



**UNIVERSITY OF FLORIDA COLLEGE OF  
MEDICINE**

**MEDICAL EDUCATION PROGRAM**

**POLICIES AND PROCEDURES**

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## **ADMINISTRATIVE STRUCTURE**

### **DEAN**

The Dean is the chief executive and administrative officer of the College. The Dean reports organizationally to the Senior Vice President, Health Affairs, is responsible for the administration of the College, and is the agent of the faculty for the execution of all missions of the College. As Executive Officer of the Medical School and Chair of the Medical School Executive Committee, the Dean is responsible for the final disposition of all student issues related to performance and professional conduct.

### **SENIOR ASSOCIATE DEAN FOR EDUCATIONAL AFFAIRS**

The Senior Associate Dean is responsible for all programs related to medical, physician's assistant and graduate students' education. The Senior Associate Dean appoints the chair of the Curriculum Committee and serves as an ex-officio member of the Academic Status Committee (ASC).

### **ASSOCIATE DEAN FOR MEDICAL EDUCATION**

The Associate Dean for Medical Education is responsible for the educational program for the M.D. degree. The Associate Dean also is responsible for management and maintenance of all educationally-related student databases. The Associate Dean provides counseling and approves examination absences and certain leaves of absence. The Associate Dean is an ex-officio member of the ASC.

### **ASSOCIATE DEAN FOR STUDENT AFFAIRS**

The Associate Dean for Student Affairs is responsible for administrative actions related to student registration status and progress through the curriculum. The Associate Dean serves a source for personal and career counseling. The Associate Dean is responsible for providing students with consistent and accurate advice concerning their medical career and for preparing their medical student performance evaluation (Dean's Letter). The Office of Student Affairs and Registration maintains the official student academic records and assists in maintenance of student databases. In conjunction with the Associate Dean for Medical Education, the Associate Dean for Student Affairs is responsible for management and maintenance of student data needed for deliberations of the Executive Committee and Academic Status Committee (ASC). During the proceedings of the ASC, the Associate Dean for Student Affairs functions as an advocate for the students appearing before the committee.

## **ASSOCIATE DEAN FOR STUDENT AFFAIRS JACKSONVILLE**

The Associate Dean for Student Affairs Jacksonville, in collaboration with the associate clerkship directors located in Jacksonville, is responsible for oversight and coordination of all educational activities and support services for medical students during their clinical clerkship rotations at UF Health Jacksonville. The Associate Dean serves as a primary contact person for medical students who require assistance or have specific concerns. The Associate Dean serves as a member of the Curriculum Committee and Academic Status Committee.

## **OFFICE FOR DIVERSITY AND HEALTH EQUITY**

One of the primary roles of The Office for Diversity and Health Equity (ODHE) is the recruitment and retention of students from populations underrepresented in medicine. The AAMC definition of the term "underrepresented" includes persons from the following groups: African-American, Mainland Puerto Rican, Mexican-American/Chicano, and Native American/American Indian. The ODHE also coordinates the NIH Short-Term Research for Minority Students Program and the Health Care Summer Institute. Either the Associate Dean and/or one of the Assistant Deans serve as members of the College of Medicine Admissions Committee and as ex-officio members of the following committees: Academic Status Committee, Clerkship Directors Committee, Course Directors Committee, and Curriculum Committee.

## **DIRECTOR FOR PROGRAM EVALUATION AND STUDENT ASSESSMENT**

The Director for Program Evaluation and Student Assessment promotes student assessment, curricular evaluation, feedback and scholarship in education as a means to further strengthen and enhance the education mission of the College of Medicine. The Director coordinates formal evaluation of the medical education program, provides appropriate feedback to curriculum leadership, assists with faculty development, monitors equivalency at geographically separated sites, and continuously monitors LCME standards to ensure compliance. The Director works with course and clerkship directors and curriculum leadership to ensure a comprehensive student assessment program aligned with the stated learning outcomes of the curriculum.

## **FACULTY**

The College of Medicine faculty is responsible for the teaching and evaluation of medical students in the courses, clerkships and electives that comprise the competency-based curriculum.

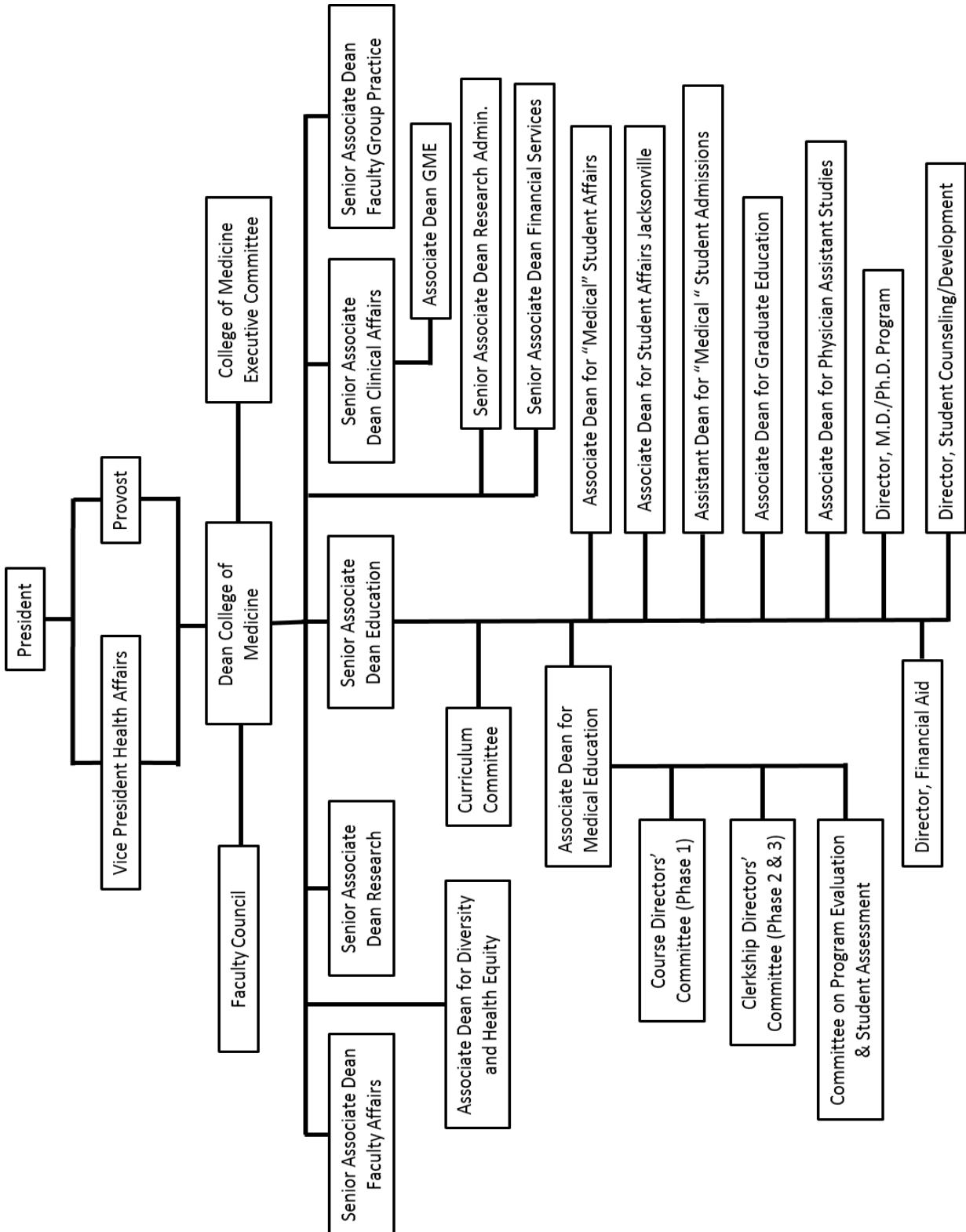
## **FACULTY COUNCIL**

The Faculty Council shall be representative of, and responsible to, the Faculty of the College of Medicine. The Faculty Council serves as a forum for shared governance and mutual exchange of ideas between senior officers of the College and the Faculty.

## **EXECUTIVE COMMITTEE**

The Dean is delegated administrative and fiscal responsibility for the UFCOM by the senior vice president, health affairs (SVPHA) and works with the departmental chairs and appropriate center/institute directors through the College of Medicine Executive Committee to ensure that the educational, research and clinical missions are fulfilled.

# College of Medicine Organizational Chart: Medical Student Educational Program



## COMMITTEES FOR THE COLLEGE OF MEDICINE EDUCATIONAL PROGRAM

### **MEDICAL STUDENT CURRICULUM COMMITTEE (CC)**

The **Curriculum Committee** serves as the faculty decision-making body regarding content, methods, timing, and structure of the medical education program. The Curriculum Committee will work with the Associate Deans for Medical Education, and Student Affairs and with course/clerkship directors who will implement changes in curriculum, learning environment and/or student support services. Major curriculum changes require approval of the Executive Committee of the Medical School and Dean.

Specific responsibilities of the CC include:

- Defining the learning outcomes of the educational program associated with the six core competencies: medical knowledge, patient care, communication, practice based learning and improvement, systems based practice, and professionalism.
- Overall design, management, evaluation, and central oversight of a coherent, efficient, and coordinated curriculum.
- Determining the types of patients, clinical conditions, and appropriate clinical settings for education experiences, including the expected level of student responsibility.
- Monitoring, and when necessary, modifying the curriculum, medical student experiences, and methods used to assess student performance to ensure that curriculum learning outcomes are achieved.
- Monitoring the overall learning environment and ensuring high quality student support services.
- Maintaining compliance with all relevant LCME standards.

Membership of the committee consists of:

- Senior Associate Dean for Educational Affairs, or appointee (Chair)
- Chair of the Course Directors' Committee
- Chair of the Clerkship Directors' Committee
- Six members from the Faculty with 3-year staggered terms will be appointed by the Senior Associate Dean for Educational Affairs in consultation with Course Directors, Clerkship Directors, Faculty Council, Curriculum Committee members, and Chairs, thus assuring a broad representation.
- Student Academic Chair from fourth year class
- Faculty Council representative
- Two appointed members from Jacksonville faculty: 3-year terms

Fifty percent or more of the voting members must be present for a quorum. In case of tie votes, the chair will cast the deciding vote.

*Ex officio* (non-voting) members include:

- Associate Dean for Medical Education
- Associate Dean for Student Affairs
- Associate Dean for Education Jacksonville



- Associate Dean for Physician Assistant Studies
- Academic Chairs for year 1, 2, 3 medical student classes
- AAMC student representative
- Assistant Dean for Admissions
- HSC library representative
- Office for Diversity and Health Equity representative
- Director for Office of Student Counseling and Development
- Director for Program Evaluation and Student Assessment
- Medical Director for Anaclerio Learning and Assessment Center
- Associate Dean for Medical Informatics
- Director of the Fourth Year

## **COURSE DIRECTORS' AND CLERKSHIP DIRECTORS' COMMITTEES**

The Course Directors' (Phase 1) and Clerkship Directors' Committees (Phase 2 and 3) report to the Associate Dean for Medical Education and are responsible for the daily operation of the medical curriculum. Any committee recommendations for significant changes in the educational program are submitted for review and approval by the Curriculum Committee. Chairs of the Course Directors' and Clerkship Directors' Committees are appointed for three year terms by the Associate Dean for Medical Education from the membership, with the approval of the Curriculum Committee. Regular monthly or bimonthly meetings are scheduled, and minutes are recorded.

**The Course Directors' (Phase 1) Committee** is responsible to the Associate Dean for Medical Education and the Curriculum Committee. The committee's roles and responsibilities include;

- Ensuring horizontal and vertical integration/coordination across the curriculum.
- Implementing the goals, objectives, and teaching responsibilities of the curriculum for each course.
- Maintaining an organized schedule of teaching activities.
- Coordinating student assessments and evaluations in Phase 1 of the curriculum.
- In collaboration with the Director of Program Evaluation, reviewing syllabi, learning objectives, and assessment criteria to ensure effective integration of course materials, teaching and assessment methods across Phase 1 and ensuring adherence to College and University policies.
- Providing input to the Curriculum Committee related to potential gaps and/or unplanned redundancies informed by course reviews, AAMC GQ, student outcome data, and other relevant data.
- Sharing teaching methods and education delivery modalities to promote learning.
- Reviewing overall student/class performance in preparation for Phase 2 of the curriculum.

Membership of the committee consists of:

- Individual course directors of required educational experiences
- Basic science discipline representatives
- "Thread" leaders

*Ex officio* (non-voting) members include:

- Senior Associate Dean for Educational Affairs
- Associate Dean for Medical Education
- Associate Dean for Student Affairs
- Medical Director of the Anaclerio Learning and Assessment Center
- Director of Program Evaluation and Student Assessment
- Representative of the Office for Diversity and Health Equity
- Director of the Office of Student Counseling and Development
- HSC Library representative

**The Clerkship Directors’ (Phase 2 and 3) Committee** is responsible to the Associate Dean for Medical Education and Curriculum Committee. The committee’s roles and responsibilities include:

- Ensuring horizontal and vertical integration/coordination across the curriculum.
- Implementing the goals, objectives, and teaching responsibilities of the curriculum for each clerkship.
- Maintaining an organized schedule of educational activities and coordinating student assessments and evaluations in Phase 2 and 3 of the curriculum.
- In collaboration with the Director of Program Evaluation, reviewing syllabi, learning objectives, and assessment criteria to ensure effective integration of course materials, teaching, and assessment methods and adherence to College and University policies.
- Providing input to the Curriculum Committee related to potential gaps and/or unplanned redundancies informed by course reviews, AAMC GQ, student outcome data, and other relevant data.
- Sharing teaching methods and education delivery modalities to promote learning.
- Reviewing overall student/class performance in preparation for graduation.

Membership of the committee consists of:

- Individual clerkship directors of required educational experiences
- Director of the Fourth Year
- “Thread” leaders

*Ex officio* (non-voting) members include:

- Senior Associate Dean for Educational Affairs
- Associate Dean for Medical Education
- Associate Dean for Student Affairs
- Medical Director of the Anaclerio Learning and Assessment Center
- Director of Program Evaluation and Student Assessment
- Office for Diversity and Health Equity representative
- Director Office of Student Counseling and Development
- HSC Library representative
- Course Directors of Introduction to Clinical Medicine 1-4

## **THE COMMITTEE ON PROGRAM EVALUATION AND STUDENT ASSESSMENT**

The Committee on Program Evaluation and Student Assessment is accountable to the Curriculum Committee and the Associate Dean for Medical Education. Broadly, the charge of the Committee is to oversee College of Medicine assessment and evaluation. This Committee evaluates curricular quality and outcomes, monitors the overall assessment program, and conducts formal reviews of courses and clerkships. The Committee is comprised of administrators, clinical and basic science educators, and students.

Membership of the Committee consists of two (2) committee co-chairs, appointed members, student members, and *ex officio* members. Appointed members serve a three-year term and are appointed by the Associate Dean for Medical Education. Student members serve a one-year term and are selected from persons who submit a biographical sketch, CV or resume, and a personal statement that address any special skills and explain why he/she is interested in serving.

Membership of the committee consists of:

- Associate Dean for Medical Education (Co-chair)
- Director of the Office of Program Evaluation and Student Assessment (Co-chair)
- One course director from each of the first two years (Phase 1), nominated by the Course Directors' Committee
- One course director responsible for the Introduction to Clinical Medicine sequence
- Director of the Collaborative Learning Groups, or designee
- Three clinical clerkship directors (at least one of whom is a 4<sup>th</sup> year clerkship director) from Gainesville faculty (nominated by the Clerkship Directors' Committee)
- One associate clerkship director (third or fourth year) from Jacksonville faculty, nominated by the Associate Dean for Student Affairs – Jacksonville
- Additional ad hoc faculty with assessment expertise as required
- One medical student from each of the four years

*Ex Officio* members are non-voting members who have been chosen to serve on the Committee because they have knowledge and skills that are important to the function and charge of the Committee.

## **ACADEMIC STATUS COMMITTEE**

The Academic Status Committee (ASC) has the responsibility to review the progress of each student and to determine the status of each student with regard to promotion, remediation, probation, or dismissal. The ASC makes recommendations to the Executive Committee and the Dean regarding graduation of students.

### Academic Performance

The Academic Status Committee (ASC) continuously monitors a student's academic performance. Information upon which assessment of satisfactory progress is made includes: mastery of competency-based behaviors, skills, and knowledge; letter grades; written evaluations; data submitted by the faculty regarding cognitive and non-cognitive skills; scores

on the United States Medical Licensing Examination (USMLE); and scores on Clinical Skills Examinations (CSEs).

### Competencies

Students' mastery of the graduation competencies is monitored by the ASC. Students are expected to progress in their attainment of clinical competency. Assessment of student competency during basic science courses and clerkships will be evaluated independent of the actual course grade.

The ASC maintains direct responsibility for appeals and actions, such as leaves of absence that exceed six weeks, dismissals, and returns to registration from leaves of absence.

The committee will be composed of 11 voting members. The chair shall be appointed by the Senior Associate Dean for Educational Affairs. The chair will vote only in cases of a tie. All faculty members of the committee must have an active faculty appointment. Physician members of the committee must also have an active medical license. Students must remain in good academic standing during their tenure on the committee. For faculty members, the term of appointment will be three years, with the opportunity for renewal of the appointment for an additional three years. The length of appointment for the resident representative will vary, depending upon the resident's level of training. The voting student representative will serve for one year. The student-elect member will serve for one year as a non-voting member and then for an additional year as a voting member.

Membership of the committee consists of:

- Three faculty from Gainesville (nominated by the Course Directors' Committee)
- Three faculty from Gainesville (nominated by the Clerkship Directors' Committee)
- One faculty from Jacksonville (nominated by the Associate Dean for Student Affairs – Jacksonville)
- One third year student-elect member, non-voting (nominated by the third year class Executive Board) – becomes student representative during his/her fourth year
- One fourth year student, voting member (initially nominated by Class Executive Board)
- One resident or fellow representative (nominated by Associate Dean for Graduate Medical Education)
- Representative of the Office for Diversity and Health Equity

Nominations are approved by voting members of the ASC. Faculty who are responsible for assigning grades are not eligible for appointment to the ASC.

*Ex Officio* members include:

- Senior Associate Dean for Educational Affairs
- Associate Dean for Medical Education
- Associate Dean for Student Affairs
- Assistant Dean for Admissions
- Program Director for Student Counseling and Development
- College of Medicine Financial Affairs Officer
- College of Medicine Registrar

- Course and Clerkship Directors, as needed
- Director of the Fourth Year
- Associate Dean for Student Affairs – Jacksonville
- Other individuals may attend meetings by invitation of the chair

The College of Medicine Director for Student Counseling and Development may be asked to present factual information related to individual students after receiving specific authorization from the student. In order to avoid any appearance of conflict of interest, the counselor must recuse herself/himself and leave the room prior to a vote for academic action or sanction involving any student that she/he has evaluated or treated.

If any other member of the committee is a direct party in a student case, she/he can present relevant information. However, she/he must then recuse herself/himself and leave the room prior to a vote for academic action or sanction.

Student records reviewed during the deliberations of the ASC must be maintained in strict confidentiality. Only faculty members who have a legitimate need to know may have access to these records.

## **MEDICAL STUDENT FEEDBACK POLICY**

All courses and clerkships will provide summative feedback on student performance at the conclusion of each course/clerkship. Assessments will be chosen based on the learning objectives of each course/clerkship.

All required course/clerkships must assess and provide formal mid-course/clerkship feedback to each student, to allow sufficient opportunity for improvement or remediation. Courses or clerkships that are of a short duration (two or less weeks) may not have time for a structured formative assessment; however, another form of feedback that allows students to self-assess and improve must occur.

### **Formative feedback in courses**

- Courses are allowed to determine the format and scheduling for formal mid-course feedback.
- The format in which feedback will be provided must be explicitly listed (e.g., quizzes, mid-term exam, face-to-face meeting, narrative when appropriate) in the syllabus.
- The course director should review aggregate data available.
- Mid and end of semester feedback will also be given to each student by their collaborative group leader in years 1 and 2.
- Documentation of the feedback must be provided to the student either electronically or on paper.

### **Formative feedback in clerkships**

- Clerkships are allowed to determine the format and scheduling for the formal mid-clerkship feedback.
- The syllabus should explicitly state at what point the mid-clerkship feedback will be provided.
- The format in which feedback will be provided must be explicitly stated in the syllabus.
- The clerkship director should review aggregate feedback provided during each rotation.
- Documentation of the feedback must be provided to the student either electronically or on paper.

The course/clerkship director is responsible for ensuring that mid-course/clerkship feedback occurs. In addition, the Committee on Program Evaluation and Student Assessment will ensure that mid-course/clerkship feedback occurs as part of the formal course/clerkship review. If appropriate feedback does not occur, the Associate Dean for Medical Education (ADME) will be informed. The ADME will meet with the course/clerkship director to ensure that appropriate implementation of the policy occurs.

### **Narrative description of medical student performance**

- A narrative description of the student's performance must be included as a component of all required clerkship student final assessments
- Collaborative group leaders will provide narrative assessments of student's performance during fall and spring semesters of the first two years across the six competencies, as appropriate.

- All courses are encouraged to provide narrative descriptions of student's performance, as appropriate.

## **Grades**

Student performance in academic course work is evaluated by the level of competency achieved and, secondarily, by letter grades A through E or Satisfactory/Unsatisfactory ratings in pass/fail courses. Final grades should be made available to students within 2 weeks of the end of a course and prior to 6 weeks of the end of a clerkship. Only final grades are forwarded to the registrar for posting on the official transcript.

### Grading System

A (Exemplary): The student has performed consistently in a manner judged as truly outstanding. The performance is worthy as a model.

B or B+ (Superior): The student has performed consistently in a manner judged to be clearly above average competency. The performance may occasionally be exemplary but not consistently so.

C or C+ (Competent): The student has performed consistently in a manner judged to be at or above the minimum level of competency. The performance may occasionally be superior, but not consistently so. No significant portion of the performance has been below the minimum level of competency.

D (Unsatisfactory): The student has performed in a manner judged as marginal in relation to the minimal level of competency. In some aspects, performance may have been above the minimum level, but in other aspects, or at other times, performance has been below the minimum level. The student has **not** demonstrated adequate mastery of the pertinent competency. **REMEDICATION IS REQUIRED.**

E (Failure): The student has performed in a manner judged to be below the minimum level of competency. While the student's performance may occasionally meet or even exceed the minimum acceptable level, but this is the exception rather than the rule. **REPEATING COURSEWORK IS GENERALLY REQUIRED.**

I (Incomplete): This grade is to be used for students who have failed to complete all required components of a course or clerkship. The grade of "I" must be remediated before a student progresses to the next academic year, unless an extension is granted by the ASC. "Incompletes" change to "E" grades if the remediation is not completed in a satisfactory manner. The deadline for completion of "incompletes" does not apply while a student is on an approved leave of absence. The "incomplete" will be replaced on the transcript when a final grade has been assigned. All "incomplete" grades must be resolved before a student is eligible for graduation.

H (Hold): The grade of "H" may be given when a student is unable to complete coursework due to serious illness or some other extenuating circumstance. The grade does not convert automatically to an "E" at the end of the next semester. The rules on the removal of the "H" are

the same as the “I.” An “H” grade must be replaced by a passing grade before a student is allowed to progress to the next level of training or graduate.

### **GRADE GRIEVANCE PROCESS**

Medical students may appeal a final grade or evaluation based on concerns about discrimination or the process used to assign the grade. The process is as follows:

1. The student submits his/her written concern(s) about a final grade or evaluation and arranges a meeting to discuss the concern(s) with the respective course/clerkship director within one month of the posting of that grade.

*If the student is not satisfied with the outcome:*

2. The student may submit their written explanation of the grievance to the Grade Grievance Committee consisting of three faculty familiar with the medical education program who are neither course/clerkship directors nor members of the ASC. A 4<sup>th</sup> year medical student from the ASC will serve as a non-voting member on the Grade Grievance Committee. The Grade Grievance Committee is appointed by the Associate Dean of Medical Education.
3. After reaching a decision, the Grade Grievance Committee will submit a final report to the Associate Dean for Medical Education and to the student.
4. The decision of the Grade Grievance Committee is final.

The UF Office of the Ombudsman is another resource for students with a university related problem and/or concern. For additional information about the Office, see <http://www.ombuds.ufl.edu/>.



## UNITED STATES MEDICAL LICENSURE EXAMINATION (USMLE)

All students must take USMLE Step 1 following the completion of Phase I (Principles of Medical Practice) and prior to beginning Phase 2 required clinical clerkships. All students must complete USMLE Step 1, on or before the Sunday immediately prior to the start of the orientation to Phase 2 clerkships, unless there is an extraordinary circumstance that warrants delay. Failure to take USMLE Step 1 prior to the beginning of Phase 2 required clinical clerkships in May will place a student on an immediate personal leave of absence.

Deferrals of USMLE Step 1 can only be granted by the Associate Deans for Student Affairs or Medical Education.

Deferrals can be granted for medical reasons, for which documentation from the student's healthcare provider will be required. Deferrals may also be granted for significant personal reasons.

1. If the deferral of USMLE Step 1 is approved, students will usually be required to defer the scheduled first clerkship. All students will have 6 weeks for USMLE Step 1 preparation. If they are not scheduled for a clerkship at the 6 week mark (i.e., they have deferred the 12-week Family Medicine/Neurology Clerkship or one of the 8-week clerkships), they will enroll in a 2 or 4 week elective to be approved by either the Associate Dean for Student Affairs or Medical Education. The student will enroll in the deferred required Phase 2 clerkship at the start of Phase 3 (4<sup>th</sup> year).
2. All students will be expected to participate in Phase 2 clerkship orientation.

All students must pass USMLE Step 1 within one year of the end of the Phase 1 (pre-clerkship) curriculum.

Students must take both USMLE Step 2 exams by October 31 of their fourth year, with exceptions made by the Associate Dean for Student Affairs. Students are not eligible for graduation unless both parts of Step 2 have been successfully completed.

## CLERKSHIPS AND ELECTIVES

### **REQUIRED THIRD-YEAR AND FOURTH-YEAR CLERKSHIPS**

All University of Florida College of Medicine students must take their **required** third- and fourth-year clerkships on the University of Florida campus, including UFHSC Jacksonville, or at sites utilized by the required clerkships. In case of extraordinary circumstance, appeals for exceptions to this policy will be heard by the ASC. No student from other institutions will be allowed to take **required** courses or clerkships at the University of Florida (e.g., courses or clerkships that are required either by the student's home school or the University of Florida).

## **POLICY ON STUDENT SUPERVISION IN CLINICAL SETTINGS**

Faculty course and clerkship directors are responsible for ensuring that students are appropriately supervised at all times when assigned to clinical settings. The attending physician is responsible for the supervision of all medical students assigned to his/her clinical service. The attending physician has medical and legal responsibility for the patient's care and is ultimately responsible for patient evaluation and management. Supervision and teaching of medical students may be delegated to resident physicians and other health care providers when appropriate. The Office of Medical Education reviews syllabi and medical students' evaluations to ensure that supervision is appropriate at all times. Among other assessment variables, students evaluate the quality of teaching of faculty and residents and the quality of feedback they receive. If a problem in supervision is apparent, the Associate Dean for Medical Education will meet with the clerkship director(s) to address the issue(s). If an issue arises in Jacksonville, the Associate Dean for Student Affairs in Jacksonville will meet with assistant clerkship director(s) to address the issue(s).

## **ELECTIVES**

The senior year is comprised of thirteen, four-week periods, during which students must obtain a minimum of 40 hours of course credit. Students must schedule 20 credits of elective courses and five required courses listed below:

1. Anesthesiology & Critical Care (4 weeks)
2. Emergency Medicine (4 weeks)
3. Geriatrics/Rehabilitation (4 weeks)
4. Internship 101 (3 weeks/4 credits)
5. Sub-internship in Community Health and Family Medicine, Internal Medicine, Pediatrics, or Surgery (4 weeks).

Elective courses and clerkships provide students with the opportunity to select educational opportunities that align with their educational plan and career interests. UFCOM has extensive resources, in addition to offering flexibility for planning an individualized program.

Electives in both the basic and clinical sciences serve to broaden the student's experiences. Electives also provide the student with opportunities to strengthen learning gaps and/or to pursue subjects of special interest. There is no set maximal number for electives in a specific area. Students review their schedule with their academic advisor for appropriateness of their choices.

The goals of electives are to:

- Facilitate the student's increasing responsibility as an adult learner for educational self-determination.
- Provide opportunities to augment previous experience in clinical and basic sciences in preparation for his/her chosen career.
- Provide opportunities to acquire and utilize skills which will be helpful in his/her future career (example: Radiology for a student who will be pursuing Internal Medicine).
- Provide opportunities to strengthen identified learning gaps.

- Provide experiences to meet the needs of students with specific goals, such as research, postdoctoral education, international experiences, and/or special learning activities outside the UF COM.

MedCat has been prepared to provide students electronically with essential information needed in selecting electives. The Director of the Fourth Year, who reports to the Associate Dean for Medical Education, approves all electives that are subsequently listed in MedCat. Students are to meet with their academic advisor to discuss elective choices. The Director of the Fourth Year will review the schedules of students who are in the bottom third of the class to ensure that they provide an appropriately rigorous educational experience.

All electives taken at locations other than UF Health facilities or the Malcom Randall Veterans Affairs Medical Center in Gainesville are considered to be **external electives**. The detailed rules governing electives are explained in the Senior Elective Catalog. Most students will be limited to a maximum of three external electives. Any student who wishes to take more than three months of external electives must obtain their advisor's permission, the approval of the Director of the Fourth Year, and the Academic Status Committee. Students who rank in the lower third of the class are usually limited to one external elective. However, they may formally petition the Academic Status Committee permission to take additional electives.

## **ELECTIVE CREDIT TOWARDS THE M.D. DEGREE**

Dual degree students (e.g., MD/PhD, MD/MPH) may petition the Academic Status Committee for a waiver of 4 weeks of elective credit during Phase III toward the MD degree for each year of training outside the MD program for a maximum of 16 credits. This will require endorsement by the professional or graduate program and approval by the Academic Status Committee of the COM.

## **GRADUATION REQUIREMENTS AND RECOMMENDATIONS**

The ASC will review the overall academic and professional performance of each fourth year student in determining the recommendation for graduation. To be considered for graduation, a student must be judged to be in good standing with a GPA of 2.0 or better, have successfully completed all required educational experiences, the Clinical Skills Exams (CSEs), and passed USMLE Step 1 and both USMLE Step 2 Clinical Knowledge (CK) and Step 2 Clinical Skills (CS). The UFCOM Executive Committee grants final approval for graduation.

## **GRADUATION WITH HONORS**

Students who have demonstrated outstanding achievements will be recommended for graduation with honors. Excellence of different types will be considered, such as superior academic work, outstanding student research, service or special achievement. The faculty will nominate students for graduation with special honors. Selection will be made by the College of Medicine's Executive Committee.

## **PROFESSIONAL BEHAVIOR**

The College of Medicine expects all medical students to be professional in their interactions with patients, colleagues, faculty, and staff and to exhibit caring and compassionate attitudes. These, and other qualities will be evaluated during patient contacts and in other relevant settings by both faculty and peers. Behavior of a medical student reflects on the student's individual's ability to become a competent physician. **Attitudes or behaviors inconsistent with compassionate care; refusal by, or inability of, the student to participate constructively in learning or patient care; derogatory attitudes or inappropriate behaviors directed at patients, peers, faculty or staff; misuse of written or electronic patient records (e.g., accession of patient information without valid reason); substance abuse; failure to disclose pertinent information on a criminal background check; or other unprofessional conduct can be grounds for dismissal.** Professionalism is one of six competencies expected of the COM students; see specific requirements for professionalism below. For complete listing of all COM competencies see the University of Florida College of Medicine Medical Education Program Curriculum Overview.

Ethical and professional behaviors are the foundation of medicine. The College of Medicine requires each entering class to agree to the institution's Code of Ethics.

During the four years of medical school, development of professional behavior is monitored by both the faculty and students. Faculty and peer evaluation of student adherence to the class Code of Ethics also is monitored. Formative peer evaluation of professional competence is solicited during the first three years. Summative peer evaluation of professional competence is documented following completion of the second and third years.

In conferring the M.D. degree, the University of Florida certifies that the student is competent to undertake a career as a Doctor of Medicine under supervised practice. The M.D. degree also certifies that, in addition to competency in medical knowledge and skills, the graduate possesses those personal traits essential to the profession of medicine as judged by the faculty, residents and the student's peers.

### **PROFESSIONALISM, CLINICAL ETHICS, AND LAW – Graduates will:**

- Learn to recognize the similarities and to distinguish the fundamental differences between the domains of science and values, and to understand medical practice as an essentially ethical endeavor that integrates both science and valued in the service of human health, diagnostic and prognostic information, and therapeutic interventions
- Identify the values underlying basic science and clinical learning, and the tension inherent between patient centered care and student learning opportunities
- Apply those values by case analysis of learning on deceased patients, reflecting on their own experiences of dissection in anatomy lab
- Respect patient families, cultural competence, and a self-critical awareness of the tensions between patient centered care and their own learning needs
- Articulate the parameters of the physician patient relationship and the primary ethical values that support it, including patient autonomy, the physician's obligation to promote

the patient's best medical interests, and the legitimate professional and social limitation on these obligations

- Recognize and identify conflicts of interest that may compromise or undermine the physician patient relationship
- Be able to:
  - Apply strategies for mitigating conflicts by avoiding conflicts when possible
  - Rendering conflicts transparent when avoidance of conflicting interests is unavoidable
  - Actively managing conflicts in which transparency is insufficient
- Be able to:
  - Apply the continuities and distinctions between healthcare ethics and healthcare law
  - Learn how broad health policy goals are implemented through statute, judicial decision, and regulation
- Specify the practical meaning of FDA approval, black box warning, off label uses, reporting of adverse events in order to accurately utilize such knowledge in patient care and to explain relevant aspects to patients
- Adapt evidence based clinical information to particular patient values and comprehension in demonstrating how to request and facilitate patient informed consent or refusal both for screening, exams, testing, medication, and procedures and other interventions
- Identify the challenges and learn evidence based methods of providing truthful disclosure in particular situations
- Identify patient centered rationales for observing medical confidentiality and to recognize and apply the typical limitations and exceptions for disclosure of patient medical information to family, partners, other providers, employers and insurers, public health authorities, and law enforcement
- Apply the appropriate criteria for recognition and assessment of patient decisional capacity, compromised capacity, and incapacity and to take account of context in assessment of decisional capacity
- Learn and apply ethical and legal concepts specific to psychiatric treatment
- Apply ethical and legal concepts adapted specifically to pediatric patients and their guardians
- Understand evidence based aspects of legal and public policy responses to medical error and patient safety, as well as evidence based effectiveness of institutions utilizing formal disclosure and apology protocols
- Identify physician's obligations to non-discrimination and fair allocation of medical resources to patients and apply those to individual patient scenarios as well as institutional (practice-based) policies for resource allocation policies
- Identify the current social obstacles to fair access to care and some basic strategies for marshaling available resources to address inequities
- Comprehend the major distinguishable ethical positions on the moral status of conceptus, embryo, and fetus
- Identify the challenges and barriers to dialogue with patients and families about end-of-life care and engage in concrete discussions with particular family or loved ones to practice their skills in eliciting advance care planning for end-of-life and palliative care

- Learn the legal and ethical concepts, distinctions, and critical reasoning skills necessary to engage in
  - Facilitation of end-of-life decision-making for patients with decisional capacity
  - Facilitation of end-of-life decision-making, including delegation of health care surrogate choice, for patients in anticipation of decisional incapacity or already incapacitated
  - Facilitation of pain management and palliative measures understanding legal and ethical distinctions between legally prohibited and legally available measures
  - Distinguishing “Do Not Resuscitate Orders” from other advance care planning measures
  - Ethical and legal issues on deactivation of cardiovascular implantable electronic devices
- Identify clinical ethical issues as they are integrated with clinical care issues in real world cases in which they participate
- Gain familiarity with the financial and managerial aspects of medical practice and the ethical norms that affect these aspects of the profession

### **CODE OF ETHICS**

As we learn and, subsequently, practice the art and science of medicine, we pledge to:

- Do no harm to our patients.
- Put the welfare of our patients above our own self-interest and any consideration of financial gain.
- Be respectful of the wishes of our patients, consistent with our obligation to “do good”.
- Treat our patients with great respect and compassion, without regard to gender, age, race, ethnicity, religion, or sexual orientation.
- Maintain the highest standard of honesty and integrity.
- Be fiscally responsible in our professional and personal lives.
- Be just and impartial in allocation of scarce health care resources, but to always advocate first for the rights of our patients.
- Be consistently attentive to the need to protect the privacy of our patients and to maintain their personal health information in the strictest confidence.
- Maintain a commitment to life-long learning.
- Share knowledge freely with patients and colleagues.
- Maintain the proper balance between our personal and professional lives and nurture our spiritual, emotional, and physical well-being so that we may better care for our patients and loved ones.
- Conduct ourselves with grace and humility.
- Act always in a way that brings honor to ourselves and our profession.

## RULES OF CLASSROOM BEHAVIOR

- Be on time for class.
- If you arrive late, close the door quietly and find a seat quickly so that you do not disturb others.
- Do not talk to your classmates when the lecturer is speaking.
- Turn off your cell phone while in class. If you are expecting an urgent call, set the phone on silent mode.
- Do not read the newspaper, answer e-mail, or text during class.
- Do not sleep during class.
- Remain quietly in place during the Q&A session at the end of class.
- Ask questions in a respectful, courteous manner.

## DRESS CODE

- Students are expected to maintain a proper professional appearance when they are on the medical campus.
- Students should wear their photo identification badge at all times while on the medical campus.
- Please adhere to the following guidelines when attending classes in the lecture halls (applicable to first and second year students and senior students during Internship 101).
  - Do not wear running shorts or extremely tight shorts. Longer shorts, Capri-style pants, and blue jeans are perfectly acceptable for the classroom.
  - For men, a polo shirt with a collar is preferred. A tee shirt is acceptable provided it is clean and does not contain any offensive language or picture.
  - For women, “tube tops,” “halter tops,” deep set necklines, “see-through” blouses, and very short, tight skirts should not be worn to class. Shirts and blouses must extend to the waistband of your slacks or shorts. Bare midriffs are not acceptable. Please be conscious of the “fit” of your clothes when you are in different positions, e.g., standing vs. leaning over.
  - Baseball caps and sunglasses should not be worn in the classroom.
  - Avoid **extremes** of hairstyles (e.g., “spiked hair,” multicolored or bizarre-colored), make-up, and piercings. Facial hair must be neatly groomed
  - **IN SHORT, BE MODEST AND PROFESSIONAL.**
- In the laboratories, OSHA regulations prohibit open-toed shoes. For purposes of safety, you must wear closed-toe shoes.
- When you participate in any clinical activity and anticipate patient contact, you must dress in a very professional manner. Men should wear a shirt, tie, slacks (not jeans), belt, socks, and hard-soled shoes (i.e., no tennis shoes). Women should wear comparable attire. Your white laboratory coat should be clean, pressed, and in good repair.
- When engaged in patient-care related activities, you should not chew gum.

## **SOCIAL NETWORKING SITES POLICY**

The administration of the College of Medicine recognizes that social networking websites and applications, including but not limited to Facebook, MySpace, and Twitter, are an important and timely means of communication. However, students who use these websites and other applications must be aware of the critical importance of privatizing their web sites so that only trustworthy “friends” have access to the websites/applications. They must also be aware that posting certain information is illegal. Violation of existing statutes and administrative regulations may expose the offender to criminal and civil liability, and the punishment for violations may include fines and imprisonment. Offenders also may be subject to adverse academic actions that range from a letter of reprimand to probation to dismissal from school.

Prohibitions include the following:

- In your professional role as a care-giver, you may not present the personal health information of other individuals. Removal of an individual’s name does not constitute proper de-identification of protected health information. Inclusion of data such as age, gender, race, diagnosis, date of evaluation, or type of treatment or the use of a highly specific medical photograph (such as a before/after photograph of a patient having surgery or a photograph of a patient from one of the medical outreach trips) may still allow the reader to recognize the identity of a specific individual.
- You may not report private (protected) academic information of another student or trainee. Such information might include, but is not limited to: course or clerkship grades, narrative evaluations, examination scores, or adverse academic actions.
- In posting information on social networking sites, you may not present yourself as an official representative or spokesperson for the University of Florida College of Medicine.
- You may not represent yourself as another person, real or fictitious, or otherwise attempt to obscure your identity as a means to circumvent the prohibitions listed above and below.
- You may not utilize websites and/or applications in a manner that interferes with your official work commitments. That is, do not tie up a hospital or clinic computer with personal business when others need access to the computer for patient-related matters. Moreover, do not delay completion of assigned clinical responsibilities in order to engage in social networking.

In addition to the absolute prohibitions listed above, the actions listed below are strongly discouraged. Violations of these suggested guidelines may be considered unprofessional behavior and may be the basis for disciplinary action.

- Display of vulgar language.
- Display of language or photographs that imply disrespect for any individual or group because of age, race, gender, ethnicity, or sexual orientation.
- Presentation of personal photographs or photographs of others that may reasonably be interpreted as condoning irresponsible use of alcohol, substance abuse, or sexual promiscuity.
- Posting of potentially inflammatory or unflattering material on another individual’s website, e.g. on the “wall” of that individual’s Facebook site.

When using these social networking websites/applications, students and residents are strongly encouraged to use a personal e-mail address, rather than their ufl.edu address, as their primary



means of identification. Individuals also should make every effort to present themselves in a mature, responsible, and professional manner. Discourse should always be civil and respectful. Please be aware that no privatization measure is perfect and that undesigned persons may still gain access to your networking site. A site such as YouTube, of course, is completely open to the public. Future employers (residency or fellowship program directors, department chairs, or private practice partners) often review these network sites when considering potential candidates for employment.

Finally, although once-posted information can be removed from the original social networking site, exported information cannot be recovered. Any digital exposure can “live on” beyond its removal from the original website and continue to circulate in other venues. Therefore, think carefully before you post any information on a website or application. Always be modest, respectful, and professional in your actions.

### **POLICY FOR USE OF MOBILE TECHNOLOGY IN PATIENT CARE AREAS**

Students are expected to act appropriately and professionally in all clinical settings. The use of mobile devices may be appropriate, if respect for colleagues, faculty, the medical team and patients is observed. During lectures, conferences, or patient care activities students should:

1. Turn all electronic devices including cell phones to silent/vibrate.
2. Refrain from text messaging, checking email, talking on the phone or using the internet for non-patient care/educational activities.
3. Students must complete Mobile Device Training (see Core Procedure V, Section A of attached link) and adhere to the UF Shands Core Policy and Procedure CP03.012 - Mobile Device Management,  
[https://my.portal.shands.ufl.edu/portal/page/portal/DEPT\\_CONTENT/Policies/CORE/CP03%20-%20Confidentiality%20-%20Information%20Security/CP03.012\\_.pdf](https://my.portal.shands.ufl.edu/portal/page/portal/DEPT_CONTENT/Policies/CORE/CP03%20-%20Confidentiality%20-%20Information%20Security/CP03.012_.pdf).

## POLICY ON STUDENT EVALUATIONS OF COURSES, CLERKSHIPS, AND FACULTY

One of the essential professional attributes of a physician is a commitment to life-long learning and improvement of systems that enhance patient care and the health of the population. The UF COM medical education program recognizes that learning occurs through both individual and collaborative study, thoughtful reflection and self-assessment, patient interactions, and formal and informal interactions with faculty, house staff and other members of the health care team.

Effective learning occurs with a bidirectional flow of information, such that learners become teachers and performance of both the learner and the teacher improves. Thus, there is a professional expectation that students will provide feedback for each educational experience (e.g. course, clerkship) in order to improve the quality of our teaching and curriculum.

The Office for Educational Affairs in the College of Medicine continually and systematically collects, uses, and responds to students' feedback through online questionnaires and small group debriefings. Numeric results and students' written comments are carefully reviewed by faculty, department chairs, and the Evaluation committee to reward faculty efforts and promote positive curricular change. The College of Medicine is committed to ensuring that our evaluation tools show evidence of validity, are of reasonable length, and are useful for individual faculty and for COM medical education quality improvement.

The Evaluation committee, with the approval of the Curriculum Committee, has established the following guidelines in order to elicit the meaningful participation of every student in the evaluation process.

- Every required course/clerkship will be evaluated by students. Students will have a minimum expectation of responses based on the needs of each course or clerkship as defined in the syllabus. Each student must complete at least 75% of all assigned faculty, resident, and small group leader evaluation forms associated with a course/clerkship in each year of enrollment. **There is an expectation of 100% completion of the overall course and clerkship evaluations.**
- Every student is expected to respond in a professional manner to each item which she/he feels qualified to answer.
- Strict confidentiality of responses is assured. Evaluation data (numerical ratings and student comments) is de-identified. However, the completion of evaluations will be tracked.

Failure to complete course/clerkship evaluations within the established timeframe will be noted as a professional concern in a student's professionalism competency evaluation and may impact the overall grade in the course/clerkship. Repeated failure to respond in a timely and reasonable fashion or failure to achieve the required completion rate will be brought to the attention of the Academic Status Committee.

## **POLICIES FOR UNSATISFACTORY PERFORMANCE AND/OR UNPROFESSIONAL BEHAVIOR**

Students are expected to adhere to the Student Conduct and Honor Code of the University of Florida. In cases of alleged violation of the Student Conduct and Honor Code, actions will proceed in accordance with University of Florida policies:

<https://www.dso.ufl.edu/sccr/process/student-conduct-honor-code/>.

### ***Preclinical Courses (Phase 1: Principles of Medical Practice)***

If a student receives a grade of **unsatisfactory** in one of the preclinical courses, competencies, or Clinical Skills Examinations, his/her academic performance will be reviewed by the Academic Status Committee (ASC). The course director will present a plan for remediation, which will be reviewed by the Committee. The remediation plan may be as straightforward as an Individualized Learning Plan (ILP, see [Appendix A](#)) or an independent study, followed by re-examination during the winter or summer break. Alternatively, successful remediation may require repeating the entire course. In either case, the student will be assigned a grade of “Unsatisfactory” in that course. When remediation is completed successfully, the transcript will show a second registration for the course with a new grade of “Satisfactory”. Students who fail to satisfactorily complete their remediation may be subject to adverse academic action such as probation. Probation also may be imposed if a student requires remediation in two or more courses. Repeated course or competency failures may result in dismissal from school.

No student is allowed to begin the clinical clerkships until all foundational courses have been satisfactorily completed and the student’s promotion is approved by the Academic Status Committee.

Any student who scores below a passing grade on any major examination in the foundational courses must meet with the course director to discuss his/her performance and learning strategies.

### ***Clinical Clerkships (Phases 2 & 3)***

If a student receives a grade less than a B or receives an **unsatisfactory** rating in any of the clinical competencies, her/his academic performance will be reviewed by the Academic Status Committee. The clerkship director will present a plan for remediation, which will be reviewed by the Academic Status Committee. The remediation plan may range from re-examination to repeating the clerkship. The Committee must formally approve the remediation plan. Repeated poor performance in the clinical clerkships may result in an adverse academic action such as probation or dismissal from school.

### ***Academic Probation during Repeated Year***

Any student who must repeat a school year for academic reasons will be placed on academic probation. The student must appear before the ASC to review their academic progress prior to removal from probation.

### ***Academic Standards for Students Who Hold Leadership Positions in University of Florida Campus Organizations/Activities***

The College of Medicine strongly encourages students to assume leadership positions in various sanctioned campus organizations and activities (e.g., class officer positions, student interest groups, health outreach missions, Equal Access Clinic). Students who accept such leadership positions should be in “good academic standing,” defined as:

- A passing grade in each course.
- Successful completion of USMLE Step 1 on the first attempt.
- A grade of at least “B” in each required third and fourth year clerkship.

If students fall below this specified standard of academic performance, they may be required to relinquish their leadership position until their academic performance returns to the acceptable level. They also should seek assistance from appropriate advisers, counselors and mentors.

## **PROBATION AND DISMISSAL**

Students on probation may be dismissed from school if they receive a grade less than “C” or a grade of **unsatisfactory** in any course or in any competency during their time on probation. Probation will extend for a minimum of one semester beyond the point in time when remediation is satisfactorily completed. The ASC will then regularly review the academic progress of a student on probation to determine if a more extended period of probation is warranted. Students on probation are required to follow the plan put forth by the ASC.

As a general rule, a student will only be allowed to repeat one year of the four year curriculum because of poor academic performance. An exception to the rule may be made if 80% of the voting members of the ASC approve.

If there is a determination by the ASC that a student demonstrated unprofessional behavior, several actions may be taken. Depending on the severity of the behavior, the student may be warned in writing that the behavior is unacceptable and that if the behavior is continued, it may lead to dismissal from medical school. Such a letter will provide examples about what is, or is not, acceptable and may encourage the student to seek professional help from an appropriate resource. If there is a second documented case of unprofessional behavior, the student may be placed on probation. The student will be strongly encouraged to seek professional help and will be warned that, if such behavior occurs again, it may lead to dismissal from medical school. If there is a third instance of unprofessional behavior, the student must appear before the ASC to address why she/he should not be dismissed from medical school.

**Some types of behavior may be so egregious as to justify immediate dismissal of a student. Such behavior might include criminal acts, persistent substance abuse, blatant disregard for patient safety, or flagrant academic dishonesty.**

### **USMLE STEPS 1 AND 2**

After receiving notification that they have failed USMLE Step 1, students who are otherwise in good academic standing will be allowed to finish their current clerkship. If they are on the Family Medicine/Neurology Clerkship block, they will be allowed to finish both clerkships. They will then defer the next clerkship (which may be 6 weeks or 8 weeks, depending upon the student’s schedule) and use this time to study for the re-examination. They must prepare an individualized study plan and have this plan approved by the Associate Dean for Medical Education or the Associate Dean for Student Affairs. They must register for the re-examination prior to the onset of the next clerkship. If the deferred clerkship is Family Medicine/Neurology, which is 12 weeks in duration, the student should commit only 8 weeks to preparation for the re-examination and then take a four-week senior elective. Students who subsequently fail the re-examination must take an educational leave of absence for the remainder of the school year in order to prepare for their third examination. They must schedule the examination by March 15 of the following year so that the examination score is available before the start of the new academic year. Failure of USMLE Step 1 on the third attempt will result in dismissal of the student from medical school.

Students who are not in good academic standing (i.e., academic probation or prior remediation of a Phase I course) at the time they receive notification of failure of USMLE Step 1 should follow the same course of action outlined above with one exception. Their study plan must be formally approved by the Academic Status Committee after the members have had the opportunity to review the student's complete academic record.

All students are required to take and pass USMLE Step 2, Cognitive Knowledge and Clinical Skills, following completion of the required "Phase 2" clinical clerkships. These examinations should be scheduled before October 31 of the senior year. Students who do not pass the examination will not be eligible for graduation.

### **CLINICAL SKILLS EXAMS (CSEs)**

Seven Clinical Skills Exams (CSEs) are required within the UFCOM educational program as outlined below:

- Year 1 – Two CSEs are conducted within the ICM courses.
- Year 2 – One CSE is assessed during the ICM course. A second CSE (CSE 2B) is part of the USMLE Step 1 Preparation course and is a high stakes examination. If a student fails the second examination he/she must develop an individualized learning plan and review best practices videos. The student will also meet with the Medical Director of the Anaclerio Learning and Assessment Center or the Associate Dean for Medical Education to review performance and the ILP. The student may then progress to the third year clerkships. After 3-6 weeks, the students will revisit their ILP and reflect on performance and progress. This is shared with the Associate Dean for Medical Education.
- Year 3 – Two CSEs are required independent of the clerkships. The first CSE occurs near the end of the first semester. This examination is "formative" for most students. For students who failed the CSE 2B, this examination is, in essence, the remediation examination. **They must pass this examination in order to continue in the clerkships.** Another CSE is presented near the end of the third year. Students who fail this examination must meet with the director of the 4<sup>th</sup> year and the Associate Dean for Student Affairs to discuss modification of their senior schedule. They also will be required to take an elective designed to improve interviewing and physical examination skills. This course is also required for any senior student who fails USMLE Step 2 CS.
- Year 4 – One CSE is required within the sub-internship rotation and is formative.

## APPEALS PROCESS

A student will be contacted by the Associate Dean for Students Affairs when an adverse academic action is being considered. The student will be scheduled to meet before the ASC as soon as possible, but not less than 7 days after receiving notification from the ADSA. The ADSA will notify the student of the specific adverse action that is being considered, advise the student of their rights and provide a copy of the relevant policies that describe the appeals process, including a personal appearance before the ASC. The student will be allowed to have an adviser during the personal appearance. The adviser may not address the committee but may consult with the student. The student will have an opportunity to make an opening and closing statement and to take notes during the meeting. Actions of the committee will be final except in cases of suspension or dismissal. These actions may be appealed to the Dean's Advisory Committee (ad hoc). This committee will be composed of the Dean of the College of Medicine (chair – will only vote in the event of a tie), Senior Associate Dean for Research, Senior Associate Dean for Clinical Affairs, Senior Associate Dean for Faculty Affairs, and the Senior Associate Dean for Educational Affairs (non-voting member). Actions of the Dean's Advisory Committee will be final.

### **PROBATION FOR STUDENTS WHO SUCCESSFULLY APPEAL DISMISSAL**

Students whose academic dismissal is reversed by successful appeal and who are permitted to repeat coursework will be placed on probation and will automatically be dismissed if they receive a grade of **D**, **E**, or **unsatisfactory** or an **unsatisfactory competency evaluation** in any course during the time on probation. If the coursework is satisfactorily completed, students will continue on probation for an additional calendar year, at which time the student may be removed from probation by favorable action of the ASC. Students who are allowed to repeat fourth year coursework will remain on probation until they have successfully completed all of the requirements for graduation.

Students whose dismissal for inappropriate professional behavior is reversed by successful appeal and who are permitted to continue in their training will be on probation and may be dismissed automatically if further unprofessional behavior is identified by the ASC. The committee will review the status of all students on probation annually.

### **RECOURSE FOR STUDENTS WHO ARE UNSUCCESSFUL IN THEIR APPEAL**

A student who is unsuccessful in an appeal for reinstatement may re-apply for admission to the College of Medicine. In such cases, the action of the ASC will be available to the Medical Selection Committee.

## **MEDICAL STUDENT WORK/DUTY HOURS POLICY**

UF COM is committed to providing a supportive educational environment.

### **PRECLINICAL YEARS (Phase 1)**

The curriculum for the preclinical years is specifically designed to provide multiple learning opportunities for students. Students are considered responsible for their own learning. Attendance is encouraged for all learning sessions and required for selected activities including: patient presentations, those involving team accountability (e.g., Collaborative Learning Groups, all small group sessions), and clinical skill/ OSCEs/ Anaclerio Learning and Assessment Center activities. Didactic time is limited to approximately 20 hours a week with an additional 10 hours of scheduled group activity (e.g., labs and collaborative learning groups).

### **CLINICAL YEARS (Phases 2 & 3)**

This policy clarifies the requirements and protection to medical students regarding hours they are required to work during their clinical rotations at the University of Florida. All clinical rotations will follow this policy. The policy will be posted in the syllabi for all clerkships.

Work hours are defined as clinical activities related to the rotation, inclusive of clinical care, call, shifts and night float, and exclusive of independent afterhours studying.

Each student is limited to a maximum of 80 hours of assigned clinical duties per week averaged over the length of the rotation. The 80 hours includes time spent sleeping at the hospital while on call and non-clinical educational activities at the COM. Students are required to have four 24-hour periods off averaged over a four week period. If an infraction should occur during a clerkship, the student should contact either the Clerkship Director or the Associate Dean for Medical Education (who will contact the Clerkship Director). The Clerkship Director will work with the site to rectify the infraction of duty hours. Additionally, students will report the extent of work hours in the formal clerkship evaluations.

Compliance will be reviewed by:

- a. Clerkship Directors  
Review of student evaluations via mid-clerkship feedback and at end of each clerkship rotation
- b. Committee on Program Evaluation and Student Assessment  
Review of student evaluations at end of each clerkship rotation

If students have been compelled to work beyond the allowable time frame as described above, the Associate Dean for Medical Education will meet with the specific clerkship director to assure future compliance.



## **ATTENDANCE POLICY FOR REQUIRED EDUCATIONAL ACTIVITIES**

Students are allotted the following breaks: Thanksgiving and a winter break (see the academic calendar for details). Thanksgiving break starts at the conclusion of clinical/academic responsibilities on Wednesday, and ends at the beginning of clinical/academic responsibilities on Monday. Third and fourth year students on scheduled clerkships and electives are **NOT** automatically off on official one day holidays listed on the academic calendar.

Clerkship directors, at their discretion may permit students a holiday (example: on Labor Day, outpatient clinics are closed, and a clerkship director may give the students assigned there the day off).

### **RELIGIOUS HOLIDAYS**

The COM recognizes that there are other holidays, both religious and secular, which are of importance to some individuals and groups. Students who wish to observe these holidays must inform the director before the course or clerkship begins, if applicable. The director may provide the student with an alternative arrangement to make-up the day(s) missed, on-call assignments, and examinations and other projects. The timing of make-up work is at the discretion of the course/clerkship director and may fall during vacation periods. Missed days which cannot be completed before the course end date will result in a grade of "Incomplete". Students shall not be penalized due to absence from class or other scheduled academic activity because of religious observances.

If a faculty member is informed of, or is aware, that a significant number of students are likely to be absent from class because of a religious observance, a major examination or other academic event should not be scheduled at that time.

A student who is to be excused from class for a religious holy day is not required to provide a second party certification of the reasons for the absence. A student who believes that he or she has been unreasonably denied an education benefit due to religious beliefs or practices may seek redress through the student grievance procedure, see <http://regulations.ufl.edu/wp-content/uploads/2013/03/4012.pdf>.

### **UNEXPECTED ABSENCES**

In the case of an unexpected, single day absence due to illness, the student **MUST** notify the responsible faculty/mentor or senior resident (when on a clinical service) and the Course/Clerkship Administrator. If the student is unable to contact the Course/Clerkship Administrator, he/she should notify the staff in the Office of Student Affairs and Registration. If the absence is of greater duration than a single day, the staff in the Office of Student Affairs and Registration (352-273-7971) **MUST** be notified, in addition to the course director or supervising attending and Clerkship Administrator.

## **PLANNED ABSENCES**

In the case of planned absences to attend meetings or family events such as a wedding or funeral, the student must contact the Clerkship Administrator as far in advance as possible to discuss the requests and obtain the permission of the clerkship director to be absent from assigned responsibilities. If permission is obtained for the planned absence, the student must notify the Office of Medical Education of the approved dates for the absence.

## **ABSENCES FOR HEALTH SERVICES**

Students who require an absence from required educational activities due to the need to access health services must inform the responsible faculty member (e.g., course/clerkship director) as far in advance as possible to discuss the request and obtain permission to be absent from assigned educational activities. Once the absence is approved, the student must notify the course/clerkship administrator. The Course Director or Clerkship Director will notify the student of makeup requirements. Students shall not be penalized due to absence from class or other scheduled academic activity for medical reasons.

## **ABSENCES DURING JACKSONVILLE CLINICAL ROTATION**

If the absence occurs while in Jacksonville on a clinical rotation, the Office of Education Affairs (904-549-5128) in Jacksonville **MUST** be notified in addition to the OME in Gainesville and the clerkship administrator in Jacksonville (904-244-5626).

## **FOURTH-YEAR INTERVIEW ABSENCES**

Students are expected to schedule residency interviews during their interview month and vacation. However, due to the inherent unpredictability of the residency interview process, it may be necessary for students to schedule interviews during an elective. Students should not schedule interviews during electives without prior approval of the elective director. The approval process may include discussion and provision of documentation that the interview was impossible to schedule at another time. The make-up may include additional clinical assignments and/or extension of the elective into another time period. Students should not schedule interviews during required clerkships.

## **LEAVE OF ABSENCE**

Students who desire a personal leave of absence, medical leave of absence, or educational leave of absence should submit their request in writing to either the Associate Dean for Student Affairs or the Associate Dean for Medical Education. After careful consideration of the student's academic record and unique personal circumstances, the Associate Dean for Student Affairs, in consultation with the Associate Dean for Medical Education, may approve the requested leave of absence. Approvals will be presented to the Academic Status Committee as information items.

Students who are on an extended personal or medical leave of absence (defined as greater than six weeks) must submit a personal letter to the ASC, or if on Academic Probation make a personal appearance before they will be allowed to return to school. Students should present documentation of their activities during the leave of absence and, if appropriate, submit a statement from their treating physician indicating that they are ready to resume their academic studies. Students returning to school following an educational leave of absence are not required to make a personal appearance before the Academic Status Committee.

The total time spent on leave of absence may not exceed one year unless specifically approved by the ASC. The Associate Dean for Student Affairs, or designee, will present the student's appeal for an extension and will advise the ASC as needed.

### **Leave of Absence - Academic**

The ASC can place a student on academic leave of absence. Only the ASC can approve the return to registration from an academic leave of absence.

### **Leave of Absence - Disciplinary**

Only the ASC can place a student on a disciplinary leave of absence or approve the return of a student to registration from a disciplinary leave of absence.

### **Leave of Absence - Educational/Research**

The Associate Dean for Student Affairs may tentatively grant educational/research leaves of absence, but these leaves must subsequently be approved by the Academic Status Committee.

### **Leave of Absence - Personal/Medical**

Personal/medical leaves of absence (including maternity leave) may be tentatively granted by the Associate Dean for Student Affairs to students who have compelling personal circumstances that are temporarily impeding their academic progress, or for documented medical reasons. Such leaves then must be formally approved by the ASC. The ASC, or the Associate Dean for Student Affairs, may require a student to submit a physician's evaluation before considering a request to return to registration.

### **Leave of Absence - USMLE**

Students who do not pass the USMLE examination can be placed on a USMLE-leave of absence by the Associate Dean for Medical Education or the Associate Dean for Student Affairs. Students will be reinstated by the Associate Dean for Medical Education or Associate Dean for Student Affairs upon successful completion of the examination.

## **MEDICAL STUDENT MISTREATMENT POLICY**

The University of Florida College of Medicine is committed to treating all members of the college community fairly with regard to both personal and professional concerns. The student mistreatment policy ensures that concerns are promptly dealt with and resolutions reached in a fair and just manner. The College's procedures enable students to bring problems to the attention of the College of Medicine administration in a timely manner. The College forbids any retaliatory action against students who present grievances in good faith.

Mistreatment is any decision, act, or condition affecting a student that is determined to be illegal or unjust or that has created unnecessary hardship. Mistreatment may take the form of verbal or physical abuse, discrimination for any reason, or a requirement for individual service activity that is independent of requirements for other team members. When such an incident occurs, the student should take steps to address it. The student may first discuss the problem with the individual responsible for the negative action or with the Associate Dean for Medical Education, Associate Dean for Student Affairs, or the Associate or Assistant Dean for Diversity and Health Equity. The dean contacted by the student will then address the concern with the appropriate Course Director or Clinical Clerkship Director who is responsible for the educational activity in which the incident occurred. If the negative action occurred on the Jacksonville Campus, students may also discuss the matter with the Associate Dean for Students Affairs-Jacksonville, who will follow the same plan outlined above. A written record of incidents reported to one of the Associate or Assistant Deans will be maintained by the Associate Dean for Medical Education. Once the allegation of mistreatment is elevated beyond the level of the individual responsible for the incident, the reviewing authority should provide a written response to the student within ten business days of being notified of the incident. If the student is not satisfied with the response of the reviewing official, he/she may appeal first to the Senior Associate Dean for Educational Affairs and, subsequently, to the Dean of the College of Medicine.

A student who has been accused of mistreatment or harassment of others is entitled to due process to refute or challenge the accusations per policies of the University of Florida (UF Regulations 1.006 Non-Discrimination/Harassment/Invasion of Privacy Policies, <http://regulations.ufl.edu/wp-content/uploads/2013/03/1006.pdf>, and UF Regulations 4.012 Student Grievance Procedure, <http://regulations.ufl.edu/wp-content/uploads/2013/03/4012.pdf>).

If faculty observe unprofessional behavior or mistreatment of students they should report it to the responsible course or clerkship director.

At any point in the process outlined above, the student also may address his/her concern about mistreatment with the Director for Student Counseling and Development. This official may provide counseling to the student but is not responsible for attempting to redress the grievance.

## **TECHNICAL STANDARDS/DISABILITY SERVICES**

### **Technical Standards**

Candidates for the M.D. degree must be able to fully perform all essential functions in each of the following categories: observation, communication, motor, intellectual and behavioral/social. We recognize that degrees of ability vary widely between individuals. Those with a disability are encouraged to discuss this condition with the College of Medicine ADA Chair/Admissions Director so that, jointly, they may consider technological and other facilitation mechanisms necessary to train and function effectively as a physician. The UFCOM is committed to enabling its students to complete the course of study leading to the medical degree by any reasonable means or accommodations.

### **Observation**

The candidate must be able to observe demonstrations and experiments in the basic sciences, including but not limited to physiologic and pharmacologic demonstrations in animals, evaluation of microbiologic cultures and microscopic studies of microorganisms and tissues in normal and pathologic states. A candidate must be able to observe a patient accurately at a distance and close at hand. Observation necessitates the functional use of the sense of vision and other sensory modalities.

### **Communication**

A candidate must be able to communicate effectively and sensitively with colleagues and patients. The focus of this communication is to elicit information, describe changes in mood, activity and posture, and perceive nonverbal communications. Communication includes not only speech, but reading and writing. The candidate must be able to communicate effectively and efficiently in oral and written form with all members of the health care team.

### **Motor**

Candidates must have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers. A candidate must be able to execute motor movements reasonably required to provide general care and emergency treatments to patients. Such actions require coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision.

### **Behavioral and Social Attributes**

A candidate must possess the emotional health required for full utilization of his or her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive and effective relationships with patients. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, to display flexibility, and to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, interpersonal skills, interest, and motivation are all personal qualities that are assessed during the admissions and education processes. The candidate must be willing to interview, physically examine, and provide care to all patients regardless of their race, ethnicity, gender, culture, religion or sexual orientation.

## **STUDENT COUNSELING AND HEALTH CARE**

### **Policy**

Medical and psychiatric physicians at the Student Health Care Center (SHCC) may hold faculty positions in the College of Medicine and, therefore, may have academic and/or clinical teaching responsibilities with medical students. Most of the teaching assignments bring the faculty member into direct contact and academic involvement with only a few students in each class year. Because of the potential for conflict, medical students presenting for services at the SHCC or the SHCC Shands satellite clinics will be given the option to see (1) a faculty member or alternative health care provider who has not, and will not, have an academic role with them or, (2) a health care provider in the community.

The Director of the College of Medicine, Office of Student Counseling & Development also holds a faculty position. However, this individual does not have any academic and/or clinical teaching responsibilities, is not involved in the academic assessment of the students, and does not take part in decisions regarding the advancement/promotion and/or graduation of medical students.

### **Procedure - Gainesville**

Medical students will be notified of this provision during their orientation to the College of Medicine. The policy shall also be posted on the Student Affairs and Student Counseling and Development websites. Additionally, this information will be presented annually to the faculty members who serve as the Collaborative Learning Group Leaders, as well as the Course Directors and Clerkship Directors.

When students call to make medical or psychiatric appointments at the SHCC, at Shands or an associated clinic, they should identify themselves as being a medical student. Students can request an appointment with a healthcare provider who does not have a teaching role. If a non-teaching physician is not available at either the main SHCC or any of the satellite clinics, the student will be referred to a non-UF physician in the community.

If a student is assigned to a clinical site or service that involves one of his/her health care providers, the student may request a reassignment to a different service.

### **Procedure - Jacksonville**

Should students need to seek counseling or other mental health services while on a rotation in Jacksonville, they may contact an independently contracted counseling center, Employee Assistance Program (EAP) at (904)296-9436 or (800)327-9757. This is a 24-hour Helpline staffed by licensed professionals. Services provided to medical students are at no charge and are kept confidential.

For medical services, students may contact the UF Community Health Center (CHC) at (904)244-5673 or (904)244-2573 to schedule an appointment. If the student is unable to reach the CHC, students may call the main appointment line at (904)244-5121 and press 1. In either case, they

should identify themselves as a medical student needing Acute/Urgent Care, so the appointment is made with a healthcare provider who does not have a teaching role. Students will not have any out of pocket expense, and the student's health insurance company will be billed for the visit, including any ancillary services such as laboratory tests, X-rays, or specialty consults.

## **MEDICAL STUDENT MEETING TRAVEL SUPPORT**

UF COM students are encouraged to pursue research and present their scholarly work at conferences. They are also encouraged to represent the school in leadership capacities. Students' research mentors are expected to provide support for students who conduct research under their guidance to attend the meetings. In the event that mentors or student organizations do not have resources to cover their expenses, students may request assistance from the Office of Educational Affairs.

### **The following criteria must be met before requesting funding:**

1. Conference/Meeting must take place in the United States.
2. Research being presented must have been conducted while in medical school.
3. The student must be the first-author on paper/poster/abstract.
4. If the student is a national officer of an organization, there must be no other fund sources for travel.
5. The student must be in good academic standing. Students on a leave of absence are not eligible for funding.

### **Expectation of Students**

Students are expected to contribute to their travel costs.

### **Funding Availability and Notification**

While costs do vary, in general, funding is available for one trip per student not to exceed \$500/year. Students can expect a response from the COM within 2 weeks of their submitted request.

### **What is REIMBURSED**

Conference registration, airline/mileage, and/or hotel expense (maximum of 2 nights) will be supported. Please note the COM will not reimburse for printing, food/alcohol, internet services at hotel, and/or other entertainment.

### **Request**

Information to be submitted:

1. Title, authors and electronic copy of abstract and/or poster
2. Name of meeting, location, and dates
3. Faculty mentor endorsement
4. Receipts after meeting



## **UNIVERSITY OF FLORIDA POLICIES**

The University of Florida Board of Trustees, in conjunction with Florida Board of Governors, adopted regulations to govern all individuals on the UF campus, <http://regulations.ufl.edu/regulations/>. UF also adheres to standards of professional conduct set by the Florida Department of Education, [http://www.fldoe.org/edstandards/code\\_of\\_ethics.asp](http://www.fldoe.org/edstandards/code_of_ethics.asp). Specific UF policies can be found at the following links.

### **SEXUAL HARASSMENT**

In accordance with federal and state law, the university prohibits discrimination or harassment on the basis of sex. A definition of sexual harassment; reporting advice; a sex discrimination, sexual harassment, and harassment brochure; and frequently asked questions about sexual harassment are located on the UF Institutional Equity and Diversity website, <http://www.hr.ufl.edu/eo/sexharassment.htm>.

### **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY (HIPAA)**

To improve the privacy of personal health information, individuals working with patients and their health information are required to take a training course and sign a confidentiality agreement. See, [http://www.hr.ufl.edu/emp\\_relations/policy/HIPAA.asp](http://www.hr.ufl.edu/emp_relations/policy/HIPAA.asp), for additional information.

### **THE FAMILY EDUCATION RECORDS AND PRIVACY (FERPA)**

The U.S. Department of Education summarizes the rights afforded to students by FERPA as:

- The right to inspect and review educational records within a reasonable period of time and no more than 45 days after the institution has received the request
- The right to request to amend inaccuracies in educational records
- The right to limit disclosure of some personally identifiable information
- The right to file a complaint if the student feels that FERPA rights have been violated.

Additional information about FERPA is located on the UF Privacy website, see <http://privacy.ufl.edu/privacy/studentfaculty/>.

### **CONFLICT OF INTEREST POLICY (COI)**

Information about the College of Medicine COI policy can be found at <http://coi.med.ufl.edu/policies/uf-policies/>. Additionally, the University-wide Guidelines, Policies, and Procedures on Conflict of Interest and Outside Activities, Including Financial Interests can be located at <http://www.generalcounsel.ufl.edu/downloads/COI.pdf>.

### **STUDENT HEALTH**

Students are required to have health and disability insurance. They have the choice of accepting medical coverage through the university-sponsored insurance plan or pursuing other insurance through outside companies. Medical students must have coverage all years of training, including time in the research laboratory. Health insurance must provide coverage for all internal and external training sites. The following links provide valuable information to student health.

- **Immunization Policy:** UF requires that all new students show proof of immunizations before attending UF, <http://shcc.ufl.edu/services/primary-care/immunizations/>.
- **Student Health Care Center:** UF provides a variety of care to students, partners, and spouses. Specific information can be found on their website, <http://shcc.ufl.edu/>.
- **Needle Stick Hotline Program:** UF's dedicated phone line provides immediate access to trained provider. Students should call 1-866-477-6824 (OUCH), or can access the website for additional information, <http://osa.med.ufl.edu/about/needle-stick-hotline-program/>. When in doubt, go directly to the nearest emergency room.
- Under most circumstances, students who have the UF Health Insurance plan must initially seek care through their assigned primary care provider. However, no referral is required when the student seeks obstetric or gynecologic care. If you have difficulty arranging for this type of medical care, please contact Ms. Kaitlin Lindsey (273-4550).

## UF STUDENT HONOR CODE

Students are expected to observe the UF Student Honor Code for all courses and clerkships. Refer to UF Regulation 4.041, <http://regulations.ufl.edu/wp-content/uploads/2012/09/4041.pdf>, and the course/clerkship syllabi for specifics.

## **INDIVIDUALIZED LEARNING PLAN (ILP) INSTRUCTIONS**

An ILP may be required as part of a student's remediation plan. An ILP defines learning outcomes and explains how outcomes are achieved. While an ILP may share common goals and objectives for a particular course, the ILP allows the student to describe and attain unique learning objectives. It is a tool to identify individual learning needs and measure competency attainment. With faculty guidance, the ILP features learning pathways and experiences that help self-assessment, with the goal of successful completion of the remediation. The ILP is a contract for self-directed learning.

The common components of the ILP in Phase 1 for remediation include:

1. Study habits and goals
2. Time management skills
3. Identification of specific subject area weaknesses
4. Other

The "other" is up to the student. This broad, undefined component provides an opportunity to describe unique goals relevant to the student's future medical career. Goals may include increasing stress management skills, balancing work and life, and/or improving specific skills related to medical knowledge.

As the ILP is completed, be as specific as possible and develop descriptions of strategies and techniques for measuring outcomes. Make sure the ILP contains a learning objective, specific and varied strategies to achieve the objective, an assessment of competency both at the beginning of your remediation and at completion. Make sure the ILP contains active verbs to describe typical learning objectives that are commonly divided into the following categories:

1. Cognitive
2. Affective
3. Psychomotor

Be creative in the ILP, but make sure it addresses the specific areas of weakness for the course being remediated.