



Carver College of Medicine  
Doctor of Medicine Program  
Student Handbook

(revised 10/04/2024)

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  - Hawkeye Meal Share: <https://dos.uiowa.edu/assistance/meal-share/>
  - Student Life Emergency Fund: <https://dos.uiowa.edu/assistance/student-support-initiatives/>
  - Food Pantry: <https://imu.uiowa.edu/imu-services/food-pantry-iowa>
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# I. Learning Objectives & Technical Standards for the Doctor of Medicine Program

## Introduction

The following document outlines the learning objectives for the Roy J and Lucille A. Carver College of Medicine (CCOM), doctor of medicine program that were approved by the Medical Education Council in February 2016, and modified in November 2018, and February 2023. This information is also [available on the CCOM website](#).

The overall organization of the collegiate objectives follows the schema of the six ACGME competencies. Generally, each of the collegiate objectives are organized to align with the spiral nature of the New Horizons curriculum. The spiral nature of the curriculum intentionally places learning activities that revisit and build on previous experiences while preparing students for subsequent learning. Major educational strands exist throughout the curriculum and serve to provide the experiences that promote the skills, attitudes, and knowledge necessary for the medical degree. The educational strands include:

- Mechanisms of Health and Disease (MOHD)
- Clinical and Professional Skills (CAPS)
- Medicine and Society (MAS)

## Interpersonal and Communication Skills

Develop **Interpersonal and Communication Skills (ICS)** that result in effective information exchange and collaboration with patients, their families, and other health care professionals.

- **ICS01** Present information and ideas in an organized and clear manner to educate or inform others.
- **ICS02** Engage in effective oral communication with the patient, their caregivers, and the healthcare team.
- **ICS03** Demonstrate effective written communication with the healthcare team.
- **ICS04** Counsel and educate a patient effectively.

## Medical Knowledge

Integrate **Medical Knowledge (MK)** to address the mechanisms of health and disease. This involves a solid foundation in the established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences that impact patient care.

- **MK01** Demonstrate knowledge of the healthy human body, explaining structure and function from conception to death through understanding of the mechanisms of health and disease.
- **MK02** Demonstrate knowledge of how alterations of normal structure and function cause diseases and abnormal conditions of the body and correlate this knowledge with clinical, laboratory, radiologic and epidemiologic data.
- **MK03** Demonstrate the ability to integrate foundational and clinical sciences to diagnose and treat common diseases and disorders and to help individuals to prevent disease.

### **Practice-Based Learning and Improvement**

Develop skills for **Practice Based Learning and Improvement (PBL)**. These skills are necessary to investigate and evaluate the delivery of patient care; appraise and assimilate scientific evidence; and implement continuous improvements for patient care. Collectively this goal reflects routine self-evaluation and life-long learning.

- **PBL01** Demonstrate self-directed learning skills including the ability to identify knowledge and performance gaps; generate appropriate questions; use effective strategies to obtain answers to those questions; assess the validity, completeness and relevance of the information; and apply the acquired knowledge to address gaps.
- **PBL02** Demonstrate a systematic, integrated and effective evidence-based approach to problem solving in the diagnosis and management of diseases and disorders.

### **Patient Care**

Deliver **Patient Care (PC)** that is patient-centered, compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

- **PC01** Integrate knowledge of mechanisms of health and disease, and the concerns, needs and expectations of a patient in order to take an appropriate history and perform a physical examination.
- **PC02** Integrate foundational sciences with clinical information from relevant sources (e.g., PE, test results, lab results, imaging) to develop an assessment and differential diagnosis.
- **PC03** Develop appropriate and comprehensive patient care plans to promote health, prevent illness and/or injury, and manage disease.

### **Professionalism**

Develop **Professionalism (PR)** as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

- **PR01** Routinely demonstrates respect, empathy and compassion towards peers, teachers, staff, patients, families, healthcare team members and others, regardless of differences in beliefs, lifestyles, and cultural heritage.
- **PR02** Demonstrate understanding of the ethical and legal principles operating in the healthcare environment and the medical profession and adhere to these principles.

- **PR03** Accept personal responsibility for meeting the expectations of their role as appropriate to their stage of training.

## **Systems Based Practice**

Develop a **System Based Practice (SBP)** approach to patient care as manifested by actions that demonstrate an awareness of, and responsiveness to, the larger context of health care. This includes developing skills to effectively call on system resources to provide optimal health.

- **SBP01** Understand factors that affect access to and delivery of healthcare and the patient-doctor relationship including cultural, environmental, socioeconomic, policies, financing and healthcare systems.
- **SBP02** Explain the role of all members of the healthcare team and collaborate with them to provide the highest quality of care.

## **Technical Standards**

The Admissions Committee for the University of Iowa Roy J. and Lucille A. Carver College of Medicine admits students who have a genuine interest in the study and practice of medicine; show a desire and commitment to serve the public in matters of health; and who have the intellectual and conceptual skills to manage the changing scientific and technological information required by a competent physician.

Applicants for admissions to the Carver College of Medicine and continuing students must possess the capability to complete the entire medical curriculum (basic and clinical sciences, as well as professional skills) and achieve the degree. To develop the knowledge and skills for functioning in a broad variety of clinical situations and to render a wide spectrum of patient care, candidates for the M.D. degree must have abilities and skills in the following five [Technical Standards](#) categories: Observation; Communication; Motor Skills, Intellectual, Conceptual, Integrative and Quantitative Abilities; and Behavioral and Social Attributes.

On occasion, reasonable accommodations may be required by otherwise-qualified individual candidates to meet the Technical Standards. Request for University of Iowa-provided accommodations will be granted if the requests are reasonable, do not cause a fundamental alteration of the medical education program, do not cause an undue hardship on the Carver College of Medicine or the University of Iowa, are consistent with the standards of the medical profession, and are recommended by the Disability Accommodations Committee.

### **Review and Approval of Technical Standards:**

The Technical Standards are reviewed annually for recommended updates and revisions by stakeholders including:

- The Director of the Admissions Office and the Chair of the Admissions Committee
- The Strand Directors of the medical education program curriculum
- The Disability Accommodations Committee

The Technical Standards and recommended changes are presented to the Medical Education Council for final review and approval before the end of February of each year. The Admissions Committee

website and material are updated to reflect the reviewed and/or revised Technical Standards by the end of March in preparation for the upcoming medical school application cycle.

### **Applicant and Student Notification of Technical Standards**

The Technical Standards are listed on the Carver College of Medicine Website and are available for prospective applicants to review.

Medical school applicants receive a link to the Technical Standard as part of their secondary application and are required to verify that they have read and understand the standards. Applicants who do not believe they meet the Technical Standards without accommodations are directed to contact the director of the admissions office who can then direct them to the disability specialist in order to determine whether reasonable accommodations can address this concern.

When an applicant receives notification of admission, a link to the Technical Standards is included in the notification letter and checklist. Applicants are informed that their acceptance of the admission offer implies agreement that they meet the Technical Standards.

When an applicant commits to attend, typically in late April, they are required to confirm that they meet the Technical Standards, and an attestation is collected. The Technical Standards are reviewed again during orientation.

Annually, all enrolled students receive a notification of the Technical Standards from the registrar office and are asked again to attest that they can still meet them.

During the course of medical school, if a student is concerned they are unable to meet the Technical Standards, the student may meet with the college disability specialist and ultimately the Disability Accommodations Committee will determine whether reasonable accommodations can be offered to address this concern.

## **II. Evaluations, Grades, and Promotions**

### **II-1. Assessment, Advancement, and Graduation**

#### **Internal Evaluations**

Evaluation of student progress in courses and clinical clerkships is based on a combination of written examinations, competency assessments, and direct observations by instructors that are intended to provide summative evaluation of a student's fund of knowledge, participation and professional comportment. Which assessments are utilized, their frequency and the relative weight attached to each component are features established by each course and clerkship director and approved by the Medical Education Council. These standards are presented to students during orientation at the beginning of each course and clerkship and are available in the course/clerkship syllabi and online course management system.

Scholastic performance in most courses and clerkships is recorded as follows: Honors ("H"); Near Honors ("H-"); Pass ("P"); and Fail ("F"). Performance on some courses and clerkships is recorded as Pass ("P") or Fail ("F"). A grade of "Incomplete" (I) will be recorded when the

student has not completed some component of the course and the reason for non-completion is acceptable to the course/clerkship director (e.g., absence from a class or examination due to illness or a serious personal emergency). The course/clerkship director will determine the plan, including a schedule, for the student to complete their work. Routinely, the maximum time allowed for finishing the “Incomplete” is to the end of the following semester as failure to finish the required work by this time will result in the “Incomplete” (I) becoming a failing grade (F) on the transcript. A grade of Incomplete should not be used as a temporary “placeholder” grade when the student’s performance in the course has been unsatisfactory. Final grades will be available within 4 weeks after the conclusion of a course or clerkship.

General guidelines provided to the course/clerkship directors and faculty suggests that the percentage of students achieving Honors or Near Honors as a final grade be limited to approximately 40% with approximately 15-20% receiving Honors.

Promotion from one grading period to the next is contingent upon the satisfactory completion of courses and clerkships in each preceding grading period. During the first three semesters of medical school, the curriculum is designed so that each successive semester builds upon the last. Students are expected to demonstrate readiness for the following semester by passing all courses in the previous semester. If a student receives an “Incomplete” or failing grade in one or more courses, the matter goes before the Promotions Committee for review and recommendation. The Promotions Committee will make a recommendation to the Executive Dean based on a review of information on each individual case and student interview. Part of that recommendation will include whether or not, and how, the student may continue on to the next semester. It is the general expectation that all students must complete the first three semesters of the curriculum within five semesters and, except for students enrolled in combined degree programs, the entire curriculum within six years.

Professionalism performance is tracked parallel to course and clerkship grading, utilizing a specific standardized rubric. Behavioral expectations are shared with students through course/clerkship orientation and syllabi and during the Transitions to Clerkships course. Students are assigned “Meets Expectations”, “Needs Improvement” (NI), or “Fail”. All “Needs Improvement” incidents are shared with the registrar and OSAC deans and students receive feedback from their course/clerkship director or an OSAC dean. Students with more than one “Needs Improvement” on one course/clerkship or across different courses/clerkships will be evaluated by the Promotions Committee. A student with one or more “Needs Improvement” is no longer eligible for Honors on that clerkship. A student with no “Needs Improvement” or 1 “Needs Improvement” is eligible for Near Honors on that clerkship. A student with more than one “Needs Improvement” is not eligible for Near Honors on that clerkship.

Students are not permitted to proceed to the Core Clinical Year without satisfactorily completing all pre-clinical courses. Students are not permitted to progress into the Advanced Clinical semesters without successfully completing all core clerkships (44 weeks: Emergency Medicine, Family and Community Medicine, Internal Medicine, Neurology, Obstetrics & Gynecology, Pediatrics, Psychiatry, and Surgery).



## **External evaluations –collegiate policies on the United States Medical Licensing Examinations (USMLE)**

All students must take and pass Step 1 or Step 2 of the USMLE in order to continue into the Advanced Clinical semesters of the medical curriculum. The criteria for this requirement are as follows:

1. Step 1 or Step 2 of the USMLE must be taken before starting the Advanced Phase of the curriculum.
2. Students who receive a failing score on their initial Step exam must drop upcoming clerkships until the examination has been retaken.
3. If the student fails their first attempt at the initial step exam:
  - a. They are required to drop the current clerkship immediately if they have failed more than one course and/or clerkship during Phases I and II of the curriculum. A failure of Step 2 as the initial USMLE by more than 10 points below the minimum passing score will also result in a required drop of their current clerkship immediately.
  - b. All students who fail their initial Step exam must take the examination for the second time within 4 months from the date of the failure notification.
  - c. Once the examination has been retaken, students are permitted to return to the curriculum pending the results of the reexamination.
4. Any student failing their initial Step exam a second time will not be permitted to continue in the curriculum until the exam has been taken for the third time AND a passing score has been recorded.
  - a. The third attempt of the initial Step exam of the USMLE must be completed within 4 months from the date of the second failure notification.
5. Any student failing their initial Step exam of the USMLE for the third time will appear before the Promotions Committee for review and likely face dismissal on academic grounds.

All students must take and pass both USMLE Step 1 and 2 exams in order to graduate. The criteria for this requirement are as follows:

1. Both exams must be taken by December 31 of the final year.
2. Any student failing Step 1 and/or Step 2 of the USMLE three times will appear before the Promotions Committee for review and likely face dismissal on academic grounds.

### **Examinations**

A student who has passed an examination cannot retake the examination to obtain a higher grade in the course or clerkship.

If a student fails an end-of-clerkship exam:

1. Students have 6 months to repeat and pass a failed end of required clerkship exam, during which time the clerkship grade will be “Incomplete”. If this deadline is not met, the clerkship grade will become a “Fail” and students are required to drop their current clerkship immediately and will be scheduled to see the Promotions Committee. A maximum of one retake of an end of required clerkship exam is allowed and the retake will be the same format as the original examination, but not the identical examination.
2. Students who fail the end-of-clerkship examination in a required clerkship and repeat only the examination are not eligible for Honors or Near Honors for the clerkship.

3. After a second end of required clerkship exam failure, the student will receive a failing grade in the clerkship. Students are required to drop their current clerkship immediately and will be scheduled to see the Promotions Committee.
4. Students can only have 1 unresolved clerkship exam failure at any given time. Any students who have 2 or more unresolved failures will be required to immediately drop the current clerkship. Students will not be allowed to continue in the curriculum until compliance of this policy has been met. Students may also be required to appear before the Promotions Committee.

\*Reminder: Students are not permitted to progress into the Advanced Clinical semesters without successfully completing all core clerkships (44 weeks: Emergency Medicine, Family and Community Medicine, Internal Medicine, Neurology, Obstetrics & Gynecology, Pediatrics, Psychiatry, and Surgery.)

### **Exam comment books**

For Preclinical courses, students usually have the opportunity to review exams to determine which questions they missed and to provide written feedback should they feel the question was incorrect or misleading. For some courses, this is done electronically immediately after the student submits their exam. For other courses, a physical “comment book” is made available for the 2 days that follow the exam. Guidelines for this process are determined by the course director. Handwritten comments must be legible and signed. Students may not reproduce questions in part or in their entirety or take any notes on the exam.

### **Policies regarding failed courses and clerkships**

A student who fails a course or clerkship will have the failing grade permanently on his/her academic transcript. Students who fail a course or clerkship will be reviewed by the Medical Student Promotions Committee and may be required to appear before the committee. More information on the Medical Student Promotions Committee is available below.

M1 and M2 students who fail a basic sciences course generally are required to retake the entire course. Occasionally, a student is allowed to take a make-up exam as remediation for the failing grade rather than repeat the course. In that circumstance, the failing grade remains on the transcript and the notation “Requirement in \_\_\_\_\_ (course name) satisfied \_\_\_\_\_ (date).”

Students in the clinical phases of the curriculum who fail a clerkship are required to drop their current clerkship immediately and will be scheduled to see the Promotions Committee. Grades for repeated courses are assigned as follows:

1. A student who repeats a failed course or clerkship in full at the University of Iowa Carver College of Medicine can achieve a grade of H, NH, P, or F if earned. This second grade does not replace the first failing grade on the transcript. The second attempt is shown on the transcript with the grade earned and the second grade is included in honors hours point totals.
2. The grade earned in an approved summer course taken at another institution is recorded in the student’s academic file but is not recorded on the transcript or used to calculate honors point totals. The student’s transcript will contain the notation “Requirement in \_\_\_\_\_ (course name) satisfied at \_\_\_\_\_ (school name) on \_\_\_\_\_ (date).”

### **Student evaluation during clinical clerkships**

1. Students will receive mid-clerkship feedback in core clerkships and the two-week selectives. This may be more difficult for the 2-week selective clerkships, but some means of reviewing their performance with students at the end of the first week should be implemented. Students will write at least one note per week and receive feedback on at least one note per clerkship from an attending, resident, or fellow.
2. Grading policies are effective for an academic year and cannot be changed in the middle of the year. The same grading standard must apply to an entire student cohort.
3. A student who fails a clinical clerkship will normally be required to appear before the Student Promotions Committee. The clerkship director will normally be asked to meet with the Promotions Committee to describe the circumstances of the student's academic and clinical performance and to recommend remediation. The Promotions Committee will consider the director's recommendation, but the Committee's recommendation to the Executive Dean will also be based upon the student's overall academic record and interview. Thus, the clerkship director should not give or imply any promises to the student regarding the means of remediation.
4. Required Clinical Experiences (RCEs): As part of the clinical curriculum, there are specific patients, clinical conditions and skills that medical students are required to encounter at a certain level of responsibility (RCEs). Students must complete and log the required RCEs in each clerkship into the CCOM tracking system in a timely manner, by midnight of the last Friday of the clerkship or an alternative deadline set by the clerkship, whichever is earlier. Failure to complete or document all RCEs by the deadline will result in clerkship failure. The LCME requires 100% timely completion of RCEs as part of its accreditation standards.

## **II-2. Narrative assessment and mid-course and clerkship feedback**

Faculty will provide written comments (narrative assessment) on each student's performance or achievement in meeting the goals of courses or clerkships, wherever such assessment is feasible.

### Preclinical curriculum

Narrative assessment will be provided in all required preclinical courses if a student has one or more sessions with the same instructor in settings of 10 or fewer students (10:1 student/faculty ratio) and total contact of at least 12 hours. In situations where a pair of faculty members are allowed to share one instructor role, they will provide narrative assessment. Courses that teach clinical skills and clinical reasoning (CAPS and MAS courses) will- at a minimum- provide written formative feedback to students at the mid-course point.

### Clinical curriculum

All required clerkships and selectives will provide mid-clerkship feedback to students on their clinical performance.

Narrative summative assessment will be provided for each student from all required clerkships. Comments will be submitted through the collegiate-approved forms designated by the course or clerkship.

## **II-3. Health Care Provider's Involvement in Student Assessment**

Health care providers (faculty, fellows, residents and non-physician providers) will have no involvement or influence on the academic assessment or promotion of a student for whom they have provided health care, including psychological care. Exceptions to this policy include emergency treatment, patient safety, or sole expertise to provide care. All instructors, including non-providers, will have no involvement or influence on academic assessment or promotion of a student with whom they have a conflict of interest. Examples of conflict of interest may include a prior or existing significant personal relationship, family relationship, or business relationship; and situations in which a student has previously lodged a complaint against the instructor.

Instructors who may have a conflict of interest, including health care providers, may not participate in assessment in any way that may affect the student's academic progress. Examples of involvement in academic assessment may include assessing a student's clinical performance, professional performance or small-group performance; assigning a course or clerkship grade; and involvement in decisions about the student on promotions committee.

OSAC deans may teach students in courses and clerkships and provide formative feedback, but they may not complete evaluations that affect the student's course or clerkship grade.

In addition, students may not participate as a member of a health care team taking care of another medical or PA student.

### **Responsibilities:**

Course and clerkship directors must ensure that faculty, residents and other instructors are aware of this policy. They must re-assign students as necessary to avoid all conflicts of interest. They must refer to a co-director or proxy in assigning a student's grade if they have a conflict of interest themselves.

Students must notify their course/clerkship director if they identify a situation that would conflict with any part of this policy. Students are not required to divulge the nature of the conflict of interest. They must not ask for a clinical performance assessment from an instructor with whom they have a conflict of interest. They must not evaluate an instructor with whom they have a conflict of interest. They must inform their team or attending if they have been inadvertently assigned to care of another student.

Instructors must contact the course/clerkship director immediately upon discovering that they are assigned to an evaluative role of a student for whom they have provided health care or with whom they have a prior or existing conflict of interest. They need not divulge the nature of the conflict of interest and must not divulge the reason for recusing themselves from the assessment without student consent. Clinical instructors must not assign a student to the care of another student.

Faculty members on the promotions committee should recuse themselves from a vote regarding promotion of a student for whom they have provided health care or with whom they have a prior or existing conflict of interest.

## **II-4. AAMC transcript guidelines**

The Carver College of Medicine is in compliance with the transcript guidelines of the Association of American Medical Colleges (AAMC) as follows:

The academic transcript should reflect the total, unabridged academic history of the student at the institution. All courses should be recorded on the academic transcript whether attempted and/or completed. The courses should be listed in the academic period(s) in which they were attempted and/or completed.

The academic transcript should be “authentic,” i.e., it should reflect all official grades received by the student for all courses attempted at the institution, including grades that result from remediated or repeated courses.

For example:

A grade of “Incomplete” (I) will be recorded when the student has not completed some component of the course and the reason for non-completion is acceptable to the Course Director (e.g., absence from a class or examination due to illness or a serious personal emergency). The Course Director will determine the plan, including a schedule, for the student to complete their work. The maximum time allowed for finishing the “Incomplete” is to the end of the following semester. At this time the “Incomplete” (I) will become a failing grade (F) on the transcript. A grade of Incomplete should not be used as a temporary “placeholder” grade when the student’s performance in the course has been unsatisfactory. A grade of “Fail” should be recorded for a course in which the student has not demonstrated competency or did not complete at a satisfactory level, as outlined in the course syllabus. A grade of Fail in a course should be a permanent grade; it should not be replaced on the transcript by a subsequent passing grade after the course has been remediated or repeated, even if the passing grade is accompanied by a special notation. The practice of replacing a grade of Fail on the transcript with a subsequent grade of Pass is inconsistent with total and unabridged grade reporting.

## **II-5. Disciplinary actions and due process (Promotions Committee)**

### **The Medical Student Promotions Committee**

The purpose of the Medical Student Promotions Committee (PC) in academic promotion matters is to ensure that each person who graduates from The University of Iowa Carver College of Medicine has adequate skills, knowledge, professionalism, and judgment to assume the responsibilities of a medical doctor. The student must demonstrate not only competency in medical knowledge, skills and abilities, but also those behaviors essential to the profession of medicine which include duty, accountability, respect for others, honesty and integrity.

To perform its duties, this committee will depend upon the cooperation, advice and judgment of faculty, students, and administration.

### **A. Composition of Student Promotions Committee**

The Student Promotions Committee shall consist of eight voting members. One member is designated the chair by the Dean of the Carver College of Medicine. In addition, there shall be two members of the Medical Council and four other faculty members, two of whom shall be from basic science departments and two shall be from clinical departments. In addition to faculty, there shall be two medical student

members, one from either the junior or senior class and one from the sophomore class.

Students who serve must be in good academic standing and it is preferred that they have a history of good academic standing. All members are appointed by the Senior Associate Dean for Medical Education. The term of appointment for faculty is three years and for the student members one year. Members may be reappointed.

Quorum for the Student Promotions Committee is five voting members. A single faculty member may be assigned by the Senior Associate Dean for Medical Education of OSAC for one meeting in order to achieve a quorum.

In addition to the eight voting members, the Associate and Assistant Deans, the college of medicine Registrar, and the committee's administrative assistant will serve ex-officio without vote.

### **B. The Medical Student Promotions process: information for students**

The Medical Student Promotions Committee may interview students for the following reasons:

- Students who fail courses or clinical clerkships.
- Unprofessional or unethical behavior such as plagiarism, dishonesty, theft, violation of patient confidentiality, not abiding by the law, substance use etc. A pattern of behavior or one egregious occurrence may suffice.
- A pattern of poor or marginal academic or clinical performance such as below average ratings and/or comments on clinical clerkship evaluations including 1s and 2s or "unacceptable".
- Failure to pass USMLE Step 1 after three attempts.
- Failure to pass USMLE Step 2 Clinical Knowledge exam after three attempts.
- Failure to pass both Step 1 and 2 within the 6 months preceding the student's graduation date.
- Requests to extend the period of study beyond the usual time allowed of 6 years (does not include students in combined degree programs).
- Former students applying for reinstatement to the College within 3 years of withdrawal or dismissal. Former students may apply for reinstatement only one time per calendar year.
- Cases referred by the Honor Council.
- The Promotions Committee or the Senior Associate Dean for Medical Education may temporarily remove a student from a course or clerkship when remaining could be detrimental to the student, classmates, the University community, the greater community or to the delivery of patient care. Students who receive a failing grade in a course or clerkship may be suspended from participating in the academic program until a recommendation is made by the PC or the issue is otherwise resolved. All suspended students are placed on leave of absence until they are reviewed by the PC and a final decision regarding the status of the student has been determined.

- MSTP students are under jurisdiction of the Promotions Committee during all phases of their MD/PhD curriculum.
- Other purposes as determined by the Office of Student Affairs and Curriculum (OSAC) Deans in consultation with the Promotions Committee chair.

### **C. Appearing before the Medical Student Promotions Committee**

Students must be provided written notice at least 3 calendar days in advance and the notice must include the date, location, tentative time and the specified reasons for their interview with the Promotions Committee. The student will be provided the right to examine their student record and PC documents relative to their case prior to the interview.

- Students may consult in advance of the Promotions Committee meeting with one or more of the OSAC Deans, or the OSAC Registrar for information on the Promotions Committee process.
- Students who fail a single course and have had no previous academic failures may not be required or expected to attend the PC meeting. However, students with a single failure may elect to attend the meeting to provide a statement and answer committee member questions if they choose.
- Students may provide a written statement and/or letters of support in advance of the Committee meeting. Students may choose to contact an OSAC counselor for assistance in drafting a statement. Such materials should be delivered or emailed to the Promotions Committee Secretary at least 24 hours before the meeting.
- Students are expected to answer questions posed by Promotions Committee members during the interview. In addition, if desired, students may bring a brief (10 minutes or less) prepared statement to read at the meeting.
- If desired, students may bring one college of medicine faculty or staff advocate, a counselor, or peer advocate who is allowed to speak briefly on their behalf as it is relevant to the issue under consideration by the PC. Students asking a counselor to speak or to provide information on their behalf must sign a “Release of Information” form with the counselor to authorize such information to be released to the Committee.
- If desired, students may bring another person for support purposes although the second person may not speak.
- Students may not bring an attorney to the meeting.
- Students may not record the meeting.
- The student or the advocate may not contact Promotions Committee members before or after the meeting with regard to their review or interview.
- Students who fail courses are subject to the Satisfactory Academic Progress policies of the Financial Aid Department. Students are advised to [review policies in the student handbook related to an appearance before the Promotions Committee](#).

### **D. Promotions Committee actions:**

- Following the interview with the student and review of related documents, Committee members will deliberate and 1) vote on a specific decision or 2) take no formal action.
- When voting on a decision, a quorum of voting members must be present at the meeting and a simple majority of those present is required for passing a recommendation.
- Faculty members on the promotions committee should recuse themselves from a vote regarding promotion of a student for whom they have provided health care or with whom they have a prior or existing conflict of interest.
- Promotions Committee members must recuse themselves from an interview and discussion on a student if there is a real or reasonably perceived conflict of interest. Students will be shown a list

of the committee members in advance of their meeting and are expected to identify members with a possible conflict of interest.

- The Promotions Committee has the authority to place a student on academic probation and the authority to remove a student from academic probation. (For effects of probation status on good standing, see section IV. Enrollment Policies).
- An OSAC Dean will make every effort to notify the student of the Committee's decision within 24 hours of the interview. Subsequently, a written notification of the decision will also be provided to the student.
- Students will be contacted by an OSAC counselor or OSAC Dean to sign a Release of Information form to provide information to the Promotions Committee if it is determined documentation is required to demonstrate progress in meeting the committee's recommendations.

### **E. Appeals Committee: Membership and Charge**

The Appeals Committee meets as needed to hear student appeals of the decisions made by the Promotions Committee.

The Appeals Committee consists of 9 members:

- Voting members: 3 faculty representatives from the Medical Council, 2 faculty representatives from the Executive Committee, 1 medical student, 1 community member. Individuals serving on the Promotions Committee cannot serve on the Appeals Committee.
- Ex-officio nonvoting members: the Senior Associate Dean for Medical Education and the Promotions Committee Chair
  - The Chair of the Medical Student Promotions Committee will attend the Appeals Committee meeting and present the information used by the Promotions Committee in making their decision.
  - The Senior Associate Dean will provide information as needed and represent the college.
- Other members of the Promotions Committee may not serve as voting members on the Appeals Committee.

Appeals Committee members are appointed by the Senior Associate Dean for Medical Education. A quorum of 5 members must be present to conduct business. Decisions of the committee are decided by a simple majority vote of members in attendance.

### **F. Appeals Committee: Actions**

- The student must submit the appeal in writing to the Senior Associate Dean for Medical Education within 5 calendar days of notification of the Promotions Committee decision.
- The Appeals Committee will convene to hear a student's appeal of the Promotions Committee's decision within 21 calendar days of that decision.
- Students may provide a written statement and/or letters of support in advance of the Appeals Committee meeting. Such materials should be delivered or emailed to the Promotions Committee administrative assistant at least 5 business days before the Appeals Committee meeting. Any supporting material considered to be "expert" must be written on professional letterhead, and the credentials of the expert must be provided within the expert opinion.
- Students are expected to answer questions posed by Appeals Committee members during the interview. In addition, if desired, students may bring a prepared statement to read at the meeting.
- If desired, students may bring one College of Medicine faculty or staff advocate, a counselor, or a peer advocate who is allowed to speak briefly on their behalf.
- If desired, students may bring another person for support although the second person may not speak.
- Students may not bring an attorney to the meeting.



- The student or the advocate may not contact Appeals Committee members before or after the meeting with regard to their review or interview.
- Students may not bring an attorney to the meeting.
- Students may not record the meeting.
- Recommendations from the Appeals Committee are forwarded to the dean of the college for ratification or amendment. The written recommendation of the Appeals Committee will be transmitted to the dean of the college by the Chair of the Appeals Committee and the Senior Associate Dean for Medical Education.

### **G. Appeals Process: The Dean's Actions:**

- The Dean of the College will review the Appeals Committee's recommendation and affirm, amend or reverse that recommendation, or affirm the initial recommendation by the Promotions Committee within 5 business days from the date the Dean is notified in writing of the decision by the Appeals Committee. The Dean will indicate that decision with their signature.
- OSAC will provide official written notification to the student of the Dean's decision within 3 business days of receiving the signed paperwork.
- In the case of dismissal, the student will be removed from all courses or clerkships at this time.
- In the case of the Dean upholding a previous decision by the Promotions Committee to dismiss, the official effective date of the dismissal will be the date of the Promotions Committee's decision.
- Only questions of due process may be appealed to the University of Iowa Provost's Office. The student must submit their appeal in writing to the provost within 5 business days of receipt of the Dean's written decision.

### **H. Conflict of interest**

#### Student Promotions Committee:

In the event of conflict of interest, real or reasonably perceived, members of the Student Promotions Committee must recuse themselves from the official proceedings of the committee. Conflict of interest may be of a personal nature (e.g., friend, mentee, etc.) or academic (e.g., an evaluator of the student in question).

#### Appeals Committee:

In the event of conflict of interest, real or reasonably perceived, members of the Appeals Committee must recuse themselves from the official proceedings of the committee. The chair of the committee should be notified in writing of anticipated recusal in advance of the meeting, in order that an alternate member may be present to assure full representation and the existence of a quorum. Conflict of interest may be of a personal nature (e.g., friend, mentee, etc.) or academic (e.g., an evaluator of the student in question).

Faculty members on the promotions or appeals committee should recuse themselves from a vote regarding promotion of a student for whom they have provided health care.

## **II-6. Policies on tutoring**

Tutor groups are available to all students and referrals to tutor groups occur throughout the semester. Tutors are medical students who have already completed a course of study and have demonstrated their mastery of the material by obtaining Honors or Near Honors grade

distinction for that course or are sponsored by the faculty director for that course. On occasion, graduate students and residents are also available. Tutors are responsible for facilitating the tutor group (approximately 8 -10 students), clarifying information, responding to student questions and helping students understand the material covered in class. Team tutoring is an integral aspect of the success of the Medical Student Counseling Center's (MSCC) tutor program as it enables a larger group of students to be served effectively. Students who co-tutor a group are encouraged to maintain a group of 10 – 14 students over the course of the semester. Tutoring groups that are smaller (less than 3 students for individual tutors and less than 6 students for team tutors) will be the preferred referral sources for the MSCC counselors when students request academic support and are not currently participating in a tutoring group.

During the first week of classes students receive an e-mail containing the names of tutors for each course and additional information to help in selecting a tutor group (e.g. meeting times, preferred tutoring style, preferred number of students in the group, etc.) from the MSCC office. The staff members of the MSCC office maintain a list of tutor groups over the course of the semester and are available to advise students if they have concerns or questions. It is the students' responsibility to contact the tutors on the list to obtain meeting times and arrange for group attendance. The MSCC is notified by the tutor when the group is underutilized or full to facilitate student referrals. Tutors and tutees are encouraged to contact the MSCC counselors if they have concerns about the progress of the group. When students request academic counseling and report they are in academic distress, the counselors determine if a referral to an intensive tutoring group (three or less students per tutor) is appropriate.

Counselors use the following criteria to determine if intensive tutoring is appropriate for the student in the **pre-clinical curriculum**:

1. Any student who is on academic probation.
2. Any student with a failing average in the course after one or more exam in courses with three or fewer exams, for which they are requesting intensive tutoring.
3. Any student with a failing average in the course after two or more exams for which they are requesting intensive tutoring.
4. Request of the course director.
5. At the discretion of the counseling office, a student with a marginal passing average in a course **who has been utilizing group tutoring**.

***All of the above criteria assume that the student has been previously utilizing group tutoring. If a student has not yet participated, a student will generally be placed initially in a standard tutor group.***

**Clinical students:** In addition to resources the clerkship may offer a student following a first exam attempt failure, the student may contact the MSCC Learning Specialist to discuss test-taking and learning strategies, and explore the possibility of finding a tutor to assist for the second attempt (retake) of the clerkship exam.

### Tutor Training

Tutors attend an orientation session at the beginning of each semester where tutoring guidelines and payroll information are communicated. Tutors are paid for this time.

Tutors attend professional development meetings hosted by the MSCC during the course of the semester. Tutors are paid for this time.

## II-7. Medical Student Mistreatment

The Carver College of Medicine seeks to promote and provide a supportive and professional environment free of student mistreatment in its administrative, educational and clinical settings. The Carver College of Medicine uses AMA and AAMC guidelines to create the following definition of medical student mistreatment. The Carver College of Medicine's Medical Education Committee has used AMA guidelines to create the following definition of medical student mistreatment:

### Defining Mistreatment

Mistreatment may be operationally defined as behavior by healthcare professionals and students that causes harm to learners. Examples of mistreatment include:

1. Public embarrassment or humiliation
2. Threat of physical harm or physical harm
3. Requiring the performance of personal services
4. Unwanted sexual advances
5. Requiring the exchange sexual favors for grades or other rewards
6. Denial of opportunities for training or rewards based on gender
7. Offensive sexist remarks/names
8. Lower evaluations or grades solely because of gender rather than performance
9. Denial of opportunities for training or rewards based on race or ethnicity
10. Racially or ethnically offensive remarks/names
11. Lower evaluations or grades solely because of race or ethnicity rather than performance
12. Denial of opportunities for training or rewards based on sexual orientation or gender identity
13. Offensive remarks/names related to sexual orientation or gender identity
14. Lower evaluations or grades solely because of sexual orientation or gender identity rather than performance
15. Negative or offensive behavior(s) based on personal beliefs or personal characteristics other than gender, race, ethnicity, sexual orientation or gender identity
16. Intentional neglect
17. Grading used to punish a student rather than to evaluate objective performance
18. Assigning tasks for punishment rather than educational purposes
19. Taking credit for a student's work

### Reporting Mistreatment

If you are uncertain whether an incident should be reported, you can contact the Honor Council ([honorcouncil@uiowa.edu](mailto:honorcouncil@uiowa.edu)) or an OSAC dean for consult and assistance. Student mistreatment should be reported as follows:

- **Crimes and violence.** In addition to informing an OSAC dean, students who are the victims of misconduct that is also a crime/violence are encouraged to contact the University's Department of Public Safety ("DPS") <https://police.uiowa.edu/>. Students should call 911 in an emergency. The Carver College of Medicine may refer allegations of mistreatment that may constitute criminal behavior to DPS.

- **Sexual Harassment/Assault.** In addition to informing an OSAC dean, students are encouraged to report criminal incidents of sexual harassment or sexual assault to DPS <https://police.uiowa.edu/>. Complaints may also be forwarded to the [University of Iowa's Office of Civil Rights Compliance](#). The Carver College of Medicine will refer allegations of sexual assault to the appropriate University office for investigation and resolution. The College will refer allegations of sexual harassment to the appropriate University office for investigation and resolution.
- **Other Mistreatment.** All other types of mistreatment covered by this policy will be investigated and resolved by the Carver College of Medicine.
  - Students are encouraged to directly report any mistreatment to OSAC using the confidential online reporting system described below in this section. If they wish, students can also choose to discuss their concerns with any CCOM faculty member, a course or clerkship director, a faculty learning community director, or the Medical Student Counseling Center.
  - A confidential mistreatment reporting form is available online, where students can provide details regarding the mistreatment incident including information about the person who committed mistreatment, the course or clerkship where mistreatment took place (if applicable), and the student submitting the report (optional).
  - Links to mistreatment report are available on the ICON sites of each course and clerkship, at the end of each course and clerkship evaluation forms, and on the [COMET](#) page for students in the clinical phases of the curriculum.
  - Students can also report mistreatment they experience or witness at any time by accessing the mistreatment reporting system [here](#).
  - Students can report unprofessional behaviors by faculty, residents, nursing, and other staff, any time by accessing the unprofessional behaviors reporting system [here](#).
  - Students can also bring concerns and conflicts to the [Office of The Ombudsperson](#):

### **Handling of mistreatment reports**

Once submitted by a student, a mistreatment report is sent directly and exclusively to the OSAC deans (no other faculty or staff, including course/clerkship directors will have access to these reports). If the reporting student chooses to disclose their identity, an OSAC dean will contact them to debrief about the incident, offer support, and in some cases obtain additional details. Except in cases of crime, sexual assault, or harassment the dean routinely waits until the student's course/clerkship grade and any associated faculty evaluations have been submitted before addressing the incident, unless the student prefers more immediate action. These measures are taken to protect students from retaliation.

Information regarding the specific incident will ultimately be shared with the course/clerkship director and department chair. When the person responsible for the mistreatment is a faculty member, information will also be shared with the Associate Dean for Faculty Affairs.

- The course/clerkship director, department chair and Associate Dean for Faculty Affairs are asked to address the incident with the responsible person. Interventions may range from feedback to

formal remediation or exclusion from student teaching depending on the nature of the incident and whether it is an initial or repeat occurrence. In case of repeat occurrence of mistreatment, the responsible person will be excluded from medical student teaching for 3 to 6 months pending formal remediation and re-assessment of readiness to teach medical students. The duration of time that the responsible person is excluded from medical student teaching will be determined in consultation between OSAC, the department leadership and the Associate Dean for Faculty Affairs and will be based on the severity of the incident(s). The form of remediation offered will be deferred to the department in which the responsible individual is employed in consultation with the Associate Dean for Faculty Affairs. Repeated incidents of mistreatment after remediation may lead to indefinite removal from medical student teaching.

- The course/clerkship director, department chair and/or Associate Dean for Faculty Affairs will subsequently communicate back to the OSAC dean regarding the intervention(s) they took and their outcome.
- When the student who filed the mistreatment report is known (and interested), the OSAC dean will share that an intervention was taken.

If the report is regarding a mistreatment incident committed by one of the OSAC deans, it will be forwarded directly to the Executive Dean who will then address the issue with the OSAC dean. The same applies for professionalism and supervision reports.

### **Appealing a Finding of Mistreatment**

A student who is dissatisfied with the outcome of an academic complaint against a faculty member at the collegiate level may ask the Office of the Provost to review the matter. At any time, the student may also file a formal complaint with the University that will be handled under the procedures established for dealing with alleged violations of the Statement on Professional Ethics and Academic Responsibility as specified in section III-II-15 of the [University Operations Manual](#). A description of these formal procedures, found in section III-VI-29 Faculty Dispute Procedures.

## **II-8. Confidentiality of Student Responses on Evaluations**

Confidentiality of student responses on all evaluations is assured. However, should a comment on an evaluation be considered an overt or covert expression of potential self-harm, harm to others or property, or otherwise cause concern for the well-being of the student or community, the faculty member and/or course director may notify the OSAC dean(s). The dean(s) may request that the information technology staff identify the student to the OSAC dean(s). In all other situations, responses to evaluations are always compiled and anonymized prior to being reported. Should a student have any concerns or questions about the anonymity of an evaluation, they may speak to the course or clerkship director, curriculum manager, and/or an OSAC dean.

## **II-9. FERPA: Student Review and Challenge of Academic Records**

### ***Student Access to Academic Records***

The federal Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records. In short, no one may access a student's academic file

without the student's consent except school officials who have a legitimate educational interest in the information.

It is the policy of the Office of Student Affairs and Curriculum that Carver College of Medicine faculty members do not ordinarily have access to student academic files. A student who wishes to permit a specific faculty member to review his or her file for the purpose of (for example) writing a letter of recommendation may do so by submitting a written note to OSAC, or by sending a statement of authorization by email on the student's own email account to an appropriate staff member in OSAC. This statement of permission will normally be placed in the student's academic file.

Students may review their own academic file upon request in the Office of Student Affairs and Curriculum during normal business hours. Student academic files may not be removed from the Office of Student Affairs and Curriculum. Except as provided in the University's Student Records Policy, or with the permission and assistance of OSAC staff, the contents of student academic files may not be photocopied. Per University of Iowa policy, access to records is granted within 45 days of the day a request for access is received. For further information regarding a student's rights under FERPA, restriction of release of directory information, etc., see the Student Records Policy of the University of Iowa:

<https://dos.uiowa.edu/policies/student-records-policy>

Directory information, as defined by the University, may be released without the student's consent, unless the student has specifically restricted certain items from release.

### ***Student Challenge of Academic Records***

#### Exams

In preclinical courses, students have the opportunity to review exam questions and answers and to comment or request clarifications on specific questions using "comment books" that are made available to them after each exam. Comment books allow the students to review the questions they missed and the rationale for the answers, and to leave comments regarding specific questions. Course directors read the students' comments to determine whether adjustments need to be made on the scoring of the questions, and students are notified of exam scoring changes within one week after the exam.

#### Clinical assessment on clerkships

During clerkships, students are able to review their evaluations and comments online. Any challenges should be discussed with the clerkship director and may also be discussed with one of the deans.

#### OSCE

Students can also review their narrative and OSCE evaluations. Challenges should be discussed with course and clerkship directors and may also be discussed with one of the deans.

### Course and clerkship grades

Each required course and clerkship provides students with an opportunity to appeal a course or clerkship grade. If a disputed or incorrect grade has been recorded, the student should first meet with the course or clerkship director to resolve the issue. Any grade change must be reported directly to the medical school registrar.

## **II-10. FERPA: Faculty-Staff Access to Student Academic Records**

The federal Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records. In short, no one may access a student's academic file without the student's consent except school officials who have a legitimate educational interest in the information.

It is the policy of the Office of Student Affairs and Curriculum that Carver College of Medicine faculty members do not ordinarily have access to student academic files. A student who wishes to permit a specific faculty member to review his or her file for the purpose of (for example) writing a letter of recommendation may do so by submitting a written note to OSAC, or by sending a statement of authorization by email on the student's own email account to an appropriate staff member in OSAC. This statement of permission will normally be placed in the student's academic file.

Students may review their own academic file upon request in the Office of Student Affairs and Curriculum during normal business hours. Student academic files may not be removed from the Office of Student Affairs and Curriculum. Except as provided in the University's Student Records Policy, or with the permission and assistance of OSAC staff, the contents of student academic files may not be photocopied. For further information regarding a student's rights under FERPA, restriction of release of directory information, etc., see the Student Records Policy of the University of Iowa:

<https://dos.uiowa.edu/policies/student-records-policy>

Directory information, as defined by the University, may be released without the student's consent, unless the student has specifically restricted certain items from release.

## **II-11. Timely Submission of Course and Clerkship Grades**

Pre-clinical courses:

- Phase I course grades should be reported by curriculum managers to students on ICON within 5 days of course completion and communicated to the registrar staff in preparation for Promotions Committee discussion.
- The registrar staff will monitor the process to confirm timeliness.
- The registrar staff will contact the curriculum manager if there are delays in grade reporting and/or if there are errors within the reporting system. Conversely, the curriculum managers and course director(s) will review registrar staff reports prepared for Promotions Committee to ensure accuracy.
- If issues of timeliness or accuracy persist, the course director(s) and curriculum manager are notified they are out of compliance and the Senior Associate Dean for Medical Education is informed. Follow up occurs as needed until the grade is reported.
- Curriculum managers will ensure that grades are entered into the University of Iowa workflow 5-7 days after course completion with registrar staff monitoring the process to confirm timeliness and following the steps outlined in bullets 3-4 if issues occur.
- Grades are processed through the University workflow and final grades are officially approved in workflow within 10 days of course completion (per University of Iowa guidelines).

#### Clinical clerkships

- Grades should be reported to students on ICON (and students notified) within four weeks of the conclusion of a clerkship.
- The registrar staff will monitor grade submission by downloading “delinquency reports” to confirm timeliness. The registrar staff will contact the clerkship if there are delays in grade reporting and/or if there are errors within the reporting system.
- If issues of timeliness persist, the clerkship director is notified they are out of compliance and the Senior Associate Dean for Medical Education is informed. Follow up occurs as needed until the grade is reported.
- Grades are processed through the University workflow and final grades are officially approved in workflow within 10 days of semester completion (per University of Iowa guidelines).

## **III. Absences**

### **III-1. Attendance expectations and absences**



At its core, student responsibility to attend and complete scheduled instruction is a vital element of professional behavior. Students are expected to attend all scheduled instruction in both preclinical and clinical courses.

Students will be excused from classes and clinical activities in these situations:

- Personal health appointments - student or immediate family
- Acute illness/injury
- Death in the immediate family

Other situations will inevitably arise in which a student will need to be, or desire to be, absent from scheduled instruction. These situations encompass two broad categories: unanticipated or anticipated absences (see below). By definition, anticipated absences are identified in advance. Successful resolution involves planning in advance and, whenever possible, requesting a schedule change through OSAC such that a rotation can be rescheduled rather than asking a course or clerkship director to provide special arrangements in instruction to accommodate the student's request. When this is not possible, the course or clerkship director has the authority to act on the student's request.

**Neither scheduled or excused absences obviate the student from completing the required course or clerkship educational activities.**

**Unanticipated Absence.** Students must notify the course or clerkship director of absences resulting from illness or other unanticipated issues. A course or clerkship director may require details regarding the absence, but not medical documentation.

**Unanticipated Absence Due to Exposure.** Students with an acute illness or injury should contact the course or clerkship director and let them know. A student who develops symptoms of an infectious disease (such as fever, cough or sore throat) should not report to class or clerkships but should call Student Health to be evaluated. Students should follow Student Health guidelines and those of the [UIHC Communicable Disease Work Restrictions policy HR.P.18](#). A student exposed to a blood-borne pathogen should follow the instructions under the **Policy on Medical Student Exposure to Infectious and Environmental Hazards**.

**Anticipated Absence.** Students must request permission in advance when an issue arises that will necessitate an absence from courses or clerkships. Any unexcused absence from a course or clerkship or from an examination may result, at the discretion of the course or clerkship director, in a failing grade.

### **Examples of Requests and Likely Responses**

Examples of requests that should be granted:

- Personal health appointments - student or immediate family
- Death in the immediate family
- Acute illness/injury

Examples of requests that are reasonable, but which may or may not be granted depending on the duration of the request and educational activities:

- Presentation at a regional or national meeting
- Attendance at an established CCOM meeting for which the student is member of the committee
- Attendance at a wedding as a member of the wedding party. Most of these events are known well in advance and students are encouraged to work first with OSAC to secure a schedule change. Request by the student to move an examination from the last day of the clerkship to accommodate wedding events are discouraged but the final decision rests with the course or clerkship director.

Examples of requests that are generally unreasonable and are likely to be denied:

- Car repair
- Haircuts
- Pet related issues

### **Absence from exams**

The Carver College of Medicine's Guidelines for Course and Clerkship Directors states: Unforeseen emergencies or family obligations may arise that conflict with scheduled examinations, and course directors are encouraged to be reasonable in balancing the legitimate needs of students, of the course or clerkship, and of the College.

**University regulations** require that students be allowed to make-up examinations which have been missed due to illness, mandatory religious obligations, or other unavoidable circumstances or University activities.

## **III-2. Requesting Time off from courses and clerkships**

Students are expected to use the online site to request and report any time off from courses or clerkships.

- Medical and PA students requesting time off from a preclinical course: <https://webapps1.healthcare.uiowa.edu/timeoff>
- Medical student requesting time off from a core clerkship, a selective or an advanced elective: <https://webapps1.healthcare.uiowa.edu/timeoff>

Students are expected to request in advance any time off that is needed from a course or clerkship. Students are also expected to report any absence that occurs due to illness or other unforeseen event, as soon as reasonably possible. Absences, anticipated or unanticipated, will require a plan to complete any missed work (including deadlines), which will be communicated via the absence request approval process.

Any unexcused absences from a course, clerkship or examination may result, at the discretion of the course/clerkship director(s), in a failing grade. When requesting time off from a core clerkship or advanced elective:

- Students should not request the first (orientation) day off or the exam day. Check the clerkship ICON course materials for the exam day and time.
- Students should not request time off on the day of an Objective Standardized Clinical Evaluation (OSCE). Passing the OSCEs is required to pass the clerkship and individual make-up OSCEs are not available. The OSCE schedule can be found at [www.medicine.uiowa.edu/md/teaching-and-learning/curriculum/third-yearcore-curriculum](http://www.medicine.uiowa.edu/md/teaching-and-learning/curriculum/third-yearcore-curriculum)
- Time off may not be taken from one clerkship in order to make up time from another clerkship. A request can be made if a student needs to repeat an exam from a previous clerkship, but not on an orientation or exam day.

### **III-3. Severe Weather Policy**

ALL medical students (M1 through M4) and physician assistant students (PA1 through PA3) will follow any University Central Administration's decision about cancellation of classes due to severe weather. If the University cancels classes, this applies to all preclinical courses AND to all clerkship rotations. Course directors, faculty, and clerkship directors are aware of this policy.

Please see the [University's severe weather page](#) for any cancellations and other severe weather information.

If the University remains open during inclement weather, you are expected to make every reasonable effort to make it to your exams or clerkships.

### **III-4. Policy Statement Supporting Breastfeeding Students in the Carver College of Medicine**

The University of Iowa Roy J. and Lucille A. Carver College of Medicine is committed to supporting the academic success of lactating students. Through partnerships with college and department leadership, a policy has been developed, in accordance with national health care laws and the American Academy of Pediatrics (AAP) policy statement on breastfeeding and the use of human milk that support the efforts of students who wish to continue to provide breast milk to their infants through pumping after they return to their academic programs.

#### **Scope**

This policy applies to all Carver College of Medicine (CCOM) students who may need lactation accommodations.

#### **Policy**

Departments and units within the CCOM must reasonably accommodate a student's request for lactation time and ensure there is no retaliation, whether actual or threatened. Most lactating individuals need to pump milk approximately every 2 hours to maintain adequate milk supply. The policy applies to all educational/training experiences, including classroom experiences, clerkships and laboratory experiences.

### ***Lactation Break***

- Supervisors, faculty and students, will work together to establish convenient times to allow the nursing student to pump or breastfeed in cases where the child is available.
  - Supervisors should facilitate flexible scheduling to meet these unique needs if doing so will not seriously disrupt learning.
  - Faculty in all programs and years of the CCOM's curricula should work with students to identify times in class schedules when it is possible to meet these unique needs.
- It is assumed there is no serious disruption of learning or class activities by providing lactation break time.

### ***Lactation Facilities***

- The CCOM will provide appropriate space for the individual to express milk or breastfeed in private. Students attending off campus rotations should discuss their needs with their clerkship directors to identify appropriate space to express milk or breastfeed in private.
- The University of Iowa has lactation rooms available in the CCOM and University of Iowa Hospitals and Clinics. A list of University lactation rooms can be viewed at [hr.uiowa.edu/family-services/lactation-facilities-and-resources](http://hr.uiowa.edu/family-services/lactation-facilities-and-resources).

Areas such as restrooms are not considered appropriate spaces for lactation purposes, unless a restroom has been altered to accommodate separate lactation rooms within the space.

### **Procedures**

#### *How to Access Lactation Facilities and Services*

Supervisors and faculty who receive a lactation accommodation request are advised to do the following:

- Review available space in their department and be prepared to provide appropriate space and lactation time.
- If the lactating student does not have a private office and there is no appropriate space nearby, access one of the UI Lactation Room Locations listed at [hr.uiowa.edu/family-services/lactation-facilities-and-resources](http://hr.uiowa.edu/family-services/lactation-facilities-and-resources).

For additional information regarding lactation resources at the University of Iowa, nursing individuals can contact Family Services at 335-1371 [email: [familyservices@uiowa.edu](mailto:familyservices@uiowa.edu)] or [hr.uiowa.edu/family-services](http://hr.uiowa.edu/family-services).

### ***Compliance and Penalties***

- The University of Iowa, Carver College of Medicine may deny the request to accommodate a lactating individual only if it seriously disrupts learning by providing lactation time in accordance with applicable laws.

- Any intent to deny the request for accommodation by a department head or supervisor must be made on a case-by-case basis and must include consultation with the student's degree program:
  - Doctor of Medicine: Amal Shibli-Rahhal, MD, MSc, Assistant Dean for Student Affairs and Curriculum, 353-7812 [email: [amal-rahhal@uiowa.edu](mailto:amal-rahhal@uiowa.edu)].
  - Doctor of Philosophy: Jodi Graff, Administrative Director, Graduate and Postdoctoral Studies, 335-8306 [email: [jodi-graff@uiowa.edu](mailto:jodi-graff@uiowa.edu)].
  - Masters of Physician Assistant Studies: Anthony Brenneman, MPAS, PA-C Director of the Physician Assistant Training Program, 335-8435 [email: [anthony-brenneman@uiowa.edu](mailto:anthony-brenneman@uiowa.edu)].
  - Doctor of Physical Therapy: Richard Shields, PT, PhD, FAPTA, Chair and Departmental Executive Officer, 335-9803 [email: [richard-shields@uiowa.edu](mailto:richard-shields@uiowa.edu)].
- Nursing individuals who believe they have been denied proper and appropriate accommodation are encouraged to contact:
  - Your degree program administrator
  - UI Family Services: [hr.uiowa.edu/family-services](http://hr.uiowa.edu/family-services)
  - Office of the Ombudsperson: [uiowa.edu/ombuds](http://uiowa.edu/ombuds)
  - Equity Investigations Unit: [diversity.uiowa.edu/office/equal-opportunity-and-diversity](http://diversity.uiowa.edu/office/equal-opportunity-and-diversity)
- The University of Iowa encourages its faculty, staff, and students to make good-faith reports of University-related misconduct. The commitment to improve the quality of the University through such reports is vital to the well-being of the entire campus community. Retaliation as a response to such a report will not be tolerated. Retaliation, whether actual or threatened, destroys the sense of community and trust that is central to a quality environment. The University, therefore, wishes to make clear that it considers acts or threats of retaliation in response to such reports to constitute a serious violation of University policy (11.1-6 Anti-Retaliation Policy).

If you have any questions related to this policy please contact the individuals listed above in this Policy Statement Supporting Breastfeeding Students in the Roy J. and Lucille A. Carver College of Medicine.

## IV. Enrollment Policies

### IV-1. Extended academic schedules

An extended academic schedule entails a student taking additional time to complete his or her required coursework for the MD degree. Students are required to discuss the topic of extending with one of the Student Affairs Deans, the CCOM Registrar, and Financial Services to assure that they have a complete understanding of the financial, academic, and other ramifications of that decision. In addition, when considering an extended academic schedule, it is strongly advised that the student discuss such a schedule with their course directors and staff in the Medical Student Counseling Center.

An extended schedule may be requested by a student or mandated by the College acting on the recommendation of the Student Promotions Committee. Extended schedules are generally undertaken for academic or personal reasons. Extended schedules based on personal circumstances are requested by the student and considered on an individual basis. In the first three semesters, such requests will be considered at any time from acceptance

into the College until the published drop date of the course, or courses, in question. Extended schedule requests made by M1 or M2 year students will not be granted after the date in the semester when students may no longer drop a course. M1 and M2 students should check their exam schedules for this important date. Exceptions to this policy can be made due to extenuating circumstances.

In the clinical years, an extended schedule may be requested at any time by contacting the College's Registrar to request a schedule change or leave of absence. Attempts should be made to undertake such a schedule change following the completion of a clerkship and with at least four weeks notice.

Tuition assessment issues should be considered in determining the start date for an extended schedule. Usually students on an extended schedule pay approximately 4.7 years of medical school tuition. It is recommended that students discuss the decision with staff in OSAC's Financial Services unit for advice relative to the financial consequences of an extended academic schedule.

## **IV-2. Satisfactory Academic Progress (SAP) Guidelines**

Federal regulations require the Carver College of Medicine and the Office of Student Financial Aid to monitor the academic progress of students receiving federal financial aid. Satisfactory Academic Progress (SAP) is defined as the successful completion of coursework toward a degree within a reasonable time period (see below). Medical students' academic progress is monitored by the Financial Services department with information on academic progress shared by the Registrar staff following each Student Promotions Committee meeting in which student performance is reviewed for academic difficulty or behavioral concerns.

### **Academic Requirements & Review Process**

Standards apply to medical students who wish to establish or maintain financial aid eligibility. Academic progress data provided by Registrar staff is reviewed at the end of each semester to determine student compliance. There are three components to these standards:

1. Passing all the requisite coursework.
2. Meeting the minimum semester hour registration requirement to be eligible for federal financial aid (at least 3 semester hours in summer sessions and at least 5 semester hours in fall and spring semesters).
3. Meeting the Maximum Duration of Eligibility: Students who are enrolled for more than 150% of the typical length of their degree (see below) become ineligible for federal financial aid consideration when they reach that stated maximum, as determined by the College of Medicine's Registrar. Such students may submit a written appeal that will be reviewed by the Financial Services Staff and OSAC Administrative staff. SAP appeal forms are available in the Financial Services office, 1216 MERF

### **Dean's Scholarship Retention Guidelines**

Dean's scholarships are dependent on maintaining satisfactory academic progress. For this purpose, SAP is defined as not being reviewed by the Promotions Committee more than once. Students retain the Dean's scholarship if they encounter academic difficulty and are

reviewed by the Student Promotions Committee following one semester. However, a second failure or review by the Student Promotions Committee for new academic and/or behavioral issues results in the loss of that scholarship.

#### *Duration of Eligibility*

Students are eligible for financial aid for a limited number of years. Transfer hours and withdrawal semesters are included in the duration of eligibility. Eligibility for medical students is in accordance with the Federal regulation which allows aid eligibility for 150% of the normal intended degree program (a maximum of 6 years for regular MD students; up to seven years for combined degree students; and up to 10 years for MSTP students (MD/Ph.D. students).

#### *Regaining Eligibility*

Students have two options to regain financial aid eligibility:

1. Earn passing grades and/or enroll in sufficient semester hours to meet the minimum requirements while not receiving financial aid.
2. Submit a SAP Appeal Form documenting individual circumstances. Appeal forms can be obtained in Financial Services, 1216 MERF. If an appeal is approved, the student will be provided with specific requirements for satisfying their probationary status and/or a specific length of time that SAP eligibility will be extended.

### **IV-3. Maximum time for degree completion**

Students in the MD program are required to complete all the degree requirements within 6 years of matriculation. Combined degree students are allowed up to a total of 7 years; MSTP (MD/PhD) students up to a total of 10 years, with no more than 6 years dedicated to the completion of the MD degree requirements.

### **IV-4. Enrollment and Tuition**

The MD program is a full-time, four-year program. As such, students are required to pay a minimum of 8 semesters of full-time tuition.

### **IV-5. Leaves of absence**

The Carver College of Medicine understands that some students may benefit from being granted a leave of absence from the College for a specified period of time. A leave of absence must be requested by meeting with one of the Deans for Student Affairs or the College of Medicine Registrar. All leaves must be arranged in advance of the student's absence. If a student is not in good academic standing (e.g., on probation or in failing status in a course), requests for a leave of absence may be reviewed by the Student Promotions Committee. If a student is on leave for health reasons, the student must provide notes from their healthcare provider to one of the Deans for Student Affairs or the College of Medicine Registrar indicating the start of the leave, and again when they are ready to return to courses or clerkships. A

leave of absence is generally limited to one year. Students should consider the tuition assessment deadlines when determining the start date for a leave of absence.

Students desiring a leave of absence to pursue another academic program such as a research experience, Pathology externship, or a combined degree program should make an official request for the leave and should consider the tuition assessment deadlines when deciding on the start date for the leave. In some cases, students may be able to maintain their student registration while on leave if the experience meets the registration requirements.

## **IV-6. Maternity / Paternity Leaves of Absence**

### **A. Parental Leave Overview**

The Carver College of Medicine is committed to supporting students who have children during medical school, including those who grow their family through adoption or surrogate birth. Parental leaves of absence are accommodated in accordance with the collegiate leave of absence policy, and a leave of absence must be requested by meeting with one of the Deans for Student Affairs or the College of Medicine Registrar.

All leaves must be arranged in advance of the student's absence. A leave of absence is generally limited to one year. A leave of absence is not a withdrawal from the MD program, it simply denotes that a student is not completing coursework toward the degree during the specified leave time period. Medical complications related to pregnancy will be categorized as a health leave, and require a healthcare provider's note. Pre and Postnatal healthcare appointments are permitted like any other medical appointment, and appropriate [time-off](#) requests should be filed online to arrange for those absences.

### **B. Parental Leave Timelines**

Taking parental leave is possible during the MD program, and doing so is fully supported by the Carver College of Medicine. Leave time can vary depending on a variety of factors and should be arranged on an individual basis in consultation with one of the Deans for Student Affairs or the College of Medicine Registrar. Taking a leave for an entire semester or longer will affect access to financial aid during that specific time, but it does not lead to a loss of future aid. Students should visit with OSAC financial services to plan out any effects that enrollment changes may have on financial aid.

During the *pre-clinical phase* of the MD curriculum, it may be possible to maintain the current graduation timeline, but this will depend on the timing and duration of the parental leave. Due to the more complex nature of the curriculum during the pre-clinical phase, specific guidelines for leave time cannot be provided. As such, students should discuss their anticipated timeline and the potential online/virtual learning accommodations as early as possible with Curriculum Managers, OSAC Deans, or CCOM Registrar.

During the *clinical phases* of the MD curriculum, there is more flexibility in scheduling due to the 16 weeks of flex time allotted for students, and the nature of the block scheduling of clerkships. While 8-10 weeks of flex time is typically reserved for residency interviews, and some additional weeks may be needed to complete USMLE examinations beyond the



dedicated study block - there are reasonable scenarios where a student could take up to 6 weeks of flex time for a parental leave and still maintain their original graduation timeline.

During the clinical phases, If a student utilizes all flex weeks for leave and other commitments, but still wants to attempt to maintain their graduation timeline, there are some options to consider: 1) If interested in a primary care field, enrolling in a Continuity of Care (COC) [advanced elective](#) [which occurs over a 12-month period outside of regular clinical blocks], 2) enrolling in the advanced elective FAM:8424 Family Caregiving Transitions, coinciding beginning with or when returning from leave, 3) extending the final spring semester by 2 weeks past the commencement ceremony, thus taking additional weeks to graduate but still maintaining the necessary timeline to begin residency as scheduled. Otherwise, the student may choose to take a longer leave as necessary and simply push back the graduation date by a semester or year. Of note, this is general guidance and students should consult with an OSAC Dean or CCOM Registrar to individualize their plans.

### **C. Lactation Support**

Upon return to classes or clerkships after a parental leave, the college is committed to supporting the academic success of lactating students. Through partnerships with college and department leadership, a policy has been developed, in accordance with national health care laws and the American Academy of Pediatrics (AAP) policy statement on breastfeeding and the use of human milk that support the efforts of students who wish to continue to provide breast milk to their infants through pumping after they return to their academic programs.

Departments and units within the CCOM must reasonably accommodate a student's request for lactation time and ensure there is no retaliation, whether actual or threatened. Most lactating individuals need to pump milk approximately every 2 hours to maintain adequate milk supply. The policy applies to all educational/training experiences, including classroom experiences, clerkships and laboratory experiences. To see the entire policy and procedures supporting breastfeeding students, including resources on lactation facilities, please view the [Absences section of the student handbook](#).

### **D. Counseling Services for New Parents**

The Medical Student Counseling Center (MSCC) is committed to providing quality services and support to medical students, and recognizes the unique challenges faced by all medical students, but also those who are new parents. In order to maximize our students' success, we have developed [many programs](#) including those designed to support their mental health as guided by the [University of Iowa Carver College of Medicine Strategic Plan for wellness promotion](#). To make an appointment with a counselor, call 319-335-8056, or visit the MSCC in 1240 MERF.

### **E. Additional Resources & Opportunities for Student-Parents**

- [CCOM Student Parents – Student Organization](#)

- This is a student interest group to support medical and PA students who are current or expectant parents and those interested in learning more about parenting.
- FAM:8424 Family Caregiving Transitions ([advanced clerkship](#))
  - For M3/M4 Students with new babies within 3 months of birth or arrival (biological or adopted, mothers or fathers)
- [UI Family Services – Student Parent Resources](#)
  - Includes information on Child Care Subsidy program, back-up childcare options, and index of lactation room locations.
- [University New Parent Resources](#)
- [University and Community Resources](#)

## IV-7. Dropping Courses and Clerkships

Medical student are not permitted to drop a course after the deadline established by the Deans of the Office of Student Affairs and Curriculum of the Carver College of Medicine unless that student has received the permission of one of the Deans or the College's Registrar. Students who discontinue attending or participating in small group activities in a course without obtaining the permission of the dean shall receive a failing grade in the course.

Students in the M3 and M4 years must allow four-weeks notice when asking to drop or add a clinical clerkship or making any other schedule changes. Students should utilize advice from their Specialty-Specific Faculty Advisor when making changes to their Phase III schedule.

## IV-8. Specialty-Specific Faculty Advising

Students who are planning for the Phase III advanced electives must select a Specialty-Specific Faculty Advisor (SSFA) in August of M3 year. There is a [list of Specialty Specific Faculty Advisors in the Guide to Specialty-based Pathways](#); students must choose a Specialty Specific Faculty Advisor from the list. If a student has not chosen a specialty, they may choose the Learning Community Faculty Director or one of the OSAC Deans to assist in formulating the Phase III advanced elective schedule. Students are highly encouraged to select a Specialty Specific Faculty Advisor as soon as possible.

Student and the advisor will review the planned electives. Once satisfactory plan has been formulated, the Specialty-Specific Faculty Advisor must sign off on the proposed schedule. The signature is necessary before the registrar will accept the student's Phase III advanced elective scheduling request.

Students will be required to have another meeting with their SSFA during spring semester of M3 year, soon after having received their initial USMLE exam score. Additionally, if students change the desired specialty along the way, they will be required to have a meeting with a new SSFA upon making that change.

## IV-9. Diversity

The Carver College of Medicine's Statement on Diversity: Consistent with its academic mission and standards, the University of Iowa Carver College of Medicine is committed to

achieving excellence through diversity. As a community of faculty, staff and students engaged in research, patient care, scholarship, teaching and learning, the College of Medicine fosters an environment that is diverse, humane, and welcoming. Efforts are made to provide a supportive environment in which people from a wide variety of backgrounds and cultures may encounter each other in a spirit of cooperation, openness, and mutual respect.

Please see the OSAC [Diversity at Iowa website](#) for information on a range of curricular and extracurricular opportunities, student organizations, support services, and mentoring networks.

## **IV-10. Distinction Tracks**

Distinction Tracks offer students the opportunity to pursue scholarship outside of the medical curriculum. The tracks represent ways for students to explore interests beyond the basic science and clinical knowledge domains. The pursuit of distinction tracks is documented within a student's Medical Student Performance Evaluation Letter and acknowledged during the graduation ceremony.

Students are limited to earning no more than two distinction tracks. Participation in more than one distinction track is only allowed when necessary requirements for each track are satisfied separately.

## **IV-11. Academic Probation**

Academic Probation status and duration is determined by the Medical Student Promotions Committee. For further information, see section II. Evaluations, Grades, and Promotions section of this Student Handbook.

## **IV-12. Good Standing**

Students are considered to be in good standing, except in the following circumstances:

- While on probation
- With an incomplete remediation
- Upon a dismissal recommendation by the Promotions Committee

Not being in good standing will prevent students from participating in activities that require good standing as a condition of participation. If a desired activity will occur after a student is anticipated to have returned to good standing (typically through the completion of a remediation or other requirement mandated by the Promotions Committee), then students may be approved to apply for such an activity.

## **IV-13. Withdrawal from the College**

A student may withdraw from the Carver College of Medicine upon approval of a written request submitted to one of the Deans in the Office of Student Affairs and Curriculum or the College’s Registrar. The Financial Services unit should be consulted regarding the financial ramifications of such a withdrawal.

#### **IV-14. Reinstatement to the College**

Students who voluntarily withdraw or who have been dismissed from the College may apply for reinstatement.

Requests for reinstatement can be made within the first three years of the student’s separation from the College. One year following separation must elapse before a reinstatement request will be considered. Requests must be received in writing in the Office of the Dean of Student Affairs at least four months prior to the requested date of readmission. For example, any student desiring to re-enroll in the College in August must make that known by April. (Revised effective January 1, 2021).

Requests for reinstatement will be considered by the Medical Student Promotions Committee. Reinstatement requests usually involve a personal interview with the Committee. The Promotions Committee’s recommendations will be forwarded for action to the Executive Dean. Denials of a request for reinstatement cannot be appealed. One year must elapse before a subsequent request for reinstatement will be considered by the Student Promotions Committee.

Students who voluntarily withdraw or who have been dismissed from the College more than three years prior must reapply for admission through the regular admission process.

#### **IV-15. Refunding of tuition and fees to students who withdraw or are dismissed**

The Carver College of Medicine observes the University of Iowa Billing Policies and Procedures available at: <https://ubill.fo.uiowa.edu/billing-policies-and-procedures>

A refund is processed if the student does not register for the next regular semester or in the event of withdrawal from current registration. A processing period of 45 days may be required for such a refund and the account must have no activity for 60 days. The impact of this withdrawal on the student’s tuition refund is determined by the time of withdrawal, as shown in the following table (for withdrawals, a week is Monday through Friday, regardless of course start day):

<b>Withdrawal Tuition &amp; Fee Responsibility for Students</b>	
Semester Week Withdrawal	Tuition Percentage Responsible
during 1 <sup>st</sup> week	10%
during 2 <sup>nd</sup> week	25%
during 3 <sup>rd</sup> week	50%
during 4 <sup>th</sup> week	75%

Students receiving Title IV aid may need to return part of their disbursed aid to the government, depending on the percentage of the semester completed:

- Determine the percentage of the enrollment period completed by the student.
  - $\text{Days Attended} \div \text{Days in Enrollment Period} = \text{Percentage Completed}$ .
  - If the calculated percentage exceeds 60%, then the student has “earned” all Title IV aid for the enrollment period.
  
- Apply the percentage completed to the Title IV aid awarded to determine the student's eligibility for aid prior to the withdrawal.
  - $\text{Total Aid Disbursed} \times \text{Percentage Completed} = \text{Earned Aid}$
  
- Determine the amount of unearned aid to be returned to the appropriate Title IV aid program.
  - $\text{Total Disbursed Aid} - \text{Earned Aid} = \text{Unearned Aid to be Returned}$
  - If the aid already disbursed equals the earned aid, no further action is required.
  - If the aid already disbursed is less than the earned aid, a late disbursement will be made to the student.
  - If the aid already disbursed is greater than the earned aid, the difference must be returned to the appropriate Title IV aid program.
  
- When aid is to be returned, the refund is made directly by the University of Iowa in this order: Federal Direct PLUS Loan, Federal Direct Health Professions Unsubsidized Loan, Federal Direct Unsubsidized Stafford Loan. The amount returned will be applied to the student’s University of Iowa bill (u-bill), and the student will need to pay that amount before they are allowed to re-enter the program. As needed, small loans from the University of Iowa can be used to offset this amount, to be paid back by the student within 3 years of graduation.
  
- If the contracted charges are adjusted downward by the Registrar or Housing Office (per the table above) after the withdrawal is finalized, any credit balance is applied towards the student’s university bill or is refunded directly to the student.

## V. Health Policies

### V-1. Mental Health and Wellness

Medical school is among the most difficult of educational endeavors. In order to maximize our students success, we have [developed many programs](#) including those designed to support their mental health as guided by the [University of Iowa Carver College of Medicine Strategic Plan for suicide prevention and wellness promotion](#).

## V-2. Health insurance

There are inherent risks involved in taking care of patients. For this reason, all Carver College of Medicine students are required to maintain health insurance (or an equivalent alternative care plan) sufficient to satisfy minimum standards of coverage. It is recommended that alternative care plans cover immediate evaluation, testing, initiation of necessary prophylaxis, and follow-up for exposure to blood and body fluids.

If you have questions on the health insurance requirement or the various policies, please call the Benefits Office at 319-335-2676 or toll free 877-830-4001, Fax 319-335-2776 or go to <http://hr.uiowa.edu/benefits/health-insurance-graduate-students>.

Disability insurance, while not required, should be considered. If you are interested in purchasing disability insurance, we urge you to contact your local insurance agent.

All health sciences students are required to have health insurance coverage. You have two options:

1. Submit the proof of insurance form annually. If you have your own non-UI health insurance plan (such as coverage through you parent, spouse/partner), you must provide annual proof of coverage. To do this:

Sign in to MyUI ([myui.uiowa.edu](http://myui.uiowa.edu))

Under “Student Information” click on +MORE

Under “Student Life Management” click on “Student Insurance”

Click on the green “Submit Proof” button and follow the steps.

2. Enroll in health/dental insurance. To do, so submit an enrollment request for insurance.

There is a monthly premium cost. More information on the cost and the plan coverage may be found at <https://hr.uiowa.edu/benefits/ui-student-insurance/grad-students-and-health-science-majors-ship-or-uigradcare/ship-and> or call the Benefits Office at 319-335-2676.

Sign in to MyUI

Under “Student Information” click on +MORE

Under “Student Life Management” click on “Student Insurance”

Click on the green “Enroll in Insurance” button and follow the steps.

## V-3. Immunization requirements

Immunization is your personal responsibility. You can receive immunizations at your own healthcare provider office, or at [Student Health & Wellness](#).

These are the basic immunization requirements for health science students:

- Measles, mumps, rubella (MMR)
  - Two vaccines or positive antibody titres (blood tests) of all three diseases.
  - Two doses of each of the single component vaccines are acceptable. The first MMR must be given after the first birthday to be valid, and the MMR vaccines must be at least 28 days apart. For health science students, there is no age exemption for MMR.
- Tetanus/diphtheria/pertussis immunization within the last 10 years.
- Tuberculin skin test (TST) or IGRA (Interferon Gamma Release Assay- Quantiferon Gold or T-Spot blood test) required pre-entrance (and annually if positive test history exists).
  - If you have never had any TB skin testing, the two-step TST is done as follows: The first test is placed and results are read in 48-72 hrs. The second test is placed at least 7 days after the reading of the first test and read at 48-72 hrs. Send documentation of both tests and include placement date, reading date, result, and mm induration.
  - If you have documentation of (1) negative TST in the past 12 months or documentation of (2) negative TSTs in your past, you need one more TST to meet the two-step requirement.
  - TSTs must be read 48-72 hours after placement- required documentation includes placement date, reading date, result, and mm induration.
  - Those with a history of a positive TST or IGRA must provide a copy of the CXR (Chest x-ray) report.
  - If treated for LTBI (Latent TB Infection), provide medication treatment dates.
  - Students with a history of a positive TST are also required to complete a symptom assessment initially and annually-[form is on the SHW website](#).
- Hepatitis B (see below)
  - Three vaccine series, completed at the appropriate intervals, followed by antibody titre 4-8 weeks after third vaccine.
  - The titre is REQUIRED, even if series was completed as a child.
  - If antibody titre is negative, follow [algorithm form on website for boosters and re-checking titre](#).
- Varicella (chicken pox)
  - Two vaccines or positive antibody titre.
  - If you had varicella as a child, you must have a titre to document immunity.
- Health Screening
  - Complete the Health Screening form once upon entry to the Health Science program.
  - Can be signed by RN, MD, DO, PA, ARNP.
  - [This form is on the SHW website](#)

Other vaccines recommended by the CDC/ACIP and Student Health & Wellness:

- Meningitis: if initial vaccination was given before age 16, a booster is recommended.
- Influenza: many rotation sites and hospitals require this annually. Strongly recommended to reduce the risk of infection not only to the students but also to hospitalized patients who are placed at risk in part because of contact with hospital personnel.
- Hepatitis A: (2) vaccine series.
- HPV (human papilloma virus): (3)-vaccine series for males and females up to age 26.

Students receiving training at other facilities are required to meet the immunization and testing requirements of the training facility.

Hepatitis B



During the course of clinical training, students will come in contact with patients who have hepatitis B. Students are required to have completed the full hepatitis B immunization series (3 doses), and a hepatitis B titre (blood draw) that confirms immunity to hepatitis B, prior to the end of the first semester of medical school. Immunization is the student's personal responsibility. Students may wish to contact their personal physician for immunization. Immunization and titres for hepatitis B are available through [Student Health & Wellness](#). The vaccine is given over a period of six months, with three separate shots. The titre is drawn 4-8 weeks after the third shot. All three immunizations must be given to increase the likelihood that the vaccine will be fully protective. The first year financial aid budget is adjusted to include the cost of immunization.

## **V-4. Exposure to Infectious and Environmental Hazards**

The CCOM is committed to the safety of its students in the clinical setting. Students should not undertake participation in a procedure involving sharps or needles without first completing prescribed training, as required by [UIHC Health and Education Required Compliance Training](#). This training must be completed upon matriculation (specifically, course #H02037 Safety/Infection control) then annually.

### **Protocol for Blood Borne Pathogen Exposure**

In the event of a sharps or needle stick injury, the student or his/her supervisor should access [this site](#) and proceed as directed. If students or supervisors have uncertainties about how to proceed, then a call should be placed immediately to the Student Health Nurseline number 319-335-9704. A student experiencing a needlestick or significant contamination on unprotected skin/eyes/mouth by patient blood or body fluids should immediately:

- Wash/flush the exposed area
- Inform your instructor/preceptor/attending physician
- Identify the source of exposure, including name/hospital number/ID of individual if applicable (preceptor, RA or hospital staff can assist with this)
- Initiate the collection of the source patient's labs by following the instructions on [The Point](#) (pay attention to item #6 to correctly label as student exposure). Enlist the help of your preceptor or hospital staff.
- Call Student Health Nurseline 319-335-9704
- Students on rotation at the VA Hospital should seek care at the VA Employee Health Clinic 319-338-0581 ext. 5952
- If the SHS or VA EHC are closed, call the UIHC Integrated Call Center at 319-384-8442 and ask to speak to the staff M.D.
- If in Des Moines, call appropriate Employee Health Clinic:
  - Iowa Methodist/Blank Childrens: 515-241-6425 (after hours: 515-333-7423)
  - Iowa Lutheran: 515-263-5213 (after hours: 515-330-7078)
  - Broadlawns: 515-282-2596 (after hours: 515-282-2253)
  - VA 515-699-5999 ext. 4125 (after hours: 515-699-5800)
- Obtain medical care as advised
- Accept responsibility for follow-up



- For the complete protocol for medical students at UIHC or off-site, see the [Student Health website](#).

If a CCOM MD student receives a bill for the procedure, they should submit to insurance. OSAC will cover any remaining balance after being processed by insurance. Please submit the cost of the remaining balance to Financial Services in 1216 MERF.

### **Guidance on Communicable Illness**

Students will not attend preclinical coursework or clinical education rotations if infected with a communicable disease that may threaten the wellbeing of others. Students should notify the course or clerkship director immediately in accordance with the Policy on Attendance Expectations and Absences. Students should follow Student Health guidelines and those of the [UIHC Communicable Disease Work Restrictions policy HR.P.18](#).

### **Policy on Respirator Fitting: Airborne Infection Prevention**

All CCOM students are provided a mask fitting prior to starting clerkships. If students find they need re-fitted for their N95 respirator, they can reach out to the clinical curriculum team in OSAC.

### **Educational Impact: Infectious or Environmental Disease or Disability**

CCOM fulfills its obligation to educate future physicians while adhering to procedures that maintain the health and safety of patients and that protect the personal rights of medical students with infectious diseases or immunocompromised conditions.

CCOM adheres to the [University of Iowa Healthcare policy CC.P.27](#) regarding the actions that need to be taken if a student has an infectious or communicable disease such as hepatitis B, hepatitis C, or HIV. Much of the decision making regarding the ability of these students to participate in activities is the responsibility of an expert panel that may include the Student Health Medical Director, the House Staff Training Director, and the VPMA/dean of the college of medicine, and it is based on guidelines set forward by The Society for Healthcare Epidemiology of America (SHEA) and the Centers for Disease Control.

Any learning activities that may be impacted by infectious or environmental disease or disability will be reassessed on an individual basis by the office of student affairs and curriculum deans, the registrar and the course/clerkship directors. The school will attempt to provide reasonable alternative experiences to ensure the student meets curricular requirements. However, patient and student safety are paramount; therefore, in certain situations, students with such conditions may not be able to meet the curricular requirements to advance and/or graduate from the school of medicine program. In some cases, in consultation with the expert panel described above, medical students with infectious diseases may be referred to the senior associate dean of medical education or designee for additional counseling related to the impact of the condition upon the student's professional trajectory.

Protracted illness or disability might warrant an extended leave of absence until the student has recovered and able to return to school.

Students who develop or have existing disabilities may contact the school's accommodations service for an assessment. Students with disabilities can fully participate in the curriculum as long as they are able to perform the activities and meet expectations outlined in the technical standards with or without reasonable accommodations.

## **V-5. Substance use**

During recent years there has been increasing recognition that alcoholism and drug dependence constitute a major health hazard for physicians. A study done by the Georgia Medical Society's program for impaired physicians suggests that one of every eight physicians will have a problem with drugs and/or alcohol at some time during his/her career. Although the average age at which substance use is identified in physicians is 45 years, the problem begins much earlier, often in college, medical school or residency. A number of factors contribute to this substantial risk for physicians such as:

1. lack of education regarding the risk of substance use;
2. easy availability of drugs;
3. the MDeity complex or physicians' belief that they should be able to solve all problems and cure all diseases, both those of others as well as their own;
4. stress of time demands, unremitting responsibility and cultural expectations;
5. early social use of drugs or alcohol as therapy for stress;
6. Titanic complex that professes that physicians are "unsinkable";
7. short lived relief that alcohol may give those suffering from clinical depression or clinical anxiety; and
8. the common use of alcohol as a central part of many medical student social functions.

The purpose of early identification and evaluation of physician trainees who are impaired due to alcohol or drugs is to provide confidential services that are strictly divorced from disciplinary action and to assist trainees in pursuing career plans. Prevention strategies include awareness of the possible problem of substance use, development of various personal techniques for coping with stress, developing appropriate support systems, relapse prevention skills, enhanced communication abilities, healthy recreation skills and learning to seek and use assistance.

Providers for care for students with substance use issues are listed at <http://www.medicine.uiowa.edu/md/supporting-students/student-counseling/resources-and-referral-information>, including descriptions of available services and access information.

Medical students who are concerned that their own or others' use of drugs or alcohol has led or may lead to any level of physical, social, academic or mental impairment are encouraged to seek assistance through the Office of Student Affairs and Curriculum, the OSAC Deans, the Medical Student Counseling Center, the University of Iowa Counseling Services (335-7294), University of Iowa Student Health or local community agencies or private practitioners.

The Carver College of Medicine adheres to the policy regarding the use of illegal drugs and alcohol established by the University (Section IID. Policy Regarding the Use of Illegal Drugs and Alcohol, in the *Policies & Regulations Affecting Students*). This may be found at <http://dos.uiowa.edu/policies>. In addition, failure to meet specific promotion requirements of the Carver College of Medicine as a consequence of substance use will be handled using standard promotions procedures.

## V-6. Policies for students with disabilities

The University of Iowa, Carver College of Medicine (CCOM) makes every effort to ensure that all qualified applicants and students can participate in and take full advantage of all programs, services, and activities offered by the University, including CCOM. The University of Iowa gives full consideration to all applicants for admission and does not discriminate in access to its programs, services, and activities on the basis of race, creed, color, religion, national origin, age, sex, pregnancy (including childbirth and related conditions), disability, genetic information, status as a U.S. veteran, service in the U.S. military, sexual orientation, gender identity, or associational preferences. See

<https://opsmanual.uiowa.edu/community-policies/human-rights>

<https://opsmanual.uiowa.edu/community-policies/nondiscrimination-statement>

All students enrolled in educational programs at the CCOM must possess the ability to meet the technical standards and competencies outlined in the [Technical Standards for Admission and Retention](#). To remain in good academic standing, all students, with or without reasonable accommodations, also are required to meet the achievement standards established by the faculty and profession. Changing or diminishing the technical and achievement standards are not a reasonable accommodation and such requests will not be granted.

Students may disclose a disability and request reasonable accommodations at any time after formal acceptance. Reasonable accommodations are determined on a case-by-case basis. A medical or physician assistant student who would like to request reasonable accommodations may make an appointment with an accessibility specialist at the CCOM Medical Student Counseling Center (MSCC). Students may request assistance with finding a licensed health care provider to diagnose a disability, assess the scope of current limitations a disability has on major life activities, and/or to recommend reasonable accommodations that are directly related to a disability. Students assume all financial responsibility for the cost of disability-related assessments and/or diagnosis.

### A. Reasonable Accommodations

The CCOM strongly encourages students with disabilities to discuss their needs and engage in the interactive process as early as possible so that reasonable accommodations for which they may be eligible can be identified and provided. Documents containing disability-related information are confidential and are maintained securely in the MSCC.

1. **Disclosure of Disability:** It is the responsibility of a student who has a disability and seeks accommodations to disclose the disability and file a request for reasonable accommodations

in writing. It may take time to engage in the interactive process, so starting the process as soon as possible helps ensure a student's needs are met in a timely manner. Student Disability Disclosure & Request for Reasonable Accommodations Forms may be obtained from the MSCC. A completed copy of this form must be submitted to a CCOM accessibility specialist in the MSCC. All materials pertaining to the disability status of students that are retained by the MSCC remain separate and apart from student education records. Student disability accommodations records are released only with a student's written consent and/or as required by law. CCOM Letters of Approved Accommodations are retained during enrollment and for seven years beyond a student's graduation date/departure from CCOM. Documentation of disability submitted by students is retained for three years beyond a student's graduation/departure from the CCOM.

2. Statement of Understanding: Students must sign a Statement of Understanding and Release that specifies the need for formal documentation of their disability, how the information will be used to determine accommodations at the CCOM, with whom it will be shared, and the limits of confidentiality. The Statement of Understanding and Release also gives an accessibility specialist and/or other MSCC staff permission to discuss pertinent evaluative information with the Disability Accommodations Committee as a part of the interactive process (see paragraph 5, below).
3. Required Disability-Related Medical Information and Documentation: When required, the student's licensed health care provider must provide written factual, objective medical information sufficient to document a student's disability, including substantial limits on one or more of the student's major life activities, and recommend accommodation(s). The CCOM reserves the right to request that students provide additional disability-related information or clarification, or to obtain the student's permission to communicate directly with the licensed health care provider. As stated above, students may request referrals for local licensed health care providers and the student assumes financial responsibility for any costs related to such referrals, assessments, and/or disability diagnosis.
4. Reasonable Accommodations Decisions and Disability Accommodations Committee ("Accommodations Committee"): Once the student's file is complete, including executed copies of the Student Disability Disclosure Form and Statement of Understanding and Release, and any required disability-related medical information, the CCOM accessibility specialist, or a MSCC designee in the accessibility specialist's absence, will review the file and identify reasonable accommodations. An accessibility specialist may consult with course or clerkship directors, curriculum staff, and/or one or more members of the CCOM Accommodations Committee. As a part of the interactive process, the Accommodations Committee may review the student's de-identified MSCC file, including the request for accommodation(s) and any disability-related medical information and recommend reasonable accommodations. An accessibility specialist or designee will provide the student with a written explanation of the identified and approved reasonable accommodations. Prior to informing a student of a request denial, a CCOM accessibility specialist may consult with the University's ADA Coordinator in the Office of Civil Rights Compliance, including a review of the Accommodations Committee's recommendation(s) and any related explanation.
5. Appeals to the Senior Associate Dean for Medical Education: A student who believes reasonable accommodations were improperly denied or modified may submit a formal, written appeal to the Senior Associate Dean for Medical Education within ten (10) business days after receipt of the decision. The Senior Associate Dean shall assemble a Disability Accommodations Appeals Committee ("Appeals Committee"), and within ten (10) business

days following receipt of the student's formal, written appeal, the Appeals Committee will evaluate the record and provide written recommendations to the Senior Associate Dean. The Appeals Committee recommendations may include, in whole or in part, affirming the decision, modifying the decision, and/or sending the matter back to the Accommodations Committee for further deliberation. The Senior Associate Dean shall issue a written decision on the appeal to the student within five (5) business days of receiving the Appeals Committee recommendation(s).

6. Office of Civil Rights Compliance: Students may seek review of the Senior Associate Dean's decision by contacting the University's ADA Coordinator in the Office of Civil Rights Compliance within ten (10) business days of receiving the Senior Associate Dean's decision. If no review is sought, the Senior Associate Dean's decision becomes the final institutional action. The student may appeal the final institutional action to the Iowa Board of Regents pursuant to its policies and procedures. [Board Policy Manual, 1.7.](#)

## **B. Disability Accommodations Committee**

The Disability Accommodations Committee is comprised of four to five members, including at least one physician and at least one psychologist with expertise in psychological assessment procedures and interpretation. The Senior Associate Dean for Medical Education will appoint all members to the Accommodations Committee. The Director of the MSCC will serve as a non-voting ex officio member. Each committee member will be appointed for a two-year term. At the discretion of the Senior Associate Dean, members may be reappointed to the Committee at the conclusion of their term.

## **C. Disability Accommodations Appeals Committee**

In the event of a student appeal, the Senior Associate Dean for Medical Education will assemble a committee comprised of CCOM faculty members, one of whom must be a physician, and one who is either a licensed counselor or psychologist. None of these appointees will have participated in the decision that is being appealed or any related Disability Accommodations Committee recommendations. The Senior Associate Dean of Student Affairs and/or the Director of the MSCC will serve as a non-voting administrative representative(s) to the Appeals Committee.

## **V-7. Personal counseling**

Medical Student Counseling Center (MSCC) counselors are trained to help students manage and cope with difficulties that cause stress. If a student's concern is beyond the scope of the services the counseling center can provide, counselors will find appropriate resources for the student within the university or community. Medical students can be referred to and meet with a UIHC psychiatrist if it appears that medication may be an appropriate course of treatment.

Personal counseling at MSCC is confidential. Counselors are available to provide both short-term and long-term counseling and therapy to students. Typically, counseling is done individually. However, couples counseling is also available to medical students and their significant others. Workshops targeted at helping students with things like depression, anxiety, and/or relationship concerns are offered periodically through the MSCC.

Appointments with a MSCC counselor can be made by contacting the [MSCC](#) at 335-8056. However, students should feel free to drop in at any time during office hours if they would like to speak with a counselor. Every effort will be made to meet with a student as soon as possible. For more information, please visit the [Medical Student Counseling Center website](#)

## **VI. Professional and Ethical Behavior Policies**

In addition to achieving passing grades in all required courses and clerkships and passing Step I and Step II of the United States Medical Licensing Examination (USMLE), medical students are required to adhere to standards of ethical behavior and professional conduct in order to graduate. Professional conduct encompasses demonstration of an interest in learning, appropriate interpersonal skills, respect for differences among fellow students, patients and colleagues, adherence to confidentiality guidelines, abidance by local and national laws, and adherence to the ethical principles listed below. Ethical and professional behavior includes the expectation that students will do their own work and give credit to others where due (e.g., write their own reports or other assignments and give complete citations when quoting material from others), and will neither give nor receive assistance from other students on examinations. Failure to demonstrate these attributes on one or more occasions can constitute grounds for review by the Medical Student Promotions Committee with dismissal from the College as a possible outcome.

Professionalism performance is tracked parallel to course and clerkship grading, utilizing a specific standardized rubric. Behavioral expectations are shared with students through course/clerkship orientation and syllabi and during the Transition to Clerkships course. Students are assigned “Meets Expectations”, “Needs Improvement” (NI), or “Fail”. A student receiving “Fail” on professionalism performance will fail that course/clerkship and be evaluated by the Promotions Committee. All “Needs Improvement” incidents are shared with the OSAC deans and registrar and students receive feedback from their course/clerkship director or an OSAC dean. Students with more than one “Needs Improvement” on one course/clerkship or across different courses/clerkships will be evaluated by the Promotions Committee.

During the clinical phases of the curriculum, a student with one “Needs Improvement” is not eligible for Honors on that clerkship and a student with more than one “Needs Improvement” is not eligible for Near Honors on that clerkship.

### **VI-1. Professional and Ethical principles**

Students, staff and faculty at the Carver College of Medicine are expected to adhere to the following general principles of medical professionalism and ethics. These are modified from the American Medical Association’s Principles of Medical Ethics. Students, faculty and staff are expected to:

1. Be dedicated to providing competent, compassionate, and respectful medical service to all patients, considering each as an individual, regardless of characteristics such as race, creed, color, religion, national origin, age, sex, pregnancy (including childbirth and related conditions), disability, genetic information, status as a U.S. veteran, service in the U.S. military, sexual orientation, gender identity, or associational preferences.
2. Demonstrate honesty towards patients and colleagues and strive to expose or otherwise respond in a professional manner to those persons of the health care team whose behavior exhibits impairment or lack of professional conduct or competence, or who engage in fraud or deception.
3. Abide by the law.
4. Respect the rights of patients including the right to confidentiality, and safeguard patient confidences within the constraints of the law.
5. Continue to study, apply and advance scientific knowledge; make relevant information available to patients, colleagues, and the public; suggest consultation; and use the talents of other health professionals when indicated.
6. Recognize a responsibility to participate in activities contributing to an improved society
7. Serve as a positive representative of the Carver College of Medicine and the medical profession as a whole by demonstrating social responsibility both on and off campus.

Examples of unethical behaviors and unprofessional conduct include, but are not limited to:

1. Plagiarism (e.g., copying another student's work, quoting material other sources without proper citation and receiving credit for the work as one's own)
2. Cheating: a community member who submits another's work as his or her own or otherwise gains an unfair advantage over colleagues is guilty of cheating. Facilitation of these behaviors by a colleague also constitutes cheating. Additionally, observation or knowledge of these behaviors is considered acquiescence by inaction\* and considered a violation of the Honor Code. Examples of cheating include, but are not limited to the following:
  - Copying from another's examination, or allowing other students to copy from one's examination
  - Collaboration during an examination with any person
  - Using unauthorized materials during a test
  - Taking prepared materials into a closed-book examination
  - Reproducing or communicating test questions without express permission of the course or clerkship director
3. Dishonesty
4. Falsification of documents
5. Violations of confidentiality

6. Mistreatment of patients, simulated or real
7. Inappropriate online activities, including materials made available through social networking sites
8. Displaying public behavior that may reflect negatively on the student, College, and profession (i.e. public intoxication, viewing potentially offensive medical images on public computers, discussing potentially offensive portions of the medical curriculum (i.e. anatomic dissection) or patient care, etc.)
9. Unlawful activity. Students who are placed under arrest must report this to a dean in the Office of Student Affairs and Curriculum within 48 hours.

\* Appropriate actions include: approaching the student directly about the observed action, consulting a member of the Honor Council, and/or contacting a Faculty member or an Administration representative.

### **Reporting of unprofessional behaviors**

Students who observe unprofessional behavior are encouraged to directly report these observations to OSAC Deans using the confidential online reporting system described in this section.

If they wish, students may also choose to discuss their concerns with any CCOM faculty member, a course or clerkship director, curriculum manager, or a faculty learning community director.

A confidential professionalism reporting form is available online, where students can provide details regarding the incident.

- Links to the professionalism form are available on the ICON sites of each course and clerkship, at the end of each course and clerkship evaluation form.
- Students can also report unprofessional behaviors by faculty, residents, nursing, and other staff, any time by accessing the unprofessional behaviors reporting system [here](#).

Once submitted by a student, a professionalism report is immediately sent exclusively to the OSAC deans (no other faculty or staff, including course/clerkship directors will have access to these reports). If the reporting student chooses to disclose their identity, an OSAC dean may contact them to discuss the incident. To protect the student from academic retaliation, the dean routinely waits until the student's course/clerkship grade and any associated faculty evaluations have been submitted before addressing the incident, unless the student prefers more immediate action. Information regarding the specific incident will ultimately be shared with the course/clerkship director and department chair. When the person responsible for the behavior is a faculty member, information will also be shared with the Associate Dean for Faculty Affairs.



- The course/clerkship director, department chair and Associate Dean for Faculty Affairs are asked to address the incident with the responsible person. Interventions may range from feedback to formal remediation.
- They will subsequently communicate back to the OSAC dean to confirm that the incident was addressed.
- When the student who filed the professionalism report is known (and interested), the OSAC dean will share with them that an intervention was taken.

If the report is regarding a professionalism incident committed by one of the OSAC deans, it will be forwarded directly to the Executive Dean who will then address the issue with the OSAC dean.

## **VI-2. Honor Code**

The health care professions require providers and learners of superb character who lead lives that exemplify high standards of ethical conduct. A shared commitment to maintaining those standards, embodied in an Honor Code, creates an atmosphere in which community members can develop professional skills and strengthen ethical principles.

The Honor Code demands that community members tell the truth, live honestly, advance on individual merit, and demonstrate respect for others in the academic, clinical and research communities. Read more about the [Honor Code, and the student-run Honor Council](#).

## **VI-3. Confidentiality**

Medical students are required to respect the rights of patients including the right to confidentiality and shall safeguard patient confidences within the constraints of the law.

As a member of the patient care team, students will have access to information from patient medical records and/or computer-stored information. This information may not be discussed with anyone unless this disclosure is required in the performance of duties and responsibilities. *It is a breach of confidentiality to review medical records or to access computer-stored patient information not required in the performance of assigned duties.*

Students are responsible for maintaining the confidence of patients by sharing confidential information only with others who need to know and by handling any documentation of information appropriately. Students are required to submit a signed confidentiality statement during Orientation and each year after that an online confidentiality statement is required.

Students should note that the confidentiality policy applies to all student-patient interactions, in both formal curricular and extracurricular or volunteer contexts.

Patient information furnished to The University of Iowa Hospitals and Clinics and staff/payroll personnel data stored in EPIC are confidential. The following are basic rules of confidentiality you are required to respect:

1. Under no circumstances should any information that is not required in the performance of the job be accessed (read or copied).
2. Information properly obtained while carrying out assigned duties may NOT be discussed with others who do not have the same need to know.
3. Once confidential information is on paper and in a student's hands, they are responsible to dispose of it appropriately: a) distribute to authorized persons only; b) file securely; c) destroy.

## **VI-4. Dress Code**

Students are expected to dress appropriately and to comport themselves in a manner consistent with the location and nature of their educational activities.

When students interact with patients, families, and health care professionals, “traditional” attire and physician-identifying clothing, such as a white coat with the Carver College of Medicine embroidered logo and a name badge, are appropriate. Medical students are expected to identify themselves as students at all times and must assume responsibility to clarify their role to patients.

The following is excerpted from the University Hospital Advisory Committee (HAC)'s Professional Appearance Policy for staff, faculty, physicians, students, and volunteers who are required by UI Hospitals and Clinics Photo Identification Card Policy to wear a UI Hospitals and Clinics identification badge. This initial policy was made effective January 1, 2004, updated in 2014, and is available in full online at <https://uihc.org/professional-appearance-policy-overview>

### **A. Grooming/Personal Hygiene**

- Staff, faculty, physicians, students, and volunteers must be physically clean, well groomed, and take steps to prevent and/or address problems of offensive odors such as body odor, cigarette or cigar smoke, etc.
- In order to promote a fragrance-free environment staff will not wear perfume or other scents. Fragrances may cause allergic or adverse reactions in others and must be avoided.
- Hairstyles are not to interfere with assigned duties or pose a threat of infection or physical hazard.

### **B. Jewelry/Adornments**

- The wearing of jewelry and accessories must not interfere with assigned duties and must not pose an infection threat or physical hazard to the patient, to self, or to another person.
- Tattoos, piercings, and body art with wording, images, or placement (e.g., tongue) that are inappropriate or offensive in a professional work environment must be covered, or removed, during work time.

### **C. Clothing/Apparel/Uniforms**

- Clothing must be neat, clean, and free from offending odors.
- Certain departments may require special dress standards, such as wearing uniforms or scrubs.
- OSHA Standard 1910.136(a) mandates that caregivers use protective footwear when working in areas where there is a danger of foot injuries due to falling or rolling objects, or objects piercing the sole, and where such caregiver's feet are exposed to biological or electrical hazards. Closed toed shoes are required in departments and areas in which the above hazards exist, including all patient care areas.
- No shorts, no denim clothing of any type, no yoga pants or other exercise or workout clothing, T-shirts, sweatshirts, fleece apparel, or sweatpants. Groundskeepers and valets may wear knee-length shorts for exterior work.
- No flip-flops or other such footwear.
- No open-toed shoes in clinical areas.
- No caps or hats, unless worn for medical or religious reasons or for the nature of specific duties, such as outdoor work.
- No apparel with inappropriate or unprofessional images, wording, or logos.
- No clothing that is too tight, too short, form fitting, loose fitting, exposes cleavage, undergarments, mid-section, underwear, or buttocks.
- No holiday or event-themed costumes; Halloween costumes are prohibited.
- Scrubs are to be worn in compliance with UI Hospitals and Clinics Policy III.05, Scrub Attire.

For more information, please call the Staff Information Hotline at 356-2444.

When students are assigned to clinical activities in the community, outside of UIHC or the VAMC, they should consider themselves as representatives of The University of Iowa Health Care. Hence, attire and behavior should promote a positive impression for the individual student, the specific course, and the institution. Specific dress requirements may be set by community-based clinical activities. These requirements typically will be included in written course materials, but if any doubt exists, it is the responsibility of the student to inquire.

There are strict protocols at UIHC and the VAMC regarding the appropriate use of scrub attire:

- Maroon scrub suits may not be worn outside of the operating room suites
- Other colored scrub suits may be worn anywhere in UIHC or the VAMC, and are especially practical on night-call, but, in general, students should wear their own clothes for patient care in clinics and on inpatient services. Scrub suits may not be taken home.
- Bonnets, masks, foot coverings, and gowns from the operating suites look unprofessional when students are in the clinics or on the inpatient services. They should be removed before doing other patient care.

## **VI-5. Course and lecture evaluations**

Medical students' responsible and timely evaluation of lectures, small groups and courses improves curricular and clinical requirements. Additionally, providing evaluation is an integral part of a physician's career. In order to strengthen curricular offerings and build effective skills in communication, students should offer constructive feedback and avoid excessive negativism and offensive language.

## **VI-6. Attention to administrative details**

Medical students are expected to attend to their administrative responsibilities in a timely manner. Examples of these responsibilities are paying their University bill on time, meeting the annual immunization requirements of Student Health Service, making and keeping appointments with OSAC deans and other administrators, meeting deadlines such as drop and add deadlines for courses and clerkships, turning in applications and other paperwork on time, etc. Students who consistently violate these requirements and courtesies will be referred to the Associate Dean for Student Affairs with possible referral to the Medical Student Promotions Committee.

## **VI-7. Collegiate computer misuse**

Misuse of electronic communication equipment is considered a violation of the University Code of Student Life and may represent a violation of state or federal law. Violations of University policy may result in the violator being brought before the Medical Student Promotions Committee with a possible outcome of dismissal from the College. Relevant university policies are available here: <https://opsmanual.uiowa.edu/community-policies/acceptable-use-information-technology-resources> ; <https://dos.uiowa.edu/policies/code-of-student-life/>

# **VII. Miscellaneous Policies**

## **VII-1. Collegiate Policy on Pre-Clinical and Clinical Time Commitments and Expectations (Duty Hours)**

### **Preclinical Phase (Phase 1)**

The preclinical curriculum consists of 19 to 20 credit hours per semester. Class activities may include lectures, laboratories, small discussion groups, and other formal educational activities. Some courses require additional activities that must be completed outside of scheduled class time (such as watching online modules, taking quizzes, or preparing a class presentation).

- Students are not to be scheduled for more than, on average, 30 hours per week of activities, which includes time spent in class activities as well as required activities that must be completed outside of scheduled class time.
- This does not include time for reading and studying.

### **Clinical Phases (Phases 2 and 3)- Clinical Duty Hours**

[Adapted from the ACGME Program Requirements] Providing medical students with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and student well-being. Each program must ensure that the learning objectives of the medical curriculum are not compromised by excessive reliance on medical students to fulfill service obligations. Didactic and clinical education must have priority in the allotment of medical students' time and energies. Duty hour assignments must recognize that faculty, residents and students collectively have responsibility for the safety and welfare of patients.

- The maximum time a student is permitted to be clinically active on a required, selective or advanced clinical elective clerkship is 80 hours in any week.
- Required core and selective clerkships: The average time a student spends on clinical duties in the hospital during a required or selective clerkship should not exceed 65 hours/week. Students will receive on average at least 1 day off in 7 during a required or selective clerkship. Students should not exceed 16 consecutive hours of clinical duties in the hospital for required or selective clerkships.
- Advanced clerkships (required and elective): The average time a student spends on clinical duties in the hospital during an advanced clerkship should not exceed 80 hours/week. Students should not exceed 24 consecutive hours of clinical duties in the hospital. However, a 24+4 rule is in place which allows an extra four hours that can be used to finish work on overnight patients (sign off, check a lab result if students are curious to see the result of an intervention that they did during the night, or to attend a particularly important morning conference). Students should not pick up new work during that time. Students will receive on average at least 1 day off in 7 during an advanced clerkship.
- Every clerkship must include this policy in the clerkship syllabus and distribute it to all faculty, fellows, and residents who have responsibility for medical student instruction. Each fall, core and selective clerkship directors will submit to OSAC their clerkship schedule template, clearly demonstrating adherence with duty hour policies.
- Medical students who believe they are being required to devote time to clerkship duties in excess of the provisions of this policy are encouraged to first bring their concerns to the clerkship director during the clerkship. If their concerns are not adequately resolved in this way, or after the end of the clerkship, or if they are not comfortable discussing them with the clerkship director, they may bring these concerns to the Senior Associate Dean for Student Affairs and Curriculum.
- If a clerkship director perceives that a student is spending excessive time on clerkship duties, such that the student's well-being or the well-being of patients may be compromised, the director should counsel the student and if appropriate specifically restrict the amount of time the student spends on duty. If the matter is not appropriately resolved in this way, the director should refer it to the Senior Associate Dean for Student Affairs and Curriculum.
- On the end-of-clerkship evaluation, all students will be asked whether or not the clerkship followed duty hour policies. Students who feel that duty hours were not followed will be prompted to provide additional details. These anonymous reports will not be visible to clerkship faculty and administration. They will be directly forwarded to the Student Affairs and Curriculum deans for further action.
- At any time, students may report concerns regarding violations of the duty hours policy, through this online reporting system [here](#).

## VII-2. Parking

Parking near the medical school is limited. We recommend securing housing near the medical complex or housing that is served by public transportation: [www.icgov.org](http://www.icgov.org); [www.coralville.org](http://www.coralville.org); [transportation.uiowa.edu/cambus](http://transportation.uiowa.edu/cambus).

UPASS: Bus passes for Iowa City and Coralville Transit systems are available through the university's [UPASS program](#). The UPASS is an annual pass and can be purchased at a discounted rate for students.

You must have a valid class registration for the applicable semester before you can apply for a parking permit or UPASS. Once you have that you can apply online at [myui.uiowa.edu](https://myui.uiowa.edu). Log in with your HawkID and password. Then follow the prompts to apply for a parking permit or UPASS.

Parking options: available online at [transportation.uiowa.edu/parking](https://transportation.uiowa.edu/parking). Parking permits are available in limited quantities. The cost is billed by semester.

Motorcycle Parking Permits and Night Weekend Permits are available as well. <https://transportation.uiowa.edu/parking>

### *Parking and Transportation Questions*

Contact the Parking Office by phone at 319-335-1475 or by email at [parking-office@uiowa.edu](mailto:parking-office@uiowa.edu).

Note - you are required to register your motor vehicle with the UI Parking Department even if you do not apply for a parking permit. Register your vehicle online at <https://parking.uiowa.edu/>

## **VII-3. Smoking**

The University of Iowa Hospitals and Clinics is a tobacco-free campus. University of Iowa campus policy prohibits the use of e-cigarettes, cigarettes, and other tobacco-related products on UI property. Under the Iowa Smokefree Air Act, persons smoking on UI property may be fined \$50.

For campus boundary maps and links to resources to help stop using addictive tobacco products, visit the [Tobacco Free Campus Policy website](#). Please report policy violations to UI Police non-emergency number at 319-335-5022 or UI Health Care Safety and Security at 319-356-2658.

## **VII-4. General Policy Statement Regarding On-Call Rooms**

On-call rooms are provided by OSAC in order to provide accommodations for medical students during their overnight shifts in the hospital. OSAC provides two call rooms: C54-8 (females) and C54-9 (males). Each room has 4 beds, a private bath with shower, and a computer. Your badges will provide you access to the rooms. We do not anticipate that more than 8 students will be on call in one night, so there is no “reservation system” for the call rooms.

## **VII-5. Policies for CCOM Student Organizations**

### **General Policies**

- The use of the University of Iowa name is restricted. Policy information: <https://opsmanual.uiowa.edu/community-policies/use-university-name>
- If you have University of Iowa affiliations, you need to have an account set up if you wish to have financial transactions (fundraisers, etc.).
- Outside bank accounts are not allowed without special permission from the [UISG](#) office.
- If any financial transactions are to transpire, you are required to follow the [University of Iowa Cash Handling policy](#).
- An account needs to be set up at the University of Iowa Student Organization Business Office via [Org-Sync](#) or work with the University of Iowa department that relates to your 'interest group'. CCOM Financial Services are not equipped to handle all of the CCOM Student Orgs, so please follow the guidelines below on how to set up your account. All accounts need to be renewed (maintained) each year (revision of student leaders, etc).

### **Policies related to specific fundraising activities**

- Bake 'Sales' for fundraising have many policies to be followed for a **REGISTERED** organization. If a licensed vendor *DONATES* the food, you can put a price on your goods. This is because a licensed vendor has passed any food inspections by the State of Iowa in order to continue business. If the merchandise is homemade however, you CANNOT price your items for sale. **You can offer a suggested donation price only.** A list of ingredients is also required due to potential donors having allergies. And finally, there is the cash handling policy that needs to be followed. Any time cash is handled, we want to ensure that you are protected so there needs to be a paper trail of financial information.
- Raffles also come with many policies to follow. They are considered gambling in the State of Iowa. 6% of your proceeds go to the State and 1% to the local school district. Cash handling rules apply with this as well.
- Selling apparel has to be approved before certain logos are used. Cash handling rules apply.
- **If your student organization is not planning on selling, purchasing, fundraising, raffles, traveling, etc (anything that requires money, including applying for funds from MSG) then you do not have to set up an account with the IMU Business Office. But if you are even considering it, the process takes time, so be pro-active and PLAN AHEAD (months in advance).**
- Funds must be turned into the Financial Services office in 1216 MERF accompanied by a properly filled-out [Group Deposit Form](#).

## **VII-6. Scheduling an event for a student organization or club**

Contact Cody Pritchard in OSAC, [cody-pritchard@uiowa.edu](mailto:cody-pritchard@uiowa.edu) , if you have questions on these guidelines:

- When scheduling a student organization's meeting or event, please review current Learning Community newsletter, OSAC Happenings google calendar, and other resources to see what else is scheduled on that date. Please remember that from 12:00-1:00 on Tuesdays is reserved for Communities events so student groups cannot schedule regular events and meetings at that time. Events may be scheduled on Tuesday evenings .
- Reserve a room for your meeting by emailing [ccom-reservations@uiowa.edu](mailto:ccom-reservations@uiowa.edu). This can be done as much in advance as you would like. If you plan to serve food at your event, please confirm by emailing [ccom-reservations@uiowa.edu](mailto:ccom-reservations@uiowa.edu) to ensure you are allowed to serve food in the room you are reserving. If you cancel your meeting, please cancel your room reservation by emailing [ccom-reservations@uiowa.edu](mailto:ccom-reservations@uiowa.edu).



- Announce your meeting on your student organization's listserv. You may also send reminder notices on the list serve. Contact Cody Pritchard to include the meeting in the Community Newsletter. If you are posting flyers in the building, please use the white lab tape that is available in each of the community offices or from OSAC. Scotch tape and masking tape leave marks on the walls, doors and glass. Please take your flyers down after your meeting.
- Please leave the room clean. If you have served food at your meeting, please wipe the tables, tie the garbage bags closed and place them in the hall. A vacuum cleaner and broom are available in OSAC. If you have rearranged furniture, please put the room back together.

## VII-7. Study Space Guidelines

### a. MERF 1st floor study rooms

- Are appropriate for group study and are often available evenings and weekends.
- Individuals studying in a study room should make it clear that people can join them (leave the curtain up, door open).
- Do not be afraid to ask to join people in their study rooms.
- RESERVATIONS can be made at least 24 hours in advance by contacting [ccom-reservations@uiowa.edu](mailto:ccom-reservations@uiowa.edu), by recognized student organizations, tutor groups, and groups such as path small groups that specifically need that space.
- Reservations will be for no longer than 2 hours, unless there are special circumstances.
- Leaving one's belongings in a room does not reserve that room.
- There is also space available in the communities MERF for study.

### b. MERF 2nd floor small classrooms

- 2126, 2136, 2156 & 2166 are appropriate for group study and are often available evenings and weekends. Guidelines for use are similar to 1st floor small classrooms.
- Students are welcome to use the 6 clinical exam rooms in 2123 MERF for quiet, individual study. A card swipe system is installed on the main door to 2123, allowing students access during evenings (after 5:00 pm) and weekends. There may be occasional evenings when these rooms are not available because of Clinical Skills Examinations or other curricular activities.

Continued use of 2123 for individual study will require that:

- rooms are kept in good order
- no trash of any type be left
- there is no theft or damage to any equipment
- only the desk and computer work station be used (no other equipment or any supplies)
- the power and ethernet computer cables not to be disconnected for any reason

In each exam room there are 2 switches - one for the overhead light and one for the "Room in Use" light. Use the Room in Use light so that you will not be disturbed. When you leave, turn off the overhead light and the Room in Use light, and leave the door open. The privacy curtain inside the main 2123 door is to remain up.

- Please be considerate of your fellow students by not monopolizing the use of these rooms.
- There will be specific nights and weekends during the semester that clinical exam rooms other than 2123 are available for students to practice physical exam skills and use supplies, gowns, and equipment. Those times will be announced by your course director or curriculum manager.

### c. Custodial Concerns for all study spaces



- Please leave all furniture in place.
- Please leave the room cleaner than it was upon arrival.
- Please accommodate the staff and leave the room while it is being cleaned if necessary.
- Do not move the computer carts in the study rooms.
- These spaces will only be available if they are respected and kept clean.
- Please do not use the push-button locks on the classroom doors in MERF. It is very easy to lock yourself out of the room when you take a break.

## VII-8. Cash handling policy

- Money/Checks must be deposited when they total \$500 or once a week, whichever comes first.
- Each community has a locking deposit bag (with 2 keys) that can be used when collecting money. The keys for the bags will be kept by the community support staff person and either the faculty director or community director.
- If the money is to be held overnight without being deposited, it should be locked in the bag and given to the community support staff to be locked in their area.
- There is specific separation of duties that must be followed when processing money. They are as follows:< >Student collects money/checks, counts (Count #1) and fills out the money counting form, brings form and money to Learning Communities Director (Depending on the event you may want to keep a log of the actual checks received. If a log is kept please include a copy with the money counting form). Learning Communities Director counts (Count #2) the money/checks, puts his/her count on the money counting form and brings to depositor when finished along with the check log if one is kept. Depositor (OSAC staff person) counts again (EDeposit Count) and fills out the deposit form for the bank, stamps the actual endorsement on the checks, and gives money/checks to our runner to take to the bank. A copy of the edeposit form, bank deposit slip, check log, and deposit form will all be attached together for the reconciler. Reconciler will monthly verify the statements of account with the deposit forms and bank deposit forms.

## VII-9. Student Involvement on CCOM Committees and Councils

Students play an important role on CCOM councils and committees, and participation among the student body is highly encouraged. There are instances when committee membership by students will be limited, specifically when involving committees that require a significant time commitment that conflicts with required educational activities.

As such, students will not be allowed to simultaneously serve on these committees: Student Promotions Committee, Admissions Committee, Medical Education Council (MEC), Student Body President/President-Elect, and any others that may be deemed as high-level by the OSAC Dean. Any participation in committees that result in time off from clerkships or coursework should be filed in accordance with the [time-off policy request system](#).

## VII-10. Clinical Supervision Policy

Individual course/clerkship directors will provide specific guidance to students regarding the student's level of responsibility and the scope of approved activities or procedures that will be expected. This information will be shared with all teaching faculty, residents and staff annually.

Supervision of all students is provided by qualified faculty, residents, and non-faculty instructors at all times. Students are provided with rapid, reliable systems for communicating with their supervising provider(s). Supervision is designed to foster progressive responsibility, based on level of training and demonstrated competence, as well as the objectives for the rotation. Supervision is designed to provide constructive feedback in any problem areas encountered during the rotation.

While rotating on clerkships, medical students should be permitted to participate in team care of the patient and are expected to demonstrate individual responsibility for patient care activities. Supervising faculty, instructors and residents will provide opportunities for students to demonstrate the following responsibilities:

- Take patient histories, perform complete and/or focused physical examinations and enter findings in the medical record.
- Students will write at least 1 patient note per week, enter orders, and coordinate care in a fashion commensurate with their training level. Students must clearly sign all entries in the medical record, along with the designation that they are medical students. The supervising provider will review student notes and all order entries.
- Constructive feedback on at least 1 clinical note will be provided during the clerkship.
- In all patient care contacts the patient shall be made aware that the individual providing the care and/or performing the procedure is a student.

Students who have concerns about inadequate clinical supervision while on clinical rotations are encouraged to directly report these observations to OSAC Deans using the confidential online reporting system described in this section. If they wish, students may also choose to discuss their concerns with the clerkship director.

A confidential supervision reporting form is available online, where students can provide details regarding the incident.

- Links to the supervision report are available on the ICON sites of each course and clerkship, at the end of each course and clerkship evaluation.
- Students can also report concerns regarding clinical supervision by faculty or residents any time by accessing the supervision reporting system [here](#).

Once submitted by a student, a supervision report is immediately sent exclusively to the OSAC deans (no other faculty or staff, including course/clerkship directors will have access to these reports). If the reporting student chooses to disclose their identity, an OSAC dean may contact them to discuss the concern. To protect the student from academic retaliation, the dean routinely waits until the student's course/clerkship grade and any associated faculty evaluations have been submitted before addressing the incident, unless the student prefers

more immediate action or if the issue presents a risk to patient or learner safety. Information regarding the specific incident will ultimately be shared with the course/clerkship director and department chair. When the person responsible for the behavior is a faculty member, information will also be shared with the Associate Dean for Faculty Affairs.

- The course/clerkship director, department chair and Associate Dean for Faculty Affairs are asked to address the incident with the responsible person. Interventions may range from feedback to formal remediation.
- They will subsequently communicate back to the OSAC dean to confirm that the incident was addressed.
- When the student who filed the report is known (and interested), the OSAC dean will share with them that an intervention was taken.

If the report is regarding clinical supervision by one of the OSAC deans, it will be forwarded directly to the Executive Dean who will then address the issue with the OSAC dean.

## **VII-11. Preparation of resident and non-faculty instructors**

All clinical departments must review their clerkship objectives and the medical education program objectives with students, residents, non-faculty instructors, and faculty at least annually. All course directors must review their course objectives and the medical education program objectives with students and all instructors that will participate in their course at least annually. All educators shall be prepared for their specific teaching and assessment roles.

## **VII-12. Evaluation of teaching by adjunct clinical faculty**

The LCME requires a process to evaluate the performance of adjunct clinical faculty, offer feedback, and determine continued appointment (elements 4.4 and 9.2). A description of the process used by the Des Moines Branch Campus and Family Medicine Department to conduct this evaluation is presented here:

- Students complete standard faculty evaluation surveys at the end of clinical clerkships. The survey consists of 10 questions. Questions 1-9 assess specific behaviors (such as providing expectations, engaging students in discussions etc..) and question 10 assesses the overall teaching effectiveness.
- On an annual basis, all student evaluations for each faculty are collated into a summary document. At least 5 evaluations will be included in the document to ensure student confidentiality, which may lead to inclusion of data from previous years (an automated algorithm will “reach back” for data in reverse chronological order until the minimum number of evaluations is achieved).
- For each question on the faculty evaluation survey, the following information will be available:
  - 1- Total number of evaluations included in the report (minimum of 5)
  - 2- Average score and standard deviation
    - a. For faculty member
    - b. Collegiate average

- c. Department average
  - 3- Score distribution: percent of responses in each response category from 1 (strongly disagree) to 5 (strongly agree)
    - a. For faculty member
    - b. Collegiate percentage
    - c. Department percentage
  - 4- Narrative comments written by students
- Faculty who meet at least one of the following criteria will be automatically “flagged” for an in-depth performance review by the branch campus assistant dean or family medicine undergraduate education director where areas for improvement and remediation are identified and addressed with the adjunct faculty:
    - $\geq 5\%$  of “1” and “2” combined ratings on any survey question
    - Average rating  $\leq 3$  on “overall teaching effectiveness” (question 10)

Continued involvement in undergraduate medical education is contingent on demonstrating improved performance in subsequent reviews.

## **VII-13. Balance of inpatient and ambulatory experiences**

Core and selective clerkship directors should identify the clinical setting most suitable to meet each learning objective (inpatient, ambulatory, operating room, radiology/pathology lab etc..). Certain learning objectives may be equally met in more than one clinical setting.

Student schedules should be designed according to this determination, so that the proportion of time that a student spends in a specific clinical setting is consistent with that determined by the learning objectives.

When a new core or selective clerkship is proposed to the Medical Education Council (MEC), the proposal should include a mapping of the learning objectives to the appropriate clinical setting. The proposal should also demonstrate how the proposed clinical activities and clinical schedule match this mapping.

For existing core and selective clerkships, the clinical setting and schedule determination should be repeated if the clerkship learning objectives are modified. Conversely, any modifications to the clerkship schedule structure should adhere to the clinical setting determination based on the learning objectives. Such changes should be presented to MEC for approval.

For LCME reporting purposes, learning objectives that are linked to the operating room will be classified as inpatient versus ambulatory based on the proportion of inpatient and ambulatory surgeries for each department.

## VII-14. Advanced Subinternship Rotations

### Requirements:

1. The advanced sub-internship must involve students in direct patient care under the supervision of faculty and senior level residents.
2. The student must have level appropriate management responsibilities for all aspects of patient care (including but not limited to admissions, orders, on-floor procedures, discharges, and in-house call within the ACGME work hours requirements for residents).
3. The student's clinical decision-making skills and development of management plans must be emphasized.
4. Student documentation of clinical activities (admission notes, progress notes, discharge notes and orders) must be recorded in the medical record and be reviewed daily by the supervising faculty physician. Feedback regarding the notes is to be given to the student on a daily basis.
5. A written defined set of goals and objectives specific to the sub-internship will be provided to the student by the clinical service at the beginning of the rotation.
6. The student's experiences will consist predominantly (>80%) of inpatient responsibilities.
7. The patient population will have a variety of admission diagnoses. A student should routinely be following 2 or 3 patients with co-morbid conditions or complex management issues and hospital stays > 3 days.
8. The student will join a clinical team having significant interaction with nursing staff, pharmacy staff, residents, students, social service personnel, ward clerks, and other support staff.

### Metrics:

**Student performance will be evaluated using the standard College of Medicine evaluation form. Feedback should be based on the ACGME Core Competencies for residency education, as listed below.**

### Expectations:

**Medical Knowledge:** The student demonstrates a ready real-time working knowledge of clinical anatomy, normal and abnormal physiology, pharmacology (major drug classes and interactions), and microbiology.

**Patient Care:** The student can, with reasonable efficiency, take the initial history, perform the physical examination, formulate a complete problem list and evaluation and management plan, write admission orders, communicate and coordinate care with the nursing staff and consultants, complete the documentation, arrange for studies, synthesize team and consultant advice, communicate findings (diagnosis and prognosis) and plans to the patient and family, execute the plan, arrange discharge/transfer of responsibility, including communicating with receiving caregivers and facility and complete discharge summary.

**Professionalism:** The student accepts and seeks responsibility and is accountable; honest always; can say "I don't know" without embarrassment; acknowledges and acts on the fiduciary responsibility to the patient and society; maintains confidentiality; puts his/her patients' interests first at all times; respects patients, families, staff, colleagues and self.

**Communication and Interpersonal skills:** The student listens effectively, communicates both good and bad news with compassion and explains diagnosis, therapy and prognosis in lay terms. The student effectively communicates with consultants and other health professionals involved in the care of his/her patient.

**Systems-based practice:** The student adapts himself/herself to the new surroundings quickly and efficiently. The student identifies system-based problems and proposes solutions to those problems.

**Practice-based Improvement:** The student routinely searches independently for answers to clinical problems encountered during the course of daily care, rounds or patient care. The student applies the information obtained from his/her inquiries to the care of his/her patients and shares that information with the clinical team. The student accepts feedback in a positive manner and incorporated that feedback into his/her clinical practice.

## **VIII. Important University Policies & Resources**

- [Policies Affecting Students, The Student Bill of Rights, University Policy on Human Rights and much more](#)
- [University of Iowa Division of Student Life](#)
- [University of Iowa Operations Manual](#)
- Policy on Sexual Harassment
  - <http://www.uiowa.edu/~our/opmanual/ii/04.htm> <https://osmrc.uiowa.edu/> [Policy on Consensual Relationships Involving Students](#)
- [Anti-harassment Policy](#)
- [Visitors in the workplace \(refers to all University facilities\)](#)
- Basic Needs Resources
  - Basic Needs: <https://basicneeds.uiowa.edu/>
  - Hawkeye Meal Share: <https://dos.uiowa.edu/assistance/meal-share/>
  - Student Life Emergency Fund: <https://dos.uiowa.edu/assistance/student-support-initiatives/>
  - Food Pantry: <https://imu.uiowa.edu/imu-services/food-pantry-iowa>
  - Clothing Closet: <https://imu.uiowa.edu/imu-services/clothing-closet>