerkship influenced, in any way, your residency choice?

MICHIGAN STATE UNIVERSITY **HEALTH PROFESSIONS STUDENTS EXPOSURE REPORT**
for Tuberculosis, Blood Borne Pathogens and Zoonotic Disease

NAME		<input type="checkbox"/> MALE	PID _____
		<input type="checkbox"/> FEMALE	-or- ZPED _____
ADDRESS		DOB MONTH DAY YEAR	
PHONE w: () h: ()	EMAIL	COLLEGE/DEPARTMENT/PROGRAM CLINICAL ROTATION SITE	

EXPOSURE DATE month day year	EXPOSURE TIME _____ A.M. or P.M.	FACILITY & CITY OF EXPOSURE _____ CLINICAL CONTACT/ SITE SUPERVISOR _____ PHONE _____
---------------------------------	-------------------------------------	---

TYPE OF EXPOSURE

MUCOUS MEMBRANE ____ Eye ____ Mouth ____ Nose	PERCUTANEOUS ____ Blood Draw / Type of Needle _____ ____ IV Start / Type of Needle _____ ____ During Surgery / Type of Needle, Instrument _____ ____ IV Piggyback – Visible Blood in Tubing _____ ____ Other Needle Stick / Type of Needle _____ ____ Other (laceration, abrasion, etc.) _____	RESPIRATORY ____ Resp	SKIN ____ Open Sore, Wound, Scratch, Lesions ____ Hangnail ____ Eczema
--	--	--------------------------	---

DURATION OF EXPOSURE _____ Seconds / Minutes / Hours EXTENT / DEPTH OF EXPOSURE _____

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

(GO TO PAGE 2 TO COMPLETE FORM)

SOURCE PATIENT RISK ASSESSMENT

SOURCE PATIENT KNOWN POSITIVE:

YES NO UNKNOWN

If yes, please specify:

HIV Viral Load If known _____

OTHER KNOWN RISK FACTORS FROM SOURCE

_____ Blood Transfusions (prior to 1992)
_____ History of High Risk Sexual Behavior
_____ Previous or Current Injectable Drug Use
_____ Other (SPECIFY)

ACTIONS TAKEN AS A RESULT OF EXPOSURE

GUIDELINES REVIEWED YES NO

SITE OF INITIAL ASSESSMENT AND CARE NONE

SELF CARE ADMINISTERED (SPECIFY) NONE

POST-EXPOSURE TREATMENT

NO TREATMENT RECOMMENDED

TREATMENT RECOMMENDED (SPECIFY)

TREATMENT RECEIVED (SPECIFY) DATE TREATMENT INITIATED _____

FOLLOW UP NEEDED?

NO

YES (SPECIFY)

FOLLOW UP DATE _____ FOLLOW UP LOCATION _____

BY SIGNING BELOW, I INDICATE THAT I UNDERSTAND THIS FORM WILL BE KEPT CONFIDENTIAL. I ALSO UNDERSTAND THAT ADMINISTRATORS (OR THEIR DESIGNEES) FROM MY COLLEGE/DEPARTMENT OR PROGRAM, THE OFFICE OF THE UNIVERSITY PHYSICIAN, AND THE OCCUPATIONAL HEALTH SERVICE WILL ALSO REVIEW THIS FORM.

STUDENT SIGNATURE _____ | _____ DATE: _____
(print) (signature)

PREPARER'S SIGNATURE _____ | _____ DATE: _____
(print) (signature)

COLLEGE / DEPT / PROGRAM ADMINISTRATOR: _____ | _____ DATE: _____
(print) (signature)

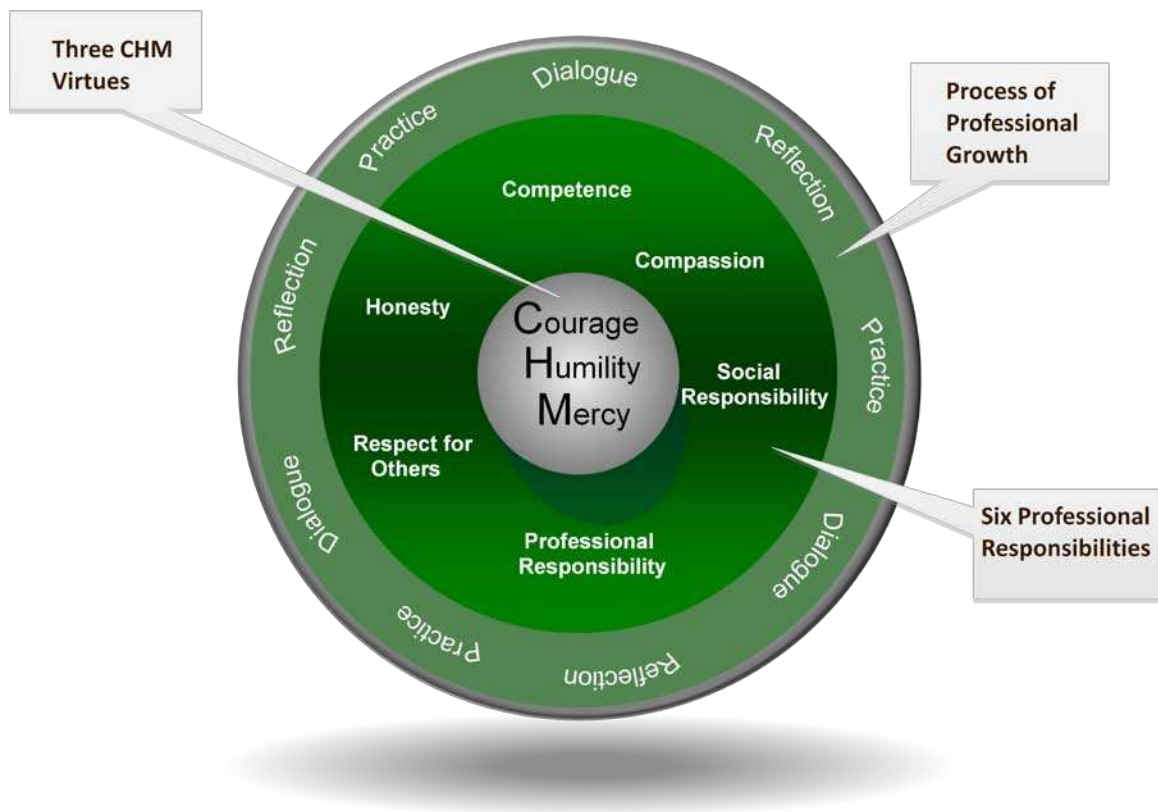
RETURN COMPLETED FORM TO THE ADDRESS OR FAX NUMBER BELOW

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

DO NOT COPY THIS FORM

The Virtuous Professional

A System of Professional Development for Students, Residents and Faculty



A System of Professional Development for Students, Residents and Faculty

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OVERVIEW

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

Three Virtues

1. Courage
2. Humility
3. Mercy

Six Professional Responsibilities

Six Professional Responsibilities

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

Process of Professional Growth

Process of Professional Growth

1. Dialogue
2. Reflection
3. Practice

THREE CHM VIRTUES	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	Pursuit of virtues and ideals is often necessary for really living up to our responsibilities.
Courage	The virtuous professional may need to have <i>courage to be honest</i> . 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.
Humility	The virtuous professional may also need the <i>humility</i> 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. 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.
Mercy	The virtuous professional also needs the virtue of <i>mercy</i> . 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.

PROCESS OF PROFESSIONAL GROWTH

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.

1. Dialogue

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.

2. Reflection

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.

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.

3. Practice

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.

**Process of
Professional Growth
(Continued)**

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.

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

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.

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.

Goals

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.

Indicators

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 <i>honest</i> . 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	<p>Virtuous professional <u>students</u> striving for honesty will:</p> <ul style="list-style-type: none"> • 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 <p>Virtuous professional <u>residents</u> striving for honesty will pursue for all of the above and:</p> <ul style="list-style-type: none"> • respond to patient and student questions with accuracy and openness • report dishonest behavior of colleagues using appropriate lines of communication <p>Virtuous professional <u>faculty</u> striving for honesty will pursue all of the above and:</p> <ul style="list-style-type: none"> • 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	There is a responsibility to be <i>compassionate</i> . 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.
Goals	Virtuous professionals (whether <u>students</u> , <u>residents</u> , or <u>faculty</u>) 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: <ul style="list-style-type: none">• 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

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.

Goals

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

5. Professional Responsibility

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.

Goals

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.

Indicators

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

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**

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.

Goals

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

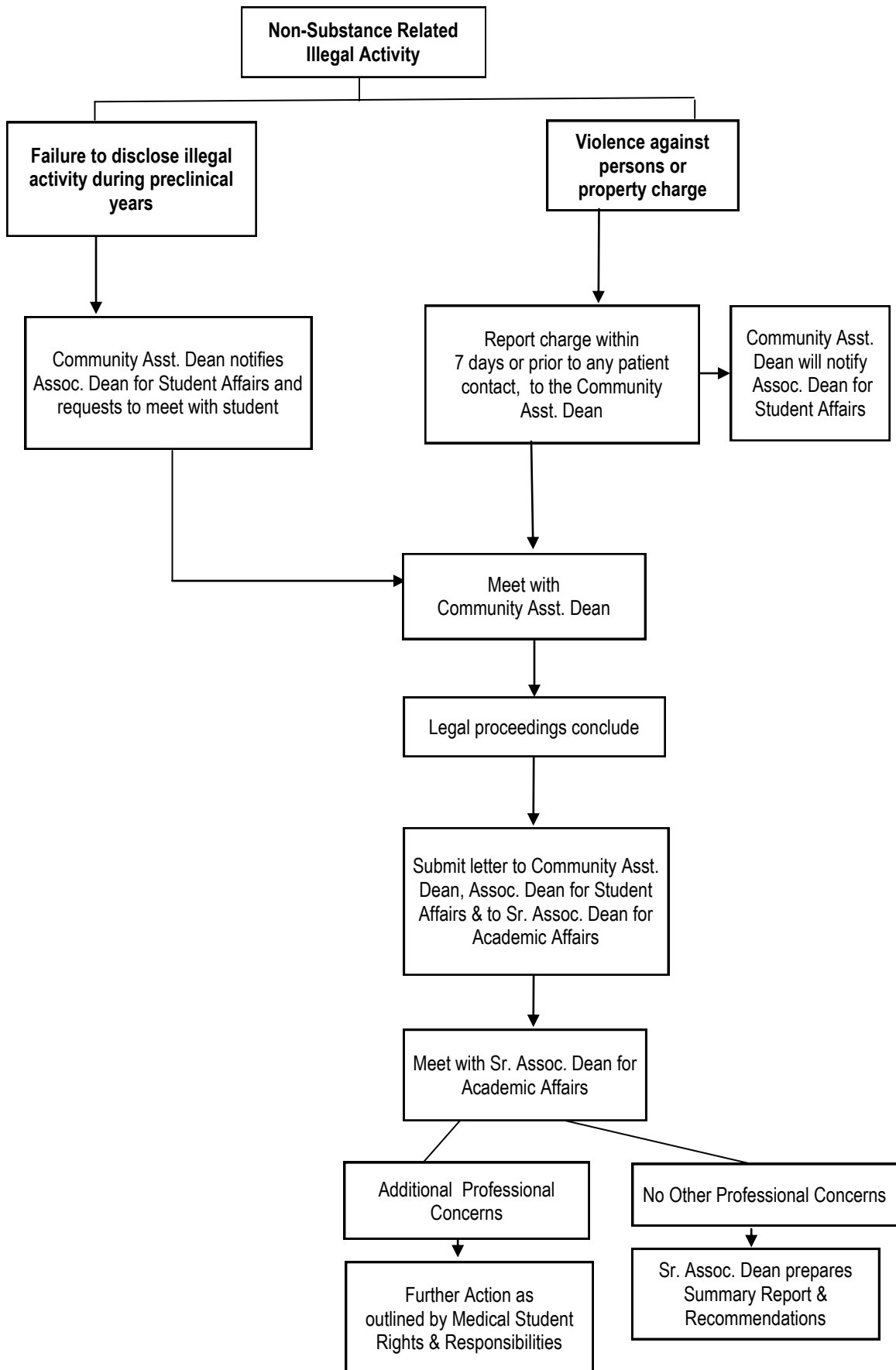
Authorship: The original “Virtuous Student Physician” document and its logo were produced by Ruth Hoppe, but it represents a synthesis of inputs from several CHM faculty. Terry Stein chaired the College of Human Medicine Task Force on Medical Student Professional Behaviors. Its members included: Robert 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).

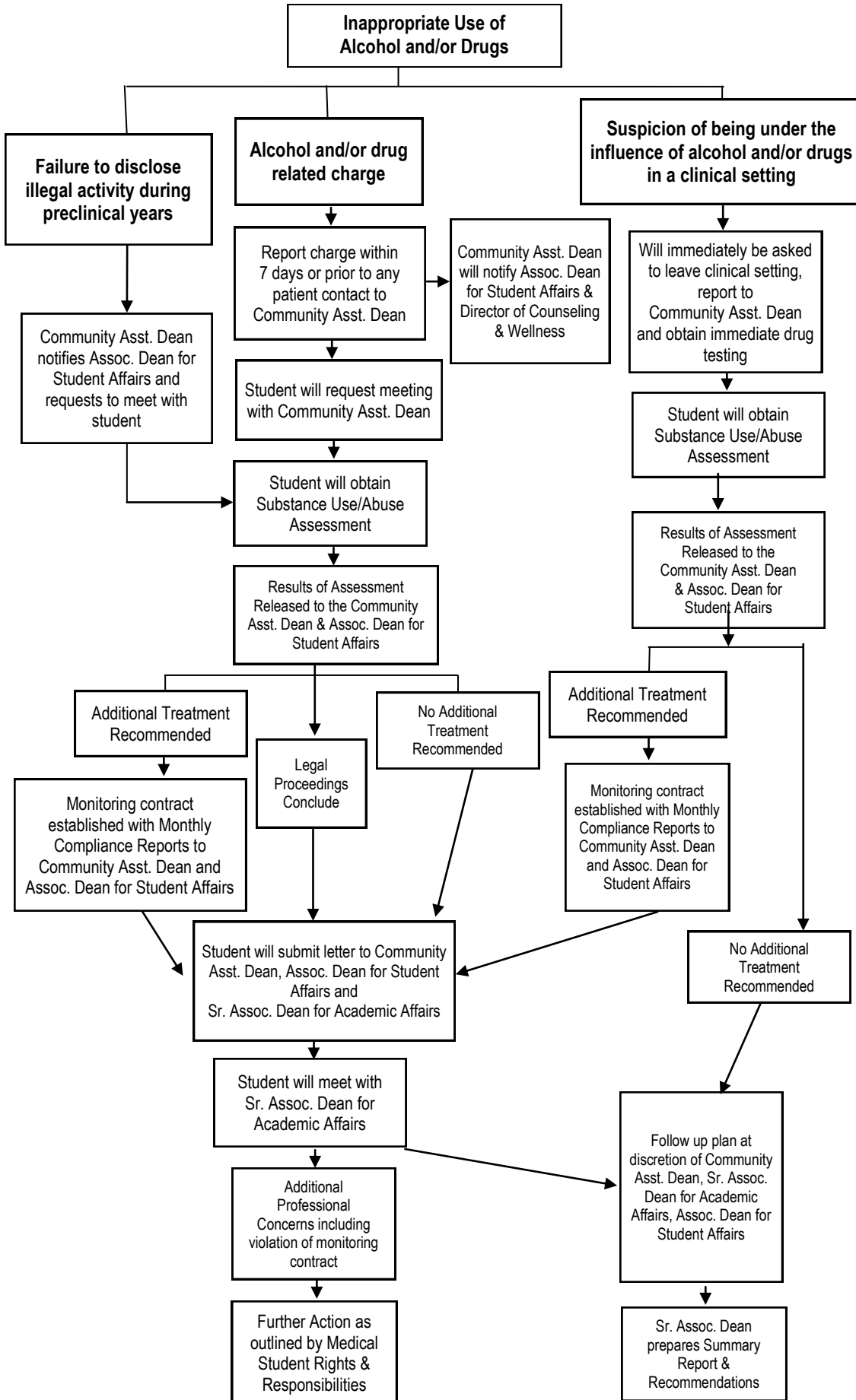
Since its authorship, a variety of curricular and extra-curricular activities have been developed aimed at engaging students and faculty in an ongoing process of dialogue and reflection. Individuals key to these planning efforts have included Jake Foglio, Clayton Thomason, Christine Shafer, Dianne Singleton, 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 Carravallah, 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.
4. Brainard AH and Brislen HC. Learning Professionalism: A View from the Trenches, *Acad Med* 07;82:1010-1014
5. Osuch, JR. Legacy of Abuse in a Sacred Profession: Another Call for Change, *Virtual Mentor American Medical Association Journal of Ethics*, 2009;11(2):99-195.
6. College of Human Medicine SCRIPT Competencies- Service, Care of Patients, Rationality, Integration, Professionalism, Transformation







(Insert Student's Photo Here)

ELECTIVE CLINICAL PERFORMANCE EVALUATION

To the Instructor: Please evaluate the performance of the student by indicating your ratings for each competency and providing comments, basing the evaluation on your own interactions and observations. If a competency is not relevant to your contact with the student, please mark "N/A".

Grading Criteria: In order to pass the elective, students must receive a "Met Expectations" or "Exceeded Expectations" rating in the *Professional and Personal Attributes* competency and must receive no more than three "Below Expectations" ratings overall. Please include comments for any "Below Expectations" ratings.

Student Name _____ Department _____ Course Name _____
 Community _____ Semester _____ Course No. _____ Section # _____
 Instructor _____ Clerkship Dates: _____ to _____

COMPETENCIES	Below Expectations	Met Expectations	Exceeded Expectations	N/A or Not Observed	Comments
DATA COLLECTION AND INTERVIEWING • Elicits complete, reliable and clinically relevant history • Explores psychosocial problems and implications of patient's illness • Demonstrates use of appropriate interviewing techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WRITTEN RECORD • Uses Problem Oriented Medical Record (POMR) format • Entries in patient record are complete, accurate, legible and in prescribed form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PHYSICAL EXAMINATION • Performs accurate and careful examination • Able to focus exam based on patient's physical symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PROCEDURAL SKILLS • Demonstrates ability to perform appropriate procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FUND OF MEDICAL KNOWLEDGE • Adequate fund of basic and clinical knowledge • Demonstrates use of epidemiologic knowledge • Demonstrates use of prognostic information • Demonstrates knowledge about alternative services and their costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CLINICAL PROBLEM SOLVING • Orders appropriate tests and interprets results accurately • Synthesizes all available data to arrive at reasonable diagnosis • Demonstrates use of references and reading in explaining basis for decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

COMPETENCIES	Below Expectations	Met Expectations	Exceeded Expectations	N/A or Not Observed	Comments
INTERPERSONAL RELATIONS WITH PATIENTS AND FAMILIES <ul style="list-style-type: none"> Establishes trust and rapport Speaks clearly with patient-appropriate vocabulary Appropriately keeps patient and family informed and involved in patient's care 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
INTERPERSONAL RELATIONS WITH HEALTH PROFESSIONALS <ul style="list-style-type: none"> Cooperates and works effectively with others Listens to advice and criticism from peers, hospital staff and preceptors Appropriately incorporates advice and criticism 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
STUDENT AS LEARNER <ul style="list-style-type: none"> Asks appropriate questions Aware of own limitations Seeks assistance when appropriate Takes initiative in own learning Willing to admit errors and learn from others 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PROFESSIONAL AND PERSONAL ATTRIBUTES <ul style="list-style-type: none"> Engenders confidence in abilities Adheres to ethical behavior Takes active interest in the solution of patient problems Is punctual, available and reliable Has appropriate professional appearance 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

INSTRUCTOR'S SUMMARY ASSESSMENT OF THE STUDENT'S PERFORMANCE:

PLEASE PROVIDE FORMATIVE FEEDBACK ON THE STUDENT'S PERFORMANCE (will NOT appear in student's MSPE):

Office Use Only	
Date Received:	_____
By:	_____
Date Sent:	_____
___ CHM Registrar	
Home Community:	
___ Flint	
___ Grand Rapids	
___ Kalamazoo	
___ Lansing	
___ Midland	
___ Traverse City	
___ Upper Peninsula	
Department:	
___ EM	___ OGR
___ FMP	___ PHD
___ HM	___ PSC
___ MED	___ RAD
___ NOP	___ SUR

Recommended elective grade: PASS NO PASS*

*PLEASE NOTE: In order to pass the elective, students must receive a "Met Expectations" or "Exceeded Expectations" rating in the *Professional and Personal Attributes* competency and must receive no more than three "Below Expectations" ratings overall.

Number of hours spent with student: _____ Instructor's Signature: _____ Date _____

Please return completed evaluation to: